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Bio-logics of Bodily Transformation: Biomedicine and Makeover TV

DISSERTATION

submitted in partial satisfaction of the requirements  
for the degree of

DOCTOR OF PHILOSOPHY

in Visual Studies

by

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## DEDICATION

To

William Joseph Di Fede,

My brother, best friend and the finest interlocutor I will ever have had.

He was the twin of my own heart and mind, and I am not whole without him.

My mother for her strength, courage and patience, and for her imagination and curiosity,  
My father whose sense of humor taught me to think critically  
and articulate myself with flare,  
And both of them for their support, generosity, open-mindedness, and the care they have  
taken in the world to live ethically, value every life equally,  
and instill that in their children.

And, to my Texan and Sicilian ancestors for lending me a  
history full of wild, defiant spirits

# TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	v
CURRICULUM VITAE	vi
ABSTRACT OF THE DISSERTATION	vii
INTRODUCTION	1
Biopolitical Governance in Pop Culture: Neoliberalism, Biomedicine, and TV Format	3
Health: Medicine, Morality, Aesthetics and Political Futures	11
Biomedicalization, the Norm, and the Ideal Body	15
Consumer-patient, Privatization and Commercialization of Life	20
Television	24
Biomedicalized Regulation: Biopolitics and the Norm	26
Emerging Perspectives on T.V. and Medicine	33
Medical Makeover TV: Context	36
Surveillance, The Clinical Gaze and Reality TV	39
Chapter Breakdowns	43
CHAPTER 1: HOARDERS: TV AS TREATMENT, THE TELEVISUAL LANGUAGE OF MEDICINE	50
Hoarders: Making Over Mental Illness	65
Neoliberal Positions, From Self-Help to Self-Care	85
Common Threats: Socio-Economic Parameters for Pathological Collecting	104
CHAPTER 2: THE BIOMETRIC LIFE: EXTREME WEIGHT LOSS, THE OBESITY EPIDEMIC, SCIENCE AND AESTHETIC EVALUATIONS OF LIFE THROUGH THE NORM	115
Formulas for Health: Weight Loss Narratives, BMI and Living versus Existing	127
Meredith: Medical Knowledge, Personal Transformation and Consumer Choice	132
Medical Subjects: Biometrics, Health and Norms	140
Chantall: Statistics, Norms, Race and Knowledge	146
Nurse Trina: Crises in Stratified Medical Knowledge	151
Social Bias: Fat Rights, Gender, Sexuality, Economic Viability	155

CHAPTER 3: TRANSFORMING GENDER OR RECLAIMING THREATENED TERRITORIES? THE SWAN, SEX CHANGE HOSPITAL, BEAUTY, THE NORM AND THE SUBJECT	167
Introduction: Gendered Embodiment from Social Problem to Biomedical Solution	167
The Swan	176
Sex Change Hospital	203
Necessity & Justification: Suffering, Social Legibility and the Biomedical Subject	231
CHAPTER 4: E! THE TRANSMEDIAL BODY, AND BIOMEDICINE AS MEDIA PRODUCTION	239
Producing the Transmedial Body	246
Botched—Plastic Surgery’s New Wave	262
Plastic Surgery and the Female Professional	281
CHAPTER 5: CONCLUSION	285
BIBLIOGRAPHY	297

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# CURRICULUM VITAE

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2003-04 Writer-researcher, documentary film production, Earthlinks, non-profit.

1998-2001 Managing Editor, Krsek Publishing

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“Viral Culture at Risk: Remix Culture and the Dematerialization of the Politics of Location” *Sampling Across The Spectrum*. Ed. Laurel Westrup, David Laderman Forthcoming Anthology, Oxford, 2013.

“Queer Birds: Cheryl Dunye’s *The OWLS* Stages the History and Future of Old Queers and New Gays.” *UC Irvine Feminist Transnational Times*, Spring 2010.

Editorial Staff, *Journal of Popular Music and Society*, 2011-present; *UCI Octopus*, Visual Studies Journal, 2009-2010; *UCLA Mediascapes Journal* 2007-2009.

#### CONFERENCES

“Refiguring Metamorphosis in *RuPaul’s Drag U* and *Game of Thrones*.” Society for Cinema and Media Studies, 2013.

“Refashioning Queer Counter Culture: Liquid Sky’s Avant-Trash Aesthetics and the Detritus of the Present” UCLA Queer Studies Conference 2011.

Co-Director of 2011 UCI Visual Studies Conference “*Invisible Subjects: Bodies, Spaces, Disciplines*.”

“Queer Coordinates: Digital Mapping and the Organization of Sexual Publics” Society for Cinema and Media Studies, 2010.

“Anatomy As Pathology: *Bodies... The Exhibit*, the Plastinated Form of Difference and the Spectacle of Medicalized Posthumanity” *Thinking Gender*, UCLA, 2011.

“Capitalism Is The New Punk: DIY Culture and Economic Change” Society for Cinema and Media Studies, 2009.

## **ABSTRACT OF THE DISSERTATION**

Bio-logics of Bodily Transformation: Biomedicine and Makeover TV

By

Corella Ann Di Fede

Doctor of Philosophy in Visual Studies

University of California, Irvine, 2016

Associate Professor, Lucas Hilderbrand Professor, Chair

This dissertation began as an attempt to understand how biomedical concepts and practices, which undermine the salience of norms drawn from the “natural order” are relayed through mass media and inform self-understanding, social being, self-care, and practices of everyday life. The project tracks makeover TV’s valorization of the metamorphic or transformative body as an ideal that emerges through, and across, various contexts in science and popular culture. This genre of programming is one of the few sites at which the aesthetics of biotechnology are made visible in non-fiction representations and are depicted as part of everyday life. Each of this dissertation’s televisual case studies is exemplary of how popular culture absorbs and makes visible ideas from biomedicine, and how this relates to public policy, economic conditions, and developments in biomedicine.

Harnessing biomedicine has aided in television’s recreation of itself as an essential element of “new” media. It has done so by presenting itself as a technology for managed health care at a distance, and by presenting the body as a primary medium of self-expression. Television encourages ideas about the body as “transmedial continuity”

or form of media, both physical and symbolic, represented through and across variable sites, objects and platforms. Under the aegis of “health,” medical makeover programs establish a direct relationship between body-based visual identity and life, promote biomedicine as a ubiquitous means of conceiving of the self and body, and posit biotechnology as a tool for transformation and self-care. In this context, health becomes a visual ideal and an organizing principle for self-care, which are framed as prerequisites for social, economic, and political legibility.

Although biomedicine challenges essentialist models of “natural order” through which misogynist and racist norms have been justified in modern culture, its appearances in narratives of self-transformation are overwhelmingly framed by politically retrogressive ideals of embodiment, which it aids in achieving. Given the pervasiveness of visual media and its centrality in refiguring norms that have social, biological and political significance, media literacy and critical acuity are crucial to preserving both cultural and bio diversity.

## INTRODUCTION

Medicine and TV are reconfiguring each other and making over people. The rapid advances in communications technologies and media convergence that have marked social, economic and industrial conditions since the 1990s, and the dramatic developments in the life sciences that emerged with neoliberalism as the grounds of the post-industrial economy have not only been highly publicized, they have shared a rhetoric of transformation and reinvention as they have impacted everyday life for most Americans. Although distanced from each other in popular American discourse since the early-to-mid 20<sup>th</sup> Century, media and medicine have long shared a unique symbiotic bond that has only become public, as this new political-economic context has emerged.<sup>1</sup> A newly commercializing field of technologically- and scientifically-derived medicine, biomedicine, and a rapidly diversifying form of “old” media, television, are increasingly developing together as consumer methods of self-care, self-sufficiency, and self-creation, *and* as privatized, pastoral techniques of biopolitical governance that operate at a “distance.” These two fields intersect as part of a much broader, complex of media-medical interests that have been developing *off-screen* since the 1970s, and share economic and infrastructural interests, all of which are conditioned by neoliberalism.<sup>2</sup>

This dissertation takes as its object a small, distinct set of articulations of the on-screen relationship between media and medicine, which could be termed medical

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<sup>1</sup> Bioethicist and medical humanities scholar Lester Friedman has referred to their historic relationship as a “mutual symbiosis.” Lester D. Friedman, “Introduction: Through the Looking Glass: Medical Culture and the Media.” *Cultural Sutures: Medicine And Media*. Ed. Lester D. Friedman. (Durham, N.C.: Duke University Press, 2004), Kindle File, Loc. 104.

<sup>2</sup> Lisa Cartwright makes a similar claim about telemedicine as a “set of techniques in the broader health and communications apparatus that is gearing up for the management of health care capital, labor, markets, and knowledge for the 21st century.” Clarke et al similarly refer to the “Biomedical TechnoService Complex, Inc.” to emphasize the corporatization and privatization of research, in which communications and information technologies are also implicated.” Lisa Cartwright, “Reach out and heal someone: telemedicine and the globalization of health care.” *Health* 4(3) (2000): 347–377.

Makeover TV. Medical Makeover TV is a site at which the mediated body and the medical body are coproduced, or at least a site at which media and medicine's investments in an ideal subject converge through the narrative and spectatorial address of makeover TV and combines consumption and self-care. This combination invariably appears through the on-screen, ideal body that ends each medical makeover. This body, a creative coproduction of mediation and medicalization, is a site of self-governance at which neoliberalism's market-based logic coalesces with its biomedical focus through practices of consumption and self-care.

The term "medical makeover TV" combines Media Studies nomenclature with that used in the Medical Humanities, identifying the content and genre of this dissertation's televisual case studies and signaling my analytic proximity to existing interdisciplinary approaches.<sup>3</sup> In media studies, this dissertation's case studies would all fall under the broad designation reality TV, and its sub-genre, makeover TV. To use an analogy from the animal kingdom, non-fiction TV is the phylum and simply identifies programs that claim a special relationship to reality; reality TV is a class within that phylum and, while still claiming a special relationship to reality. Reality TV is also marked by a number of similarities typically most legible at the level of industry and production, such as a focus on entertainment, the heavy promotion of, and reliance on, cross-platform branding, low budgets and the use of non actors. Makeover TV can be seen as an order within the reality TV class, which is marked by repetitious narratives of

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<sup>3</sup> Kristen Ostherr uses the term "medical reality TV" and Joy Fuqua uses the term "prescription TV." Because this is an emergent field of scholarship, in the interest of creating (hopefully) some terminological unity, I elected to use "Medical Makeover TV" to introduce the group of programs from which my case studies were drawn. While I am using this compound designation to introduce the subject of this dissertation, my use of terminology in this dissertation shifts based on context. Aside from being cumbersome, the term "medical Makeover TV" isn't necessary when addressing these shows through work on the TV industry in the 2000s, for example. So, my use of terminology shifts in this dissertation based on context.

transformation. As medical makeover TV, my description of the case studies in this dissertation could be seen as a further refinement, as a family within the order of makeover TV, in which the programs are related by their use of biomedical concepts or technologies as central makeover elements.

*Biopolitical Governance in Pop Culture: Neoliberalism, Biomedicine, and TV Format*

Reality TV and its subgenres emerged in response to economic demands within the TV industry, including the growth of cable and new media and dwindling network profits that resulted from an intense period of media mergers in the 1980s. With super low budgets, requiring neither script nor actor, shot on-location, often in areas in which union restrictions did not apply, and including expanded and variegated modes of advertising, reality TV rose to prominence beginning in the 1990s, and became pervasive in the early 2000s. Television scholars Susan Murray and Laurie Ouellette define reality TV as an “unabashedly commercial genre united less by aesthetic rules or certainties than by the fusion of popular entertainment with a self-conscious claim to the discourse of the real.”<sup>4</sup> According to these authors’ summation of scholarship on reality TV in an anthology on the topic that they curated and edited, a range of cultural developments have taken shape through reality TV, including the “merger of marketing and real life,” the convergence of new technologies with programs and their promotion, and the normalization of the notion that manufactured artifice can coexist with truth claims.

Unlike the “sober,” informational, non-fiction format of U.S. TV’s past, which made claims to objectivity, public service and education, reality TV is overtly focused on

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<sup>4</sup> Susan Murray and Laurie Ouellette, “Introduction.” *Reality TV: Remaking Television Culture*. Ed. Susan Murray and Laurie Ouellette (New York: New York UP, 2009): 3.

entertainment, even when it seeks to perform educational functions once ascribed to documentary.<sup>5</sup> Because reality TV does not resemble past attempts to use television as a cultural technology, intended to act as an extension of the public university, educating the masses for participation in civic life, there has been a great deal of debate about the format's relative virtues. A number of scholars have argued that reality TV is educational and performs civic functions, including lessons in media production, self-presentation, surveillance, and technological literacy. Media and technology-based knowledge became implicit educational aspects of reality TV at the same time personal communications technologies and an economy in which familiarity with new media, social media, and mediated self-presentation were regarded as economic and personal imperatives.<sup>6</sup>

The relationship between the casual, "trashy" format of reality TV and neoliberalism is well-worn territory in television studies. Media scholars Laurie Ouellette and James Hay penned a widely influential argument that reality TV made itself integral to neoliberalism in the U.S., in part because of its "capacity to insert guidelines for living into the 'nooks and crannies of everyday life,'" which, they continue, is "connected in

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<sup>5</sup> John Corner quotes Bill Nichols on documentary as a "discourse of sobriety." John Corner, "Performing the Real: Documentary Diversions (with Afterword)", *Television and New Media* 3, no. 3 (2002): 255-269. *Reality TV: Remaking Television Culture*, Ed Susan Murray and Laurie Ouellette (New York and London: New York UP, 2009).

<sup>6</sup> Along these lines, scholars such as Alicia Hearn argue that TV's "cultural function has been subordinated to its commercial and promotional function," that its principle purpose is to act as a clearinghouse for products and ... beyond the shows themselves." Her comments are intended to support a third claim, also relevant to this dissertation, about reality TV as a "promotional supplement" of broadcast television that simultaneously narrates, produces, and markets the practices of televisual commodification, and of promotion itself. Hearn argues that TV's "attempt to extend its economic viability" by marketing "*itself* in earnest" by narrating and mythologizing its own production process is linked to the current wisdom that self branding is prerequisite for professional success. Similarly, Mark Andrejevic argues that reality TV emerged as a popular genre alongside a "democratization" of surveillance in the "interactive era," which it mixed with entertainment to supply "invaluable information about how to take care of ourselves and our loved ones." Purporting to use surveillance technologies to go behind the scenes of public facades, this voyeuristic purpose ultimately teaches "the inevitability of contrivance" (performance, stage management and artifice) and the need to "penetrate" it (to not be duped). For Andrejevic the performance of "savvy spectatorship," a self-conscious performance of knowledge related to media production and the image is chief among reality TV's pleasures, and the lessons that it imparts. (Mark Andrejevic 232).

complex but important ways to what formal policymakers like to call ‘the reinvention of government.’”<sup>7</sup> These shows privatize and personalize many functions that once were the responsibility of the welfare state, and are among the private entities that function as pastoral methods of governance, connecting viewers with a proliferating supply of techniques of self-care, promoting private, commodity solutions to issues that might typically have been addressed by state social services and public support, and emphasizing self-responsibility and the notion that “citizens not only be active but also ‘enterprising’ in the pursuit of their own empowerment and well-being.”<sup>8</sup> In this sense, reality TV appears complicit, if not instrumental, in the spread of neoliberalism insofar as it promotes “privatization, minimizes state interventions and diminishes the appearance of the state’s obligations to provide for the welfare of its citizens.”<sup>9</sup>

While reality TV as a whole performs a number of functions and techniques of neoliberal governance, the makeover subgenre throws into sharp relief, and personalizes, neoliberalism’s core philosophy, in which market exchange is valued “as an ethic in itself, capable of acting as a guide for all human action, and substituting for all previously existing ethical beliefs.”<sup>10</sup> On makeover TV, which coheres around structural and aesthetic similarities in a way that reality TV in general does not, and is also defined by narrative repetition, focusing on transforming “real” people and/or space, market-based value is legible in the made-over body.<sup>11</sup> Feminist media scholar Brenda Weber writes,

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<sup>7</sup> Ouellette and Hay 4.

<sup>8</sup> Ouellette and Hay 12.

<sup>9</sup> David Harvey, *A Brief History of Neoliberalism* (London and Oxford: Oxford UP, 2005), 3.

<sup>10</sup> Paul Treanor, “Neoliberalism: Origins, Theory, Definition”, <http://web.inter.nl.net/users/Paul.Treanor/neoliberalism.html>. Also quoted in David Harvey’s *Short History of Neoliberalism*.

<sup>11</sup> Brenda Weber’s 2009 book on makeover TV focuses on the subgenre as a narrative form, and is cited throughout this work. Brenda Weber, *Makeover TV: Selfhood, Citizenship and Celebrity* (Durham and London: Duke UP, 2009).



“after-bodies” are “infused with the qualities ostensibly demanded of a democratic free market: self-sufficiency, rationality, upward mobility, gender conformity, racial anonymity, and heterosexual competence.<sup>12</sup> Though biomedicine only enters her work tangentially, Weber’s step-by-step description of makeover TV accurately accounts for the combination of elements in this dissertation’s case studies, and the ways in which biomedicine is integrated into a creative practice of neoliberal self-making that is also a form of biopolitical control.<sup>13</sup> Makeover TV’s medical content also renders legible the ways in which biomedicine and biotechnology, became market values but were also rendered elements of personal ethics, guides for self comportment, and terms of evaluation. This is most legible in makeover TV’s future-based orientation, its suggestion that practices in the present, including continual transformation, will render desirable futures possible. However, it is also incorporated rhetorically, as values such as health underpin and affirm economic utility, typically through judgments in which normalcy and biometrics appear bound together in bodily appearance.

Weber identifies the makeover as a social practice that coalesces around the concept of selfhood; and makeover TV as its representation through highly formulaic narrative terms.<sup>14</sup> Weber’s core explanation of makeover TV not only describes the narratives of transformation that mark my case studies, but their organization around the concept of self-hood, their renovations of the “relations of oneself to oneself.”<sup>15</sup> In this elaboration, the body is understood the “gateway to the self,” but also as “transmedial” —

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<sup>12</sup> Weber 82.

<sup>13</sup> The medical mode of intervention is particularly powerful as a tool of biopolitics insofar as it generalizes appearance as an indicator of professional competence and ability. (Weber 25).

<sup>14</sup> Weber identifies the makeover as a social practice à la Foucault in that it combines imperatives, attitudes and modes of behavior that become teachable rituals. Weber 4-5. She quotes Foucault’s *Care of The Self*, 45.

<sup>15</sup> Weber 4-5.

it is not just the physical body, but the symbolic body represented through and across objects, space or media—so the variable object of transformation (body, house, car) always “marks the site of the emerging self.”<sup>16</sup>

My project tracks the relationships between the “body” and the objects through which it is presented and altered within the program texts and among various extra-textual “artifacts”—the metamorphic subject, makeover TV, surgical procedures, psychopharmaceuticals, health, obesity, hoarding—in a system through which knowledge is produced at various exchanges (capital, conceptual, representational). I understand the production of knowledge as an unremitting process in which concepts circulate through various interrelated registers, from academic research to commercial production to political discourse, and are continually mediated and reinterpreted at these sites. The goal of my research is not to assess a cause-and-effect relationship between the life sciences, popular culture and political-economy, or to successfully “map” an impossibly large and complex system of relationships. Instead, the goal is to lend serious, sustained consideration to biomedical concepts as they circulate in non-institutional, “low-brow” forms.<sup>17</sup>

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<sup>16</sup> Weber actually identifies the body as “symbolic” in this passage (represented by cars, rooms, clothes and/or flesh and blood). However in a much more recent article penned with Jennifer Jones, she refers to “transmediated continuity” in a very similar way, as the connection of conventional forms of media to the female body, and variously describes it as “flesh and bone,” “conceptual,” and “uncontained” by “ostensible realness.” To avoid confusion, and because this dissertation works with a concept of the body as media, analyses about reality TV’s encouragement of media production and the salience of both to how distance medical practices are taking shape over reality TV, I took liberties with this passage and combined two texts: one Weber’s 2009 book Brenda Weber, *Makeover TV: Selfhood, Citizenship and Celebrity* (Durham and London: Duke UP, 2009); the other a 2015 *Camera Obscura* Reality TV Special Edition. Jennifer Lynn Jones and Brenda R. Weber, “Reality Moms, Real Monsters: Transmediated Continuity, Reality Celebrity, and the Female Grotesque.” *Camera Obscura* 88, 30, no. 1, (2015);

<sup>17</sup> In a 2015 article, Media scholar Jane Feuer, updates the distinction she drew between quality TV and reality TV in the 1990s, by arguing that cultural capital had become stratified even within reality TV, already considered “the lowest of the low.” This characterization of reality TV’s cultural esteem is almost in diametric opposition to the association of medicine with middle-class professionalism. Jane Feuer, “Quality” Reality and the Bravo Media Reality Series” *Camera Obscura* 88, 30, no. 1 (2015): 185-95.

In media studies, the bulk of analysis that engages scientific thought focuses on “new media,” science fiction or news/documentary, while the circulation of science as health, a part of body image, beauty, advertising and the other everyday forms examined in this dissertation receives less attention. On the other hand, scholarship that deals with reality TV tends to focus on political-economy or gender relations, but rarely scrutinizes the relationship between biotechnology and the life sciences and reality TV or makeover TV representations. My research attends to an essential elision in these existing lines of inquiry and criticism within media studies. The other interdisciplinary field that deals with these issues, and is drawn from in this dissertation is Science and Technology Studies. STS attends to computer and information technologies as pivotal to biomedicalization but tends to neglect their low-fi cousins, as medicalization informs biomedicalization, so TV informs new media.

To understand how biomedicine is being incorporated into everyday life through TV, how it is informing self-image and self-care, and how it was being shaped through, and shaping, consumer demand vis-à-vis television, it is necessary to try to understand how the relationship between TV and its user or spectator is being imagined in particular circumstances and by a variety of interested parties—from the industrial to the academic.<sup>18</sup> A diverse array of textual and visual material bears witness to TV’s place in

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<sup>18</sup> In the introduction to *Medical Sutures*, Lester Friedman cites a nationwide poll that the National Health Council 75 percent of those surveyed said they paid either a moderate (50 percent) or great (25 percent) deal of attention to medical information reported in the media. According to Friedman, 40 percent used television as their primary source of medical information. More current figures can be found in the recent debates over direct-to-consumer pharmaceutical advertising, all of which cite TV as the largest, most used source of medical information, even ranking above doctors. While a 2002 Gallup Pole about public trust and TV medical information, doctors ranked above TV as the major source of medical information for the population. However, TV was still ranked the highest of all print and non-print media. The Office of Disease Prevention and Health Promotion cite recent statistics that address the prevalence and influence of non-print forms of medical information and education, and include that information in an analysis of

the public life of medicine, and in the everyday lives of the population. I have attempted to draw from, and synthesize, this material, which comes from different disciplines and fields, and has been shaped by a range of methodologies and diverse, and sometimes contradictory, conceptual backgrounds. In the course of researching and writing this dissertation I have engaged with disparate fields and types of academic and professional literature,<sup>19</sup> as well as a great deal of semi-public, casual writing by amateur critics and authors online. In addition, I've used advertising, promotion, marketing, and the regulation of those fields as resources, especially as I sought practical knowledge of the relationship between spectatorship and everyday life. Each chapter engages in close analysis of a medical makeover television program and a particular set of issues related to self-concept that are being biomedicalized. The chapters examine the primary televisual text of each program, as well as its secondary texts, including "spreadable" material such as clips, stills, pull quotes, short news items, cast member profiles and messages, memes, messageboards, etc. Some are the direct result of marketing and promotion on the part of the show's producers or network, but some are independently produced and circulated.

Many of the disciplines I encountered are at once foreign and oddly similar to the well-aligned worlds of film, television and cultural studies in which I have been trained. Like film and television studies, biomedicine is interdisciplinary and produces analysis from scholars and practitioners. It is also a field of study that has a practical, day-to-day meaning for most of the population, in addition to seeding people's images and

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education levels, modes of accessing information and health. Lester Friedman 133, *Gallup.com* "Americans Get Plenty of Health News On TV But Tend Not To Trust It."

<sup>19</sup> For example, the American Telemedicine Association circulates weekly updates, publishes articles and holds annual conferences all of which provided a framework for understanding a nascent industry that is only just emerging in popular culture, and focuses on business plans, possible regulations, and a variety of tactics for treatment that are not encompassed by the doctor-patient relationship.

imaginings of the future in its personal and general senses. While the process of biomedicalization frequently engages media objects, film and media studies are rarely objects of sustained analysis.<sup>20</sup> And, while this dissertation seeks to address a research topic that is missing from the History of Science, STS and other social-science accounts of biomedicalization, and by Medical Humanities accounts that tend to focalize the medical profession, this means there is both too much and too little language for addressing the issues that surface in this dissertation.

This dissertation focuses on makeover TV; a subgenre preoccupied by self-care and self-cultivation, to investigate how a large-scale concept—biomedicalization—is being integrated into everyday lives, conceptually and practically. This necessitated an address of spectatorship, which, in media studies, is a problematic affair with a long, politically fraught history. However, in fields such as Public Health, this practice is acceptable, and may even be necessary, as long as it is accompanied by quantitative evidence.<sup>21</sup> Alternately, interdisciplinary analyses of the process of biomedicalization, because communications technology and networked digital media have been so crucial to its fate, tend to focus on New Media Studies, particularly as a site of potential

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<sup>20</sup> There are a few exceptions to this. The books by Fuqua and Ostherr cited in the Literature Review are more informed by TV, film and media studies than most existing literature in this field. The other exceptions are studies of science/speculative fiction texts, and, more importantly, “new” media studies that approach biomedicine from a perspective of digital technologies. Eugene Thacker’s *Biomedica* is exemplary of this type of work, which tends to focus on the intersections of molecular biology and computer science and approaches similar questions to this dissertation about what it means to have, and be, a body. However, this work tends to focus on bioethical issues posed through issues such as bioengineering, genomic ownership, etc., and pays relatively little attention to the type of mass media concerns approached in this dissertation.

<sup>21</sup> In general, this dissertation abstains from making generalizing claims about spectatorship that cannot be backed-up. However, these claims appear in some of the material used, and thus, appear in the dissertation. Where possible, I attempt to situate them in terms of the discipline through which they were produced. Unfortunately, the idea that images, even in advertising, are more or less transparent and that reactions to them occur as the producer intended pervade a great deal of research, particularly in government-funded studies or the studies linked to from public health sites. In most cases these will include some statement acknowledging that the images are structured or formatted in some way. Typically, I only draw figures from these studies, or may use their claims as a means of verifying discursive evidence.

empowerment. These interdisciplinary analyses are typically theoretically sophisticated and critically astute, even in their survey forms, and each of the disciplines studying the development of biomedicine has its own theories of subjectivity (or the self), and its relationship to mass culture representation.<sup>22</sup> Rather than attempting to track highly variegated forms of spectatorship, this dissertation attempts to track how certain biomedical concepts are being translated through, and integrated into, “standard” content produced by or for television networks, circulated, and then shown in what Anna McCarthy calls “micro-level” viewing contexts.<sup>23</sup>

### *Health: Medicine, Morality, Aesthetics and Political Futures*

Makeover TV integrates medicine into its models of self-care under the mantle of “health.” And, while TV in general and reality TV in particular are frequently taken to task for infecting values such as health with consumer demands, health actually arose with consumer culture as the professional middle class emerged in the 19<sup>th</sup> and early 20<sup>th</sup> centuries. According to cultural studies scholar Robert Crawford, the therapeutic ethos of

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<sup>22</sup> Even when no explicit theory of the subject is posited, they are implicitly there. For example, Emily Martin’s account of manic depression, *Bipolar Expeditions*, uses first-hand experience with mental illness, and various field studies including group therapy. Her account includes analysis of advertising and media that use bipolar disorder at various capacities as promotion, and analysis of medical films. Though she makes no claims about how people in general receive advertising images, or how it impacts behavior, her account becomes evidence of one type of reception.

<sup>23</sup> McCarthy introduces her spatial study of television in terms of scale, and notes that to ask what television does is, in essence, to ask how it connects the “microlevel” of reception to the much larger scale “everywhere” of the images that are bound together and take form through that television. In this geographic discussion, she also elaborates an idea of “place,” which is potentially useful to thinking through the body’s relationship to TV, and its relevance to TV as a medical treatment. She notes that television and video in public places are less agents of destruction, than agents of construction. Instead of media “perforating a bounded and coherent unity,” television in place creates a juxtaposition of local and large-scale social relations that is unique and would not have happened otherwise. This is a potentially useful concept for thinking through the relationship between the body and media, particularly given the even greater proliferation of screens over the last 20 years. While televisions in public space are as prevalent as they were in the 1980s-1990s covered in McCarthy’s book, they are also a part of personal space, which is both public and private. Anna McCarthy, *Ambient Television: Visual Culture and Public Space* (Durham and London: Duke UP, 2001): 16-18.

health, along with the sociocultural conditions that account for its emergence (increased leisure time, a dearth of middle-class distinction, the developing prestige of science and medicine), contributed to a “self that would be receptive to consumerism.” While Crawford’s explanation of health goes on to emphasize its association with modernity and Enlightenment ideals, he situates its significance as a display of middle class values and class distinction. “In employing scientific techniques for training, protecting and healing the body, the professional middle class displayed modernity’s ambition and promise, writing on their bodies the progressive message they intended to bring the world.”<sup>24</sup> So, health and professional medicine not only contributed to a consumerist notion of the self with self-realization as its goal, but also were connected to a use of the body as a medium of self-expression.

According to Crawford health as a “meaningful social practice” cropped up alongside the emergence of a professional middle class in the 19<sup>th</sup> and early 20<sup>th</sup> centuries, but has become an increasingly significant social force over the past four decades. He situates health as a feature of modern societies that shows the embrace of Enlightenment ideals of rational control and humanistic progress, and which governments consider protecting the public health among their most important domestic duties. In the 1970s a “new health consciousness” arose shaped by several health movements, from women’s health to self-help, jogging, organic food, holistic health and dieting and exercise (this last one very definitely preceded the 1970s). The new health consciousness was actually a reaction to some of the same environmental issues to which biomedicine responded in economic form, as people began to worry about their exposure to harmful environmental

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<sup>24</sup> Robert Crawford, “Health as a meaningful social practice.” *health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 104 no. 10(4) (2006): 401–420, 2006. <http://hea.sagepub.com>.

factors.<sup>25</sup> In the 1980s, health became what Crawford refers to as a “super-value,” For Crawford, “super-value,” a concept that subsumes under its expansive reach all that is good in the personal search for well-being or ‘wellness,’” which entailed a “striking moralization” by the American middle class. The pursuit of the good life was reinvented as a quest for health.<sup>26</sup>

Crawford writes that health practices of this era contributed to the ascendancy of a neoliberal social order,” in which “individual responsibility for health played a decisive role.”<sup>27</sup> Personal responsibility for health is widely considered the sine qua non of individual autonomy and good citizenship, and individuals are expected to acquire medical knowledge.<sup>28</sup> This attitude is legible in virtually all of the Medical Makeover TV programs surveyed in this dissertation, and informs the lifestyle-based interventions of Makeover TV in general as well.

Health’s centrality to how self-realization is organized on reality TV and makeover TV, both of which have been identified in media studies as techniques of neoliberal governance, suggest the concept’s adaptability. Like Crawford, Nikolas Rose argues that health was an essential concept in the state’s governance of the “vital life” of the population through in the 18<sup>th</sup> and 19<sup>th</sup> Centuries. However, he claims that as neoliberalism has taken shape in the 21<sup>st</sup> Century, the “poles of illness and health” have been spurned by “our capacities to control, manage, engineer, reshape, and modulate the very vital capacities of human beings as living creatures.”<sup>29</sup> Rose’s articulation of the

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<sup>25</sup> According to Rajan and Cooper anxieties over the environment and its relationship to industrialism also informed the way biomedicine developed as the federal government invested in this “post-industrial” field.

<sup>26</sup> Crawford 410.

<sup>27</sup> Crawford 409.

<sup>28</sup> Crawford 402.

<sup>29</sup> Rose 3.



relationship between shifting political rationality and the governance and regulation of “vital life,” or what is more commonly referred to as “biopolitics” is held by a number of scholars, beginning with Foucault.

For Rose, these changes in biopolitical governance and political rationale have developed with shifts in “rationalities and technologies” of government associated with neoliberalism, which have included the reorganization of state powers, the prevalence of the actuarial mode of governance, or “governing at a distance,” the “devolution” of responsibilities for the management of health and reproduction from the state to the individual and private industry.<sup>30</sup> Rather than focus on the immediate, present-tense state of “health” as the absence of disease, biomedicalization, which will be discussed at length in the next section, emphasizes a future-based concept of the body at perpetual risk of becoming ill, and defined in relation to statistical risk factors. In this context, health is an awareness and mitigation of personal risk for future disease. The present-tense may be visually appealing or approximate aesthetic norms, but health itself is elusive, and demands continual self-monitoring and adherence to models for self-care. While health has become elusive, it has also expanded and become a means of evaluating the quality of financial, psychological and emotional life.

In this view, political economy borders and limits the political, and the space of civil society, which is characterized by the philosophical subjects of right and the social contract, is actually inhabited by economic subjects, and is based on the mechanisms of multiplication and exchange, the synthesis and subordination of subjects themselves. He therefore argues that civil society, often conceived of in terms of sympathy, benevolence and proximity, is actually a permanent matrix of political economic power. So, biopower

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<sup>30</sup> Rose 3.

and civil society are both regulative frameworks for the free market economy, and Foucault makes a crucial point here that it is environmental rather than internal subjection that is crucial to liberalism and neoliberalism.

### *Biomedicalization, the Norm, and the Ideal Body*

While a full explanation of the processes of biomedicalization falls beyond the scope of this dissertation, it addresses how biomedicalization is taking shape through reality television, producing an ideal body that is as mediated as it is biological. While this term is sometimes used casually in place of medicalization to describe the process through which social or cultural aspects of life become understood as medical concerns, this dissertation uses it to distinguish an emerging model of science-based medical practice that departs in significant ways from the model of medicine that preceded it in the United States. And while there are volumes written about biomedicalization this dissertation principally draws from three texts from the social sciences: Kaushik Sunder Rajan's *Biocapital*; Melinda Cooper's *Life As Surplus*; and a survey piece, "Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine," which was penned by Adele Clarke and a team of other sociologists. Whereas Cooper and Rajan's books make important in-depth theoretical arguments about biomedicalization and the emergence of a new form of capitalism, Clarke's piece is an overview.<sup>31</sup>

For the purposes of this dissertation, biomedicalization is a process that emerges in relationship to two other key terms from Science and Technology Studies (STS):

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<sup>31</sup> Clarke et al's overview succinctly put the major concepts and sources on the process of biomedicalization into conversation with each other, and is drawn from by the other works that deal with medicine and media cited in this dissertation, such as Osther and Fuqua.

medicalization and technoscience. Medicalization is the process through which aspects of life previously outside the jurisdiction of medicine come to be construed as medical issues.<sup>32</sup> Technoscience refers to a revised relationship between the fields of science and technology as interdependent, co-constitutive, and always informed by practical applications.<sup>33</sup> The notion of “pure” science and technology, which once informed scientific practice, was dependent on a differentiation between science and technology, and between the lab and practical outcomes. Technoscience describes the present-day scenario in which “purity” is not the value organizing science or its relationship to truth, and the interdependence of science and technology is explicit.<sup>34</sup> Relatedly, the technoscientific practices of the basic life sciences (“bio”) are increasingly also part of applied clinical medicine, or “biomedicine.” The combination of these processes,

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<sup>32</sup> Clarke et al’s piece on biomedicalization begins with this definition and a claim that medicalization was among the most potent social transformations of the last half of the 20th Century in the West. Sources for claim: Martin Bauer, “The Medicalization of Science News—From the ‘Rocket-Scalpel’ to the ‘Gene-Meteorite’ “Revising, Diffracting, Acting,” *Social Science Information/Information sur les Sciences Sociales* 37(4): 731–51. Clarke et al, *Revisioning Women, Health, and Healing: Feminist, Cultural, and Technoscience Perspectives*, ed. A. E. Clarke and V. L. Olesen (New York: Routledge, 1999): 3–48; Peter Conrad, “Medicalization and Social Control.” *Annual Review of Sociology* 18 (1992): 209–32. Renaud, Marc. “Le Concept de Medicalisation, A t’il Toujours la Meme Pertinence?” *The Concept of Medicalization: Is it still salient? Medicalization and Social Control*. Ed. L. Bouchard and D. Cohen. Paris, France: Actas, 1995. 167–73. Bruno Latour, *Science in Action: How to Follow Scientists and Engineers through Society*. Cambridge, MA: Harvard University Press, 1987.

<sup>33</sup> Technoscience originated with Bruno Latour, who used it to indicate an explicit move past the scholarly traditions that separated science and technology conceptually and analytically. The term is used by Clarke et al to argue that these two domains be regarded as co-constitutive, which challenges the notion that there are “pure forms” of scientific or technological research totally distinguishable from their practical applications. While this term, and many STS works, and post-colonial theory, challenge the historical reality of “pure” science. In terms of understanding biomedicalization, what’s more important is that the idea of “pure” science once informed its practice, and was dependent on a differentiation between science and technology, and between the lab and practical outcomes. Technoscience describes a scenario in which “purity” is not the value organizing science or its relationship to truth. (Clarke et al, 161 and Latour, Bruno. Latour, Bruno. *Science in Action: How to Follow Scientists and Engineers through Society*. Cambridge, MA: Harvard University Press, 1987.)

<sup>34</sup> Rajan identifies a related change to scientific practice, which was organized around disinterested research. Less concerned with the relationship between technology and science, and more interested in how new funding structures, including (but not limited to) consumer medicine, venture capital biomedical funding, public-private partnerships, etc. are inherently invested in practical (marketable) outcomes. Rajan cites the normative structure of science as propounded by Robert Merton as a way of articulating this difference. Rajan argues that changes in these norms has led to a rearticulation of the “classic” science binaries of truth and falsity as the economic terms “credibility” and “incredibility.” (Rajan 114 and 142)

biomedicalization, names the intensification of medicalization that is informed by technoscience. Or, as Clarke's et al define it, biomedicalization is "the increasingly complex, multisited, multidirectional processes of medicalization that today are being extended and reconstituted through the emergent social forms and practices of a highly and increasingly technoscientific biomedicine."<sup>35</sup>

More important than a strict definition, biomedicalization describes how a set of significant changes to scientific and medical practice, biomedicine, is developing in relationship to the lay-population. While these developments take large-scale political and economic form through the population, they also pose significant changes to how the body and self-care are conceptualized. Clarke breaks biomedicalization into five overlapping, co-constitutive processes: Major economic shifts; focus on health, risk and surveillance biomedicines; the technoscientization of biomedicine; transformations of the production, distribution and consumption of knowledge; and transformations and enhancements of bodies and identities.<sup>36</sup> While each of the case studies in this dissertation foregrounds a different aspect of the processes of biomedicalization, all of them appear in some respect across the shows. The clearest way in which biomedicalization informs the makeover programs in this dissertation is in presenting a concept of the body and self-care that integrates biomedicine into a context of increased mediality. These content-based concepts are reiterated at various sites of reception, in processes of managed health care and government aid that increasingly call on patients to access various types of information and care online, etc.<sup>37</sup>

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<sup>35</sup> Clarke et al 162.

<sup>36</sup> Clarke et al 166.

<sup>37</sup> Fuqua notes a very similar phenomenon as she tracks the emergence of television as a therapeutic technology from the hospital to the home. However, Fuqua's analysis focuses on the relationship between

Some of the hallmarks of biomedicalization are integrated into the “ideal” body and model for self-care made visible through reality TV. For example, whereas the ideal body of medicalization was normalized and universal, the ideal body of biomedicalization is customized, enhanced, and individualized. On makeover TV, it’s not so much that the biomedical version of the body is at odds with the normed body of medicalization. In fact, visually, the ideal body that drives transformation does not diverge from the TV body norms, particularly insofar as the norm is depicted through this ideal is coextensive with prevailing standards of beauty.<sup>38</sup> However, the body as transmedial and a site of continual self-transformation is central across medical makeover shows regardless of their approach or specific object. While access to biotechnologies is economically stratified, this concept coheres impulses toward change and self-fulfillment that not only ground consumer culture, but also link it to consumerist and modernist concepts of self.<sup>39</sup>

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television and the “patient-consumer,” which is a phenomenon that emerges in the context of biomedicalization. On the makeover programs in this dissertation, the “patient-consumer” is put into a continuum with the transformative bodily ideal made possible through emerging biotechnologies.

<sup>38</sup> Both Victoria Pitts-Taylor and Kathy Davis argue that elective cosmetic surgery practices are typically organized around identity-based issues not vanity. Pitts-Taylor writes of plastic surgery television program *Extreme Makeover* that the shows “posits normalcy as synonymous with beauty,” and that this equivalence has informed the emergence of “cosmetic wellness.” Similarly medical media scholar and filmmaker Bernadette Wegenstein has argued that the relationship between beauty norms and medical ideals in the present day is an update of physiognomic beliefs that persist into the modern day. And, while these comments pertain to cosmetic surgery, as of 2016, cosmetic surgery is the only form of truly commercialized procedure that has become widely popular in the United States, making it an area of particular interest for this dissertation, especially insofar as representations of it tend to integrate new technology with existing forms of identification, bolstering the problematic, supposedly “biological,” norms that biomedicine implicitly threatens to denaturalize. (Kathy Davis, *Dubious Inequalities and Embodied Differences: Cultural Studies on Cosmetic Surgery*. Lanham, Md.: Rowman and Littlefield, 2003 and Victoria Pitts-Taylor, *Surgery Junkies: Wellness and Pathology in Cosmetic Culture*. New Jersey and London: Rutgers UP, 2007. 51; Bernadette Wegenstein and Nora Ruck, “Physiognomy, Reality Television Cosmetic Gaze.” *Body & Society* Vol. 17(4): 27–55; 2011)

<sup>39</sup> Mike Featherstone’s work addresses the relationship between consumer culture and modernism at length, examining the relationship between the modernist persona of the dandy and the flâneur, and their adoption as ideals that drive consumerism. Turow’s introduction and Hearn’s piece on reality TV and media “dupes” includes a history of advertising and its relationship to self-fulfillment, and (in the case of Turow) health. (Mike Featherstone, “Body, Image and Affect in Consumer Culture.” *Body & Society* Vol. 16(1) 2010:

Other aspects of biomedicalization, such as economic shifts and heterogeneous forms of knowledge production, circulation and access are among the processes of biomedicalization that are legible in the combined interests of media and medicine in production contexts and modes of audience address. Because these processes occur variably, and medicalization and biomedicalization can happen concurrently, with medicalization frequently paving the way for biomedicalization, both processes are frequently legible on makeover TV.

Biomedicalization is characterized by shifts in the production, circulation and access to knowledge, and makeover TV is one of the sites in which knowledge is produced, circulated and accessed that seems unlikely in the context of medicalization and “pure” science. In a prior regime of representation, televisual and filmic corollaries to “pure” science and objectivity were documentary and news, which were as esteemed for their social conscience, their objectivity and their differentiation from commercial programming, as opposed to reality TV as the “lowest of the low.”<sup>40</sup> As Weber and Ouellette and Hay have already pointed out, reality TV is nonetheless educational, modeling imperatives and ideals of neoliberal citizenship, principally self-responsibility and private, commodity solutions to issues that might typically have been addressed by state social services. Here, self-comportment proceeds following the logic of corporate or entrepreneurial investment, and biomedical concepts of life as risk-aversion, and bodily enhancement are exemplary of this conceptualization of life, self-care and self-value.

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193–221; Joseph Turow. *Playing Doctor: Television, Storytelling and Medical Power*. New York and Oxford: New York UP, 1989.)

<sup>40</sup> Regime of representation is a term from Ranciere (discussed in chapter 3); the correlation between objectivity and scientific purity is noted in many places, but is covered in greater length in the literature review’s discussion of Daston and Galison’s tome of the same name; and Ostherr discusses the American public’s esteem for documentary in relationship to science and the scientific method. Feuer refers to reality TV as “the lowest of the low.” (Feuer 185). Jacques Ranciere, *The Future of the Image* (New York and London: Verso, 2007).

*Consumer-patient, Privatization and Commercialization of Life*

Neoliberalism names the logic that has guided the government's divestment of public services that necessitates a personal ethos of self-responsibility, which works as a mode of self-regulation through self-care. This neoliberal subject is both produced and heralded by makeover TV, however it also figures centrally in contemporary health care, through the figure of the consumer-patient. Medical makeover TV transforms the much maligned position of the consumer-patient, which was foisted upon many Americans in the early 1980s, by making it appear in a continuum with the creative practices of biomedicalized self-making and self-enhancement. Self-responsibility, which Crawford argues was already established by health as a discourse of self-care tied to political and economic privilege, undergirds both the tedium of preventative medicine, such as diet and exercise, and access to flashy new biotechnologies. Further, health and medical makeover TV tie bodily self-care to professional and social success by promoting its aesthetic outcomes as signifiers of a wide swath of contemporary values. The consumer-patient identifies the concrete, administrative definition of "environmental" identity that indicates self-monitoring health and the active utilization of private forms of health care, which can refer to anything from medical procedures to tangentially related industries like fashion or diet regimens.<sup>41</sup> Medical makeover TV, and the Direct-to-Consumer Advertising that accompanied its emergence are organized around, and aimed at, this "environmental" identity.

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<sup>41</sup> Foucault identifies "environmental" subjectivity in contrast to disciplinary, internal or psychological identity. He argues that these economic subjects are relevant to liberalism and neoliberalism despite their emphasis on philosophical subjects of right. Foucault. *The Birth of Biopolitics*

One of the claims that grounds this dissertation—that medicine is in the process of re-emerging as a commercial industry—may seem odd. People in the U.S., after all, have always had to pay for medical care. However, the emergence of the “patient-consumer” actually has a fairly repercussions on the lay population. Wendy Mariner, a Professor of Health Law, Bioethics and Human Rights has argued that there are significant legal distinctions between patients and consumers: consumers are buyers of goods and services, and patients are recipients of a health care service.<sup>42</sup> Since medicine professionalized in this country, U.S. patients have also been buyers insofar as they pay for some (if not all) of their health care, they have only recently been considered consumers.<sup>43</sup> For Mariner the distinctions between the patient and the consumer are information- and knowledge-based, and can be tracked through the ways in which they articulate rights. The main tool of consumer laws is the disclosure of information in order to level the playing field between buyers and sellers. Patients’ rights, by contrast, develop outside of the context of commercial markets and health insurance, and do not seek to give patients and physicians equal medical knowledge, but accept the inequality between them and impose a fiduciary duty on physicians to use their skills in the patients’ best interest. Accordingly, the patients’ rights movement of the 1970s was concerned with requiring health care professionals to provide information to patients about their condition and treatment options. By contrast, consumer rights movements of the 1990s sought to require health insurance companies to provide information about benefits and policies.

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<sup>42</sup> Donohue 661 and Mariner 4.

<sup>43</sup> Prior to its professionalization in the late 18<sup>th</sup> and early 19<sup>th</sup> Century, medicine vied for consumer attention and legitimacy alongside a spectrum of other contenders for control over human health, from healers to hucksters. Joseph Turow, *Playing Doctor: Television, Storytelling and Medical Power* (Ann Arbor: University of Michigan Press, 1989).



The term “consumer-patient,” emerged in relationship to another term, “managed care,” which is used in the U.S. to describe techniques intended to reduce the cost of providing health care benefits while improving the quality of care. Managed care arose in the 1980s following the Health Maintenance Organization Act of 1973. Its techniques include limiting to or encouraging care by a network of providers, defining the parameters of care vis-à-vis an list of covered services, emphasizing preventative care, incentives for selective use of care and providers, explicit standards for selecting providers, etc.<sup>44</sup> The term patient-consumer is a rhetorical delineation of the position of the lay-population relative to the medical establishment in its contemporary form. It signals the movement from the passive term and position “patient” into that of the active “consumer.” As Kristen Ostherr and Joseph Turow, among many others point out, the patient has been constructed in relationship to the doctor as the passive object of a medical gaze. Historically, this positioning accompanied unequal access to knowledge, which was a strategic element in the AMA’s professionalization of the medical field in the mid-20<sup>th</sup> Century, and effectively rendered patients dependent on doctors’ ethical obligations to help them. Julie Donohue argues that communications technologies have been pivotal to the emergence of consumer medicine insofar as they, theoretically, provide access to medical information.

There is some dispute as to the genesis of the term consumer-patient. Some scholars, following Mariner’s legal cue, place its emergence in the backlash over the ascent of managed care in the 1980s-1990s, which is evinced in the blended patient and

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<sup>44</sup> In addition to techniques, managed care also refers to providers and process, and first appeared in various iterations such as Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), but has become almost ubiquitous in U.S. Health Care.

consumer protections included in its regulation.<sup>45</sup> By contrast, media studies author Joy Fuqua describes the merger of patient and consumer as an adoption of the market-based language of consumer choice by insurance companies, that “radically redefined” the passive recipient of medical care to that of the “active, information-seeking consumer-patient.”<sup>46</sup> While Fuqua describes medical historian Nancy Tomes’s argument that the term “health-care consumer” was not first used by “market enthusiasts” but “patient activists” in the 1960s-70s, who were “part of a wide-ranging critique of both medical paternalism and the ‘new medical industrial complex.’” Tomes uses the term “patient/consumer” to mark the transitional nature of the compound term, “the historical, economic and political shift from one model of the complex relationship between patients, physicians, and the medical industrial complex, to another model based more on market ideas of individual choice and competitive quality.”<sup>47</sup> According to this perspective “what initially began as a positive political and discursive intervention in the ways that patients understood their positions in relation to power structures (embodied by physicians and other medical authorities and experts) has now been corrupted by consumer-driven market modes” and evince the move to a market-driven model is a contraction of rights, working more to the advantage of entrepreneurs.<sup>48</sup> Fuqua argues that television and advertising have encouraged consumer-patients to internalize self-surveillance and self-transformation; and produced a “crucial link in the constellation of

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<sup>45</sup> Mariner 4 and Donohue 662.

<sup>46</sup> Fuqua 15.

<sup>47</sup> Nancy Tomes, “Patients or Health-Care Consumers? Why the History of Contested Terms Matters.” *History and Health Policy in the United States: Putting the Past Back In*. Ed. Rosemary Stevens, Charles E. Rosenberg and Lawton R. Burns (New Brunswick: Rutgers UP, 2006), 83-110.

<sup>48</sup> Fuqua 15-16.

power through which discourses of medicalization encourage self-monitoring and self-regulating citizenship.”<sup>49</sup>

### Television

At turns, this dissertation uses the term television to describe the set, programs, networks, and formats. Already a somewhat “slippery” term, this dissertation uses it to describe to programs, content and advertising that may also appear on computers, smart phones, tablets, and other networked digital media. Why? Anna McCarthy writes that television’s “slipperiness” is a part of its specificity as a medium, “a characteristic of its peculiar adaptability as a media object in social space,” and that its “technological diversity” is a reflection of “its flexibility as an environmental media apparatus.”<sup>50</sup> On the other hand, Richard Grusin, who theorized the still widely-used notion of “re-mediation” alongside Jay Bolter, argues toward the use of a new term, “mediality,” to account for the overlapping media forms that all take shape in some respect vis-à-vis networked digital media.<sup>51</sup> While I also use Grusin’s “mediality” and the more general term media, I nonetheless stick to the term television because my case studies are organized around television shows.

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<sup>49</sup> Fuqua 118

<sup>50</sup> McCarthy 14.

<sup>51</sup> Writes Grusin, “By employing the concept of ‘mediality’ rather than the category of ‘new media,’ I mean to signal both a break with the methodological framework of *Remediation* and a dissatisfaction with the rhetoric of the ‘new’ or the ‘avant-garde’ that still informs a great deal of new media theory and practice. Thus while the book addresses concerns that could readily be included under the category of ‘new media,’ my use of the term ‘mediality’ marks my insistence that, in the first decade of the twenty-first century, when virtually all textual, visual, and audio media are produced, circulated, and remediated via networked digital technologies, it no longer makes sense to distinguish between ‘old media’ like print, radio, television, or cinema, and ‘new media’ like the World Wide Web, mobile phones, streaming video, or MP3 players.” Richard Grusin, *Premediation: Affect and Mediality After 9/11* (New York: Palgrave MacMillan, 2010), 6.

If I stick to the term “television” over media, its because some of the strategies the television industry used to respond to what was perceived as the “threat” of new media, and to the changed political-economic context of neoliberalism, are pivotal to how TV is shaping the practice of medicine. Reality TV, itself, and the many forms of marketing and promotion that were orchestrated through, and around, it, were an industrial response to conditions in the television industry, including new media.<sup>52</sup> While networks responded to budget cuts and demands for greater outputs of content, by producing reality TV, which was unscripted, and thus had no (or fewer) writers; was frequently shot on-location (and often in locations where they could shoot without union crews); and were testing-grounds for novel promotion and marketing strategies such as product placement, sponsorship, and acting as a springboard to multimedia content. However, other indirect outcomes of these new strategies, in combination with new media, such as providing insight and implicit education on processes of media production, at the same time that digital imaging technology became increasingly accessible. This particular function of reality TV, in combination with makeover TV’s focus on the production of self, combined in a way that promoted digital self-surveillance and self-objectification, both of which are central to the practice of medicine through television as “distance” medicine or “telemedicine.”<sup>53</sup> This is absolutely pivotal to how medical practice is taking shape

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<sup>52</sup>Ted Magder, “Television 2.0: The Business of American Television in Transition.” and Chad Raphael, “The Political Economic Origins of Reali-TV,” *Reality TV: Remaking Television Culture*. Ed. Susan Murray and Laurie Ouellette (New York: New York UP, 2009), 123-141 and 141-164.

<sup>53</sup>Telemedicine: Telemedicine, sometimes called “distance medicine” refers to a form of health care at a distance through media, in which medical information is exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Lisa Cartwright, “Reach Out and Heal Someone: Telemedicine and the Globalization of Health Care” *Health* 4, no. 3: 347-77. Reality TV’s meta-narrative of media production and self-production and surveillance: Mark Andrejevic. “Visceral Literacy: Reality TV, Savvy Viewers, and Auto-Spies.” And Alicia Hearn, “Hoaxing the ‘Real’: On the Metanarrative of Reality Television.” *Reality TV: Remaking Television Culture*. Ed. Susan Murray and Laurie Ouellette. (New York: New York UP, 2009), 165-79 and 321-343.

through television, through a conceptual and practical framework that binds self-fulfillment and self-care to educated, active consumption.

*Biomedicalized Regulation: Biopolitics and the Norm*

In contextualizing my study of medical makeover TV, my research will draw on work that historicizes the relationship between the biological subject, capitalism, science and the state. While Foucault's work, particularly in the *History of Sexuality* and *The Order of Things*, as well as in some of his later lectures all inform my project as an analytic, my work was also informed by research and theory, particularly in Anthropology and Politics, which has drawn heavily from his thought, in particular on biopolitics.

Foucault argues that biopolitical techniques of power are based on statistics and disciplinary knowledge, through which the population can be segmented and controlled.<sup>54</sup> He describes four operations of disciplinary power/knowledge: selection/elimination, normalization, hierarchy, and centralization. All of these are key to how biopower regulates the life of populations, as certain subjects are selected as speaking subject, all are normalized, and knowledge is both hierarchically and centrally deployed. For Foucault, governmentality is a strategic field of power relations that are mobile, transformable and reversible. A means of grasping a variety of ways of acting on individual and collective conduct (micropower) that did not have the state as a frame of reference, it facilitates regularity on a large-scale, and because of its focus on population rather than territory can easily be detached from the state.

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<sup>54</sup> Michel Foucault, *Society Must Be Defended* (New York: Picador, 2009).

In Foucault's examination of liberalism and neoliberalism in their post-war U.S. context, he argues that the U.S. extends the rationality of the market to plural non-economic sites, so that the subject, her health, her social life and so forth are all conceived of in economic terms. Life itself becomes economized, not only in terms of labor, but also in all regulated aspects of its existence. Furthermore, Foucault argues that the space of civil society, which is characterized by the "philosophical subjects" of right and the social contract, is actually inhabited by economic subjects, and is based on the mechanisms of multiplication and exchange, the synthesis and subordination of subjects themselves. He therefore argues that civil society, often conceived of in terms of sympathy, benevolence and proximity, is actually a permanent matrix of political economic power. By this standard, medicine and all other fields are already economic, so the movement of medical care from a disciplinary relationship between doctor and patient to one in which the subject self-identifies and self-regulates vis-à-vis a framework of mediation, which this dissertation track, only renders its economic purposes more explicit.

A swath of work in political theory has been produced from the late 1990s-present that centralizes the notions of biopower and biopolitics, from here referred to as biopolitics<sup>55</sup> in an effort to explain political control in the post-War era of globalization.<sup>56</sup>

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<sup>55</sup> Though not central to, or even explicitly dealt with, in any of his major texts, biopower and biopolitics, terms which he generally uses interchangeably, are developed through a series of lectures delivered at the Collège de France from 1977-1979, but released in English after the idea's popularization in political theory in the 2000s. These lectures purport to deal with biopolitics and biopower as their central organizing principle, however, none of the lectures gives an overarching theory of these ideas but rather tend to address their expression and development through a number of interrelated concepts such as race, governmentality, security, liberalism and neoliberalism, etc.

<sup>56</sup> This work tends to deal with a much different timeline than Foucault's, focusing on World War II to the present and seeking to deal with a range of diverse but related topics including the Holocaust and thanatopolitics, and the shift from colonialism to post-colonial globalization. Foucault's lectures deal with a timeframe that extends from the middle of the Middle Ages (1100s) to the late 1960s, and explains

Famous examples of this include Hardt and Negri's *Empire*, trilogy (*Empire*, *Multitude*, *Commonwealth*), the first of which was published in 2000, and Giorgio Agamben's *Homo Sacer* (1998) and *State of Exception* (2005), as well as Gilles Deleuze's interpretation of Foucault and elaboration of "Control Societies," most often cited in terms of an extremely short essay "Postscript On Societies of Control" (1992),<sup>57</sup> in which he theorizes a shift from disciplinary societies, which he associates with modernity and the nation-state, to societies of control, associated with postmodernity and forms of global governmentality. In this work, and subsequent interpretations or uses of it, biopower and disciplinary power figure as major techniques of control and organization.<sup>58</sup> Notions of biopower increasingly inform certain approaches to globalization and neoliberalism, particularly works that deal with the relationship between populations (as labor or in terms of public health, etc.), the body, global forms of governmentality and control. In all of these instances the concept of biopower, as power exercised at the level of life itself, and as an attempt to intervene on vital characteristics of human existence is centralized.

The analytic of biopolitics has also been central too much recent scholarship in Medical Anthropology that deals with the development of biomedicine, such as Rajan's work of Medical Anthropology, *Biocapital*, and Cooper's Cultural Economic study, *Life*

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variations in notions and technologies of sovereignty, governance, race and social control across this extremely long period of time, though notably one with a very myopic geography (Europe and contemporary America).

<sup>57</sup> Maurizio Lazzarato's "The Concept of Living In Societies of Control" (2006), which similarly is able to situate Deleuze's concept in more concrete relation to Foucault's ideas and timelines, and is also able to alter some of these notions so that the continuity and overlap between several modes of social organization is foregrounded.

<sup>58</sup> Most of this work centralizes the under-developed idea of biopower introduced in *The History of Sexuality*, rather than the much more elaborate explanation espoused in the then-unpublished lectures. This underdevelopment as a grounds for large-scale theorization means that each of these new elaborations of the idea differ significantly, often to the point that they seem to have very little in common with one another. As a result, what I've elaborated here may differ significantly from accounts of biopolitics that yield from one or the other of these political theorists.

*As Surplus*. Biopolitics is used as a means of capturing biomedicine's political, economic and biological dimensions, particularly within contemporary global political systems and modes of capital. Most well known among this group is Nikolas Rose's work on biocitizenship, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* (2007), which tends to make general, large-scale claims. Cooper, who focuses on cultural economy, and Rajan's work falls more along the lines of the social studies of science, such as Lawrence Cohen "Where It Hurts: Indian Material for an Ethics of Organ Transplantation" (1999) and Catherine Waldby and Robert Mitchell's *Tissue Economies: Blood, Organs and Cell Lines in Late Capitalism* (2006), as well as work on medical imaging, imaging techniques and technologies, such as Joseph Dumit's *Picturing personhood: brain scans and biomedical identity* (2004), all of which makes claims on smaller scales through careful, sustained attention to discrete biomedical objects. All of these works give strong, well-researched background and context on the current state of biomedical research and the pharmaceutical industry, which situates my own project with its explicit focus on biomedicine's circulation in popular culture and its integration, through media, into everyday life.

This dissertation evolved from a desire to supplement this analysis, and the work done in political theory by engaging with the sites at which biomedicalization was being integrated into everyday life, which are also, implicitly sites of biopolitical governance. However, while I am elaborating the term here, in the introduction, I don't use it very often in the case studies, because my intention isn't to use the term biopolitics descriptively, but rather, to use it as an analytic. In other words, the case studies focus on a number of reality programs, which constitute an aspect of biopolitical governance



through the dissemination and normalization of biomedicine. Already a means of governance, medicine is being reworked from a practice that inheres in the relationship between doctor and patient to a practice that involves self-governance through mediated and consumerist terms.

Rajan's *Biocapital*, a Marxist critique of bioscience as an industry, argues that the life sciences and capitalism are coproduced and that the former is overdetermined by the political economic structures from which they emerge. This is an argument also made by Rose in his article with Carlos Novas, "Biological Citizenship" (1999), and expanded upon by Cooper (whose work is discussed below). For Rajan, in the contemporary life sciences and biogenics in particular, life itself (as code, DNA, or cell genomics) can be translated into informatic property and is therefore economic in both its scientific-epistemological form, as well as in its active material form (as labor, consumer, etc.). Rajan's work is also important for this dissertation because it will help to ground my studies of images and their circulation in popular culture as meaningful not only in terms of influencing policy and funding, but also in terms of how theoretical scientific ideas are visualized and help constitute new ways of conceiving of life, not only in an abstract way, but in terms of the way people may act, behave and self-regulate as they assimilate new information and ideas about their bodies.

Written in a similar vein as Rajan's book, Cooper's *Life As Surplus* argues that the project of neoliberalism is crucially concerned with the emergent possibilities of the life sciences and related disciplines. Cooper, along with these other authors, draws on Foucault's argument in the *Order of Things* that the development of the modern life sciences and classical political economy should be understood as parallel and mutually

constitutive events. In accord with Foucault’s lectures she begins with the premise that neoliberalism reworks the value of life as established in the welfare state and New Deal model of social reproduction, and that its difference from the forms of liberalism that preceded it lies in its intent to efface the boundaries between the spheres of production and reproduction, life and labor, the market and living tissues (the boundaries that were constitutive of welfare state biopolitics and human rights discourse).

The concept of futurity is central to Rajan and Cooper, and I use it repeatedly in the dissertation to address the ways in which makeover TV conceptualizes the transformations performed through it in relationship to life. Both Rajan and Cooper argue that the bioeconomy (the relationship between biomedicine and the neoliberalism) reconfigures the relationship between life and the economy. Like Rajan, Cooper argues that with the introduction of future’s trading into biomedical research, speculative economies and speculative life science research have become mutually constitutive. For both authors this has led to an economy of futurity, in which speculation is brought into the core of production, and exchange between epistemic, experimental and commercial modes of speculation are increasingly attuned to the indeterminate promises of biomedical research.<sup>59</sup> Rajan and Cooper argue that in addition to shaping economic relations, such as venture capital investment, these ideas also shape personal medicine. Cooper contextualizes this change historically, arguing that the liberal economy was theorized with “labor” as a constitutive element of value at the same time as the idea of

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<sup>59</sup> According to Cooper, through biological promises whose future self-valorizations cannot be predetermined or calculated in advance, biological life is transmuted into speculative surplus life. It is at this juncture, she argues, that neoliberal biopolitics abandons the ideal of reproductive labor and the family wage as a national biological reserve—a compulsory “gift” of life in the service of the nation—and transfers its promise into a speculative future, where the technological capabilities of the biotech revolution are credited with overcoming all limits to growth in the present. (Cooper, *Life As Surplus*)

“life” was “discovered” and biology emerged as a discipline. However, the traffic between the two has altered significantly over the past as the commercialization of life in biomedicine has introduced a much closer relationship between economic and biological values. As this changed relationship has taken shape, the ideas about life have also changed: life is no longer only economized as labor or even in consumption, but rather is a value in and of itself. Rajan that the modern subject is constituted at the intersections of life, labor and language, and that, in the bioeconomic context, life becomes a credible future that can be invested in, a business plan, labor becomes the labor of consumption, and language becomes the discourse of hype and hope, of futurity.

The economic conceptualization of life is also prevalent in the literature on reality TV. Ouellette and Hay’s *Better Living Through Reality TV* is consulted repeatedly in this dissertation, and argues that reality TV is a technique of neoliberal governance. The authors argue that the format of makeover TV is a cultural technology for governing citizens who are expected to perform as “entrepreneurs of the self” within a deregulated capitalist economy that devalues organized labor and job security.<sup>60</sup> Ouellette and Hay argue that although their primary focus is not vocational, these shows promises to help them become “managers of their greatest assets—themselves.”<sup>61</sup> They go on to address reality TV’s role in modeling “strategic” self-fashioning for personal advantage in a competitive market place, which entails “self-objectification.”<sup>62</sup> While I agree with them, and use their work throughout the dissertation, I also think that Rajan and Cooper’s

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<sup>60</sup> Paul du Gay is responsible for the “entrepreneurs of self” quote. This section of their book includes no less than a dozen titles of either self-help books or of academic economic analyses that refer to the self as a corporation in some sense. *Cultural Economy: Cultural Analysis and Commercial Life*, ed Paul du Gay and Michael Pryke (London: Sage, 2002), 100.

<sup>61</sup> Ouellette and Hay 103.

<sup>62</sup> Ouellette and Hay 327, Footnote 17.

understanding of the business of life is a slightly different way of understanding the ways in which the self is being economized or related to value. It's not just about work but also about investments in health as in *possible* futures, including a biological one.

Ouellette and Hay situate reality TV's development as a technique of neoliberal governance as an adaptation of its function as an educational technology, interested in the public good. While scholars such as John Corner, who writes of reality TV's creation of a "postdocumentary" argues that reality TV has altered documentary's "discourse of sobriety" with its objective of entertainment and its stylistic and formal hybridization with other formats, Ouellette and Hay suggest that reality TV's format is an educational tool for neoliberalism, as documentary was for liberalism.<sup>63</sup> In this view, reality TV acts as a point of intersection and access to a variety of resources, taking the place of what were once projects of liberal welfare state, which has decline in neoliberalism. According to Ouellette and Hay, reality TV governs as it "circulates informal 'guidelines for living' that we are all (at times) called upon to learn from and follow. These are not abstract ideologies imposed from above, but highly dispersed and practical techniques for reflecting on, managing and improving the multiple dimensions of our personal lives with the resources available to us."<sup>64</sup>

### *Emerging Perspectives on T.V. and Medicine*

Two very recent works of scholarship, Kristen Ostherr's *Medical Visions* and Joy Fuqua's *Prescription TV*, track the role TV has played in the emergence of the patient

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<sup>63</sup> Corner quotes Bill Nichols on documentary as a "discourse of sobriety." John Corner, "Performing the Real: Documentary Diversions (with Afterword)", *Reality TV: Remaking Television Culture*. Ed Susan Murray and Laurie Ouellette (New York and London: New York UP, 2009).

<sup>64</sup> Laurie Ouellette and James Hay *Better Living Through Reality TV* (Oxford: Blackwell, 2008), 3.

(and consumer-patient) in American medicine. The former tracks the history TV representation has played in this process, while the latter follows how TV has been used in therapeutic contexts, including the present-day home. While these works deal with broad, historical analyses of medicine and television, this dissertation's focus is much narrower, and is concerned with the very recent emergence of commercial medicine and its circulation on a single, unique television genre that developed alongside it—makeover TV. This narrow focus on a genre occupied on “real”-life transformation, allows for a more specific engagement with the ways in which medicine is being integrated into televisual prescriptions for everyday life, and the pursuit of self-fulfillment through a combination of self-care and consumerism known as lifestyle. It also departs from Ostherr and Fuqua's works insofar as it considers changes to medical practice as one expression of biomedicalization.

Ostherr's *Medical Visions* argues that since the late 19<sup>th</sup> Century, still and moving pictures have enacted and reproduced the looking relations that shape the patient-physician encounter.<sup>65</sup> As continued refinements of a clinical gaze that is initially embodied in medical motion pictures, representations of (and through) medical imaging also train doctors to look *as* doctors and to train their subjects to respond to that look by becoming passive patients. Ostherr ties this gaze directly to medial authority, of which the patient-doctor relationship is exemplary. Not only does the medical gaze objectify patients, it produces information, truths, about her body to which she has no access. Historically, this distance has been made worse by intentional barriers to access of

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<sup>65</sup> Ostherr 4.

medical knowledge, including films made for doctors alone.<sup>66</sup> According to Ostherr, the nascent availability of medical information through networked digital technologies is evidence that medical practice is in the midst of a great transition. She uses the “Quantified Self” movement, in which the accessibility of bioinformatics, digital self-tracking and social networks enable patient driven research, as an example of how this new practice of medicine is taking shape, as well as its potential reversal of top-down health-care that has dominated the last century.<sup>67</sup> While she sees this movement as problematic, she credits new media with promising the future potential to democratize health care relationships. And, although Ostherr’s final case studies are hospital-based reality TV; she sees these as promotional material for hospitals and emphasizes the power of new media.

The other television-based work on medicine, Joy Fuqua’s *Prescription TV*, tracks therapeutic uses of the TV in the modern health care system, from the hospital into the home, wraps up with a chapter on direct-to-consumer pharmaceutical advertising (DTCPA). Fuqua focuses on television’s use a “spatial therapeutic” in the modern health care system, which has helped position the consumer-patient that emerged in the 1980s. Fuqua study covers a 100-year history that “accounts for the ways in which mass media has been used to educate and entertain viewers, while also constructing lucrative and receptive markets for a burgeoning health-consumer culture.”<sup>68</sup> Fuqua’s argument about the centrality of TV to the construction of a consumer health market, including the ways

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<sup>66</sup> Separately, Donohue argues that this same power-knowledge differential is legible in the dearth of information supplied (and allowed) to patients about prescription drugs and other treatments. When they were available at all, prescription drug ingredients and instructions were typically written in technical language that was not discernable by the lay population. This is part of why proponents argue that DTCPA is “educational.”

<sup>67</sup> Ostherr, 5-6, and Intro FN 10.

<sup>68</sup> Fuqua 5.

in which TV itself has been considered a health care product, mirror the ones made in this dissertation in many ways, but approach it from a very different perspective.

Like this dissertation, she found the advent of DTCPA in the late 1990s the clearest example of changes in how medicine is being refigured in consumer terms. In her analysis of DTCPA, she writes that in order for drug commercials to work, they have had to provide “the symbolic means through which viewers may feel comfortable imagining themselves, first and foremost, as patients.”<sup>69</sup> She argues that DTCPA extended the commercial health discourse by envisioning a version of the patient as a marker of class status. My work in this dissertation provides a complimentary discourse about how consumer medicine is taking shape, with makeover TV as a point of production for the “symbolic means” not only for producing the “patient” as a desirable position, but in fostering a specifically consumerist relationship to the “patient,” by providing a template for self-understanding that incorporates medicine or the “patient” in a positive, future-based project of self. On reality TV, the “patient” designates the pre-makeover subject and becomes the condition of self-enhancement. In this sense, the ways in which reality TV has incorporated medicine into its narratives has been part of a slow process of revamping ideas about subjectivity, which are central to both biomedicine and neoliberalism. From this perspective, DTCPA and plastic surgery are simply among the first biomedical treatments directly marketed to patients as consumers.

### *Medical Makeover TV: Context*

From a political-economic perspective, reality TV has its origins in the economic restructuring of the television industry in the late 1980s. Though this dissertation will

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<sup>69</sup> Fuqua 96.

mostly approach its development in the 2000s, media scholar Chad Raphael argues that reality TV's ascent is related to economic restructuring in U.S. television in the 1980s. Reality TV and biomedicalization (in its many forms) both emerge from the same political-economic context. While reality TV is one among many strategies through which the TV industry has adapted to new media and neoliberalism, biomedicalization names a reorganization of the terms of labor and life, and, by some accounts, comprises it as a distinct form of capitalism. The underlying similarities in how these industries figure the spectator, subject, patient or consumer, may yield from this context. After all, both name techniques of governance that take shape through bodily comportment. Further, the discourse of the promise conditioning continual self-transformation is the foundation of the makeover format, and, as Ouellette and Hay, Hearn and others have mentioned, reality TV can be seen as a technique of neoliberal governance. So medical reality TV is a site at which the future-based discourse of biomedicine is explicitly mixed with neoliberal values such as productive consumption and self-branding.

Regarded from the perspective of the medical industry, medical makeover TV can be seen as a development in its reorganized relationship to media. Medicine is increasingly practiced through mediated forms of managed care, and is also increasingly a commodity or consumer practice. Television scholar Alicia Hearn argues that all reality TV has a "metanarrative"—its own production practices. So, when she identifies it as a "consumer technology," she means this not only (or even primarily) in the sense of it's promoting particular goods and services, but in the ways in which it creates and trains a market of increasingly "savvy" consumers through increasingly sophisticated forms of participation, including the demystification of TV production and promotion practices



through “behind the scenes” training, and invitations to viewers to participate as producers in mediated forms of interactivity.<sup>70</sup> In essence, reality TV always entails implicit, practical lessons in the production of self-image and self-promotion, which are presented as valuable skills in an image-based economy in which self-branding is considered a necessity. This implicit lesson is central to one of its functions as a medical technology.

Reality TV’s media-making meta-narrative makes its integration of medical material particularly interesting, especially when combined with its capacity for integrated marketing. As it markets specific treatments or technologies, it also narrativizes the process through which medical commodities are accessed and used, which is, in essence, a model for biomedical consumerism or the consumer-patient. Its not just that health care is taking shape in the same format as self-branding on/through reality TV, or that they are conceptually similar, they require the same acuity in media interpretation and production through the same technologies. Within the texts of medical reality shows, “success” is almost always contingent upon visual analysis, which is central to diagnosis (self-diagnosis) and treatment.

The relationship these shows model between individual subjects and medical treatment are intimately bound-up with spectatorship, in particular the type of interactive, “savvy” spectatorship in mediated, performed terms that according to Mark Andrejevic and Hearn entail self-surveillance. “Treatment” within the text typically takes shape through a biomedical concept of the body, and the shows, as therapeutic techniques, address the spectator as a consumer who has self-identified as a patient by watching the show. This model of the subject of health is central to biomedicalization, as it is a

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<sup>70</sup> Hearn 167-9.

requisite element of a self-determined subject, who averts risks, invests in the value of a future-body, and whose concept of self is based on perpetual transformation.

Focusing on the body as proof of health, of capacity for change, and of future-facing commitment to the self, reality TV's practices of self have made it a site at which "necessary" medicine, or public health issues, are transformed into biomedical opportunity. As Ouellette and Hay, Fuqua and Ostherr argue, public health interests are privatized, commercialized, and integrated into everyday practices of self care and self evaluation. On reality TV, public health issues are expressed in the biomedical terms of risk-aversion, but are combined with medical and non-medical terms of self-interest. For example, in Chapter 2's case study, *Extreme Weight Loss*, risk aversion takes the form of weight loss, which becomes a condition of personal customization and transformation, such as bariatric surgery. Both expressions of biomedical self-care are depicted as investment in the self, and are frequently framed on the show by an economic imperative, as well as a medical one. Medicine's appearance on reality TV integrates medical elements into existing regimes of self-care that collapse numerous issues into a relatively simple, mediated format that is typically organized by an ideal that resembles the bioeconomic subject for whom life is determined by future-based imperatives. The makeover subject embodies the relationship between biomedicine and neoliberalism.

### *Surveillance, The Clinical Gaze and Reality TV*

Knowledge and power comprise the stakes of the partnership between medicine and media. Part of medicine's power as a truth discourse accrues through its position as a form of knowledge production outside of social relations and norms—as an objective

science. While this rarified grounds for esteem has come under academic fire since the 1970s (at least), it was certainly present prior to medicine's professionalization in the early 20<sup>th</sup> Century, was not only pivotal to the AMA's professionalization and doctor-patient interactions, but was used to promote numerous "health" products in the early 20<sup>th</sup> Century. The distinction that accompanies objectivity and scientific knowledge was intentionally cultivated by the AMA as an aspect of professionalization (alongside its adoption of science), and as an element of its ongoing cultural authority.<sup>71</sup> For the better part of the profession's history in the U.S, medical knowledge was intentionally presented in inscrutable terms to the lay population, when it was available to them at all<sup>72</sup>. This tactic was motivated by a move *away* from commercialization in the 1900s. The AMA's professionalization was contingent on a marked delineation from commercialization (at the time quackery), which accompanied its employment of scientific methods and theories. So, its anti-commercial bent and its consolidation of authority in the physician occurred alongside its adoption of scientific principles. This is worth noting because although all were part of the same process for the AMA, which made them appear tightly bound together. The reinvigoration of commercial medicine in the early 2000s occurred alongside a utopic new media discourse that integrated public health concerns, public education, and various investments in new media (from high speed cable infrastructure, to imaging techniques, to public funding of private biotech patents). This shift renovated the relationship between commercial interest and scientific research and knowledge production.

The development of a range of medical imaging technology contributed to the

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<sup>71</sup> Ostherr, Turow.

<sup>72</sup> Donohue, Ostherr.

increased legitimacy of medicine as a profession in the United States during the late 19<sup>th</sup> and early 20<sup>th</sup> centuries.<sup>73</sup> A swath of technologies from the x-ray to the stethoscope to the electrocardiograph reduced doctor's reliance on patients' descriptions of their symptoms, encouraged patients to feel that the doctor had access to bodily changes that the patient could not detect, and allowed doctors to cull biometric data, set standards and norms based on biometric data, evaluate individual physiology according to them, and identify deviations.<sup>74</sup> The use of these technologies encouraged people's dependence on physicians and contributed to the profession's long-term cultural authority. Essentially, medical imaging technologies and the ability to interpret their images, were among the ways in which physicians' knowledge-based claim to authority was enacted and made visible in their interactions with patients.<sup>75</sup> At the same time, the AMA made explicit efforts to delineate what information the public could access, including visual information that would be most easily interpreted by a lay-person: film and television.<sup>76</sup> While there was agreement that TV could have a beneficial relationship to medicine from early on, the AMA distinguished between films it deemed appropriate for the public—"health education"—and those appropriate for medical professionals—"medical films."

In other words, techniques of visualization and image making technologies were pivotal to how the AMA and the medical profession cultivated and maintained cultural authority. The professionalization and knowledge required to become a doctor was limited by the structure of media education to white men, typically from middle class backgrounds. So, structurally, authority was limited by the same institutional practices

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<sup>73</sup> Turow 5.

<sup>74</sup> Turow 5.

<sup>75</sup> In fact, doctors were afforded free use of hospital technologies.

<sup>76</sup> The information from this paragraph is drawn from Ostherr's book, which describes it in detail.

that were viewed as fundamental to the field's growth as a profession. However, on a day-to-day basis, and as part of practice, specialization and the exclusive use of expensive technologies (and the resources to interpret the images produced through those technologies) granted doctors authority over patients who had no other way of producing analogous information from/about their bodies. So, technology helped shape the form of the doctor-patient interaction and helped vest doctors with authority. As Ostherr points out, it wasn't just the images produced through these technologies, but images of them in medical and educational films and in marketing materials that trained doctors to look as doctors and the public to respond as submissive patients. In other words, the representations of doctors using imaging technologies (from stethoscopes to x-rays) and interpreting their outcomes not only provided information about medical issues (a specific disease or health concern) or how new technologies worked, they also taught a relationship to power based on imaging technologies and viewing positions.

I argue that the new visibility or willingness to make oneself visible as part of medical practice is an enactment of the changed relationship to the self that reality TV cultivates, and which is evinced from a multimedia perspective. Reality TV simulates, or makes available, the objective image of the body and the self—distanced from the viewer—that once gave medical visualization such power, and granted physicians authority. Reality TV and DTCPA are the forms of TV that cultivate self-care and a relationship of self-to-self as medical practice, as medical films once acted as a means of narrativizing and ascribing power to the visual economy of the doctor-patient relationship through medical-visual devices.

### Chapter Breakdowns

On *Hoarders*, TV is positioned as a scientifically valid means of diagnosis and treatment, and as a preventative measure for socio-economic issues with which TV has been historically identified (over-consumption and isolation). *Hoarders* foregrounds biomedicalization as a truth discourse, and in doing so, repositions itself as a node of truth production for individuals, and for medicine. TV not only functions as a technique of biomedicalization, it is a technology associated with biomedicalization as a modern, progressive process. Although TV's impending demise was augured with the introduction of "new" digital technologies, its position vis-à-vis biotechnology has informed how it has reconstituted itself in the new millennium.

Revamping the aesthetic of "trash" within a medical framework, *Hoarders* revises how TV can function as a consumer technology and a medical technology, by addressing biomedicine through the lifestyle-based format reality TV. At the same time biomedical interests such as big pharma and health insurance have become advertising staples, and frequently adopt aesthetics and narratives from health-based reality TV. *Hoarders* is emblematic of the way in which "quality," public service-oriented TV has rebooted itself using biomedicine as a touchstone. The pretense of scientific interest on *Hoarders* was deepened by the impact it appears to have had on medical practice, or at least its efficacy in capturing a zeitgeist. Hoarding appeared as a discrete diagnostic category of mental illness only after TV and other mass media forms represented it as a diagnostic and identity category, which subsumed an aggregate of behaviors.

The widespread medicalization of socio-economic issues is condensed in the figure of the hoarder. Through the medicalization of socio-economic issues, condensed in

the figure of the hoarder, the show is able to address poverty, aging and the decline of public social services, while at the same time bolstering consumerism. *Hoarders* presents itself as a means of identifying a widespread threat to public health and preventing it through self-regulated adherence to consumer and aesthetic norms.

On *Extreme Weight Loss*, the focus of chapter 2, living is achieved through relentless transformation organized around the acquisition of better health. The show explicitly positions its interventions through the obesity discourse and in terms of health. Health is indexed by idealized bodies, which are presented as biometric norms. As a result, the show positions itself as a means of accessing valuable knowledge. The emphasis on biometrics are assimilated into personal transformation in a way that individualizes the statistical data of the obesity discourse and provides a model for regulating life that is based on the promotion of aesthetic and moral norms and a differential evaluation of life (and its experience) that appears to be biologically derived. All of these values coalesce as health. On the show, thin bodies represent health, but also index health. This schema devalues differential experiences and forms of life, and obesity is depicted as a state of mere existing in opposition to living.

Biomedicalization is marked by a profound shift in social policy on the proper relation between the public and biomedical knowledge. Reality TV is positioned as a means of accessing and producing medical knowledge. It also models goals and ways of incorporating medical knowledge into everyday life. These models are raced and gendered in ways that reify existing hierarchies and differential access to knowledge and power. *Extreme Weight Loss* depicts biological and economic health as co-productions, in ways that create new, general markets for formerly niche products. Foremost among

these is beauty, which is incorporated into health on *Extreme Weight Loss* in its focus on visual indices of health. Reality TV evinces how media is deeply implicated in the constitution of the concept of health and in the norms that organize it. Reality TV is a significant, biomedical technology of biopolitics.

Health is a socio-medical goal, a moral imperative, and a commodity, which organizes daily life. Health isn't a baseline state, but has to be worked for. This process implies continual transformation. It is depicted as a universal goal, and as an equalizing factor. The acquisition of health is positioned as a necessity for leading a valuable life, but is also depicted as a reward for living a valuable life. On *Extreme Weight Loss* the concern with health that organizes life evinces a form of biopolitical governance that is legible in its translation of statistical data into personal experience, which informs how life should be lived.

Unlike the prior chapters, the body modification shows featured in Chapter 3 focus on relatively new biotechnologies, which were still widely considered elective, consumer forms of medical intervention as they became widespread. *The Swan* and *Sex Change Hospital* about female plastic surgery and gender reassignment surgery, respectively, are exemplary of the ways in which biomedicine's discourse of transformation and personalized medicine has evolved differently from the "standard" norms of medicalization. These programs hold a position relative to personalized medicine that is analogous to the one *Extreme Weight Loss* holds to public health.<sup>77</sup>

*Extreme Weight Loss* models a form of self-responsibility and a uniformity of treatment

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<sup>77</sup> Clarke et al argue biomedicalization is co-constituted through five overlapping processes 1. Major economic shifts; 2. Focus on health and risk and surveillance biomedicines; 3. The technoscience of biomedicine; 4. Transformations of the production, distribution and consumption of knowledge; 5. Transformations of bodies and identities) (Clarke et al 166)



that is characteristic of the ways in which privatized, corporate health-care coverage, or managed care, took shape as cost-effective business interests as public health declined. According to Clarke this entailed “underlying objectives of efficiency and uniformity of services, to centralize and rationalize decision-making,... and to capture more markets and arenas of health for profit, and exert greater control within them.”<sup>78</sup> *Extreme Weight Loss* administers a standard form of care for obese patients.

On *The Swan* and *Sex Change Hospital*, the practice of medicine is disarticulated from (or holds an extreme complicated relationship with) diagnosis and illness. In Clarke’s terms, these shows promote “boutique medicine,” “tailor-made differences,” and “customized” bodies for “niche” markets. While customized medicine is made visible through surgery on these shows, which foregrounds the truly breathtaking changes medicine enables (for better or worse), it is also available, again in a stratified way, as everything from Viagra and “lifestyle” medications to wellness programs.<sup>79</sup> Clarke ties customized medicine to the generation of “technoscientific identities,” which accounts for the new ways to access and perform existing social identities through bioscientific applications.

Both engaged with aspects of identity that are already highly performative, *Sex Change Hospital* and *The Swan* are the shows that most clearly relate biomedically-derived forms of embodiment to new identities. While each of these case studies foregrounds a different aspect of the processes of biomedicalization, all of them appear

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<sup>78</sup> Clarke et al 170.

<sup>79</sup> Clarke writes that “this type of customization is often part of the commodification and fetishization of health products and services common in the biomedicalization era, wherein health products and services become revered, valued and imbued with social import that has very little to do with their use-value or physical properties.” Working in the already implicitly fetishistic realm of gender, *The Swan* promotes an aesthetic that is not only about surgically enhancing or creating femininity, but seems to foreground the surgical nature of what it creates. (Clarke et al 181-2).

through makeover TV, which links the public health elements of biomedicalization to the promises of customization of new identities, and remediates stratified access, which is already characteristic of most forms of consumerism. Though these shows both address emergent biotechnological procedures, which are engaged in altering embodied gender—and both are organized around explicitly mediated forms of femininity and masculinity which TV has been involved in producing—*The Swan*'s female plastic surgery is depicted as beauty-based; while on *Sex Change Hospital* gender reassignment is depicted as a psychiatric and physiological necessity. The ways in which gendered identity is figured on both shows is quite clearly drawn from media images—on *The Swan*, this is explicitly referenced by the beauty pageant and the peculiarity of the ideal female aesthetic, on *Sex Change Hospital* it is implicit in the detailed self-images, often represented through photos, around which identity accrues.

The final chapter examines the E! cable network's strategy to present itself as an authority and key node in the production of the self (and the body) as a transmedial entity, and focuses on two plastic surgery shows: *Dr. 90210* and *Botched!* The body connects various screens of reception/interactivity but is also the original/primary relation between self and a medium of self-expression, or by which one is identified/recognized, connects identity across formats, E!'s enterprise in image cultivation incorporates biomedicine, but its emphasis on the body is key because body bridges these various registers. Its approach to new technology through the body and biomedicine as new technology through which the body is made “new” as “new” technology, or meets demands of “new” technology. So its address of new media is not telling people how to use new media techs, but instead, its response is to emphasize the flesh and bone iteration

of the body as the primary site of self-mediation. In doing so, the network also re-cast its existing style-based programming in “new” terms, and its historic focus on the cultivation of celebrity texts became a form of expertise that was increasingly relevant to the general population. Biomedicine’s concept of the body as alterable and life as transformation is coextensive with this media-based concept of the body. Consequently, many of E!’s shows centralize questions of identity, mediation and visibility. Biomedicine works directly on the body as media and has been a privileged topic on E! (has been most popular shows while airing), but all of its programming is body-based and about the production of visual identity and self-mediation. Increasingly this aspirational project is professionalized.

While the centrality of biomedicine and biotechnology may not be self-evident in this context, E! has been able to “make” itself “over” by centralizing an idea of the body as media, at the same time that the user’s body is increasingly inculcated in the process of media access & its visual field. Plastic surgery has played a central role in the network’s rebrand, which emphasizes self-branding, and has included “homegrown” celebrities. Plastic surgery not only engages with “new” biotechnology at the level of content, it also re-produces the network’s other appearance based programs as “new.” Took this approach in content, with emphasis on multi-platform interfaces and spreadability so biomedical content appears as an essential part of new media context for the network and in the networks’ “lessons” on self-cultivation. Although this idea was present prior to the process of biomedicalization, it has developed together with biomedicalization, with which it shares an ethos and an instrumental attitude toward the body; a biomedical view of the body as media and surgery as a technology. Biomedicine has had an increased

prevalence as part of TV flow and in pop culture in general. On E!, this is most clear in its plastic surgery programming, which not only promotes the idea of the body as media and biomedicine as a technology for self-expression and cultivation, but also has been central to how the network produced celebrity and normalcy as part of a spectrum of experience in which visual identity is pivotal. Through this generalization of concerns with media production and appearance, the network has been able to parlay its foundational, celebrity-based content into “lessons” for a general audience.

## CHAPTER 1: *HOARDERS*: TV AS TREATMENT, THE TELEVISUAL LANGUAGE OF MEDICINE

Kicking off what would become a media frenzy, *Hoarders* was a popular cable television show that began in August of 2009 on A&E and aired for six seasons; ending its network run in 2013, the same year that its titular condition was officially designated a mental disorder (“compulsive hoarding”) by the bible of the American Psychiatric Association (APA), the Diagnostic and Statistical Manual (DSM-V).<sup>80</sup> Previously used to describe an aggregate of secondary symptoms for other diagnoses, hoarding pathologizes the ascription of emotional value to objects and the coincident inability to part with them, which often results in living spaces cluttered to the point of uninhabitability.<sup>81</sup> The appearance of hoarding as a “new” disorder amidst a barrage of media coverage has garnered significant attention from scholars of a number of disciplines, all of whom tend to approach this coincidence with suspicion, as a pathologization of consumption or excessive affect, the clinical and televisual assessments of which occlude the complex

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<sup>80</sup>As a symptom, its causes ranged from trauma to mood disorders, such as depression and obsessive compulsive disorder, to much more severe forms of psychiatric illness like psychosis. This early diagnostic heterogeneity that manifested as similar behavioral symptoms is more descriptive of the enormous variation *Hoarders* lops together as “hoarders.” Diagnostic categories proliferated with the 2013 release of the DSM V. The DSM pathologized other OCD categories as discrete diagnoses in 2013, which included trichotillomania (compulsive pulling out one’s hair), excoriation disorder (compulsively picking at one’s skin), substance-/medication-induced OCD, OCD related to another condition, as well as gambling disorder and tobacco disorder. Panic attacks became a symptom or specifier for *all* DSM V disorders (totally generalized), and there were also changes in nomenclature, such as gender Dysphoria, that will resurface later in this dissertation. Almost all of these disorders are contingent on historical, economic and social conditions and available materials with which to act out. However, this would be the case regardless of whether they were caused by brain lesions, neuroscience or vapors. The ongoing pluralization of conditions suggest and ever greater narrowing of psychiatric categories for the purpose of diagnosis as the DSM’s primary function.

<sup>81</sup> Objects can include everything from food and animals to packaging materials and receipts. In addition to cluttering space, this can also lead to unsanitary conditions marked by the presence of rodents and biowaste.

cultural conditions that inform it.<sup>82</sup> However, none of these analyses account for the specifically televisual aspects of the “disorder,” its representation on TV, or its eventual institutionalization.

The coincidence of the show’s commencement, hoarding’s emergence as a pop culture phenomenon, and the APA’s subsequent official pathologization of it seems to evince mass media’s growing influence on medicine, a profession that organized itself, in part, in opposition to consumer culture.<sup>83</sup> Despite this differentiation in public discourse, the relationship between *Hoarders*, the media, and the medical profession have had a long-term symbiotic relationship that is economic, infrastructural, practical and conceptual, and continually evolving.<sup>84</sup> Even apart from the APA’s pathologization of hoarding, *Hoarders* and other medically-themed makeover reality TV shows are revising television’s existing therapeutic functions to meet and produce a variety of new

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<sup>82</sup> A key issue with most of these analyses is that they tend to take a sender-message-receiver model of communication, which ascribes singular meanings to TV texts, does not account for variance in spectatorship and/or the way these shows are structured. This chapter will site several of these analyses, and all of them have in common a tendency to acknowledge that TV representations are subject to broadcast demands, but which do not assess the ways in which TV representation is crafted, nor how structure informs meaning. While there is a significant field of study in television studies dedicated to reality TV, which differentiates it from documentary, news and other non-fiction formats (some of these works are even cited in interdisciplinary work), this is not the focus of interdisciplinary works from Science and Technology Studies and the other interdisciplinary studies that have tended to approach hoarding and its relationship to media. I mention this from the outset because these scholars significantly contribute to how I approached this topic, and in the interest of being in conversation with them, account for some of the focal points of this chapter.

<sup>83</sup> For more on this see the introduction, which includes an overview of the relationship between U.S. medicine as a profession and consumer culture.

<sup>84</sup> In the introduction to *Cultural Sutures*, an anthology of pieces penned by academics and physicians about the various ways in which these fields have historically been bound together, physician and PhD Lester Friedman refers to this as a “a unique symbiosis.” This relationship is also clearly legible in the recent address of the public through direct-to-consumer pharmaceutical advertising, as well as in its regulation hearings in which the American Medical Association, the National Association of Broadcasters and the American Association of Advertising Agencies all lobbied on behalf of the pharmaceutical industry. *Cultural Sutures: Medicine and Media*, ed. Lester D. Friedman (Durham and London: Duke University Press, 2004); John Fritze, “Lobbying Boosted as Health Care Debate Heats Up” *USA Today* (McLean, VA), June 12, 2009.

conditions,<sup>85</sup> integrating medicine into an existing consumerist ethos of self-care and mediated habits of interactivity, and producing TV as a medical technology and authority.<sup>86</sup> Presented as part of a therapeutic, lifestyle-based reality program like *Hoarders*, medicine becomes bound-up with TV's commodity function, legitimating and authorizing TV's organization of consumption.<sup>87</sup> The disorder medicalized on *Hoarders* is, in essence, a derangement of ideal forms of spectatorship and consumption, for which television itself is situated as a unique authority.

*Hoarders* approaches a behavior largely defined by the same combination of values (affective, aesthetic, and commodity) that TV has made a business of promoting. From this perspective, hoarding can be seen as a spectatorial relationship that has malfunctioned, as evidence of TV's failure in its vital commercial function.<sup>88</sup> However, by presenting hoarding as the object of a medical intervention, *Hoarders* mobilizes the disorder as evidence in order to show television's ability to correct and (more importantly) prevent such a failure.

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<sup>85</sup> For example, while U.S. patients have historically also been buyers insofar as they have paid for health care, they were not considered consumers until relatively recently. For legal scholar Mariner and for Donohue, these terms imply legal distinctions that are ethical in nature: consumer protection laws hinge on the disclosure of information in order to level the playing field between buyers and sellers, while patients' rights developed outside of the context of commercial markets and do not seek to give patients and doctors equal medical knowledge, but impose a fiduciary obligation on doctors to use their skills in their patients' best interest. (Mariner 4; Donohue)

<sup>86</sup> Joy Fuqua's *Prescription TV* tracks television's emergence as a therapeutic technology, from its use in the hospital to the home. Focusing on "spatial therapeutics," Fuqua also argues that TV has been pivotal to the emergence of the consumer-patient that is central to the contemporary practice of medicine as managed care. An abbreviated version of this argument is also available in the anthology *Cultural Sutures*. Joy Fuqua, *Prescription TV: Therapeutic Discourse in the Hospital and At Home* (Durham and London: Duke University Press, 2012.)

<sup>87</sup> The exponential growth of lifestyle approaches to medicine are among the processes of biomedicalization according to Clarke. Lifestyle television has been identified as a technique of neoliberal governance by Laurie Ouellette and James Hay. Programs like *Hoarders* evince, and produce, the continuities between these processes. Alison Hearn "Hoaxing the Real: On the Metanarrative of Reality Television," *Reality TV: Remaking Television Culture*. Ed. Susan Murray and Laurie Ouellette (New York and London: New York University Press, 2009.)

<sup>88</sup> In fact, Alison Hearn argues that TV's function of circulating promotional material is its most important function in the present day

*Hoarders* was the first reality program, or what the show's official website calls "documentary entertainment" series, dedicated to "extreme hoarding; a mental disorder marked by an obsessive need to collect things, even if the items are worthless, hazardous or unsanitary."<sup>89</sup> The show's dedication to solving the consumption problems of individual hoarders was presented through the deployment and revision of "trash" TV aesthetics characteristic of the exhibitionistic and excessive visuality of the 1980s-90s.<sup>90</sup> *Hoarders* is dominated by the hallmarks of what TV scholar John Caldwell terms "trash TV" aesthetics<sup>91</sup>: including a screen overwhelmed by "physical stuff" and "frenetic action"; space, loaded up with as much "clutter and cast-off material as could be mustered," exaggerated into overwhelming proportions and used as an expressive vehicle; an elimination of foreground/background distinctions; and the conspicuous collection of "foraged things," privileging the "lower" production crafts (practical, set design, costuming, in opposition to video affects and cinematography).<sup>92</sup> As a reaction to the severe economic downturn of the 2000s,<sup>93</sup> *Hoarders* uses a medicalized narrative of

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<sup>89</sup>A&E's description of the program's format is more or less a deconstructive definition of the culturally denigrated format—reality TV—with which the show conspicuously avoids identification. The terminology used to identify the show is, in and of itself, deconstructing and making a truth claim about the show's format and aims. The designation also delivers a theoretical description of reality TV that appears more truthful in its acknowledgement of its entertainment function. Corner John. "Performing the Real: Documentary Diversions (with Afterword)" *Reallity TV: Remaking Television Culture* Eds. Susan Murray and Laurie Ouellette (New York and London: New York University Press, 2009). "About Hoarders" *Hoarders Official A&E Web Site*. <http://www.aetv.com/hoarders/exclusives>

<sup>90</sup> John Caldwell, "The Aesthetic Economy of Televisuality: Trash TV." *Televisuality: Style, Crisis, and Authority in American Television* (New Brunswick, NJ: Rutgers University Press, 1995)

<sup>91</sup> While Caldwell positions trash as an aesthetic and iconographic tool rather than as a term relating moral judgment, the class-based rendering of that judgment persists and is legible not only in the show's imperative to clean, but in how it presents hoarding as a disease.

<sup>92</sup> Caldwell, 193-201.

<sup>93</sup> The era from the late 2000s to the early 2010s is known colloquially as "The Great Recession." The period was marked by general economic decline in world markets, and, according to the National Bureau of Economic Research, in the U.S. it lasted 19 months (Dec 2007 to June 2009), and coincided in the national mortgage crisis. However, in the U.S., this official "recovery" has been marked by a rise in the percentage of Americans (particularly in the suburbs) living below the poverty line; by significant growth in already pronounced income inequality in most major metropolitan areas; by wiping out all middle class income gains from the last 15 years, and by a general consensus among Americans that the nation is actually in the



austerity and on-location shooting (pre-loaded with aesthetic intrigue) as a renewed and revised context for trash TV aesthetics. The reality format would have helped defray or mitigate production costs associated with studio-bound spectacles while explicitly organizing the show around shooting locations/spaces that were defined in relationship to clutter, spatial exaggeration and excess. Here, the stylization of trash TV takes the literal form of garbage that the program cleans up as part of a medically authorized process of transformation that is also an implicit renovation of the medium's relationship to consumerism.

Like one of its most notable trash TV predecessor, *Pee-Wee's Playhouse* (1986-91), *Hoarders's* aesthetic marks its concern with consumption and accumulation practices, and their relationship to spectatorship. Living in a house artfully crammed with creatively reused, outmoded objects, Pee-Wee is, in Caldwell's words, a "brioleur of postindustrial junk," who markets and promotes himself and his mastery of commodity culture by collecting and transforming inanimate objects. Presaging the forms of savvy spectatorship and medial production (and self-production) encouraged by reality TV,<sup>94</sup>

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midst of a Depression (as of 2016). "The Great Recession" fell in the wake of industrial conditions that were already considered "in crisis" for television, according to Chad Raphael and Laurie Ouellette and Susan Murray).

Aaron Blake, Great Recession and Aftermath: "Americans think we're in a recession. They're wrong. But still...". Washington Post (Washington, DC), September 25, 2014. Dana Blanton, "Fox News Poll: 64 percent say U.S. still in recession, yet 58 percent optimistic about economy". *Fox News*, Television, Fox News Channel, January 15, 2015; "Income, Poverty and Health Insurance Coverage in the United States: 2013". U.S. Census Bureau; Andrew Kohut, "Resurgent public optimism on the economy? Don't hold your breath", *Fact Tank*. Pew Research Center (March 17, 2014); "Median Household Income History in the United States". Davemanuel.com, <http://www.davemanuel.com/median-household-income.php>; "Most Americans say U.S. in recession despite data: poll", *Reuters*. April 28, 2011; Television Economic Conditions and reality TV: Chad Raphael, "The Political Economic Origins of Reali-TV," *Reality TV: Remaking Television Culture* Ed. Susan Murray and Laurie Ouellette (New York: New York University Press, 2009).

<sup>94</sup> Andrejevic and Hearn both point out that despite its low cultural regard, reality TV is self-reflective in a way that models forms of media production and imaging to which spectators or users increasingly have access. On *Hoarders* these attributes are combined with a form of medicalized surveillance that situates a medical notion of the subject at the core of all other medial and consumer relationships through which he or she is defined.

Pee-Wee manages and maximizes each commodity's "semiotic density" by drawing on his cultivated knowledge of mass media and understanding of practices such as intertextuality and détournement, and an understanding of artful presentation. By contrast, drawn from a "real" setting rather than a set, the bright, pictorial "mountain of consumer detritus" that dominates *Pee-Wee's Playhouse*, *Hoarders* draws on generic elements of documentary to depict abject, unhealthy living space. The "real"-world clutter and collections of *Hoarders's* hoarders are regarded as shameful marks of cultural ineptitude, which is pathological, and ultimately dangerous.<sup>95</sup> Relatedly, Mark Andrejevic and Alison Hearn point out that despite low cultural regard, reality TV encourages medial production, and self-production, in which media savvy is performed as forms of interactivity.<sup>96</sup> Though posed as a medical issue and public health threat, *Hoarders's* hoarders exemplify the antitheses of these goals for ideal spectatorship.

Each of *Hoarders's* 89 episodes intervenes in the lives two of hoarders in "desperate need of help." Hoarders are immediately introduced and identified with their hoards through montages that juxtapose them with spectacular, and typically grotesque, images of their living space. These images are bound together by introductory voice-overs that explain how hoarding has led to various "framing" crises such as eviction,

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<sup>95</sup> Caldwell 198-200. The chapter "Televisuality" deals with Pee-Wee's Playhouse in-depth, but these pages include a description of the show's esteem among academics and its relationship to the tenets of radical modernism articulated by film scholar Peter Wollen. Televisuality is Caldwell's term for the exhibitionist style that developed in the 1980s and 1990s, which his book proceeds to contextualize as an industrial practice. John Caldwell, "The Aesthetic Economy of Televisuality: Trash TV," *Televisuality: Style, Crisis, and Authority in American Television* (New Brunswick, NJ: Rutgers University Press, 1995).

<sup>96</sup> Mark Andrejevic. "Visceral Literacy: Reality TV, Savvy Viewers, and Auto-Spies." In *Reality TV: Remaking Television Culture*, edited by Murray Susan and Ouellette Laurie, (New York: NYU Press, 2009) 321-42. Alison Hearn, "Hoaxing the "Real": On the Metanarrative of Reality Television." In *Reality TV: Remaking Television Culture*, edited by Murray Susan and Ouellette Laurie, (New York: NYU Press, 2009) 165-78.

criminal prosecution, the loss of children, and divorce.<sup>97</sup> These diverse predicaments are depicted as the direct result of hoarding, which will be overcome as the hoarders “embark on the biggest emotional transformations of their lives.”<sup>98</sup> The show has two interdependent objectives: 1. solve the framing crisis by cleaning the space; 2. transform the hoarder. “Transformation” takes the form of a very rapid, weekend-long cleanup of the hoarder’s living space under the guidance of a psychiatrist, an organizing professional or both. The show brings in a cleaning crew and a few worried family members or friends to help with this process known as “de-cluttering.” In addition, the health and organizational professionals also help the hoarder work through his or her emotional attachments to objects, and teaches him or her how to sort and discard objects. Each episode ends with the hoard cleaned up and the framing crisis resolved. However, the future of each hoarder’s transformation is less predictable, and their futures are nebulous.<sup>99</sup>

Though its clinical efficacy may be suspect, and the show’s experts frequently refer to the probability of long-term failure, “treatment” fits the requirements and limits of the show’s episodic structure and deals with highly divergent cases by plotting them along a homogenous narrative trajectory. The “decluttering” treatment is visual and legitimates the continued spectacularization of the hoard. Having associated the hoarder

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<sup>97</sup> What I call “framing” crises are present in each episode and is explicitly referenced by a field of a casting call/application, which in addition to leaving a large field for the description of a crisis caused by the hoarder’s habits, as well as what he or she hoards, a description of the inside and outside of the house, whether or not the person sleeps in a bed, etc. In other words, a number of issues inform who is selected to receive help through the show, and thus, how it depicts the illness. The form includes fields and numerous questions about visual elements of the hoard and story. ([www.hoarders.com/matchform/view](http://www.hoarders.com/matchform/view))

<sup>98</sup> This motto is a near replica of Chapter 2’s focus, *Extreme Makeover*, “the transformation of your life.” Qt. drawn from *Hoarders Official A&E Web Site*. “About Hoarders” *Hoarders Official A&E Web Site*. <http://www.aetv.com/hoarders/exclusives>

<sup>99</sup> Each episode of the show includes either a title-screen of a therapist’s comments that explain that the long-term “success” rate for hoarding is low, though there is no indication what that means—if it refers to ongoing treatment or living in a hoarded home, etc.

directly with the hoard in the introduction, which is recapitulated throughout), the cleanup also appears to be not just a visual analogue to psychiatric treatment but a tangible index of the hoarder's changing mental status.<sup>100</sup> Logic and order are associated with medical treatment and represented as powerful ordering forces that take visual form through decluttering. In almost every episode the cluttered space of the hoard that began as a disordered, aesthetic affront that teemed with dirt and disease, is cleaned. Though the show mentions the inefficacy of its treatments, it powerfully counteracts this negative message through the visual restoration of order.

*Hoarders* addresses TV's role as a consumer technology and legitimates it as a medical-therapeutic technology by cleaning up messy consumption, which takes the literal form of the hoard and the figurative form of the hoarder's "disordered" relationship to objects. It revises TV's function from simply cultivating affective relations to objects to also presenting frameworks for *correctly* cultivating consumer relationships (both affective and practical).

*Hoarders'* treatments take shape through its repetitious format. Doctors and "patients" cycle in and out, while the show's basic formal and visual elements remain the same.<sup>101</sup> By cycling doctors, psychiatrist, therapists and organizational experts through the "expert" position in what is presented as a highly routinized treatment marked by narrative and visual repetition, the show detaches authority from specific physicians.

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<sup>100</sup> This relationship the show sets up between the hoarder and his or her hoard/home is analogous to the one between body and psyche, which Victoria Pitt-Taylor argues people use to understand plastic surgery, which is "most" commercial form of biomedicine.

<sup>101</sup> I use "patients" and hoarders to designate the person centralized by the show. In other chapters, I tend to use the term "client" or makeover subject because that is how other shows address the people being transformed. Here, the "patient" is definitely *not* addressed as a client, in part because they are marked by ineptitude as consumers. This makes them problematic as "consumer-patients" of contemporary medicine. In this sense, *Hoarders* can be seen as molding a healthy version of consumerism that is also medicalized, and is a prerequisite for all other forms of consumerism.

Authority appears, instead, to generate from the show itself. Moreover, its redundancy models visual standards as medical ones, which are easily produced as a comparative guide for self-surveillance.<sup>102</sup>

The way *Hoarders* positions TV as an educational resource and therapy for health can be seen in the same context as direct-to-consumer pharmaceutical advertising (DTCPA) and other types of medical-media relationships that combine commercialism and access to information. Joy Fuqua argues that TV has been vital to the development of contemporary, “managed” medical care in the U.S., which hinges on the idea of the consumer-patient.<sup>103</sup> According to Fuqua, TV’s use as a “spatial therapeutic” connected the hospital to the home, and medicalized domestic space. With this in mind, *Hoarders* can be seen as actively renovating and sanitizing domestic space through cleanup while simultaneously transforming a pathological form of consumerism into an ideal form, determined by medical and aesthetic consumer norms. By the logic of the show, the space and the ideal spectator-consumer are co-produced as they are medicalized.

While television’s role in medicalizing domestic space has occurred over time, Fuqua notes the heightened importance of TV in relationship to the emergence of the consumer-patient, and focuses on DTCPA as a site at which this relationship is clearly legible and actively produced. *Hoarders* can be seen as another site at which the relationship between medicine and the media is being articulated through their mutual investment in, and address to, idealized practices of spectatorship and consumption.

These investments are legible in the discursive combination of consumer and medical

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<sup>102</sup> In this way, the show combines the functions Osterr ascribes to the medical gaze, which she argues is repeated across media, and Andrejevic and Hearn’s explanation of the performance of savvy spectatorship and self-surveillance as functions of reality TV.

<sup>103</sup> For a more detailed explanation of the consumer-patient and TV’s relevance to it, see the key term “patient-consumer” in the introduction. (Fuqua 15-17).

ideas of self on the show, and in the communications network that it encourages spectators to access, and interact with, for more information.<sup>104</sup>

*Hoarders*, and the spate of other hoarding-based shows that followed it, represent a significant variation in TV's conditions of representability for mental illness, and countenance the pervasiveness of reality TV as a non-fiction medium suitable for topics that had previously been taboo and/or culturally sensitive. Once a highly protected population, at the center of debates on exploitation and representation, by 2009 the mentally ill had evidently become suitable subjects for makeover reality shows. While there are strong arguments against the nebulous legitimacy of hoarding's designation as a mental illness,<sup>105</sup> network and show presented it as a mental illness.

Under the same pressures as the rest of the industry, edutainment channels, such as *Hoarders's* network, A&E, had adopted reality formats.<sup>106</sup> However, while reality TV

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<sup>104</sup> This "gateway" function of reality TV can be seen in relationship to economic issues in the television industry for which reality TV and pharmaceutical advertising both provided possible relief. Ted Magder and explain that in response to what was viewed as a crisis in the television industry reality TV was a hazing ground for new marketing and promotions strategies, and also acted as a springboard for multimedia. In terms of DTCPA, there are numerous reports of the \$1 billion yearly advertising budgets for pharmaceutical television advertising, which goes to both spots for individual products and "unbranded" content, which refers to programming and spots that do not mention individual drugs or treatments, but that "raise awareness." The introduction to this dissertation also argues that its important to take a broad view of the relationship between medicine and media, writ large. In other words, the increased traffic through high-speed communications by both medical advertisers, but also medical operations, such as "distance" or telemedicine providers," should not be overlooked. Ted Magder, "Television 2.0.: The Business of American Television in Transition," *Reality TV: Remaking Television Culture*. Ed. Susan Murray and Laurie Ouellette (New York: New York University Press, 2009) 141-164.

<sup>105</sup> See for example Susan Lepselter and Scott Herring's work, which is discussed below.

<sup>106</sup> The era in which *Hoarders* became popular was marked by repetition as a means of competition between cable networks. Accordingly, hoarding programs proliferated and included *Hoarding: Buried Alive* (TLC, 2010), *Confessions: Animal Hoarding* (TLC, Animal Planet), *Extreme Clutter* (OWN, 2011), and *The Hoarder Next Door* (Channel 4, 2012). While other programs evince slight variations, such as *Obsessed* (A&E, 2009) and *My Strange Addiction* (TLC, 2010-present), depict a swath of mental illnesses but organize them à la *Hoarders* in terms of problematic forms of consumption. These shows tend to have a few things in common: 1. They are about a problem of consumption that is spectacular; 2. they are organized around biological issues that endorse apparently straightforward, logical, and morally neutral treatment protocols; and 3. they are framed as threats to the individual in the domestic sphere that also imperil the community. The rapid hybridization of genres is evinced by offerings such as *Losing It With Jilian* (ABC, 2010), which tackles the co-morbid problems of obesity and hoarding in terms of consumption. The two are also linked in a self-help book by one of *Hoarder's* "star" professional

is thought of as a non-scripted, reality-based money saving alternative to network TV's scripted programs, for cable networks that already focused on non-scripted material, this turn meant changing the terms of approach to non-fiction.<sup>107</sup> Corner has argued that the popularization of reality TV has led to a "post-documentary" context and a reworked identity for "serious output" that was once identified with documentary content.<sup>108</sup> Corner argues that documentary's identity as a "discourse of sobriety" is held together by production practices as well as commensurability between its form and function.<sup>109</sup> While Corner explains that a postdocumentary context isn't a death knell for documentary, he is nonetheless concerned with documentary's political and educational functions, and characterizes reality TV's staging and various points of intersection with "the popular" as troubling for the political public sphere.<sup>110</sup> In these cases, the format reoriented documentaries around personal stories, singular perspectives, and presented material in

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organizer, Dorothy Breininger, very sensitively titled, *Stuff Your Face or Face Your Stuff: The Organized Approach to Lose Weight by Decluttering Your Life*. Dorothy Breininger, *Stuff Your Face or Face Your Stuff: The Organized Approach to Lose Weight by Decluttering Your Life* (Deerfield, FL: Health Communications, Inc., 2013). This book, which relies heavily on puns and witticisms related to eating, including chapters such as "Stuffing It: A Recipe For Disaster," asks the reader to banish their emotional clutter and unearth their "stuff" to get their ideal sized bodies back. Its logo also uses cookies with bites out of them to replace all of the Os, but nevertheless was a best seller in this genre. Breininger has also written two books for Seniors on how to organize their legal, financial and personal lives, one for busy mothers, an efficiency makeover for "conquering" procrastination; and a volume called *BioBinder: The Story of My Life*, which is a leather-looking three ring binder that is already organized into sections "grouped by the stages of life" i.e. Birth to 12 years; Teen Years; Adult Life etc. so that you can "organize and chronicle the story of your life" to "share the magic of your life for generations to come." This "magic" includes cherished memories, values, wisdom and lessons, and even a personal health history. The binder includes over 100 pages of "thought provoking questions" as well as document holders (for keepsakes) and acid-safe photo storage. Published in 2004, before the hoarding phenomenon took hold, this project nonetheless is already addressing many of the core issues of the show, principally how to acceptably organize affect and the past.

<sup>107</sup> See Cynthia's Chris's *Watching Wildlife* for analysis of the impact of reality TV on non-fiction programming from the perspective of wildlife and animal TV. Chris's analysis tracks how more traditional formats non-fiction networks began to hybridize programming as reality TV grew in popularity, for example, staging competition shows in wild habitats. Her analysis includes the rise and fall of edutainment networks and brands that shifted fully into reality TV production and subsequently grew into new variations.

<sup>108</sup> Corner 45-49.

<sup>109</sup> Corner cites Bill Nichols here. Corner, 47.

<sup>110</sup> WCorner 54-5.

formats more clearly informed by genre and other televisual imperatives. Corner positions documentary vis-à-vis the public sphere in terms very similar to those that Ostherr uses to characterize the American public's investment in TV documentary and news as objective, and (hence) scientific information formats in the 1950s.<sup>111</sup> While Corner's explanation pairs with Laurie Ouellette and James Hay's oft-cited argument that reality TV is a technique of neoliberal governance, Ostherr's alignment of objective TV news and documentary formats suggests their interconnection, and that the ways in which the political public sphere is being exceeded is also relevant to science.

While the loosening of representational reins countenanced culturally changed attitudes toward mental illness, in particular the deinstitutionalization of the severely mentally ill and the huge increase in depression, anxiety and other mental illnesses that accompanied the development of new drugs for those afflictions, it is significant that TV's approach to representing expanding and increasingly normalized mental illness came by representing hoarding, an illness marked by spectacle and identified through bad consumption. Hoarding's rapid pathologization under the title, "hoarding," in relationship to its emergence in pop culture, signals changes in the understanding of rationality, the regularization of medical intervention, and its relationship to citizenship in the present day, as well as to the relationship between the media, the medical establishment, commercial interests and the state. It also signals changes to the status of aesthetics and mass media interpretation, now considered medical issues.

There has been important work in medical anthropology that tracks the relationships between media representation, cultural perception and illness. The most salient to this chapter is anthropologist Susan Lepselter's argument that multiple,

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<sup>111</sup> Ostherr 140.



transgressive behaviors became unified as a disease, hoarding, through the emergence and repetition of a narrative across pop culture, and was subsequently adopted as a discrete diagnosis in the DSM.<sup>112</sup> Lepselter contributed one of the earliest examinations of hoarding as a mediated and medicalized phenomenon,<sup>113</sup> which she reads through Marxist and psychoanalytic lenses as symptomatic of cultural discourses on consumerism, and social and economic circulation and exclusion. This chapter brings some of her textual-theoretical analysis to bear on the economic, practical and conceptual relationship between TV and biomedicine on which this chapter is focused. However, it also brings TV style and imperatives to bear on her interpretations. I argue that the visual and televisual aspects of these shows are as important as the narrative and industrial parts, and inform how TV is developing a language for medicine, as well as how the concerns of media, such as commodification, affect, the object, and aesthetics are incorporated into medical definitions and practices.

Other noteworthy work on hoarding, such as Scott Herring's *The Hoarders*, provides a thick biography of the illness itself, but is of very limited usefulness to this project's argument, which is focused on media. Herring's book deals with the medicalization of affect and object relations, and regards hoarding as a form of "material deviance," the psychiatric pathologization of which normalizes some affective relations

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<sup>112</sup> Her work is part of a larger anthropological field of study that concentrates on science as a cultural practice, which can be approached through visual culture. While Lepselter concentrates on hoarding and visual culture, which takes a peculiar interest in TV hoarding narratives, her claim of a causal relationship between media representations and medical practice can be seen as part of anthropology's interest in the veritable proliferation of diagnostic categories over the past 30 years and the correlative increased prioritization of pharmaceutical treatments with which they are specifically connected

<sup>113</sup> Susan Lepselter, "The Disorder of Things: Hoarding Narratives in Popular Media." *Anthropological Quarterly*, Vol. 84, No. 4, (Fall 2011): 919-947.

to objects by proscribing others to “endorse an ordinary standard of material life.”<sup>114</sup>

Herring characterizes the media discourse of hoarding as a moral panic, and argues that psychiatry has historically colluded with other policing systems to reproduce discourses of “perversity and danger” and “stoke fears.” While his analysis resonates with many of the conclusions of this chapter, Herring’s project is a biography of the disease, is mostly historical, and “brackets consumerism as [a] default interpretive rubric” and “minimally” engages with the cultural emergence of neuroscience and cognitive behavioral theory.<sup>115</sup>

He also begins with the presumption that the confluence of media and medicine is coincidental and improbable. By contrast, this dissertation is grounded in the ongoing interdependence of these fields and sees *Hoarders* as part of a process of governance that is still taking shape through them in which consumerism is a key element.<sup>116</sup>

*Hoarders* and the new diagnosis emerged during an economic downturn in the U.S., and in treating hoarding as a form of disordered consumption marked by a lack of economic circulation, validated lessons in consumerism and continued spending as a means of treating illness and warding off a public health risk. As part of a mass media frenzy that responded to the economic downswing through the medicalized figure of the hoarder, *Hoarders* was the most watched premiere in the network’s history (2.5 million

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<sup>114</sup> Scott Herring, *The Hoarders: Material Deviance in Modern American Culture*, (Chicago and London: University of Chicago Press, 2014) 12% (Kindle version)

<sup>115</sup> While drafts of this chapter have included long examinations of the cultural life of psychiatry (of which cognitive behavioral therapy and neuroscience are a part) and modes of non-fiction representation since the 1950s, these were ultimately cumbersome and outside of the scope of this dissertation. However, psychiatry is a field in which the processes of biomedicalization are marked. In other words, while Herring makes many small-scale points that bear resemblance to claims in this chapter and to Lepselter’s work, its focus is at a significant remove from both as well. Herring, 11%, Location 420 of 4706. Herring Kindle.

<sup>116</sup> “I contend that we cannot comprehend hoarding without appreciating the unlikely confluence of psychiatrists, newspaper reporters, sociologists, social workers, professional organizers, online journalists, and novelists who foster representations of this supposed mental disease” (Herring 3).

viewers) and attracted it's largest adult audience to date.<sup>117</sup> Successfully combining a topic typically presented in elements of respectable, "high brow" TV representations of mental illness, such as social or educational documentaries with which A&E had been associated, with elements from salacious, "low brow" treatments, such as daytime TV, *Hoarders* garnered an Emmy nomination in 2011 for best reality TV show.<sup>118</sup> *Hoarders* is emblematic of the way in which "quality," public service-oriented TV has rebooted itself using biomedicine as a touchstone.

The show's spectacularization of mental illness and abject living conditions is apparently justified by a purpose of goodwill; *Hoarder's* interventions are essential to solving its cast member's social and/or legal issues, in this sense it operates as a private social service provider.<sup>119</sup> External crises justify the show, and situate its life-changing

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<sup>117</sup> *Hoarders* premiered on Monday, August 17, 2009 at 10 p.m., following A&E's Emmy-nominated series "Intervention." 1.8 million of its 2.5 million viewers were adults 18-49 and 25-54, becoming the most watched series premiere in network history in 18-49 demographic and tying for the most watched series premiere in the 25-54 bracket with *Dog the Bounty Hunter's* 2004 episode "Growing up Gotti." According to this article, the show's major "competition," which it "beat," was TLC's "Jon & Kate Plus 8." Robert Seidman, "Hoarders has best premiere ever for A&E with Adults 18-49." *TVByTheNumbers* (zap2it.com). (18 Aug. 2009). Zap2it/TVByTheNumbers is a TV ratings data and network programming news site owned by Tribune Digital, which claims to provide analysis of TV ratings, in addition to Nielson numbers but seems to more or less garner its editorial content from a combination of Nielson ratings, but whose editorial objectivity is somewhat suspect, which is habitually used on Wikipedia, with tags that state that it's running Press releases. Though there is no explanation of the site's editorial policy, the first line of this *Hoarders* article reads, "Monday is 'f---ed up people' night on A&E and they are making the numbers work," which is not exactly commensurate with the serious tone of the other press material surrounding the show.

<sup>118</sup> In the U.S., institutionalized mentally ill people are not considered capable of consent to be filmed. And, severe mental illness in general was a taboo topic for TV outside of documentary pieces or serious, dramatic representations until around the 1980s, when the status of mental illness has changed in U.S. culture, and it also became a regular topic on daytime talk shows, and characters with mental illnesses began cropping up on a variety of fictional programs.

<sup>119</sup> According to a *New York Times* article about the emergence of hoarding task forces nationwide, serious hoarding cases typically cost over \$20,000 to resolve. The cost would be prohibitively expensive for the hoarders that appear on the show. This problem is compounded by the erosion of state social services and welfare programs. The show gives each "hoarder" free access to a therapist, personal organizer, cleanup crew and a timeline. The show offers after-care with therapists and organizers in all cases, and one of its most significant changes after the first season is that instead of giving each hoarder either an organizer or a therapist, it seems to typically give all hoarders both types of professional help, though how therapists (all have slightly different orientations) and hoarders are matched is never explained. *Hoarders* interventions provide financial help and social services, however, this aid is administered in a way that effaces the dearth

interventions, but generic elements of makeover TV and medical protocols give shape to interventions that ostensibly solve the framing crises. For example, the visuality of “before” and “after,” and the format of the makeover, inform the show’s selection of decluttering as treatment, despite its questionable long-term value and clinical efficacy. On the other hand, the visual elements of the hoard are treated as symptoms of the show’s titular disease. *Hoarders*’s format combines televisual and medical imperatives by ascribing to a medical-diagnostic logic, indexing biomedical standards, and closely binding both to aesthetic assessment.

### *Hoarders: Making Over Mental Illness*

Biomedicine and makeovers—two discourses that converge with *Hoarders*—share an underlying logic, which begins with similar assumptions about the body. These logics aren’t paralleled, but rather, work in continual exchange, so potentially unsettling elements of one are put to rest by the other.<sup>120</sup> Biomedicine and the makeover both begin with an understanding of the body/self as flexible, and capable of being reconfigured and transformed, but also as fundamentally wrong or ill, in need of intervention, and perpetually at-risk (and as overflowing its physical bounds, legible through the manipulation of media and commodities). The makeover typically depicts the pre-

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of public social services. Instead, public institutions, including those that administer aid, such as APS and CPS, are lopped together and appear as nefarious agents of crisis that frame the episodes.

<sup>120</sup> These narratives frequently pair “traditional” or retrogressive ideals that guide their outcomes with much newer ideas about subjectivity as fundamentally both biological and transitory. The logic that ties diagnosis to highly specific treatments, and also governs narrative is also present on physical makeover shows such as *The Swan* and *The Biggest Loser*, or shows without a biological element from fashion to home improvement, as it is on *Hoarders*. This combination of logics naturalizes traits as diverse as independence, decision-making, and the proper acquisition and categorization of commodities.

makeover subject as outside of aesthetic norms, and frequently as abject; a condition similar to Herring's description of hoarding as a form of "material deviance."<sup>121</sup>

If "good" consumerism is driven by lack and desire, *Hoarders* produces the medically treated body as a site of that lack and desire, at the core of personhood, and at the heart of all other commodity relationships. These commodity relationships comprise the body of the show. To pathologize the bricolage practices of its subjects, and their personalized relationship to objects, which is made manifest through an abundance (of objects and their meaning), the show typically identifies lack and desire with isolation or loneliness, and as a lack or shortcoming at the core of the subject, which can only be treated through a professional, therapeutic relationship. Medicalization not only pathologizes hoarding, it substantiates medicine as a commodity of self that insures against social loss (alienation). This is commensurate with the contemporary biomedical body, which is inherently ill, at-risk and requires continual medical care to maintain normalcy. The inherently ill body represents a shift from a traditional paradigm of health in which the body is seen as inherently healthy but periodically suffering from episodic illnesses, to post-1990s conceptions of the body as inherently ill. In the contemporary version, illness is a generalized condition in which symptoms are both symptoms *and* risk factors of future illness or possible syndromes. So, according to anthropologist Joseph Dumit, who has worked extensively on two topics central to this chapter, medical imaging and pharmaceuticals, medicine is more a means of maintaining normalcy

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<sup>121</sup> Scott Herring, *The Hoarders: Material Deviance In Modern American Culture*, (Chicago: University of Chicago Press, 2014).

(keeping risk factors at bay or in check) and less as a means of restoring health.<sup>122</sup> Later chapters will argue that this logic also underlies extreme makeover shows that surgically or biometrically intervene on what would under a prior regime have appeared to be “healthy” bodies. One of the reasons *Hoarders* is the first case study in this dissertation is because it spectacularizes the co-constitution of internal (psychological) space and its external, aesthetic expression (through the body or through domestic space). The other medical-media programs in this dissertation also rely not only on the logic of perpetual illness, and medical intervention that grounds *Hoarders* and is investigated in this chapter, but also on an understanding of the subject as a product of the brain, of physiology and chemistry, no more or less special than any other organ. This notion facilitates the much more invasive physiological interventions that the other chapters deal with, particularly insofar as they are often “justified” as “treatment” to a mental disorder or problem, which by virtue of neuropsychology and chemistry has been rendered physiological in advance.

According to media scholar Brenda Weber, the central promise of the makeover genre is to “save the life” of its subjects through intervention and alteration, a rhetoric that is “tempered by its format” so that large-scale body and home makeover shows (*The Biggest Loser* or *Extreme Makeover Home Edition*) can claim total life alteration, while smaller, more particularized shows can make promises for a new, potentially more fulfilled life.<sup>123</sup> The genre implicitly renders its subject matter individual—so social, political and other circumstances are always incorporated into a narrative of individual

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<sup>122</sup> This argument is made throughout his work, but most notably in *Drugs for Life* and *Picturing Personhood: Brainscans and biomedical identity*. **Joseph Dumit, *Drugs for Life and Picturing Personhood: Brainscans and biomedical identity***, (Princeton, N.J.: Princeton University Press, 2004).

<sup>123</sup> I’m using the model elaborated by Brenda Weber in *Makeover TV: Selfhood, Citizenship, and Celebrity*, qts. Pg. 14.

change. The logic of the makeover show is that an intervention at a singular site will change the quality of life and lived experience for the makeover subject. Though they may be organized around different themes (home, personal style, garden), the makeover's essential object is always the relationship of the makeover subject to herself.<sup>124</sup> This relationship is constituted through a process that always entails accepting socially-derived aesthetics and/or behavioral imperatives that reorient or redefine self-understanding.<sup>125</sup> On *Hoarders*, the new relationship to the self comes by accepting not just medical and aesthetic values, but by internalizing a therapeutic discourse.

The hoarder's relationship to objects is positioned as paramount by the show, and for the duration of the show, their therapists are incorporated into this intimate relationship. Though therapists function as embodiments of medical discourse and social norms on the show, they are also professionals whose time/consultation is a commodity. So a "good" commodity relationship replaces an ungoverned one. And, this "good" relationship subsequently informs the hoarder's relationship to all other commodities (or at least their object form). The makeover offers up a practice of self that is, in this

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<sup>124</sup> In a similar vein, in the introduction to her study of makeover TV, Brenda Weber writes that scenes centered on concepts of the self are replicated across makeover TV. Regardless of whether they seek to transform a home, a car, relationships between people, they always work toward similar goals through which "valid selfhood" is determined, such as achieving a particular lifestyle or appearance, attaining a professional identity, etc. She writes, "that which is subject to change marks the site of the emerging self" (Weber 5-6). She claims vis-à-vis Foucault that the makeover is a social practice (combines imperatives, attitudes, and modes of behavior that become instilled into rituals that people perfect and teach, *Care*, 45) the consolidation of these practices around the concept of selfhood, Foucault argues, intensifies and valorizes the "relations of oneself to oneself" through imperatives about individual behaviors that have direct bearing on systems of social relations.

<sup>125</sup> Weber elaborates on Foucault's delineation of selfhood as a social practice, and claims, that "how we believe we care for the self thus speaks to and informs what we understand the self to be" (Weber 4-5). While much of her analysis is based on tracking formal similarities across makeover programs, and thus also tracking the processes of self-care that constitute the makeover, in this instance she makes a small but crucial delineation when she writes that it isn't so much how we care for the self, as how we believe we care for the self that informs subjectivity. Extending this to my argument about medical makeover TV, what is crucial isn't so much whether or not these programs are actually changing the behavior (in this case being messy), but that they are changing how people think about behaviors (a "clean," organized person is encouraged to imagine their cleanliness as health).

particular case, medical as well as commercial. By *pathologizing* the hoarder's object relations, it *medicalizes* object relations for everyone.

This ideological work can be interpreted in relationship to another industrial link between media and medicine. Following the loosening of FDA regulations DTCPA in 1999, drug companies increased their marketing budgets exponentially, and directed a huge portion of them (80% in 2007) to cable TV, which depends on advertising and promotion. While this didn't lead to a huge increase in medical-themed programming, it cannot be considered in isolation from the emergence of variations of existing representation, of which medical makeover TV is one. Caldwell points out that TV documentaries underwent the same aesthetic paradigms that marked TV as a whole in the 1980s, moving away from work based on rhetoric discourse and an ontological relationship to the real, to one structured around pictorial and stylistic embellishment. In Caldwell's view, this contributed to a loosened relationship between form and content that eventually results in hybrid reality TV formats. However, he also argues that these changes altered how TV documentary was seen—TV modifies the documentary text, and while it may continue to produce reality affects, it's adaptation to TV (including everything from edits for commercial breaks to framing devices like interviews with filmmakers) also constructs other effects that inform how the realism of the images are understood. This confluence of events leads to a context in which increased amounts of advertising for pharmaceuticals accompanied “non-fiction” formats that used similar visual tactics and logics.<sup>126</sup>

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<sup>126</sup> Dominick et al. “Creating Demand for Prescription Drugs: A Content Analysis of Television Direct-to-Consumer Advertising.” *Annals of Family Medicine* 5, no. 1 (Feb 2007); Erica Brownfield et. al., “Direct-to-Consumer Drug Advertisements on Network Television: An Exploration of Quantity, Frequency, and Placement.” *Journal of Health Communications* 9 (2004): 491-497.



On *Hoarders*, diagnosis and treatment take shape as makeover. In her description of the makeover, Weber identifies narrative as *the* hallmark of makeover shows and argues that they follow a highly formulaic structure. Weber's model basically begins with the abject spectacle of the "before" (body or space), entails the following: an admission of the unacceptable nature of the "before" (body, house, etc.); a submission to an authority and to the *means through which transformation is made accessible* by the show; the labor of transformation; and finally a spectacular reveal of the "after" body or space.<sup>127</sup> On *Hoarders* clients may deviate from some of these steps, but this framework nevertheless structures each story's dénouement.

*Hoarders's* title names a diagnosis, which conceptually organizes its material. The show's adoption of the makeover format aids in structuring content as symptoms (before) or treatment (during/after). However, it also makes "treatment" appear applicable in non-clinical conditions, much as a makeover might model a cosmetic technique to a general audience. In *Hoarders's* combination of makeover and biomedical diagnostic frameworks, visual elements (principally images of hoards) take the place of symptoms, and validate the treatment offered by the show. In its repetitious pairing of symptoms and treatment, the show depends on, and reproduces, what has been referred to as "pharmaceutical reason."<sup>128</sup> Pharmaceutical reason hinges on a one-to-one

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<sup>127</sup> First, the potential makeover subject is shown in her "before body," (the actual physiological body and the house being renovated) in a state of abject humiliation; second, she must then concede that as-is this body is unacceptable for potential successful embodiment; third, she must subsequently admit that she needs the transformation the show makes possible by the *means* through which it is made accessible, this typically includes "affective domination," or submission to a hostile but eventually paternalistic expert; fourth, there is the labor and suffering of actual transformation (typically truncated); and finally, there is a "reveal" that showcases the expert's work and suggests that the transformed subject has new access to a better life through their transformation.

<sup>128</sup> This term is used in medical anthropology and sociology to describe the logic that reoriented U.S. psychiatry in the 1980s towards an increasingly specific diagnostic mode that promised to "restore normalcy" to the mentally ill by a repetitious pairing of increasingly narrowly defined illness and

correspondence between individual psychiatric illness and neurochemical treatment. On *Hoarders*, neurochemical treatment is replaced by an equally repetitious pairing of illness and the show's treatment, which is largely aesthetic. The already familiar logic of the TV makeover and that of pharmaceutical reason, already quite close, combine on the show to legitimate the form of its interventions, which are clinically atypical.

The show's high degree of repetition also works to associate its aesthetically-based makeover methods with clinical diagnosis. The show's hoarding images are so redundant and used so frequently that they function as a visual analogue to the decontextualized "text-atoms" that comprise symptomology in the DSM.<sup>129</sup> Images such as long shots of severely cluttered rooms or close-ups of food wrappers and insects are repeated so frequently that they function in much the same way that "text-atoms"

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psychiatric medication. This term describes the rationale that organizes the Diagnostic and Statistical Manual for Mental Illness, or the DSM, which functions as a veritable "bible" for contemporary U.S. psychiatry. While the manual itself is only a diagnostic tool, it is guided by a primarily neurochemical view of psychology, which privileges pharmaceutical treatments but also condones behavioral methods. Equally importantly, it provides an index for covered treatments by insurance companies. The development of the DSM is exemplary of how American psychiatry developed through a variety of third party interests, from pharmaceuticals state/military to insurance. The efficacy of this model is still debated. The model it supplanted was psychoanalytic and relied on a single distinction between neurosis and psychosis. (examples of use: Andrew Lakoff, *Pharmaceutical Reason: Knowledge and Value in Global Psychiatry* (Cambridge: Cambridge University Press, 2005); Joseph Dumit, "Drugs for Life." *Reflections: Science in the cultural context*. 2, no 3. (June 3, 2002): 124-7; Clarke et al. "Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine." *American Sociological Review* 2003, 68 (April 2003): 161-194.

<sup>129</sup> The DSM categories and basis for treatment are highly abstract list of common symptoms, or what Martin, by way sociolinguists Michael Silverstein and Greg Urban, calls "text atoms." Silverstein and Urban argue that "[t]o turn something into a text is to seem to give it a decontextualized structure and meaning, that is, a form and meaning that are imaginable apart from the spatiotemporal and other frames in which they can be said to occur." On the one hand, though abstract, this provides a common language for addressing a given illness, On the other, like any discursive field, its terms determine its possible outcomes in advance, worrisome given the DSM's relationship to third party interests from pharmaceutical developers to insurance providers. The uniform and bureaucratic language of the DSM encourages people to think about their mental disposition simply as a chemical imbalance, and instead of describing firsthand experience, it uses standardizing, borrowed language. In these ways, social, personal, and other causes and experiences are excised from diagnosis. Although *Hoarders* uses visual analogues to "text-atoms" and is organized by pharmaceutical reason, it is a dense depiction of mental illness. Unlike the DSM's bureaucratically formatted diagnostic tools, it includes both descriptions of firsthand experience and borrowed, diagnostic language. While it ultimately demands a capitulation to biomedical terms, these terms don't erase the other elements of each story. And, given the depressing nature of the reveal segments, and the reiteration of the low success rate of treatment, these texts are in many respects left open-ended.

function, creating the impression of a unified illness across the stories and immediately identifying the hoarder with that illness. Repetition and the visual nature of the symptom guide the narrative and the form of treatment. A visual symptom (the hoard) is treated with a visual solution (decluttering). The show's resemblances to makeover TV make decluttering, a form of home renovation at base, appear as a valid treatment for mental illness.<sup>130</sup>

While both the makeover and biomedicine are practices organized around an understanding of the body/subject as ill and in need of intervention, *Hoarders* depicts a psychological illness with symptoms that bypass the body and manifest through the organization of objects in lived space. The body's symptomology is elided, but its imprint on its milieu suggests a lack of containment—the spectacle of the hoard becomes tied to the psychology of the hoarder and thus to the therapeutic lesson of the show. The focus on visceral, often bodily, excretive or rotting elements of the hoard not only suggest a “disease” of consumption, but constitute a “trashy” spectacle, literally. So, the grotesque space is punctuated by biological material, as if the body has overrun its boundaries. This overflow signals disease but also acts as an aesthetic index of the abject body, unchecked by biomedical interpretation and healthy imperatives. The hoard evinces the body's unhealthy habitus, but also frequently includes grotesque bio-waste that associate it with bodily illness.<sup>131</sup> “Psychological”<sup>132</sup> illness is given a non-bodily, visual index and is

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<sup>130</sup> Importantly, unlike the purely textual terms of a diagnostic manual, TV is a multi-faceted, polysemous form of representation. While *Hoarders* is structured by biomedical logic and resembles diagnostic or pharmaceutical reasoning, it always also captures *more* than this.

<sup>131</sup> See Brenda Weber and Chapter 3 for more on this.

<sup>132</sup> I use quotes here, because it refers to an area of bioscience that is increasingly disputed, as neurosciences claims problems of the “mind” are really those of the brain and neurochemical or physiological in nature, while more traditional psychologists and psychiatrists identify mental illness as the affect of combined issues, which may include neurochemical problems but remain rooted in notions of psychological subjectivity that are based on experience and memory.

represented vis-à-vis the “hoard,” a cluttered domestic space that poses either a threat to hoarder’s health, safety or domestic relationships, or to community health and safety. Based on the shared, transformational logic of biomedicine and makeovers, cleaning up the hoard *should* index the transformation of the person, and a resolution of the psychiatric issue. However, this is very rarely the case on *Hoarders*. By the end of each episode, space is almost always organized, but the hoarders’ success in personal transformation is variable.

While the narrative format Weber identifies with the makeover structures action on *Hoarders*, the hoarder’s adoption of the rhetoric of transformation, submission to authority and the success of the intervention varies. The show introduces an expert in its second segment, and this person typically heads the cleanup/decluttering process and guides the hoarder’s personal psychological change. However, the cleanups typically begin regardless of the hoarders’ submission to expert authority, which in some cases never happens. According to the show, decluttering aims to teach the hoarder new ways of thinking and patterns of behavior, and to make the home a livable and usable space. The decluttering process binds inner transformation with the alteration of exterior space. However, the show’s central method of treatment, “decluttering,” is clearly as informed by televisual demands as by clinical ones. Ostensibly in place to help the hoarder, decluttering is much more clearly effective as a means of cleaning up the hoard, and, as a result, resolving whatever crisis frames the show’s intervention. It also contributes to the show’s narrative arc and creates a satisfying visual pleasure through ordering space.

Transition On the one hand, there is a painstaking process in which psychiatrist and hoarder sort and organize each object in a room or a small portion of the hoard. This

typically highlights irregular object attachments, backstory, resistance to treatment, breakthroughs, etc. It also models how to organize objects and manage emotional attachments to them. At the same time, the cleaning crew is usually given some instructions about how to deal with the bulk of the hoard, and commences in a large-scale cleanup with some overall instructions from the hoarder. While these two processes intersect, the show attempts to separate them, presumably to ensure the framing crisis is resolved, and the show's transformation of space proceeds along the lines Weber identifies with the makeover genre regardless of the hoarder's disposition toward it.<sup>133</sup>

The successful makeover of domestic space has a dual function—it is disjointed from the nebulous task of personal transformation in a way that provides narrative resolution and adheres to a rapid, week-long timeline, but it is disaggregated from the long-term task of personal transformation as a first step toward long-time care. This disaggregation references the long-term temporality and struggles of psychiatric treatment, and in doing so indices of a kind of medically-derived realism.<sup>134</sup> In biomedicine the overall goal is health, which entails continual treatment with the promise

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<sup>133</sup> In several episodes, mostly in later seasons, only a single room will be cleared out.

<sup>134</sup> This was also customary in *Intervention* (2005-13), a show that preceded it, and with which it was initially paired in broadcast. *Intervention*, which in many respects served as a model for *Hoarders* with two profiles or interventions on each episode, ran nine seasons and was also cancelled in 2013. According to Lepselter hoarding stories are the result of a cross fertilization of two “distinct but complementary discourses” that of addiction/obsession and their management, which “bleeds into a story of phantasmagoric consumption in neoliberal capitalism, offering a nightmare image of normative consumption and a grotesque shadow of ordinary, unmarked commodity fetishism.” (921) As the show seems to do, Lepselter collapses the categories of addiction and obsession in her description of *Hoarders*. This overlap is indicative of two of the categories that the narrow definition of hoarding conjoins, whereas its prior definition was as a symptom of OCD. Notably, aside from *Intervention*, the show is also typically identified as a spin-off of *Obsessed* (2009), a short-lived show on A&E about a range of mental disorders, which featured hoarding but treats people with anxiety disorders, including obsessive-compulsive disorder, panic disorder, social anxiety disorder, and general anxiety disorder. The first portion of each episode is dedicated to showing how each subject is affected by his or her disorder. The second portion of each episode shows the subjects undergoing cognitive behavioral therapy to treat their disorder. The show received mixed reviews, but was generally critically received as at best ill suited to the task, and cursory in its coverage, and at worst as a freak show.

of optimizing the body and bettering the experience of life.<sup>135</sup> As with the makeover, life optimization can only be sustained by a commitment to continual change.<sup>136</sup>

Correspondingly, the show also regularly explains that treatment for hoarding frequently fails. Although medicine is indexed through the appearance of the psychologist, and a diagnostic or “pharmaceutical” logic underwrites the concept of the show, it does not depict standard clinical treatment, which entails long-term psychopharmacological and cognitive-behavioral treatment in which periodic “decluttering” sessions with home doctor visits may or may not play a part. In this sense, the show can be seen as operating along the lines of advertising and of DTCPA. Acknowledging that it is not giving a full account, various signs and text redirect curious viewers to the show’s web site for more resources, and for support/discussion groups.

The hoarder’s potential failure appears in relation to his or her inability to accept their diagnosis and commit to treatment, *not* as evidence of a flawed premise and/or underlying logic. It also provides a condition for directing traffic to its web site, which is populated by links to “help,” some of which are commercial businesses that have appeared on the show, some are non-profits, and they are presented without any differentiation. Already identified as a hoarder by virtue of their appearance on the show, within the narrative, diagnostic responsibility is shifted to the patient, as is his or her ascription to the biomedical terms of treatment, which are necessary prerequisites for

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<sup>135</sup> Adele Clarke et al.’s 2015 overview of the process of biomedicalization identifies behavioral and lifestyle modifications as the focus of stratified biomedicalization, which “extend beyond merely regulating and controlling what a body can (and cannot) or should (and should not) do to also focus on assessing, shifting, reshaping, reconstituting and ultimately transforming bodies for varying purposes, including new identities” that promise an enhanced experience of life. Clarke et al, “Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine.” *American Sociological Review* 2003, 68 (April 2003): 161-194.

<sup>136</sup> Notably, both makeover and medicine presume changes to health or external space index a better quality of human experience.

personal transformation in the show. Their rejection of diagnosis, and biomedicine as a primary means of self-identification, not only hinders recovery but is also depicted as further evidence of mental illness. The show frames self-diagnosis and health maintenance in terms of self-responsibility and personal choice. In keeping with Ouellette and Hay's analysis, the show situates biomedicine as a technique of neoliberal governance. However, the relationship between biomedicine and neoliberalism is not just one of instrumentality or governmentality. While the two fields are interdependent and coproduced, they are not coextensive. Neoliberal economic conditions gave rise to the form of commercial biomedicine that existed in the 2000s, but however complimentary their logics may be, they are not reducible to each other. The centrality of change-based notions of life to biomedicine may be easily assimilable to neoliberal governance through the production of the patient-consumer, but that is one of many potential figures to which biomedicine could potentially give rise. As a point at which neoliberal governance appears to enlist biomedicine as a form of governance, *Hoarders* evinces a blueprint for how this assumption becomes generalized and subsumed as part of everyday life.

While stories are often framed by an external crisis that issues from an institutional source, worried family members whose relationships with the hoarder are stressed or have fallen apart completely contextualize every story.<sup>137</sup> These broken

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<sup>137</sup> This was not yet a diagnosis when hoarders began, but it is nevertheless relevant to how the show was framed, and given the high number of psychiatric professionals featured on the show, was likely also an aspect already related with hoarding as a behavior or symptom. Sometimes hoarders will explicitly refer to deflecting affect onto objects. For example Season 2's Augustine, whose now adult son was taken out of her home and raised by her daughter 20 years ago tells her daughter that her "stuff" will be there even though her children won't be. Augustine's case, though it isn't given a solid "backstory" is probably most emblematic of the statistical reality for hoarders. She is a single mother, she is poor or "near poor," the damages to her house would cost over \$30,000 to repair, she lives alone, and she is 68 years old. The number of women in that age bracket on the show that cite motherhood and wifeness and domestic abuse as a "reason" for their hoarding, or its start, is astonishing. Further, these are often all lopped together, but always in a way that ends up reinforcing the necessity and inherent "goodness" of that role, despite the

relationships provide emotional context for the show, but they are also a defining feature of what would eventually become a diagnosis of clinical hoarding, which is partially characterized by an emotional investment in objects instead of people and, as Herring notes, causes discomfort to others, not necessarily to the hoarder.<sup>138</sup> At the very least, the state of hoarder's homes typically prohibit visits, but more often than not hoarders are depicted withdrawn from social life. While *Hoarders's* treatment doesn't purport to resolve this issue, the hoarder's agreement to seek treatment is framed as a commitment to family and sociability over objects. Reconciliation with family and the restoration of social legibility is narratively positioned as contingent on the hoarder's commitment to change. The hoarder's commitment to change entails accepting the logic of treatment, which is also a normative form of consumption, and the emotional and narrative crux of the show.<sup>139</sup> The program combines medical, social and commercial normalization through an affect-based structure: the makeover. Accepting the terms of treatment means accepting a socially sanctioned logic for consumption, and recognizing terms of self-identification and a program for self-surveillance that are implicitly biomedical but also governed by media-generated aesthetic norms.

While each hoarder has already made a choice by agreeing to appear on the show, his or her decision to commit to the terms and logic of treatment is continually deferred

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visible protest these women appear to be enacting by hoarding. The naming/decluttering treatment doesn't purport to resolve this issue, though the hoarder's decision to seek treatment implies a commitment to family over objects. Similarly, the naming and organization process doesn't necessarily "correct" the hoarder's emotional attachment to objects; it merely alters the form it takes to one that is socially acceptable.

<sup>138</sup> "I argue that these narratives produce specific ideas about social disconnection and reconnection, ideas that are linked to the management of memory and fantasy. By collapsing discourses about normative 'consumption' into sentiments of sociability while simultaneously protesting the hoarder's contamination of affective value with economic value, these stories seem to act out an ambivalent moment in public representations of contemporary subjectivity, sociability, and disconnection" (Lepselter 922),

<sup>139</sup> This is true even though the show isn't always successful in compelling hoarders to ascribe to the logic of treatment, and even hoarders that seek treatment have a low recovery rate.



within the narrative.<sup>140</sup> For example, Dolores is a New York artist and ex-antique dealer whose collection of vintage and antique items has gotten out of control and garnered a citation from the fire department. Both of her adult children are frustrated with her and refuse to let her grandchildren visit. While Dolores agrees to the show's intervention, she is quite well-spoken and defends herself and her logic: "Its not socially acceptable, that doesn't mean its wrong." In a cutaway, her therapist appears to respond to her observation about socially contingent standards and reorients discourse in medical terms. Her expression of consumption as an act of self-determination and choice is framed as a misunderstanding of what are essentially health-based issues: "Dolores isn't making the connection that this isn't about her own free will, this is about her being healthy and safe." The doctor's assessment frames Dolores's apparent response and her logic—"I don't have to be like anyone else. I can just be like me"—as part of her delusion.<sup>141</sup> The show's edits make these comments appear as a conversation, and also exhibit how medicine (in this case as health) is used to trump any debate about the validity of treatment, as the premier discourse governing the "correct" relationship to oneself, and predicates social relationships and relationships to objects which are depicted as mutually constitutive/analogous relationships on the show.<sup>142</sup> Importantly, though Dolores never explicitly rejects her opening point of view; she submits to treatment and her story closes with apologies to her therapist and organizer for being resentful and resistant. It also ends

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<sup>140</sup> While the hoards sometimes (often) pose real threats to the hoarder in terms of health and safety issues, nearly all of the hoarders on the show are to some degree reclusive and have withdrawn from the world. While this is very problematically typically only dealt with in terms of whether or not the hoarder would like to have a space to see their children/grandchildren, it is extremely clear that no one comes to their homes.

<sup>141</sup> Episode 12, Season 3.

<sup>142</sup> She asks him, "Who the hell are you to question my thought process?" She also takes umbrage at the interior decorator, who she dislikes in principle and who she doesn't feel is qualified to make aesthetic judgments in her stead.

with her recognition of the validity of treatment in aesthetic, and objectively value-oriented terms: “When I saw what they did in the end it was a big eye opener. I guess I deserve to have a nice house.”

This larger commitment to revised terms of self-understanding and comportment accrues through the smaller choices that comprise treatment and the show’s narrative, and which demonstrate an acceptance of rationality and logic that the show has already associated with medicine.<sup>143</sup> Treatment proceeds as the expert asks the hoarder to make decisions about the future of each object in the hoard. This negotiation between hoarder and expert forces the hoarder to explain his or her logic for keeping items. If successful, the hoarder accepts the expert’s terms about what to keep and what to throw away. By making “correct” choices, the hoarder is performing their understanding of, and compliance with, the terms of rationality that govern normal consumption.<sup>144</sup> They are also accepting lessons in self-care based on “health” rather than some other value, such as “freedom” in Dolores’s case. Learning health-based self-care takes a conspicuously commodity-based form, at both the macro-level (the decision to clean up) and the micro-level (revising relationships to individual objects). The repetitious therapeutic performances replicate the revised place of TV in mediating responsible consumption, and medicalize the emotional relationship to objects that it also produces (through advertising, lifestyle shows, etc.). The emphasis on this ritual of consumption as a form

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<sup>143</sup> The emotional weight of this decision is legible in unwarranted outbursts between family members or lashing out at crew.

<sup>144</sup> Recovery reduces the number of affect-based objects to what is considered a socially appropriate amount and organizes them in a *contained* display. Given the number of these objects that have affective value based on either a past event or a dead person; *and* the percentage of hoarders who fall into older demographics (in fact, according to the DSM the disease typically only becomes truly obstructive as one enters their 50s and 60s), hoarding appears to be as much a temporal “disorder” as one of accumulation.

of therapy, presents treatment and consumption as fundamentally commodity-based. And, unlike talk therapy in a clinical setting, it is also highly visual and meets televisual needs.

The centrality of correct consumption and its ties to health are made clear in explicit terms through the story of Jill on the show's inaugural episode. Jill is an unemployed senior citizen who hoards food. She explains that she cultivated her own logic about food storage and safety in response to economic conditions: "I've had periods of poverty where I haven't had a choice of what I could eat. That affected me very, very severely to point where now I always want to have a choice." For Jill, part of ensuring she has a choice means disregarding "use by" dates on food, which are generated from USDA health standards. Instead, she has developed her own system for determining whether or not food is spoiled, which is based on a belief that freezing food will keep it safe indefinitely, and that if food is bad it will "puff" out of its packaging. Though the FDA guidelines for labeling food are very likely contingent on a number of industrial, commercial and scientific factors, they are a physical manifestation of a health-based standard that generates from the intersection of science, public safety and industry. Jill's rejection of this standard is brought up repeatedly and is central to how the show characterizes the problem of hoarding, while her choice-based rhetoric is disregarded. While choice may form the backbone of consumer rhetoric, consumer-citizenship is the model of neoliberal governance, and that citizenship is figured here first and foremost not by choice or freedom, but by health. Health becomes the ur-discourse of self as citizen in this context, and TV becomes a crucial node of health management. On the show, appropriate consumption is imagined as one of the primary elements of health, and while the show and network take an obvious, interventionist role in educating and presumably

improving the health of the hoarders on the show, it also positions TV as essentially involved in a health-based role, insofar as it is involved in creating relationships to objects, and in cultivating media-savvy viewers capable of “correctly” understanding this process/assessing actual value.

The exchanges that repeatedly ensue over food safety standards between Jill and her therapist David Toller are exemplary of how the negotiation over items takes shape. After an entire day spent on debating this topic,<sup>145</sup> Toller and Jill discuss a three year-old carton of organic broth: “How much bacteria would have to exist before it would puff?” / Jill: “Quite a bit.” / Toller: “We’re talking life threatening amounts of bacteria.”/ Jill: “I must have a cast-iron stomach.” In this instance, Toller’s perspective is backed-up by the “use by” date as a scientifically-informed health standard, which is also exemplary of the veracity and truthfulness of medicalized or scientifically verified consumption as the food is clearly rotting, and is also identified as potentially deadly. Toller positions this health standard against Jill’s logic during each exchange. However, he also yokes these decisions to an acceptance of the terms of treatment and larger ideas about how to live as he goes on to ask, “How critical is it for you to make the big behavioral changes that are going to get you where you actually want to be in life versus saving the money and hanging onto this very expired chicken broth?” Jill’s eventual acceptance of this logic is evinced by her decision to throw rotting food away. Importantly Jill’s hoard is marked by abject visuals—rot, mold, waste. Though these images become disaggregated from the narrative and are repeatedly shown in montage format, and as part of a stylized visual argument that the shows is making, which verifies the narrative claims to health, they

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<sup>145</sup> Inter-titles explain that during the first day of cleanup, Jill threw away only a little bit of the rotting food, that it also tells us fills her 2,000 square foot home.

index a reality-affect that is also implied by on-screen visuals such as people retching and running out of the house. Even after this “original” instance, these images are repeated in various forms as a kind of shorthand for the symptoms that work toward a visual concept of hoarding as a singular issue that is inherently related to un-health. In other words the food-based hoard becomes a disease through the repetition of images that focus on clear visuals of health hazards and abject biological material (waste, rot, etc.). Here, the image is deployed in a variety of circumstances and with various stylistic flourishes—it is graphic, however its content indexes the types of visceral, abject biological content that elicit a physical connection, and producing a physiological reality affect.

The hoarder’s agreement to accept the conditions and terms presented by the expert as part of sorting objects becomes associated with the election of order over chaos. This slow negotiation process takes place at the same time as the overall cleanup of the hoard continues, usually in an adjacent space. The show frequently highlights a turning point, in which the hoarder moves from defending their private logic for keeping objects to accepting a new “rational” logic for accumulation. However, this turning point is typically followed by vacillation, and even after the hoarder accepts the terms of treatment for one choice, each new object potentially presents the same problem. Electing the rational model proposed by the expert is only part of the process; the other is self-cultivation, which entails the cultivation of habit. So, long-term commitment to a new logic and rationale only accrues through repetition, and is never fully stabilized, as evinced by the show’s repeated warnings that most hoarders do not recover. The

recovering hoarder, like an addict or alcoholic, remains perpetually at risk and defined in relationship to their illness.<sup>146</sup>

The treatment option that the show makes available is overtly and implicitly medical. The appearance of psychiatrists in most episodes lends the shows highly uniform treatment and structures medical authority. And, its organization through medical-diagnostic logic identifies the hoarder in terms of the mental disorder, vis-à-vis visual “symptoms,” regardless of their self-identification.<sup>147</sup> The course of treatment implicitly entails biomedical terms of self-identification. And, while the show sometimes includes a recalcitrant hoarder’s self-identification through their illness as evidence of successful treatment, the choice-based process renders this type of overt declaration redundant. Each negotiation over an object’s meaning entails the hoarder rejecting their old logic and values in favor of the medically-validated, rational logic of the expert.<sup>148</sup>

Through this repetitious process, the successfully treated hoarder acknowledges their old behavior and way of being as “illness,” rejects being controlled by this illness, and chooses to pursue health by cultivating good habits. Prior to intervention, the hoarder is at the mercy of his or her illness, powerless. But, by adopting the terms of treatment and identifying his- or herself as ill, post-intervention hoarders are depicted as self-determined subjects, able to make logical choices that impact their condition. The show

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<sup>146</sup> In episode 1, season 1, hoarding specialist, psychologist and researcher David Tollen explains, “Clutter is the symptom, but hoarding is the disease. If all we do is tackle clutter, if all we do is remove things, we’re not changing her behavior, we’re not really helping her in the long-run and if we come back in six months or a year, I think we’ll find that the house is exactly has it was.” This sentiment is repeated on nearly every episode of the show.

<sup>147</sup> Although hoarding was not a discrete diagnosis until after the show stopped airing, the opening credits nevertheless identify it as an illness: “extreme hoarding; a mental disorder marked by an obsessive need to collect things, even if the items are worthless, hazardous or unsanitary.” At the time *Hoarders* began airing, hoarding was a symptom of a variety of OCD-related mental illnesses. Susan Lepselter has argued that mass media narratives unified multiple, transgressive behaviors a singular disease, hoarding.

<sup>148</sup> The abject, unhealthy refuse that constitutes the hoard acts as direct evidence of the hoarder’s logic with illness, while the clean house evinces the association between medical authority, rationality and order.

depicts successfully treated hoarder in transition from a powerless subject of biological conditions to an empowered, rational biological subject.

*Hoarders* frames the adoption of biomedical illness-based identification as a prerequisite to social and political possibility. Almost all of the stories end with the resolution of the framing crisis,<sup>149</sup> but the stories of successful hoarders, who have been compliant and accepted the terms of treatment, typically end with familial reconciliation or healing, or an optimistic statement about their future plans and goals. By contrast, hoarding becomes a totalizing condition for those who refuse to identify as ill. These hoarders are depicted as powerless against their illness, remain characterized by an inability to choose, and are rendered outside of self-determination and sociability.<sup>150</sup> On *Hoarders*, the most extreme examples of this type of denial end up in the hands of state institutions.<sup>151</sup>

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<sup>149</sup> The framing crises are typically resolved by the overall cleanup, which oftentimes proceeds without the hoarder's commitment to treatment.

<sup>150</sup> Anthropologist Tanya Luhrmann has characterized being subject to biology as "the great moral loophole." She writes, "If something is in the body, an individual cannot be blamed; the body is always morally innocent." (Luhrmann 8, and Coleman 349) Luhrmann's observation offers crucial grounds for understanding how choice becomes *the* defining decision on *Hoarders*, and one that is frequently posed in moral terms. This casts both the disease and treatment in terms of the "innocence" of biology. This apparent neutrality positions the moral or ethical action of the hoarder as the choice to seek treatment or not to seek treatment (remaining ill). At the same time, it also renders the social conditions or personal traumas that have contributed to the condition outside the scope of ethical consideration, or as not having bearing on the choice for treatment. On the show, social and political recognition appear identical, and are typically represented in a scene in which the hoarder's family walks through the house with them in support, and through the resolution of the framing crisis. In reality, adopting a biomedical identity and course of treatment increasingly impacts legal legibility for hoarders (and for a number of other populations that this dissertation addresses). In Manhattan, proof of diagnosis and treatment for hoarding has become a legal criteria for halting eviction. As a result, the number of self-identified hoarders has grown in the city, and gives the appearance of a growing epidemic. Jan Hoffman, "Task Forces Offer Hoarders A Way To Dig Out," *New York Times Late Edition* (27 May 2013): A.1.

<sup>151</sup> There are only a few examples of hoarders on the show who become institutionalized. Among them is 66 year-old Judi whose hoard full of biowaste, including adult diapers, and had been living on a toilet chair in the kitchen when firemen rescued her. Though she and her daughter work on the hoard, her house is structurally damaged by the waste, and she ends up in a state-sponsored home. While Adult Protective Services (APS) and the prospect of living in a home are initially positioned as worst case scenarios, she seems fairly happy when the show visits her at the facility where she now sees her daughter frequently and is unable to hoard.

*Neoliberal Positions, From Self-Help to Self-Care*

Reality TV in general, and makeover TV in particular, have been described as technologies for neoliberalization, providing models of self-governance.<sup>152</sup> In Laurie Ouellette and James Hay's work on the subject, neoliberal governance takes place through self-governance and the personal exercise of freedom. The two see reality TV as a technique for cultivating "correct" forms of self-governance. This analysis regards reality TV's techniques as very similar to those of telemedicine, which Lisa Cartwright argues is an actuarial practice, organizing diffusely located subjects into populations according to the interests of emerging health care corporations, and maximizing their efficiency in place by working through images and statistics.<sup>153</sup> These two developments can be seen as part of interrelated processes of neoliberalism and biomedicalization, which are contingent on each other and on mass media. These relationships are "material" or industrial—à la public investments in cable infrastructure under the mantle of public health and/or diversified mass media investments such as those of

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<sup>152</sup> Laurie Ouellette and James Hay's *Better Living Through Reality TV* expands on Laurie Ouellette's seminal essay "Take Responsibility For Yourself": *Judge Judy* and the Neoliberal Citizen." In it, the authors argue that reality TV is a technology for neoliberal governance. In a similar vein, Lepselter writes of hoarding narratives: "Indeed the stories are, on one level, a didactic primer on a neoliberal emphasis on choice, instructing us on the limits as well as the freedoms of the affective economy. The hoarder in these stories is a figure of isolation and disconnection precisely because her performance of choice has slipped into the limitless. Her past memories and future desires, in the form of things, have congealed, instead of circulating in the world of flow and exchange." (Ouellette and Hay 926) Laurie Ouellette and James Hay, *Better Living Through Reality TV* (Malden, MA: Blackwell Publishing, 2008) and Laurie Ouellette, "Take Responsibility For Yourself: *Judge Judy* and the Neoliberal Citizen." *Reality TV: Remaking Television Culture, Second Edition*. Ed. Susan Murray and Laurie Ouellette (New York and London: New York University Press, 2008).

<sup>153</sup> Cartwright uses Jonathan Simon's discussion of actuarial practices, and uses them to characterize telemedicine's "banal and passive techniques" that never rise to the level of disciplinary practice. Instead of working on bodies, these practices work on images, statistics, and populations. She writes that just as new imaging and visualization technologies introduced in the 1990s have made it possible to perform potentially invasive physical procedures in a non-invasive manner, telemedicine facilitates a culturally non-invasive method of health care delivery. She argues, "practices like telemedicine maximize the efficiency of populations as they stand, relying on a complacent acceptance of the structures of late capitalism as well as on the potential of new technologies to intensify the effects of power set in motion by the disciplines" For more on telemedicine, see the introduction. (Cartwright 357, 360)



NBCUniversal that include cable programming and medical equipment<sup>154</sup>—but they are also legible at the level of content, in the production of shows that focus on medical topics but also in the coproduction of medical logic and discourse within a variety of other consumer practices and as central to self-understanding as a logical subject-consumer. While this description obviously applies to the overall function of *Hoarders*, cultivation of personal responsibility under the mantle of health, the small negotiations over objects that comprise its treatment bind the choice-based imperative and responsibility of neoliberalism to biomedical logic. Social legibility (in terms of the framing crisis) is only reconstituted vis-à-vis what is presented as a medically-derived treatment that takes shape through the exercise of a neoliberal imperative.

*Hoarders* also presents biomedical identification and consumption as prerequisites to social legibility. In this sense, the goal of most makeover TV, and its socially normalizing methods, become bound-up with medicine. Medicine, like beauty or home improvement, is presented as a lifestyle choice—health or unhealth—which ultimately renders it a marketing term. While medicine in the United States has always been a private sphere venture, it is increasingly marketed as a means of organizing commodities and services related to self-actualization. At root, this orientation regards the subject and the body as inherently ill and in need of intervention, and medicine as a set of practices that can enhance life rather than “cure” illness. This turn is most clearly legible in the number of “lifestyle” drugs being marketed directly to consumers on TV. However, the direct-to-consumer format of advertising, which draws on the style and aesthetics of makeover TV, is itself indicative of this change. Direct-to-consumer marketing implies the patient-consumer, not the doctor, is managing individual health,

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<sup>154</sup> See Introduction for more on the economic and infrastructural similarities.

and it necessitates an understanding and practice of consumer health. *Hoarders* and other reality TV programs with a health-based focus develop under this same pretense, and extend its logic and coherence into other forms of consumption.

On the show, successful transformation is contingent on the adoption of a biomedical perspective and a commitment to treatment. Biomedical self-definition not only entails investment in discursive terms self-understanding, but in long-term treatment as well. In becoming a biomedical subject, the hoarder also becomes a lifelong consumer of health care. In this sense, *Hoarders* models a primary form of consumption through the hoarder's election of treatment.<sup>155</sup> In situating biomedical self-identification and treatment as prerequisites to social recognition and self-determination, it also situates this primary consumer relationship to biomedicine. For the hoarder, this primary investment in biomedicine supplants the unreasonable organization of investment in objects in terms of affect. So, biomedicine not only organizes consumer values through the choice-based forms of treatment, it also becomes a foundational site of investment for the hoarder hoping to become a socially legible subject. This relationship is established through the makeover, and equates affective relationships to objects with those to people. This equivalence is also posited as one of the defining elements of hoarding, as framing circumstances typically marry the hoarder's mistaken emotional attachment to objects to their problematic interpersonal relationships. This model that combines ideological and financial investments as the grounds for a sane social subject has affinities with the neoliberal model of citizenship, which is expressed through consumption. For the

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<sup>155</sup>A similar change is reflected in the biomedical figure of the "client," a term that has supplanted "patient," and similarly indicates a consumer-subject. This shift in nomenclature is suggestive of a change similar to that hoarders are encouraged to undertake, which is also present in the neoliberal figuration of consumerism as an expression of citizenship. This language also obscures the difference between necessary and elective health care procedures, with all appearing as possible choices for the client.

hoarders depicted on reality TV, investment in biomedicine acts as a site of origin for the neoliberal consumer-citizen. The choice-based televisual treatment for hoarders biologically validates forms of consumer choice as rational and crucial to social subjectivity.

In contrast to most makeover shows, *Hoarders* does not end on an overwhelmingly positive note, even when its cleanups have led to optimistic outcomes. So, although it explicitly promotes normative consumer values and rationality as predicates to successful social subjectivity, it nevertheless envisages the shortcomings of this matrix. In some respects, the spectacular terms of the makeover are reversed on *Hoarders*. While the episodes typically end with a makeover-style “reveal” of previously hoarded space, it is by no means the same type of awe-inspiring visual revelation that occurs on other makeover and home renovations shows such as *The Swan*, *Extreme Makeover*, *Extreme Makeover Home Edition*, *Design On A Dime*, etc. On the contrary, “after” images of the hoarder’s space are unremarkable and slightly depressing. The show provides a clean, ordered space that feels eerily devoid of character. *Hoarders* decluttering process typically lays poverty even more bare. The somberness of these closing images is amplified by on-screen text that relays information about whether or not hoarders accepted after-care, and the low success of that after-care. The majority of hoarders who seek help will likely relapse within a matter of half a year.

While it sticks to the makeover format and includes a “reveal” segment, *Hoarders* rarely, if ever, contains jubilant “after” images of its hoarders. Weber writes that the delight of the makeover accrues because the narratives link “selfhood to empowerment” and “suggests it can bring forth a material and visible element of what constitutes the

self.”<sup>156</sup> The format of the makeover relates exteriority and interiority, and the exterior fix for interior problems is proven by “evidence of desolate Before and jubilant After images.”<sup>157</sup> Even after assuming illness-based identification and submitting to the terms of treatment, a hoarder hasn’t necessarily adopted the Spartan aesthetic of the newly cleaned house. So the “after” version of space, emptied of objects, does not have the same emotional resonance—primarily resonates with loss for the hoarder.

Further, most makeovers take place in a time or space that is abstracted from everyday life.<sup>158</sup> This abstraction typically allows shows to affix idealized futures to the “reveal” aesthetics. While the decluttering process on *Hoarders* occur in a highly protracted timeframe, and share goal-orientation with their home makeover brethren, the results are typically less than breathtaking, and the imaginary futures attached to the spaces may be idealized (ie. imagining family dinners), but are far from ideal (ie. I’m going to make a million dollars and fall in love).<sup>159</sup> In other words, most makeover TV trades in affect, and creates emotional relationships to visual objects—the makeover body, house, car—and because *Hoarders* hinges on rendering emotional relationships to objects logical in order to eliminate them, the clean house is devoid of affect and fantasy futures. The bare, shabby interiors of de-cluttered rooms are frequently still marked by the now-absent hoard, through paint stains or other damages. Even if the hoarder feels the cleaned house has given them a new chance at life, the depressing visual of the “reveal”

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<sup>156</sup> Weber 14.

<sup>157</sup> Weber 14.

<sup>158</sup> Personal makeovers might take place in a studio or some space abstracted from the home, and while home makeovers take place in domestic space, they are thrust into an abstract, and often goal-oriented timeframe.

<sup>159</sup> While some later episodes of the show take a slower, room-by-room approach, the results tend to be less than stunning, and this is not a tactic that lasts long on the show, or it is one that is used in only one of the two stories paired in an episode.

space, like the hoard before it, is more suggestive of poor living conditions and additional work that needs to be done.

A problem first presented as overabundance takes on the appearance of lack. The end of *Hoarders* frequently “reveals” poverty that is even more starkly apparent in cleaned up houses. The show’s proximity to makeovers and home renovations, in terms of format and genre, make these depressing endings even more striking and also signal the program’s difference as an emerging form of representation. As the seasons progress, elements of home makeovers are increasingly included, as even in highly resistant cases the show involves a home decorator and creates a single, clean and redecorated/renovated room. This room is framed as a place for the hoarder to come to relax or meditate, but clearly also functions as a referent of a less depressing “normalcy” not only for the hoarder, but also for the audience.

*Hoarders* establishes hoarding in a continuum with normalcy by vacillating in its address, and encouraging shifting points of view and possible identification. It begins by objectifying the hoarder by identifying him or her with a spectacularization of the abject hoard. However, the shock and distancing caused by the initial view of the hoard is tempered by numerous empathetic moments in which the hoarder reflects on the sentimental value of “things,” or explains of how things got out of hand. These stories typically include some combination of economic need, domestic trouble, or emotional loss, and tend to be commonplace enough to be legible across the spectatorial spectrum. However potentially empathetic their reasons for valuing objects, most are immediately met with a therapist’s explanation of why these feelings are negative and unhealthy when left unchecked. And, the visual presence of the hoard always appears to back up that

claim. This vacillating address at turns demands identification and objectification, and makes hoarding appear in a continuum with normalcy.

References to sights and “insights” about how the hoard appears to the hoarder change dramatically within each episode. Hoarders will refer to sight and blindness in seemingly contradictory ways, or ways that imply double-consciousness, when describing their homes. Multiple levels of perceptions seem to coexist and characterize the ways in which *Hoarders*’s hoarders inhabit space. Though many of the hoarders refuse the logic of the show and the norms of consumption and circulation it represents, almost none lack understanding of the problems their hoarding is causing. For example, 48 year-old Patty led a “double life” and was active in the community until she had her children taken out of her custody by Child Protective Services. Patty begins the show fully aware that her hoarding is an issue and that she is badly in need of help. Introducing herself, she says, “Everybody has their issues, some of them are more visible than others. And my issue is this. Nobody knows and I’m sure they would be very shocked, especially because aside from this we have a very normal life.”<sup>160</sup> Embarrassed as she leads her very tidy therapist, Dr. René Renardie, through her cluttered home, she repeats, “I know. I know. This is not ideal at all.” Her husband backs her up, reporting that she’s tried many times to “fix it” and has failed. When brought in front of the cleanup crew, she is mortified as less than tactful cleaning expert Dorothy Breininger tells the crew that they’ll likely find rats running around “critter droppings,” and “you know, what could be the Hantavirus.” This speech is intercut with footage of tiny mice running on a floor. Meanwhile, an anxious and humiliated Patty softly voices her concerns about pictures and things of sentimental value that she should have collected and saved before the

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<sup>160</sup> Season 1, episode 3.

cleaning crew, pictured with medical masks and shovels, enter her house. Patty's expression of ambivalence is typical of the level of self-awareness the show depicts, in which multiple levels of perceptions seem to coexist and characterize the ways in which *Hoarders*'s hoarders inhabit space.

Importantly, the show does not pathologize overconsumption or the attachment of affect to objects. Instead, it alters and standardizes the logic that organizes that consumption and affect. Even after decluttering is well underway, the show continually refers back to the spectacle of the hoard, which positions the dangers posed by the affective value of objects and overconsumption as recurrent. So even as it introduces a model for managing consumption and organizing objects the threat of the hoard looms. In fact, in its repetition of hoarding images, and in its treatment that manages the relationship between affect and objects and models consumption, *Hoarders* is also a lesson in media interpretation. The advertising content of TV is dedicated to fostering an emotional relationship between consumers and objects (indexed by the hoard images), and the lifestyle programming that comprises the majority of reality TV does the same thing. *Hoarders* teaches lessons in how to temper and frame that affect, while at the same time reinforcing the importance of good consumerism.

By depicting hoarding in a continuum with normalcy, the show reproduces a concept central to biomedicine, in which the body is perpetually at-risk, defined through its proximity to illness.<sup>161</sup> This concept is central to American psychiatry, and appears in

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<sup>161</sup> Even proponents of the model such as Professor and Doctor Edward Shorter, who begins his history of the DSM by characterizing it as part of U.S. psychiatry's "tale of steady progress in getting things right," and heralds the triumph of psychobiology and the "new biology" as early as 1968, admits that the DSM is a "cultural document," but one that also has the power to "define reality," while also citing authors who claim that there is little evidence for the validity of contemporary diagnoses. The introduction to the DSM-V also reflects a tendency to see mental disorders as lying on a continuum with normality.<sup>161</sup> Edward Shorter, "The History of the DSM." *Making the DSM-V: Concepts and Controversies*, (New York:

the introduction to the new DSM, which claims that half of the population can be labeled as having some kind of mental disorder.<sup>162</sup> By reproducing a biomedical view that encourages the population to see itself as potentially at-risk, *Hoarders* positions itself and its treatment as a health care technology for the general population. To keep healthy, the at-risk subject must keep him- or herself informed about potential risks. *Hoarders* purports to do just this.

It then proceeds to treat hoarding in a way that has limited clinical efficacy, but which produces a model for regulating consumption and organizing the resulting clutter that is universally applicable.<sup>163</sup> Its lessons on organization and commodity value are as beneficial as fortification against the risk of hoarding as they are in treating clinically ill hoarders. Notably, this model cuts down on clutter, but still encourages correct forms of consumption, including investment in biomedicine as a primary form of consumerism that informs all others. The show's implicit endorsement of biomedical consumerism appears disinterested and "neutral" because it provides a pervasive logical format for intervention and is also framed as part of a treatment that appears scientifically derived. This is significant in terms of how the show positions aesthetic standards as medical standards, and also insofar as it acts as commercial vehicles for a number of professionals and services.<sup>164</sup> However, the point is less that the show's form of treatment markets the

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Springer Science and Business Media, 2013). The full Diagnostic and Statistical Manual V. can be accessed at. <http://dsm.psychiatryonline.org>.

<sup>162</sup> This view supports Dumit's observation that the population is being encouraged to see itself as inherently ill, and at-risk, casting drug treatment as a means of maintaining normalcy.

<sup>163</sup> Nonetheless, the regimen suggested by *Hoarders* is not discernably more or less harmful than other courses of treatment.

<sup>164</sup> The show also features personal organizers such as Gerialin Thomas, who has been on the show since the first season, Hoarding Clean-up Specialist Corey Chalmers, and the national cleanup service 1-800-GOT-JUNK! In addition, a handful of featured, recurring therapists have parlayed their screen careers into self-help writing ventures, as well as professional organizers and cleaning services, which are very clearly being advertised. These include anxiety specialist Robin Zasio, who is featured most prevalently, and OCD



services of specific individuals or companies, and more that it suggests that the acquisition of private services and professionals are necessary for mental health and happiness, in much the same way that reality TV has marketed “lifestyles.”

#### Biomedical Modes of Address and the Emergence of Mediated Medical Practice

Further, while psycho-pharmaceuticals are noticeably absent from *Hoarders*'s treatments, the one-to-one correspondence between treatment and diagnosis that is a hallmark of “pharmaceutical reason” and has played a central role in how the DSM has developed, is replicated as part of the show's makeover organization.<sup>165</sup> The elision of pharmaceutical prescriptions from the narrative stops the show from appearing as direct advertising, but (as I've already discussed) treatment entails an adoption of biomedical terms for self-understanding and then positions various commercial services and products as options for help.<sup>166</sup> *Hoarders* adoption of a pharmaceutical reason, and the proliferation of mental health programs in the 2000s, can be seen as a counterpart to the enormous rise in pharmaceutical advertising that began appearing as reality TV emerged. As content, the marriage of TV and medicine as a new technology (or biotechnology) in the late 1990s and early 2000s took shape through these existing TV formats, and following the footsteps of other communications technologies, was incorporated into of “mass culture's most central continuities: the family and the home.”<sup>167</sup> Analysis of the text of *Hoarders* takes on fuller dimension if seen as a facet of a larger process of cooperation between communications and health technologies such as telemedicine, in

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specialist David Tolin, who is also featured on *The OCD Project* (2010) and *My Shopping Addiction* (2012-13). Zasio is also on *My Extreme Animal Phobia* (2011). Thomas owns Metropolitan Organizing, and is also featured on *The Nate Berkus Show*.

<sup>165</sup> See pages 14-15 and footnote 19 for more on “Pharmaceutical Reason.”

<sup>166</sup> These are nearly all non-governmental.

<sup>167</sup> (Caldwell 279)

which a long-distance, mediated address to viewers that is predicated on the adoption of a variety of new technologies and services, and positions the viewer as a patient-consumer.<sup>168</sup> Though telemedicine names a technique, it also implicitly names a mode of viewer address, which is invested with certain values, responsibilities and activities. Taking shape through existing TV formats, the viewer is positioned as a patient and consumer simultaneously, but is also positioned as an interactive contributor of personal data, images, in essence, content, along the lines already established through the marketing of communications technologies/TV's process of incorporating and appropriating consumer communications technologies.

In a 2006 article on the history of drug advertising, Julie Donohue writes that advances in information technologies were among the pivotal conditions that have enabled consumers and patients to inform themselves and become more involved in medical decision making, or “what [she] calls consumerism.” Her claim is based on an understanding of how the patient and the consumer became combined in the 1990s through a number of conditions, including the rise of managed health care and of consumer and patient advocacy groups, and the corollary decline in physician authority, which rendered patients more responsible, and with the help of information technologies, more capable of actively participating in their health care. As a point of departure, she cites Wendy Mariner's legal delineation of consumers (buyers of goods and services)

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<sup>168</sup> Ideally (and initially), telemedicine was envisaged as a bi-directional exchange of information between individual patients and care providers. However, as Cartwright and American Telemedicine Association (ATA) show, alongside its companion term, telehealth, it is taking shape through existing global communications technology. The ATA's list of possible telemedical scenarios includes everything from web television to face-time sessions with a remote doctor. While very few Americans use exclusively telemedical care, it is descriptive of scenarios such as the use of a health care provider's website or emailing a doctor, which most people would regard as distinctly telemedical, to situations that are less identifiable, of which makeover medical TV is one. Cartwright argues that it is a “set of techniques in the broader health and communications apparatus that is gearing up for the management of health care capital, labor, markets, and knowledge for the 21st century” (Cartwright 349).

from patients (a recipient of a health care services from a doctor with an ethical obligation to help). Donohue argues that while U.S. patients have historically also been buyers insofar as they have paid for health care, they were not considered consumers until relatively recently.<sup>169</sup> The resulting patient-consumer isn't just a consumer of health care services, but results from the ways in which health care regulation developed by combining the concerns of the previously segregated concerns of consumer and patient rights.<sup>170</sup> This accounts for the way in which the patient-consumer is taking shape as both a means of articulating rights and self determination by eschewing the paternalistic

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<sup>169</sup> For legal scholar Mariner and for Donohue, these terms imply legal distinctions that are ethical in nature: consumer protection laws hinge on the disclosure of information in order to level the playing field between buyers and sellers, while patients' rights developed outside of the context of commercial markets and do not seek to give patients and doctors equal medical knowledge, but impose a fiduciary obligation on doctors to use their skills in their patients' best interest. (Mariner 4; Donohue)

<sup>170</sup> Patient rights surfaced in the 1970s in relationship to the articulation of legal protection for patients and human research subjects, gaining significant political traction in relationship to a 1975 court case over life support. The court case and activism led to the establishment of hospital ethics committees, as well as to the public questioning of medical authority and the creation of intermediaries to oversee doctors. By contrast, consumer rights in medicine largely took shape through the Health Research Group, formed under the auspices of Ralph Nader's Public Citizen. This group was more focused on issues such as the inclusion of explicit instructions, medication formulas, and a summary of effectiveness, side effects and contraindications, or Patient Packet Inserts with prescription drugs. While OTC drugs had included information in terms clear to a layperson since the federal government first began regulating pharmaceuticals in the late 1800, during the mid-1900s, this was never the case for prescription drugs, which were regulated by the FDA. While the FDA required prescription drugs to include a truthful formula and to include instructions, side effects, counter-indications, etc. These did not need to be understandable to the layperson, since the presumption was that the prescribing doctor was responsible for passing this information on to patients, advising on dose, etc. Through the 1900s, a drive to professionalize medical doctors and consolidate authority with them, validated the way pharmaceutical drug information was circulated: the consensus between the FDA, the ADA and the FTCA was that patients should not be privy to this information because it undercut authority and might lead to self-medicating among laypeople. This attitude persisted and influenced how the American population conceived of being a patient. Donohue sites numerous FDA-sponsored surveys taken into the early 1980s in which American patients regard themselves as incapable of making decisions about their own medical treatment, and about capably deciphering pharmaceutical marketing, but also found that in general they would like to see more information (though they were asked this in relationship to advertising targeted at doctors, and, notably, an independent survey of doctors found that they were not more capable of discerning truth and advertising than their counterparts in the lay-population). By contrast, surveys conducted in the early 2000s by the Pew Internet and American Life Project found that 66 percent of Internet users used the Internet to look for health and medical information, and that they took this information to their medical providers. And though doctors' receptiveness to patient research has remained resistant according to these studies, Donohue writes that there have been numerous efforts to revise doctor-patient relationships everywhere from scholarly publications such as the *New England Journal of Medicine* to institutional research about clinical outcomes that encourage doctors to abandon paternalistic approaches in favor of emphasizing patient participation.

relationship to doctors and medical authority that has been cultivated in part through asymmetrical access to knowledge; but also as a position that requires access to knowledge as part of a diligence-based approach to consumerism.

Donohue sketches out how the patient-consumer was produced through a combination of changes to the medical industry, the economy in general, and as a legal entity, and relates this to the growth of DTC pharmaceutical advertising in the same period. Donohue and Halpern both point out that health activism coalesced around stigmatized social groups, and were created from existing constituencies (women, gay people, etc.) and lobbied for increased research funding for diseases like HIV and AIDS. Notably the “existing constituencies” around which activism coalesced were, by the 1990s, regarded as micro-demographics by mass media makers. This commensurability was particularly important for understanding the ways in which DTCA ads address populations through illness has been grafted onto existing micro-marketing techniques, which would have been particularly instrumental in marketing drugs that did not have a pre-existing market, such as the “lifestyle” drugs of the 1990s. Donohue argues that the introduction of these drugs contributed to the growth of DTCA advertising in the 1990s-2000s, but does not address how these markets were actually established. However, she does lay persuasive groundwork for why these drug manufacturers began marketing to lay-people. She argues not that there was no market for particular lifestyle drugs (such as hair growth drug Rogaine) in the early 1990s, but that these drugs required a consumer to do something a patient typically does not have to do: self-identify. She argues that doctors may not be comfortable discussing the products and may not have occasion or reason to do so in an office visit. In addition, drug companies were responding to a

displacement of doctor's authority by managed care systems and patients/consumer rights advocacy groups, and to shifts in how some prescription medicines (historically not advertised to the public) now eventually became over-the-counter drugs (advertised to the public) over time. By advertising these drugs in their prescription form, they would have drug recognition once they became OTC.

Donohue and most other sociological and historical investigations of the development of contemporary biomedicine as a consumption-based practice tend to focus on the Internet to the exclusion of any other types of communications technologies in terms of how this change is taking shape, and how patient-consumers access information. However, not only has TV remained the most pervasive new technology through the mid-2010s, it has also informed how the Internet has taken shape, and particularly how it has taken a market form. The pervasiveness of television both in its traditional form and in online formats not only informs and sometimes frames how people access information, but also positions the patient as a consumer and the consumer as a potential patient. Using Caldwell's terms, the patient-consumer that is produced and constrained through TV and biomedicine develops using the existing imprint of mass media interactivity, with its implied, ongoing reconfiguration of public and private, and its participatory forms of mediation. The practice of medicine that is being reconfigured by and through this context isn't, as Cartwright argues of telemedicine, simply mediated, it is one that incorporates affective consumer values and is invested with intertextual meanings. As much as it impacts the form of consumption implied in patient-hood, it also presents medicine as one of many commodities, and potential identities.

These are not necessarily contingent on digital or new technologies, or on advanced communications infrastructure, but are both viable and profitable because of them.<sup>171</sup> The interactivity requisite for telemedicine to work can also be seen in terms of how telemedicine took shape through TV, and followed on the heels of other communications technologies. Caldwell writes of video's ascendance in the 1980s as a home technology that advertising that provided a "teaching function," and alongside programs that featured and framed home video footage "created a special need and logical place for video in the personal and domestic sphere," which was "analogous to, rather than separate from, the public sphere of television." He argues that this "supervening conflation of the public and the private spheres" benefited both television and video technology. Caldwell's point is salient to a discussion of *Hoarders* in that it addresses how a new home technology (camcorder) was assimilated into private life at the same time that private life was nudged into the public sphere not just by a single show's form of address, but by changing the terms and physical conditions of viewing, and the presumed role of the viewer (now a producer or potential producer). These formats shared style, aesthetics and even narrative arcs, and appear together as part of a "flow" of content. However, they can also be regarded in terms of how two industries were positioning and accommodating viewers. Caldwell points out that TV programs frequently demand a conscious, interactive form of viewer negotiation, and depend on "point-to-point rhetorical communication and direct address more than narrative

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<sup>171</sup> Cartwright gestures toward the role of profit and private industry in her examination of telemedicine up to 2001. She focuses on public and non-profit uses in her essay, but explains that what differentiates her Canadian case study (for example) from its U.S. counterparts is their "function as pilots for future profit-making systems." (Cartwright 360) By the early 2010s, the U.S. was rife with telemedicine business, which appeared everywhere from low-cost insurance combines and PPOs such as Kaiser and Blue Shield, to Obamacare, to high-end simulations of plastic surgery and mobile personal health monitors.

diegesis.”<sup>172</sup> In the 1990s, he argues that viewing contexts within the home had multiplied and those outside of the home attracted significant corporate interest, and saw corporate incursions into place-based media, including the grocery store, the airport, and the health club.<sup>173</sup> While this individuation makes generalizations about viewing problematic, the modes of address and proliferation of screens engage people across social space and bodily activity. He argues that even from its outset, TV producers presumed an interactive model, which was a way for programs to seal a relationship with viewers.

Further, he argues that the forms of interactivity that mark the digital realm took shape through a prototype that had already been proven viable by cable’s Home Shopping Network and which continue to constrain the forms “interactivity” takes: first, simultaneous channels of communication linked producer and viewers—cabled video and phone lines and that second, commodities were exchanged for viewer cash. “It is not enough then interview fans, or to see how texts position the viewer. The industry also creates physical conditions that simultaneously constrain, allow for, and reinforce certain types of viewing”<sup>174</sup> He warns that textual analysis alone cannot adequately explain the television viewers’ place in “the industrial apparatus, nor can they suggest the degree of investment the industry makes in its participatory fantasies.”<sup>175</sup> He then goes on to address the popularization of home video, as evidence that television isn’t defined by flow, but “has come to be associated more with something you can hold, push into an appliance, and physically move around,” which has changed the conceptual framework

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<sup>172</sup> While not all shows might demand interactivity, and while there is no singular or average viewer or way of viewing, broadcasters have always seen the viewer as an active buyer and discriminating consumer he argues that programmers have always seen the viewer as an active and discriminating consumer, and thus as discriminating and active, if not interactive (251).

<sup>173</sup> Caldwell 256.

<sup>174</sup> Caldwell 262.

<sup>175</sup> Caldwell 262.

for viewing, the status of the image, and the relationship between public and private spheres.

Despite a slight decline in actual advertising dollars spent since the early 2000s, common mood disorders such as depression and anxiety have enjoyed increased exposure from the 1990s through the 2000s, and actually appear to have become more prevalent since direct to consumer advertising has been slightly cutback.<sup>176</sup> According to the *New England Journal of Health*, in the 2000s, two of the top five selling drugs were for psychodynamic drug classes (SSRI/SNRIs and anti-psychotics) that had spent significantly on TV advertising. These commercials frequently share aesthetics and short narratives with makeover TV, and their heavy rotation in advertising slots alongside medical insurance, positions them as part of the spectrum of biomedical treatment that shows like *Hoarders* implicitly endorse. So, although neither of these industries are directly addressed on the show, both are present and frame it as part of cable TV's flow.

The widespread address of *Hoarders* and its emphasis on health-based consumerism as a preventative measure is also evinced by the sheer number of hoarding

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<sup>176</sup> According to a 2012 *New York Times* article comparing 2007 figures to those of 2012. Anxiety disorder, as such, did not exist before the 1970s. In the years 1970-79, a full ProQuest search of U.S. newspapers yielded 2 results for "Anxiety Disorder." By the 1990s, this number grew to around 593 total for the decade. However, between 2000-2011, there were 2,474 articles that mentioned the term, and so far for 2010-14, the number is already at 5,580. Likewise, Depression Disorder (or Depression Mental Disorder) is mentioned as early as the late 1800s, but until the 1960s, it was mentioned an average of 10-11 times a year. In 1960, when the first new crop of psychopharmaceuticals was introduced, this number jumped to 387, it more than tripled in the 70s to 1,018, and again in the 1980s to 3,171. While it only doubled in the 1990s (7,681), in the first decade of the new century it was mentioned nearly 20,000 times, and not even halfway through the new decade it has already been mentioned in 24,441 articles. Drug related searches help account for these huge statistical leaps. MAOIs, the first drugs regularly used to treat clinical depression peaked in the 1970s and 80s, and have been on a steady decline since. SSRIs and SNRIs, the drugs that replaced them, were mentioned in only 1,082 articles in the 1980s, but by 15,180 in the first decade of the 2000s, and have appeared in 8,046 articles in the last four years. Direct to consumer advertising began in 1997, so the huge incline in public discourse about the two most common mental disorders correlates directly with the advertising timeline of drugs to treat them. Hoarding does not have such a clear relationship with a particular, new pharmaceutical drug, but it is not irrelevant that it arose in this new milieu, which has fostered several new categories of mental disorders, all of which have DSM recommended drug therapy.



self-help books released since 2009. Like the show, the target audience of self-help books is *not* “extreme” hoarders, but a population that sees itself at risk.<sup>177</sup> The bulk of the 70+ self-help on the market mix personalized, first-hand accounts with organizational strategies, suggesting porousness between those ill and those at risk.<sup>178</sup> For example, *Hoarder’s* doctor, Robin Zasio begins her book *The Hoarder In You* by describing her cluttered cosmetics drawer. She writes, “I asked myself why I couldn’t toss outdated blush that was too dry to apply, but I already knew the answer: for the exact same reasons my clients say they can’t get rid of the stuff that clutters their homes to the point that their houses are practically uninhabitable. I had no time to dwell on that, though...” What’s important about Zasio’s introduction is that it works to make the book and show appear to be salient methods for the general population despite their emphasis on a clinically diagnosed mental disorder, which is ostensibly biochemical in nature. It puts Dr. Zasio, the educated doctor, in close proximity to her patients, so that rather than a stark delineation between health and illness, there an unstable spectrum of proximities of risk for future disease. This same logic informs *Hoarders’s* reality TV format, and its address to an at-risk population (not a population of “extreme” hoarders). As *New York Times* science reviewer Jane Brody writes of Zasio’s method, “Unless you are an extreme hoarder (the kind portrayed on the show) who requires a year or more of professional therapy, the explanations and steps described in the book can help any garden-variety

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<sup>177</sup> *Hoarders’s* affinity with self-help, again, positions it as a medical technology, and as in-step with political concerns, such as the consumer rights movement, which sprang up alongside self-help in the 1970s-80s, and continues into the present day.

<sup>178</sup> There are 67 available through Amazon.com, and 68 available through a search of the worldcat library holdings. The numbers rise for clutter, another key hoarding term, and self help, with worldcat holding 110 books, and Amazon offering almost 500, with the subcategories of Stress Management (87), Personal Transformation (159), Time Management (121), Self-Esteem (12), Happiness (59), Dreams (3). Even reviews of these books frequently include first-hand accounts of risky personal habits.

<sup>178</sup> The cover of which replicates the graphics for *Hoarders* seasons 2-5. And, the copyright page of this and Breinger’s book both have a Trademark credit to A&E for the use of *Hoarders* throughout the books.

clutterer better understand the source of the problem and its negative consequences, as well as overcome it and keep it from recurring.”<sup>179</sup> In their address of hoarding, self-help and reality formats transform a clinical disorder related to poverty into a problem of plenty for the general population.

These formats reinforce the distance between the grotesque images of TV hoards and the norm, while also making the hoard appear a lurking risk for everyone, which can be staved off by ascribing to the “healthy” logic of consumption that is modeled through the treatment of clinically ill hoarders. One of the most obviously generalizable elements of treatment is organization. Like *Hoarders*, self-help books frequently include lessons in how to cultivate a socially-acceptable collection from a hoard.<sup>180</sup> On *Hoarders*, this most frequently amounts to discrediting whatever organizational system the hoarder used, and replacing it with the organizer’s method, which is usually based on recognizing the

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<sup>179</sup> *New York Times* book reviewer Jane Brody gives a detailed account of her own problem with clutter, which her three story Manhattan brownstone makes “too easy” before going on to praise *The Hoarder in You: How to Live a Happier, Healthier, Uncluttered Life*, by *Hoarders*’s “star” clinical psychologist Robin Zasio. After praising “fate” for having delivered the advanced copy of this volume to her doorstep, Brody raves about the book as the best self-help work she’s read in her 46 years as a health and science writer. Evidently Zasio knows all the “excuses and impediments to coping effectively with a cluttering problem” and give practical “clinically proven antidotes” to them. This last statement is particularly perplexing for a scientist, given the very high failure rate in treating compulsive hoarding. Nevertheless, she continues, “Unless you are an extreme hoarder (the kind portrayed on the show) who requires a year or more of professional therapy, the explanations and steps described in the book can help any garden-variety clutterer better understand the source of the problem and its negative consequences, as well as overcome it and keep it from recurring.” Brody is a health and science writer who positions its content in clinical terms, but then addresses the efficacy of its methods for people who aren’t actually sick. Hoarding figures as a risk of bad consumption even for those without underlying psychiatric issues.<sup>179</sup> The index for sanity, between a “garden variety” clutterer and someone who is mentally ill is indexed by television appearances and years spent in therapy. However, neither of these two indicators is concrete, and both are in continual proximity to the “garden variety.” Jane E. Broday, “It’s Time To Say Goodbye To All That Stuff” *New York Times Late Edition* (22 November 2011): D 7.

<sup>180</sup> The definition of hoarding versus collecting is also a fairly slippery slope. For example, according to the DSM, hoarding disorder contrasts with normal collecting, which is organized and systematic, even if in some cases the actual amount of possessions may be similar to the amount accumulated by an individual with hoarding disorder. It further claims that normative collecting does not produce the clutter, distress, or impairment typical of hoarding disorder. *Hoarders* features a handful of collectors whose treasures have gotten out of hand, and significantly, some of the hoarders on the show describe an organizational system for their objects. These are frequently rational, but not commensurate with social norms for domestic organization.<sup>180</sup>

market value of hoarded items, balancing emotional affect with space and market value, and some hard and fast rules about what constitutes garbage and how to throw it away.<sup>181</sup>

### *Common Threats: Socio-Economic Parameters for Pathological Collecting*

Although *Hoarders* medicalizes hoarding, it does not fully excise the social, political and economic context that produces the behavior and conditions treatment. Issues like poverty and social class are visually present even when they remain at the narrative fringes. More often, poverty and social issues provide the personal context for each story. The inclusion of political-economic elements is pivotal to how the show positions biomedicine as a truth discourse and a means of resolving social or economic disturbances in medical terms. One of Lepselter's critiques of how media narratives led to hoarding is that this matrix excises political-economic elements, and she observes that the show excludes/fails to recognize social "disturbances" that impact the hoarder. She writes, "We are watching a world without politics or power, in which the isolation of the hoarder is presented as a sad and lonely aberration from communities of family and friends visiting in clean homes. Practices and norms of consumption are not connected to historical, political, or economic structures."<sup>182</sup> As the series progresses, issues that were extraneous or contextual in early episodes increasingly take center stage.

Class based ideas about value and potential value underpin understandings of hoarding as a disease and the show's representation of it, but they also sometimes inform the difference between hoarding and collecting. In some cases, class position alone is

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<sup>181</sup> While *Hoarders*' hoarders almost always collect more than one type of item, and many of these are in a gray area, some of the hoard is typically flat-out garbage, such as food wrappers, biowaste, and other detritus.

<sup>182</sup> Lepselter 924.

enough to render a collection a hoard. For example, both Dr. Robin Zasio and one of her clients on *Hoarders* have amassed large accumulations of shoes, but only one is considered a hoard. Theresa is from a modest background, and after successfully raising a family; she spent the bulk of her husband's retirement on "luxury" shoes and handbags, depleting her resources to the degree that she may lose her house.<sup>183</sup> By contrast, *Hoarders* Dr. Robin Zasio uses her own 175 pairs of shoes as an example of a true collection. The only thing that delineates Zasio's collection from Theresa's is economic need. Zasio's collection of shoes is framed as an appropriately feminine expression of upward mobility related to a career. By contrast, Theresa's is framed as an irresponsible expenditure and a shirking of domestic responsibility. Notably, Theresa also has some significant food hoarding issues that have caused her to become very ill, but the show ascribes similar value to Theresa's shoe and food habits, and treats them as equally problematic. A normal habit, collecting shoes and handbags, is rendered a pathological remanifestation of strategies Theresa learned during her impoverished childhood, which threaten her future with her husband. Through Theresa, hoarding is envisaged as a threat even for those who become wealthy, in particular to the country's aging population.

The rise in media attention to hoarding was matched by the emergence of task forces nationwide to respond to hoarding as a public health and safety threat.<sup>184</sup> While it

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<sup>183</sup> Season 3, Episode 11. Theresa contracted gangrene and lost several inches of her intestine because of her food hoarding. As her husband made substantial amounts of money when he worked, she saw shoes, handbags, and looking ladylike as a "reward" for her role as a good wife and mother. This is all 100% commensurate with traditional gender roles, and aspirations for wealth. What is rendered pathological here is her inability to let go of the objects that she associates with wealthier moments, and which she also hopes to sell one day, and her recourse to eating food that's past due. In other words, strategies she learned from her impoverished childhood have remanifested and are rendered a sign of illness.

<sup>184</sup> According to a May 2013 *New York Times* article "Task Forces Offer Hoarders A Way To Dig Out," over 85 municipalities nationwide are trying new tactics to deal with hoarding problems, which are identified in this rhetorically melodramatic article as threats to public safety due to fires and the "out of

is impossible to gauge whether or not hoarding behavior was actually on the rise, particularly given its newness as a medical diagnosis, and as a category of medico-legal identification,<sup>185</sup> the appearance of hoarding as a social and legal issue very clearly corresponds to the economic downturn, which has hit the growing population of senior citizens particularly hard.<sup>186</sup> Apropos of *Hoarders*'s treatment, task force tactics for addressing hoarding entails appointing specialists and members of the fire and health departments to cleanup, as "traditional" methods (eviction, fines) were increasingly viewed as draconian, ineffective and potentially leading to homelessness for hoarders.<sup>187</sup> The growing legal and institutional attention garnered by hoarding addresses a constellation of economic and social issues in terms of health and health maintenance, but also frequently characterizes the disorder in terms of contagion. As a result, anxieties over the ailing economy and a variety of class-based prejudices are also made legible through the figure of the hoarder.

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control" spread of diseases and infestations such as hantavirus. Jan Hoffman, "Task Forces Offer Hoarders A Way To Dig Out," *New York Times Late Edition* (27 May 2013): A.1.

<sup>185</sup> Hoarding not only informs task force intervention, but eviction laws in cities like New York, where obtaining a diagnosis and proof of treatment is being used to halt evictions for elderly tenants.

<sup>186</sup> Hoarding is a condition that worsens with age, and may not manifest until older adulthood. Add to this, the country's population of impoverished senior citizens is rising, and hoarding disorder is more likely to manifest in older adults. According to the most recent US Census, the country's senior citizen population (65 and up) is projected to grow by 104.3% between mid-year 2012 and 2050. At that point there will be 80.5 million Americans under age 15 and 86.8 million seniors over age 64. By 2030, residents born between 1946 and 1964 will make up 20 percent of the population, with 72.1 million Americans ages 65 and older Natalie McGill, "The Nation's Health." American Public Health Association Publication 43 no 8, 1-16, <http://thenationshealth.aphapublications.org>. This growth spurt is currently being accompanied by a growing rate of hunger among senior citizens. As of 2009, 1 in 9 seniors was "threatened with hunger," and this threat is on the increase. The Senior population has increased by 78 percent from 2001 to 2010, and in a 2010 survey 1 in 7 were facing hunger (8.3 million older Americans). The increase in Senior hunger was most pronounced among the near poor, whites (though overall people of color still comprise a larger percent), widows, non-metropolitan residents, women, retirees, those that are younger (60-69) and households with no grandchildren present. "Increasing Numbers of U.S. Seniors Face Threat of Hunger Finds 10-Year Study," *Senior Journal* (May 14, 2012), <http://seniorjournal.com>. The majority of their information was culled from a University of Illinois study by Professor of agriculture and consumer economics, Craig Gudnerson, and an annual report "Senior Hunger in America 2012 prepared for the Meals on Wheels Research Foundation by the Kentucky Center for Poverty research.)

<sup>187</sup> These task forces are typically "loose amalgamations" of public and private agencies and funding sources, and some uniform practices are evidently appearing despite the varied goals of the actors involved.

The economic downturn known colloquially as the “Great Recession” of the early 2000s grounded hoarding’s emergence as a pop culture fad.<sup>188</sup> The “Zombie Economy” (neither dead nor alive) that resulted from the official 2009 economic “recovery” indexed unemployment rates that continued to grow and real median household income lower than it has been since the mid-1990s.<sup>189</sup> Anthropologist Emily Martin argues that recent political and economic changes known as neoliberalism have manifested through new idealizations of subjects as producer-consumers, these changes have also resulted in changing class positions and rapid, increasing downward mobility.<sup>190</sup> Martin argues that

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<sup>188</sup> I use fad here, because although it appears that media coverage is still growing, and that the new “disease” is receiving institutional, legal and public attention, cable and national television coverage has dropped off significantly, and where there were once several hoarding shows, there are now none. What TV critics have identified as their heirs are the host of “doomsday” based shows, which have in common a focus a kind of atypical consumption of goods, as well as an intentional “hoarding” behavior, which in contrast to the illness, is typically rigorously ordered. While not officially “insane,” most of the participants also fall fairly far outside of cultural norms in terms of sociability. However, while I understand this comparison, which is aided by the similarity in time slots, I would suggest that the “heirs” to this group of shows is actually taking form as television features different types of mental illness in increasingly casual ways. The other successor to these shows, to my mind, inherited its economic concerns. For example *Pawn Stars*, which began in 2009, the same year as *Hoarders*, and focuses on getting rid of “stuff” for profit, and models the circulation of goods that is stagnant in *Hoarders*, remains unbelievably popular, and has spawned several other shows about “picking” or making second-hand items or someone else’s trash into treasure. There have also been a host of shows that focus on either dangerous blue-collar labor or ways of living that seem to be anachronistic, such as homesteading in Alaska. However, these are more or less concerned with much of the same fallout of the economic crisis.

<sup>189</sup> For more on the weak economic recovery, see Jeff Kearns, “U.S. Incomes Fell More In Recovery.” Bloomberg (23 August, 2012); Christopher S. Rugaber, “Weak Recovery leaves laid-off U.S. workers struggling to find new jobs; most take pay cuts.” *Washington Post, Associated Press*; and Paul Wiseman, “Economy Recovery Ranks as Weakest since World War II,” *San Diego Union Tribune/Associated Press*. (12 August 2012). Median Household Income information: “Real Median Household Income In The United States.” Federal Reserve Bank of St. Louis Economic Research, numbers accumulated from the U.S. Census (<https://fred.stlouisfed.org>). Post-recession median household income hit a low of 52,605 in 2012, and rose 54,462 in 2013 before declining again in 2014 to 53,657. Median household income had not been so low in the U.S. since a 1999 peak of 57,843. The economy supposedly recovered in 2009, according to the National Bureau of Economic Research. “Business Cycle Dating Committee, National Bureau of Economic Research,” National Bureau of Economic Research. September 10, 2010. Web.

<sup>190</sup> “The differential internalization of labor and markets, the growth of the information and service economies, and the abrupt decline of redistributive state services (among other things) have meant that access to the world’s wealth has become much more difficult for most people.” Emily Martin, *Bipolar Expeditions: Mania and Depression in American Culture* (Princeton, New Jersey: Princeton University Press. Kindle Edition, 19 January 2009): 39. In the U.S. the concentration of income at the top of the social order is more extreme than at any time since the Depression and poverty has grown correspondingly deeper, despite the persistent myth of social mobility toward the American dream. Successive waves of

manic depression emerged as an object of fascination in popular culture in the 1980s-90s, because its heights and depths were intertwined with a cultural narrative of success and failure that positioned individuals as mini-corporations.<sup>191</sup> Manic depression's potential, frenetic mutability of emotion was in some sense emblematic of potential success as it manifested in the 1980s-90s in the brilliant mania of the entrepreneur. This same excess of emotion also marks the hoarder that emerges in the economic downfall of the new economy, but frenetic energy is replaced by the lack of movement/circulation that characterizes the hoarder.

Many of the same terms deployed in the economic rhetoric Martin identifies with manic depression are also operative in hoarding. The manic-depressive market fluctuations of the "new economy" have fallen into a seemingly permanent slump, with which the hoarder's inert withdrawal and atemporal attachment to objects can also be associated. Further, the recalcitrant attachment to (frequently grotesque, valueless) objects is an indication of the hoarder's non-compliance with the idealized "material-lessness" of subjectivity associated with the "new" information economy. With its too-

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downsizing have picked off, in addition to the disadvantaged, significant numbers of people from occupations and classes not accustomed to dramatic fall in their prospects and standard of living.

<sup>191</sup> With the advent of altered economic conditions, which emphasized worker flexibility and entrepreneurial activity, downsized full-time employment and benefits, outsourced manufacturing work, and federal withdrawal from provisioning individuals. She argues that the individual moved "from being a citizen, oriented to the interests of the nation, to being a mini-corporation, oriented primarily to its own interests in global flows of capital." (Martin 42. Martin's observation of the citizen-corporation echoes other similar couplings that have already been mentioned in this dissertation, such as Ouellette and Hay's "citizen consumer" and the "patient-consumer" of biomedicine. ) Thus, manic depression with its "irrational" heights and depths were entwined cultural imagination about economic success and economic failure. (Martin 29). If the "cool," stable figure of the businessman was associated with prior iterations of successful American capitalism, the "lability in emotional life means movement on the scale of feelings, and might be seen as suited to the ferment and turmoil of entrepreneurial activity." (Martin 31).

material, grotesque, sprawl, hoarding is a horrifying visual reminder of the failure of that very recent discourse, and the economy to which it refers.<sup>192</sup>

In connecting hoarding to the economic downturn, Lepselter argues that hoarding has emerged in modernity as a response to economic scarcity. According to Lepselter, vis-a-vis Marx, hoarding implies a “secret stash” that is “dangerously removed” from circulation.<sup>193</sup> Similarly, anthropologist Gustav Peebles argues that in the 19<sup>th</sup> Century, efforts were made to teach the working class to participate in the national circulation of wealth by depositing money into banks instead of keeping it in their homes. As a result, “hoarding, or keeping stashes of money at home, became negatively regarded as déclassé, uncivilized, and premodern.<sup>194</sup> The popular fixation on hoarding in the present day suggests a resurgence in, and variation of, these economic anxieties.

The hoarders on *Hoarders* frequently identify their behavior as a trans-generational tactic for coping with poverty.<sup>195</sup> People raised in poor households on

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<sup>192</sup> The object-ness of the hoard is itself signifies the hoarders misunderstanding of this discourse, which in the 1990s was associated with an ideal of an object-less economy, the intellectual/information economy. So the show not only evinces circulation problems, it is visible evidence of the products of a type of economy that was supposedly outdated.

<sup>193</sup> She also identifies the modern use of consumption, upon which psychiatric and televisual narratives of hoarding depend, with the contemporary use of the word “production” in terms of capitalism in the 1800s. This observation squares with Foucault’s timeline for the phasing out of workhouses and poor houses, and the development of asylums built specifically for the insane. He argues that these developments were the direct result of the advent of liberalism, and changes to ideas about economic organization that included the development of the poor as a population of potential workers. In this view, the insane remained in captivity because they were unable to contribute to the workforce. However, the phasing out of poor houses or workhouses not only developed the poor as a population of potential workers, but also as a class of potential consumers.

<sup>194</sup> Efforts were made to reform such behavior, as individuals were “gradually convinced to draw their money out of the mattresses” and entrust it to institutions that would “provide surveillance for them and profit as well.” Because of its emphasis on paper currency, using a bank taught the population to participate in a specifically national circulation of wealth. Gustav Peebles “Inverting the Panopticon: Money and the Nationalization of the Future,” *Public Culture* 20(2) (2008): 233-265. Peebles is an anthropologist who has published extensively on economic theory and history.

<sup>195</sup> Lepselter similarly argues that adherence to working class strategies garnered from prior generations are pathologized. While her study is full of provocative insights, it is drawn from a wide swath of pop culture hoarding narratives, and her overarching argument—that multiple, transgressive behaviors become unified as a disease through the emergence of a narrative convention—is compelling but in attempting to prove



*Hoarders* frequently associate their hoard with thrift, scarcity, creative reuse, and potential future use.<sup>196</sup> Because the show associates these strategies with the grotesque, and potentially threatening, hoard, working class imperatives such as creative use, recycling and saving are depicted as at once unnecessary, degrading, anti-social, antiquated, and possibly insane. For example, unhappy wife and mother, Betty, was a garbage man's daughter, who fondly recalls her father bringing things home from work for the family to use.<sup>197</sup> She sees her "hoarding" as directly related to this happy, useful family practice. Although hoarding is delineated by the inability to discard items, Betty's treatment renders her family's strategy for surviving poverty through an accumulation of goods outside of the money economy, as a sign of mental illness. Further, what Betty describes as a learned strategy for dealing with poverty is, through her "diagnosis" as a hoarder, inherently identified as biological.<sup>198</sup> In pathologizing hoarding, which entails a "genetic" element, cyclical poverty becomes biologized.<sup>199</sup> No only does *Hoarders* pathologize and correct consumption issues, and encourage the consumption of new products and services as part of treatment, it is also positioned as a means of disqualifying an individual family history, but also of intervening in a biological,

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causality, it draws from generalizations about narratives in pop culture. This chapter and dissertation are more interested in how a specific format, reality TV/makeover TV, is used to coproduce illness and disease. My examination of *Hoarders* attempts to address the differences between cultural representations, which are visual and narrative, and the textual terms of diagnosis.

<sup>196</sup> In the U.S., representations of "hoarding" can also be traced along historical lines to the Great Depression. The Depression is frequently used as a rationalization by older hoarders on *Hoarders*, though in most cases this is not the result of first-hand knowledge, but lessons in being "thrifty" learned from parents.

<sup>197</sup> Episode 3, Season 1. This memory is quickly followed by an unpleasant one of being laughed at in high school for this very same thing.

<sup>198</sup> This is not cast as a credible view by the show, as the therapist, organizer, cleaner, and all of Betty's family have weighed in and identified her as a hoarder. Importantly, though Betty gets her house clean enough so her husband can return home, she does not take the show up on after-care, and defends herself even in the final segment, saying that she simply doesn't think what she does is "hoarding."

<sup>199</sup> The DSM, under the subhead "genetics," states that 50% of hoarders come from families of hoarders.

hereditary problem.<sup>200</sup>

While strategies for coping with poverty are pathologized on *Hoarders*, so are behaviors that replicate capitalist models of exchange, including the contemporary, future-based one. The hoarders on *Hoarders* frequently keep objects for their potential use value later, and imagine a future in which their items make them money.<sup>201</sup> Paul, an older adult living in a rural community imagines his hoard of appliances, scrap metal and broken cars will be a potential source of income that he can bequeath to his grandchildren. Despite his entrepreneurial aims, equipment and material he assumed had value because it was once useful or used as part of manufacturing goods, such as metal, turns out to have almost no monetary value, and in some instances will actually cost him money. Paul's medical "hoarding" is made worse by his lack of familiarity with market value, contemporary manufacturing protocols, and economic conditions. So, not only is *Hoarders* validated, so are the glut of TV programs dedicated to finding and selling

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<sup>200</sup> Food hoarder Jill is exemplary of this. Jill's problem is keeping items past their due date for future consumption. She directly identifies this as a strategy for coping with poverty that is modeled and passed down when she describes her son Aiden's childhood, "Aiden has always grown up in my disorder. I taught Aiden how to shop in periods of poverty. Its very seductive to gather up things you might need when you don't have money to buy them." Aiden isn't a hoarder and helps with his mother's intervention by buying her new food despite her protests that he is too poor to help her. His actions act as a counter example to his mother's explanation of hoarding in terms of poverty. Though he's identified as poor, by purchasing new food for his mother he models consuming new goods as a necessity that crosses class, and he also models private intervention and care for his mother. Despite having very little money, his actions are depicted as responsible. However, Jill's story is matched in the first episode with that of a family in which at least one of the young children is already mimicking his father's hoarding behaviors.

<sup>201</sup> Just as approaches to hoarding and new ideas about the body centralize positive forms of futurity, hoarding itself is future-oriented. The hoards typically accumulate around possibilities—either that things may one day become useful, or that the hoarder might one day need or want them. While the second of these is less obviously economic, though it does hinder the "appropriate" circulation of goods, in the former, possible future use is bound up with actual economic need in many cases (though certainly not all). This is true of Season 1's food hoarder Jill, who was mentioned above, and who simply refuses to believe expiration dates and even with rotting fruits and vegetables imagines the future use of seeds, and so, cannot bring herself to throw them out.

antique objects (“American Pickers”), downsizing real estate (“Tiny House Nation”), etc.<sup>202</sup>

Though it frequently suggests socio-economic conditions and personal traumas contribute to hoarding, *Hoarders* renders these outside the scope of treatment. Like many of the hoarders on the show, Patty has endured prolonged domestic abuse and extreme trauma. Patty began hoarding as a result of an abusive marriage in which her husband beat her for her poor housekeeping, though she and her children remember the house being spotless. After his death, she began to hoard. While these events are certainly central to Patty’s story, they are *not* central to her treatment. Patty’s husband might have beaten her, but the show still identifies hoarding as the real problem. Her treatment mirrors that of Jill who has lived in poverty for most of her life, and considers hoarding practical. Their treatment is standardized in a way that disjoints behavior and its cause, and also pits individual choice and responsibility against pathologized expressions of trauma victimization.<sup>203</sup>

As a technology for modeling lifestyle, in its direct association with consumerism, and in its role as an agent of public interest, *Hoarders* positions reality TV as a therapeutic technology for a public health risk defined that is, in part, by a deficiency in consumer knowledge. This aspect of the disorder makes consumer education appear as a value associated with health, which in turn positions lifestyle TV in general as a preventative health measure for the audience. The relationship between media and

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<sup>202</sup> Paul has also been charged with public nuisance and littering, and though he has a lawyer working on his behalf, he also has court-ordered deadlines to clean his yard and faces jail time if he does not comply. The law appears continuously in this episode, though compared with most of the hoarders that appear on the show, his hoard poses very few obvious threats to public health. As a result, Paul’s threat to the community appears to basically be aesthetic.

<sup>203</sup> *Hoarders*’s interventions are positioned in a way that obscures the role the state once played in providing mental health and adult protective services for adults in need, and instead dislocates those services as a framing device.

biomedicine is not unidirectional, as evinced by compulsive hoarding's inclusion in the DSM-V.

In the DSM, as in the show, hoarding disorder is identified in terms of a misunderstanding of an object's market value. The DSM describes the disorder as a "pathological or excessive collecting behavior" characterized by "persistent difficulty discarding or parting with possessions regardless of their 'actual' value, as a result of a strong perceived need to save the items and to distress associated with discarding them."<sup>204</sup> So, at base, the DSM characterizes the disease as a fundamental misinterpretation of value that is both economic and affective. This diagnosis implies that a correctly functioning brain balances these qualities in ways commensurate with social norms.<sup>205</sup> The DSM also implies that resistance to participation in the constant circulation of goods in the economy is pathological at base, or puts one at risk for pathology.

The DSM's delineation of hoarding as an illness produces aesthetic and consumer values as medical-diagnostic fields. *Hoarders* does more or less the same thing in a different register, shaping the knowledge and views of life that it circulates. As medicalization morphs into biomedicalization, the technologies that shape and study life

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<sup>204</sup> "Obsessive-Compulsive and Related Disorders," *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V)*. [dsm.psychiatryonline.org](http://dsm.psychiatryonline.org). The DSM suggests that this often results in a congestion of space to the degree that it frequently become unusable, is commonly accompanied by excessive acquisition (80-90% of the time), and frequently causes distress at work, socially or within the family. Excessive acquisition can range from unnecessary purchasing (compulsive shopping) to scavenging for free "items," to stealing.

<sup>205</sup> In this, it shows a high degree of affinity with both the contemporary eating and body image disorders, but also with the pathologization of non-normative sexualities (in everyone from overly sexual female hysterics to homosexuals). While I'm not suggesting these issues are similar in terms of their impulse or their possible outcomes, I am suggesting that psychiatry at various junctures has equated these socially normed behaviors with biological illness. While homosexuality and hysteria have been excised from the catalog of mental illnesses (and in some senses replaced by equally problematic pathologizations of gender identity and sexual addiction), and eating disorders and body dysmorphic disorders are typically represented in critical relation to the culture that produces poor body image as long as they take the form of anorexia or bulimia instead of compulsive overeating, hoarding is not framed in terms of its relationship to consumer culture in any direct way outside of academic and scholarly works.

have pluralized. One of the ways TV has remained a relevant form of media becoming a prominent node in the biomedical knowledge.

**CHAPTER 2: THE BIOMETRIC LIFE:  
EXTREME WEIGHT LOSS, THE OBESITY EPIDEMIC, SCIENCE  
AND AESTHETIC EVALUATIONS OF LIFE THROUGH THE NORM**

Ordered in Fall of 2009, just six months prior to Michelle Obama’s “Let’s Move” campaign to end childhood obesity, and the U.S. congress’s passage of the controversial Patient Protection and Affordable Care Act,<sup>206</sup> *Extreme Weight Loss* (2011-present) emerged as part of a growing public discourse about the “obesity epidemic.” The show differentiated itself from existing weight loss and makeover programs and directly positioned itself as a response to the nation-wide crisis by focusing on the “morbidly obese,” a weight-based biometric category used by the NIH and CDC to index possible future health risks.<sup>207</sup> *Extreme Weight Loss* personalizes the statistical, population-based “threat” of obesity through hour and a half-long episodes, each of which tells the year-long story of an “obese” “client” who has agreed to try and lose at least half of their body weight.<sup>208</sup> Grounded in the pervasive cultural discourse of health, the show collapses social and scientific values onto an ideal image of the body, so that existing Euro-

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<sup>206</sup> Generally regarded as a form of socialized health care, the program gives income-based health insurance subsidies for individuals, who have a choice of providers. However, it also penalizes those who are uninsured. Like the childhood obesity program, the Affordable Health Care Act operates according to a risk-based notion of health. The same is also true of the health concerns addressed on *Extreme Weight Loss*. The client isn’t sick, however, their weight or BMI puts them in a weight-based risk group for particular diseases.

<sup>207</sup> Obesity is not a disease in-and-of itself, but, rather, is positioned as a biometric and visual sign of impending possible disease and death. In this sense, it is the biomedical issue par excellence—it is risk based, biometric, health-obsessed, and its resolution is based on self-care. A 2015 *Camera Obscura* article by Michael Litwack addresses the odd temporality of the obesity crisis, which “slides between what one is and what one may become, between the actual and the actuarial” (Litwack 41). Litwack’s analysis of the obesity crisis and its appearance on reality TV is more focused on it as a site of biopolitical governance. This chapter addresses obesity as site at which the ways in which the biopolitics of biomedicine are pronounced. Michael Litwack, “Making Television Live: Mediating Biopolitics in Obesity Programming,” *Camera Obscura* 88 Volume 30, No. 1 (2015): 41.

<sup>208</sup> The show’s episodes are aired over the course of a season, but cover a year and a half of the client’s “weight loss journey,” over the course of which they are expected to lose over half of their body weight.

American beauty standards appear synonymous with biometric norms.<sup>209</sup> The acquisition of this body, and “health,” are the goal of the show and are framed in the narrative terms of “transformation” and “journey.” In doing so, the show links quantitative, medicalized ideas about “life” to qualitative evaluations of the experience of “living,” heightening and dramatizing the core values of “health.”<sup>210</sup>

The show is explicitly biomedical as a public health crisis, defined as a future risk for disease, is universalized, and becomes the individualized condition for life-long, continual transformation and the promises of futurity.<sup>211</sup> This possibility is contingent on a medical understanding of the body, which, on *Extreme Weight Loss*, is only made visible through self-surveillance and self-objectification in the mediated and medicalized terms provided by the show. Particularly when taken in-tandem with the array of self-surveillance technologies that coincided with its airing,<sup>212</sup> and the number and variety of

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<sup>209</sup> Biometric norms are actually derived from an upper-class European standard, which are discussed in greater detail below. The continued use of these norms can be seen as an extension of the problems identified in the introduction through Rony and Philip about how science was produced as a “universal” and objective discourse and mode of knowledge production. Biomedicalization supposedly signals a change in body ideals from a universal norm to a customized body, and yet also depends on the continued widespread use of biometrics in tracking the population. *Extreme Weight Loss* envisages both conflicting aspects of this process.

<sup>210</sup> In a much cited piece on the topic, scholar Robert Crawford characterizes health as a meaningful social practice linked to the practice and layered meanings of biomedicine, constitutive of modern identity and linked to the ascendance of the neoliberal social order. In Crawford’s analysis, the body is a task that demonstrates core middle class values and links them with scientific worth. Robert Crawford, “Health as a meaningful social practice,” *health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, Vol. 10(4), (2006 London, Thousand Oaks and New Delhi): 401-420.

<sup>211</sup> Notably, on the show, obesity is identified with death, the antithesis of futurity in any form.

<sup>212</sup> By self-surveillance technologies, I am referring to technologies explicitly designed for self-surveillance, such as “wearables,” to the variety of digital objects that Mark Andrejevic argues that reality TV urges us to use for surveillance purposes, to the variety of mediated interactions involve some form of mediated self-presentation. Examples of the developing “internet of things,” which describes a (speculative) milieu in which everyday objects have network connectivity, “wearables” refers to wearable technology, such as clothing or accessories that incorporate a practical networked function. While relatively new as consumer items, wearables have a much longer history in health care, for example in [hearing aids](#) and in detecting health disorders such as [sleep apnea](#). As of 2016, “activity trackers” and “smart wristbands” such as the fitbit or self-surveilling functions of the iwatch have been the most popular examples of wearables. Whether or not the field will see sustained growth, sales of smart wristbands began accelerating in 2013. Medical wearables are mentioned in a number of articles in *Telemedicine Magazine* that auger the future of the practice of distance medicine. However, the coincidence of health-based

commercial concerns and promotions that transect the show, the clients on *Extreme Weight Loss* make visible a process of objectification and self-objectification through a medically-informed mediated vision. Their treatment on the show similarly takes shape through a consequent series of self-formulations and treatments that combine medical and non-medical commercial interests, which link medical normalization, or health, to future forms of self-fulfillment. The show's address of the audience, and its combination of medical and mediated vision produces TV as a therapeutic technology and medical resource: a fount of accessible health care information, a model for visualizing medical norms, and an authority in the efficacy of a variety of treatments.<sup>213</sup>

Though the program began airing in 2011 as *Extreme Makeover: Weight Loss Edition*, a spin-off of ABC's total transformation show, *Extreme Makeover* (2002-2007), in pre-production, its first six episodes had been ordered under the moniker *Obese*, which even more clearly signaled its alignment with biomedicine and public health. The show's last minute rebrand associated it with the successful, less somber, "total transformation" show *Extreme Makeover*, which focused on cosmetic and dental surgery overhauls, fashion and grooming alterations, and weight loss, and had already spawned a successful

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makeover television that is organized around medicalized self-surveillance and the growing sales of health-based wearables signal one way in which consumer medicine is taking shape. This is particularly significant since many of the other attempts at marketing wearables, such as "google glasses" have met with highly publicized failure. Jon Pearce, "telemedicine's future" *Telemedicine's Race To Zero*, <http://www.telemedmag.com/content-pages/>. Unity Stoakes, "Health 2.0 Marks the 'End of The Beginning.'" <http://www.telemedmag.com/content-pages/>; [wearable sales](#) statistics drawn from 2014 Price Waterhouse Cooper's Wearable Future Report, reported in Bill Zalud, "The Age of Wearables Is on Us." *SDM (Jan 2015): 72-73*; "sousveillance" technology, or the use of small, personal devices for users to document or record their own activities. For more on Sousveillance: Sousveillance Clive Thompson, "Establishing Rules in the Videocam Age." *WiReD magazine* (June 28, 2011). Dennis Kingsley, "Keeping a Close Watch." *Sociological Review* (Lancaster, UK: Lancaster University: July 30, 2008). Steven Mann and Jason Nolan and Barry Wellman. "Sousveillance: Inventing and Using Wearable Computing Devices..." *Surveillance & Society* 1(3), 2003.

<sup>213</sup> While the diet and exercise regime on *Extreme Weight Loss* is quite clearly too extreme for the population as a whole, the fact that its various methods "work" on a person who is clinically obese validate their worth as medical therapies.



home makeover spin-off.<sup>214</sup> Its branding also positioned it as a healthy revision of the makeover genre that responded to controversy that had sprung up around its predecessor, and other “full body” plastic surgery makeover shows, which were taken to task as frivolously-motivated, exploitative spectacles that modeled dangerous behavior and took reality TV interventions too far. By contrast, *Extreme Weight Loss* purports to “document the amazing makeover of seventeen courageous, obese individuals who set out to safely lose half of their body weight over the course of a year.”<sup>215</sup> *Extreme Weight Loss* retains its predecessor’s transformation rhetoric, promise of spectacle, and some of its techniques,<sup>216</sup> but stages its interventions as responses to obesity as a public health crisis by foregrounding the medical standards and methods of its interventions.<sup>217</sup>

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<sup>214</sup> *Extreme Makeover: Weight Loss Edition* was one of two spin-offs, the other was a home makeover show called *Extreme Makeover: Home Edition*. *Extreme Makeover* show ran for 4 seasons, with a Nielson ranking #41 overall in 2003 with 10.8 million viewers, but fell significantly in the seasons that followed, with the second season averaging between 5.5-9.8 million viewers, the third between 5.6 and 6.2 million, and the final season, of which only two episodes were aired, averaging only 4.85 million viewers, ranking 175 overall in the Nielson list. Although fascination with plastic surgery-based transformation shows waned, ABC had great success with the *Extreme Makeover* franchise overall, with *Extreme Makeover: Home Edition* (2003-2012) running ten seasons. Like its predecessor, *Extreme Makeover: Home Edition* ranked #41 in its first season, however, its numbers picked up in its second season, when it ranked #15 with 15.75 million viewers on average. The show’s numbers varied but remained relatively high into 2010, when *Extreme Makeover: Weight Loss Edition* was ordered. However, viewership dropped off shortly thereafter, with the show bottoming out at #101 in 2011, cancelled in 2012 after its tenth season. At the same time, network competitor NBC was having success with its reality weight loss competition show, *The Biggest Loser* (2004-present), which is now in its 18<sup>th</sup> Season. *Extreme Makeover: Weight Loss Edition* combined *Home Editions*’ good Samaritan-style interventions for the “deserving” with the weight loss focus of *The Biggest Loser*.

<sup>215</sup> “Extreme Makeover” ABC webpage introduction/synopsis of show. Emphasis is mine. The synopsis not only repeats the word “amazing” multiple times over the course of its five sentences, it clearly attempts to highlight the safety of the process, not just in the quote I used here but in its characterization of trainer Chris Powell’s centrality to the process of “metamorphosis,” as he moves into the homes of his clients to “make sure the participants get the proper nourishment and exercise movement” and to provide “fresh perspective” to those “whose lives have become unmanageable because of their weight.” While the synopsis clearly links the notion of transformation with a safe, health-related practice of weight loss, in distinction to the beauty-oriented rhetoric of the original version of *Extreme Makeover*, and identifies itself as “documenting” rather than “intervening,” it nonetheless remains somewhat garish in its identification of Powell through his previous appearance on the less sensitively titled, “The 400-Pound Virgin,” and by its sideshow-esque repetition advertising the transformations as “amazing.”

<sup>216</sup> *Extreme Weight Loss* continues to use of surgery, fashion, and (occasionally) dental work. However, these other modes of intervention/aesthetic alteration are framed as supplemental and carefully moored to the show’s emphasis on health. For example, the only surgery the show documents is a skin removal surgery, which is offered as a “reward” to those clients that are able to lose 40% of their body weight

The series also explicitly distinguished itself from other weight loss shows. The first season's cast was comprised of people deemed too fat to participate in NBC's hit competition weight loss program, *Biggest Loser* (2004-16), with which it shared producer, J.D. Roth.<sup>218</sup> Where the *Biggest Loser* exploited elements of competition reality shows and approached its subjects as competitors who were frequently castigated by trainers, *Extreme Weight Loss* takes shape through personal, individual narratives of clients, whose journeys are set by scientifically derived data and the soft touch of a "transformation expert." While casting, tone and weight loss strategies differentiate the two shows at the level of content, *Extreme Weight Loss* and *Biggest Loser* share a number of similarities in terms of business strategies. In fact, both programs are exemplary of reality TV's strategies for reducing production costs and financial risk that have significantly changed production in the late 90s and 2000s, including promotional tactics such as product placement, sponsorship and brand integration, as well as the increasing tendency to use TV programs as the springboard for multimedia exploitation.<sup>219</sup> *Extreme Weight Loss* combines these strategies with explicitly medical material, and this

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within the first nine months of the show. This surgery is overtly situated by Powell and the doctor as practical rather than cosmetic, as the "extra" skin is typically identified as an impediment to exercise. No other surgeries are depicted as part of the clients' transformations. However, the clients who get surgery frequently focus on its aesthetic or cosmetic benefits. However, other non-essential cosmetic elements are identified as aids to self-esteem undertaken in the interest of "transformation." These secondary "transformation" methods also include the installation of home gyms, provisions for extra help such as nannies or cars, as well as adventurous vacation packages, all of which are connected to weight loss goals.<sup>217</sup> In its first season *Extreme Weight Loss* was quite successful, and its viewership grew substantially over the course of the season, eventually becoming the highest rated show on Mondays and the second most watched (after *The Bachelorette*). It had a high rating of 2.35 adults 18-49. "Ratings: Extreme Makeover wins big for ABC." *TV Guide*, May 31, 2011. However, the show's rankings have subsequently fallen, with the show hovering around 1.5 for adults in its second season and hovering between 1.1 and 1.3 in seasons 3 and 4.

<sup>218</sup> James Hibbard. "'Extreme Makeover: Weight Loss Edition': Is NBC's 'Loss' ABC's 'Biggest' Gain?" *The Hollywood Reporter*, October 22, 2009, accessed May 30, 2011 [www.hollywoodreporter.com](http://www.hollywoodreporter.com)

<sup>219</sup> Both of these strategies are detailed in Ted Magder's analysis of reality TV as a response to network crises that emerged through a combination of merger-based debt, widespread economic change and new technologies. Ted Magder, "Television 2.0.: The Business of American Television in Transition." *Reality TV: Remaking Television Culture*, Ed. Susan Murray and Laurie Ouellette. (New York: New York UP, 2009), 141-164.

assimilation can be seen in relationship to the rise in direct-to-consumer pharmaceutical advertising, which frequently shares a similar before-and-after structure, accounts for significant prime time advertising revenue, and which, because of regulations that demand TV ads include direction to other sources of information, are also formatted as multi-media “springboards.”<sup>220</sup>

In addition to its commercial clients *Extreme Weight Loss* partnered with the University of Colorado’s Anschutz Health and Wellness Center. For the more medically-oriented *Extreme Weight Loss* these funding sources became fully integrated with the show’s pretenses toward scientific research, as “boot camps” and “check-ins” for seasons 4-present of the show take place at the University of Colorado’s Anschutz Health and Wellness Center, public-private research partnership that has engaged in university medical research for over 10 years (formerly as the Center for Human Nutrition). Opened in 2012, the \$34 million center markets itself to potential funders in a way that **ties together economic and social goals through scientific research:** “Achieving the vision

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<sup>220</sup> According to Dominick Frosch et al’s review of DTCPA content, 45 percent of ads showed before and after shots; 40 percent showed only after shots. Brownfield et al show that while DTCPA still make up a fairly low percent of overall advertising time (8 percent), they tend to air during prime time, and the demographic of the program’s target market tends to line-up with the drug’s target market, with Seniors and women being the audience most persistently addressed. This is in keeping with Fuqua’s argument that pharmaceutical advertisers not only make up a very lucrative advertising stream (\$1.3 billion on advertising), it also houses the most sophisticated and precise demographic analysis, which may explain why the TV industry has been involved in lobbying for the pharmaceutical industry when it has been faced with new regulations. Fuqua also notes that of the \$1.3 billion spent on DTCPA, \$833 million is spent on “unbranded advertising,” which refers to promotional practices that emphasize consumer health rather than advertising a drug product. Similarly, Brownfield’s account of DTCPA advertising includes a chart of 10 advertising interests and their ranking in terms of number of ads and total airtime. While prescription drugs are number 5 in terms of number of ads (428) and fourth in terms of airtime (311.4 mins), over the counter medication ads ranked third in number of ads (907) and airtime (330.8 mins). However, the category of “health aids and hygiene ranked second in both categories (1,032 ads and 400.7 mins of airtime). Cumulatively, this adds up to a very large proportion of television time occupied by health or medical-related advertising not counting programs. Dominick et al, “Creating Demand for Prescription Drugs: A Content Analysis of Television Direct-to-Consumer Advertising.” *Annals of Family Medicine* Vol. 5, No. 1 (Feb 2007). Erica Brownfield et. Al, “Direct-to-Consumer Drug Advertisements on Network Television: An Exploration of Quantity, Frequency, and Placement.” *Journal of Health Communications* Vol 9 (2004): 491-497.

where wellness is the norm that will fuel the American economy, dramatically reduce sky rocketing health care costs and improve the quality of life for millions of people. The crisis of our unhealthy lifestyles affects all of us. This new model provides an innovative, intuitive, science-based solution.” Anschutz describes its approach to obesity research and donor solicitation as “interdisciplinary,” and it works with an array of private donors, including *Extreme Weight Loss*. The center’s mission mirrors the show’s goal, and directly links the notion of wellness to the problem of “obesity,” and promotes “lifestyle” change as a remedy. The center’s health through lifestyle mission is associated with “like-minded” partners and donors through a set of “benefits,” which include “naming rights” in certain areas or programs, product placement, co-branded interactive messaging and exposure through marketing and TV. The center works with an array of private “donors” whose equipment and weight loss regimens appear to aid in the production of scientific health knowledge. For example, Anschutz’s workout equipment is all provided by Technogym®, which is credited with providing the “latest innovations in exercise equipment,” and is directly associated with the center’s medical and academic expertise. Technogym® is not only endorsed by the center, it incorporates “science” through biometric data in a way that makes the equipment appear a necessary component of weight loss. Technogym® is also responsible for providing the home gym equipment in the fourth season of *Extreme Weight Loss*, fulfilling both the “co-branding” and marketing benefits promised by Anschutz. While *Extreme Weight Loss*’s relationship to Anschutz didn’t begin until its fourth season, from the outset it positioned its interventions as a coordination of resources.

*Extreme Weight Loss* makes visible the ways in which public health concerns (quantitative management of the population for the “public good”) are adapted to individuated processes of self-making that are central to biomedicalization. The figure of the patient-consumer is implicit in the model of transformation through self-responsibility and self-determination made visible on the show. Initially defined in relation to disease (or risk for disease), *Extreme Weight Loss*’s narratives make self-identification as a consumer-patient the condition of self-transformation. This model also describes the way in which the show and the other material with which it circulates in intertextual relationships addresses viewers as both patients and consumers.<sup>221</sup> Other material, such as DTCPA, which was also dramatically on the rise as the show aired, position the audience in similar terms, and are (at least officially) considered educational.<sup>222</sup> In this sense, the show can be seen as addressing the audience as patients, consumers and experts in their own health.

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<sup>221</sup> In *Prescription TV*, Joy Fuqua argues that television has been pivotal to the emergence of the patient-consumer, and, moreover, that direct-to-consumer pharmaceutical ads, in combination with other televisual material and other mediums address audiences as both consumers and patients, including promotion-laden doctor’s offices (Fuqua 101-5). Her study focuses on the spatial therapeutics of television from the hospital room to the home, which helped medicalize domestic space. Fuqua argues that not only do these ads need to hail consumers as patients, they need to make identifying as a patient a privilege, so much so that people will be willing to go out of their way to visit a doctor. Without hawking pharmaceuticals, *Extreme Makeover* and the other case studies in this dissertation all make self-identification as a patient, and a medicalized form of consumption appear as necessary elements of self-transformation. While this doesn’t make patient-hood palatable on its own, continued address as a patient or contexts in which self-identification in medical terms is necessary for accessing a variety of “health” products are working together cumulatively and naturalizing this idea. With an argument fully grounded in the unpredictability of reception, Fuqua nonetheless argues that this mode of address has persisted.

<sup>222</sup> Direct-to-consumer pharmaceutical advertising (DTCPA) is recognized by the FDA, which regulates DTCPA, as an educational source. The two sources primarily used for factual information about regulation were both resources from peer reviewed journals linked to the FDA web site, and both of them were ambiguous about this claim, as is Fuqua in her overview of DTCPA regulation, which has only been widely practiced since 2001, following loosened regulations in 1997. Fuqua tracks a number of DTCPA campaigns, and argues that while each “promotional node” is unique (in what it markets and to whom) their content and address cumulatively provide “continuity and coordination, and that this coordination also confers legitimacy in the construction of these sites as *informational*.” (Fuqua 107). Julie Donahue, “A History of Drug Advertising: The Evolving Roles of Consumers and Consumer Protection.” *The Milbank Quarterly* 84, No. 4 (2006): 659-699. Joy Fuqua, *Prescription TV: Therapeutic Discourse in the Hospital and At Home*. (Durham and London: Duke UP, 2012). C. Lee Ventola, “Direct-to-Consumer Pharmaceutical Advertising: Therapeutic or Toxic?” *Pharmacy and Therapeutics* 36, no. 10 (2011): 669-74.

On *Extreme Weight Loss*, obesity is depicted as a health issue that results from uninformed personal choice and/or a lack of self-control.<sup>223</sup> When the show was released in 2009, over 75% of the nation's population was medically overweight or obese.<sup>224</sup> So although only a small percentage of Americans would have fallen into the category of extreme, or "morbid," obesity, the show presents itself as a safe solution.<sup>225</sup> In a way not dissimilar to *Hoarders*, *Extreme Weight Loss* is addressed more to at-risk (overweight) American consumers than to obese people, such as those on whom the series focuses. By calling attention to its clients' "extreme" obesity, the show generates difference or distance between the overweight person on screen and the overweight audience. This differentiation validates the "extreme" measures it takes, positions the show as addressing the public good and proves the efficacy of the public-private partnerships it coordinates through its treatments, proving their value as prophylactic measures for an at-risk population. The show not only addresses a public health issue, by casting the problem in terms of access to knowledge, it sets itself up as a remedy. *Extreme Weight Loss*

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<sup>223</sup> The show replicates "supply-side" public health approaches to obesity, which presumes knowledge and access shape eating behaviors.

<sup>224</sup> 33% were overweight (25-29.9% BMI), 35.7% were obese (BMI greater than or equal to 30%), and 6.3% were extremely obese (BMI greater than 40%).

<sup>225</sup> This health-based motivation is a significant departure from the beauty-based goals of *Extreme Makeover*. This will be problematized in the next chapter. *Extreme Makeover*, *The Swan* and other full-body plastic surgery makeover shows present themselves in terms of personal health (by aiding self-esteem, happiness, etc.), but are not explicitly organized around a public health issue. "It was just a matter of time. Obesity rates are up, overall health and self-esteem are down, and weight-loss TV competitions are gaining in the ratings... And so, starting tonight, a summer tradition - the reality show *Extreme Makeover* - is doing away with snippy stylists and fashion fascists and turning instead to weight loss and the value of living a healthy lifestyle." Alex Strachan, *Postmedia News*, ran in the U.S. and Canada: "Features" B3, *The Times*, New Brunswick, (May 11, 2011) and Arts & Life. *The Gazette*. Montreal, (May 11, 2011). *The Hollywood Reporter* and *Variety* both also linked the show to teaching "healthy living." "Extreme Makeover: Weight Loss Edition: Is NBC's 'Loss' ABC's 'Biggest' Gain?", *The Hollywood Reporter*, (May 30, 2011) [www.hollywoodreporter.com](http://www.hollywoodreporter.com). Two paradigms of health are simultaneously employed. Powell is an index of "health" as a lack of disease, but also as an ideal body form—white, male, athletic, young. While obese, the "client" is an index of "risk," and once "transformed" is typically a visual representation of mitigated risk, without achieving the idealized form of the trainer. Further, Powell's relationship with his wife is increasingly foregrounded as the series advances, so that he embodies not only a physical ideal, but a social one as well.

emphasizes an information-based (biometric) notion of the body that is necessitated by the corporate structures characteristic of the contemporary life sciences. This not only reinforces the show's ties to the medical discourse of obesity, it substantiates its methods of intervention and validates its outcomes.<sup>226</sup> It also makes the show appear as part of an expanding field of personal biotechnology—from fitbits to calorie-based diet apps—that depend on biometric standardization. At the same time, using health as an expansive organizing value, the show tightly binds biometric standards to the discourse and framework of life transformation already present on makeover TV

*Extreme Weight Loss's* transformation narrative makes the acquisition of an ideal, biometrically normed body appear coextensive with “health” and as a prerequisite to “living.” Episodes are comprised of four 90-day “phases,” each of which is marked by a weight loss goal. During the first phase, “boot camp,” the client is sequestered with the show's host, “transformation specialist,” and trainer Chris Powell at a weight loss clinic. In phase two, Powell comes to live with them. In phase three they are on their own, and, if they've lost enough weight, in phase four they are gifted with skin removal surgery. Drama accrues around whether or not the client is able to make their goal at the weigh-ins that bracket each phase. Weight loss goals are frequently paired with a reward and/or challenge. These vary fairly dramatically, but tend to include travel, financial help, gifts, and personal grooming services. At least one of each client's weigh-ins is accompanied by a physical “challenge,” and these are very frequently “adventures” that take place

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<sup>226</sup> The show is suffused with numbers: inclusion on the show is predicated by weight; each “client” undergoes medical testing that insures they are healthy enough to rapidly lose massive amounts of weight and also informs their weight loss programs; its basic “lessons” in consumption entail counting caloric intake and output; each segment is structured around a weight loss goal; and end-weight goals are substantiated by BMI norms. However, despite its emphasis on weight and measurement, the show doesn't typically give a “full” equation, as the contestant's height is almost never mentioned. Instead, the show focuses on age and weight almost exclusively, whereas BMI is organized by height-weight.

during travel. Even when the challenges pose a significant physical or psychological hurdle and appear to be pivotal to personal “transformation,” and thus the logical “goal” of a segment, weight loss is always the most key element. Weight loss goals are determined “scientifically” according to biometric values, and meeting them must be exact—a client who falls even half a pound short of a 90-pound phase-long goal does not “succeed.” Powell continually reiterates that numbers “don’t lie,” and are really the way that “we” measure success.<sup>227</sup> By awarding weight loss goals with extravagant life events or opportunities, the show makes weight loss appear synonymous with, and central to, a coming into being that is psychological, social and economic. The show’s emphasis on biometric values associates this trajectory with health, a scientifically- and socially-underwritten goal that is regarded as tantamount to a positive life experience.

In its centralization of weight loss as a basis for transformation that produces positive outcomes in virtually every aspect of life, the show is premised on an implicit devaluation of pre-transformation life. This premise is backed-up by cast members’ understandings of themselves and the stakes of weight loss. The vast majority of cast members make statements that equate losing weight and being thin with living, and conceive of the time prior to their weight loss as “wasted” or “missing out on life.” Though the show attributes these feelings to low self-esteem, their articulation reflect the clients’ experiences of pervasive anti-fat bias that informs a broad spectrum of institutional to interpersonal abuse and harassment, as well as negative or “annihilating” representations.<sup>228</sup> The show’s structure validates cast members’ negative understandings

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<sup>227</sup> Even when he notices that a client is excelling at fitness programs, looks “healthier” or thinner, he typically immediately follows this observation up by noting that he’ll have to defer to the numbers.

<sup>228</sup> Following a 2005 survey of prime time television (that unfortunately excluded reality TV), Dina Giovanelli and Stephen Ostertag argued that fat women are both numerically and “qualitatively



of themselves as subhuman and outside of “life” prior to transformation. This qualitative evaluation is bolstered by the show’s reliance on the medical identification of obesity as a risk factor for several potentially life-threatening diseases. The pre-transformation subject collapses the possible future posed by statistical risk into a present tense grounds for transformation, and obesity is also equated with a state of non-being by an objectification and degradation of the pre-transformation fat body.<sup>229</sup>

The pathologization of weight is part of a significant alteration of concepts of the body and its ideal form.<sup>230</sup> Fat has been an index of a variety of fluctuating social- and

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annihilated” on major networks, which depicted its few fat female characters as undesirable. At first glance, *Extreme Weight Loss* appears to depart from these representational standards: it centralizes the stories of fat people and overall, they are given emotional depth and an active relationship to desirability. However, the show’s relationship to “qualitative annihilation” is complex. The fat body is made visible, but is only as a devalued state of being identified with illness.

<sup>229</sup> The show doesn’t dispute this equivalence, nor does it structure its narratives in a way that questions its validity. So the cast members’ self-understanding of “obesity” as a state of being that falls outside of “life” is not only made to appear valid, it is also a validating mechanism for this belief. Cast members’ observations are the result of a constant awareness of a state of social non-being or sub-human status conferred not just through the legal and institutional apparatuses that this chapter has addressed, but also through their experience of the social world. In “Fat Oppression As A Form Of Violence,” Tracy Royce gives an overview of the work done on the intersections between violence against women and bodily appearance—while most studies argue that domestic or sexual violence manifests itself in post facto as weight gain, Royce argues that body size puts one at greater risk for domestic, sexual and social violence. She argues that fat people, particularly women, regularly suffer verbal abuse and shaming comments not only from friends, family and lovers, but from strangers as well. Although it frequently includes the type of devaluation Royce describes, this typically constitutes the life of the client prior to transformation, and is usually dealt with in terms of “self-esteem.” In this way, forms of social bias appear to be individual shortcomings on the part of the “obese” client, which are cured by weight loss. This not only evinces the neoliberal reliance on the imperative of individual self-responsibility, but also reenacts the types of institutional bias that fat people must embrace, and the ideals with which they must identify in seeking help through social and medical service providers. *Extreme Weight Loss* exhibits the ways in which the adoption of ideals informed by social biases are necessary in seeking aid, and social legibility is central to “living.” This is one of the main similarities between fat and transgender legal struggles Dylan Vade and Sandra Solovay address in “No Apology: Shared Struggles in Fat and Transgender Law.” Vade and Solovay argue that fat and transgender people are coerced into reinforcing fat-phobic and transgender-phobic norms in order to secure basic legal rights and services. According to Vade and Solovay, transgender people who may not identify as either gender must be (or desire to be) hyper-gender normal to receive the basic civil rights generally afforded citizens, in essence apologizing for and repudiating their own existence, while fat people are asked to identify themselves as “disabled” or aberrant, and desiring normative thinness in order to be afforded civil rights.

<sup>230</sup> The replacement of words like “fat” with medicalized terms like “obese” or “overweight” in common parlance are just one index of the shift in discourse that has occurred since the 1920s in the U.S. This change is indicative of a reconceptualization of how fat and fat bodies are understood. The interdisciplinary critical field of Fat Studies has sought to reclaim the word “fat,” as Queer scholars have done with the word

culturally-contingent values over time, but the change from the use of the common term “fat” to the medical label “obese” signals a general acceptance of fat as an empirical fact rather than as a qualitative description; it presumes concrete parameters that position subjects as either healthy or pathological, and it validates bodily conformity. Scholars in the interdisciplinary field of fat studies, which emerged in the 2000s, argue that to be “normal” is to be insecure and at-risk for disease, and that a “double insecurity” characterizes American notions of health in which people are constantly aware of being at risk, and of not knowing enough about what they can be doing to limit their risk, or not taking enough measures to prevent risk.<sup>231</sup>

*Formulas for Health: Weight Loss Narratives, BMI and Living versus Existing*

Each episode is framed by an opposition between life and death in which living is the sole providence of those that choose to transform—and presents transformation as determined by agentive choice. The opening credits are organized around a montage in which Powell “motivates” his clients/cast members in these terms: “One person, one year, one amazing transformation... Its time to wake up, its time to start *living*... What you’re about to see is the most important year one person’s life... *You could choose to*

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“queer.” Language is particularly significant in studies of weight because the medicalization and normalization that are at the core of scholarship are implied by the terms “obese” and “overweight” respectively. This chapter will use the terms “obese” and “overweight” where they are specifically called for, but will use “fat” or other descriptive language in all other instances.

<sup>231</sup> Marilyn Wann’s introduction to the 2007 *Fat Studies Reader* refers to this interdisciplinary field as still emergent, and difficult to pin down: “As a new, interdisciplinary field of intellectual inquiry, fat studies is defined in part by what it is not.” Nonetheless, Wann describes the field as differing from other approaches to weight in that it accepts the fact of human weight diversity and seeks to “look at what people and societies make of this reality.” Marilyn Wann, “Fat Studies: An Introduction to Revolution,” *The Fat Studies Reader* (New York, NYU Press, 2009), Wann draws on Patrick Colm Hogan’s work on microhierarchization in *The Culture of Conformism: Understanding Social Consent*, (2001). Patrick Colm Hogan, *The Culture of Conformism: Understanding Social Consent* (Durham NC, Duke University Press, 2001). Joseph Dumit, *Drugs For Life: How Pharmaceutical Companies Define Our Health* (Durham NC, Duke University Press, 2012).

*die*, something tells me you want more... Don't listen to your body, listen to me..." In the opening address, transformation is positioned as a choice with death as its only alternative. The voice-over is accompanied by various inspiration workout images to which it refers, but from which it remains detached. As a result the voice-overs vacillation between first- and third-person addresses seems directed at the audience through the obese clients shown on-screen. Death is associated with "listening" to your body. To live, clients/the audience, must ignore what their bodies are telling them, and change by listening to the knowledge provided by Powell. Given the show's biomedical emphasis, this intro suggests that the "natural" messages from the body are detrimental, while the "scientific" ones relayed by the show are crucial.

What the transformations ultimately frame as an oppositional relationship between "living" and "being" begins with this introduction and is followed by initial depictions of the pre-transformation to fat body, which vacillate between abjection and objectification. During *Extreme Weight Loss's* first season, and intermittently on those that followed, initial weigh-ins took place on a freight scale in a loading dock. The loading dock freight scale, used for commercial trucks and the transport of goods, presents the obese body as an object and a commodity that is not yet ready for public display. Many episodes begin with an introductory segment in which clients express disgust with their own bodies,<sup>232</sup> and this sense is heightened as the client is compelled to disrobe, almost invariably revealing tight spandex underwear/workout gear, which

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<sup>232</sup> In these segments, clients' (particularly women) voice self-criticism as they gaze into their semi-nude reflection. This is a scene that is repeated across reality TV makeover shows that emphasize bodily change, including *Extreme Weight Loss's* precursor, *Extreme Makeover*.

contorts their bodies in some unflattering way.<sup>233</sup> By contrast, ultra-fit Powell stands nearby and controls the scale, fully dressed and shooting the contestant earnest, “worried” looks before revealing their weight to them. Variations of this weigh-in sequence are repeated in every episode, and always combine visual, conceptual and statistical ideals, and produce Powell and the client as aesthetic representations of points on a continuum of health. Powell serves as a visual model of health, but he also cultivates health in contestants by bring medical and social standards to bear on their bodies as he weighs them. The contestant’s “starter” body is introduced abjectly, objectified, and then directly associated with their weight as a numeric value.

Perky, blond 24 year-old teacher Meredith’s weigh-in is exemplary of how the show merges the client’s objectification of their bodily experience with biometric values that become pivotal to transformation.<sup>234</sup> Her weigh-in is accompanied by a reflective voice-over: “I feel exposed in that all the shame, and all the guilt, and all the different things that I’ve pushed down in my life with food are all facing me, and there’s no turning back. There’s no hiding. It’s all out in the open. It’s literally right in front of my eyes and I have to face it.” As she speaks, the camera slowly scans her body, focuses on her stomach, and then the freight scale register that Powell is holding. The register and her body are intercut, and, after a lingering pause, he shows her the register’s display, which reads 314 pounds.<sup>235</sup> Meredith’s voice-over is combined with the weigh-in footage so that her physical exposure becomes a visual analogue for “shame and guilt.” Her use

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<sup>233</sup> Like the other makeover TV shows that this dissertation will discuss, *Extreme Weight Loss* also typically features a bevy of shots of the contestant in their “starter” body at home, looking at themselves in mirrors in their underwear, pinching fat, etc.

<sup>234</sup> “Meredith.” Season 3, Episode 2.

<sup>235</sup> Another lingering shot frames Meredith, Chris, and her weight, which is lit up by the register, as she begins to weep. She tells Chris she promised she’d never be over 300 pounds again.

of the pronoun “it” objectifies her body and puts her at a remove from embodied experience. “It” is something “in front” of her. However, what’s in front of her on screen is the number 314. A bit later in the scene, she pulls down her spandex shorts a bit to reveal a tattoo on her stomach that reads, “Believe It, Be It 155.” Powell responds, “155, that’s the destination for this part of the journey.” Meredith’s weigh-in performs a series of substitutions that distance her from her body and from embodiment—her body stands in for her “shame and guilt,” the number 314 for her body, and 155 as her future self/the “destination” for her life journey. Through these substitutions, and her exteriorization and objectification of her pre-transformation body, Meredith’s occupation and experience of her own body appears to be the goal of her “transformation.”

Though many of the client/cast members have jobs, families, friends and so forth, suggesting they have indeed been “living,” the program distinguishes their pre-transformation state as merely “existing.” This is partially accomplished by objectification and degradation of the body (as with Meredith), and, it is partially done by representing “life” and “living” as a future-based states of being that are foreclosed on by obesity.<sup>236</sup> On *Extreme Weight Loss* inclusion in a statistical risk group becomes as a tangible, present tense threat to the individual. For example, though his only health issue is an old football injury, middle-aged police officer Bob is framed as a threat to his family and positioned in relationship to death because his bulletproof vest no longer fits him. Bob’s obesity and age are directly identified with death through his wife, who lost her father at a young age, and is prompted to imagine her life without her husband, as if his death is immanent. While she speaks, the show cuts to various images of Bob,

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<sup>236</sup> The future of the fat body is foreclosed on by biometric statistics and inclusion in various statistical risk groups. A statistic that only has meaning for the population is rendered meaningful for the individual.

including several framed, still photos of him with his family, in effect substituting him for her dead father.<sup>237</sup> The sequence associates him with death, an impression that is augmented by his repeated dedication to “being ready to live again.”<sup>238</sup> Although its central discourse is about “living,” the narratives of *Extreme Weight Loss* are framed by the impending threat of biological death and the past/present experience of social non-being as a fat person, which are treated as coextensive.

*Extreme Weight Loss* narrates the experiences of fat people as “being” instead of “living” and validates this opposition through the medicalized discourse of obesity.<sup>239</sup> These terms are not depicted as neutral or equally valuable. As Bob’s narrative suggests, “being” is a state of immobility, near death, in opposition to “living,” which not only denotes medical health, but a state of more valuable experience made visible through change. Living and being appear on the show as experiential points of reference for medical states, however they also ascribe differential value to life based on a physical characteristic. Truly “living” is equated with various fitness “adventures,” which suggest a heightening of embodied experience. By contrast, the prior experiences of the subject are presumed sedentary, less valuable and less pleasurable. The rhetoric of transformation and journey are crucial to making weight loss appear central to a qualitatively better experience of life.

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<sup>237</sup> There is no image or description of her father or how he died, so the relationship between Bob and his dead father-in-law is solely an effect of his wife’s fear and editing.

<sup>238</sup> This sentiment is also dramatically paired with his completion of a phase two goal, finishing the last leg of the Tour de France, and a recommitment to his wife in Paris. Physical activity and masculinity become directly associated with living. The re-assumption of this masculine, familial role hearkens back to his wife’s dead father, and carries deeply patriarchal resonances. Bob’s introduction also includes a segment in which he worries that he’s not teaching his kids the right lessons by being fat, so weight is not only associated with masculinity but with a more affective form of paternalism.

<sup>239</sup> It’s also worth noting that “being” and “living” are pitted against as “being” and “becoming” often are in philosophical discourse. “Living” or “becoming” is very clearly the privileged term in this opposition, whereas “being” is associated in various ways with death or being near death. These terms appear to be derived from medical states of being or relative health, however they also indicate ideal states of “life” and self-understanding that correspond with the economic changes addressed in this chapter.

Meredith: Medical Knowledge, Personal Transformation and Consumer Choice

The success of each client's weight loss journey is contingent on his or her investment in the rhetoric of transformation as an aspect of "correct" terms of biomedical self-understanding. Self-identified "yo-yo diet queen," Meredith fully adopts the journey/transformation rhetoric, but her understanding of its meaning in specifically biomedical terms is in need of "correction" by the show. Meredith is so invested in transformation that it becomes her only means of communicating how and why her experience on *Extreme Weight Loss* differs from her previous attempts at weight loss. Though in her 20s, Meredith lives at home with her adoptive family, all of whom are "small." She eventually gets into a fight with her adult sister, who has brought cookies into the house, defying Powell's rules for Meredith. When her sister doesn't see how *Extreme Weight Loss's* calorie counting and strict exercise regimen diverge from her sister's many prior efforts, Meredith can only respond that her family doesn't understand that she's "transforming." Powell agrees with her in a later interview, "Her family just doesn't respect her transformation." However, when Meredith's references to transformation fail to convince her sister that she shouldn't bring cookies and other sweets into the house, she refers to fundamental biological differences between herself and her sister: Meredith argues that it may not be wrong for her sister to have a cookie, but it's wrong for her. During the argument, she ends up engaging a logic of biological difference from her sister that she seems (like transformation) to have derived from the medical terms of the show, but is ultimately regarded as faulty and provides an

opportunity for Powell to give instructions in the proper understanding and use of scientific information.

Meredith's misjudgment becomes identified with what the show presents as a host of other misguided beliefs, all of which issue from her adoption. Meredith describes feeling out of place and undeserving of her family since childhood, because she was overweight and they were not. She sees this as evidence of a biological difference. However, Powell attributes this to low self-esteem, and regards both as fundamentally wrong. The episode implicitly addresses arguments about biological difference informing body size, and discounts them as "excuses."

Through Powell's treatment of Meredith, the show illustrates proper uses of biomedicine as a means of analyzing and altering the body, and the mind. The correspondences between exterior body, interior mind and experience are produced almost solely through their juxtaposition as part of transformation. At the outset, Powell says that Meredith's small frame, her height of 5 feet 5 inches, and "the way that she carries her weight," are "debilitating." Although the causes of "debilitation" Powell lists are all clearly physical, he associates them with a mental issue. Powell goes on, "Its time for Meredith to find balance, and its not going to happen by chasing diets and exercise like she's done in the past, she has to fix herself up here first (points to temple)." Powell's address of Meredith's mental issues are immediately followed up by images of her having her temperature and blood pressure taken, as Powell explains that she must undergo "a battery of medical exams to make sure she's ready for this process, but also to see what's happened to her body from the inside out." The sequence implies continuity between Meredith "insides," as a combination of psychological and physiological



attributes, and her physical health, all of which can be accessed through medical tests meant to gauge health. The medical tests appear to produce truths about her body that are physical, emotional and experiential, which are assessed together as health. This continuity, in turn, becomes the correct grounds for assembling Meredith's "weight loss journey" as a "total transformation."

By focusing on weight loss through a medical lens, the show attempts to differentiate its content from other makeover and weight loss shows, appears salient to a public health issue, and presents itself as an important tool for navigating consumer choices in medical terms. Instead of endorsing a particular diet plan, *Extreme Weight Loss* promotes the professional knowledge of dietitians, doctors and trainers. The scientific groundwork for the transformation is the focus of a post-weigh-in segment that shows clients undergoing various, often high-tech, medical "tests" that ensure their readiness for their transformation. These tests also suggest that the dietician and trainer personalize health regimens based on scientific information. However, transformations always consist of this low-calorie diet (typically 1200-1500 calories/day) and a training regimen devised by Powell. So, although it claims to depart from a model of diet and exercise, it goes on to employ exactly these two tactics for transformation under the guise of "health." Despite debate among researchers,<sup>240</sup> on the show these regimens appear scientifically valid, and even advanced, by its references to medical expertise and by it

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<sup>240</sup> The most notable objection was raised by physical education professors Michael Gard and Jan Wright, who have undertaken comprehensive reviews of the "science of obesity," and suggest it fails to demonstrate a predictable relationship between food intake, exercise and body weight. Jan Wright and Michael Gard, *The Obesity Epidemic: Science, Morality, and Ideology* (London: Routledge, 2005). Gard and Wright are both professors of "Physical Education" at Australian Universities where health is considered a scientific and sociological discipline. Though their work has had little to no impact on public health discourse and policy, it has nonetheless been vaunted by medical journals such as Oxford's *International Journal of Epidemiology*, as well as social scientists who work on food, such as sociologist Julie Guthman, whose analysis of the supply-side social critiques of the obesity epidemic are included in this chapter.

settings and medical partnerships with the California Health And Longevity Institute (CHLI), a luxurious, personalized medicine retreat; and the University of Colorado's Anschutz Health and Wellness Center, a "cutting edge" research facility.<sup>241</sup>

Biomedicine underwrites the shape of transformations on *Extreme Weight Loss*, as well as their goal: health. Health is conceived of as an improved form of embodiment and experience, which is inaugurated by participation on the show, and ends with the realization of a medically normed body. This orientation signals the show's departure from the beauty-based trajectory of other dieting, weight loss and makeover programs.<sup>242</sup> Rather than "dieting," *Extreme Weight Loss* promotes education and informed choice as key to weight loss. Pre-transformation clients are depicted as simply lacking the knowledge to make healthy choices. In Meredith's case, dietician and chef Paulette roasts green beans in the oven, so they taste "just like with French fries." When she explains that a cup of roasted green beans has 30 calories, as opposed to the 400 calories in a cup of French fries, Meredith's eyes widen, as this is evidently new "knowledge" for her. The

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<sup>241</sup> CHLI represents a burgeoning cottage industry aimed high-end health care consumers, and is more or less on the opposite side of the spectrum in terms of *Extreme Weight Loss's* target market from Wal-Mart, the show's other recurring sponsor. CHLI is a travel "destination" associated with a new \$300 million Four Seasons Hotel and Resort in Westlake Village; a luxurious spa-style "wellness" clinic of which one can become a member; and a proprietor of "corporate wellness" (the higher end of workplace wellness), exemplary of a recent trend of "Executive Physicals" (also known as the "\$5,000 checkup.") Robert Langreth, "The \$5,000 Checkup." *Forbes* (Dec. 7, 2007). Anschutz Health and Wellness Center, like its predecessor, is a site of convergence between the health, fitness and medical industries. However, Anschutz binds these to the authority associated with university/academic research. The biometric and clinical aspects of weight loss are much more visually pronounced at the Anschutz location, which frequently includes segments that show various medical technologies, and tools for measuring the body, as well as meetings with various specialists. Anschutz functions with help from private sector donors, of which *Extreme Weight Loss* is one. The "donors" equipment or weight loss regimens appear to aid in the production of scientific health knowledge at Anschutz, so it lends *Extreme Weight Loss* scientific validation and gives it the appearance of producing knowledge for clients as well as researchers.

<sup>242</sup> Weight loss is being marketed in a markedly different way from the "punitive" methods of the diet and weight loss industry, and is characterized as a long-term lifestyle choice. While weight loss and lifestyle changes are depicted as positive rather than punitive, they are also depicted as necessitating effort and commitment, in opposition to the mass marketing of some diet drugs. While prescription diet drugs have tended to adhere to a discourse similar to that of *Extreme Weight Loss*, in which the drug is conceived of as part of an overall lifestyle change, television is still choked with over-the-counter products that make "overnight" claims, which do not require any alteration to diet and exercise for weight loss.

sequence implies that Meredith was simply unaware that green beans were less caloric than French fries. In fact, when she returns home after her weeklong “boot camp” training, she refers to her time there as equipping her with “this new knowledge,” which she is confident will allow her to succeed in the weeks that follow. The underlying assumption is that obesity is the result of food choices which reflect knowledge that fat people simply lack, and that acquiring knowledge will enable better decisions and the cultivation of a healthy eating routine. By adopting this assumption, *Extreme Weight Loss* positions its content as an educational intervention in a public health problem. Regardless of weight, knowledge about, and adherence to, nutritional guidelines set out by experts is regarded as a responsible, well-informed choice that mitigates risk for everyone.<sup>243</sup>

Nutrition is one example of how the show models a tactic for coping with the fact-based information about the body.

Meredith’s case suggests that *Extreme Weight Loss*’s departure from dieting can be seen as a means of product differentiation, a discursive capitulation from the terms of the weight loss industry to increasingly medical and scientific terms, and an attempt to narrativize past dieting failure as part of a longer-term journey toward health. From the outset, the show sought to distinguish itself by focusing on people who had experienced failure with commercial dieting, such as those turned away from *Biggest Loser*, who were identified through medical risk. The medical specificity of the show not only lends it authority, gravitas and grants it the appearance of public service, but, coupled with the transformation/journey-oriented narratives, and health as a general goal, facilitates the promotion of a products from diverse areas. These included weight loss industry products

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<sup>243</sup> The risk-mitigating logic of mass health creates the largest possible market with the adoption of “ideal” body weights, since being overweight is regarded as a risk factor, but there is also the risk of becoming overweight.

and services, such as home workout equipment, gyms, personal trainers, etc.; personal biotechnologies, from fitbits to calorie counting apps, biomedical procedures and treatments such as skin removal surgery, university weight loss research centers, and luxury personalized health retreats; products previously unrelated to weight loss, such as workplace wellness programs and adventurous vacations; and businesses often linked with the problem of obesity, such as Wal-Mart, which was the show's "partner" in its first season. While the show emphasizes lifestyle change and biomedically-informed solutions, television in general promotes a variety of weight loss products that comprise the televisual flow of which the program is a part.

*Extreme Weight Loss's* adoption of the full life transformation model, the "health"-based imperative, and the centralized discourse of personal choice not only allows for the incorporation of a wide range of advertising and endorsements, it also resolves the conflicts with big businesses that the show's narrative seemingly presents as it endorses "healthy" or nutritious food choices and increased mobility as key lifestyle changes. By combining these various representational strategies, the show is also able to navigate many of the social, economic, and political issues that have sprung up around the "obesity epidemic," and inform public policy. These tend to be based on "supply-side" analyses, which shift "blame" from the individual to a combination of social, culture and economic conditions, for example linking increased rates of obesity to poverty and the availability of fast food.<sup>244</sup> *Extreme Weight Loss* acknowledges these

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<sup>244</sup> According to sociologist Julie Guthman, these include public policy, urban planning, industrial agriculture and oversupply, food regulation and nutritional research and their complicity with their respective "targets," corporate power, food marketing and "foodscapes" (or how food is spatially arranged in stores), and the broader matrix of availability and urban sprawl, which reduces opportunities for exercise. Guthman's four major "variants" of this discourse by topic: 1. Productivist Agriculture: Greg Crister, *Fat Land* (Boston: Houghton Mifflin, 2003); Michael Pollan, *The Omnivore's Dilemma*. (New York: Penguin, 2006). 2. Regulatory Environment: Marion Nestle, *Food Politics: How the Food Industry*

conditions by rendering them the subject of consumer education, and subsequently, of informed choice.<sup>245</sup> Through its emphasis on educated choice, the conditions that contribute to widespread obesity also become key elements of its cure.<sup>246</sup> In adopting this perspective, the show is not just in-line with public health policy, it enacts public policy.<sup>247</sup>

Simultaneously subjective and medical, the “obesity” crisis and its cure, as they appear on *Extreme Weight Loss*, entail individual self-responsibility, enacted through self-education, self-care, and conscientious consumerism. It also reinforces the ubiquity of medical expertise, and conditions “help” on a devaluation of difference as it is expressed through the body. Unlike other aspects of embodied difference, the identification of obesity as a disease makes the approximation of bodily norms appear

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*Influences Nutrition and Health*. (Berkeley: University of California Press, 2002); K. D. Brownell, *Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis, and What We Can Do About It* (New York: McGraw-Hill, 2004). 3. Food Marketing: Marion Nestle, *What To Eat* (New York: North Point Press, 2006); A. Winson, “Bringing political economy into the debate on the obesity epidemic.” *Agriculture and Human Values* 21, (2004): 299-312. 4. Broader Material Landscape of food production and urban development Eric Schlosser, *Fast Food Nation: The Dark Side of the American Meal*, (Boston: Houghton Mifflin, 2001); R. Lopez, “Urban sprawl and the risk for being overweight or obese.” *American Journal of Public Health* 94 (2004): 1574-9; J. Wolch, M. Pastor and P. Drier, *Up Against the Sprawl: Public Policy and the Making of Southern California* (Minneapolis: University of Minnesota Press, 2004).

<sup>245</sup> Guthman argues that supply-side critiques are based on two erroneous assumptions: 1. The availability of high calorie foods leads to overconsumption, and 2. There is a simple relationship between food, exercise and body weight. She writes that these two assumptions lead to a third problem in most social critiques, which is their continued placement of responsibility on the individual. She writes, “Much of the new, popular food writing supposes that by imparting new knowledge about food, people will eat differently.” This is precisely the tactic taken by *Extreme Weight Loss*, as well as by contemporary public health measures. Julie Guthman. “The Polanyian way? Voluntary food labels as neoliberal governance.” *Antipode* 39 no. 3 (2007).

<sup>246</sup> Wal-Mart is, itself, involved in the distribution of “fast” and frozen foods, produced on a mass scale, as well as to “fresh” food and “diet” products. As a result, the retail outfit profits by generating the “problem” and offering a “cure.”

<sup>247</sup> For example, 49 year-old Tony ends up homeless and unemployed after he leaves his unsupportive girlfriend and quits his job at a fast food restaurant during the first phase of the program. He sees his long-term career in the industry as a contributing factor to his weight. Although he is living out of his car, he balks at the validity of claims that obesity is linked to the expense of nutritious food, explaining that he’s been able to keep on his diet by putting his weight first. Instead of representing Tony’s homelessness as problematic, and his obsession with weight loss as perhaps unhealthy or obsessive in this context, he is commended for his commitment to his weight loss goals and “transformation.” And, as is routine for the show, he is rewarded for his hard work when the show aids him in his search and training for a new career as a bodyguard.

necessary. In *The Fat Female Body*, Samantha Murray argues that by emphasizing biological and cultural causes for “abnormal” body weight, disciplinary medicine functions more effectively to bestow the concept of personal choice in citizens regarding their own engagement with a healthy lifestyle.<sup>248</sup> Murray writes of public health campaigns that “the individual feels they are being *offered* tools to manage themselves, while simultaneously medical discourse *organizes* society via the authority of its narratives to *structure* one’s individual response to their own health in line with dominant medical renderings of health and body size.”<sup>249</sup> In modern medical discourse, health is rendered a model of “proper,” “moral,” and ethical living that draws on scientific authority to govern citizens “at a distance” but refrains from explicit and/or coercive intervention into the lives of subjects.<sup>250</sup>

*Extreme Weight Loss* acts as a technique for governing at a distance in precisely the same way that Murray identifies with public health campaigns, and that Ouellette and Hay’s associate with reality TV.<sup>251</sup> *Extreme Weight Loss* functions as a neoliberal technique of governance à la Ouellette and Hay, a form of public health as described by Murray, and suggests the continuity of neoliberal forms of governance across registers. However, it also exhibits the ways in which the governance of the neoliberal subject is bound-up with biological notions of the body. It’s not simply that health is one of many consumer choices (though this is certainly true), but that the notion of consumer choice is

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<sup>248</sup> She positions this trend as a shift away from what she calls public health directives that target the individual by deploying explicitly punitive edicts about obesity.

<sup>249</sup> According to Murray, this shift towards disciplinary medicine fosters a sense of personal autonomy in being given the “tools” to manage and control one’s own health and body free of external coercion, and in doing this via public health campaigns, veils systemic and institutional urging of behavioral imperatives in order to regulate and order society. (Murray 51)c

<sup>250</sup> Murray 50.

<sup>251</sup> The show’s affinities with public health make Ouellette and Hay’s observations about the ways in which reality TV works as a form of neo-welfare particularly salient in this context, in addition to their theorization of reality TV as a technique of cultivating the neoliberal consumer-citizen.<sup>1</sup>

foundational not just to how one conceives of “lifestyle” but of what constitutes “living.” A spectrum of choices may be part of opting for a “healthy” lifestyle, but ultimately a single model of scientifically valid normalcy predominates and organizes these choices.

*Medical Subjects: Biometrics, Health and Norms*

Fat has a relatively long TV history, and one that implicates consumer culture. In 1961, “The Flabby American” aired as part of the ABC documentary series *Bell and Howell Close-Up!* and the other networks quickly followed suit.<sup>252</sup> In a recent history of the medical gaze in television mass media, Kristen Ostherr points out that these programs raised fears about the possible cost of the conveniences of commodity culture, and seemed to focalize fat as evidence of present-tense failure that contrasted with the pro-U.S. slant and future promises of science and medicine that marked the post-Sputnik era.<sup>253</sup> This same era saw the launch of the Kennedy Youth Fitness program that resonates with Michelle Obama’s childhood obesity plan of the 2000s. Ostherr notes that these critical, “serious” documentaries on weight were rapidly replaced by “soft” reporting and call-in shows that met network demands for prime-time fodder. However, even the “hard” reporting of the early 1960s depicted inadequacies to frame commodity solutions, a strategy that is still in evidence on apparently critical coverage of health. *Extreme Weight Loss*’s present day representational tactics incorporate all of these competing and conflicting imperatives. The show narrates the transformation that moves from

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<sup>252</sup> Later in 1961 NBC *Update* featured a “Report on President Kennedy’s Youth Fitness Program,” in 1962 CBS *Reports* featured “The Fat American,” which was followed by ABC’s *Howard K. Smith—News and Comment*’s “America the Lazy.”

<sup>253</sup> Kirsten Ostherr, *Medical Visions* (Oxford: Oxford University Press, 2013) 148.

inadequacy to “success” vis-à-vis commodity solutions, which are underwritten by science.

While strategies of representation may vary, the singularity of the medically-normed body and its significance in organizing commercial and institutional values under the mantle of health is thrown into relief by the obesity discourse and its history.

Although the term “obesity” came into use in the 1920s, it did not become pathologized as a “disease” and an index of “health” until somewhat recently, gaining legitimacy and prevalence through the 1970s-1980s, and into the present day. By 1995, weight had become the target of a government “war,” which was declared by former U.S. Surgeon General C. Everett Koop, MD, when he initiated the Shape Up America! (SUA!) and identified “obesity” as a greater threat to the nation than terrorism. The war on obesity was driven by statistics, though the percentage of overweight adults has remained stable since the 1960s, and growing obesity numbers may be more reflective of the nation’s expanding lifetimes than its waistlines.<sup>254</sup> In 1998, shortly after war was “waged” the

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<sup>254</sup> Like most public discourse on public health, discussion of the obesity “epidemic” depends on statistics. According to a 2009 CDC survey the prevalence in obesity increased during the last decades of the 20<sup>th</sup> Century but had leveled off in the 2000s. Only 13.4% of the population was obese in 1960, and that number had risen to 36.1% by 2010, with its largest jumps occurring between 1980-1999, when the rate doubled from 15% to 30.9%. Rates of extreme obesity have also swelled, from .9% in 1960 to 6.6% in 2010. Of course, so had life expectancy. In 2009, male life expectancy was 76.2 years old, while women’s was 81.1 years old. By contrast, in 1960 men’s life expectancy was 65 (67 for white men, 61 for black men), and women’s was 71 years old (77 for white women, 66 for black women). By 2000, black women had a 121% increased life expectancy (75), black men 106% increase (68), white women a 63% increase (80), and white men a 60% increase (75). So, the apparently enormous swell in contemporary obesity rates has occurred in tandem with an increased lifespan, in which obesity rates tend to increase dramatically after the age of 60. The percent of overweight Americans actually remained more or less the same from 1960 (31.5%)-2010 (32.7%), while obesity (13.4%/1960, 36.1%/2009) and extreme obesity (.9%/1960, 6.3%/2010) rates have risen considerably.

The emphasis on statistics in the obesity discourse is endemic of a generalized shift towards public health an information-based field, in which biomarkers are correlated with health problems to create populations “at risk” of developing disease. Anthropologist Joseph Dumit tracks this change to the rise of the randomized control trials in the 1950s, which generated statistics that allowed biomarkers like cholesterol and high blood pressure to be correlated with health problems, which, in turn, Dumit argues that this marks an “essential movement of public health” from disease-preventing vaccinations to statistics and the targeting of risk groups for medical interventions. This shift was accompanied by expansion in the post-war



federal government's BMI cutoff that defines "obese" and "overweight" categories in 1998 was lowered and "with that change, millions of people became fat overnight." The "obesity" researchers who lobbied for this redefinition argued that the new lines were evidence-based: the "overweight" line was supposed to indicate the weight at which people face increased risk of disease (morbidity), and the "obese" line was supposed to indicate the weight at which people face increased risk of death (mortality).<sup>255</sup> The war proceeded with over \$1 million in funding from pharmaceutical manufacturer Wyeth-Ayerst, the progenitor of "diet drugs" *Fenfluramine (Fen-Phen)*, and from health/weight loss industry heavy hitters Weight Watchers, Jenny Craig, and Slim-Fast, all of which were endorsed by Koop as "safe" ways to lose weight.<sup>256</sup>

The biometric basis of obesity is the Body Mass Index (BMI), which was developed by Adolphe Quételet in 1835 as part of his "social physics"<sup>257</sup> that applied the new sciences of probability and statistics (used mostly in astronomy at the time) to social

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pharmaceutical industry, which was bolstered by the Food and Drug Administration granting a new, "prescription only" status to some drugs, along with patents for them. According to Dumit, identifying and treating such target populations based solely on statistical information has not only guided public policy, but medical treatment as well. Joseph Dumit, *Drugs For Life: How Pharmaceutical Companies Define Our Health* (Durham and London: Duke UP, 2012) 4-5. *Extreme Weight Loss* depends on the identification of obesity as a risk group for coherence. Not only does the show focus exclusively on the "extremely obese," the logic of risk reduction guides its weight-loss goal-based narrative. However, it also demonstrates an attempt to personalize this logic.

<sup>255</sup> Wann xiv, (Wann xiv)

<sup>256</sup> His photo appeared in magazine ads promoting these products as the "safe way to lose weight." With Wyeth-Ayerst a key supporter of SUA!, a SUA! press release declared, "the war on obesity must continue" when Redux and Fenfluramine were recalled Fraser, *PR Newswire*, (1997, 1998) and Pat Lyons, "Prescription for Harm: Diet Industry Influence, Public Health Policy, and the 'Obesity Epidemics.'" *Fat Studies Reader*, (New York: New York University Press, 2009) 79. Fen-Phen appeared on the U.S. market in 1973, but was pulled in 1997 with reported links to heart valve disease, pulmonary hypertension, and cardiac fibrosis. By 1998, it was banned internationally due to these same risks.

<sup>257</sup> Sometimes BMI is referred to as the Quételet Index. Quételet was a Belgian polymath, who made contributions to sociology, anthropometry, criminology, statistics, astronomy, and mathematics, founded the Brussels Observatory and influenced the adoption of statistical methods to the social sciences, and subsequently to social reforms and projects. Garabed Eknoyan, "Adolphe Quételet (1796–1874)—the average man and indices of obesity, *Nephrology Dialysis Transplantation*," *Oxford Journals* 23, no. 1 (2007): 47-51. His book grouped measurements of human traits according to the normal curve, and was used as proof that there is enough variation within populations for natural (or artificial) selection to occur.

science.<sup>258</sup> BMI was originally developed to define the “normal man,” as part of the highly problematic field of “moral statistics,” which organized statistics in ways that correlated race, class, and gender with morality, and made those relationships appear “scientific.”<sup>259</sup> The statistic calculates the percent of body fat through a weight to height ratio, and, though its value and accuracy are both disputed, an altered form of it continues to hold enormous sway in public health.<sup>260</sup> In the modern U.S. BMI was first adopted as a criterion for assessing health by the Metropolitan Life Insurance Company in 1941, and subsequently used by the AMA and WHO, among other health institutions.<sup>261</sup> So, as early

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<sup>258</sup> The idea first appeared alongside his concept of the “average man” in his 1835 book *On Man and the Development of His Faculties, or Essays on Social Physics. ur l'homme et le développement de ses facultés, ou Essai de physique sociales*. John Sorkin, MD, “BMI, age, and mortality: the slaying of a beautiful hypothesis by an ugly fact.” *The American Journal of Clinical Nutrition* 99, (2014): 759-60. When Sociology’s progenitor, Auguste Comte discovered that Quételet had appropriated the term “social physics,” which he had introduced, he invented the name sociologie to his work, as he disagreed with Quételet’s statistical methods. The book grouped measurements of human traits according to a normal (bell) curve, and was instrumental in the development of anthropometry, which remains instrumental in the health industry as well as in other commercial industries that develop consumer-based products. “Normal” distribution, or Gaussian distribution (the bell curve), refers to the common pattern of numbers in which the majority of the measurements tend to cluster near the mean of distribution. For example, psychological research involves **measurement** of behavior. This measurement results in numbers that differ from one another individually but that are predictable as a group. One of the common patterns of numbers involves most of the measurements being clustered together near the **mean** of the distribution, with fewer cases occurring as they deviate farther from the mean. When a **frequency distribution** is drawn in pictorial form, the resulting pattern produces the bell-shaped curve that scientists call a **normal** distribution. A, Lyon, “Why are normal distributions normal?” *The British Journal for the Philosophy of Science* (2014). “Normal Distribution.” *Gale Encyclopedia of Psychology* (Gale, 2001).

<sup>259</sup> Notably, Quételet’s other major field was criminology, in which he is credited as a founder, alongside lawyer André-Michel Guerry, with developing “moral statistics,” in which he used the statistical methods of “social physics” to posit relationships between age, gender, poverty, education, climate, alcohol consumption and crime. In fact, one of Quételet’s earliest published works, *Recherches sur la population, les naissances, les décès, les prisons, les dépôts de mendicité, etc., dans le royaume des Pays-Bas* (1823) or *Research on population, births, deaths, jails, begging deposits, etc., in the kingdom of the Netherlands* already combines these fields of inquiry, as does his final published work, *Anthropométrie, ou Mesure des différentes facultés de l'homme* (1870) or *Anthropometry or measurement of the various faculties of man*.

<sup>260</sup> BMI is generated by dividing body mass by squared height ( $BMI = \text{mass (kg)} / (\text{height (m)})^2$  or  $= \text{mass (lb)} / (\text{height (in)})^2$ ).

<sup>261</sup> Quételet’s BMI was adopted as an equation for best “weight for height” in the “definitive” tables for ideal weights, all of which were published by the Metropolitan Life Insurance Company between 1941-1959. Orkin, *ibid.* The Metropolitan Life Insurance Company: 1941 Metropolitan Life Ideal Weight Men, 1942 Metropolitan Life Ideal Weight Women, and 1959 Metropolitan Desirable Weight Table. “Metropolitan Life Insurance Company. Ideal weights for men.” *Statistical Bulletin-Metropolitan Life Insurance Company* 23 (1942): 6–8. “Metropolitan Life Insurance Company. Ideal weights for women.” *Statistical Bulletin-Metropolitan Life Insurance Company* 24 (1943): 6–8. “Metropolitan Life Insurance Company.

as 1942, and into the 1980s, the insurance industry helped define health norms in biometric terms that were originally generated to confer moral judgments on the basis of bodily difference. It's also significant this method of statistical "mass" health was officially adopted by insurance companies prior to its adoption by the AMA, suggesting the central role commercial industries have played in defining health in America.<sup>262</sup>

Although the accuracy and efficacy of the BMI model has been disputed since the late 1970s/early 1980s and disputes over the relationship between obesity and disease persist, by and large, this anthropometric model persists as a standard.<sup>263</sup> In fact, panicked public discourse about obesity has increased, and the percentage of the population deemed "unhealthy" vis-à-vis BMI has grown, despite significant research that has challenged the correlation of risk with higher body weight. Not only do these findings challenge the validity of BMI, they also disrupt the visual correlation between white beauty standards and health, which are indispensable to how the obesity discourse, and

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New weight standards for men and women." *Statistical Bulletin-Metropolitan Life Insurance Company* 40 (1959): 1-10.4.

<sup>262</sup> While role of private interests, such as pharmaceutical corporations, is pivotal since it funds the bulk of research, public health education and policy forums in the present day, the role played by the insurance industry mid-century in setting standards suggests a longer-term relationship between commercial interests and the medical establishment in the U.S. Former drug company consultants hold key federal positions and fan the flames of fear over an "obesity epidemic" (Moynihan, 2006). With the National Institutes of Health leading the charge by defining over 60% of Americans as "overweight or obese," the majority of the population is now at risk for the negative health consequences of weight stigma. (Lyons 75)

<sup>263</sup> The first substantial critique was undertaken by Reubin Andres, the Clinical Director for the National Institute on Aging in "The obesity-mortality association: where is the nadir of the U-shaped curve?" This was first delivered in the U.S. to an annual meeting of the Association of Life Insurance Medical Directors, and was published in a journal aimed at life insurance medical directors, and used data from 25 U.S. and Canadian life insurance companies that included height, weight, cause of death and mortality ratios. Andres R. "The obesity-mortality association: where is the nadir of the U-shaped curve?" *Transactions of the Association of Life Insurance Medical Directors of America* 64 (1980): 185-97. Meeting: October 1980 Association of Life Insurance Medical Directors Annual Meeting at the Waldorf Astoria Hotel in New York City. Data source: Build study 1979. Chicago, IL: Society of Actuaries and Association of Life Insurance Medical Directors of America, 1980.

other public health issues are rendered visible in the media.<sup>264</sup> These findings would also pose a problem for “health” related industries that have used these categories as a means of growing market shares, and for which biometric statistics like BMI are easily instrumentalized. Because most marketing takes a visual or televisual form, the fat body is an easily legible visual representation of “unhealth” that draws on and perpetuates existing beauty standards as health standards. *Extreme Weight Loss* depends on this tactic, using Powell as a visual index of a numeric standard, and beautifying clients as they slim down.<sup>265</sup>

Obesity has emerged in a context in which medicine is politically situated as a field of knowledge that is responsible for establishing standards and models for living, as Murray suggests and as is evinced through the emergence of biopolitics as a dedicated field of study.<sup>266</sup> As *Extreme Weight Loss* evinces, health and norms have become interchangeable terms of self-cultivation that represent what is “right” or “correct.”<sup>267</sup>

Over the past 30 years, personal responsibility for “health” has become widely

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<sup>264</sup> The more accurate and complicated correlations between risk for heart disease or diabetes and exercise and nutrition, in which weight either doesn't figure or wasn't measured would require more complex visual representation that in many cases counter popular beauty standards.

<sup>265</sup> This takes a variety of forms, and is usually presented in some functional way. For example, a new wardrobe is necessitated by weight loss, but it also updates clients' appearances. However, as the show progresses, it increasingly invests in clients' beautification, from new haircuts to dental work. Unlike its predecessor, *Extreme Makeover*, these interventions are secondary and happen off-camera.

<sup>266</sup> Foucault 2003.

<sup>267</sup> The notion of “health” as it is understood in contemporary discourse came into use as a means of describing a medical “norm” in opposition to “pathology” in the 19<sup>th</sup> Century, as a discourse that helped to develop clinical medicine from a form of crisis intervention into a professional field that would exert enormous socio-political control. (The medical field advanced through the promotion of norms, and the model of the “healthy” (non-sick) man, as opposed to the pathological. Increasingly, this “model” man has become associated not only with not being sick, but with averting risks of various types through self-control and taking responsibility for oneself. However, according to Foucault and his mentor, Canguilhem, while “health” overtook the notion of the norm for a short period, the two became interchangeable as people began to cultivate themselves in terms of this model, and the norm as a diagnostic standard came to operate more widely as a popular understanding of what is “right” or “correct.” With neoliberalism's increased focus on personal responsibility, the weight given to these medical norms has increased, as their model has become more and more reductive. This is particularly clear in the obesity discourse and the emphasis on body weight in popular culture, as notions of normalcy have become discernable in purely numeric terms by way of a person's BMI. (Foucault 2003).

considered essential to individual autonomy and good citizenship.<sup>268</sup> This entails seeking medical knowledge about potential “risk” for various diseases, and then making the responsible choice for treatment based on that knowledge.

*Chantall: Statsitics, Norms, Race and Knowledge*

Through the fat body, the intersections of gender, race, sexuality, and social class that were rendered abstract through statistics are “projected onto a putatively biological body” and translated into “visual phenomenon.”<sup>269</sup> In the obesity discourse, and televisual representations of it, the body acts as a visual/physical index for the statistical terms of health that are imbued with moral and ethical value. The obese body also makes visible the intersecting social categories of difference that BMI was originally intended to index. The obesity discourse institutionalizes anxieties over difference and renders them invisible, but it does so in a very visual way.

Racism and sexism fashioned social and political order through which science emerged, which is legible in the ascription of moral value to physiological traits in Quételet’s moral statistics. The contemporary adoption of a variation of this taxonomy as BMI tautologically ascribes value through health. The medical category of obesity is derived from a hierarchical taxonomy of race, gender, class and sexuality in which it was

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<sup>268</sup> Political scholar Robert Crawford identifies “health” as a signifying practice that is largely the product of the enormous influence of modern medicine, but one in which medical conceptions have never been able to contain the “irrepressible proliferation of meanings.” Robert Crawford, “Health a meaningful social practice.” *Health: And Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 10 no. 4 (2006, London, Thousand Oaks and Ne Delhi: Sage): 401-20.

<sup>269</sup> Weheliye 5. Speaking of the centrality of race to an understanding of contemporary subjectivity and modes of being, Weheliye writes, “Rather than using biopolitics as a modality of analysis that supersedes or sidelines race, I stress that race be placed front and center in considerations of political violence, albeit not as a biological or cultural classification but as a set of sociopolitical processes of differentiation and hierarchization, which are projected onto the putatively biological human body.” According to fat studies scholars the fat body is another sight of intersectionality, in which political hierarchization is made manifest, and that also perpetuates this same hierarchy. Fat has emerged as an identifying feature from a scientific taxonomy in which it was a secondary category of difference constituting race and gender.

formerly a secondary category or contributing factor. Body shape and size are characteristics that carry enormous value and are frequently pivotal in ascribing value to race and gender. Though medicalized, obesity carries these associations with it. For example, it remains associated with a feminized lack of will, “softness,” laziness, and an inability to adhere to proper norms of consumption. While “fat” may not reveal a homogenous category of experience it’s a mode of identity and identification that is always conditioned by intersectionality.<sup>270</sup> Fat funnels socially unacceptable biases into medically-underwritten paternalism that conditions help on a devaluation of difference as it is expressed through the body.

The stakes of the biometric model and statistical identification are thrown into relief on 25 year-old, black, fashionista Chantell’s episode. Chantell’s story is defined in relationship to demographic information and statistical risk,<sup>271</sup> which set it apart from the show’s other narratives, which typically coalesce around a traumatic event, a history of abuse and low self-esteem, or a professional or romantic objective. The show identifies Chantell as “a stylish 25-year-old from Chicago, IL, [who] wants to defy the odds and no longer represent the four out of five African American Women who are overweight or obese.”<sup>272</sup> This description states Chantell’s goal in negative terms—her aim is to *not* be identified with the majority of black women—and is based on a reading of her through

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<sup>270</sup> Or, as Murray argues, in Western society, fatness is not understood as a singular or as an empirically-based value that reveals a “universalizing profile of a ‘fat’ subject,” but is “continually constituted and (re)constituted along a continuum of relativity that is governed by a series of gendered, classed, and raced imperatives for normative bodily being.” McMurray 51. At the same time, the nascent field of “fat studies” and the rise of rights-based discourse around the issue of body size suggest that fat is a frequent grounds for dehumanization and bias, and is rapidly becoming a medico-political identity of difference through which legal rights are articulated.

<sup>271</sup> While this data is implicit in all of the stories and shapes the forms transformation takes, Chantell is the only client that cites statistical data as the impetus and goal of her transformation.

<sup>272</sup> This statistical information is repeated throughout the program: in Chantell’s description of herself, her impetus for transformation, and her goal; in her hopes for her family (particularly her mother); and in Powell’s explanation of why it is imperative that she lose weight (because black women are at highest risk for heart disease). From Extreme Weight Loss Episode Index.

representations of black women in general. The show defines a goal for her that is ultimately about how she appears to others as a black woman. Her “achievement” is explicitly made legible in contrast to the 4/5 black women who do fall into the categories of “overweight” or “obese.” As a result, all of Chantell’s successes are cast as part of her difference from other black women, who are made to signify an array of negative values by contrast.

Chantell’s representation in this episode reinforces a politics of respectability for black women and attempts to yoke it to the general medico-social value of health. For Chantell, respectability is only accessed through biomedical standards and goals, and at the expense of other black women. Media scholar Kristin Warner argues that the politics of respectability capitulate to a regime of representation that already devalues black women, is based on the premise that Black American culture and Black Americans are broken and need to be fixed, and “functions as the way to build a bridge to betterment—but with betterment conceptualized in ways that already presume hierarchies of value for race, class, gender, and even media formations.”<sup>273</sup> The centrality of biostatistics and demography in Chantell’s case suggest that health is another regime of representation that requires capitulation to devalued terms of difference, as adherence to biometric norms appears as a new way to access and perform respectability.<sup>274</sup> However, given the gravity

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<sup>273</sup> A dearth of representation and ongoing political struggles have placed a tremendous burden on black female characters to “represent the best of blackness” in what Evelyn Brooks Higginbotham termed “the politics of respectability.” With goals of countering negative stereotypes and furthering equality, this representational tactic is problematic in that it capitulates to the terms of an already racialized regime of representation. (Warner, 137-138).

<sup>274</sup> This is an instance of what Clarke et. al describe as the constitution of Technoscientific identities, which are produced through the application of sciences and technologies to bodies, histories or bodily products, including images. Rather than arguing that biotechnology generates completely identities, Clarke et al argue that Technoscientific applications to bodies allow for new ways of accessing and performing existing identities. Adele E. Clarke, et al, “Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine.” *American Sociological Review* 68 (April 2003): 182.

with which the show presents these terms, capitulation to them also appears necessary to “living.” While Warner’s project focuses on reality TV characters that do not conform to the politics of respectability and “are often tasked with the labor of having to disarm and acknowledge their performances as not representative of their people or racial group,”<sup>275</sup> Chantell’s appearance on *Extreme Weight Loss* is explicitly positioned through demographic information as an aspirational index for black women in general, particularly as her journey entails a college education and preparation for a professional career. However, the statistical form of her goal reinforces the idea that medical norms are universal, that the mitigation of bodily difference is desirable; that health is an individual, moral responsibility that can be indexed through statistics, and that conforming to bodily norms will result in improved socio-economic standing.<sup>276</sup>

On Chantell’s episode, cultural difference is represented only to be dismissed as an illegitimate challenge to biostatistical norms. The episode uses Chantell’s dialogue to depict her “culture”<sup>277</sup> and her family as impediments that she will overcome as she strives to conform to a biomedically normed body. Chantell is one of the only clients on the show who has had a positive experience of her pre-transformation body as normal and desirable.<sup>278</sup> Importantly, her past affirmation is depicted as proof of flawed cultural

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<sup>275</sup>Kristen J. Warner, “They Gon’ Think You Loud Regardless: Ratchetness, Reality Television, and Black Womanhood.” *Camera Obscura* 88, 30, no. 1 (2015): 128-153. Duke University Press, 135.

<sup>276</sup>Through Chantell, moral responsibility, aesthetics (as embodiment) and industry are unified. This representation evinces a similar relationship between these factors that has been pivotal to biomedicalization.

<sup>277</sup> I use quotes around culture here because the show sets up black U.S. culture as unitary based on Chantell’s dialogue. It then uses her reference to culture, and her story, as a means of reinforcing a host of stereotypes about black families in the U.S.

<sup>278</sup> The other example is another black woman, 29 year-old Brandi, and the show’s only lesbian client. Like Chantell, Brandi’s partner accepts and desires her at her heavier weight. And, like Chantell, Brandi identifies weight loss as a means of “bettering” herself, and ends up leaving her partner, who is happy with the status quo. Notably, Brandi, a beautician, also wants to be a beauty pageant contestant, and her thinner body is depicted as necessary in order to pursue that goal.



knowledge. Chantell explains that her body is accepted because in her “culture,” it’s considered okay for women to be big, as long as they have tiny waists. Although there is growing evidence that hip-to-waist ratio is medically significant,<sup>279</sup> the show regards this standard as a culturally-derived aesthetic preference that is less valid than the “scientifically”-based BMI weight norms. After Powell initially weighs Chantell in front of her family, all of whom say they think she looks fine, he expresses frustration in a direct address to the audience. He explains that seeing the number should make it clear to her family that Chantell isn’t okay—she’s obese. The show contrasts Chantell’s family, boyfriend, and “black culture’s” acceptance of her body with statistics and biometric norms. The latter are shown as the sole valid means of assessing bodily appearance and difference, while the former are disregarded and pathologized.<sup>280</sup> This characterization of “black culture” as more accepting of a range of body types is repeated on other episodes of the show, and is made to seem ignorant, unhealthy, delusional, intellectually retrogressive, and possibly deadly. So, when the show helps Chantell go back to college and finish off her degree as a reward, it is not only correlated with weight loss, it is also positioned through weight loss as part of Chantell’s differentiation from the majority of black women, and as a completion of her adoption of institutional over “cultural” knowledge.

While *Extreme Weight Loss* deals almost exclusively with the “super” obese, and situates itself in terms of health-based interventions, its selection of clients suggests that it

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<sup>279</sup> Interestingly, other measurements, such as waist size, are thought to be more accurate forms of gauging a person’s risk for heart disease. This research actually backs up the “cultural” knowledge Chantell discards when she adopts the BMI model.

<sup>280</sup> Furthermore, Chantell’s narrative is one of social “betterment,” as she not only loses weight but also completes her once-abandoned bachelor’s degree by the end of the show. Social success is thus correlated with weight loss, and the approximation of standards of beauty culled from European/white ideals.

is primarily faced by lower-middle class white people, and is particularly crippling for women. Despite its emphasis on statistics, its representation are actually not reflective of obesity rates in the U.S.<sup>281</sup> The show's "extreme" goal, to lose half of one's body weight, most likely prohibits the inclusion of older adults.<sup>282</sup> While this may account for the show's skewing young, it does not account for its overrepresentation of young women, nor for its extremely white cast.<sup>283</sup> For example, while black women have the highest rates of "obesity" in the nation, their appearance on the show is minimized compared with that of white women between the ages of 20-59, the least at-risk category. So, even though the program's premise overtly hinges on statistical categories, a variety of social, cultural and commercial "baggage" also informs its representational choices. In particular, the focus on obese young white women suggests that this is a particularly offensive or troubling category, or that fat is a bigger obstacle for this demographic.

### *Nurse Trina: Crises in Stratified Medical Knowledge*

The show positions itself as a vital format for producing, imparting, and democratizing biomedical knowledge. However, while its audience address is egalitarian, it depicts highly differentiated relationships to knowledge based on gender, race and class, and preserves them in new contexts. Middle-aged hospital nurse Trina implicitly complicates the premise that obesity is an education-based crisis, since she obviously has

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<sup>281</sup> While rates of obesity among women 20-59 are consistently lower than those of their male counterparts, the show skews slightly towards representing women in this age bracket, 26 of its 48 contestants are women, and at least 21 of those women fall in the "slenderest" category, women between the ages of 20-39. None of the show's contestants fall into the nation's largest demographic, women 60 and older. Likewise, only 7 of the 22 men fall in between the ages of 40-59, the bracket in which men are statistically at their fattest.

<sup>282</sup> Particularly since the show makes a narrative point of medically "testing" whether or not the contestant is healthy enough to "transform," test that the show's oldest participant, Bob, fails.

<sup>283</sup> Of the show's 48 transformations, 37 are white people. The show includes six black women, four black men, one Mexican American woman, and one man of Iranian decent.

access to medical knowledge and training. However, instead of undercutting the show's central logic, her story is used to render a hierarchy of biomedical knowledge visible, and to bolster the forms of it that underwrite transformation. The show calls attention Trina's occupation and training, cites CDC statistics that identify nursing as one of the top-5 fattest occupations,<sup>284</sup> and dedicates significant time to a cohort of nurse coworkers who have decided to undergo transformation with her. The standardized, utilitarian understanding of health that Trina and her cohort have cultivated through hospital work is positioned in contrast to Powell's specialized expertise and rhetoric of personalized transformation.

This episode renders the stratified, cumulative process of biomedicalization visible through its representation of Trina and her coworkers as exemplary of "traditional" forms of health care, and Powell with new ones. Trina is a nurse, and along with her coworkers, represents an older approach to medicine that is organized around treating illness, and is based on uniform, standardized care. Pre-transformation Trina principally appears clothed in scrubs within the somber, institutional space of the

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<sup>284</sup> This is backed up by a CDC report released in 2014, in which those in "health care services," including orderlies and nurses were ranked as the fifth "fattest profession," while "health diagnosing occupations, including physicians, dentists, optometrists, and veterinarians" and "health care assessment and treatment occupations, excluding registered nurses," were ranked the first and fourth fittest profession respectively, while "other professional specialties (from musicians to athletes) were ranked fifth fittest. This CDC study surveyed 37,626 employed residents of the state of Washington using the Behavioral Risk Factor Surveillance System every other year from 2003 through 2009. Washington has an average obesity rate of 26.8 percent, which is lower than the national average of 35.7%. The five "fattest" professions were: 1. Truck drivers; 2. Transportation and material moving; 3. Protective services, including police officers and fire fighters; 4. Cleaning and building services; and 5. Health care services, including nurses and orderlies. The top 5 fittest professions were: 1. Health diagnosing occupations, including physicians, dentists, optometrists, and veterinarians; 2. Natural scientists and social scientists; 3. College and university professors; 4. Health assessment and treatment occupations, excluding registered nurses; 5. Other professional specialties, including librarians, social workers, clergy, writers, musicians, and athletes. DK Bonauto., D Lu, ZJ Fan, Obesity Prevalence by Occupation in Washington State, Behavioral Risk Factor Surveillance System. *Prev Chronic Dis* (2014): 11:130219. DOI: <http://dx.doi.org/10.5888/pcd11.130219>. And Healthline News: Brian Krans, "The Top 5 Fittests and Fattest Professions in America." *HealthlineNews*. January 9, 2014. <http://www.healthline.com/health-news/fitness-fittest-and-fattest-jobs-in-america-010914#1>.

hospital, under unflattering fluorescent light. And, along with her coworkers, she looks exhausted. Trina's access to medical knowledge is represented in relationship to her job, and is given a purely instrumental form: she does not produce knowledge; she uses it in an institutional setting and in a routinized way. The salience of her medical knowledge to self-care is represented as nominal at best. By contrast, Powell is a "transformation and weight loss expert," who is associated with a newer biomedical approach to health that is organized around transformation, customization, and disease prevention through lifestyle choices. He is depicted as an expert who produces knowledge that he can modify on a case-by-case basis. Powell is trim, well-groomed and energetic, and the forms of treatment he offers take place either outside, in exotic locales or at the opulent Four Seasons California Health and Longevity Institute. Through this contrast, *Extreme Weight Loss* fetishizes the "new" personalized form of health care with which it involved.

The episode combines its depiction of a hierarchy of knowledge with stratified access to knowledge and knowledge production. The show makes a strong distinction between knowledge-producing experts and trained workers.<sup>285</sup> This delineation is gendered, classed, raced, and made visible through fat. For example, Trina and her cohort of nurses are all "fat" women. In distinction, expert Powell is trim and fit, as are the only doctors shown on the program, all of whom work at the "boot camp," not the hospital.

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<sup>285</sup> In season 4, the series moves to the University of Colorado's Anschutz Health and Wellness Center (AHWC) where medical director Holly Wyatt, MD, and associate professor of medicine aids Powell and his wife Heidi in guiding "weight loss journeys," though her engagement with the project is mitigated if not erased on camera. The Anschutz Center is described as "offers some of the country's most advanced research and science-based expertise, focusing on a comprehensive weight loss and weight loss management approach, including fitness, nutrition and wellness services" on Powell's blog. ([chrisspowell.com/blog/](http://chrisspowell.com/blog/)). And, again in season 4, the program once again focuses on a health care provider, Sara, who works for the Green River District Health Department in a program called HANDS (Health Access Nurturing Developmental Services), where she is a family support worker and certified state trainer. And, again, Sara's knowledge is characterized as good-hearted, but ultimately limited compared to that of knowledge-producing experts. The gendered element of this hierarchy does change slightly as the series progresses and Powell's wife eventually enters the mix as an expert.

Though some of the experts and doctors on *Extreme Weight Loss* are women, they are all associated with the luxurious, technologically advanced space of CHLI, and their work appears to be organized by Powell, who is linked with the newer, transformation-based processes of biomedicalization.

While it fetishizes the newer forms of commercial, transformation-based health with which *Extreme Weight Loss* is involved, the episode also emphasizes the social importance of Trina's job, and Powell identifies her (and the other nurses) as exemplary of the problems caused when people who care for others do not take the time to care for themselves.<sup>286</sup> In doing so, the new form of medicine, provided by Powell and the show, appear to be necessary to the operation of the hospital, a crucial community service that cannot operate without a healthy staff. From this perspective, the show appears as a democratizing force, providing equal access to customized care and preventative medicine, which is normally economically stratified. Though Trina is the only nurse who receives one-on-one time with Powell, she uses the knowledge she gains from him to organize a series of exercise classes and a weight loss club among the nurses, who all succeed to varying degrees.<sup>287</sup> Trina's repetition of Powell's expert techniques for her cohort models a democratization of knowledge, but her position does not change in relationship to it. As with her nursing job, she is involved in a functional replication and use of knowledge, not in its production.

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<sup>286</sup> This is a prevalent trope, particularly for the show's female clients. This is very often the case for mothers, who are characterized as responsible for their family and their family's choices, regardless of their occupation. This responsibility and failure to properly care for oneself and/or one's family is aided by the number of women on the show who are caring for a disabled child or spouse, or who were abandoned by their mothers. The show thus frequently participates in a brand of "mother blaming" despite its medical-diagnostic framing.

<sup>287</sup> Trina reproduces the show's techniques for her coworkers with Powell's guidance, and the entire cohort of nurses end up sharing an initial and final weigh-in, exercise together often with Trina leading (once with Richard Simmons), and share weekend activities that involve healthy eating.

This episode evinces shared goals, as well as logical and instrumental continuity between public health care and reality TV, as well as their shared goals.<sup>288</sup> Trina's episode of the *Extreme Weight Loss* originally aired in June 2013, the same month that the CDC launched an \$8 million "workplace wellness" program, which took form through a contract with the private corporation, Viridian Health Management. Viridian's "partnership of virtual and in-person lifestyle change programs," its "outcome-basis," its role as a hub of information and resources, and its focus on the "working class" resemble aspects of reality TV. These similarities are particularly striking in Trina's episode, as she leads one of the CDC's target groups (nurses) in weight loss and exercise programs that are remarkably close to the CDC's "workplace wellness" program, and which are shown to be effective at the final weigh-in. The episode and the workplace program reinforce the effectiveness of expert knowledge and the importance of public awareness, reinforce social and cultural notions about the body by identifying "working class" professions with obesity, and "knowledge producing" ones with thinness, and promote privatized, consumer forms of personal health care as a public imperative.

#### *Social Bias: Fat Rights, Gender, Sexuality, Economic Viability*

The workplace wellness program ascribes professional utility to personal health, a notion that is reinforced on *Extreme Weight Loss*, as it broadens the scope of personal health to include economic well being. The show's project is perhaps best reflected through its home-base, the Anschutz Center's, goal of "achieving the vision where

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<sup>288</sup> Ouellette and Hay address reality TV's function in taking on social welfare projects and acting as a node for the administration of resources. However *Extreme Weight Loss* and programs like the CDC's "workplace weightloss" program exhibit a continuity of goals and logic, but also methodological similarities that suggest media is also informing social services practices.

wellness is the norm will fuel the American economy.”<sup>289</sup> For example, Trina’s impetus for weight loss is professional aspiration. She is concerned that despite exemplary job performance, she won’t be considered for promotions because her weight is at odds with the slender image of health typical of the top-tier nursing staff. Her perception of the importance of slimness to career advancement is confirmed by the show’s basic premise and by its differentiation of experts and trained workers through body weight. The show’s depiction of Trina repeats a pervasive cultural metalepsis, in which the effects of meaning (in this case the fat body as working class) are taken as the cause of its articulation. In other words, while there is growing evidence that weight-based discrimination in the workplace leads to lower salaries and increased unemployment, *Extreme Weight Loss* reinforces these biases: and its interventions target fat as the problem and as a clear indication of personal shortcomings, rather than as problems related to social stigma, prejudice, material conditions, etc.<sup>290</sup>

On *Extreme Weight Loss*, a host of social and economic problems are translated into a single personal health issue: fat. Because it is a visual format, the importance of the

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<sup>289</sup> A fuller articulation of Anschutz’s goal bears even more similarities with the experiential elements of *Extreme Weight Loss*. “Achieving the vision where wellness is the norm will fuel the American economy, dramatically reduce sky rocketing health care costs and improve the quality of life for millions of people. The crisis of our unhealthy lifestyles affects all of us. This new model provides an innovative, intuitive, science-based solution.” “About Us.” [www.anschutzwellness.com](http://www.anschutzwellness.com). The site goes on to explain its genesis in terms that resonate with those of CHLI. “James O Hill, PhD had a dream to create a comprehensive center focused on wellness to go beyond traditional medicine; to build a model for the future of “health care” focused on wellness and not just sickness; to transform the way Americans think about their health and focus on staying well instead of waiting until something is broken to fix it. This dream emerged from more than two decades of research and leadership in the field of obesity and nutrition at the Center for Human Nutrition at the University of Colorado, one of only 10 such centers in the United States. Obesity was treated as a personal choice and tactics based on fear of chronic diseases resulting from obesity failed to motivate Americans to change. Dr. Hill and his team decided a new way of thinking was needed to treat lifestyle and not focus on the negatives of obesity. A new strategy was created to focus on wellness as a positive that allows you to achieve your goals in life, not the negatives of disease and obesity.”

<sup>290</sup> *Extreme Weight Loss* works on two fronts: 1. To help create a marketable, successful subject; 2. To avert “disaster” by mitigating risk through weight loss. Both of these are associated with the ethic of “personal responsibility” necessary for successful citizenship, according to Ouellette and Hay Royce 154.

fat body as a signifier of poverty, unhappiness, unhealth and unemployment is heightened so that it appears to be the central cause of these problems, which can then be resolved through weight loss.<sup>291</sup> Visual representations of fat and ideal bodies condense medical norms and beauty standards, which are given utilitarian value through the show's expansion of health to include economic viability. While weight was part of the beauty standard for women prior to its medicalization, BMI as a weight-based standard of health has also made it an issue for men. And, by situating its interventions as an address of a population-wide public health issue, *Extreme Weight Loss* includes men and women together in a widened field of vision, objectified through a common biomedically-derived standard rendered visible as an aesthetic one. The show's field of visibility and its correlation of health and the economy lend its lessons in weight loss utility for changing

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<sup>291</sup> This proves to not be too far off the mark. According to Marilyn Wann, 93 percent of human resources professionals said that they would hire a "normal weight" applicant over a fat applicant with the same qualifications. Fifteen percent would not promote a fat employee. One in ten think it is acceptable to fire an employee for being fat (Fattism Rife in Business, 2005). There is little stigma attached to discriminating against fat people (Crandall, 1994). Fat women earn nearly seven thousand dollars less in annual household income than thinner women S. L. Gortmaker, A. Must, J. M Perrin, A. M. Sobol, and W. H. Dietz, "Social and Economic Consequences of overweight in adolescence and young adult," *New England Journal of Medicine* 329 no. 14 (1993): 1008-12. (Wann xix) Fat workers are paid less, for no other documentable reason than weight; over a forty-year career, the disparity can total one hundred thousand dollars less in pre-tax earnings W. F. Ford and C. L. Baum, "The wage effects of obesity: a longitudinal study," *Health Economics* 13, no. 9 (2004): 885-999. In a review of twenty-nine weight discrimination studies, the fattest women earned one-fourth less than thinner workers. Women who weighed sixty-five pounds more than average-weight women received 7 percent less in salary. Employers admitted routinely turning down promising fat applicants for not "fitting the corporate image" J. Cawley, "Body Weight and Women's Labor Market Outcomes," *National Bureau of Economic Research Working Paper No. 7841* (2000), <http://www.nber.org/papers/w7841>; Mark Roehling, "Weight Based Discrimination in Employment: Psychological and Legal Aspects" *Personnel Psychology* 52, no. 4 (1999): 969. Weight may outweigh other characteristics in influencing hiring and other employment decisions Judith Larkin and Harvey Pines, "No Fat Persons Need Apply: Experimental Studies of the Overweight Stereotype and Hiring Practice", *Work and Occupations* 6, no. 3 (1979): 312-327. Fat employees are denied health insurance benefits and are pressured to resign or are fired for being fat Esther Rothblum, Pamela Brand, Carol Miller, and Helena Oetjen, "The Relationship Between Obesity, Employment Discrimination, and Employment-Related Victimization", *Journal of Vocational Behavior University of Vermont* 37 (1990): 251-266. People who are considered beautiful enjoy a 5 percent salary bonus, whereas people who are considered ugly earn 5 to 10 percent less Daniel Hamermesh and Jeff Biddle, "Beauty and the Labor Market", *American Economic Review* 84 (1994): 1174-1194. College and university professors receive higher ratings in student evaluations if they also rank high for attractiveness Daniel Hamermesh and Amy Parker, "Beauty in the Classroom: Instructor's Pulchritude and Putative Pedagogical Productivity," *Economics of Education Review* 24, no. 4 (2005): 369-76. (Wann xix-xx).



working conditions, the clearest of which are the normalization of the professional woman. So, while it presents itself as a form of health education, it also models how gender is performed through apparently equalizing circumstances and alleviates anxieties around gender instability.

Though most clients lose weight and have “successful” journeys, their processes, outcomes and relationships to authority and embodied ideals are depicted in highly gendered ways. While BMI may act as a universal standard, on the show innate gender difference materializes through the body via weight loss. In Trina’s case, the show clearly reinforces many of the same presuppositions that rendered fat a feminized pathology in early medicine, such as a lack of willpower, slothfulness, and gluttony. Though Trina is motivated enough to lead her cohort of nurses in losing weight, she is depicted as fundamentally weak, easily tempted, and unable to control her home environment. Her character is so vulnerable and powerless that she goes to live with Powell and his family in order to meet her weight loss goals, but during a brief break with her family, she gains back much of the weight she just lost. In the gym, Powell complains that she is full of excuses and lacks the personal commitment to stick to her weight loss goals. Even as Trina’s story concludes, she remains ineffectual as a mother, incapable of changing either her family’s unhealthy eating habits or their disrespectful attitude toward her.

Fat’s feminizing threat is deflected by middle-aged police officer Bob, who is masculinized to an over-compensatory extreme. Bob is a male analogue for Trina: both have families and are trying to advance jobs in public service-oriented professions that were also cited as among the most obese by a highly publicized CDC study that was

released contemporaneously.<sup>292</sup> However, where Trina's career goal was image-based, Bob's weight loss goal is connected to his career through performance standards.

Bob is depicted as an ultra-masculine "hero," an ex-college football player and cop, with "no excuses," able to overcome amazing obstacles. Before his weight loss, Bob is concerned he'll fail to meet the police department's newly adopted standards, which include running a mile, completing an obstacle course and pulling a 170-pound dummy from a car. Bob experiences immediate success when his boot-camp weight loss helps him apprehend a suspect after what appears to be a staged, *COPS*-style foot chase. In the gym, he continually pushes himself past his limits, ultimately exacerbating a pre-existing knee injury, and requiring surgery. Rather than being cast as reckless or short-sighted, his behavior is depicted as a testament to his willpower. In contrast to Trina, the effects of Bob's efforts on his job performance are immediate. And, by the end of the episode, he is depicted as a stable provider and benevolent patriarch for his family, losing weight to set a good example to his children.

The episode also indexes Bob's changed relationship to beauty standards in masculine terms by yoking his physical transformation to an enhanced romantic life with his wife, which culminates as the two renew their vows at the end of the episode. The generalization of health as an aesthetically-indexed value with economic importance has been accompanied by the extension of the beauty industry's target demographic to include men. As Bob's story suggests, beauty is being marketed to men as a sign that combines professional and sexual prowess. Cosmetic procedures and treatments are

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<sup>292</sup> DK Bonauto, D Lu, ZJ Fan. "Obesity Prevalence by Occupation in Washington State, Behavioral Risk Factor Surveillance System," *Prev Chronic Dis* 2014;11:130219. DOI: <http://dx.doi.org/10.5888/pcd11.130219>. And Healthline News: Brian Krans, "The Top 5 Fittests and Fattest Professions in America." *HealthlineNews*. (January 9, 2014). <http://www.healthline.com/health-news/fitness-fittest-and-fattest-jobs-in-america-010914#1>.

frequently included as part of high-end preventative health care, such as the “executive check-up” for which the show’s CHLI location is known. Masculine beauty, particularly after middle-age, is positioned as a status symbol, and beauty treatments can be seen as aspirational. The expansion and convergence of the previously differentiated markets of beauty and medicine is indicative not only of the performance-based utility of personal health (or its appearance), but of economic conditions in which there is an imperative to appear healthy, which entails approximating the beauty standards of health. While this is most frequently noted in discussions of self-branding and the demands of flexible labor, with which reality TV has been associated, Bob and Trina are in “traditional” occupations and employment situations, but have professional concerns that are resolved through their approximation of medical and aesthetic norms of embodiment. On the show, the appearance of health is presented as necessary to economic well-being regardless of gender. These highly gendered representation mitigate what Murray argues is moral anxiety about the preservation of fixed gender identities and normative female subjectivity and embodiment, which underpins the current “panic” over “obesity” in contemporary Western culture.<sup>293</sup>

While the professional impacts of health as a potentially equalizing standard are funneled through highly normative depictions of gender for middle-aged, married Bob and Trina, the show’s representation of single, young women index deeper anxieties about racialized gender roles and their economic impacts. The show goes to great pains to avoid depicting professional goals for single women, and even greater pains making sure that transformed women with careers do not appear threatening to men. When career goals do appear, they are part of typically “feminine” career paths such as nursing,

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<sup>293</sup> McMurray 3.

teaching or fashion, and transformed women invariably also appear more feminine. And, while almost every client hopes that their weight loss will make them more attractive, the show presumes sexual desirability is a central goal for all of its young, female clients, and at times, imposes it. For example, white Meredith's narrative is coupled with a beach theme because as a child she fantasized about becoming a *Baywatch* bikini girl (heteronormative desirability par excellence). In the present, she reflects on this fantasy as sad, if comedic, evidence of how much being fat impacted her as a child: "I would have preferred to have my body fixed than, say, become a doctor or astronaut." Though Meredith refers to *Baywatch* as a childish attempt to cope with social exclusion, and has since cultivated significantly more sophisticated goals, *Baywatch* is nonetheless adopted as her theme for the episode.<sup>294</sup>

While sexual desirability is imposed on Meredith's story through her infantile childhood dream of *Baywatch*, black fashionista Chantell confounds the standards through which the show depicts sexual attractiveness as a goal for young women. As the show begins, Chantell's body is considered ideal by her "culture," and her boyfriend breaks up with her when she starts losing weight. This clearly indexes a conflict between the show's white standards of beauty and those Chantell has identified with her black community. However, the show positions this difference as an obstacle Chantell must overcome, and attempts to situate her goal in aesthetic terms. For example, the fashionable young woman is offered "every woman's dream," a shopping spree in Paris, as a reward for meeting a weight loss goal, but she refuses it. Instead, she asks that the

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<sup>294</sup> Powell and the show continue to characterize Meredith as desiring the "*Baywatch* Lifestyle," which not only discounts her "more sophisticated" adult goals, but makes the "*Baywatch* Lifestyle" appear as if it were a viable option in the real world.

money be redirected to pay her tuition, since she has decided to finish college as part of her transformation.

Both women's "journeys" are contingent on weight loss, but their representations are conditioned by raced assessments of femininity. Meredith's narrative is organized around a childhood fantasy, excludes representations of economic imperatives and professional concerns, encourages identification with familial terms of femininity, and casts desirability and emotional self-control as the principle goals for young, white women. Chantell's rejection of desirability as a central objective feels refreshing by contrast. However, this rejection problematically appears, alongside becoming a college-educated professional, as part of her goal of defying statistical norms for black women.<sup>295</sup> In her story, these goals are presented as part of a break from the terms of a race-based identity that is necessary for her health and professional achievement. And, by making them appear contingent on biomedical goals culled from racist, sexist standards, which are personified by her villainized mother, they also appear in opposition to her family and the community standards with which she formerly identified. Chantell is depicted as successfully transforming herself by instrumentalizing aid from the show.

In their description of the "do-good" trend in reality TV, Ouellette and Hay write that like professionalized social work, many TV interventions are guided by an unstated

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<sup>295</sup> Chantell's mother is used as a personification of the biometric, black, female "norm" that Chantell wants to defy. Her mother also raised her while single and a teenager. So, while Chantell is on a weight loss show, the way that the show presents her relative to her mother suggests that her goal of defying the odds refers to pregnancy. The show doesn't cite statistics, but rather addresses a stereotype of black femininity, as the "welfare mom," through biometrics and Chantell's mother. Statistically, 34% of single mothers that seek welfare are African American (11% are white), and have the second highest rates of teen pregnancy. However, these statistics clearly index of poverty levels that the show only addresses in the abstract. Instead of addressing poverty, the show infers a stereotype of black femininity and associates it with biostatistical norms. This episode evinces the proximity of current biostatistical normalization to "positive" eugenics movements. J. A. Martin, **B. E. Hamilton, and S. J. Ventura, "Births: Final Data for 2014", Hyattsville, MD: National Center for Health Statistics (2015).**

impetus to bring less educated, lower-income populations up to upper-middle-class standards.<sup>296</sup> *Extreme Weight Loss*'s central premise is that after being educated about healthy options, ignorant consumers will make better choices and subsequently lose weight. Oullette and Hay's observation appears especially relevant in this context, because food choices tend to map on to social class—the relatively wealthy buy diet food, the relatively poor do not—and a great deal of attention has been drawn to this in public debates over issues such as food stamps, WIC support, etc.<sup>297</sup> However, the show also positions weight loss as a solution to economic disenfranchisement. This logic reaches its limits in the show's depiction of 49 year-old Tony, a single, black father of two, and a fast food employee who becomes homeless, unemployed, and then reemployed as he puts his weight loss journey first. Tony's case foregrounds the ways in which race and class, like gender, are reproduced as hierarchical differences despite the apparently equalizing terms of health and transformation centralized on the show.

The clearest indexes of how the show reproduces this hierarchy are Powell's relationships to his clients, which are conditioned by race and class as well as gender. Powell is a visual manifestation of the biometric ideal that the show presents as a universal standard of health, the acquisition of which is key to personal and economic success. Though its numeric abstraction and universality render this standard scientifically legitimate, white, young, successful Powell, nonetheless indexes its ideal

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<sup>296</sup> According to Ouellette and Hay, TV interventions enact methods of social service that don't "depend" on the welfare state, and facilitate "the care of needy and 'at-risk' citizens through cultural commerce, philanthropy, and TV-viewer volunteerism."<sup>296</sup> In their assessment, TV mobilizes and coordinates private resources (money, volunteerism, skills/expertise) in order to remedy personal hardships for those deemed "deserving" by casting departments whose evaluation is informed by both welfare reform and the dramatic conventions and formulas of reality TV.

<sup>297</sup> This helps explain both thinness and fatness in the neoliberal context (Guthman 191). Although "supply side" theories of obesity are overly simplistic, this trend remains relevant, if not to weight loss than to nutrition.

form. Each client's difference from this ideal conditions the tenor, form and goal of their transformation. For example, Powell tells white policeman Bob that he considers him a friend, and confesses that he often forgets the older man is his client. The two often greet each other as "buddy," and bond over enjoying sex with their wives. By contrast, his interactions with black, fast food worker Tony are paternalistic from start to finish. To ground this antithetical fatherly relationship, Tony is problematically paralleled with his young son, who dies of complications of cerebral palsy during the episode. This equivalence infantilizes Tony, pathologizes his body, and positions Powell as a father-figure. In contrast to Tony and Tony's alcoholic, absentee biological father, Powell is depicted as a capable paternal figure. His influence inspires Tony to quit a lifelong career in fast food in order to pursue "healthier," more active, work as a body guard. When this plan initially results in an unemployed, homeless Tony, Powell offers him a place to stay, resources and guidance, as he recalls "being in the same place," when he lived out of his car for six weeks in his 20s. This confession sets up the much younger Powell's own experience as a model for the much older Tony. Powell appears as a coterminous ideal of health *and* life success in a way that reiterates a racialized hierarchy in which white masculinity is not only the physical, but experiential, model, but a source of wisdom and material resources.

While, Tony is unwilling to accept Powell's live-in offer (differentiating himself from Trina's hyper-infantalization), he does accept aid in the form of career advancement, and Powell uses his connections to enroll Tony in a certification program for Los Angeles bodyguards.<sup>298</sup> If Tony's weight loss journey results in professional

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<sup>298</sup> Tony declines the offer because he's trying to "restart his life" by leaving the fast food industry that has employed him for most of his life in order to become a body guard. He opts for this career change as a

advancement (as Trina and Bob's do), it only does so by putting him in an infantile, dependent position relative to Powell that is kept intact even as the episode draws to a close, and his transformation is complete. The deeply paternal tenor of their relationship is reinforced by Tony's closing salvo after his "reveal": "I never had a man in my life that could show me what I could do, at 49 years old, until Chris.... For first time know what I'm capable of." While Bob and Chris end as equals and friends, Tony is positioned as an inferior, even in his most ideal, transformed state.

On *Extreme Weight Loss* a hierarchy of race, class and gender are reiterated through biomedical norms. Although the scientific and televisual validation of an existing social hierarchy is really nothing new, *Extreme Weight Loss* and other biomedically-oriented reality TV positions a combination of biomedical and mediated terms for self-understanding as central to social legibility, economic viability, and even "living." And, while *Extreme Weight Loss* positions itself as an educational model for healthy living, and a touchstone to biomedical knowledge, the forms of self-conceptualization that it fosters are being coproduced along a number of other axes, from biomedicine to political discourse. The interconnectedness of these fields and their unified logic, makes the biologization and pathologization of difference, and the tacit validation of norms on the basis of scientific association, deeply unsettling. In its address of a major network's representation of obesity, this chapter addressed biopower as the largest swath of the American population experiences it. The next chapter will consider the more rarified forms of self-management through biomedicine, and will argue that despite narratives

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means of removing himself from a career choice that he feels has been partially responsible for his weight gain, and wants to prove that its "never too late" to change. However, the wisdom of this statement is tempered by Tony's unemployment and homelessness, and his assertion that his life has basically "fallen apart."



that seek to norm biomedical intervention, TV nevertheless generates outcomes that are unpredictable, and have had enormous social impacts.

### CHAPTER 3: TRANSFORMING GENDER OR RECLAIMING THREATENED TERRITORIES? *THE SWAN, SEX CHANGE HOSPITAL, BEAUTY, THE NORM AND THE SUBJECT*

#### Introduction: Gendered Embodiment from Social Problem to Biomedical Solution

While chapters 1 and 2 tracked epidemiology- and risk-based issues and their emergence through biomedicine as a truth-producing field that straddles the cultural and the scientific. Chapter 3 tracks the disappearance of the interrelated political discourses of feminism and queer theory, as they have been collapsed into the ultimately depoliticizing mantles of post-feminism and mainstream gay rights claims in mainstream political discourse.<sup>299</sup> Without ascribing causality, this chapter's analysis of the relatively new mass availability of plastic surgery and gender affirmation surgeries can be read in the context of this depoliticization with which it has coincided. Or as Media Studies scholar Elana Levine recently observed, "Postfeminist culture takes feminism for granted, assuming that the movement's successes have obviated the need for its continuation. In the process, discourses that seek to change or challenge a still-strong patriarchy get

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<sup>299</sup> Diane Negra and Yvonne Tasker discuss the ways in which the post-feminism of the economic boom in the late 1990s and early 2000s, was marked by "...a preoccupation with self- fashioning and the makeover; women's seeming 'choice' not to occupy high-status public roles; the celebration of sexual expression and affluent femininities—[all] enabled by the optimism and opportunity of prosperity (or perception of it)." This figure changed with the economic downfall colloquially referred to as The Great Recession, "...the semicollapse of the global financial system in 2007-08." Though the Great Recession officially came to a close, the gap between the rich and everyone else much wider, and unemployment and underemployment have remained pronounced. From this perspective, one of the reasons that medical makeover shows have been popularized is because health has remained a valued cultural discourse, and indication of morality. Diane Negra and Yvonne Tasker, "Introduction: Gender and Recessionary Culture. *Gendering the Recession*. Ed. Diane Negra and Yvonne Tasker. (Durham: Duke University Press, 2014)P. Lauren Berlant and Michael Warner, and more recently Jasbir Puar have all argued that iterations of particular "normalized" family units and their corollary subjects are necessary to the reproduction of the nation-state, and that the only real exceptions to this have been the recent move toward homonormativity in Europe and the U.S. Lauren Berlant and Michael Warner, "Sex In Public," *Critical Inquiry* Vol 24, No 2 (Winter 1998): 547-66. Jasbir K. Puar, "Mapping US Homonormativities," *Gender, Place and Culture* Vol. 13 (2006): 67-88.

incorporated into a new kind of patriarchal common sense, ultimately sustaining the very structures of dominance they had set out to critique and destroy.”<sup>300</sup>

If TV has historically assimilated the risks of depicting sexuality, gender and race by producing them as aesthetic commodities, reality TV surgery can be seen as a combination that has continued to defang these political discourses while at the same time domesticating any potentially threatening element of biotechnology.<sup>301</sup> The surgeries at the hearts of these shows are not only commodified, they are positioned as life-giving measures that render feminist and queer structural critiques and oppositional politics illegible. Medical makeover TV is an instance of how the individualist reorientation of biomedicine, and attempts to integrate it into everyday life, are contributing to public discourse in which the terms of these modes of criticism appear antiquated and irrelevant.<sup>302</sup>

While the specificity of issues like transgender rights have also led to strides in terms of staking rights-based claims through the assertion of political identity, it has done so, at least in part, in segregation from LGBTQ as a coalitional political identification. This is also the perspective taken by *Sex Change Hospital*, a program organized around gender affirmation surgery, which is disarticulated from an LGBTQ context. The stories

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<sup>300</sup> Elana Levine. “Feminist Media Studies in a Postfeminist Age.” *Cinema Journal* 48.4 (2009): 137- 143. *Project Muse*. Web. February 16, 2014.

<sup>301</sup> The transformation based approach to biology and the life sciences in biomedicalization implicitly de-privileges the observational ground of essentialism. Essentialist debates still occur both in and out of the academy, and there remains a great deal of passionate debate over issues like “the gay gene.” While essentialism doesn’t always equate with repressive politics—for example, identity-based politics have enabled the articulation of political rights—it nonetheless informs discourse. History: John Caldwell, *Televisuality: Style, Crisis, and Authority in American Television* (New Brunswick, NJ: Rutgers UP, 1995), 67-72.

<sup>302</sup> Clarke mentions that biomedicalization gives rise to new identities or new articulations of existing identities. *Sex Change Hospital* and *The Swan* both coalesce around biomedical identities. Both shows render legible the ways in which biomedicine can dramatically include life for some people. However, the political claims that are made through and around them are dramatically different, but in both cases biomedical identity is central to personal and political articulations of self.

of *The Swan*'s women, whose multiple, full-body plastic surgeries are narratively positioned in relationship to feelings of undervaluation and/or non-existence, and are similarly disarticulated from anything but a medical analysis, and appear completely disjointed from the feminist concerns of the four decades that preceded its production. In both of these cases, identity issues related to social evaluation and legibility are disarticulated from their political contexts and represented as personal, essentially biomedical, issues.<sup>303</sup>

In a sense, these shows deem the identity-based struggles of the past 50 years over, and presume a “post”-identity politics grounds for representation. At the same time, their manifest content implicitly renders non-assimilable elements of these movements a failure. Whereas the prior two chapters considered how biomedicine and TV together have been instrumental in processes of self-constitution that involve or incorporate implicitly socially biased elements, here, two wildly political issues that shaped politics in the post-war decades — gender and sexuality — are explicitly addressed, but their mediated and biomedical forms are disarticulated from political contextualization. And, while one might argue that political contextualization from such a genre of programming is a tall order, non-fiction television has historically held a special position relative to mainstreaming progressive political movements, and to the public interest. That such a contextualization would in the present day would not only defy expectations, but also seem utterly absurd speaks more to the dramatically altered status of non-fiction television, and of politics in public life, than it does to the genre's representational roots.

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<sup>303</sup> By this I mean, in the words of Victoria Pitts-Taylor, “that they cohere around an idea that the body is a sign of our personal, individual identities” Victoria Pitts-Taylor, *Surgery Junkies: Wellness and Pathology in Cosmetic Culture*, (New Brunswick, NJ: Rutgers UP, 2007.)

These two shows evince how biomedicine and TV have been part of a process through which gender and sexuality, as social/political concerns are rendered antique. The technology on these shows is breathtaking (truly) and its potentials are made clear on both programs. However, they are also either harnessed by, or incorporate, extremely conservative and normalizing goals that protectively recede from the political tensions of the 1970s and 80s. This chapter will be more focused on the shows' texts because, as Pitts-Taylor notes of plastic surgery, it is among the first biomedical changes that were widely available, and because, in her words, in surgery "the body becomes a zone of social conflict, coded on the one hand as a sign of interior wellness and self-enhancement and on the other as a sign of moral, political, or mental weakness."<sup>304</sup> Both *The Swan* and *Sex Change Hospital* deal with bodies that have historically been the grounds for oppression and pain, as well as for the articulations of political rights. Taking shape in a context in which medical and cosmetic assessment converge, and beauty and normalcy appear coextensive,<sup>305</sup> the analyses of both of the shows in this chapter accounts for some of the ways in which social, aesthetic and medical interests have come together to produce markets and identities together.

*The Swan* (2004-5) and *Sex Change Hospital* (2007 and 2012) focalize how TV and developing biotechnologies have invested in, and helped to create, "new" social identities. Like the other case studies in this dissertation, these two shows promote biomedicine's focus on health as an ongoing transformation (rather than illness, disability and disease) and emphasize its promises of bodily customization and enhanced living, but also add the titillating promise of enhanced appearance and experience. However, the

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<sup>304</sup> Pitts-Taylor 7.

<sup>305</sup> Pitts-Taylor 51.

transformations they depict (extreme plastic surgery and gender affirming) not only cohere around essentialist embodiments of gender, they also countenance a collapse of “costume” and “body” as sites of difference.<sup>306</sup> Where gender itself is seen as culturally produced, and fluctuating, gendered embodiment has remained relatively stable, so biomedical interventions, interpretations and imaginations of the body and its potentials take shape through visual norms that carry enormous social significance. While these shows espouse choice-based ideals of bodily customization, the biomedical “enhancements” they depict are organized by existing models of gendered embodiment, which have been forged in relationship to social bias, and have served as terms of oppression. The control and normalization of bodies from which biomedicine purportedly breaks persist in the organization and visualization of gendered embodiment and identity.<sup>307</sup> And, although seemingly divorced from “illness,” or risk-based notions of health, these shows frame gendered embodiment as a pathology, but also a form of mediated self-cultivation and empowerment. Despite their stark differences in ideology and style, both series present body-modification as a strategy to correct their participants’ genders.

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<sup>306</sup> Various scholars mention the formative role played by both communications technologies (or representational technologies) and biotechnologies in visualizing transgender identities. Chris Straayer has described “a postmodern collapse of male-female and body-costume” in which “transsexualism” can be seen as “a kind of transvestism.” In a similar vein, Melanie Taylor has written “the movement from costume to body as the site of difference mirrors the historical development of transgender identities and, more specifically, the emergence of transsexual bodies.” This same combination of technologies has also altered the ways in which the non-transgender population approximates ideals of embodied gender—from ultra-masculine body builders to *The Swan’s* extreme forms of female embodiment. Chris Straayer, *Deviant Eyes, Deviant Bodies: Sexual Re-orientations in Film and Video*, (New York: Columbia University Press, 1996), 283 – 84. And, Melanie Taylor. “*Peter (A Young English Girl): Visualizing Transgender Masculinities.*” *Camera Obscura Camera Obscura* 56, Volume 19, Number 2 (2004) P.

<sup>307</sup> Outside of its televisual context, biomedicalization is understood as an uneven, cumulative process, in which new and old technologies and ideas coexist. Rather than imagining this process as a linear progression, these two shows evince the ways in which multiple, seemingly conflicting, ideas are bound together.

While these shows depict surgeries that appear medically, socially and politically distinct, and use radically divergent representational tactics to do so, both ultimately express identical logics about gender, embodiment, subjectivity, and their relationship to biomedicine. *Both* shows situate binary gender identification as a primary locus of subjectivity and their narratives hinge on bringing gender's "biological" manifestation "out" of cast members' bodies. *Both* rely on increasingly available, affordable, popular and perfected techniques of biomedical transformation and their attendant modes of self-understanding as fluid rather than fixed, and *both* promote and eroticize technologies of transformation in the process.

The two previous chapters in this dissertation address health issues that have been negatively associated with "old," passive forms of TV and TV spectatorship: overconsumption and obesity. Though it may be principally a rhetorical change, rather than a change in attitude or viewing/consumption practices, the active version of reception presumed by these programs, which entails putting information to use, further research etc., repositions TV as a health care technology, providing tools for identifying, treating and preventing illness, which are essential to biomedicine's concept of health as self-responsibility. However, while the programs in the first two chapters envisaged active self-cultivation as a cure for public health threats that have issued in some way from television, the programs in this chapter engage active spectators through biomedicine as means of legitimating TV's existing emphasis on visual identity and gendered embodiment.

On *The Swan* and *Sex Change Hospital* gendered embodiment appears as a medically valid visual standard that governs social recognition, internal self-image and

the experience of life. By organizing transformations around existing standards of gendered embodiment, these shows capitalize on biomedicine's promise to transform life, but make this promise visible in ways that aggressively reproduce social norms and position biomedicine as a technology that organizes the visual field in eroticized terms. These programs depict the surgical alteration of secondary and primary physical sex characteristics and tie them to identity. In doing so, they implicitly challenge the logic of "natural" causality that legitimates modern, evolution-based concepts of the sex-gender-sexuality system.<sup>308</sup> On *Sex Change Hospital* and *The Swan*, surgical transformations keep this system intact by reversing causality, identifying *gender* as *the* primary site of *biological* difference. With natural causation eliminated as a means of standardization, the power of socially generated gender norms is amplified, as these norms organize new "fluid" concepts of subjectivity. STS scholars have also called attention to the importance of media images in this new context, which are responsible for "importing" social stratification, and have historically influenced standards of embodiment through celebrity and fashion are combined with new biomedicine's "corporeal possibilities."<sup>309</sup> These norms are represented on *Sex Change Hospital* and *The Swan*, as visual standards that guide transformation.

*The Swan* and *Sex Change Hospital* present normed, gendered embodiment as a precondition for health, and thus for fully living, but as also the object of living fully. On

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<sup>308</sup> In secular, science-based concepts of sex-gender-sexuality that have grounded modern American thought. Further, while this chapter is focused on the impact surgery has had on the sex-gender-sexuality matrix, I am not suggesting it has done this in seclusion. A number of factors have contributed to the ways in which recalcitrant, seemingly outmoded ideas about gender are being made to resurface through the body here. Some of these factors, such as feminism and gay rights are addressed in this chapter. However, others, for example, a sexually active older adult population no longer concerned with reproduction, are not regarded with as much detail.

<sup>309</sup> "Standards of embodiment, long influenced by fashion and celebrity, are now transformed by new corporeal possibilities made available through the applications of technoscience." (Clarke et al. 161)



these programs gender is identified à la Judith Butler as *the* primary site of difference that inaugurates subjectivity through subsequent identifications, and while gender norms are enforced by “external,” coercive, disciplinary means (behavioral, institutional, and legal), they are also being produced through continual self-adjustments to match internalized biology-based ideals, which are ever-changing and can be met by ever-changing methods.<sup>310</sup> Approximating these ideals entails continually researching and adapting to newly available methods and norms of embodiment/gendered mediation. The way biomedicine becomes visible through reality TV’s makeover structure as physical change amplifies the importance of embodiment to gender ideals.

Reality TV is a technique of biomedicalization that models gendered forms of embodiment as both biological and heavily mediated. The body is a medium for the expression of gender, which is central to social recognition, as well as to the full experience of life. The terms of recognition are thus biomedical, mediated, commercial and result from agency that can only be achieved through continual self-cultivation in biomedical and aesthetic terms. On TV, the physical body becomes the measure of a transformation, the experiential aspects of which are intangible. The imperatives of makeover culture and health management converge in gendered mediations of the body.

Like all of the TV case studies in this dissertation, *The Swan* and *Sex Change Hospital* combine interdependent models of medical diagnosis and makeover to narrate regularized forms and terms of embodiment. However, unlike the other case studies in this dissertation, the procedures on these programs deal with body-based issues that have yet to be fully depoliticized, and implicitly demonstrate biotechnology’s potential to disrupt social order (gender-based hierarchy) by threatening the “natural” basis for the

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<sup>310</sup> Judith Butler, *Undoing Gender*, (New York, Routledge, 2004), p. 3.

sex-gender-sexuality triad that undergirds patriarchy. However, this system is aggressively maintained by a variety of institutional and non-institutional means, which appear on *Sex Change Hospital* and *The Swan*.

The surgical transformations represented encompass the hallmarks of biomedicine as it relates to neoliberalism and to biopolitics. Biopolitics, the control of a particular population by the regulation of the terms of biological life, is an operative form of regulation on both of these shows that tends to go unremarked upon or appear as merely an additive form of discipline and another consumer product, because surgery, the biotechnology through which it is enacted, appears politically neutral. However, surgery has highly motivated relationships to political order in its regulation of gender on *Sex Change Hospital* and *The Swan*, as Elana Levine has remarked, “discourses that seek to change or challenge a still-strong patriarchy get incorporated into a new kind of patriarchal common sense, ultimately sustaining the very structures of dominance they had set out to critique and destroy.”<sup>311</sup> Furthermore, these shows operate under a logic that they share with contemporary biomedical concepts that have become a routine means of conceiving of the body, and that lend themselves to biopolitical and other modes of control that combine state and non-state interests.

At the same time, the surgeries represented through these shows as life options have presented stumbling blocks for feminism and queer theory. Victoria Pitts-Taylor writes that when approaching plastic surgery, feminism has overwhelmingly characterized its recipients as dupes of patriarchal culture, and in doing so; they end up sharing a logic with psychiatry. She observes, “Significant differences between feminist and psychiatric views on cosmetic surgery, the former generally square with the latter on

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<sup>311</sup> Elana Levine, “Feminist Media Studies in a Postfeminist Age,” *Cinema Journal* 48.4 (2009): 137- 143.

at least two point: first, that cosmetic surgery reveals something deep about the individual self, and second, that what it reveals is pathological.”<sup>312</sup> Similarly, gender affirmation has a complex relationship with a practice of psychiatry that has largely worked as a pathologizing force. To some degree, this accounts for the dearth of theoretical sources in this chapter. Pitts-Taylor argues that the cosmetic surgery patient must be considered a cultural production, created in the process of becoming a patient, and that the patient is produced by various actors and forces, including television, media, the cosmetic medical industry, and psychiatry, to which I would add health. This chapter seeks to understand how the patient is shaped on makeover TV, particularly as aggressive biomedical treatments begin to be promoted through it.

### *The Swan*

*The Swan* and *Sex Change Hospital* responded to, and stimulated, public fascination with biotechnology, and incorporated biomedicine into the scaffolding of an existing desire-based field of vision, predicated on gender.<sup>313</sup> The biotechnologies on which these shows focus powerfully contribute to the forms of visual pleasure they produce, which are organized around eroticized views of the gendered body. *The Swan*, in particular, exploited a visually organized gender hierarchy to create a titillating, fetishistic view of biotechnology, but also explicitly uses this same image-based matrix as a means of validating its interventions as lifesaving techniques for its female contestants. Biotechnology is presented as a medical means of altering the aesthetics and experience of the body, and as a life altering/improving commodity that responds to the

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<sup>312</sup> Pitts-Taylor 20.

<sup>313</sup> Both programs trade on media histories of celebrity excess and “deviant” sexuality, referencing salacious, if outdated, representations of gender and sexuality.

needs of an increasingly image-based culture that generated from new media and social media.

*The Swan* was a short-lived, but long-remembered, makeover TV series that focused on “extreme” plastic surgery, in its own words, taking “ugly ducklings” and turning them into “beautiful swans.”<sup>314</sup> The show casts its surgical procedures as life saving technologies that effectively solve its female contestant’s problems, restoring self-esteem, agency and pleasurable experiences of life by “feminizing” their bodies. By this rationale, the shortcomings of the female body constitute the core treatable cause of numerous interrelated social and psychological crises. The show’s method of intervention is dependent on interlocking logics. The first is that experience and appearance are co-constitutive for women. This logic binds psychological, emotional and sensual experiences together through embodiment, which is biomedical, social and aesthetic. The second is that identity, and subsequent experiences of life, issue from heterosexual desirability, which is indexed by a singular set of aesthetics at both micro- and a macro-levels. On the show, interpersonal recognition of heterosexual desirability is represented through marriage, while structural recognition of “femininity,” which the show identifies as heterosexual desirability, is represented through the beauty pageant that serves as an overarching, season-long goal. The approximation of gendered norms of embodiment is tantamount to full experiences of life. Third, for women, a normal experience of life is contingent on a “beautiful” appearance, and “average” appearance is abnormal, even abject. The beauty standards presented by the show are homogenous and so aggressively

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<sup>314</sup> This goal would become synonymous with a particular, unnatural aesthetic of plastic surgery in which the “work” was obvious. This link was so strong that terms like “swanning” and “swanned” became shorthand for the aesthetics surgery-seekers hoped to avoid on other television shows.

heteronormative that they almost appear ironic or comical.<sup>315</sup> Finally, women are agents of change, in control of their lives, but only after first undergoing surgery. As a result, both heteronormative embodiments of femininity and biomedical procedures appear to be essential elements of agency and self-determination, necessary for full experiences of life.

*The Swan* originally aired on Fox for two seasons from 2004-2005, as major networks were increasingly incorporating reality TV into their schedules (up to 40% of primetime), following the huge primetime success of *Survivor* (2000-present) and *The Bachelor* (2002-present), both of which depended on the self-contained, hermetically-sealed edifices of the worlds in which they were set. *The Swan* used this fantasy-style, competitive approach to reality TV to depict another emergent pop culture fixation: plastic surgery. The show was a generic hybrid that combined elements of reality TV competition, the beauty pageant, the makeover, medical documentary, and infomercial, while also appealing to an increasingly gory fixation with physiology.<sup>316</sup> *The Swan* aired at around the same time as at least seven other plastic surgery makeover shows, all of which sought to revive an already stale makeover genre by intensifying its terms. FX's fictional serial drama *Nip/Tuck* (2003-2010) also began in this era, as did several other shows that combined cheekiness, salacious content and a look at the "darker" side of medicine, such as *House M.D.* (2004-2012) and *Grey's Anatomy* (2005-present). At the same time, grotesque and explicit depictions of surgery and forensics had become de

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<sup>315</sup> This lends the show to both highly conservative interpretations, and campy critical readings.

<sup>316</sup> *The Swan* was not alone in this venture, a sub-category had recently emerged that focused on plastic surgery, including ABC's *Extreme Makeover*, Television, (2002-2007; ABC), E!'s *Dr. 90210*, Television, (2004-2008; E!), MTV's *I Want A Famous Face*, Television, (2004-2005; MTV), Discovery Health's *Plastic Surgery: Before and After*, Television, (2002-2006; Discovery Channel), Oxygen's *Drastic Plastic Surgery*, Television, (2006; Oxygen Channel) and National Geographic's *Plastic Surgery Beyond Nip and Tuck*, Television, (2004; National Geographic Channel).

rigueur on crime shows such as *CSI* (2000-present) and *NCIS* (2003-present), as use of antiquated, derisive terms to describe femininity, such as on *Desperate Housewives* (or even *The Real Housewives*) series. The use of these characterizations appeared as part of a supposedly post-feminist sense of irony. Elements from all of these were combined with the glitter and gloss of a Miss America-style beauty pageant in *The Swan*.<sup>317</sup>

Together, *The Swan* and its televisual influences evince a growing fascination with biomedicine and biotechnologies, as well as anxieties over how they are deployed and the futures that might follow in their wake. They also countenance changing conditions of representability in which the relationships between form and content were becoming increasingly loose. These conditions accrued as much from industrial changes (format, interactivity, etc.) as from cultural ones (post-feminism, neoliberalism, etc.), and have abetted the generic mash-ups through which present day content attempts to differentiate itself.<sup>318</sup>

*The Swan* combined these elements for broadcast network Fox's mass audience. The show aired on primetime and its unsettling juxtaposition of grotesque and sometimes violent visuals of surgery and fetishized images of the female body in varying stages of undress was alternately legitimated by "medicine" and the aesthetics of the beauty

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<sup>317</sup> The ailing pageant form had already been briefly revived during the reality TV heyday with 2000's short-lived *Who Wants to Marry a Multi-Millionaire*. However, fascination with the pageants would become the topics of two documentary shows, *Here Comes Honey Boo-Boo*, Television, (2012-14; TLC Cable Channel) and *Toddlers and Tiaras*, Television, (2009-present; TLC Cable Channel). *Honey Boo Boo*, Television, (2012-present; TLC Cable Channel) is marked by many of the class issues that I suggest inhere around the image of the beauty queen on *The Swan*, while *Toddlers* exhibits a similar uncomfortable proximity of girlhood fantasy, infantilized women, and adult men. On the other hand, *RuPaul's Drag U*, Television, (2010-12; Logo TV) directly engages *The Swan*, and does so from a critical queer perspective. For more on *The Swan* as pageant and its relationship to post-feminist spectatorship see Sarah Banet-Weiser and Laura Portwood-Stacer, "Beauty Pageants, Reality Television and Post-feminism," *Feminist Theory* Vol. 7, (2): 255–272 2006.

<sup>318</sup> Though it would not be fully honed until later in the 2000s, transmediated storytelling was among the ways in which networks adapted to the multi-platform, interactive conditions of new media, which inherently challenges overdetermined representations.

pageant. In seeking the widest possible audience, the show adopted what Jane Feuer has referred to as “mainstream camp,” which invites audiences to approach the show earnestly, ironically, or to do both.<sup>319</sup> The show’s scintillating exposures of the female body may have appealed to a sincerely heteronormative segment of the viewing population, but its absurd, campy elements of the show appealed to a broad cross-section of the population, including those who would presumably be most disapproving of the staggeringly misogynistic and reductive depiction of femininity at its core.<sup>320</sup> The show caused an immediate stir and garnered high ratings, but was cancelled when viewership plummeted in season two. Nonetheless, it continues to be internationally syndicated, gets a fair amount of *YouTube* traffic, and has endured as a staple topic for academic writing on gender, media and the body.

On each episode of *The Swan*, a pair of pre-selected, female contestants were surprised at their homes and whisked away to the fantastically tacky, secluded and mirror-less, Swan Mansion for three months. Once there, a panel of medical and media experts arranged a transformation plan that guided the remainder of the episode, in which each contestant underwent extensive plastic surgery and cosmetic procedures, and undertook some diet and exercise regimens during their medical recovery periods. The woman whose transformation is deemed most impressive at the end of the episode became a contestant in the Swan Beauty Pageant that concluded the season. While each

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<sup>319</sup> Feuer specifically identifies mainstream camp as a sensibility associated with the cable channel Bravo!, which she argues absorbs critical reception practices into the structures of its shows. Though camp has historically been used to a sensibility related to reception (more than as a self-aware tactic of production), Jane Feuer writes that network executives, such as Bravo’s Zalaznick have intentionally absorbed critical reception practices into their programming. She writes, “Zalaznick describes Bravo’s sensibility to Dominus as ‘mainstream camp.’ You can choose either to laugh at the Bravo series or to identify with them, or to do both at the same time” (Feuer 187).

<sup>320</sup> Work by Sarah Banet-Weiser and Jane Feuer has pointed out the issues that this cooptation poses for academic and political analysis.

season was organized as a competition that culminated in the pageant, each episode was framed around two “ordinary” women’s transformations.

As with *Extreme Weight Loss*, *The Swan* provided the means of its interventions and determined the forms they would take. While most of the contestants had clearly thought about changing their appearance prior to the show, and many expressed fantasies about plastic surgery, the number of cosmetic procedures undergone on *The Swan* would not be financially viable under normal circumstances for these middle and working class women.<sup>321</sup> Nonetheless, once presented as a viable option, “extreme” surgery (between 10-12 surgeries in one sitting) became a solution that the contestants invested in quickly and (except in one or two cases) without reservation. In exchange for procedures, contestants were sequestered from their families and everyday lives and given relatively little input into their future bodies, deferring to the judgment of an expert panel. By defraying the cost of surgery and positioning it as part of a transformation set outside of each contestant’s everyday reality, biotechnology was not only rendered a luxury commodity, but part of a fantasy. For these women, surgery was positioned as a magical solution to all of their problems, in part by its inclusion in a fantasy world that is completely removed from what are depicted as unhappy everyday lives, to which they are never shown returning.

On *The Swan*, transformation occupies a space that is simultaneously one of realistic becoming (through the surgery footage) and total fantasy (through the reveal and

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<sup>321</sup> By contrast, this was indeed a viable option for reality TV personality Heidi Montag who remained in the public eye after her show, MTV’s *The Hills*, was cancelled when she had 10 surgeries in one day (January 2010). Montag’s surgeries have resulted in her prolonged existence as a public figure but also in her widespread ridicule. Press on Montag’s surgeries have included a reiteration of many of the same discourses about self-esteem, body modification and gender that were circulated around *The Swan*, including a *People Magazine* Cover “Addicted To Plastic Surgery” that echoes *The Swan*/Rachel Love-Fraser cover “Has Plastic Surgery Gone Too Far?”



pageant). Unlike *Extreme Weight Loss* and *Hoarders* (and plastic surgery shows like *Extreme Makeover*), which are principally set in cast member's homes and suggest continuity between the screen and the real world, on *The Swan* the spaces of everyday life and the televisual world are segregated. Contestants' everyday lives are only ever made visible in distanced, fragmented ways, which are always contained and contextualized by the fantasy space of The Swan Mansion.<sup>322</sup> The bulk of each episode takes place in this dreamlike space, which is filled with Greco-Roman sculpture and beautiful manservants, and vaguely resembles the set of the 1970s film *Caligula*. The mise-en-scene provides a kind of semi-infantilized space of soft-core sexual fantasy, while also paying wonderfully tacky homage to the mythical nature of transformation by indexing the history of European, Greco-Roman ideals of beauty, of which the contestants have now become a part by virtue of their appearance on the show. When contestants appear magically in this abstract space, they are decontextualized, isolated, and never shown returning to the space of everyday life in their new bodies.<sup>323</sup> Successful swan contestants are kept sequestered and given access to increasingly fantastic and mediated spaces, culminating in the beauty pageant that ends each season. So, the more successful the swan, the further her remove from an unhappy domestic reality. The appearance of a fantasy media space

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<sup>322</sup> Reality as it appears outside of the mansion is only made visible in the intro videos and during surgery footage. While intro videos, the only views given of the contestants' everyday lives, are shown in full-screen, the conceit is that they are being screened to the panel of experts, and we are only privy to the videos because they are watching them. At the end of each video, the camera pulls out to the panel as a whole for their reactions, so "reality" is very strictly framed on the program. The contestants' reality also seems to be positioned relative to them, as *The Swan* is positioned to the audience, accessible only as media.

<sup>323</sup> The first episode of the second season, shot rapidly after the premiere of the first, was a "Where Are They Now" episode, which did show some at-home footage, but mostly consists of an audience Q & A on a set.

mitigates the reality of the contestant's departure from her real-life domestic sphere,<sup>324</sup> which would otherwise be directly at odds with the show's heteronormative trajectory. This "imaginary" space also works to soften the reality of the process of transformation, and associates mediated bodily representation with ideal experience.

Each episode of *The Swan* begins in the boardroom of The Swan Mansion, where the show's well-coifed, impeccably dressed panel of experts meets to examine the introductory videos of that week's contestants. The experts include the "best plastic surgeons in the world," Dr. Randall Haworth and Thierry Dubrow, a Da Vinci dental veneer expert, licensed psychotherapist Dr. Lynn Ianni, a trainer, evening gown-clad host Amanda Byrum, and showrunner/life coach Nely Galàn.<sup>325</sup> The intro videos typically pair at-home footage of the contestant with confessional-style self-reflections that tie life histories of depression and low self-esteem to physical appearance.<sup>326</sup> These stories are all similarly dismal, but also banal enough to remain relatable and "normal."<sup>327</sup>

By way of introduction, all of the contestants identify their pre-transformation bodies as plain, average, ugly, invisible, or in the words of one contestant, "just there."<sup>328</sup> These sentiments are typically accompanied by at least one intro-video scene in which a

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<sup>324</sup> Despite positioning itself as a fix for ailing heterosexual (heteronormative) relationships, which would seem to entail an increased intimacy between partners, because of its competition format, *The Swan* isolates its contestants not only from their lovers but from all of their friends and family as well. On *The Swan* emotional release principally takes a solitary confessional form.

<sup>325</sup> In keeping with the set's homage to Classical mythology, the panel of experts alternately behave as a Greek chorus and a congregation of Gods atop Mount Olympus à la *Clash of the Titans*, watching footage of the lives of those with whom they intend to interfere and on whom they will pass judgment.

<sup>326</sup> The footage typically includes contestants getting surprised by the news of their selection for the show, a truncated version of their life story, scenes of their daily life, interviews with husbands and family members, old photographs, etc.

<sup>327</sup> In opposition to *Hoarders* and *Sex Change Hospital*, which emphasize their subjects' differences from norms of consumption and gender, respectively, the relative normalcy of the contestants recapitulates what feminist sociologist Kathy Davis argues is simply a routine disposition toward patients among plastic surgeons.

<sup>328</sup> Kelly Becker, Season 1. Notably, because contestants are never returned to their normal lives, and have already identified their bodies as the core issue from which all misery springs, surgery appears indisputably effective.

semi-nude contestant gazes at herself critically in the mirror, illustrating the relationship between appearance and experience. These sequences create a correspondence between appearance and experience, which links internal self-image to an external, visible image of the body through the performance of a self-perceptive gaze. In doing so, the show foregrounds the core organization of something akin what Mike Featherstone refers to as “body image,” which he argues is a mental image of the body as it appears to others, unifies cognitive awareness of the body with affective experiences of it, which are otherwise multiple and discontinuous.<sup>329</sup> What Featherstone describes in abstract, theoretical terms, which are typically used as a means of analyzing the relationship between subjectivity and mass media, becomes the manifest content of the show in this initial mirror confrontation, and again, in the mirror-reveal when contestants are brought face-to-face with their “new” bodies for the first time. These mirror scenes bracket the show’s transformations, and forcefully join bodily appearance with experience through self-image.

The accuracy of contestants’ body images, as depicted in these sequences, are validated by the panel of experts and granted medical currency. After viewing the intros, the panel is presented with an apparently standardized, medical “baseline” image of the contestant, which will be repeated throughout the episode. The experts’ assessments of, and treatment plans for, each contestant appear to be based on their analysis of two mediated presentations: the introductory video and what I am calling a “baseline” image

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<sup>329</sup> Featherstone writes that this concept originated with Paul Schilder, but was expanded on in the mid-1990s by authors such as Ferguson, who argues that there has been a shift from a well-defined, closed body image in the 19<sup>th</sup> Century to one that is more open and ambiguous. This internalized image of the body is forged in relationship to mirrors, photographs and film, and can only be understood by unpacking the relationship between body and image and the modes of conceptualization and experiencing of body image. Mike Featherstone, “Body, Image and Affect in Consumer Culture.” *Body & Society* Vol. 16 (1), (2010): 193–221.

produced by the show.<sup>330</sup> Rather than undergoing individual medical evaluation on-camera (as in *Extreme Weight Loss*), contestants' bodies are subjected to a sentinel of aesthetic critiques that appear to be medically derived because they are culled from the "baseline image" that frames the body in apparently scientific visual terms.

Set against a neon blue and black grid, the "baseline image" is comprised of a still of the contestant's semi-nude body, sans make-up, stomach exposed, wearing a uniform of grey granny-panties and a shortened tank top. These uniformly unflattering images appear alongside a rotating outline of an animated "ideal" female form. As the doctors on the panel of experts perform their critiques, a neon blue radar graphic calls attention to the body part under examination, while biometric information scrolls across the bottom of the screen in a "data" font.<sup>331</sup> The baseline images recall the aesthetics of *Hackers* or *Lawnmower Man*-era computer imagery that is nearly as campy as *The Swan Mansion*. At the same time, the biometric values that contribute to this image help validate the remainder of the show, including its aggressive bodily incursions. This unsettling use of cheeky and scientific elements, alongside introductory videos in which contestants express lifelong suffering, sets a tone for the show that is repeated in its overarching organization, which pairs invasive, risky surgery with the trite beauty pageant. This incongruous combination of elements is functional as well as stylistic. The show's across the board hokey-ness equalizes its diverse content and enables it to seamlessly replace individual medical objectives with a homogenized goal body for each woman that is

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<sup>330</sup> The baseline image is the site at which each contestant's body is examined and analyzed, provides a map for transformation, and validates interventions in medical and aesthetic terms.

<sup>331</sup> This information is related to each body part and course of treatment (basically a list of surgeries), and appears underneath the image, but is unified with it by the background grid. Importantly, the woman is not in front of the panel, so judgment appears to be passed entirely on the basis of the mediated representations that appear onscreen.

based on an exaggeration of secondary sex characteristics (boobs, tiny waist, ample backside) and white beauty standards, which supposedly define heteronormative desirability, or “femininity.” Guided by the campy aesthetics of the beauty pageant, all of the women end up with fairly similar procedures, including liposuction, nose jobs, skin work (Botox and fillers), etc.,<sup>332</sup> and the experts routinely refer to these surgical selections as “feminization.”

*The Swan* cultivates a coherent reading of the female body across various mediated registers, from the scientific to the social. As with *Extreme Weight Loss*, biomedical standards are made visible through an idealized body. However, unlike *Extreme Weight Loss*, *The Swan*’s aesthetic standard is not culled from biometric information, instead biometric values appear as a visual index of science and validate gendered aesthetic norms. The similarities of these surgeries are at odds with the “customization” on which the show is premised, which is also one of the promises and delineating features of biomedicine.<sup>333</sup> And, while *The Swan* seems to countenance the fears of science studies scholars—that media is increasingly important to how biomedicine is harnessed to shape human bodies, but also imports existing social stratification into representations of biomedicine—the norms that appear on *The Swan* are also validated by a problematic, present-day revival of racist “Darwinian Aesthetics.”<sup>334</sup>

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<sup>332</sup> Haworth stresses the individuality of the processes for each patient, that’s certainly not what we’re shown on the show. And, even though surgery is the principle mode of transformation, with few exceptions, each woman is expected to lose anywhere between 25-45 pounds in three months.

<sup>333</sup> The idea that these surgeries are customized is legible in the form of the “baseline image” and in the lack of a concrete visual model or goal. The cumulative pretense is that these surgeries are based on what will make each individual woman look best based on her features—the show never addresses the fact that these all add up to more or less the same “end” body, which has a distinct enough look that it would later be used to characterize “obvious” plastic surgery.

<sup>334</sup> “Darwinian Aesthetics” also attempts to side-step physiognomy’s racist history by directly referring back to Darwin, while at the same time orienting the study of beauty or “attractiveness studies” around Eurocentric beauty norms. For example, see Cunningham et al., 1995: 263.

“Darwinian Aesthetics” underwrites some of the tenets of mainstream plastic surgery that appear on the show sometimes explicitly, such as the “golden ratio”<sup>335</sup> that universally determines beauty, and sometimes implicitly, by an emphasis on “sexual selection” as the driving force behind beautiful features. As Dr. Marquardt explains on his website: ‘The “Golden Ratio” is a mathematical ratio of 1.618:1 that seems to appear recurrently in beautiful things in nature as well as in other things that are seen as “Beautiful”.’<sup>336</sup> In the scientific (or pseudo-scientific) studies, the “beautiful” female body is the central aesthetic object around which the visual field is orchestrated, and this organization is coherent with that of Eurocentric visual media traditions. Some of these traditions are indexed by the show’s mise-en-scene and narrative (Greco-Roman sculpture, the beauty pageant), which emplace contestants in this continuum. The version of bodily customization and transformation enabled by biomedicine is one that is determined by standards of beauty that are socially and medically produced. And, since biomedicine is a private industry, consumer demand drives innovation and development, thus the reconstitution of recalcitrant gender norms through biotechnology on *The Swan* not only

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<sup>335</sup> The golden ratio is 1/1.618 and is also known as the “phi ratio.” Marquardt has invented a software program that measures the distances within the face and their approximation to an ideal ‘mask’ that he has constructed, not on the basis of intuition or the morphing of existing faces but, he claims, on the almost magical proportions of the golden ratio....’

<sup>336</sup> “Darwinian Aesthetics” and beauty studies have led to much publicized, abstract models of beauty, such as the “golden ratio” and Dr. Stephen Marquardt’s computer generated “Golden Mask,” which is intended to guide everything from plastic surgery to make-up application. Doctors on *The Swan* reference the golden ratio at intervals, and while I’m not suggesting the show explicitly endorses Darwinian Aesthetics, the racist and sexist presumptions and hierarchies that it encompasses are made present in this visual standard, which *is* explicitly referenced. In addition to which, Galán has copped to the show’s almost exclusively white cast. Wegenstein and Ruck address Galán’s comments, and part played by “Darwinian Aesthetics,” as part of a revamped adoption of physiognomy. They point out that these standards are drawn from attractiveness studies organized around youthful, white student populations. While they explain that these ideals always reproduce upper class Eurocentric beauty standards, they do not address the centrality of gender to the physiognomic model in its present and past forms. Female beauty is almost always the apex of these schemas, but their place at the top of that hierarchy seems to collapse visual beauty with interior goodness, so that the most ideal form of beauty is feminized and so directly associated with goodness that interiority is dispensed with entirely.

markets particular procedures and validates specific aesthetics, it reproduces these as a models that will determine research in a field that functions as a truth discourse.

Though the rhetoric of choice, central to both biomedicine and reality TV, is also emphasized on *The Swan*, the shape and form of transformation appear to be decided on by the panel of experts, with contestants either agreeing or disagreeing to various procedures.<sup>337</sup> Accepting expert decisions about the goal of surgery is depicted as key to the transformation process and as the core exercise of choice that inaugurates a subsequent series of views of each woman's body in increasing states of submission, beginning with the panel's assessment of her "baseline image" and culminating in her catatonic and supine, under the surgeon's knife. Yet, the instant in which a contestant decides to transform is depicted as a pivotal moment of self-determination, which will ultimately render her a self-determined subject (but not before she transforms). According to Galán, the show's producer and on-screen life coach, the extent to which a woman is willing to "surrender" to beauty culture and, thus, to transformation, is essential to the success of the process (and to the success of the show). Because it ostensibly actually occurs prior to filming, when a contestant signs on to do the show, this moment is staged by combining the intro videos with segments in which contestants agree to procedures after being are "educated" by doctors about them.

While most makeover TV evenly emphasizes each phase of transformation, *The Swan* focalizes the spectacle and drama of the reveal, which comprises over a third of its screen time. *The Swan* includes some footage of surgery and recovery—including a series of semi-ridiculous, sadistic scenes of bruised-faced participants in head bandages and

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<sup>337</sup> While there are still consultations shots and the surgeries do seem to be partially based on complaints the women have made about their bodies in the videos, it is extremely unclear how the decisions made. The show makes it appear as if the doctors are making the decisions, the women agreeing.

sweats lifting weights, running on treadmills, and crying in therapy — which makes the “work” in transformation visible, but it condenses this effort down to about five minutes of screen time.<sup>338</sup> Surgery is very clearly the privileged method of transformation and generates the biggest change, but it requires a passivity that is at odds with the genre’s emphasis on self-actualization through work. Weber identifies this process of submission to authority, or “affective domination,” as one of the key themes of makeover TV, which is typically paired with a process-based section of the show, which relays techniques of self-care. Here, the technique of self-care is simply listening to doctors, handing oneself over for surgery and trust in the process of biomedical intervention that includes decisions about bodily aesthetics.

The surgeries appear unbelievably “clean,” and show minimal amounts of blood or bodily fluid, though this is legible in “after” shots, bruising and trace amounts dried blood may appear on the women’s faces, or in shots of liposuctioned fat, neatly contained in glass, post-surgery. *The Swan* uses tactics to make surgery appear smoother, quicker and less messy than it actually is (what can take anywhere from 5-8 hours is sped up and edited down into only a few minutes of footage), and no mention is ever made of the actual time spent in surgery. Its quick time/real time strategy also allows it to only show strategic portions of surgery, and elides the actual number of surgeries taking place (on some of the contestants these were upward of 8-10). The use of levity between the doctors and their patients on *The Swan* is also important, suggesting that the surgeries are

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<sup>338</sup> Three months of material is crammed into about 12 minutes, which is roughly the same amount of time spent introducing each contestant. By contrast, the show typically spends around 17 minutes on its reveals. Even though surgical procedures are privileged as a method of transformation, the need to make these procedures appear as part of a healthy lifestyle necessitates the gym and nutrition segments. And, the women actually do lose a good deal of weight. In addition to liposuction and tummy tucks, they have also been put on 1200-calorie diets, and work out 2-3 hours a day after their surgeries. The workout segments also make the show seem to be a competition as they are cut into a montage of the two women training, as if for a sporting event.



routine, circumventing or downplaying any potential risks, and also making them seem almost fun.

Like the rest of the show, surgery is shot to maximize entertainment value and minimize realistic representations of risk and pain. Drs. Dubrow and Haworth put on a show, directly addressing the camera, and performing surgery with cocky confidence. On *The Swan* most of the shots are fairly tight, and there is rarely a full view of the Operating Room (OR) or the surgery. For instance, as Season 1 pageant winner Rachel's surgery begins, we hear Dr. Haworth's voice over an image of an IV drip and a surgery table on which she is lying prone, "We're going to maximize her femininity. I'm very optimistic about this." He addresses the camera and gives a brief explanation of the surgery he is about to perform, pointing to pieces of Rachel's body with the needle-end of a liposuction tube. The footage is then sped up making the surgery appear as a quick time impression. It slows back down once half of Rachel's body has been liposuctioned, so that Dubrow can address the camera again and show off the difference between the two sides of her body. It speeds up again and skips to her face, where it slows back down to show Dubrow right before he breaks her nose, at which point it speeds back up so that the full motion is obscured. As she is wheeled out of the OR Dubrow frames the surgery for us, "I've given her an alluring, more tantalizing face." This comment is accompanied by an image of Rachel, face swollen and fully bound up in cotton packing, giving a thumbs up sign. Dubrow hasn't even broken a sweat. Surgery appears so routine and outside of medical risk that the doctors appear as concerned with entertaining as they do with surgery.

Though the challenges and labor of transformation are typically the source of interior change on makeover TV, the utterly submissive and immobile state demanded by surgery render this a structural impossibility on *The Swan*. Instead, interior change is condensed into two moments: the contestants' commitment to change that inaugurates action, and the "reveal," in which she first sees her "new" body in the mirror.<sup>339</sup> Suspense accrues around the end visual, and the coincident experience of interior transformation, which is delayed until the mirror-reveal and occurs less as a process and more as a realization. The show amplifies the tension and drama of this moment and insures histrionic reactions by removing mirrors from the mansion so contestants cannot see the impact of the various surgeries they have undergone until their reveals. These images are also withheld from the audience, as contestants are wrapped in gauze and giant surgical bandages in the post-surgery segments leading up to the reveal. These obscured views are always bracketed by highly sexualized "teases," montages of abstract, close-up bits and pieces of contestants' newly beautified body parts (lips, boobs, waists), or full-body views from behind in low-key light that accentuates newly "feminized" figures. These segments fetishize what Wegenstein and Ruck argue is a fragmented, referent-less body that is "reconstituted by technology" on makeover TV. However, the ways in which abstract body parts are eroticized, even prior to the reveal's "reconstitution," are reminiscent of pornography's fetishistic focus on individual body parts, which surgery has perfected in isolation. Wegenstein and Ruck argue that makeover TV and plastic surgery have combined to produce a specific aesthetic in their reconstitution of the body.

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<sup>339</sup> Most makeover TV, including *Extreme Weight Loss* and *Hoarders*, accrues drama by representing work in relationship to goals that frame the show. The ups and downs of the process of the makeover provide the tension and emotional stakes on these programs. However, this isn't the case on *The Swan*, which is organized around punctuated moments of high drama, which are continually teased in a titillating way during an otherwise unremarkable "transformation" stage.

However, these montages suggest that “reconstitution” is cinematic/televisual rather than surgical. This collection of perfected parts is already a technological “reconstitution.” The body and images of it are equated, and as importantly, plastic surgery becomes part of a fetishizing apparatus through which images are produced—visual/communications technology and biotechnology appear as part of the same project, all of which are mobilized to produce the mediated body.

While the show has already reconstituted a version of the body through montage, within the narrative of the show, this recombined whole becomes the body image around which each contestant’s new identity inheres. What’s perhaps shocking about the way that this is presented is that the staging of the reveal as a moment in which interior transformation is produced by seeing a changed exterior image. The reveal foregrounds and idealizes the utterly foreign and mediated substance of self-image and identity. According to the rationale of the mirror-reveal, the pre-transformation contestant’s representation through visual fragments implies a subjective vacuum, a lack of continuous identity or social legibility, a non-being. Yet, this is complicated by the show’s presentation of abstract images as sites of desire—which suggest that female subjectivity is based on the assumption of images, the eroticization of which is contingent on desubjectification. In other words, the terms through which subjectivity is conferred require desubjectification. The show addresses this misogynist matrix of identity fairly explicitly and uncritically.

These teasers, and the desubjectification or evacuation of subjectivity that they suggest, are part of how the show posits a correlation between embodied gender, social recognition and experience that diffuses the violent images on-screen. For example, when

cocky Dr. Dubrow and Galán, in her on-screen role as life coach, come to try and tough love Season 1's Kelly Alemi out of a post-surgical depression, her face is swollen beyond recognition, she's immobile, in pain, wrapped in bandages, and has been isolated from her family for several weeks. Every visual element of this scene suggests that she *should* be upset, because something unbelievably traumatic has happened to her body and she has no one familiar to comfort her. However, rather than validating her pain, the show and its experts treat it as comedic, irrational and transitory. Dubrow suggests that she won't even remember this part once she's finished her transformation. Dubrow's assurances are reinforced by the sexy "teaser," featuring Kelly's new body parts, which ends the segment. The montage acts as a distracting visual counter-point to Kelly's traumatized body that posits a direct relationship between appearance and experience and reduces the significance or "reality" of Kelly's pre-transformation experience of pain. Further, Kelly's verbal and visual expression of pain isn't followed by a montage of her expressing enjoyment, but with a montage of abstracted, beautified, body parts that evidently suggest happiness.

The correlation between appearance and experience takes shape through gender norms, the embodiment of which insures each contestant's social legibility. So the internalized body-image that Featherstone describes as a fulcrum of identification that links cognitive awareness to affective experience is produced through a third term, social recognition, which is always also gendered. Season 1's pageant winner, 27 year-old Rachel Love-Fraser's introductory comments suggest this rationale, "I think this transformation is going to change my life because I do believe that how you feel about yourself physically does play a part in how you react to the world and your environment.

I feel average because I look at myself in the mirror and that's what I see. I believe that that has had an impact with my relationship with my husband." Her comments are paired with footage of her exposing unflattering bits of her body to a mirror at home.<sup>340</sup> Rachel's sentiments are echoed by her dumpy, emotionally detached husband who says of his wife, "she's a little average." When he says this, the show immediately cuts out of the intro and to the expert panel for a close-up of Dr. Dubrow, whose wince turns in to a nod of agreement. Without ever directly positing a causal relation, this segment correlates Rachel's appearance, her feelings about herself as a human being, and her perception of her husband's feelings about her. Her husband's and then Dr. Dubrow's agreement with her suggests that her interpretation is not only accurate, but also medically valid. At the same time, this segment also positions Rachel as the author of her transformation. The show depicts a process of identity formation that is complex, and hinges on social recognition and gendered embodiment. Rachel's analysis of her situation is sophisticated, self-aware, and ultimately grounds the terms of her self-determination: plastic surgery. On *The Swan*, women are positioned as self-determined agents of change, the foundational expression of which is opting to transform vis-à-vis surgery, and a total capitulation to the visual norms of "femininity."

Rachel's analysis and logic are repeated by the show and legitimated by the expert panel. This continual reiteration not only promotes surgery, but also positions the female body as the core problem and site of intervention. For example, even when members of Rachel's panel recognize that life circumstances are at the root of her issues,

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<sup>340</sup> At first, Rachel seems rather circumspect about the prospect of extreme plastic surgery. She begins with a fairly astute and sophisticated observation about how she understands the relationship between beauty and one's ability to experience their life in the social sphere, so she situates her feelings in social terms. However, she pairs this with a veritable laundry list of what she sees as her physical flaws without missing a beat.

surgery is still immediately positioned as the best solution, and as a means of solving problems in multiple interdependent registers (social, romantic, physiological, psychological, etc.). The show's normally extremely pro-surgery hostess, Amanda Byrum, for the first (and perhaps only) time sums the situation up fairly astutely, and also explicitly references the logic of recognition and identity that ground the show, "Rachel says she looks at the mirror and feels average, but the men in her life don't seem too supportive... Correct me if I'm wrong, is that where it stems from?" While no one on the panel "corrects" Amanda's observation, it is very quickly cast aside, but not without at least a slight nod to therapy, as Dr. Iani quickly comments, "she's carrying all that inadequacy that her father feels into her own life, that would be something we need to explore in therapy..."<sup>341</sup> Iani is quickly cut-off by surgeon Dr. Dubrow who begins as if he's going to say something tactful, "I think she's a very difficult physical transformation." He pauses, then addresses Dr. Haworth, "What do you want to do with that nose?" Any time responsibility for Rachel's unhappiness is placed elsewhere; it is immediately relocated at the site of her body.

An emphasis on "femininity" is kept intact at nearly every stage of each episode through references to marriage and sexual desirability. However, femininity is directly correlated with heterosexual desire and the institution of marriage, during the reveal. Following months of not seeing their reflections in the mirror, many of the contestant's first sentiments after "oh my god," "I can't believe it's me," and "thank you," are about how happy their husbands will be with about new looks. This immediate emphasis on the marital relationship is very often prompted by a leading question from Amanda,

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<sup>341</sup> Therapy notably happens weekly on the show versus 2-3 hours a day in the gym, and three months of combined surgery and recovery time.

suggesting its centrality to the show's logic, in which "femininity" is central to female experience and subjectivity, but is produced by men (surgeons) for men (husbands). For instance, the second thing Amanda says to Rachel after her reveal is, "Rachel, you've mentioned your husband. You've had a little bit of difficulty with him over the past couple of months. How do you think he's going to react?" Rachel responds, "He's going to be stunned, he's going to be absolutely, positively stunned," at which point Dr. Dubrow and the trainer give each other self-satisfied looks. Substantial marital troubles, which seemed to issue from her husband, are immediately reduced and resolved by Rachel's transformation, which is depicted as the accomplishment of the two doctors. This suggests that the doctors and the husband share a common, self-evident standard of attractiveness, which is scientifically valid, and mirrors the aesthetic standards of the beauty pageant. This happens in virtually every other episode that features a married woman.

Like Rachel, almost all contestants identify a failing relationship as their impetus for coming on the show, and a significant number claim that they have *never* felt recognizable as desirable women before; and or that they *stopped* feeling recognizable as desirable women many years ago. These claims express the same logic as the reveal segment: that gender identity and self-worth are bound up with feelings of sexual attractiveness and sexuality, which are (negatively or positively) derived from how a woman embodies a beauty standard.<sup>342</sup> For individual contestants, recognition and

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<sup>342</sup> The beauty standard on *The Swan* is one of almost parodic ultra-femininity, combining elements of the Barbie doll, the princess, the beauty queen, the car show model, and the pin-up girl. While this has been identified as white and middle class, I think that the ideal form of femininity here is actually traversed by both class, age and gender (these are models that seemingly appeal to either very young girls or old men) in problematic ways that are not at all transparent, nor captured by "white, middle class women." At the same time, *The Swan* look is the same model of beauty clearly assumed by the *wealthy on reality TV*, such as the Kardashians, Heidi Montag, and *The Real Housewives of...* anywhere but Atlanta (people of color are a

identity appear to be contingent on heterosexual desirability in the context of marriage. However, the overall trajectory of the show suggests that identity is truly conferred through adherence to mediated standards of desirability, not interpersonal recognition. The pageant framework reinforces the visual, image-based standards through which female identity is granted. The standard of beauty that guides transformation, and is apparently self-evident to doctors and husbands alike, is given a common, mass media source in the beauty pageant.

While “femininity” is bound to heterosexual partnership, marriage and domesticity, through individual contestants, the show’s overall trajectory is organized around the beauty pageant, a very public spectacle of femininity that closes each season. Beauty pageants traditionally operate under a physiognomic pretense in which women are ostensibly being judged and rewarded for their beauty, which reflects an inner goodness that is also legible in their personal achievements or talents. However, *this* pageant is more about awarding the surgeons and experts for their work, and its contestants are judged by their “beauty, poise, and overall transformations.”<sup>343</sup> If there is a relationship to inner goodness, that goodness is exclusively assessed in terms of the

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rarity on *The Swan*). It’s a look in which the relative “naturalness” of the body, which was a concern for breast implant and nose job recipients of the 1980s-90s, no longer seems to matter at all. In fact the look of having had “work done” seems to figure into the aesthetic itself, a point of pride rather than one of embarrassment.

<sup>343</sup> For instance the Miss America Pageant identifies itself as working to advance the “business of scholarship and community service for women,” using Miss America as a spokesperson. The pageant chooses its winner based on “Olympic Scoring” with the following categories: Lifestyle and Fitness in Swimsuit-15%, Evening Wear-20%, Talent-35%, Private Interview-25%, On-Stage Question-5%. While *The Swan* pageant doesn’t give such an elaborate breakdown, it begins with a bikini competition and ends with a lingerie competition, it has an evening gown section and some question, but talent is bypassed altogether. In other words, it’s less “progressive” than the Miss America pageant. And although, Amanda and the disembodied voice that introduces the pageant tell us that this is the contestants’ dream the pageant rarely comes up in the show except in terms of framing. (<http://www.missamerica.org/news/press-kit/national-judging-process.aspx>)



characteristic most valued by the show—the contestant’s willingness to transform.<sup>344</sup>

While contestants may be asked one or two questions related to their transformations, the finale episode is almost fully dedicated to showcasing the made-over body, in which the work of “the best plastic surgeons in the world” is shown from every conceivable angle and in various stages of undress, implicitly advertising plastic surgery as a choice for self-improvement.<sup>345</sup> The various biotechnologies used in transformation are among the techniques through which this fetishistic spectacularization of the female body takes place. Ostensibly, the pageant isn’t a judgment of the woman, or her beauty, but, rather, of various techniques of biomedical and mediated transformation made visible through the woman.<sup>346</sup>

The campy pageant authorizes the antiquated aesthetic ideals that organize transformation, and legitimates its exclusion of men. This appearance allows the potentially problematic gendering of cosmetic surgery, and the issue of low self-esteem and gender, to be completely circumvented. It also neutralizes the gendered power dynamic between doctors and contestants. The highly problematic gendering of plastic surgery is subsumed by the more *overtly* problematic (but also seemingly dated or

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<sup>344</sup> This is the character trait most valued by the show.

<sup>345</sup> Dubrow and Haworth both have homepages that attest to how much their practices have benefitted from the show, although there has also been media attention that regards the show as negative as disturbing. Most recently there has been coverage of both the physical and psychiatric trouble suffered by some of *The Swan* participants as a result of their participation in the show. Nonetheless, Dubrow has turned up as the focal point of another plastic surgery makeover television show, E! Network’s *Bridalplasty* and appears frequently as the husband of “real housewife” Heather Dubrow on *The Real Housewives of Orange County*. He has also co-authored a popular press book, “The Acne-Cure,” and directs the Acne Clinic of Newport Beach, in addition to having publishing several articles in legitimate medical journals. Like Dubrow, Haworth continues to publish in medical journals that focus on cosmetic surgery, but also on its more serious applications such as the treatment of burn victims. He is also an aspiring visual artist, who has shown at various galleries in southern California and Florida, and has continued his television career by appearing on shows such as *20 Best & Worst Celebrity Plastic Surgery Stories*, and *101 Biggest Celebrity Oops!*

<sup>346</sup> It’s also noteworthy that the beauty pageant aesthetics, to which the participants are made to correspond, while certainly not queer, are definitely close to the aesthetics of drag in their exaggeration of “feminine” characteristics.

pastiched) gender norms of the beauty pageant itself. Though outdated, the pageant format is also very clearly tied to mediated beauty standards (TV beauty standards) in a more obvious way than individual contestant's domestically motivated goals. The pageant also applies a "professional" beauty standard to all of the show's women, acting as a guide regardless of marital status, orientation, or life goals.<sup>347</sup> Though unrelenting in its promotion of antiquated and racist forms of gendered embodiment, its misogyny is so brash, that, particularly in combination with its campy visual elements, the retro pageant invites a spectrum of spectatorship. Rather than working to make the outdated pageant seem a natural corollary to the sophisticated modes of body alteration it depicts, this structure makes surgery appear to be a technologically advanced, but ultimately gender neutral means to a spectacular end, which happens to be highly gendered and sexualized.<sup>348</sup>

This neutered depiction of plastic surgery belies its historic relationship to gender production. According to feminist sociologist Kathy Davis, plastic surgery is a gendered technology that was developed for women by men and is still primarily used as a means of reinforcing "beauty" as a norm of embodied femininity, with women accounting for

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<sup>347</sup> Contestants such as 40-something Tawnya Cooke, who only wants to help her career through a more youthful appearance, is subject to the same aesthetic standards as women hoping to please their husbands, and all are organized by the "professional" beauty of the pageant.

<sup>348</sup> Technology is gendered because it was developed for women and is still used primarily on them, and as a means of reinforcing particular forms of embodied femininity. Breast augmentation is the second most popular surgery overall with around 317,000 recipients (all identified as women) receiving the surgery. Liposuction comes in at number one with around 325,000 surgeries in 2010. The only other surgery that makes both the top five for men and women according to the American Society for Aesthetic Plastic Surgery's 2011 Cosmetic Surgery National Data Bank Statistics Report was Blepharoplasty (eyelid surgery). The rest of the surgeries only the women's top five lists, and include tummy tucks and breast lifts. These statistics suggest that the surgeries themselves are actually *not* gender neutral, and deal overwhelmingly with the female form. Interestingly gynecomastia is number four on the men's top five surgeries, again suggesting the same continuum I am working with here.

91% of surgeries, but only 1 in 9 surgeons.<sup>349</sup> As a field, plastic surgery advanced by producing femininity against a particularly disembodied mode of masculinity identified with medicine and science, which accounts for the historic pathologization and stigmatization of men who sought out cosmetic surgery as effeminate or gay.<sup>350</sup> By contrast, women's desire to improve attractiveness was regarded as "natural," and legitimated their desire for surgery. Davis's observations speak to the historic coproduction of scientific and visual cultural norms. While the female body is culturally produced as a visual object par excellence, aestheticization and objectification of the male body has not only been culturally taboo until relatively recently, but is actually written into medical literature. This contrast in attitude is not only (obviously) salient to *The Swan's* organization around the spectacularization of the female body, but to the show's sustained effort to make its contestants appear psychologically normal. Mental illness would complicate the show's normalization of surgery, render plastic surgery an unethical or inadequate means of treatment, and undermine the medical logic that validates its spectacularization of the female body.<sup>351</sup> As a result, the low self-esteem,

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<sup>349</sup> In her book on plastic surgery, *Dubious Equalities*, sociologist Kathy Davis argues that plastic surgery is both an act of compliance (to the norming power of a gendered beauty system) and resistance (a refusal to continue to passively suffer due to such a system). She urges an earnest consideration of women's concerns about, and experiences of, their bodies when they identify cosmetic surgery as a liberatory practice.<sup>349</sup> However, she also argues that this tends to foreclose on recognition of surgery as a choice made within a closed set of options.

<sup>350</sup> She actually argues that historically men have not only been stigmatized but pathologized when they seek plastic surgery, and were often denied surgery if they could not produce a legitimate justification. This pathologization occurs in the same literature that considers it "natural" that women would want to improve their appearances surgically, as simply a psychological affect of womanhood.

<sup>351</sup> While the code of ethics for U.S. plastic surgeons strongly discourages surgery for clients with body dysmorphic disorder, or other appearance-based neuroses, in European countries with universal health care, access to free plastic surgery was contingent on such a diagnosis. A diagnosis like body dysmorphic disorder would ensure that the surgery would have a reasonable, positive outcome for the patient. This is not totally unlike the diagnostic requirements for gender affirming surgery. While the terms of diagnosis for gender affirmation reduce gender identification to a binary process, and logically validate surgery, this ultimately doesn't account for the range of possible experiences. In this sense, gender-affirming surgery can be seen alongside plastic surgery (even for those with body dysmorphic disorder) as improving the experience of life, not definitively "curing" or treating an illness.

social suffering and misery contestants have undergone appear to be conditions of a normal experience of femininity. In an important way that also informs *Sex Change Hospital*, the logic of early plastic surgery is reproduced in an updated form on these programs: femininity is a pathology in and of itself, which causes women's desire to be more "normal."<sup>352</sup>

The notion that women have a "natural" urge to improve their appearance, which was foundational for plastic surgery, is eschewed on *The Swan*. All of *The Swan's* contestants site societal reasons for surgery and transformation that are socially derived, from teasing and long histories of social exclusion, to claims that they have not felt recognized as women before. These claims are absolutely central to the show: they contextualize intervention and give it meaning, and are pivotal to the pathos of the reveal. Though cheeky, the show's substitution of such clearly artificial beauty standards for the "natural" aesthetics, one might expect to accompany its use of biometric values, importantly acts as a means of reorganizing the logic that has validated gender norms, including embodiment.

Rather than positing natal sex as the primary factor determining gender, and organizing embodiments of it, on *The Swan*, gender (in this case femininity) legitimates the terms of embodiment. Femininity is primarily a means of identification and social recognition for contestants, and unlike "nature," it is substantiated through various interlocking registers, but predominantly through the visual field in which they combine.

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<sup>352</sup> <sup>352</sup> Davis argues very persuasively that female plastic surgery recipients are driven to the knife by a desire to be "normal" and not "beautiful." *The Swan* suggests that ideas about beauty and normalcy cannot be uncoupled without the loss of social legibility for women. The show operates on, and updates, an existing binary that combines normalcy and beauty: normalcy-"beauty"/abnormal-"average." This structures its individual episodes and is reiterated every week as host Amanda introduces the show as "a chance for these ordinary women to be transformed into beauty queens."

By this rationale, femininity and beauty become coextensive, and because of its pervasiveness, mass media images become essential to how gender is imagined, encountered, and experienced. Rather than issuing from “nature,” *The Swan’s* absurdly over-sexualized aesthetic standards garner validity in relationship to biometric data and informatics (or their appearance), high-end biotechnologies.

The show was also part of a process of increased visibility for plastic surgery that normalized and even eroticized the obviously surgically enhanced female body. While *The Swan’s* standard is white and Eurocentric, it doesn’t exactly correspond with “middle class” standards of beauty, or with those of high fashion. Instead, its model seems more clearly related to the sequined pageant, the pin-up and/or a car show model, which exaggerate features typically associated with heteronormative desire, mixed with the princess accouterments marketed to young girls. Further, the homogeneity of the show’s ideal of female embodiment became part of an emerging standard of beauty that foregrounded plastic surgery. This “expensive” aesthetic is obviously unnatural or plastic, and though it is much maligned, it is also connected to a brand of fame and wealth that is connected to many of the fantasy elements suggested on *The Swan*.

Although *The Swan* depicts transformation as an opportunity to become a “beauty queen,” and ended up normalizing a peculiar plastic surgery aesthetic, the vast majority of contestants explained their participation on the show in terms of a desire for “normal” social legibility. Writing in the mid-1990s, Davis argues very persuasively that female plastic surgery recipients are driven to the knife by a desire to be “normal,” not “beautiful.” However, on *The Swan* what contestants and doctors identify “average” appearance (à la Rachel) is rendered abnormal or abject (normalcy-“beauty”/abnormal-

“average”). This is apparently justified by “science.” For example, once Dr. Dubrow agrees with Rachel’s husband’s assessment of her looks as “average,” his disregard for his wife, and her history of social exclusion, appear justified and normal reactions to what the show identifies as an inability to look appropriately feminine. By this rationale, beauty is essential to properly embodied femininity, which is, in turn, necessary for social recognition and a “normal” experience of life. While *The Swan*’s aesthetic standard is altered from the norm identified by the women in Davis’s work, the impulse to become “normal” has not. Further, her core argument, that surgery is both an act of compliance and resistance to social norms, and that while surgery can be experienced as personally liberatory, it has to be considered as a choice made within a closed set of options is relevant to understanding how contestants experience what appears to be a profoundly disempowering and objectifying process, as a self-defining refusal to continually exist outside of the terms of social recognition. The draw of the surgical solution is that given the pervasiveness and structural intransigence of standards for gendered embodiment, it can alleviate personal suffering.

### *Sex Change Hospital*

Except in their most scandalous, tabloid iterations, the stakes of extreme plastic surgery and those of gender affirmation have been alien to each other in media, public and political discourse.<sup>353</sup> However, when viewed through the interconnections of visual

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<sup>353</sup> This is sometimes referred to as “gender reassignment surgery” in texts cited in this article, and is referred to as a “sex change” in the show’s tongue-in-cheek title. Because much of the popular naming for transgender people and issues is inherited from the intersection of medical and legal institutional language, it is problematically pathologizing, and, hence, is under continual revision. While this paper uses the language preferred by GLAAD and other transgender advocacy groups, it’s worth noting that the change from reassignment to affirmation loses a sense of its legal significance. In order to legally change one’s sex, most U.S. states require some variation of medical intervention, sometimes surgical, sometimes hormonal.

culture, processes of identification, and the construction of visible identities, in which biomedicine plays a formative role (alongside other technologies), these surgical procedures appear along a continuum of bodily change in relationship to norms of embodied gender. TV's makeover genre is preoccupied with this matrix and differentiations within the genre focus on specific techniques for constructing visible identities that approximate ideals of embodied gender and/or visual identity. *Sex Change Hospital* and *The Swan* not only focus on surgery as a technology, they render visible identities and embodiments of gender that have emerged through specific biotechnologies and biomedical phenomena.<sup>354</sup> Already a technology that produces visual culture, norms of gendered embodiment and techniques for approximating them, TV's incorporation of biomedicine among these techniques positions it as a site of individual and general knowledge production.

Because biomedical interventions and the identities forged through them are depicted as solutions to problems of identity and recognition that issue from the sex-gender-sexuality matrix on *Sex Change Hospital* and *The Swan*, these shows also countenance the unsettling reproduction of gender within processes of biomedicalization. Taken together, *Sex Change Hospital* and *The Swan* reveal a pervasive logic that underwrites their divergent forms of representation, and the surgical interventions they

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<sup>354</sup> Medicalization is a process, co-constitutive with modernity, which renders social phenomena medical—making “badness” into “sickness” (ex. homosexuality, alcoholism, abortion). Biomedicalization is descriptive of the growth of this process into a truth discourse that absorbs phenomena that had previously been regarded as normal or healthy, and in which Technoscientific development has played a significant role. *Sex Change Hospital* clearly exhibits the uneven development of biomedicalization, as gender affirmation is clearly derived from the “badness” to “sickness” model of early medicalization, but also envisages the transformation of bodies and lives, and the constitution of biomedically-based identity. These two aspects of gender affirmation are continually in tension on the show. The two specifically biomedical phenomena that have garnered enormous media attention are both related to gender and embodiment. Clarke's survey of biomedicalization, sites the normalization of plastic surgery as a treatment for unattractiveness and diet medications for the overweight as early iterations of technoscientifically driven transformations of the bodies and lives that had previously fallen within the range of “normalcy.”

document. According to this logic, gender non-conformity causes a loss of social legibility and identity, which can be restored by reshaping the body to meet social norms/standards: the goal is “agreement” between the mind and body. In this schema, subjectivity is primarily gendered, and to various degrees, is dependent on social recognition as well.

Though *Sex Change Hospital*'s staid, observational style couldn't be any more different from *The Swan*'s brash, tacky aesthetics and fantasyscapes, both are generic hybrids that approach scientific developments in “new” terms that diverge significantly from the strictly observational, disinterested mode of media-making with which the sciences have historically been imbricated. The biotechnologies on which these shows focus are produced through scientific practices (physiology and surgery), which have developed in relationship not only to gender, but to communications/media technologies as well.<sup>355</sup> These shows participate in a production of knowledge that is inherently visual

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<sup>355</sup> Bruno Latour, *Science in Action*, (Cambridge: Harvard UP, 1987) Fatimah Rony, *The Third Eye*. (Durham: Duke UP, 1996) Katharine Park, *Secrets of Women...* (Cambridge: MIT Press, 2006), Melanie Taylor's 2004 comparison of Romaine Brooks and Loren Cameron's self-portraits connects these same vectors, but focuses on the shift from painting to photography. “As technological advances have made it possible to reproduce images en masse, improvements in medical practices and surgical techniques have made it possible to reproduce embodiments of sex and gender rooted in essentialist models. If both of these developments independently weaken ideals of authenticity—although of course there is always the danger that they may serve to strengthen those ideals—then the photograph would present itself as the perfect medium through which to express an identity that challenges traditional notions of ‘real’ masculinity.” As Cameron's argument progresses, challenges to authenticity disrupt the naturalized relationship between culturally-produced gender and physiological sex. My argument differs from hers in that the disruption of a “natural” relationship between sex and gender is supplanted by a “biological” relationship between the two, at least on *Sex Change Hospital*'s depiction of gender affirming surgery. Melanie Taylor, “Peter (A Young English Girl): Visualizing Transgender Masculinities.” *Camera Obscura* 56, Vol 19, No. 2. (2004): *I'm* suggesting that biomedicalization should be approached in a view similar to Whitten Overby's description of neoliberalism. He argues that neoliberalism looks beyond the singularities of individuals and individual lives, and insists these singularities be understood, examined, and replicated within an intricate network of enough other interconnection, interpenetrating and overlapping enterprises or individual lives to yield a useful understanding of each enterprise independently, as well as together, jointly. (Overby, Whitten. “The Birth Of Neoliberalism.” *Flowjournal* 22.06, May 2016.)



and consistent with TV's traditional and cross-platform formats.<sup>356</sup> While *Sex Change Hospital* appears in closer proximity to “scientific” values or concerns due to its documentary form and its association with The Discovery Channel, particularly when compared to *The Swan*'s appearance as pure entertainment spectacle on Fox, changes to these formats and regimes of representation have fostered concurrent changes in how TV genres, programs, and the knowledge produced through them, are evaluated. Hybrid genres that incorporate biomedicine (and particular biotechnologies) and personal narratives have been among the key ways in which TV has recontextualized itself across genres and formats as a site of knowledge production.<sup>357</sup>

*Sex Change Hospital* was produced in 2007, at the tail end of the frenzy of *Swan*-style plastic surgery makeover shows, but before the media address of gender transitioning became de rigeur, following Caitlyn Jenner's 2015 “outing.” The series was produced by World of Wonder, which had previously been responsible for a number of LGBTQ-friendly productions, including the critically acclaimed Sundance mini-series *TransGeneration* (2005) and, later, the long-running *RuPaul's Drag Race* (2009-present).<sup>358</sup> So *Sex Change Hospital* was ostensibly developed to appeal to an LGBTQ-friendly market at a time when indie media with a focus on transgendered issues,

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<sup>356</sup> These transformations and the images of them always include at least one female body—though I would argue they always include feminized bodies—and, so, correspond to an existing organization of the visual field around the female body.

<sup>357</sup> And, while they diverge stylistically, both use highly personal approaches and depend on similar, biomedically-grounded concepts of gender, identity, and bodily experience. Both also, notably, leave heteronormative masculinity completely intact and outside of representation that is premised on bodily visibility—thus it remains a structuring absence—it's historic disembodiment is preserved, and it remains a privileged, “neutral” spectatorial position.

<sup>358</sup> A majority of the company's output has been LGBTQ-friendly, and has included the spin-of *RuPaul's Drag U* (2010-present), a McCauley Caulkin/Seth Green film about Michael Alig, *Party Monster* (2003), as well as several documentaries that address sex and gender through campy topics, such as *The Eyes of Tammy Faye* (2000) and *Behind Deep Throat* (2005). It has also been responsible for shows that have gay casts, but no other clear connection to LGBTQ issues, such as the popular Bravo offering, *Million Dollar Listing* (2006-present). The company was started in 1991 by producers/directors Randy Barbato and Fenton Bailey.

characters, and stories had been on the rise.<sup>359</sup> Though it was almost immediately picked up by BBC-4 in the UK, it didn't find U.S. distribution until the late 2000s<sup>360</sup> when it was picked up by Discovery Fit and Health, a subsidiary of cable edutainment giant The Discovery Channel, which had no legible connection to LGBTQ audiences or subject matter, such as queer-friendly Logo or Bravo, or "quality" stations like Sundance or HBO.<sup>361</sup> Appearing on Discovery Fit and Health (now Discovery Life), the show's

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<sup>359</sup> This trend followed the 1999 hit film *Boys Don't Cry* (Kimberly Peirce). In 2008 a documentary, *Trinidad* (PJ Raval and Jay Hodges, 2008) received release that was also about Dr. Marci Bower's Trinidad, Colorado clinic addition to marketing itself to LGBT audiences, the film was billed as an "underground/Indie" release, won awards at several smaller regional film festivals, had a soundtrack that included tracks by indie music darlings *Antony and the Johnsons*, showed at SXSW, and was aired on Showtime and Logo.

<sup>360</sup> Notably the BBC, with which Discovery has had an alliance since the 1990s, has a slightly different disposition toward airing surgery and explicit medical footage than U.S. television and is presently airing a series of live life-saving surgeries, including brain and heart surgeries, and also aired *City Hospital* a serial television documentary that aired from 1998-2007. Also noteworthy is the long history of the surgery in/as theater in Europe, particularly in the early modern period. Anatomies and other surgeries were performed in anatomy theaters for the general populations from the 18<sup>th</sup>-mid-19<sup>th</sup> centuries. Like modern day "edutainment" these "performances" were meant to inform and to entertain. While U.S. broadcast TV has tended to shy away from this impulse, cable TV has not, as the (seemingly unsuccessful) appearance of The Surgery Channel in the late 1980s evinces. Further, cable channels with an ostensibly documentary/educational intent, such as the Discovery Channel and National Geographic have, from the outset, graphically shown portions of surgical procedures as part of specials and regular programming about biology and health. Notably, reality TV itself gained its strongest foothold on these channels, as Cynthia Chris discusses in *Watching Wildlife*, as it was a genre cheaply produced and easily branded and assimilated to different national contexts. In the time since Chris's study, the channels she tracks have shifted back to "educational" branding, from their brief forays into explicitly reality branding. For example, Reality TV Channel recently became NatGeoWild, a Fox/National Geographic joint venture. And, even more recently, industry-supported Internet "Television" channels, such as *theplasticsurgerychannel.com* have materialized.

<sup>361</sup> The show's eventual distribution through Discovery Fit & Health is suggestive of two industry trends—"de-gaying" and a return to "nature" in branding. Since the mid- to late-2000s Bravo and subsequently Logo have sought to distance themselves from their identification with LGBT markets. And, since the early 2010s, cable stations focused on reality TV have begun to rebrand themselves in terms of nature and science, which marks content as education/edutainment though it has not led to any significant alterations in programming. For instance Nat Geo Wild took the place of Fox Reality TV in 2010 in the U.S. though it had been operating in Asia as the product of a merger between Fox and National Geographic since 2009. In 2011 Discovery Fit & Health, which would broadcast *Sex Change Hospital* emerged through a merger between parent companies Discovery and FitTV. Neither channel saw dramatic changes to their programming. While this appears to be the reverse of the trend Chris identifies, it is really just the continuation of corporate mergers she had already identified. For more on LGBTQ niche audiences, see Ron Becker's *Gay TV and Straight America*. Becker's central argument is about how a niche market of wealthy, educated straight people were reached in the 1990s through the use of white, middle class gay characters. However, Becker's observations are instructive here as well. Not only are trans characters evidently *not* endowed with the same kind of apolitical cache as gay characters on straight TV, it also seems that trans people are also not really addressed as a niche market/community in the same way that gay

content was disarticulated from its LGBTQ production context, and rearticulated as a separate, health-based topic.<sup>362</sup>

*Sex Change Hospital*'s inclusion on Discovery's roster situates the show as a variation of the cable giant's continually changing approaches to science based programming. Though motivated principally by industry conditions, these changes have also been coextensive with altered ideas of what constitutes "science" and "education," which originally comprised the network's goals. Once vaunted for successfully commodifying relatively prestigious, "educational" documentary nature and wildlife programming, by the mid-1990s, the Discovery brand found itself at the center of debates about television sensationalism, condemned for "tarnishing" and "abusing" documentary form.<sup>363</sup> Consolidated in 2011, Discovery Fit and Health's line-up was marked by many of the same elements (sensationalism, hybrid formats, human focus) that appeared in these early criticisms, which by that time had become increasingly standard for non-fiction television, and characteristic of the Discovery brand.<sup>364</sup>

Discovery Fit and Health emerged as part of the brand's ongoing development of hybrid documentary subgenres and its diversification of non-fiction content, combining

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people are in the mass media (problematic though this grouping may be), though they are ostensibly the "T" in LGBT. Transgendered people and issues seem to appear in mass media representation as objects of inquiry—the point of representation is to represent something *about* trans people, not necessarily *for* trans people as an audience. This is also suggested by the predominance of documentary as a mode of representation.

<sup>362</sup> This would characterize how this issue eventually garnered mass media and public attention

<sup>363</sup> By that time, the network and its competitors had not only begun featuring "fanged and clawed" predators on shows so gory they were described as "bloodbaths" in mainstream media, they had also begun to move away from "pristine" views of wildlife to programming that focused on scientific discoveries, the urgency of conservation efforts and the consumer potential of nature. Although Discovery increasingly attempted to brand itself as entertainment rather than education, it was nonetheless condemned for "tarnishing" and "abusing" documentary form, as it increasingly adopted generic hybrids and highlighted the human role in "nature." (See Chris, Chapter 4).

<sup>364</sup> Cynthia Chris argues in *Watching Wildlife*, "These shows exemplify the pervasive industry logic that a network can never have enough of the latest good thing and will copy and combine successful formulas from other genres and networks to try to remain competitive," particularly among increasingly fragmented audiences.

the home workouts of FitTV with the “babies, bodies and blood” reality content of Discovery Health.<sup>365</sup> The majority of its programs were scandalously titled (ex. *Hoarding: Buried Alive!*), bore flimsy relationships to even the broadest definitions of “health,” and virtually none to “fit(ness).”<sup>366</sup> The few programs that addressed health also focused on sex and reproduction, from *Untold Sex Stories of the ER* to a host of exploitative pregnancy shows, including *I Didn’t Know I was Pregnant*, *My Mom Is Pregnant and So am I*, *Secretly Pregnant* and *Maternity Ward*.<sup>367</sup>

While *Sex Change Hospital’s* title suggests it is of the same smutty, exploitative ilk as these last several programs, and indexes the scandalous, tabloid history of gender reassignment, the show’s text is a restrained depiction of gender affirming surgery. And, though it includes the graphic surgical footage promised by its title, it emphasizes each cast member’s story and experience of transformation. The show’s individualized

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<sup>365</sup> Discovery Fit and Health was launched out of the Discovery property FitTV, which more or less exclusively ran exercise videos. The new brand consolidated that material with Discovery Health, which had been airing since 1999, and ran “babies, bodies and blood”-based reality TV (ex. *Babies: Special Delivery Day*, *National Body Challenge*, and *Dr. G: Medical Examiner*) in combination with reruns of *Chicago Hope*. While the network garnered Emmy’s, the change to Discovery Fit and Health and the combination of content originally intended, position instructional videos (exercise videos) alongside reality TV as education/edutainment. *Sex Change Hospital’s* eventual identification as “edutainment” places it into a medical/health continuum in which *The Swan* could also be placed, at least as this category exists on a channel like Discovery Fit & Health. The network re-branded again in January 2015 to Discovery Life to address what executives felt was a lack of accessibility. As General Manager Jane Latman told *Variety*, “A focus on ‘life’ vs. ‘health’ makes us more accessible, offering a compelling platform for great storytelling that chronicles the drama inherent in our everyday lives. It removes a significant barrier and invites change.” The rebrand, again, suggests the conceptual proximity of life and health, and according to *Variety’s* discussion with Latman didn’t necessarily imply any significant changes to programming, but instead recast existing programming guidelines in new terms of “revealing and powerful storytelling.” States Latman, “It’s about life’s unplanned moments— who ‘plans’ to end up in the ER? To have a child with autism? to get a divorce? Or to struggle with addiction? We don’t plan these things and yet, we all find we have to face the unexpected throughout our lives.” Brian Steinberg, “Discovery to Switch Fit and Health Channel to Discovery Life in January.” *Variety* July 8, 2014,

<sup>366</sup> The new network’s line-up retained some content from its constituent pieces, which were both Discovery holdings. Home workout shows, such as *Total Body Sculpt with Gilad*, were combined with the “medical” content found on Discovery Health. Conceptually, this new brand positioned instructional exercise videos and reality TV together as part of a spectrum of educational programming and as techniques of health management.

<sup>367</sup> The network also featured shows that have very little to do with health or fitness, but share representations of non-normative kinship and/or class issues with *Sex Change Hospital* such as *Sister Wives*, *Extreme Couponing*, *Extreme Cheapskates*, and *Cellblock 6: Female Lockup*.

approach and focus on emotional stories is representative of overarching changes in educational, non-fiction science films that have developed in correlation with new biomedical perspectives. Departing dramatically from historic, “objective” depictions of science as a deterministic framework for self-understanding, *Sex Change Hospital* frames biomedicine as a personal technique of self-transformation.

Each episode documents the stories of two people who undergo gender affirmation at the titular, “Sex Change Hospital,” a pre-eminent Trinidad Clinic in Colorado, run by male-to-female transitioner and surgeon Dr. Marci Bowers. Wide ranges of surgeries associated with gender transitioning are represented on the show, from breast implants/mastectomies to labiaplasties, metoidioplasty (clitoral release), hysterectomies, testicular implants, and orchiectomies (castration). In general, the MTF clients shown on *Sex Change Hospital*, have been on hormones for at least a year (in most cases much longer), and have already had breast augmentation and tracheal shaves. Most are at Dr. Bowers’s clinic for Gender Affirming Surgery. Thus, they are near the end of their biological/physical transformations. The trans-men (FTM) who come in are at much more varied stages of transition. All have also been on testosterone for at least a year. Because the participants come to the show already living in their “new” gender (or as a transgender), the surgery does little to visibly change how they appear before the camera.

The context in which *Sex Change Hospital* appeared countenanced rapidly changing views on science and nature, which television networks such as Discovery were helping to constitute through constant genre variations and hybridizations that responded

to changing media conditions,<sup>368</sup> as well as altered terms of biology, and shifts in how the relationships between the natural world and human beings were imagined and represented. This shift becomes clearer when positioned in terms of Discovery's signature wildlife program. According to Cynthia Chris, wildlife films have significantly reoriented their perspective in keeping with scientific trends: an "original" early cinema perspective in which animals appeared as objects of human action (as game), was transmuted to anthropomorphic, then zoomorphic frameworks on TV during the 1980s-90s. Each of these frameworks preserves a nature/culture binary, and imagines a relationship between human beings and nature in which biology is to some extent wild, static (outside of history), and serves as a fount of knowledge that is used to explain human behavior. *Discovery Fit and Health*, and *Sex Change Hospital's* place on it, extend and depart from the "natural" view of the world made visible in Discovery's signature wildlife programs. The emergence of *Fit and Health* evinces Discovery's efforts to develop its nature-based brand in a way that addresses a growing public preoccupation and fascination with health and the "new" biology. The human body at the center of the "new" biology meant the inclusion of human bodies in a gaze that was once structured by its exclusion. This inclusion disrupts the nature/culture binary that has remained constant across nature documentaries, and dramatically reconceptualizes the relationship between

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<sup>368</sup> Discovery *Fit and Health* is representative of Discovery's attempts to diversify its brand, keeping "Discovery" in its title, but including human nature in its purview. Other Discovery holdings also diversified content dramatically in this era, and often did so by makeover TV addressed to a female audience, such as *Say Yes To The Dress* (2007-present) and *10 Years Younger* (2004-2007). These appeared after TLC's successful home makeover series *Trading Spaces* (2000-07), and competitor network Bravo's *Queer Eye For The Straight Guy* (2003-7). For more on how Discovery and other non-fiction networks have developed in the post-network era see Cynthia Chris's *Watching Wildlife*.

“biology”/nature and human beings.<sup>369</sup> It also makes science appear as an instrument through which individual self-determination can be achieved, rather than as a force that explains and determines the course of human lives.

Discovery has so far been unsuccessful in its efforts to expand and reframe its focus from nature to the related term, biology, which is in keeping with altered scientific perspectives, and also includes biomedicine. However, its various attempts so far have revealed gendered anxiety around placing the body at the center of the visual field as an object of discovery. To cope with this anxiety, and circumvent representational uncertainty, Discovery’s forays into biomedicine have focused on reproduction, and gender difference and norms, all of which are evinced by Discovery Fit and Health’s birth-centric line-up and *Sex Change Hospital’s* place in it. This emphasis is retained from the wildlife film, which according to Chris included women in its purview. Chris argues that wildlife films are almost always preoccupied with sexual behavior, reproduction, difference and norms, and are part of a project that displays (mostly) masculine physical prowess, knowledge and control over nature, but which includes women in its gaze in their reproductive and child-rearing roles. This gendered aspect of the gaze in wildlife films, and science films in general, is reinforced by formal elements of the science documentary, such as the detached, masculine voice of god narration responsible for guiding interpretations. And, while Discovery’s biomedical content has preserved a central focus on “feminized” bodies and gender norms, its hybrid formats frequently eschew this type of masculinist narration.

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<sup>369</sup> By attempting to include the human body within a framework historically defined in opposition to “humanity” or culture, the network evinces the changing constitution of nature and its relationship to human beings.

Though it has generated critical ire, the generic hybridity of Discovery's programs disarticulate science from purely observational, "objective" representations to more personalized approaches that reflect changing relationships to "nature" and science, which are also implicit in biomedicine. *Sex Change Hospital's* style is not as overtly unconventional or exploitative as the other programs on Discovery's roster, but it subtly incorporates observational documentary and reality TV genre elements, which allow it to navigate the problematic visuality of the intimate transformations with which it is concerned, while maintaining a serious/respectful tone. Unlike the other interventions this dissertation uses as case studies, *Sex Change Hospital* does not sponsor surgeries or provide any discernable incentive for its cast members. There is neither host, nor are there any other overt forms of artifice (set pieces, competitions, events, etc.). Nonetheless, it subtly departs from strictly educational documentary style. Rather than use the pedantic, "voice of god" model characteristic of Discovery's nature documentaries, or the apparently totally observational mode of direct cinema, the show organizes primarily observational footage according to a makeover TV format, and includes several hallmarks of that subgenre, such as "confessionals," before and after photos, etc.

The observational visual style of *Sex Change Hospital's* footage, and its medical setting, suggest a straightforward deployment of images as evidence. The supposedly transparent relationship between image and truth that has historically organized "objective" scientific sight and documentary filmmaking is reinforced by medical interpretations of the individual case studies featured on the show. Because gender affirmation includes living for at least three years in/as the other gender and a Gender



Dysphoria diagnosis, doctors have already interpreted the stories that the show makes visible. Their diagnoses are summed up and corroborated by the series' surgeon Dr. Marci Bowers.<sup>370</sup> However this apparently straightforward approach belies the lack of correspondence between images of cast members, the physiological "truth" of their bodies, and the experiential reality of embodiment that constitute the show's core subject, and is depicted as the core issue of its trans cast members. This relationship between image, meaning and experience is central to the show, because it is central to cast members' self-understanding, stories, and transformations. It is also central to the logic of gender affirming surgery, which seeks to restore a "truthful" continuity between mind, body and appearance.

The show's cast complicates the relationship between the visual field and biological "truth," which is at the heart of the show and at the heart of gender affirming surgery. Though two transitioners on each episode undergo "sex changes," they only appear on-screen as their "true" gender. So the "results" of the show's titular transformations are not visible. The incorporation of makeover TV's structure, logic and key elements compensate for the absence of visible change in the transformed body. The makeover format provides a blueprint for interpreting the transformative impact of bodily change even when it is otherwise imperceptible. So, although the surgeries' physical outcomes are not made visible, the makeover narrative that ties internal and external change together acts as a cypher—the changed outlooks and senses of self in the show's "reveal" segments act as proof of successful physiological change.

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<sup>370</sup> On *The Swan*, the presentation of the "baseline" image is the best example of how this evidentiary structure is employed, with doctors explaining the significance of the images. This is complicated by the fact that these doctors are not the authors of the overall text, and, in fact, the text has no author. Nonetheless it does make a truth claim about gender, plastic surgery and embodiment that depends on the "baseline" images and the doctor's interpretation of them for legitimacy (as proof).

Though not a self-reflexively structured show, its stories ask for a complex interpretation of the status of images in their relationship to meaning, and frequently the lack of resemblance between images and their meaning is crucial. The show's apparently straightforward presentation of images is complicated by its representation of transitioning as an identity crisis that is expressed as a non-correspondence of internal and external self-images. Body image and self-image are centralized by the show's depiction of transitioning. At the same time, the outcomes of the surgical transformations at its heart are rendered illegible by their intimate nature. Autobiographical introductions, which present selective histories and views of everyday life, are key to establishing gender transitioning as a lifesaving venture, but also as a treatment for an empathetic, image-based identity crisis. The deployment of these photos, at the core of self-narration, introduces a complex relationship between image and identity and establishes its centrality to subject formation. Photos are privileged as part of cast members' self histories in ways that make them appear to be key terms of self-understanding, and make trans identity appear to be a crisis of subjectivity in which the image plays a central role.

The photos have a privileged place and a dual function insofar as they provide "scientific" evidence, but also act as a means of rendering each story distinct and emotional. Taken as a whole, these photos countenance each cast member's changing embodiments of gender and act as colloquial evidence of long-term Gender Dysphoria, a psychiatric diagnosis that is also a prerequisite for surgery. Because cast members appear in the present day as their "true" selves, these photos are also the only evidence of the "sex change" around which it is ostensibly organized.<sup>371</sup> These images appear in histories

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<sup>371</sup> These histories are marked by the subject's lack of recognition as their "true" selves, which normally result in a series of subsequent withdrawals from the world. Unlike *The Swan*, recognition on *Sex Change*

that are marked by cast members' lack of recognition as their "true" selves, and their dis-identification with their bodies (external images). So, while they provide a catalogue of external images of cast members, these are images with which they do not identify, and which ironically become evidence of states of non-being.

The photos from this "past life" act as substantiations of an identity that no longer exists, and as a testament to the non-existence of the person that now exists (of one that didn't yet exist). These images, and their registration of an identity that no longer exists, have an elegiac tone to them, and call to mind the tragic futures averted by the biomedical transformations the show documents. However, the meaning of any individual image is not stable or self-evident, and its "truth" is only revealed through storytelling and self-narration, which in the context of *Sex Change Hospital*, the transitioner appears to control. Rather than being tragically determined by biology,<sup>372</sup> cast members are depicted as self-determined biomedical subjects. Surgical transformations occasion cast members' to authorship of their own stories, engender their ability to change position within that story (and in relationship to the photographs used to tell it), and culminate in a shift in identity that is experiential, medial and legal. So although gender is the central term organizing transformation, these stories appear in a context in which gender's meaning primarily takes visual form.

Contextualized in exclusively biomedical terms on Discovery Fit and Health, abstracted from any LGBTQ context, on *Sex Change Hospital* male-to-female (MTF) and

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*Hospital* is not limited to the recognition fostered through sexual attraction alone, but is considered in its manifold interpersonal, social and institutional forms.

<sup>372</sup> In this case, trans folk might have been determined by a biological perspective on psychology, and sans biotechnology, the "Gender Dysphoria" diagnosis required for surgery, would have simply supplied an explanatory framework and very limited options for "treating" the "illness," which at best would have amounted to pharmaceutical and behavioral therapy, and a lifetime of suffering and social/actual non-existence.

female-to-male surgeries (FTM) appear as two ends of an independently coherent idea/process, “gender transitioning.” As a result, “transgender” appears to be an identity produced through biotechnology, or at least an expression of identity that is made possible through scientific and technological advances, and belies important differences between them MTF and FTM identities. *Sex Change Hospital* is organized around individual stories in which biotechnology successfully alleviates personal suffering. Though the show does not adopt a specific nomenclature to describe its cast members, it centralizes sex reassignment surgery (SRS), so that the medically-derived category of identity, “transsexual,” is not delineated from the broader, culturally-prevalent identification, “transgender,” of which it is a subset. This format, the clinical setting, and the surgical emphasis remove transgender identity from the LGBTQ social and political context in which they are typically presented.

This decontextualization elides any address of the hetero-patriarchal conditions that produce gender and gender non-conformity. Further, approaching sex and gender in affective terms, as primarily physiological and visual, problematically depoliticizes them as categories of difference that shape political, economic and social oppression. The correlation of sex and gender principally through visual elements validates a scientific relationship between the two, even as the causal nature of that relationship is implicitly challenged by surgery. The relationship between sex and gender in these stories appears as part of each cast member’s self-narration. While biotechnological advances in gender affirming surgery occasion these stories of transformation, they otherwise appear to be self-determined. Nevertheless, these narratives correspond to the pathologized version of Gender Dysphoria that is obligatory for surgery, and is identified by lifelong “cross-

gender” identification. Rather than framing these narratives in terms of mandatory medical guidelines (which are rarely mentioned), they appear as intrinsic, constitutive elements of individual experiences that have been formatted against a makeover TV template. As a result, though it is overtly engaged in a politically progressive project of normalizing transgender subjects, it does so through a medical context that is implicitly conservative in its depiction of gender identification as homogenous and singular. The pathology-based DSM model that anonymously structures *Sex Change Hospital’s* stories does not reflect newer health-based psychological approaches to transgender lives, which attempt to leave behind reductionist, essentializing and universalizing approaches in favor of investigating social and political contexts of identity formation. These newer critical trajectories entail considerations of “true” selves as plural, encompassing variegated gender identities, as well as identities related to race and class. This sense of multiplicity is absent from *Sex Change Hospital’s* core stories, and because the psychiatric mandates of surgery are only made manifest in a few of its stories, the shortcoming appears to be the result of the show’s perspective.

Though the medicalized term “transgender” names a medically-defined population and identity category that crosses (and supersedes) natal sex and gender, the privileged status of natal men is legible in the statistical gap between MTF and FTM transitions,<sup>373</sup> and also accounts for the uneven attention garnered by MTF transitioners, as well as the ways in which transitioning has been treated as a “serious” health topic. By contrast, extreme forms of female plastic surgery are positioned as treatments for gender

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<sup>373</sup> The huge gap in numbers between MTF and FTM surgeries seems to index a statistical gap between “Gender Dysphoria” and gender transitioning between natal men and women, when this gap is partially constituted by a gendered economic gap that is thrown into relief by the expense of surgery, and the corollary differentials in surgical advances between the types of surgeries.

dysphoria, which is depicted as a ubiquitous condition of womanhood on *The Swan*. These differences are made legible by *Sex Change Hospital's* serious documentary style, and *The Swan's* campy pageantry. At the same time, Discovery Fit and Health's roster of salacious content suggests that this stylistic differentiation may be almost meaningless under the current mix-and-match regime of representation, and that the use of the makeover structure and the nature of surgery feminizes all gender transitions.<sup>374</sup>

And, while the show mirrors contemporaneous medical and public discourse in constructing transgender as a coherent identity category in which natal gender is construed as a minor variation, *Sex Change Hospital's* stories nevertheless evince important differences among transitioners. For transitioners, surgery entails the loss of one gendered body, with its attendant set of social recognitions (even if that body and identity are experienced as "false"), at the same time that it confers another. For MTF cast members on *Sex Change Hospital*, identity and its relation to embodiment often has a bifurcated movement that is not present for its natal female cast members. Many of the MTF clients on *Sex Change Hospital* are in their 50s, and have already lived extremely "successful" lives as closeted transsexuals: They have been married, raised children, and in many cases, have publicly retained their birth sex and gender for decades despite its lack of coherence for them.<sup>375</sup> Though elated to finally transition,<sup>376</sup> these cast members

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<sup>374</sup> A strong case could be made that widespread public attention to MTF transitions is due to the organization of the visual field around female bodies. For MTFs this means a focalization on the end body and its success or failure in living up to the same standard of gendered embodiment as natal women. MTF transitions also do not pose the same threat to heteronormative, biological masculinity as FTMs. Where MTF transitioners are ostensibly foregoing male privilege under patriarchy (though this is rarely engaged at all in mainstream depictions of gender transition), FTM transitioners stand to socially benefit from successful transitions.

<sup>375</sup> The majority MTFs on *Sex Change Hospital* are actually straight or bisexual but become lesbians or remain bisexual once they have transitioned. The transgendered subjects whose stories are shown on *Sex Change Hospital* are not always queer-identified, and it would be a mistake to conflate the two. As Jay Prosser points out, although the transitioning body has been a symbolic object for queer studies, not all

frequently express some degree of mourning or loss over their male identities. Dr. Bowers explains that this is true of her MTF clients in general, because natal gender confers at least some social identity. However, this “mourning” is also notably *only* the case for Dr. Bowers’ clients who are natal men. None of her natal female patients mention straight marriage or childbearing. The show’s MTF cast members account for the largest number of surgeries and are often older and straight, whereas its FTMs are lesbians almost without exception.

The show’s premiere episode begins by introducing the Trinidad clinic. The clinic is introduced as part of small-town American life through a montage of “town square” and farm images, which is accompanied by a voice over from what turns out to be a diegetic, hokey mom and pop tour guide explaining gender transition to a busload of visitors. Through the introduction, the clinic is positioned as an oddity, but also as part of an all-American social and technological progressiveness, de-stigmatized, in stark opposition to the show’s tabloidesque title. Appearing before any of the cast members, it is given a central and foundational role that enables their surgeries, their stories and their identities. Even Dr. Bowers, the surgeon responsible for the surgeries on the show, is introduced inside of the clinic, where she received MTF surgery in the 1980s.

This introductory episode features Vicki Estrada and Jim Howley, whose stories present two extremes of experience, which are structured by narrative commonalities and a common emphasis on image-based identity formation that recapitulates norms of

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transgendered people identify as LGBT or queer. However, on the show implicit resonances remain between the two. For instance “straight” natal men may become lesbians after transition, or a lesbian theoretically becomes straight once her partner’s sex has changed. Both of these situations implicitly signal sexuality that is not bound by the gender identity of the partner.

<sup>376</sup> Surgeries are frequently positioned as a “final step” in this process insofar as they constitute a biological change that cannot be undone, and which also frequently confer a new legal status for the transitioner.

gendered embodiment. Though 56 year-old Vicki's relatively positive overall experience is *not* standard for the show, its structure is. Vicki is introduced as Dr. Bowers casually thumbs through files on her desk. As Bowers explains Vicki's case, the show cuts away to a digitally rendered illustration of an open file on a desk, complete with a coffee mug and pencil. Vicki's photo appears on the left side of the file, while demographic and biomedical information about her appears in typewriter font on the right. This image is replaced with a vintage picture of Vicki (then Stephen) lovingly playing with two young children. While there is nothing about the show's depiction of Vicki's story that indicates pathologization, she is presented as a medical case study in a move that seems to presume (and constrain) moralistic interpretations of her history, which entails the break-up of her family.<sup>377</sup> In voice-over, Bower's explains, "Like so many transitioners she entered life as a man, she got married had a family, but now its time for her to complete her transition and reconciling her two separate identities." Bowers' comments are followed by an establishing shot of the high-rise where Vicki works as an engineer, which seems to index the distance of Vicki's life as a "traditional" man from her future as a woman. However, Vicki is introduced already living and working as a woman, meeting with clients over building plans. While this sleek, urban setting visually contrasts with the small town clinic, the segment continues the introduction's theme of American progress. It also suggests Vicki's professional success and "normalcy" as an independent, white-collar working woman is part of the same progressiveness as the medical procedures she is about to undergo.

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<sup>377</sup> If taken in isolation, Vicki's case could be indicative of the health-based trajectory of newer psychiatric approaches to transgendered identity. However, the repetition of homogenous story elements acts to replicate the DMS-style diagnosis that is ultimately pathologizing.



This “everyday” aspect of Vicki’s story is hammered home as reminisces over a set of boyhood images of that could have come straight out of a 1950s sitcom: school pictures, tinsel-laden Christmas trees, horn-rimmed glasses and slicked-down hair. She explains, “I had a fairly normal childhood until suddenly in about Fourth Grade, my mother had left a bra on the hamper. And, I put the bra on, and I’d never had that feeling before. It was scary but it was exciting at the same time.” This moment of revelation is accompanied by a Dennis The Menace-style shot of Stephen aping for the camera as he blows out a birthday candle. Although Vicki regards this as the end of her “normalcy,” her history jumps this experience to the first time she left the house with her sister’s make-up at 16 years old. “I’d never put on make-up before, I probably looked like this terrible clown. I kept thinking in the back of my mind, this is wrong, this is wrong, I can’t share this with anybody.” This recollection is accompanied by photos of Vicki looking stunning in female garb, followed by another set of Vicki-as-Steve during her marriage. Vicki’s turning point—her decision to come out as a woman and embrace her “true” self—is organized around a Halloween photo in which she was dressed as a woman.

Vicki’s introduction is fairly typical for MTFs on *Sex Change Hospital*, and introduces visuals and narrative tropes that will be repeated in subsequent episodes and creates the semblance of unity across them: vintage childhood stills, marriage photos, early forays into cross-dressing, etc. Even in the far less happy account that will be given by Vicki’s MTF counterpart in this episode, there is a similar emphasis on these photographic assemblages, which present a visible transition of each cast member that is absent from the pre- and post-surgery images that would typically constitute a “before” and “after.” In addition to creating a visual history of transition and producing

resemblances across these narratives, the photos also, by and large, place cast members in middle-class, domestic settings. So, transitioning appears as a variation produced within this “normal” background, implying it is middle-class, white issue, but also reinforcing its progressive but nonthreatening politics.

The show’s reliance on photos and the import allotted to “gendered” objects within personal narratives, such as bras and make-up, characterize transitioning as an image-based process. The variegated experiences of gender and gendered embodiment are condensed into culturally specific visual signifiers. And, though seemingly harmless, these signifiers tend to be visual expressions of gender-specific qualities that have historically been positioned as natural, and as the natural basis for oppression. The affective adoption of these images as the center of gendered identity problematically reinforces the relationship between sex and gender that transgender identity, and biomedical gender transition, disrupt. The centrality of visual signifiers and images of gendered embodiment to the process of identity formation, and the (potentially subsequent) alteration of biological sex, suggests the increasingly important role of media in producing the cultural imaginary from which these images are drawn.

In this sense, although problematic in its depoliticizing naturalization of sex and gender, *Sex Change Hospital* and the surgeries it depicts, contribute to the constitution of a progressive media landscape in its depiction of transgendered people. At the same time, the terms of that “positive” representation recapitulate reductive gender norms in “new” biomedical terms. For example, as stories on *Sex Change Hospital* go, Vicki’s is as close as it comes to a fairy tale. Though she’s been through a divorce, Vicki is financially secure, has a girlfriend, and, finds her fears of familial disapproval unfounded, as her

father and stepmother are so supportive they accompany her to surgery.<sup>378</sup> And, after being on the fence for the better part of the episode, long-time girlfriend Sarah, who met and fell in love with Vicki as Steve, decides that she loves Vicki, which has led her to realize that she is actually bisexual, values her relationship, and is happy to be able to explore that part of herself. This type of romantic ending is a rare affair on *Sex Change Hospital*, particularly for its MTFs,<sup>379</sup> who very frequently have (or have had) heterosexual relationships and/or marriages, which are ruined or threatened by some aspect of their gender identification. Although Vicki's story, and those of most *Sex Change Hospital* transitioners, reinforces reductive sex-gender pairings, Sarah's change of heart and her queer self-discovery evinces of the spectrum of sex-gender-sexuality made visible through the show's peripheral characters. So, although the central characters' transitions are governed by relatively reductive, binary terms, they are part of a spectrum of possible norms made visible by the show.

If Vicki's story is one pole of the experience of transitioning, the story of Jim, with whom she's paired in the first episode, is the other. And, although these two transitioners experiences are divergent, both are told through the same basic narrative structure, emphasize the constitution of body image through photographs, and present biomedicine as crucial to defining and alleviating the cause of suffering, and to enabling transitioner to profoundly alter their experiences of life. While Jim's story appears to a pathological (diagnosis/treatment) model of intervention, Vicki's story implies more of a

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<sup>378</sup> Dr. Bower's explains that this is a rarity, and fathers are typically the most likely to have a negative reaction to transition.

<sup>379</sup> By contrast 53 year-old Jackie Deekens' story is more typical of MTFs on the show. While Jackie goes to surgery with her adult sons are by her side, her wife "wanted nothing to do with it." Jackie's extremely supportive sons voice deep concerns about their parents' demise, "The unfortunate side of things is that dad wanted to stay with mom, but mom couldn't handle that aspect of things," son John sighs and gives a sad look, while his brother Sean says, "I think I know the hardest part is simply that she thought she would lose people. That she had loved people for decades and they would abandon her because of who she is."

health-based approach. Vicki's surgery enables her to lead a happy, healthy life; Jim's surgery saves him from dying. Though these two introductory stories present a polarizing view of how natal gender informs the experience of transitioners, the majority of cases fall somewhere in between them. Jim is a 31 year-old trans man from rural Hilliard, Ohio, whose good looks and humor mask one of the most perilous histories given voice on *Sex Change Hospital*. During his introduction at the clinic, he jokes that he's there to "remodel his house down south," and teases his mother Diane, "I wonder if they'll let me keep my innards so you can have them." However, his light mood ends rather abruptly when a nurse asks him a set of questions about his health, including his long history with drugs and alcohol, which is topped off by the following exchange: "Have you ever attempted suicide." Nod. "When?" "When not?" Soft laugh. "It's been like seven times. Yeah, I guess it has been seven times." After a long pause, Diane begins to weep. If Vicki fears the loss of her loved ones, Jim is already living his life at the edge of social and biological non-being.<sup>380</sup> Jim's story emphasizes the proximity of both social and biological non-existence is present throughout the series.

Images play an even more substantial role in Jim's narration than they do in Vicki's. While they function in a routine way to create a visual history of Jim's embodiment of gender, from pigtails to early childhood tomboy-hood, they are also used as evidence of his slide into suicidal depression, as images of a butch, punk-looking Jim

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<sup>380</sup> Even apart from the suicide attempts, Jim's description of his life is extremely bleak and suggests a lack of social recognition that would eventually result in his suicide attempts, "It was pretty horrible. High school's different from middle school because in middle school kids are more open with their hate, but in high school it's more subtle, and *it's more like they just won't talk to you*. For the next 10 years I drowned myself in drugs and alcohol and I tried to kill myself seven times." This sort of bullying is also expressed on *The Swan* by several of the women, including Kelly Alemi, who describes having been spit upon in high school for no apparent reason. However while Kelly perceives this as an affect of her looks, Jim describes his absolute shame "over what they must have thought" of him, which he associates with a combination of his physical being and some immaterial element of his personality.

accompany an account of “subtle hatred,” shame and enduring social exclusion in high school, and his subsequent “drinking and drugging” to cope with it. Jim’s turning point came after a seventh failed suicide attempt, which led him to adopt a new name and openly live as a man. Though simply curtailing suicide attempts should identify this change as positive, its “goodness” is underscored evinced by photos of Jim as a far happier, clean-cut, handsome young man.

In addition to countenancing a harrowing personal history, the photos are an emotional focal point directly identified to both identity and loss for Jim and his mother, Diane. Diane describes herself as “a big picture taker” who had a wall of photos dedicated to her children. After his last suicide attempt, Jim recalls telling his parents, “I want these pictures taken off the wall, these aren’t me.” Throughout Jim’s intro, Diane is shown gazing longingly at a Sears photo of Jim as a young girl and recalls the women who worked there cooing over her daughter, “this is the last time I knew Jennifer... You know I only had the one daughter. So, it’s kind of like a death of a daughter, losing a child.” As she ends, a picture of the female family line—Diane, Jim-as-Jennifer, and her grandmother—flashes onscreen. For Diane this loss is so total that she painfully recalls elements of Jim’s appearance that still exist, as if they were only an aspect of Jennifer—“*she had* the prettiest eyes.” Where Bowers’s describes her male-to-female clients mourning the loss of their past selves, the “loss” associated with Jim’s female self generates entirely from Jim’s being for other people (his mother), and coheres around a visual image with which identity and recognition are bound up. Jim is totally dissociated from the images that remain at the heart of his mother’s affections. And though Dr. Bower’s confesses that “the transition from female to male presents its own set of

challenges,” she nonetheless contextualizes these emotional responses and offers a “correct” interpretation, which presents Jennifer as a fiction, “[Diane] needs to accept that this is who Jim has been all his life.”

These stories position gendered embodiment as part of health and as a prerequisite to living, in a way that was also central *The Swan* and to *Extreme Weight Loss*. In all of these cases, biomedicine leads to a “new” identity, which is, to various degrees, contingent on invalidating the identity that preceded intervention. *Sex Change Hospital* is the only one of these programs to address an identity that emerges in connection with specific biotechnological advances (at least as it is experienced/constituted vis-à-vis post-transformation). However, it is also tied to a much more aggressive invalidation of the “truth” of experience in prior forms of embodiment, though they are (obviously) tied to present-tense subjectivity. On *Sex Change Hospital* this is presented through cast members’ dissociation from past images as a step in the process of transformation.<sup>381</sup> The ways in which photos are tied to transformation suggest that while the constituents of gender fluctuate, the gendered body is viewed as a stable and constant referent. So for Jim, the female body in childhood images overwrites other elements of his personality in photos, regardless of how he identified at the time they were taken, and so, they are indexes of non-being. By contrast, images of Jim’s masculine embodiment register as a separate, self-authored identity.

Gender is a conflagration of mediated, legal and biomedical standards all of which take visible form through the embodied subject. The gendered body, to which

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<sup>381</sup> In her consideration of trans male portraiture, Melanie Taylor argues that the development of photography as the primary means of representing reality has a function related to the materialization of transgender identities, and, relatedly, the “male body,” unlike masculinity, is viewed as a stable and constant referent. (Taylor 2). She argues that developing technologies, both artistic and scientific, have had a formative role in the visualization of transgender identities.

biology refers, is an image that reifies the mutual identification of sex and gender, and their originary status with regards to subjectivity itself. Trans identities and rapidly improving technologies of transformation implicitly call this matrix of identification into doubt. The show depicts a crisis of identity and recognition that is worked out biologically. However, mediated images are clearly pivotal, cultivating the terms of this crisis and informing its resolution, rendering gendered standards of embodiment visible.

The centrality of cast members' catalogues of photos also render visible the physical change that is withheld by the show's reveal. Though its title, *Sex Change Hospital*, centralizes surgical transformation, and footage of the surgery comprises the show's mid-section analogous to makeover TV's "transformation" segments, there is no difference between the before and after images. While images of the newly-sexed body, transformed by surgery are absent, abstracted images of body parts during surgery are present. So, although the surgeries are given greater realism than those on *The Swan*, take place the real world of the Trinidad Clinic with patients' family and friends in toe, the surgical scenes, which occasion these stories, and "birth" new identities, nonetheless feel abstracted from cast members' personalized narratives.

Whether the result of obscenity restrictions or out of respect for cast members' modesty, full views of their bodies are withheld.<sup>382</sup> However, the prohibition is evidently not against showing genitals themselves, since they appear in clear focus after they have been shorn from the body and before they have been attached. They simply never appear on the patient's body. However, the seemingly much more gruesome image of penis flesh

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<sup>382</sup> Regardless of whether this was a choice made by the show's creators or a condition imposed by the network the effect of the blurring remains the same. This often results in scenes in which the focal part of surgery—the genitals are absent from the screen. In these scenes visibility replicates the pre-surgery conditions of the recipients, as the genitals become a structuring absence for on-screen action.

skinned off and being crafted into a vaginal canal via a dildo, which is shown more than once and is truly Cronenberg-esque, is fully permissible. Although bloody and extremely graphic, showing the newly constructed parts in this way (detached from a person) allows the technology itself to become a spectacle or marvel.<sup>383</sup>

By contrast, images of the newly sexed body, post-recovery, fall outside TV's conditions of representability. This omission creates a heightened sense of taboo and excitement around the unseen whole. *Sex Change Hospital* shares this tactic of bodily fragmentation and escalating titillation with *The Swan*, which withholds images of contestants' whole bodies until the reveal, which is made more exciting by the images' abstract (almost pornographic) references to the new body, and their simultaneous deferment of views of the whole body. While this pays off in a full-bodied money shot on *The Swan*, on *Sex Change Hospital* the fragmentation of parts may be at cross-purposes with the show's demystification of gender transitioning.<sup>384</sup> The surgery scenes successfully spectacularize biotechnology and associate it with new forms of sex and sexuality, however the exclusion of a full view of the newly sexed body segregates the fragmenting work of surgery from the cast member the "emotional" individual contexts, a sense that is heightened by the fly on the wall technique in these scenes that preserve a sense of scientific objectivity.

The heavy use of images to constitute personal histories marked by a lack of coherence between self-image and appearance is tied to a positive experience of gendered

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<sup>383</sup> Notably, the clinic itself is not shy about showing their work (this is of course how they make their money and advertise their success), and their web site contains anonymous photo galleries of post-operative genitalia.

<sup>384</sup> For example, while Loren Cameron's nude self-portraits employ a realistic style, and include biomedical paraphernalia and surgical scars, they ultimately include these elements as part of the rendering of a full subject.



embodiment through biomedicine. While the reveal segments omit the “after” images that mark makeover TV, they nevertheless function to tie transformation to positive forms of identification, social recognition, the absence of which constitutes the core of cast members’ histories. Directly after surgery, as cast members regain consciousness, their reaction shots to viewing their newly sexed bodies countenance the success of surgery and its relationship to embodied experience. This initial “reveal” is followed by a final segment that features cast members at home after several months have lapsed as they talk about how (and if) the experiences of everyday life have changed since surgery.

In its final reveal and its intros, *Sex Change Hospital* makes something visible on a weekly basis that *The Swan* does not: context. In visiting to the recipients in their everyday milieu several months after surgery, the show attempts to address the actual costs and benefits of surgical transitions, from the personal to the economic.<sup>385</sup> In all but a few cases, the surgeries are depicted as successful—their recipients are happy with their new genitals (or be rid of the old ones), and see the surgery as a step in the right direction, but also as part of an ongoing process. In the few cases shown in which there are problems with surgery, the clients seem disappointed but not angry, and more or less determined to continue to try and transition with further surgeries.<sup>386</sup> So, the reveal on *Sex Change Hospital* validates the logic that led to surgery in the first place, and reinforces the notion that biological transformation will lead to increased happiness and new ways

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<sup>385</sup> On *Sex Change Hospital* the intros make clear that many participants have saved up for years for their surgeries, but the end reveals often reiterate the actual financial costs by showing patients who have gone into debt, and others who will continue to do so in order to more fully transition. Even transitioners who are in dire economic straights, or whose post-surgery experiences don’t differ significantly from their pre-surgery ones, all say that the surgery is worthwhile and validate biomedicine even as it shows the costs of surgery. Most often their introduction shows scenes of them in their apartment and around their community and family, so the return home has a semblance of comparative ground.

<sup>386</sup> For example, in episode five, Charlie Snook’s body rejects his new testicles for example and he keeps them in a bathroom cabinet. In this episode Dr. Bowers explains that there is actually a high incidence of infection and of people’s bodies rejecting parts of the surgeries.

of being in the world. So the show's reveal, which normally appears to be more of a beginning than an end, is in keeping with the overall logic of this surgery and of the show, as well as that of biomedicine in general.

None of the patients, or their lives, looks tremendously different in their final reveals, but in almost all cases they seem more optimistic and also have legal recognition even when interpersonal forms of social recognition have not been forthcoming. While these reveals lack the spectacular and shock elements of shows like *The Swan*, they imply fundamental alterations of the conditions of life for transitioners. As promised, the surgery allows them to be recognized legally (if not socially) for who they “really are,” (insofar as that is gendered) and to enjoy life in their own skin.<sup>387</sup> The reveal presents surgery as a means of granting agency and self-determination, as well as a desire for increased circulation in the social sphere. *The Swan*'s reveals, though markedly different in terms of their structure, *and* despite their centralization of heterosexual coupling, imply some of these same conclusions. On both of these shows television depicts biotechnology as an integral part of the visualization of gendered embodiment. Through this absorption TV becomes a technology that combines the production of personal and scientific knowledge.

*Necessity & Justification: Suffering, Social Legibility and the Biomedical Subject*

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<sup>387</sup> Notably, the immediacy and shock of the new body is only experienced second hand through the reactions of the subject who has been transformed as s/he self-inspects. The other immediate occurrence is that the transformed clients get their letter from the state that validates them in their new gender. While some seem not to care about this letter at all, its reception is a moment of extreme pathos for several of the participants. The meaning of this document is given intergenerational resonance in its depiction on the show, as oftentimes the queer families who have accompanied the clients in for surgery tear up when they see the letter.

The appearance of necessity and legitimation are extremely important to both shows not only because they are depicting procedures that are risky and optional, and that are seen as ethically questionable by differing factions of the public/audience, but also because they must justify their own role in making these processes visible. One of the ways in which these programs justify themselves is by making media a vital part of the treatment or “cure.” For *Sex Change Hospital*, this is a bit less vexed since the show is only documenting biomedical transformation, on *The Swan* the issue of legitimation becomes much more pressing, since the show itself is directly responsible for the surgeries. Nonetheless the same two interdependent claims legitimize surgery on both shows, and both are related to the alleviation of suffering—the first is the renewal of social subjectivity, the other is a correspondence to a norm of embodied gender. This is as true of *The Swan* as it is of *Sex Change Hospital*.

Social legibility is not only the emotional crux of both shows, it also grounds the logic and ethics for identity-related surgeries and their televisual representations. The narrative of falling outside of the acceptable terms of social intelligibility as a result of non-conforming gender or sexuality is common to both shows’ representations of their participants, and legitimates the surgical “fixes” that they document (and in the case of *The Swan* abet). An experience of non-being figures centrally in both Judith Butler’s account of gendered subjectivity in *Undoing Gender* and Dean Spade’s model for transgendered activism in *Real Life*.<sup>388</sup> In these books, gender is a concept produced through norms and as legal status (that issues from norms). However, the idea of gender

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<sup>388</sup> Although both of these texts were written at least in part to address the increasing publicity, visibility, and regulation for LGBT, queer and (separately) transgendered subjects, their arguments intersect with the ways in which heteronormative gender conformity regulates embodiment in the context of contemporary biosciences and medical technologies.

norms is used by both authors in a way that signals the collapse of plural disciplinary norms into the more constrictive dyadic model imposed by legal standards, which issue from biology. These texts, which both grapple with the relationship between gender norms and human rights, point to some of the issues at stake in representations of gendered subjectivity and embodiment in and across *The Swan* and *Sex Change Hospital*. On both shows, social legibility is the logical and ethical grounds for identity, and identity-related surgery, as well as for TV representations of them. TV contributes to the constitution of visual norms for gender, and, so, for the standards of intelligibility around which identity is constituted. On reality TV these standards appear a priori, and TV is positioned as an arbiter of bio-aesthetic normalization in which beauty and medicine combine.

For instance Butler argues that we are always constituted by norms that precede us and are not of our own making (this is a condition of subjectivity), and that desire and affect are among the most important ways in which norms “work their way into what feels most properly to belong to [us].”<sup>389</sup> She identifies gender as prior to all others norms and modes of intelligibility in constituting the human subject. However, in this work norms appear in a way that are at times more suggestive of concrete social positions and identifications than of manifold techniques of disciplinary power. At the same time, Butler’s framework suggests that given the fluidity of desire and affect, the adaptability of the operation of norms, and the increasing alterability of the body, our position within the “sociality of norms” is constantly shifting and full of possibility based on the possible

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<sup>389</sup> The stories featured on the *Sex Change Hospital* complicate Butler’s notion of the embodiment of gender as necessarily always being for another, since they suggest a primary gender identification that will cause the loss of one set of identity-based relations, often without the promise of new ones (except for those offered by the State). This book also suggests occupying norms critically, which problematically implies that there is an outside to the operation of norming. Butler 15.

options with which we are presented. So our experience of a given position varies wildly depending on how we embody it. For instance, on *The Swan*, the experience of occupying the position “wife” is assumed to be fundamentally altered by the ways in which femininity is approximated. And this form of embodiment, or approximation of gender, makes altered experience appear to be coextensive with aesthetic change that is visual, physiological and has social impacts. However the resulting experience is tempered by the possibilities built into the show.<sup>390</sup> This is very obviously also true on *Sex Change Hospital*, where new forms of embodiment lead to changes in legal identification and open up/foreclose on options related to one or the other gender. Notably, new identity doesn’t come from merely behavioral changes, one could be diagnosed as gender dysphoric, and go on living as the other sex for as long as s/he liked—it is biological intervention that makes this change legal. Further, the law itself is what imbues a particular surgery with the ability to change sex, and this standard varies from state to state.

Spade’s analysis of the contemporary transgender movement, which also relies on a norm-based analysis of gender, illustrates the differences between political and social legibility. Spade argues that identity- and rights-based legal activism dominate politics in the U.S. and has at least two major shortcomings. First, it puts *institutional* claims and complaints in the language of the *individual* so structural inequities are continually ignored.<sup>391</sup> Second, because problems are conceived of in terms of the individual, to make

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<sup>390</sup> Another set of possibilities will present themselves post-show, but within the show the possibilities associated with these positions are extremely limited: ugly duckling, swan, normal/ugly, beautiful, beauty queen, mother, failure.

<sup>391</sup> Spade argues that this strategy has worked in a particularly detrimental way for LGBT issues, claiming that the focus on legal rights has worked primarily to increase the amount of power that legal and social systems have over LGBT people. At the same time it has also mostly succeeded in “restoring” privilege to the most privileged (white, upper-middle class), while rendering obscure or invisible those already most

a claim one must already be legible as a citizen, and citizenship is always gendered.<sup>392</sup>

The impact of this seemingly banal bureaucratic detail can be profound, since a lack of (or problematic) documentation can bar access not only to filing legal complaints, but also to accessing needed state resources, which, in turn, can directly impact the circumstances and conditions of life.<sup>393</sup> This political illegibility and subsequent lack of access to resources is one of the primary differences between the social “non-being” that Butler identifies with the transgendered. While Butler’s concept of social non-being can fairly easily be broadened to include, for example, the women of *The Swan*, Spade’s understanding of this position as both *socially* and *politically* invisible is relatively specific to the position of transgendered subjects and not as easy to widen, though he conceptually draws on women of color feminism in its elaboration of this position.

Spade’s critique of trans-politics as re-entrenchment existing structural inequities, which result from putting all claims and complaints in the language of the individual, is

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severely at risk of violence, poverty, or homelessness, and “basically unfathomable to the administrative systems that govern the distribution of life chances: housing education, health care...” Notably this rights-based method also operates to legitimize only the elements of LGBT cultures that are already commensurate with the status quo, so politics that fundamentally question the primacy of structures such as monogamy or the family are cast as peripheral. Spade, 11.

<sup>392</sup> This begins with one’s birth certificate and extending to almost every other legal document, from DMV forms to food stamp applications, most ask for a disclosure of gender even when there is no discernable reason for it.

<sup>393</sup> In light of this, Spade argues that reform must instead take the shape of disciplinary and population management strategies, for instance foregoing the need for documentation in some instances, and rethinking the disclosure of gender in others. This position, which has been attacked in several legal journals for its “impracticality,” is very strongly informed by Foucault’s work on biopower and biopolitics already cited in this dissertation. Here it is particularly striking since Spade’s plan for action appears to be sketched according to Foucault’s first written elaboration of biopower in *The History of Sexuality, Vol. 1*, where he describes biopower as the concrete joining of disciplinary measures and large-scale population controls. In this first elaboration, Foucault cites sexuality as one of the most important of these joint arrangements that would become “without question” indispensable in the development of capitalism. This emphasis on sexuality or gender related issues is generally absent from the work done on biopolitics that tends to centralize Foucault’s lectures such as *Society Must Be Defended* and *The Birth of Biopolitics* as its touchstone. To address U.S. law as it operates on a practical level in these terms is also relatively rare, since most of the work generated around the concept has been in areas of political theory, which tend to focus on international rather than national political sphere. Spade’s emphasis on neoliberalism in the first half of his book puts it in dialogue with this field of texts as well as with LGBT studies, queer theory, etc. This is, to some degree, the project of this dissertation as well.

also true of the ways in which both *Sex Change Hospital* and *The Swan* approach their subjects, and in which their subjects approach transformation. Each of these also (to various degrees) re-authorize existing forms of gender and its possibilities.<sup>394</sup> The constitution of “the terms of the possible” along “other lines” are tantamount to Spade’s position that the “specific political potential” of the transgendered emerges from the fact of their existence despite being an “impossible people,” who are told that they cannot fit into any number of social, legal and personal registers. This state of “impossible” being yields “a potential to formulate demands and strategies to meet those demands that exceed the containment of neoliberal politics.”<sup>395</sup>

To some degree, Spade’s notion of possibility/impossibility is shackled to the idea that visibility itself is political, and the claim to “impossible demands” becomes highly problematic once one focuses on particular instances of representation such as *Sex Change Hospital*.<sup>396</sup> The show simultaneously evinces the problems Spade identifies with contemporary individual rights-based politics, with its predominantly white upper middle class patients, and represents what exceeds this type of strategy. Oftentimes “excessive” demands, those not articulated through individual claims, are made visible through secondary “characters” such as Vicki’s unexpectedly re-sexualized girlfriend Sarah or by

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<sup>394</sup> *The Swan* positions happy marriage not just as *desirable*, but also as *the possible* for women within its episodes, with the only other *possible* taking shape as the beauty pageant. This emphasis re-affirms the centrality of marriage (a civic institution) to gender itself.

<sup>395</sup> Spade 41.

<sup>396</sup> A claim with significant problems of which the author *is* clearly aware. This addressed in the book, though somewhat indirectly, when the creation of self-representation/independent media is listed among the crucial tasks that transgender activists are tasked with. However the idea that self-representation and independent production is somehow disengaged from the neo-liberal economy and from neoliberal politics is problematic, since almost any form of media is at some level dependent either on hardware, software or distribution in order to be produced and to circulate. I’m not arguing its not worthwhile, but rather that to simply pluralize self-representation by smaller community groups *to* smaller isn’t exactly at odds with contemporary capitalism (in fact, it’s a hallmark of contemporary capitalism). A similar problem arises with Butler’s suggestion that one “critically occupy” a norm, which suggests critical positioning itself is not a norm. As Foucault very eloquently put it, “There is no outside. It takes back with one hand what it seems to exclude with the other.”

friends of surgery recipients who cannot transition for various reasons. Notably, none of these positions exceed the operation of norms. Furthermore, what the show captures is as complicit with, and contained by, neoliberal politics as what is captured on *The Swan*, not only by virtue of being produced and circulated within a global market, but in that both position private medicine and expensive biotechnology as key tools for transformation and improved experiences of embodied gender. The intersection between neoliberal politics and the demands of the transgendered are perhaps most evident in the surgery itself, which is implicitly also an intersection with the medical establishment, biotechnology corporations, insurance companies, and with the state itself.

Both shows cast surgery as the correction of a *biological* mistake that has rendered the subject socially illegible and led to terrible suffering. The successful acquisition of social subjectivity is contingent on the stabilization of gender through alterations made to the body during surgery. This logic suggests that changes to the process by which gender is embodied are increasingly becoming physiological and biological rather than principally disciplinary, behavioral or social.<sup>397</sup> Biology or “nature” used to be the grounds for behavioral norms and visual norms, but as biotechnology it operates to organize through norms that are constituted vis-à-vis statistics and biometrics, but also consumer values. And, further, that the latter are increasingly directly identified with the former so that social or political intercessions into everyday life may take the form of biological or corporeal interventions and vice versa.<sup>398</sup> Intercessions are made as

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<sup>397</sup> Or that there is no meaningful gap between these registers—bodily transformation implicitly changes social recognition, and subsequent choices and experiences.

<sup>398</sup> This has more or less always been true of deployments of punitive power in both its sovereign and disciplinary forms, for instance in both corporeal punishment and incarceration. However, the contemporary position of biomedicine/biotechnology is peculiar, resulting from the types of disciplinary practices Foucault describes in *Discipline & Punish*, *The History of Sexuality*, *Birth of the Clinic*, etc. but coupled with a level of technical sophistication that is capable of fundamentally altering forms of life



part of self-management and self-cultivation, and is a consumer choice. This suggests that the disciplines (in particular the bio-sciences) no longer operate as the asymmetrical, non-egalitarian “dark side” that props up democracy, but have become its manifest content as well.<sup>399</sup>

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without need of disciplinary compliance. Obviously, this is also true of less sophisticated “technologies” that alter the body, such as castration—behavior is nullified by biological change. However, biotechnology is not primarily a punitive means of control, and the ways in which it can produce new forms of life (or end life), which are really only hinted at in this dissertation, are quite clear in the centralization of a range of related issues, not only in the social sphere, but in the political sphere proper.

<sup>399</sup> Michele Foucault *Discipline & Punish* (Gallimard, in French 1975, Pantheon Books in English 1977) 222.

## CHAPTER 4: E! THE TRANSMEDIAL BODY, AND BIOMEDICINE AS MEDIA PRODUCTION

The case studies in this dissertation have illustrated how television has recreated itself as a health care technology and normalized a biomedical concept of the body and living. This chapter examines a context in which such concepts have already been normalized, and considers a case in which TV harnessed biomedicine to recreate itself as an essential aspect of “new media.” Rather than focusing on a single program or biomedical issue, this chapter considers how cable network E!’s incorporation of biomedical content helped generalize a concept of, and concern with, the body as a primary medium of self-expression in a context of transmedial continuity.<sup>400</sup> In the wake of rapidly changing media conditions, this revitalization of the body as a “new” media has been pivotal to how E! has parlayed an existing focus on the entertainment industry and celebrity into expertise on mediated image cultivation and branding that is depicted

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<sup>400</sup> Brenda Weber and Jennifer Jones argue that transmediated continuity connects conventional forms of media to the female body. Their particular delineation of this relationship centralizes the female grotesque in a way that is outside the scope of this article, and also does not account for the ways in which the male body is also connected to transmedial representations (and self-representations). I use their term because of their delineation of the body as both “flesh and bone” and “conceptual” and “uncontained” by “ostensible realness.” I also use it here because it represents a helpful variation on Marsha Kinder’s notion of “transmedia intertextuality,” and concepts of transmedia storytelling or multi-platform narrative, such as those of Henry Jenkins. Marsha Kinder defines “transmedia intertextuality” as “an expanding supersystem of entertainment” organized through “relations across different narrative media.” And, Jenkins describes a transmedia story that “unfolds across multiple media platforms, with each new text making a distinctive and valuable contribution to the whole... a story might be introduced in film, expanded through television, novels, and comics.” While both of these concepts are valuable, they suggest unity, control, and organization to platform-crossing texts, ideas and personas that Weber and Jones’s “transmediated continuity” does not. Instead, “*transmediated continuity* stands for a transaction that messily confuses its genre, agent(s) of creation, and moment(s) of birth... [and] occurs simultaneously among multiple cultural producers with diverse roles in the circuit of media production, from television executives, magazine editors, and union shops to cultural critics, fan bloggers, and anonymous commenters.” Jennifer Lynn Jones and Brenda R. Weber, “Reality Moms, Real Monsters: Transmediated Continuity, Reality Celebrity, and the Female Grotesque.” *Camera Obscura* 88, Volume 30, no. 1, (2015); Marsha Kinder, *Playing with Power in Movies, Television, and Video Games: From Muppet Babies to Teenage Mutant Ninja Turtles* (Berkeley: University of California Press, 1991), 1, 2; and Henry Jenkins, *Convergence Culture: Where Old and New Media Collide* (New York: New York University Press, 2008), 97–98.

as almost universally relevant.<sup>401</sup> This chapter contextualizes the development of two of the network's most popular plastic surgery programs, *Dr. 90210* (2004-2009) and *Botched* (2014-present), as part of E!'s history and its adaptation to a changing media-scape, which impacted both its content and structure.<sup>402</sup> The network's plastic surgery programs, particularly in combination with its style and other media-based fare, cast the body as the primary medium through which visual identity is expressed. In turn, mediated visual identity is depicted as an enduring and essential aspect of media production (television, film), which is increasingly relevant as a professional imperative.

Contextualized by E!'s other programming, plastic surgery is depicted as a technique for ambitious professionals, who are encouraged to see transmedial image cultivation as one of many forms of media expertise that are requisite for success, and for which E! is a uniquely qualified expert, given its long-time focus on professional techniques of image cultivation. Unlike many of the other case studies in this dissertation, E! is narrowcast, and targets a fairly young, upwardly mobile, and generally female demographic, for whom "elective" biomedical procedures and consumer technologies are either accessible or aspirational.<sup>403</sup> Importantly, E! began crafting plastic surgery series, and taking increasingly body-based emphasis in terms of its content as it responded to industry changes related to "new" technology. *Dr. 90210* began airing in 2004, as part of

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<sup>401</sup> A 2015 *USA Today* article about "Botched" characterizes plastic surgery as an "almost inescapable" "big business." In the article *Botched* Dr. Nassif cites social media as a major factor in the appeal of the show and plastic surgery in general, "People will take a picture of themselves and start looking at themselves and decide their neck looks weird. They see a celebrity selfie and wonder how she looks so good, and why her lips look so big."

<sup>402</sup> While most cable TV networks experienced changes related to new media and other industrial developments, because of its focus on media production, E! also had to alter its content.

<sup>403</sup> Though it has made strides to generalize its audience, and its production of reality TV series has been a part of this effort, its audience has remained about the same since the network became available. Though it has become slightly younger over time, the network is most popular with adult women. However, it is only slightly more popular with adult women than with adult men, and appears to have much the same target audience of its "sibling" Bravo!

an increased web focus that accompanied the increased popularity of social media; and *Botched* began airing in 2014, as the network opted for a “spreadable” response to a multi-platform context.<sup>404</sup> While the network’s multi-site interfaces increasingly inculcated the user’s body as connective tissue between screens, its content focused on the body as a primary site of self-mediation.<sup>405</sup> E! encourages a concept of the body that can be articulated or accessed through various sites of mediation. Cumulatively, the body made manifest through the network is mediated to meet the demands of a media-based economy and social milieu.

On E!’s plastic surgery programming, “everyday” people, media industry professionals and celebrities constitute a spectrum of media visibility, and the cultivation of a mediated self-image is of professional importance across it. Both *Dr. 90210* and *Botched* focus on “Beverly Hills” medical practices, in which doctors appear to combine medical and media expertise and work on a far more diverse array of clients than those that appear in “makeover” TV. Through an array of cosmetic procedures and a proximity to Hollywood, biomedicine is depicted as a technique of image production, alongside other forms of media (some directly related to the body, others not). The two programs in this chapter explore the relationship between media images, economic demands, social

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<sup>404</sup> Henry Jenkins delineates “spreadability” as an approach to media that is designed for easy circulation, in opposition to “stickiness,” a marketing term in which value accrues through a user’s engagement with content at a particular site. While E! has received ongoing notice from the trades for its online presence, it is perhaps been noted for its ability to capitalize on novel marketing agreements that have sprung up through its content’s spreadability. The clearest example of this is its arrangement with the Kardashians, in which the network profits from the family’s other marketing engagements. Henry Jenkins, *Spreadable Media: Creating Value and Meaning in a Networked Culture* (New York and London: NYU Press, 2013). For more on E!’s online presence and marketing deals, see Andrew Hamp, “Forget big budgets and names: what broadcast can learn from E!; How the network scored by creating stars from scratch with reality programs.” *Advertising Age*, February 2010, 6.

<sup>405</sup> In addition to plastic surgery offerings such as *Dr. 90210*, *Botched*, *Bridalplasty* and *Good Work*, the network has been associated with “slowly redefining the Hollywood body” through the role it has played in Kim Kardashian’s celebrity. Patricia Garcia, “We’re Officially in the Era of Big Booty.” *Vogue*. Culture Section, September 9, 2014, <http://www.vogue.com/1342927/booty-in-pop-culture-jennifer-lopez-iggy-azalea/>.

relations and embodied experience, and in doing so, reflect intensified awareness of self-image, or self-representation, as a general, population-wide imperative, as well as the increased accessibility of biomedicine and the normalization of its use as a practical method of realizing an ideal, “socially appropriate,” and economically beneficial mediated self-image.<sup>406</sup>

These programs present examples of how biomedicine, consumer culture, media images and self-care converge, and are experienced in social and economic terms. Appearing as part of E!’s overarching focus on the entertainment industry and celebrity, the shows’ spectacular approach to representing the body and biomedical practice, and their attention to “low” forms of biotechnology, have made them targets for moralizing public criticism, as well as fulcrums for debate in which anxieties about the political stakes of biomedical intervention, are combined with those related to “image”-based cultural values. This confusion seems rooted in the ontological uncertainty these issues pose to concepts of the body, since this type of programming is one of the few sites at which the aesthetics of biotechnology are made visible in non-fiction representations and are depicted as part of everyday life. These objections express inherently sexist and homophobic anxieties over what is perceived as an increasingly image-based (and thus feminized culture), which is uncomfortably linked to the hyper-masculine development of “new technology.” In fact, the reality makeover genre emerged at around the same

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<sup>406</sup> In analyzing this convergence, the politics of self-image and embodiment come to the fore as continual transformation through biomedical treatments provides opportunities to normalize appearance and eradicate embodied differences and renders them socially unacceptable “choices.”

time biotechnology became prominent, and in many senses can be understood as a domesticated, “feminized” companion cultural discourse.<sup>407</sup>

E!’s plastic surgery programs operate under the assumption that the basic ideological groundwork performed by shows like *Extreme Weight Loss* or *Hoarders* is already firmly in place, and ready for revisions and variations. The other programs in this dissertation establish a direct relationship between body-based visual identity and life, promote biomedicine as a ubiquitous means of conceiving of the self and body, and posit biotechnology as a tool for transformation and self-care, in which external and internal change are equated. From the outset, E!’s plastic surgery programming pre-supposed the ubiquity of these relationships, and by the time *Botched* began airing in 2014, self-cultivation based on these relationships, such as elective surgery, was presented as so pervasive as to have fostered dangerously casual attitudes and risky behavior.<sup>408</sup>

While the other programs in this dissertation cast their narratives in lifesaving terms, E!’s programming focuses on surgeries that contribute to “health” understood in very general terms as a combination of economic viability and social viability. With few exceptions, the surgeries depicted on E!’s programs are not medical or emotional

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<sup>407</sup> There is also a reading of these objections as expressing inherently sexist and homophobic objections to what is perceived as an increasingly image-based culture, which is uncomfortably linked to the hyper-masculine values of “new technology.” These objections are frequently leveled by white men who have only recently become part of a visual economy that has traditionally excluded them. These objections tend to negatively associate image-based change with femininity (or as the feminization of culture). In this view, plastic surgery or biotechnology used for image-based change is construed as trite, shallow, or amoral. The gay, male clients depicted on these programs are frequently also feminized in these criticisms, and unfortunately, in many cases, by the doctors on the shows as well.

<sup>408</sup> As *Botched* progresses, these issues increasingly also relate to nationality or nationalism in some form. A fair number of the surgeries on *Botched* correct faulty procedures done on people with “normal” demands by surgeons who charge less in other countries (most often Mexico), however, many of those that are turned away on *Botched* are from other countries (frequently the UK or Western Europe, sometimes south America or Asia), who have undergone procedures that are not legal in the United States, and that have subsequently diminished the patients’ health substantially. Sometimes, the doctors will still take these cases, but frequently these patients want more plastic surgery, to enhance a “look” that the doctors do not endorse, and are turned away.

necessities, and in stark opposition to makeover TV, the vast majority of cases on *Dr. 90210* and *Botched* do not presume coherence between internal and external transformation.<sup>409</sup> *Botched*, in particular, goes to great lengths to insure that clients do not conceive of these surgeries as complete transformations, but rather as part of an ongoing process of self-cultivation that is already well underway. As with all of the biomedical concerns addressed in this dissertation, this process always includes maintenance and continuing interaction with medical professionals. However, it also entails change based on fashion, age, and occupation.

On *Botched* and *Dr. 90210* procedures are frequently undertaken to perfect two-dimensional images, these “ideals” continually change alongside life goals and altered aesthetics, and require perpetual work: the labor involved with undergoing treatment and with keeping up to date on changing styles (and the bodies that accompany them). The norms and standards that inform E!’s plastic surgery programs are, like the medical standards of chapter 2 and the beauty norms of chapter 3, drawn from the same European standards that also informed the Hollywood celebrities that provided the network’s original focus.<sup>410</sup> Though this standard informs E!’s plastic surgery programs, the

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<sup>409</sup> Though they depend on a common logic, the overarching narratives of E!’s programs also depart from the diagnostic-makeover structure of the other case study shows. While some of the individual mini-narratives on each show may recapitulate the dramatic, life-saving terms and the living/existing binary promoted by the other “health”-oriented case studies in this dissertation, none of the shows’ overall narratives reinforce this as an overarching perspective.

<sup>410</sup> For example in the same September 2014 article that addresses the slow redefinition of the Hollywood body, *Vogue* author Patricia Garcia complains, “In music videos, in Instagram photos, and on today’s most popular celebrities, the measure of sex appeal is inextricably linked to the prominence of a woman’s behind. For years it was exactly the opposite; a large butt was not something one aspired to, rather something one tried to tame in countless exercise classes.” In addition to an impressively negative response from female readers, which call the author and magazine to task, the article also sparked a number of criticisms from established journalists such as Alisha Tillery, who is regularly published in *Ebony*, *Essence*, *Clutch* and *Mediabistro*, and responded with “Dear Vogue: A Big Booty Is Not A Fashion Trend,” which asks several important questions that are elided in the article, such as “who is ‘officially’ embracing big butts? Fashion designers? Pop culture experts?” And, what does it mean to identify this as an “era,” which

network has also been a site of pushback and negotiation, and has also been credited for playing a role in changing the ideal “Hollywood body” as exemplified by Kim Kardashian.

Even some “successful” surgeries, such as breast augmentation, require regular follow-up surgeries for “maintenance” and/or replacements. In this sense, *Botched* is apparently similar to *Extreme Weight Loss* and *Hoarders* in its depiction of the body as chronically ill and in continual medical care. Ironically, it is also potentially far more educational than either of these programs, with several critical responses to its premiere season including some mention of learning new, potentially valuable health information. A number of journalists mention not knowing that silicon implants needed to be swapped out every 7-8 years, and at least two of the clients treated in that season, both of whom received implants over 20 years ago, claim the same ignorance. Though the show has no real pretense toward public health, it appears to be a bit more efficacious in actually circulating new knowledge than programs in which this is the explicit intention. In terms of the “inherent illness” of the body that the show suggests, Chapter 2’s discussion of the chronically ill body is pertinent here. In the case of breast augmentation, the first surgery

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implies a terminal amount of time, and an end in which big butts will “be trashed.” While there is abundant criticism in media studies about “interactivity” and the decimation of critical distance, some of which is cited in preceding footnotes, the visibility of the response to this article presents a challenge to it. Patricia Garcia, “We’re Officially in the Era of Big Booty.” *Vogue*. Culture Section. September 9, 2014. <http://www.vogue.com/1342927/booty-in-pop-culture-jennifer-lopez-iggy-azalea/>. Although *Dr. 90210* is far more racially diverse than *The Swan* or *Extreme Makeover*, when it comes to the female body, the doctors are almost invariably implanting very large breasts. *Botched* retains the diversity of *Dr. 90210*, perhaps mostly by virtue of its Los Angeles locale, but shows some variation in terms of how gender is embodied. Unlike *Dr. 90210*, the doctors purport a goal of “natural” aesthetics for each client, and, many of the women who come on the show for body issues do not want large breast. A fair number who have had implants would prefer smaller breasts, though this is often not an option because of damage done by large implants. Not only did *Dr. 90210* emerge in a new media context, it was also part of a E!’s efforts to reach a burgeoning global market, in particular Latin America. While this mainly manifests through the show’s focus on Dr. Robert Rey, a Columbian immigrant, it is also legible in the diversity of clientele at the various Los Angeles plastic surgery practices it visits. As a result of the city’s diversity, the cast is also far more diverse than that of *The Swan* or *Extreme Makeover*.



is elective. However, subsequent surgeries are required to maintain physical health. So, in essence, the first plastic surgery introduces a chronic health issue. The narrative of continual change and transformation, as well as the concept of the body as already inherently ill and in-need of biomedical “maintenance,” both make this choice appear logically sound, and advances in biotechnology and fashion changes also reorient lifetime obligation of the patient’s interaction with the medical establishment as an opportunity rather than as a drawback. As with weight loss or treatment for hoarding, the processual obligation is characterized positively as acceptance of self-responsibility, and together these ideas constitute a means of understanding the chronically treated body as a marker of health. However, they also all entail the possibility of “improper” consumption, which is represented on *Botched!* in its cautionary tale examples.

### *Producing the Transmedial Body*

Over its 30-year history, E! has been implicated in, and contributed to, the growth and development of the industry it purports to cover, producing media (TV shows, web content) and acting as meta-commentary on it (through its entertainment news focus). The network focused on the film and television industries, which had initially supplied it with free content in the form of trailers and public relations material, into the late 1990s. In the early 2000s, it began diversifying its content, ostensibly (in part) to cope with changing media industry conditions (new media convergence, diversified cable content, etc.), and increased its focus on “lifestyle” programs, including “normal” people in the scope of bodies it makes visible.<sup>411</sup> By the 2010s, the network had combined the methods

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<sup>411</sup> There was also a huge upsurge in plastic surgeries in this era, and plastic surgery became more widely available, less dangerous, and more affordable. At the same time, its social acceptability grew as

of its original Hollywood promotional content, lifestyle TV, and newer transmedial tactics to produce homegrown celebrities that rendered the network a highly profitable model for other networks. Though it has retained its focus on celebrity (and celebrity bodies), the relationship between celebrity and “normalcy” changed substantially since the 1980s, as has the relationship between “normal” people and media production.<sup>412</sup>

E!’s early content was organized around the types of Hollywood “star” texts that Richard Dyer examines in *Heavenly Bodies*, and its focus on the ways in which stars are produced has persisted in various forms into the present day, shaping its reinvention.<sup>413</sup>

Though already far into the post-studio era, when the network emerged as Movietime in 1987, it was more or less a permutation of the machinery that Hollywood had historically used to generate star texts. In a format modeled by MTV, E!’s content was almost exclusively comprised of entertainment advertising, from trailers to “behind the scenes”

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biotechnological advancements received increased public attention and as a whole altered ideas about the body and its potentials. From 1997 to 2011, the number of cosmetic surgeries performed in the U.S. rose 73% going from a total of 939,192 to 1.64 million, though certain other statistics, particularly those related to gender, have remained stable, with women continuing to make up the vast majority of recipients (91%) These numbers are slightly deceptive in that they only include *surgical* procedures. Non-surgical procedures (Botox, chemical peels, etc.) rose an astonishing 208%. And while as of 2011, only 9% of cosmetic surgery were men, this is still a 121% increase from 1997, and also accounts for liposuction’s new place as the most popular cosmetic surgery of all, a title it received after finally bumping breast augmentation, which is still a close second. All figures from the American Society for Aesthetic Plastic Surgery’s *15<sup>th</sup> Annual Cosmetic Surgery National Data Bank Statistics*. [www.surgery.org](http://www.surgery.org).

<sup>412</sup> The perception of celebrity promoted by E!, but also by new media discourse and reality TV in general, is much more open-ended and porous. According to this view, fame is democratized and a “normal” person can become a celebrity through their interaction with, and mastery of, media. However, this belief and new sub-set of celebrity does not typically result in any type of capital equality. While there may be some instances of overlap, professional entertainers, like film stars, not only have cultural capital unavailable to Internet or reality celebrities, they also receive actual monetary capital. Reality TV stars may get paid, but the entire edifice became popular, in part, because it was cheap to produce (partially because it did not require writers). Likewise, Internet “celebrities” rarely receive more than a small boost in income. The more substantial change has been the status of media literacy and use in the United States. Issues related to the cultivation of “public” image, which were once the purview of celebrities, politicians and other public figures have become relevant for most of the general public. Further, even if self-mediation, like “normal” celebrity exists purely on the plane of discourse, it nevertheless has become a ubiquitous discourse in the U.S., particularly in terms of professional development.

<sup>413</sup> Richard Dyer, *Heavenly Bodies: Film Stars and Society* (Routledge: New York, 2006. Digital) First printed Macmillan Education Ltd. 1986.

footage prefabricated by studios. After an acquisition by Time Warner in 1990, the network was rebranded as the E! Entertainment Network and began producing original content, with an eye toward becoming a 24-hour version of *Entertainment Tonight* (CBS, 1981-present). Its first original content was modeled on the “secondary” star texts that it had already been running, such public appearances, studio promotional materials, interviews, biographies and coverage of star’s “private” lives.<sup>414</sup> These programs initially took customary non-fiction forms, following print templates and included industry news, reviews, box office figures, and red carpet coverage, and frequently walked a line between news, promotion, and tabloid-style scandal/gossip. Its red carpet coverage was particularly successful and initiated a long-term emphasis on style and fashion that was imperative to how it developed and used the body to hail viewers as media makers in their own right.

The network also developed a heavy emphasis on fashion and style, originating from its coverage of red carpet events, which was married to its ongoing entertainment news reportage and commentary, making celebrity bodies and style continually visible. During the 1990s and early 2000s, the network was noted for its red carpet coverage, featuring Joan Rivers (1994-2003, 2010-14), who would later host the hugely popular, *Fashion Police* (2010-14). Rivers was outspoken about her plastic surgery (and about plastic surgery in Hollywood in general), and was so associated with the practice that she appeared in episodes of *Nip/Tuck*, which provided the model for E!’s *Dr. 90210*. So, prior

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<sup>414</sup> For Dyer’s Classical Hollywood stars, film is the primary text or privileged text, and the celebrity is understood in a special relationship to these texts. While this may still be the case for some film actors whose personas are cultivated in close proximity to their film roles (ex. Robert DeNiro as Italian tough guy), for others this is not the case at all (ex. Lindsay Lohan was first an actress, and although she has subsequently taken film roles that play off her public persona, culled from “secondary” texts, they don’t necessarily have any special relationship to her persona).

to *Dr. 90210* and its other reality-based plastic surgery programming, the network had associated the practice with media production, and the practice of cultivating visual identity used by celebrities. Plastic surgery has a long association with the film and beauty/fashion industries. However, the public form this relationship has taken has altered considerably over time. In the 1980s the program *Lifestyles of the Rich & Famous*, in many ways a precursor to E!'s content, featured wealthy people who could afford plastic surgery. By the early 2000s this practice was popular enough, and the technologies had advanced sufficiently, to merit dedicated programming. By the time *Botched* aired, it was ubiquitous enough (at least in Los Angeles) to merit an entire program dedicated to “normal” people’s plastic surgery needs

While E!'s programming is easily recognizable in its relationship to the production of Hollywood star texts and image making, it’s strategies for maintaining viability have been viewed as instrumental to dispersing, expanding and changing the sites at which celebrity is produced and as key to its successful navigation of contemporary media formations. From *Vogue* to *Variety* to *Ad Age*, E! has been credited with successfully rebranding itself, making the news that it used to cover by cultivating homegrown celebrities. It has done so primarily by presenting forms of media production, once associated with celebrity, as relevant to viewers across the spectrum: such as image management and self-branding, both of which are closely related to appearance, and an understanding of the body as a form of media.

Though they appear as a response to “new” media, E!'s expansion of personal media production as a general concern, and its adaptation of the Hollywood star template to address it, are grounded in changes that accrued around the expansion of cable and the

increased popularity of home video in the 1980s-1990s. These changes included diversification of, and increased access to, images of star bodies, an equalizing presentation of celebrity personalities, and the mitigated importance of “privileged” star texts. Even in its early variety show formats, television has acted as a site of convergence for “high” and “low” media, and as a point of intersection between private, domestic space and public life. And, from the outset, E! was dependent on a wide swath of existing media for which it acted as a funnel, combining (“high”) film and (“low”) television promotional material and advertising, and including clips on early shows like *The Soup*, which, as its name suggests, threw various media elements together in a single “pot.”<sup>415</sup> So the network’s development was contingent on the growth of cable in more ways than one. And, as cable expanded throughout the 1990s, so did the sheer number and diversity of bodies and issues it made visible, which E! drew from.<sup>416</sup> Though perhaps endowed with variable cultural cache in-context, when E! presented them as sound bites and clips, they all appeared equal in visible duration and presentation if nothing else. As likely to

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<sup>415</sup> Though not necessarily gendered in quite the same way, a celebrity “class” system has persisted. Of recent TV trends, in which she identifies (and then dismantles) an intra-reality TV distinction between “trash” and “quality,” Feuer writes, “...the binary opposition between ‘quality TV’ and reality TV, one that is usually set up along an axis of distinction based on aesthetic value. That is, according to the usual evaluations, HBO dramas are art; reality TV shows are trash. As Misha Kavka writes: ‘Because reality television is seen as a dumbed-down media form with a low entry threshold for participants, its diminished cultural value rubs off on participants’ claim to fame, while its reputation for creating D-list celebrities confirms reality TV’s low cultural value.’” Yet another rung could be added to the “celebrity” hierarchy—the web celebrity. This mode of celebrity is typically fleeting and not as financially lucrative as other forms, unless parlayed into some other arena. An early instance of this is Tila Tequila, the “web girl” whose initial claim to fame was her enormous popularity online. She was subsequently featured on a reality TV show, but has since been swallowed back up by the Internet, where she continues to market herself, and provides content. This hierarchy is not only classed, but very frequently racialized as well. Tila Tequila is exemplary of this trend, but so are various other web-based celebrity phenomena, oftentimes these celebrities are “picked up” by other media, but often they see very little in terms of financial profits. This may equate to a greater “visibility” but ultimately reproduces raced and classed forms of exploitation.

<sup>416</sup> In addition to “narrowcasting,” which diversified content, the 1990s also saw a boom in daytime TV talk, which rendered a diverse array of topics and sub-cultures visible.

turn up for outlandish behavior as movie promotion, this format also began disarticulating celebrities from what Dyer identifies as “privileged” media texts.

Pivotaly, these changes occurred in tandem with the popularity and accessibility of home video, which allowed audiences to record, access and recombine other audio-visual content. This combination reorganized the relationship between home audiences and audio-visual media, at the same time that it altered the imagined bond between “fan” and “star,” enabling a relationship with the constitutive elements of the texts that was more active, physical and intimate. Together cable and video technologies enabled audiences to interact with both secondary star texts, such as those produced by E!, and “privileged” texts (such as feature films), which were available on videocassette. In addition to following celebrity-based trends through bodily imitation and self-fashioning (fashion, haircuts, etc.), or by keeping scrap books, fans *could* take a hand in producing audio-visual media texts of their own. This confluence of developments enabled access to diversified content, intensified contact with audio-visual star texts, positioned audiences as interactive, facilitated personal media production and encouraged bodily engagement.

When E! began adapting its focus on celebrity style into “expertise” for fashion-based lifestyle reality programming in the late 1990s, it was situated by these revised concepts of reception and interactivity. The change, which would eventually lead to spin-off, The Style Network (1998), was part of an industry-wide effort to monetize the Internet through “interactive” web content, and to push the adoption of digital cable by increasing cheap original programing.<sup>417</sup>

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<sup>417</sup> In 2002, E! made its first foray into what would become its signature celebrity- and entertainment-based reality TV shows with *The Anna Nicole Show* (2002-2005), which featured a behind-the-scenes look at buxom scandal-maker Anna Nicole Smith just prior to her son’s 2006 death. *The Anna Nicole Show* was short-lived, and though it took the form of reality TV, which was new for the network, it was part of the

Between the network's launch in 1990, and its low ratings "crisis" moment in the early 2000s, the mediascape had changed considerably, and docudrama *Dr. 90210* was one of the first E! programs to successfully address this. Following almost a decade in which scandal had dominated its non-style content (from *E! True Hollywood Story* to its first reality effort, *The Anna Nicole Show*), network executives hoped to move away from tabloid programming and an adversarial relationship with Hollywood to "something new." While that "something" was unclear in 2004, by 2010, the network's "new" strategy had become exemplary of success in a market in which branding was increasingly pivotal, content was accessible across multiple sites, and advertising and marketing strategies had become progressively diffuse and complicated.<sup>418</sup> For E! the key

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last gasp of the brand's old-school tabloid orientation, capturing the mentally ill model's unpredictable behavior, which would later be attributed to the drug addiction that led to her death. Though the network underwent a serious image overhaul in this era while changing hands as part of the Comcast mega-merger, shedding its contracts with shock jock *Howard Stern* and halting production of the majority of its tabloid formats, it never quite shook its "trash" TV association, which seems to primarily accrue through its focus on women and the female body. E! was now owned by MSO Comcast, and thus had a vested interest in cultivating an audience not only for itself, but for television and digital cable in general. The relationship between lifestyle reality TV, the Internet and the emergence of digital cable is made clear in an October 2000 article in *Electronic Media* (now *Television Week*), "Improvement programming: Look & learn as home, lifestyle channels show the way. Executives from E!, Style, HGTV, Discovery Home & Leisure, DIY and The Food Network all refer to web content and "interactivity" as imperative to programming, as "endemic" advertisers-products and services were positioned with an active audience as all part of the content. The Internet was not only a place to find products, but a site at which programs were immediately replayed for people engaged in DIY projects. The major hurdle in 2000 was simply reaching viewers, as digital cable could carry far more channels than its predecessor. Digital devices were considered so pivotal to these programs that DIY executive Jim Zarchin joked that the channel was willing to do a program to show people how to set up the new digital cable boxes. Though the article depicts this push as one coming from networks, who want access to more customers, this doesn't account for E! and other networks' relationships to cable providers. These programs can also be seen as a strategy for pushing audiences to purchase digital cable and other platforms to enable "interactivity," and, ironically to enable a DIY approach to various projects.

<sup>418</sup> In a 2004 interview with *Advertising Age*, new CEO Harbert said that network was abandoning tabloid programming, but his vision of what that would be is the fairly vague "more comedy, more reality, different types of shows." In 2010, *Advertising Age* ran two separate articles about the network's strategies, one "Forget big budgets and names: What broadcast can learn from E!; How the network scored by creating stars from scratch with reality programming" and "E! True Hollywood Story: Superfan to Superstar; Network leaps from sidelines to headlines with strategy to create pop culture, not just cover it." Both articles address the network's recent upward swing that after an "experimental" summer in 2007, resulted in "homegrown" talent being covered by the same news outlets with which E! competes. While the network's gain in ratings is mentioned in both articles, its strategies for marketing and funneling advertising and endorsements through content and its homegrown celebrities are more noteworthy, as the

has been not simply to curb its salacious, tabloid-based approach,<sup>419</sup> but to funnel this content into “younger” formats that framed it as media literacy.<sup>420</sup>

While new media and social media posed industry-wide operational and industrial changes, for E! these changes also impacted the salience of its focus on film and TV, which now appeared outdated and exclusionary. Rather than adapting to these changes by producing content about digital technologies, the network reframed its existing focus on celebrity image-making and the body as modes of media production that were salient

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network attempted to angle for ancillary revenues from star endorsement deals—for example Kim Kardashian became a spokesmodel for Carl’s Jr. and Quick Trim, but also received \$10,000 per tweet from Twitter. “Want Kim Kardashian To Tweet For You? It Will Cost \$10,000.” *AD WEEK* 21, December 2009..While the article doesn’t include the particulars of how the marketing “jigsaw puzzle” gets put together, it does address the network’s increased cachet, which in 2009 was on par with Bravo (both had ad revenues of around \$200 million), though skittish advertisers are described as willing to “hold their noses” while they make media buys. So, although the network’s image has been upgraded since its tabloid days, it is clearly still marked as low culture. This association, at least in *Advertising Age*, seems to play out in gendered terms. One of the article closes by quoting media agency RPA’s senior VP Shelley Watson, “There are some advertisers who would probably be more content-sensitive and more apt to be cautious, but if you’re a young, hip culture brand, a network that pretty much over-delivers females from the age of 12 up to 49 can be a pretty valuable network.” Andrew Hampp, “Forget big budgets and names: What broadcast can learn from E!; How the network scored by creating stars from scratch with reality programming.” *Advertising Age*, February 1, 2010.,16. and Andrew Hampp, “E! True Hollywood Story: Superfan to Superstar; Network leaps from sidelines to headlines with strategy to create pop culture, not just cover it.” *Advertising Age*, May 24, 2010, 19.

<sup>419</sup> USA Today’s article, which characterizes *Botched* as a potential “cure” for reality-based depictions of plastic surgery still identifies its “freak show” element, while even pop culture feminist media critics, such as *Jezebel*, take the show’s problems to task but find themselves entranced by its gruesome depictions of surgery.

<sup>420</sup> Though the network’s 2004 image upgrade, of which *Dr. 90210* was a part, entailed scaling back its inflammatory programming (in particular shows that were viewed as antagonistic toward Hollywood), the network did not alter its focus, or change course, but reformatted its programs to present its media-based content in new ways. For example, plastic surgery may have appeared as a tabloid news item or as part of early *E! True Hollywood Stories*, which were exemplary of the kind of scandalous material for which the network became famous. As it rebranded, E! scaled back production of this program, but also changed its emphasis, releasing at least three “issue”-based *THS Investigates* specials dedicated to body image: “Plastic Surgery Nightmares” (2005), “Starving for Perfection” (2006), and “Diet Fads” (2007). Like *Dr. 90210* these revamped versions of *True Hollywood Stories* focused on media-related issues that crossed the spectrum, from celebrity to audience, and built criticism of media culture into its coverage of phenomena that it actively helped to create. The network continued to include scandal-driven representations of plastic surgery under the auspices “entertainment news” (from Heidi Montag’s 2007 media mess, to coverage of *The Swan* and *Extreme Makeover*, to speculation on Michael Jackson’s issues up to and including his 2009 death). However, as with its reorientation of *True Hollywood Stories* and its production of *Dr. 90210*, it began to funnel salacious material into newer, more “respectable” formats.



across “new” and “old” media by introducing plastic surgery as a “new” technology.<sup>421</sup> E! has used an emphasis on the body as a transmedial form to bridge the gap between Hollywood and media in its “new,” general sense. Since 2004, E! has featured almost continuous original plastic surgery reality programming, from *Dr. 90210*, a flagship show for the revamped network, to 2014’s wildly successful *Botched*.<sup>422</sup> Rather than simply cashing-in on plastic surgery’s scandalousness, *Dr. 90210* was the first in a series of steps the network would take to incorporate plastic surgery into its own brand of media-making, which would eventually result in “homegrown” celebrities that also model processes related to personal image making and branding.<sup>423</sup> The show was also an early example of the network’s experimentation in cross-platform marketing and licensing strategies, which has hinged on body-based brands.

*Dr. 90210* would turn out to be pivotal to the network’s rebrand. Intended to broaden audience appeal and “move beyond a tight niche” of celebrity-based content, while maintaining its niche emphasis on “entertainment,” it evinced a unique focus on a broadened field, “pop culture,” and provided a reality template for future programming, which would update E!’s emphasis on pre-convergence mass media phenomena, news, and personalities.<sup>424</sup> *Dr. 90210* was the network’s first reality TV show *not* based on an

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<sup>421</sup> E! was by no means alone in this emphasis. Bravo’s *Queer Eye for the Straight Guy* and *The Swan* both also began airing in 2004, and in different ways also focus on self-image and present the body as media. E!’s tactic was closer to Bravo’s in terms of how it positioned image as a central concern for professionals across the spectrum. But, it was closer to *The Swan* not only in its emphasis on plastic surgery, but also in its singular focus on the body.

<sup>422</sup> This focus was in keeping with the network’s target demographic, women between 18-45, and made sense given that the beauty and cosmetic industries were, alongside biotechnology, seemingly “recession-proof.” “TV, print, iron out working relations; Consumers want TV coverage and print is trying to fill the void.” *Advertising Age*, February 23, 2003, S4.

<sup>423</sup> This format, notably, allowed for the inclusion of salacious material of E!’s former tabloid programs, from semi-nudity to gore, but captured it within a respectable framework.

<sup>424</sup> Over time, the network has developed two related sub-genres of reality programming. The first subgenre is an adaptation of the “behind the scenes coverage” that originally provided fodder for the network, and features unscripted footage of celebrities’ personal lives, of which the *Kardashian* franchise is the most

individual celebrity, but rather on a practice associated with what Dyer refers to as the “congealed labor” of celebrity: image making. In this sense, it can also be seen as an extension of E!’s style programming, and a broadening of its entertainment industry-based material that engaged new media by positioning the body as a form of media that engages “new” technology through surgery.

To this end E! took a non-fiction format with which it was already associated, “behind-the-scenes” or “insider” reports, and used it to cast surgeons as “celebrity” media producers/experts.<sup>425</sup> The program associated its surgeons with the cultivation of celebrity primarily through its name *Dr. 90210*, which calls attention to the doctors’ Beverly Hills location, and presumes a relationship between the doctors and their celebrity clients based on this geographic proximity.<sup>426</sup> The title sequence associates the doctors with the

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prominent example. However, most often, these remain focused on “scandalous” female celebrities, such as Lindsay Lohan (*Living Lohan*, 2008), or Denise Richards during her Charlie Sheen break (*Denise Richards: Its Complicated*, 2008-10), etc. The other sub-genre focuses on various aspects of media production (an off-shoot of behind-the-scenes footage), ostensibly with an eye toward familiarizing and instructing audiences in them. These programs feature non-celebrities working in various fields related to the entertainment industry and media production, such as a PR (*The Spin Crowd*, 2010), adult entertainment (*The Girls Next Door: The Bunny House*, 2011), niche talent agencies (*Candy Girls*, 2011), model discovery (*Scouted*, 2011), dance/choreography (*The Dance Scene*, 2011), fashion (*Kimora: Life in the Fast Lane*, 2007-11), etc. While the network has made many attempts to produce this type of media industry, practice-based programming, and these attempts have contributed to its overall brand, its plastic surgery shows have been the most successful of the lot—so much so that in 2015, the network added a second plastic surgery show, *Good Work*, to a line-up that already included *Botched*. *Good Work* is a round-table talk show hosted by *Botched!* Dr. Dubrow, RuPaul, and Sandra Vergara, with a tag-line “taking plastic surgery out of the closet.”

<sup>425</sup> When it first appeared alongside TV’s first wave of plastic surgery programming (*The Swan*, *Extreme Makeover*, etc.), *Dr. 90210* also ostensibly afforded a behind-the-scenes look at this very specific sub-genre, and provided meta-commentary on its various functions in media production. The show’s doctors were framed as experts in a craft of image-making, the “value” of which was under hot public debate. In doing so E! employed tactics similar to those that scholar Jane Feuer associates with E!’s sister network Bravo in this same era, which court an audience of media savvy, upwardly mobile, urban professionals, “affluencers,” by focusing on talent-based reality and building ideological critique into the structure of its programming. On *Dr. 90210* plastic surgery is depicted as a field that bridges the gap between art and medicine, but the surgeons themselves are idiosyncratic and frequently unpalatable, so the show fosters a fascination that combines professionally admirable qualities with questionable personal ones.

<sup>426</sup> It also recalls the popular 1990s TV series, *Beverly Hills 90210*, a fictional teen drama, which is premised on characters with a similar imagined proximity to the film industry. And, in addition to using an array of stereotypically “Hollywood” images, the title sequence also tells us that the area has the most plastic surgeons per capita of any city on earth, and is so competitive that only the best doctors can succeed.

production of sleek, glamorous, professional media images, and financial success. Contextualized as part of Hollywood image making, the program proceeds in a format it had already familiarized vis-à-vis “behind the scenes” and “insider” celebrity looks. This tactic was reinforced by the programs’ inclusion of several doctors whose other TV appearances contribute to the show’s fame-adjacent premise.<sup>427</sup>

Unlike contemporaneous efforts, such as *The Swan*, *Extreme Makeover* and *I Want A Famous Face*, *Dr. 90210* was a docudrama inspired by the fictional *Nip/Tuck* and focused on a handful of Hollywood plastic surgeons, rather than their wealthy Beverly Hills clients. The show ran for six seasons, and each hour-long episode juxtaposed the stories of a small handful of procedures undertaken by one of its recurring surgeons, as well as “behind-the-scenes” footage of their personal lives. Though all associated with Hollywood by virtue of their inclusion on the show, the cast’s doctors were at various stages of their careers, from young family man and aspiring surgeon to the stars, Dr. Robert Rey, to established surgeons like Dr. Robert Kotler, who had already made a name for himself as a doctor, author and media personality.<sup>428</sup> While reality TV tends to frame plastic surgery as aspirational for clients, the series-long focus on rags-to-riches Dr. Rey is exemplary of the ambitious tone of E!’s non-celebrity reality TV.<sup>429</sup>

The “celebrity” of the doctors, plastic surgery’s existing association with professional image-making, and the variable fame and occupations of clients helped cast

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<sup>427</sup> Dr. Gary Motykie had already won *Big Brother 2* in 2001, Dr. Gary Motykie appeared on *Dr. Phil*, *MTV’s True Life*, *Discovery “Plastic Surgery: Before and After,”* and various other reality TV programs, and Dr. Paul Nassif would go on to appear in *The Real Housewives of Beverly Hills* as husband to Adrienne Maloof.

<sup>428</sup> Rey’s backstory is indicative of the aspirational tone of the network’s non-celebrity reality fare. While According to E!’s Latin America Executive Vice President, Alredo Duran, the network hoped its Latin American “angle” would appeal to Latino audiences in the U.S. and help grow Latin American national markets. Carjueiro, Marcelo. “Dr. 90210 Makes Local House Call.” *Variety* November 12, 2004. P. 28.

<sup>429</sup> Rey, a 43 year-old immigrant from the Sao Paolo “slums” was “rescued” by a Mormon missionary, and ended up in ritzy Beverly Hills living the American dream, pitched the concept for show to E!

celebrity and normalcy as poles in a population-wide spectrum of public visibility. In-keeping with the lifestyle programs that preceded it, on *Dr. 90210* surgeons act as intermediaries between celebrity and normalcy: their clientele was comprised of celebrities and “everyday” people, but their appearance on the show endowed them with some fame even though they were engaged in a “behind-the-scenes” element of media-making.<sup>430</sup> Their situation as professionals was aided by how they were able to harness their media appearances. The facility with self-branding and their practice both appear as contributing factors to professional success.<sup>431</sup> They also occupy a transitional position between the network’s old and new emphases: they are professional image-makers that contribute to Hollywood media productions, but whose services are depicted as increasingly accessible. Represented as part of a dissemination of expert knowledge related to professional media-making drawn from the entertainment industry, the show is emblematic of E!’s organization since the early 2000s.<sup>432</sup> E!’s shift from celebrity content organized around a single personality to reality programming that focused on intersecting processes of representation is not just reflective of changes in mediality, but is also constitutive of them.<sup>433</sup> *Dr. 90210* took a practice (plastic surgery) that the network would

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<sup>430</sup> The show focuses on Beverly Hills practices that have celebrity clientele, but the clients that appear on the show are rarely stars. Instead, the clients are drawn from a range of professionals who are treated by celebrity doctors, whose expertise is medical and aesthetic.

<sup>431</sup> In this sense *Dr. 90210* is a precursor to the brand-based fame of the Kardashians, who would become central to E!’s next identity.

<sup>432</sup> For example, Senior Vice President of Programming Development Lisa Berger told *Daily Variety* that the network’s looking to broaden the network’s mandate that focuses on celebrity-oriented programming, provided it had an entertainment slant. Speaking of *Dr. 90201* and the short-lived project *Scream Play*, she explained “Both of these new shows aren’t anchored around celebrities, but each of them takes a stab at things that are showbiz-related... Meanwhile, plastic surgery is huge on TV right now, and the doctor we follow deals with a large celebrity clientele.” The trades also cite E!’s strong and early embrace of the Internet as part of its “highly successful” strategy for developing novel and highly lucrative advertising and marketing strategies that are primarily based on cross-platform viewing. Denise Martin, “Get Ready to ‘Scream.’” *Daily Variety* March 24, 2004, 1.

<sup>433</sup> This shift can also be conceptualized in terms of changing conditions of “mediality,” or “the technological conditions that make specific media possible” and the cultural and communications setting

have traditionally covered as a tabloid news item, or as part of “behind-the-scenes” glimpses into the private lives of celebrities, and positioned it as a technique for mediating self-image that was available to an increasingly general population. It was transformed from a “private,” shameful concern to a “public” mark of success and aspiration.

*Dr. 90210* made both celebrity and normalcy appear together as part of a spectrum of media production and image making, which was presented as compulsory for personal and professional success. *Dr. 90210* was pivotal for the network’s makeover, not only because it fostered a new, equalizing view of celebrities and normal people, which fed into aspirational values, but because this expanded view of media production and image-making as *professional* utilities also made E!’s other style- and celebrity-based programming appear relevant to a wide range of workers who were encouraged to view media savvy and literacy as an economic imperative.<sup>434</sup> In doing so, the show became a template for the network’s other successful reality TV programs, which

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within which particular media can appear and assume a specific shape and function. This shift can also be conceptualized in terms of changing conditions of “mediality,” or “the technological conditions that make specific media possible” and the cultural and communications setting within which particular media can appear and assume a specific shape and function E!’s content “inscribed in its own language the effects produced by other media,” while also constituting a shift in the conditions of mediality “from separate media to partially connected systems.” John Johnston, *Information Multiplicity: American Fiction In The Age of Media Saturation* (London and Baltimore: Johns Hopkins University Press, 1998), 268.

<sup>434</sup> A 1998 *Variety* article, “Doc prescribes non-fiction for TV,” addresses the very recent emergence of reality TV, which is still described with the more general term, “non-fiction” in the article. The article addresses the emergence of reality TV as economically beneficial, but also as the result of audience demand, or at least perceptions of it. For example, the president of The Discovery Network brands addresses how Hollywood film aesthetics have impacted audience expectations, “forcing” the network to use more special effects in its documentary programming about astronomy. The article interviews a variety of network heads, among them is E!’s Style Channel programming head Marta Tracy, who argues that the current demand for non-fiction isn’t just about the novelty or entertainment value of the format, “What’s happening is that people are trying to maximize their use of time, so they want programming that’s compelling but with take-away benefits.” The Style Network clearly draws on DIY media in a way that reflects Tracy’s statement. However, though an E! spin-off that shared personnel, by 2004, this DIY or “instructive” element was more or less absent from E!’s programming until the appearance of *Dr. 90210* reintroduced this element to the network. Though it did not teach people how to perform plastic surgery, it re-emphasized bodily appearance as a project for self-cultivation regardless of income, and as a necessary part of becoming successful in what is presumed to be a media-saturated economy.

bolstered the status of entertainment and style content by relating them to media production as an overarching, spectrum-crossing cultural practice.

*Dr. 90210*, and the plastic surgery programs that have followed it, rely on a tactic that had already proven extremely successful in E!'s style-based programming, which included runway shows as well as how-to programs that were conceived of as “instructive,” “inspirational” and “aspirational.”<sup>435</sup> Like E!'s style programs, *Dr. 90210* hails an economically variable audience. While not everyone can afford plastic surgery, other forms of body modification are inherently promoted through the show, as are particular ways of thinking about the body, hence its sponsorship by TwinLab, a vitamin and supplement company that specializes in diet, weight lifting and post-bariatric surgery drugs. Though TwinLab products do not show up on *Dr. 90210*, the show draws attention to a fit bodily appearance and advocates biotechnology as an acceptable and effective means of achieving it. Though the specific forms of high-end, personalized biotechnology—plastic surgery—may have fallen outside of the financial reach of the audience (particularly in 2004), related treatments, such as Botox and fillers were accessible at lower price points, and have become increasingly available and affordable over the last decade.

The show's association of its doctors with professional Hollywood image making, through a medical practice rife with new biotechnologies, rendered its clients visible along an axis of self mediation as a professional/economic concern, and the gap that *Dr.*

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<sup>435</sup> This is how Marta Tracy, head of E!'s Style. Network programming characterizes E! and Style's approach to fashion in a July 2000 *Variety* article. She explains, “There are many things a viewer will see on style. that perhaps not everyone can afford, because they're luxury or high-end items. We think it's important that we show them because people can be inspired by looking at these items. So I may be showing a home in Southampton and someone watching may see a certain shade of blue on the walls that they can bring into their own homes.” Along similar lines, she continues, “We need to teach people how style can be part of their lives. You see something on the runway, and we'll show how much it costs on the runway, but we can also show how to get that look at a price you can afford.”

*90210* bridged, between celebrity programming and fashion and lifestyle content, likewise made both appear as part of growing appearance-based economic imperatives. While celebrity fashion programs and style-related content already evinced this trajectory (and celebrities had long been used as a means of product promotion for beauty and fashion), they typically did so in a way that addressed beauty as a female concern that was aspirational, but wasn't necessarily professional. *Dr. 90210* biologized this promotional model, and also put self-image and embodiment in direct relationship to media images in a regularized way that rendered it a professional matter regardless of sex and gender.

*Dr. 90210* capitalized on the plastic surgery television trend, but its surgeons frequently warned of the dangers of plastic surgery, including its potential to create greater unhappiness by leading patients to an increased focus on flaws. In this sense, it apparently directly challenged the relationship between appearance and happiness promoted by *The Swan* and *Extreme Makeover*. However, this potential conflict was balanced by the ways in which the show makes surgery appear as a normal part of everyday life. Rather than tracking this ambivalent message in a sustained way or foregrounding it, as sister program *Botched* would later do, *Dr. 90210* includes this material, leaving the text open-ended, but ultimately circumnavigated it by focusing on the doctors.<sup>436</sup>

Although the show was eventually cancelled, it ran for six full seasons, which is lengthy by E!'s standards, and even lengthier given the brevity of the other plastic

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<sup>436</sup> It gives overviews of each doctor's practice, and frames the cases of individual patients as it would other media "productions," but then also follows the doctors home, and assumes that their personal lives will generate interest. So without singling out particular celebrities (and so, restoring its relationship with Hollywood), the program focuses on what had been a tabloid-worthy practice.

surgery shows that aired in the early 2000s. In the five years between when *Dr. 90210* was cancelled and *Botched* began airing, the network attempted to approach plastic surgery in the same highly gendered terms that had proved successful for major networks, when it produced *Bridalplasty* (2011), a show in which 12 female contestants vied for surgeries. Where *Dr. 90210* and *Botched* emphasize the professional, everyday aspects of surgery, *Bridalplasty* focused on perfecting a version of femininity for the historically conservative private-sphere tradition of marriage, and the female contestants' appearance on the program reinforces this distinction in that they are frequently treated comedically and in isolation from their public lives.<sup>437</sup> And, while the program was in-keeping with the network's media-based focus insofar as it privileged the production of the wedding and wedding photos as public/private mediations, it was widely criticized as exploitative, trashy, and misogynistic. At best considered a "guilty pleasure," at worst a "new low point in television," *Bridalplasty* only aired for one season.<sup>438</sup> With its extremely strict narrative format and circumscription of body and class ideals, and its emphasis on image, the program was in many respects an apotheosis of prior plastic surgery programs, such

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<sup>437</sup> E!'s inclusion of plastic surgery in its coverage of celebrity-making trades on this division, ostensibly showing the "private" self, which is associated with physicality and the body. However, it also disturbs a related opposition in which naturalness is associated with the "private" self and with the body, as opposed to artifice, which is associated with the public self. While the transmedial continuity of the celebrity text has thrown this binary into question, the depiction of plastic surgery on E! and the biomedical understanding of the body in general, also signals the changed terms of this supposed divide. There has been an increased emphasis on formerly "private" affairs, and a dissociation of the body with the opposing terms naturalness and artifice. Though always a problematic distinction, the craft of Hollywood celebrity has historically promoted certain forms of bodily artifice. However, the shame of plastic surgery persists, and is part of what E! programming responds to. At the same time, the term "natural" persists for surgeons as an aesthetic-ethical term, which typically determines their willingness to do surgery (at least on-screen).

<sup>438</sup> For example, *L.A. Times* "Keeping track of low points in television? Talk about 'Bridalplasty.'" We understand that pointing out the series premiere of this new E! series—which pits brides-to-be against one another to compete for implants, nose jobs, lipo ... a celebrity-esque dream wedding—is like encouraging viewers to contribute to the breakdown of mankind, but to be smart is to be well informed of what's lurking out in pop culture land. And, hey, maybe the 'scared straight' tactic will help prevent future TV atrocities in programming. Or, *The New York Observer*: Top 10 Worst TV Ideas: 4. Bridalplasty and The Swan: The womp womps of late night plastic surgery programming.



as *The Swan* and *Extreme Makeover*, and the critical disdain it garnered can be seen as a culmination of complaints related to these earlier programs, in particular its emphasis on body image and its representation of gender. When E! returned to plastic surgery in 2014, the network revived the perspective that had proven successful with *Dr. 90210*, in a context in which the necessity of a professional, mediated self-image was considered routine, as was plastic surgery.

### Botched—Plastic Surgery’s New Wave

In many ways *Botched* can be seen as a “sequel” to the “first wave” of plastic surgery programs that aired in the early 2000s. Its two star doctors, Paul Nassif and Dr. Terry Dubrow, are depicted as experts in both medicine and media, and have numerous television credits to their names: both were husbands to sister-network Bravo’s *Real Housewives*, appear regularly as “experts” on talk shows and in the news, and have already been featured on plastic surgery reality shows on E! and other networks.<sup>439</sup> On the show, the two doctors share a specialty practice, “revision plastic surgery,” and treat patients who have been “botched” by other surgeons, by nature, or by their own poor judgment, such as: overindulging in multiple procedures, choosing extreme alterations or implants, seeking out cut-rate service from unofficial or unqualified practitioners, etc.

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<sup>439</sup> Nassif was one of the doctors featured on *Dr. 90210*, and has 15 television credits to his name, not including news appearances. In addition to *The Real Housewives of Beverly Hills* and *Dr. 90210*, he is also credited with *Plastic Surgery: Before and After* (2002), *Addicted to Plastic Surgery* (2004), *Plastic Disasters* (2006), two *E! True Hollywood Stories*, and a variety of talk show appearances, such as *The Dr. Oz Show* (2015), *The Wendy Williams Show* (2011-15), and some entertainment news programs *Entertainment Tonight* (2015), *E! News* (2014). His appearances on ABC News and other “serious” broadcasts are omitted from his IMDB filmography, suggesting that these programs fall outside of entertainment and that his appearance on them is more “real” than his appearance on other television programs. Dubrow has 12 credits to his name, including *The Swan* (2004), *The Real Housewives of Orange County*, *Bridalplasty* (2012), *Who Wants To Be A Millionaire* (2014), a documentary on the band Quiet Riot *Quiet Riot: Well Now You’re Here, There’s No Way Back* (2014), and various other credits that more or less mirror Nassif’s.

The patients that they “fix” have had procedures that are, in many respects, analogous to those that Nassif and Dubrow, in particular, performed on earlier plastic surgery shows. Both doctors had shows that aired in the “first wave” of plastic surgery TV in 2004, and have been continually present on TV since. Dubrow’s most notable pre-*Botched* appearances were on *Bridalplasty* and *The Swan*, the latter of which had become a plastic surgery culture cautionary tale by 2014.<sup>440</sup> While Dubrow and Nassif never treat a former *Swan*, some of their female clients seek treatment for similarly aggressive surgeries, or for acquiring a look that is now passé or too extreme.

Like *Dr. 90210*, *Botched* consists of hour-long episodes that focus on a small handful of procedures being treated by Beverly Hills doctors. And, as with its predecessor, *Botched* exploits that locale’s association with Hollywood to position plastic surgery as one of the entertainment industry’s successful and well-practiced fields of image production. However, responding to both the normalization of plastic surgery and the perception of an increasingly media-based economy in which employment necessitates personal image cultivation, almost all of the patients that appear on *Botched* are involved in media-based professions of some kind.<sup>441</sup> The show’s depiction of plastic

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<sup>440</sup> So much so that it inspired a neologism “swanned” used to identify obviously overdone surgeries. Featuring all-female patients and organized around retrogressive identifications of femininity (the beauty pageant and the wedding), *Bridalplasty* and *Botched* have been singled out in the popular press and in medical journals as particularly problematic.

<sup>441</sup> While the two doctors frequently rib each other about getting plastic surgery, which both deny having, they also inject each other with filler on-screen in one episode, and make references that suggest this is a fairly regular practice for them. Further, Dubrow also appears on *Good Work*, a spinoff program starring RuPaul and Sandra Vergara, which aired in 2015. On the show, Dubrow and the other panel members test the efficacy of various beauty treatments. While Dubrow is presumably on the panel to pass judgment on the scientific validity of various wacky treatments, he also frequently receives them. Dubrow’s appearance as the object of a cosmetic gaze is a fairly significant contrast with his position on *The Swan*. Though he is a medical authority on both, on *Good Work*, the type of disembodied masculinity with which he was associated on *The Swan* is disrupted. Dubrow’s inclusion on the *Good Work* panel implies the fluidity between beauty and medicine as industries, but also suggests that while men are included in an increasingly pervasive cosmetic gaze, they are also given agency to validate or invalidate the terms by which they

surgery in economic terms, as an everyday technique for cultivating mediated visual identity as a professional imperative, distinguishes it from its TV predecessors. Although the show is organized by the doctors' practice, to some extent replicating the structure of *Dr. 90210*, it is not a docu-soap and the focal point is not the doctors' personal lives, but, rather, their treatment of individual cases. In other words, where the majority of surgical transformation shows emphasize the effects of surgery but minimize its depiction, on *Botched*, the medical process and surgery are front and center, while the field of medical expertise is expanded.

By casting Dubrow, E! positioned *Botched* as an indirect form of redress for criticisms and concerns that had been raised in response to plastic surgery television and the “extreme” physical transformations associated with it. This effort was so successful, that by the time *Botched* began airing in 2014, it was received as “an antidote, of sorts” to the “wonders of medical metamorphosis” promoted by earlier plastic surgery programming, and as a reality check and critical mechanism for the image-based mediation of the body that the network actively promotes.<sup>442</sup> Dubrow acted as a spokesman in the flurry of press announcing the show's release, in which he consistently differentiated *Botched* from other plastic surgery shows in terms of its veracity and gravity. For example, in a lengthy *USA Today* interview Dubrow described *Botched*, “as real as a heart attack,” compared to the scripted shows he had done in the past, which he characterized as “cheesy,” “low risk” “fairy tales.”<sup>443</sup> His comments implicitly responded

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become part of that view — Dubrow receives treatments, is shown in various stages of undress and immobility, but ultimately he is also part of the panel that frames these images.

<sup>442</sup> Popular national newspaper, *USA Today* ran a fairly long piece on the program, which positions the show as “an antidote” but also refers to its salacious display of bodies in the manner of a “freak show.” Donna Freydkin, “Plastic surgery cuts two ways; In ‘Botched,’ viewers witness bad results that are repaired.” *USA Today*, April 21, 2015, 2D.

<sup>443</sup> Full quotes throw into relief the repetitious nature of Dubrow's characterization of the show.

to criticisms leveled at prior representations, and positioned both plastic surgery and reality TV as part of ongoing developments. For example, in a lengthy *USA Today* piece that is exemplary of his pre-*Botched* appearances, he points to audiences' boredom with "vanity" and "seeing breasts just get bigger and bigger," and situates *Botched* as a resolution that responds to a "fundamental" desire to see "before and after" images, but from "the other side of the spectrum," working to help people who have "been devastated by trying to look better."<sup>444</sup> His delineation of the show is frequently gendered as well, "This not a fairy tale. This is a superhero show. These people need to be rescued."<sup>445</sup> These comments about "seriousness" and "reality" are problematically deployed in relationship to a feminized fantasy, and apparently speak to the increase in male plastic surgery patients, which is also evinced by the show's cast. However, these terms also speak to the show's emphasis on surgery as a professional concern rather than one related to desirability, romance, or "vanity."

Although Dubrow's differentiation of the show is problematic, *Botched* departs from prior representations of plastic surgery in terms of how transformation is structured: outcomes once determined with very little input from the patient are negotiated on-screen by doctors and patients. Most of the programs in this dissertation represent biomedical

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"Fundamentally, everyone wants to see the before and after. The problem with other plastic surgery shows is that we were tired of seeing vanity put on stage and breasts just getting bigger," says Dubrow. "Until now, the plastic-surgery shows were about fairy tales. This show is not a fairy tale. This is a superhero show. These people need to be rescued." And, "I have done a whole bunch of plastic-surgery shows. I loved doing them, but they were cheesy shows without much at risk. *Botched* is ... on the other side of the spectrum," says Dubrow. "It's people who ... have been devastated by trying to look better, and have suffered complications. This show is as real as a heart attack. There's no one reading from a script. We don't even notice the cameras around." It seems the quest for scalpel-induced allure has been replaced with something a bit more real." Donna Freydkin, "Plastic surgery cuts two ways; In '*Botched*,' viewers witness bad results that are repaired." *USA Today*, April 21, 2015 Life Section, 2D.

<sup>444</sup> Donna Freydkin, "Plastic surgery cuts two ways; In '*Botched*,' viewers witness bad results that are repaired." *USA Today*, April 21, 2015 Life Section, 2D.

<sup>445</sup> *Ibid.* While these comments recall the problematic, ultra-masculine hero doctor caricature Dubrow inhabited on *The Swan*, the text of *Botched* is marked by jocular banter between the two doctors about their own bodies, and includes a scene in which they inject each other with Botox.

intervention through emotionally charged stories of individual transformation, the terms of which are dictated in highly controlled ways through the stability of a makeover format and a visual ideal. Through this structure, TV provided the standards and guidelines for on-screen and off-screen transformations, which were aesthetic, behavioral and medical. By contrast, *Botched* focuses on individual procedures and specific technologies to present its doctors as skilled artisans who work together with their clients to create a specific “look.” Each case is distinct and presents an opportunity to showcase the doctors’ processes, which combine aesthetic, medical and technological expertise, but also depict the doctors as “informed” tools for potential patients. While some surgeries may “fix” issues that cause embarrassment, physical and emotional pain, or that pose direct health risks, patients on *Botched* rarely refer to procedures in terms of internal, emotional metamorphosis. On *Botched*, the most key issues are potential health threats and embodied experience. Unlike the bulk of other programs in this dissertation, *Botched* does not posit external change as an essentially transformative experience. While each episode includes depictions of two or three patients before, during and after surgery, the show addresses problems of embodied experience for people whose “transformations” have not resulted in happiness. And, though surgical transformation is front and center, it isn’t the apex of a melodramatic arc. For the most part, the patients who appear on *Botched* have already adopted the lessons that the other shows in this dissertation attempt to instill: an ethos of lifelong transformation, and a relationship to their body as biomedical media.<sup>446</sup>

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<sup>446</sup> Notably, this isn’t only true in terms of how the patients instrumentalized surgery, but is also present in their decision to appear on the show in the first place. Many of the patients on *Botched* are involved in media-based professions, and view appearing on the show as a means of furthering their careers (see

The spectrum of personal and professional media visibility *Dr. 90210* implicitly produced is fully realized on *Botched*, and its doctors appear as fixtures of professional media production across its episodes. They act as barometers of their clients' facility with, and understanding of, image cultivation, guiding aesthetic choices, and (as with *Extreme Weight Loss's* trainer Powell) function as a constant visual reminder of an aspirational standard of self-mediation and branding.

On *Botched* the doctors are ultimately authoritative but work with clients to perfect their bodies based on their craft or niche as professional (or aspiring) media makers. The doctors are presented as specialists in a technique of media production that contributes to each patient's individually cultivated visual identity. In almost all of the cases, the surgeries on *Botched* are depicted in their relationship to self-presentation for image-based careers. However, media professionals broadly encompass a wide range of clients. The show casts surgery as a media-oriented specialty, and professionalized media images as a general necessity. In this sense, the program amplifies the already-present impetus toward self-branding present in the current economy, and plastic surgery is framed as part of everyday care of the self.

The first client featured on the series, Alicia Jenkins, suffers from a problem that is both highly gendered and directly relates profession and professionalism as body-based ideas. The doctors treat Jenkins for a "uniboob," which resulted from a bad breast augmentation surgery, and which she feels is currently hindering her work as a bikini designer, and is also causing her so much pain that she can no longer pick up her child. Jenkins bikinis are targeted at a highly specific body type, and lifestyle market, involved

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footnote 7). Even for those that don't seek to benefit from increased media visibility on the show, obviously do not feel that appearing will harm their image-based careers.

with dirt bike racing. She feels that to really succeed, she needs to be able to appear at events and in photos in the bikinis she designs. In other words, her body would work to authenticate her product's association with the dirt bike lifestyle and would also be pivotal in brand recognition.

While the focal point of the intervention is a highly feminized and sexualized area of the body, Alicia's present-day issue is not presented in relationship to sexual desirability, but, rather, to her ability to do her job and to live pain free. The doctors "fix" Alicia, and she is shown back at work: behind and in front of the camera. In addition to this core narrative, which is typical of the vast majority of cases the doctors agree to take, Alicia's story is also exemplary of the show's continual focus on professionalism within the field of plastic surgery, which is depicted as potentially hazardous for consumers/potential patients who do not have the knowledge necessary to make informed decisions.<sup>447</sup> In this sense, it is absolutely in line with the lifestyle shows that preceded it on E! It professes to model how to do this form of self-mediation "right," teaching the parameters for determining appropriate personal aesthetics, as well as the newer skill of discerning high-quality work. In Alicia's case, this lesson is simply about the qualifications of her former doctor, however, in many other cases, it is also entails aesthetic judgment. Over the course of season one, *Botched* establishes medical bioethics as a standard for aesthetic judgment, and casts biomedical intervention on a consumer

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<sup>447</sup> A recurring theme on the show is clients' lack of knowledgeability about the meaning of certifications and the importance of specialization during their first "botched" surgery. While some of the clients were "botched" by seeking treatment from cut-rate providers with nebulous credentials, or in countries without regulation, there are also a number of clients whose previous surgeries were done by licensed U.S. physicians who did not specialize in plastic surgery. Though the show does not single out "bad" surgeons, only "bad" work, it presents Nassif and Dubrow almost as a fashion-based show would present designers, as expert artisans but also as arbiters of quality and taste

spectrum alongside conventional beauty products, style, and other modes of image manipulation.

The choice of Nassif and Dubrow as the show's surgeons is important. When they were cast, both were already recognizable media personalities who had been associated with projects of varying "legitimacy" and success in medical and media terms.<sup>448</sup> The doctors' extra-textual relationship to the *Real Housewives*, which marks virtually every mass media mention of the show and is also alluded to in on-screen references to their wives, contributes to the production of a "high end" transmedial world that exists across E! and Bravo programs. One of the hallmarks of this world is cast members' facility with self-branding, one of the others is, notably, plastic surgery.<sup>449</sup> The majority of the successfully branded personalities that have emerged in relationship to these two networks and their reality TV worlds have been women, and their identification across

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<sup>448</sup> Though spokespeople for the American Society for Plastic Surgery have voiced some displeasure with the form plastic surgery TV has taken, it appears to have been highly beneficial to the field. Research published in the ASPS journal, *Plastic & Reconstructive Surgery* in the years following the first onslaught of reality TV plastic surgery television, claimed that four of out of five patients reported that reality television influenced them to pursue a cosmetic surgery procedure, with nearly one-third feeling "very much" or "moderately" influenced by it. Another article in a related academic journal published just two years later in 2009, surveyed college-aged women and found that recent increases in cosmetic surgery were paralleled by a surge in reality cosmetic surgery television programming, and that viewers of these shows were "significantly related to more favorable cosmetic surgery attitudes, perceived pressure to have cosmetic surgery, past attainment of a cosmetic procedure, a decreased fear of surgery, as well as overall body dissatisfaction, media internalization, and disordered eating." Richard J. Crockett, M.D., Thomas Pruzinsky, Ph.D. and John A. Persing, M.D., "The Influence of Plastic Surgery "Reality TV" on Cosmetic Surgery Patient Expectations and Decision Making." *Plastic & Reconstructive Surgery* 120, no. (1 July 2007): 316-324; and Steffanie Sperry, Kevin J. Thompson, David B. Sarwer, et al. "Cosmetic Surgery Reality TV Viewership Relations With Cosmetic Surgery Attitudes, Body Image, and Disordered Eating." *Annals of Plastic Surgery* 62, no. 1, January 2009, 7-11.

<sup>449</sup> The correspondences across these two networks, and the resemblances between them, were likely streamlined in 2014 after a merger that left Bravo's president Lauren Zalaznick in charge of both networks. In a 2004 article about cable reality TV and branding, Zalaznick explained Bravo's identity through an implied relationship to E!'s content at the time: "What we're not about is unauthorized or exploitation. On the other hand, we're still an entertainment network. We didn't do 'Project Runway' as behind-the-scenes documentary—which would've been the legit way to go. We set out to do a reality show, but a compelling one. We did the art of reality." The article refers to Bravo as the "other side" of celebrity and "creative processes of entertainment," which by contrast positions E! as the progenitor of an unauthorized, exploitative approach. Though the Bravo brand remained a bit "higher brow," by the 2014 merger, the two networks' content was relatively similar, and there was regular crossover between them, of which Drs. Dubrow and Nassif were a part.



contexts is as much visual, and thus body-based, as it is based on name recognition. Dubrow and Nassif not only appear across contexts, as their female counterparts do, they also appear in relationship to the craft of image making. The doctors' appearances on various media outlets reinforce the network's depiction of biomedicine as a technology of media expertise, and also present a model of confluent modes/formats of self-mediation in which the medium of the body is pivotal, and successfully replicated across various contexts. The doctors represent the type of self-branding the network has made a name for itself producing.<sup>450</sup> From this perspective, Dubrow's self-aggrandizing description of himself as a "super hero" is more meaningful than it first appears. As with other present-day "super hero" franchises, Dubrow and Nassif have branded themselves across media formats (some public, some private), and the TV world they inhabit is vast enough to contain their public and private lives in separate, but related mediated forms.

*Botched*, like *Dr. 90210*, can be seen as part of E!'s ongoing efforts to rebrand itself in the expansive, more modern terms of "pop culture" rather than the stodgy, delimited ones of "entertainment." *Dr. 90210* was the successful flagship series of E!'s 2004 overhaul, which was undertaken in hopes of hooking a younger audience,<sup>451</sup> and when *Botched* was released in 2014, it became the highest rated, most-watched "docu-series" the network had released since 2011, particularly among adults.<sup>452</sup> As it produced *Botched*, E! was also developing digital content for a "linear news strategy and multi-

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<sup>450</sup> And, the masculinization of the show, versus its predecessors, works not only to defuse anxiety over male plastic surgery, but also to establish the doctors as male counterparts to the female Kardashians. And, in its first two seasons *Botched* was the second most watched show on the network after *Keeping Up With The Kardashians*.

<sup>451</sup> At least initially, this strategy worked. During the first season of *Dr. 90210*, the show more than doubled the network's 18-49 regular primetime audience. Denise Martin, "'Dr.' Still Operating For E!" *Daily Variety*, September 29, 2004, 6.

<sup>452</sup> In its first season, the show averaged about 1.52 million viewers per episode, 1 million of whom in the 18-49 year-old demographic. It also ranked first in its time-slot among women 18-34 and 18-49. Jethro Nededog, "E! Orders Second Season of 'Botched'", *The Wrap*, August 5, 2014.

screen approach,” which successfully drew an audience 20 years younger than other entertainment news outlets.<sup>453</sup> And, notably, both *Botched* and its companion series, *Good Work*, have elaborate digital content and attract significant “unique” audiences, which access content on platforms other than a traditional television.<sup>454</sup>

Jones and Weber “explore the relationship between media and maternal embodiment that is activated through eruptions around the grotesque body, particularly the monstrosity assigned to the reality celebrity mother,” and use three case studies (Farah Abraham, Kate Gosselin and Kris Jenner) to “reveal a misogynistic disciplining of ambitious, successful, and difficult women that intensifies in transmediated continuity.” In Jenner’s case, the ire that seems to have cohered around her facility with producing her family as an unbelievable successful brand in the absence of any other talent is funneled into criticism of her parenting style, but are even more clearly articulated through criticisms of her body and how she presents it. The bulk of these criticisms come in the nebulously personal and public form of social media and blogs, and are indicative of an overarching issue with violently misogynistic online responses to successful women in general. While Jenner and the Kardashians tend to illicit extremely strong, hateful reactions, they have also parlayed this into one of the most successful branding ventures of the past 20 years. A 2010 story in *Advertising Age*, which uses the E’s cultivation of “homegrown” celebrities as a model for other networks, argues that this strategy works

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<sup>453</sup> According to” Rose, Lacy. “E! Combines Online, On-Air News Divisions, Ups Execs (Exclusive).” hollywoodreporter.com February 10, 2015. Qtd. Portion from E! Vice President Najarian in a 2015 press release reprinted in the article.

<sup>454</sup> Uniques is a means of referring to those that access content vis-à-vis platforms other than a cable television. “The ... nimble E! Online platform, for its part, is experiencing significant growth, up 79 percent year over year, with 39 million average monthly multi-platform uniques in the fourth quarter. Across TV and digital, the network’s average reach in that period was 87 million.” Lacy Rose, “E! Combines Online, On-Air News Divisions, Ups Execs (Exclusive).” hollywoodreporter.com, February 10, 2015.

because of its cost effectiveness for the network (versus star-based, scripted television), and emphasizes the ways in which E! and its stars have profited by through their mutual affiliation. In 2010, the network's ad revenues passed the \$200 million mark, up 40% from 2004. The article links that rise to the network's increased reality programming in general, and its *Keeping Up With The Kardashians* franchise in particular, which premiered in 2007. The article focuses on E!'s success, and acknowledges that its stars would not have attained fame on their own, it includes a lengthy section on the Kardashian's ability to parlay success into a series of endorsement deals, an accomplishment it places firmly in the hands of family manager Kris Jenner. At the time, Jenner had brokered several traditional deals for daughter Kim with Carl's Junior and Quick Trim, however, she also negotiated a deal with Twitter, which sponsored Kim's account and paid her \$10,000 per tweet. Jenner refers to the family brand's marketing deals as "like a jigsaw puzzle," and of the demand for her daughters' endorsements and personal appearances, "When I get a product that comes across my desk, you have to stop and say, 'Does this really make sense for my brand?'" Though the Kardashians have been widely criticized for their media over-exposure, the family brand nevertheless has profited enormously, and media scholars have argued that this backlash is highly misogynistic, related to the women's ability to control, and profit from, what has historically been a feminized position of media exploitation.<sup>455</sup>

*Botched* repeats a strategy that has already proven effective for the network's most successful brand, the Kardashians, in which the body serves as a focal point for

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<sup>455</sup> Andrew Hampp, "Forget big budgets and names: what broadcast can learn from E!; How the network scored by creating stars from scratch with reality programs." *Advertising Age*, February 1, 2010, 6; and Jennifer Lynn Jones and Brenda R. Weber, "Reality Moms, Real Monsters: Transmediated Continuity, Reality Celebrity, and the Female Grotesque," *Camera Obscura* 88, 30, no. 1, 2015.

cross-platform branding. As evinced in Weber and Jones's eloquent articulation of how Kris Jenner's body has been pivotal self-branding and a point of articulation for misogynist anxieties about women's agency and efficacy in a new media environment, E! is invested in producing "spreadable" media that takes on a life of its own. According to Jones and Weber's account, "In its mediating capacity, the body is both material, located within the flesh and blood of an actual person, and conceptual, an idea bigger than and uncontained by ostensible realness."<sup>456</sup> Where E!'s programming through the 1990s was based on a Hollywood model of media production, in which the star body was dictated by a host of Svengali-like industry experts, *Botched* can be seen as indicative of programming organized around the cultivation of media and mediated bodies in a diversified, "post-Hollywood" context, which it is also helping to produce.

The show began airing in 2014 and appeared during a resurgence in plastic surgery news coverage that followed a report on the increased prevalence of cosmetic procedures in 2014. This coincidence, along with the show's popularity, led network Vice President Jeff Olde to claim the network had "tapped into a pop culture zeitgeist."<sup>457</sup> However, at the time, "major" plastic surgery was actually in decline, and the reported increase actually came from growth in non-invasive procedures, such as Botox and other fillers, which are cheaper and marketed to the same "younger" demographic E! had in its

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<sup>456</sup> The authors' main argument is about gender, and while it informs this chapter, its major thrust falls outside of the scope of my analysis here. However, the authors' articulation of how the body works in a transmedial context is eloquent and clear. "Gender is critical in this analysis, since within the complex hybridity of transmediation, gender modalities become clear, if not always stable, reference points for producers, consumers, and reality TV participants. Gender is also key here for its ties to the body. Indeed, we consider the body to function as another form of media within the complex folds of transmediated continuity" (Jones and Weber 16). The authors' focus on the female grotesque and gender as transmedial properties that inform reception can also be taken as an extremely negative iteration of the critical reception Feuer credits Bravo with producing around its content.

<sup>457</sup> "In the quest for perfection, we've tapped into a pop culture zeitgeist, sharing cautionary tales, positive outcomes and true transformations. We're glad our audience has responded to these very personal stories." E! Executive Vice President Jeff Olde quoted in Nededog, Jethro. "E! Orders Second Season of '*Botched*'" *The Wrap* August 5, 2014.

sights. This correspondence suggests that *Botched*, and the plastic surgery programs that preceded it, successfully normalized biomedicine as a facet of cosmetic alteration to a younger generation.<sup>458</sup>

As with E!’s promotion of fashion in its Style programs, even if audience members do not have access or funding for “the real thing,” a range of biomedical techniques and interventions became visible as concerns related to appearance and social mobility. Rather than “tapping” into a zeitgeist, it was involved in creating one. It also suggests that in a context of increased transmedial exchange (or at least the perception of this context), biomedicine’s notion of the body as infinitely alterable, and its techniques of transformation, were amenable to a notion of the body as a primary visual medium. Though they accompanied a variety of technological advances, the adoption of these conceptual models easily accommodates ongoing advances and is ultimately far more important than promoting particular surgeries or procedures.<sup>459</sup> So, although *Botched* appears as a critique of the prevalence of plastic surgery and the prominence of self-image, it does so by countenancing what are depicted as enormous strides in the field. Or, as Alicia Jenkins explains in the premiere episode, which sets a tone for the series, she viewed surgery as an amplified version of a salon visit, “You used to not go to the hospital unless there was a problem. And nowadays people readily go just to go.”<sup>460</sup>

Jenkins’s comments about her youthful disposition toward surgery prior to being “botched” are incorporated into a narrative in which she approaches surgery with more

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<sup>458</sup> The term “cosmetic procedure” seems a bit too inclusive. In a general context this could mean anything from a manicure or haircut to breast augmentation. However, the cosmetic procedures in the report are all biomedical in nature, and include fillers, laser surgery, and small (outpatient) “mini” or “micro” surgeries.

<sup>459</sup> Another example of this is the number of people on the show who want surgery to look totally alien. The appearance of humanness is tabled in pursuit of a look drawn from the pages of comic books and science fiction productions. While the doctors on *Botched* do not take these clients, they nonetheless appear on the show before being declined treatment.

<sup>460</sup> “Confessions Of A Pretty Face Gone Too Far?” *ABC Nightline* June 21, 2014. ABC News Transcripts.

gravity, and in which a combination of artistry and new technologies are mobilized to help her achieve personal and professional goals.

Although it presents them as professional rather than personal imperatives, *Botched* reinforces the desirability of cosmetic surgery and of gendered beauty norms. The show updates plastic surgery and makeover narratives and tempers their organizing logic—that bodily alteration yields interior transformation. However, it nevertheless reinforces gendered standards of beauty and expands the “cosmetic gaze” to include men. The show presents a much more diverse cast than any of its forerunners, and though it inherits plastic surgery’s white beauty ideals (see chapter 3’s explanation of the golden mask), it also represents push-back by doctors and patients against these norms, as doctors are frequently called upon to aid clients who have undertaken deracinating or over-sexualizing surgeries in the past, and are also shown refusing to engage in surgeries that are too “unnatural” looking.<sup>461</sup> Despite its differences from its predecessors, *Botched* reinforces beauty standards that norm gender, promotes medical models of self-understanding, and emphasizes the power of transformation.

On *Botched* normalization is produced through a juxtaposition of cases. The doctors are regularly shown refusing surgery to potential clients, most often because they have already had too much surgery or because they have no interest in looking “natural.” While the doctors tend to inform rejected clients of the health risks involved with surgery “addiction,” and attempt to guide them toward therapy, this advice comes after these

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<sup>461</sup> The doctors are also shown engaging with a few clients who have had surgeries to mitigate the appearance of raced characteristics, such as Season 1, Episode 2’s Cheryl, who had a surgery to “Westernize” her eyes after coming to the U.S. at 19 years-old. Now a full adult, Cheryl comes to the doctors hoping to reverse the surgery. The doctors decline her case because they fear any further work might leave her unable to actually close her eyes, on top of which she has admitted to using black market fillers on herself at home.

clients have already been lampooned by introductory segments marked by carnivalesque tones, outlandish dialogue, circus-like music. In fact, the clients being turned away figure in important ways as exemplary of non-normative subjects through which *Botched* produces its norms. In contrast to these outliers, a range of clients and surgeries are depicted as normal. For example, the program features a number of transgender clients alongside biomen and women, and makes no distinction between them. These clients are all guided by a “natural” looking aesthetic, which reproduces gendered norms of embodiment.

Ethical judgments are frequently passed in aesthetic terms by the doctors on *Botched*, and their determination of acceptable aesthetics is organized by a rhetoric of “nature.” The doctors repeatedly align their practice with the cultivation of “natural” looking appearance, and reject patients that seek a “fake” appearance (though this distinction is frequently tempered by the patients’ occupational needs). However, “natural looking” tends to justify gendered, ageist, and class-based judgments of appearance, which the doctors are qualified to make—presumably because their medical knowledge of the human body gives them special insight into “natural” aesthetics. Further, both doctors’ histories as surgeons with Hollywood-based practices, and as media personalities on fashion-based lifestyle television, authorize their expert knowledge of the bodily aesthetics of particular media fields, supplementing their understanding of “nature.”

The assumption of the term “natural” is deeply problematic in this context. The vast majority of their clients (and plastic surgery clients in general) are defined by an impulse to alter their bodies’ individual expressions of “nature.” For example,

deracinating eye and nose jobs are based on the “natural” aesthetics of some white people. In general, the doctors on the show are cautious in these cases—frequently urging clients to take less aggressive measures. While these alterations to these “raced” characteristics are treated with relative delicacy, and “natural” is generally excised from the discussion, the bodily aesthetics of sex and gender are often addressed as either “natural” or in career-based terms.

For women in particular, “natural” bodily aesthetics, and differentially sexualized embodiments, are developed to conform to different norms of femininity. These correspond to professional needs and life goals, which fluctuate and change over time. And although the show features women from a variety of media-based occupations, it includes a fairly high percentage who work in adult entertainment.<sup>462</sup> The vast majority of these women got very large breast or butt implants to help their careers along, and now want to reduce their size in the interest of looking more “natural.” Some of these women are changing careers, or are seeking out marriage—goals with which their busty bodies are incommensurate.<sup>463</sup> So “nature” prescribes neutered, less obviously sexual, bodily aesthetics for women seeking out “serious” relationships or careers. In breast reduction cases, the doctors almost invariably identify small-to-medium, perky breasts as “natural,” though the degree to which perfectly symmetrical, gravity-defying breasts represent “nature” for women in their 30s-60s is questionable at best. This “natural” standard is also implicitly racist. The body types of more “serious” women are those associated with

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<sup>462</sup> The women who work in the adult entertainment industry explicitly discuss the relationship between their embodiment of sexuality and their profession. However, the way sexuality is read through the body—breasts in particular—is an element in nearly all of these women’s stories.

<sup>463</sup> However, some decide to change their figures following trends in body shape.



restrained European femininity, which is explicitly contrasted with a curvaceous body that is read as over-sexed and grotesque.

For women, these “natural” standards of gendered and sexualized embodiment are in some senses inclusive and equalizing. They normalize feminine embodiment regardless of each client’s biological starting point, and the show foregrounds this in its inclusion of bio women and trans women, who are treated extremely similarly when their goal is to appear more “natural.” On the show, “upgrades” to gender reassignment surgery and other plastic surgery concerns are not differentiated. For example, transgender adult film actress Kimber James arrives with a list of “fixes,” one of which is to add an inner labia to her vagina. This surgery is treated no differently from her nose job and breast reduction except insofar as the doctors call in a specialist. However, they regularly bring in specialists to deal with areas in which they are not experts, and, particularly given procedures such as “vaginal rejuvenation” are also depicted on the show, James is not defined through her transexuality. Instead, it appears as one aspect of her ongoing efforts at feminine embodiments, efforts in which natal women are also engaged. Kimber’s treatment is exemplary of the networks’ body-based focus and its promotion of biomedicine as a technique for self-mediation and the production of visual identity. For Kimber, and the show’s other women (its female adult film stars in particular), a variety of surgeries are presented in a continuum alongside other forms of self-mediation, all of which appear as tools of self-empowerment.

Kimber’s story is sympathetic and fairly similar to a handful of clients who have worked in adult entertainment at some capacity, regardless of their sex or gender. Having undergone 26 surgeries by the age of 24, Kimber purports to be the first transgender adult

film star. Now that she's ready to find a "good man," "settle down," get out of the porn industry and become a mom, she wants to look more natural, and to feel "less like a doll," more like herself.<sup>464</sup> Kimber harnesses biotechnology for a variety of expressions of femininity—from pornographic to maternal—at the same time, her story elucidates a disjuncture between physical experience and embodiment, which are rejoined through a cohesive visual identity. The new surgeries on her breasts and vagina may aid in the "naturalness" of her image, which is gleaned by (and produced for) the adult film industry. However, these surgeries also pose substantial threats to vaginal and nipple sensation, and to how she experiences her body during sex. Though neither the doctors nor any structural element of the show moralize or punish Kimber, her story presents the "natural" aesthetics of domestic female embodiment as potentially totally de-sexualized.

Adhering to almost every norm of femininity, the doctors agree to perform three surgeries on Kimber, though the sheer number of surgeries she has already undergone surpasses some patients to who they deny surgery. The doctors gladly agree to do the surgeries because "she wants to look more natural," though her desire for a more "natural" aesthetic cannot easily be disarticulated from the aggressively heteronormative goals of their acquisition. Her narrative differs fairly significantly from those of most of the show's rejected "multiple surgery" patients, who tend to fall into one of two categories: the first is body dysmorphic disorder, the second is a desire to look "fake."<sup>465</sup> The doctors suggest psychiatric treatment for some of their female clients who they believe have body dysmorphic disorder, and the show's homepage includes a section dedicated to body dysmorphia. However, when the goal is to appear "fake," the doctors'

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<sup>464</sup> Like the show's natal women, associates smaller breast size with domestic femininity.

<sup>465</sup> These clients are turned away either because the doctors feel the surgeries may cause health problems, or because they are not likely to be happy with the surgeries.

attitudes change dramatically. In these cases, the client is frequently represented as insane but also comedic. For example, a trans woman who wants to look like a blow-up doll is accompanied by circus-like music, and though the program includes professional concern for the woman, the overall tone is “crazy.” This is also true for the bio women and men who request surgery to appear more “fake.”

With an aesthetic and goals almost diametrically opposed to Kimber’s, Justin Jedlica, the self-proclaimed “human ken doll” is turned away. The two doctors visit him at a mansion where he is shown lounging by a pool and drinking champagne with a bevy of beautiful boys in swimsuits midday. In a *Huffington Post* interview Justin articulates his position on his body in more eloquent terms than those he is afforded on the show: “If I choose to express my creativity through my plastic surgery, it’s no different than someone in fashion who deals with trends,” he explains. “Standards of beauty change, ideals of beauty change. I don’t understand why people think you have to be committed to the human form and that you shouldn’t be able to retain control to change it.” On an episode of Oprah, he explains that he got his first plastic surgery at 18 years old after being inspired by *Lifestyles of The Rich and Famous*. For him, the surgery meant wealth. As Justin appears on *Botched*, he’s already had upwards of 190 plastic surgeries, no longer allows his doctors to anaesthetize him so that he can help conduct surgery, and has visited silicone manufacturers and designed his own implants. The doctors, almost always “goofy” in their interactions with each other, begin the visit in a comical way and then move to a seriousness about the possibility that Justin will ruin his health by the time they leave. However, both doctors find Justin’s attitude toward his body “interesting.” The depiction of Justin is far less sympathetic than that of Kimber, though both are more

or less media personalities who depend on their unique bodies (and bodily histories) for notoriety. They decline Justin as a patient because “this just isn’t what we do.” Justin, doesn’t care at all. He finds their practice “boring.” However, in the second season, another plastic surgery “addict” is turned away on similar grounds, but is depicted in an almost purely comical light. Nevertheless, Justin finds someone to do his surgery, and appears on a later episode as a consultant.

Surgery as a mode of self-expression obviously troubles the association of the body with naturalness in distinction to artifice, it also very clearly disrupts the association of the body primarily with the private sphere or in opposition to intellectual undertakings such as self-expression. On E!’s plastic surgery TV, the body is clearly primarily considered as a public interface, and as a means of communication. Further, surgical alteration positions artifice and sincerity together rather than as opposites—a person’s “natural” body may not reflect their “true” self, but their altered body can. In this sense, plastic surgery is one way in which biotechnology’s integration into thought and praxis can be tracked. By amplifying an existing phenomenon or practice, it throws paradoxes in underlying logic into relief in potentially threatening ways, accounting for the extremely retrogressive ways in which plastic surgery is positioned by media, which were addressed in chapter 3, but are also relevant to the economy-based representation of it on E!

### *Plastic Surgery and the Female Professional*

When E! began filming *Dr. 90210* in the early 2000s, plastic surgery, reality TV, and social media were all on the rise, but it would have been difficult to posit any meaningful relationship between them. However, by 2015 the journals of the American

Society of Plastic Surgeons and the American Society for Aesthetic Surgeons had published multiple articles that tracked an increased rate of receptiveness or positive attitude toward plastic surgery among cosmetic surgery reality TV viewers, and also linked social media use to growing plastic surgery numbers.<sup>466</sup> This same set of relationships was also making mainstream news in the 2010s, with stories like “Selfie Surgery,” “Facebook Facelift,” “Famous Faces: Plastic Surgery Everywhere.”<sup>467</sup> These correlations have been supplemented by a series of headlines that regard the growing plastic surgery numbers, which increased to 15 million in 2014, as America’s “new norm,”<sup>468</sup> and link the practice to economic viability, for example: *Good Morning America*’s “Job Hunters Seek Surgery” and *Time Magazine*’s cover story “Nip. Tuck. Or

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<sup>466</sup> Citations of examples of these articles follow. In general, the studies cited in these articles indicate a positive correlation between both reality TV spectatorship and plastic surgery and social media and plastic surgery. Additional editorial content on this research tends to focus on how to successfully use TV and social media to promote surgery, as well as frequent issues that arise specifically from these media in dealing with patients. Interestingly, the bulk of this research runs counter to the initially critical view these institutions had toward plastic surgery TV when called upon for comment by various news outlets (see ABC News story/citation). While these articles evince a continuing interest with setting practices and standards for media representation for practitioners, the initial critical response is clearly tempered in these articles by findings that suggest increased media representation has been overwhelmingly positive for plastic surgeons, as they initiate dialogue and provide opportunities for plastic surgeons to advertise or reach out to potential clients. Joshua Fogel, Ph.D., Kahlil King, M.S. “Perceived Realism and Twitter Use Are Associated with Increased Acceptance of Cosmetic Surgery among Those Watching Reality Television Cosmetic Surgery Programs,” *Plastic & Reconstructive Surgery*, 134, no. 2 (August 2014): 233–238. Nicholas Kusnezov, B.S., Daniel D. Im, M.D., James C. Lee, B.A., Reza Jarrahy, M.D., Article “Social Media Use and Impact on Plastic Surgery Practice.” *Plastic & Reconstructive Surgery* 133, no. 2, (February 2014): 228-229; Richard J. Crockett, M.D.; Thomas Pruzinsky, Ph.D., John A. Persing, M.D. “The Influence of Plastic Surgery ‘Reality TV’ on Cosmetic Surgery Patient Expectations and Decision Making.” *Plastic & Reconstructive Surgery* 120, no. 1, (July 2007): 317-324; Wendy W. Wong, MD and Subhas C. Gupta, MD, CM, PhD, FACS, FRCSC., “Plastic Surgery Marketing in a Generation of ‘Tweeting’,” *Aesthetic Surgery Journal* 31, no. 8: 972–976; David B. Sarwer, PhD, “Extreme Aesthetic Surgery,” *Aesthetic Surgery Journal*, 35, no. 5 (2015): 625–626.

<sup>467</sup> “Famous faces; Plastic Surgery Everywhere” (Nightline, ABC, October 22, 2014), “Selfie Surgery: Outrageous Extremes to look Picture Perfect.” (Nightline, ABC, June 20, 2014), “Facebook Facelift: The Perfect Profile (Nightline, ABC, February 18, 2013), “Plastic Surgery Nation: How Young Is Too Young?” (Good Morning America, ABC, November 23, 2010). “Sexing Up Your Profile: Plastic Surgery for Facebook.” (Good Morning America, ABC, July 19, 2012).

<sup>468</sup> George Stephanopoulos, “Plastic Surgery Nation; More Than 15 Million Procedures in 2014.” (*Good Morning America*, ABC, June 18, 2015).

else. Now everyone gets work done. Will you?,"<sup>469</sup> which begins by presenting a study by economist Daniel Hamermesh that correlates beauty and wages. The article goes on to blame "social media and phone cameras" that position "everyone" on a perpetual "red carpet," reality shows that "demystified the process" of plastic surgery, doctors looking to make quick money, and what is described as an increasingly narcissistic culture for a cultural shift that has made "*not* having surgery... the new shame."<sup>470</sup> These correlations were making headlines by 2015, and reflect the intersecting concerns that E! began addressing with *Dr. 90210*, which have also been crucial to how the network branded itself, and how it has conditioned reception of its other programming to appear as a part of this same project.<sup>471</sup>

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<sup>469</sup> This *Good Morning America* segment addresses plastic surgery among men and women as a "universal" option to gain "strategic advantage" on the job market in a depressed economy and in a "culture that favors youth and beauty." This is not the first, or only, report that suggests this trend. As early as 1997, ABC's *Prime Time Live* ran a report on "The Face of The Future" (also the title of a previous *Time* Magazine cover that ran a composite face), which anchor Joan London introduces in similar terms, "Not too many years ago, cosmetic surgery was a discreet form of self-improvement reserved for the very old, the very rich and the very female. Well, today, surveys show a growing segment of plastic surgery patients are younger, more middle class and male, and they're getting nipped and tucked and tightened for reasons you might not expect, like staying competitive in the job market." The use of the headline "New Face" or "Face of The Future" to characterize plastic surgery trends has grown in pace with the upswing in rates of plastic surgery. The 2015 report of the \$12 billion spent by 15 million Americans on plastic surgery sparked a spate of press identifying plastic surgery as the "new normal," a way to "keep up with the Joneses," etc. The titles of these reports mirror those of various science-based programs that addressed replacement limbs and other body technologies. ("Face of The Future." *Prime Time Live*. ABC. June 11, 1997; "Job Hunters Seek Surgery: Hope For Cutting Edge." *Good Morning America*, ABC, November 12, 2010.) Stein, Joel. "Nip. Tuck. Or else. Now everyone gets work done. Will you?" *Time* June 18, 2015 cover. Headlines from ABC News, "Plastic Surgery Nation; More Than 15 Million Procedures in 2014." (*Good Morning America*, ABC, June 18, 2015).

<sup>470</sup> Joel Stein, "Seek Surgery: Hope For Cutting Edge," *Good Morning America*, ABC (November 12, 2010): 42.

<sup>471</sup> A 2003 article in *Variety* refers to a handful of E! executives who were working to attract a younger audience ("targeted to the advertiser-friendly crowd of 18- to 34-year-olds") through an emphasis on pop culture and fan-focused programming. Citing VH-1 and Bravo! as competition, *Dr. 90210* was referred to as a way of continuing entertainment-based programming without organizing content around a celebrity. Programming VP Lisa Berger explains, "each of them takes a stab at things that are showbiz-related... Meanwhile, plastic surgery is huge on TV right now, and the doctor we follow deals with a large celebrity clientele." The program was part of a few other projects, which did not fair as well. Denise Martin, "Get Ready To Scream," *Daily Variety*, (March 24, 2004):1 and Denise Martin, "E! unveils slate geared to lure younger viewers," *Daily Variety* (March 12, 2004): 4.

In the 2000s, E!’s fortunes have been largely tied to its homegrown female talent, most of whom have received public notoriety for some aspect of their body (from *Playboy* pinups to the *Kardashian* women), all of whom have succeeded because of their ability to manipulate their images across various media.<sup>472</sup> The networks’ association with these women has been credited with improving its appeal to advertisers, and, alongside its other programming, models economically successful approaches to media for its target audience of female adults, and expands its potential address to male and youth demographics. Its centralization of the body as a media form updates lingering associations between women, the body, sexuality, and beauty, but recasts these in “modern,” professional terms.<sup>473</sup> Critiques of plastic surgery, and what is perceived to be a greater emphasis on image and appearance in the workplace, often express anxieties about the “feminization” of culture. Plastic surgery, a profession that once defined itself against feminized, “cosmetic” surgery,<sup>474</sup> has become part of commercial medicine through a dissemblance of this masculine definition, as biomedicine moves toward a concept of the body, the optimization of which is legible in terms of visual transformation. This is mirrored by public discourse on the economy in which facility with “new” media and economic viability are bound up with production and control over

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<sup>472</sup> A 2010 story in *Advertising Age*, which uses the network’s cultivation of “homegrown” celebrities as a model for other networks, argues that this strategy works because of its cost effectiveness for the network (versus star-based, scripted television), and emphasizes the ways in which E! and its stars have profited through their mutual affiliation. In 2010, the network’s ad revenues passed the \$200 million mark, up 40% from 2004. The article links this rise to the network’s increased reality programming in general, and its *Keeping Up With The Kardashians* franchise in particular, which premiered in 2007. Though the Kardashians have been widely criticized for their media over-exposure, the family brand nevertheless has profited enormously, and media scholars have argued that this backlash is highly misogynistic, related to the women’s ability to control, and profit from, what has historically been a feminized position of media exploitation. Andrew Hampp, “Forget big budgets and names: what broadcast can learn from E!; How the network scored by creating stars from scratch with reality programs,” *Advertising Age* (February 1, 2010).

<sup>473</sup> Though often depicted as an antagonistic, the beauty industry developed with professional women.

<sup>474</sup> One of the principle ways the field masculinized itself in distinction to “cosmetic” surgery was by treating war veterans who were disfigured or lost limbs.

mediated identity. These anxieties over economic, scientific and cultural changes manifest in the widespread misogynistic critiques leveled against women who have used plastic surgery to make media conditions work for them.<sup>475</sup>

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<sup>475</sup> Diane Negra and Maria Pramaggiore, "Keeping up with the Aspirations: Second Generation Celebrity and the Kardashian Family Brand". In *Reality Gendervision: Sexuality & Gender on Transatlantic Reality Television*, ed. Brenda Weber (Durham: Duke UP, 2014), 76-96. Jennifer Lynn Jones and Brenda R. Weber. "Reality Moms, Real Monsters: Transmediated Continuity, Reality Celebrity, and the Female Grotesque." *Camera Obscura* 88, 30, no.1, (2015).



## CONCLUSION

One of the goals of this dissertation has been to examine how new scientific ideas with significant ethical or social implications become incorporated into everyday life, how they become routine. Accordingly, this dissertation has examined how biomedical concepts that challenge a variety of assumptions about the body—from the meaning ascribed to “essential,” innate or “natural” characteristics such as sex and/or gender to what constitutes health or illness—are integrated into physical bodily ideals, regimens of self-care, and concepts of self-actualization. In fact, biomedicalization and the makeover share a concept of the body as “flexible, capable of being reconfigured and transformed,” and move away from a notion of the body as a site of mere regulation and control, to one of potential for transformation through assessment, reshaping and reconstitution.<sup>476</sup>

This change was reflected across popular culture in 2015, as biomedicalization informed ideas about future possibilities, as collective and individual enterprises: Blond-haired, blue-eyed, modelesque double-amputee Olympic track and field star, and TED Talker Aimee Mullins was touted as the face of the “new” normal and as proof of the wonders of technological progress that awaited in a near future; Olympic athlete and transwoman Caitlyn Jenner’s very public gender transition was a fulcrum for public debate but ultimately landed her a television show, which was announced as she graced the cover of *Vanity Fair* in a glamor shot; and *Time Magazine* ran a cover story “Nip. Tuck. Or else. Now everyone gets work done. Will you?” that began by correlating beauty and wages and ominously warned of an increasingly narcissistic culture in which

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<sup>476</sup> Adele Clarke et al, “Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine.” *American Sociological Review* 2003, 68 (April 2003): 181. and Emily Martin, *Bipolar Expeditions: Mania and Depression in American Culture* (Princeton, New Jersey: Princeton University Press. Kindle Edition, 19 January 2009): 39.

“not having surgery... the new shame.”<sup>477</sup> As these examples suggest, while the pervasive media rhetoric addressing this potentially game-changing step towards the trans-human harped on “normalcy,” it tended to focalize exceptional uses of biotechnology that transformed bodies in spectacular way. By contrast, in this dissertation, I chose to consider a cultural site at which the potentially “new,” metamorphic body of biomedicalization was in the process of becoming a “future” normal vis-à-vis a genre of television noted for modeling “everyday” regimes of self-care and lifestyle.

The growth of biotechnology in the 1980s, in particular advances in bioengineering and psychopharmaceuticals has inspired widespread speculation that humanity was on the cusp of entering a “post-human” future. These speculations have been beset by fear and hope, which were intimately connected to ideas about the nature of humanity that biotechnology undercuts as it renders irrelevant the constraints of the “natural” order that dominated both biology and modern society.<sup>478</sup> Regardless of how particular biotechnologies have developed, and continue to develop into the present day, the questions raised by them have given rise to new forms of life, informing the ways in which people think about their bodies and the ways in which they are governed.<sup>479</sup> Relatively unrestrained by *biological* norms, and emerging in a neoliberal context, the promise of the biological body is becoming the responsibility of the individual, a materialization of the subject and his or her selection of, and dedication to, regimes of self-care. In the absence of “natural,” biological imperatives or essentialist values to

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<sup>477</sup> Joel Stein, “Nip. Tuck. Or else. Now everyone gets work done. Will you?” *Time* June 18, 2015, cover and 42.

<sup>478</sup> Nikolas Rose, *The Politics of Life Itself* (Princeton, NJ: Princeton UP, 2007), 5.

<sup>479</sup> Rose, 5.

guide transformation, biomedicalization is becoming a technique through which imaginations of the body and bodily futures are materialized. Theoretically, the enhanced body of biomedicalization is one of unlimited possibility, but, as this dissertation has shown, it has so far taken shape on medical makeover television in highly normalized terms that recapitulate and reinforce social hierarchies in aesthetic or visual terms.

This dissertation's focus on medical makeover TV examines a site at which the potentials of biomedicalization are presented in a continuum with health as a practice of self-care and self-responsibility, and as a pre-requisite to social legibility and neoliberal subjectivity. Co-constitutive with biomedicalization, neoliberalism governs through an imperative of self-responsibility and privatization. Biomedicalization's future-based focus, and its conceptualization of the body as a project of self-realization lay a scientifically valid groundwork for neoliberal identity, which takes shape through regimes of self-care, and emphasizes an economic philosophy of self. In this framework, health, as a concatenation of risk abating methods of self-care, and as biomedicalized bodily enhancements, is seen as a series of "investments" in a potential future self. And, particularly given the growth and dominance of image-based communications that appear as economic and personal necessities on makeover television, health and biomedical enhancement appear essential to self-value.

The medical makeover TV programs in this dissertation focalize appearance and aesthetics as markers of value. While appearance has long been understood as a vector of self-evaluation and economic assessment for women and people of color, the combination of biomedicalization, and the post-industrial information economy in which images take on greater value, has generalized aesthetic assessment as a valid means of

evaluation, at least on medical makeover TV. Though generalized and undercut by the de-essentializing logic of biomedicalization, the norms and ideals that govern such visual assessments reify existing social and cultural hierarchies on the basis of gender, race, class and sexuality. Though denaturalized, these aesthetic differences became biologized as they were visualized. And, instead of reimagining the body and its possible meanings, biomedicalization and neoliberalism together have heightened the meaning and importance of existing aesthetic norms, culled from racist and misogynist taxonomies.

Absent a “natural” guide for personal development, the importance of culturally-generated ideals in shaping the self (or shaping present-tense self-care as a possible future) is enhanced. Most scholarship addressing phenomena related to biomedicalization and biopolitics/neoliberalism come out of Political Theory, Anthropology and Science and Technology Studies, and principally address the role of media as a conduit for information. As a result, they focus on new media and information technology. However, coming from a Media Studies perspective, this dissertation focuses on makeover TV; a subgenre of reality television preoccupied by self-care and self-cultivation. Within the field of Media Studies, reality TV is widely understood as a technology of neoliberal citizenship that performs an actuarial function, governing at a distance, as it privatizes and personalizes the functions of the welfare state. This function is similar to the function Lisa Cartwright attributes to telemedicine, as “a set of techniques in the broader health and communications apparatus that is gearing up for the management of health care capital, labor, markets, and knowledge for the 21st century.”<sup>480</sup>

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<sup>480</sup> Lisa Cartwright, “Reach out and heal someone: telemedicine and the globalization of health care.” *Health* 4(3) (2000): 349.

Rather than approach biomedicalization purely in terms of the “political” as a sphere discrete from the “social” or the “personal,” a distinction that has been tenuous at best at least since the rise of feminism, race- and sexuality-based movements in the 1960s, this dissertation has analyzed a vector of biopolitical control that, by definition, falls substantially outside of such a narrow definition of politics. And, rather than approach biopolitics in either its theoretical form, or in its most extreme form (as with necropolitics or “bare life” discourses), this dissertation has examined how biomedicalization is being presented by popular culture as an aspect of self-image and framework for the day-to-day minutiae of self-care and self-comportment. This dissertation has also explored how biomedicalization is an extension of existing biopolitical strategies, including self-responsibility and regulation through choice, which is to some extent characteristic of the strategies on *Hoarders* and *Extreme Weight Loss*. However, it has also examined forms of biopolitical control that are emerging through creative practices of self-making. While these cannot be wholly differentiated from choice-based self-regulation, biomedicalization’s fundamental disarticulation of the norm from the natural presents occasion for creative practices of self that are currently organized by choice and stratified access, but needn’t be. And, that is the crucial point of this dissertation. In the absence of natural order and essentialism as the organizational logic of aesthetic and behavioral norms, media, which has aggressively promoted a concept of the body as transmedial, and as a medium for self-expression, is increasingly powerful in its organization of identity.

Obviously, there is no singular “media.” In fact, the increased prevalence of the concept of a transmedial body is due to the pluralization of media sources, and the

perceived imperative to reproduce images of oneself, or one's body, across various forms of media, to have media "presence." According to feminist scholars like Brenda Weber and Victoria Pitts-Taylor, makeover TV is a particularly vital site that has informed how this body is conceived of and acted upon in the context of media convergence. In fact, the way that biotechnology is framed as a tool for producing transformed images of the self, contributes to this conceptualization of the body.

This dissertation has considered how television renovated its negative association with overconsumption and slothfulness by medicalizing consumption, and by positing itself as treatment. In doing so, the format parlayed its function as consumer technology and lifestyle model into the premiere source of medical news in the U.S., as a form of therapy that spans the medical and the economic under the aegis of health, and as a domestic medical technology.<sup>481</sup> In doing so, it has helped substantiate privatized, health-based governance that takes shape as self-cultivation and lifestyle consumerism. Medical makeover TV has been explicitly positioned as a public-private substitution for welfare and as motivated by public safety. Half of this dissertation considers television that explicitly addresses public health issues, and collapses medical, aesthetic and ethical evaluations of life. *Hoarders* deals with a "threat" to public health, as in the health of the community, while *Extreme Weight Loss* addresses the public health epidemic, in which the personal failure epitomized by weight loss contributes to a national threat. On both shows aesthetic judgment appears in medical terms, and divergent logics of consumption as lapses in self-care and self-responsibility. On *Hoarders*, legitimate threats to health, such as the presence of pests, animal waste and fire hazard are visualized in an abject

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<sup>481</sup> Joy Fuqua, *Prescription TV: Therapeutic Discourse in the Hospital and At Home* (Durham and London: Duke University Press, 2012.)

way and directly associated with the psyche of the pathologized hoarder. On *Extreme Weight Loss* the concern with health that organizes life evinces a form of biopolitical governance that is legible in its conversion of statistical data into personal experience, which informs how life should be lived. Both shows

These first two shows also illustrate how the increased informatic sprawl of corporate medicine becomes entrenched in the logic of everyday life through the already culturally cathected term, “health,” which is depicted as a universal goal, and as an equalizing factor. The acquisition of health is positioned as a necessity for leading a valuable life, but is also depicted as a reward for living a valuable life. Not only do these shows mete out instructions for self-care and tie them to particular forms of consumption, they do so in a future-oriented way. One of the tenets of the biomedical body is future-orientation. In these first two chapters the shows focus on risk abatement, which is presented as a prerequisite for citizenship, sociability, and even desirability. Medical makeover shows focalize health as a preventative measure, and as the condition for social and political legibility, as a condition for *future* life, or for future quality of life. Through these shows, health is rendered a socio-medical goal, a moral imperative, and a commodity, which organizes daily life. Health isn’t a baseline state, but has to be worked for. The process of “becoming” healthy or “keeping” healthy implies continual transformation.

On *The Swan* and *Sex Change Hospital*, the practice of medicine is disarticulated from (or holds an extreme complicated relationship with) diagnosis and illness, but its relationship with health and futurity is strengthened. In Adele Clarke’s terms, these shows promote “boutique medicine,” “tailor-made differences,” and “customized” bodies

for “niche” markets. They are also the clearest examples in this dissertation of what Clarke refers to as “biomedical identities” insofar as both shows focalize transformations that end in embodiments of existing identities that could not have been realized without biomedicine. Consequently, the ideal embodiments presented on these shows are the most aggressively governed by a politically retrogressive framework that inherently conflicts with the logic of biomedical transformation: that of the gender binary.

The reasons for this are different on the two shows. *The Swan* continually reinforces aggressively heteronormative standards of beauty and goals for its transformed contestants, and this seems to be an aspect of the show’s attempt to mitigate possible ethical concerns and justify the grotesque images of extreme surgery with the ultimate goal of preserving the nuclear family, and a notion of self-realization based on sexual desirability. In these ways, the new technologies that the show presents appear non-threatening, and eroticized by a hyper-hetero sexual aesthetic. So, although the female contestants identify interior change and increased chances for future happiness as the result of their transformations, their end bodies have a “look” that suggests this future happiness is of a non-professional, non-threatening kind.

Customized medicine is made visible through surgery on the case studies in the second half of the dissertation shows in ways that foreground the truly breathtaking changes biotechnological advances have enabled. This is as true on *Sex Change Hospital* as it is on *The Swan*, in which retrogressive binary gender norms organize transformation, even though this logic is called into question by the nature of the procedures on the show. Unlike *The Swan*, *Sex Change Hospital* is obviously motivated by consciousness-raising, and though the show omits the role psychiatric care plays in accessing surgery, its mark is



present through the seemingly intransigent presence of gender binaries, which were vital elements of obtaining a necessary diagnosis for surgery at the time. Both shows are examples of the problematic ways in which the “apparent normativity of a natural vital order” that biomedicine eschews nonetheless frames how the body and its possible futures are represented. Although the biotechnologies on both of these shows disrupt essentialist notions of identity, the ways in which they are framed by institutional (psychiatric diagnosis) and non-institutional (television narrative) entities not only reifies existing visual norms related to gender, sexuality and race, but makes embodied approximation of them appear an imperative of personal, social and economic health.

These programs also exhibit the variable ways in which commercial biomedicine is promoted, how it has developed as part of other lifestyles and commodities, and how biomedicine and consumerism invest in a similar subject (patient-consumer, spectator-user) for whom transformation is the essence of self-realization. This is as central to the definition of living in consumer societies as it is to biomedicalized life. Both of these shows addressed growth markets and depicted new forms of biotechnology, and, in context, they exhibit how TV’s constitution of new markets not only benefits, but is necessary for, new forms of biotechnology.

The final chapter on the E! Network, which presents itself as an authority in the production of the mediated self, is the case study in which the market-driven and economic emphasis of biomedicalization and transformation are most pronounced. Beginning in the early 2000s, E! aggressively attempted to address viewers across platforms. In this sense, the network addressed an ideal viewer whose body acted as connective tissue between various screens of reception/interactivity (and hence is

rendered a form of communications media), and the relationship between self and body is primarily characterized as a medium of self-expression that connects identity across formats. This was true even prior to the advent of cross-platform address, convergence and increasingly affordable biotechnological procedures for affecting changes in one's appearance, as the network's emphasis on fashion and DIY style already presented this version of the body. In E's approach to new technology through the body and biomedicine, the body is made "new," or meets demands of "new" technology, as does the network's existing style-based programming, which, with its focus on cultivating celebrity texts, appears suddenly as practical expertise in a form of self-mediation that is increasingly relevant to the general population, and necessary to aspirational projects of professionalization.

In these final chapters, the stratified availability of biomedicine and biotechnology is represented as legible vis-à-vis personal appearance, on which it makes its mark, and makes for a more marketable human being. And, it is in this sense that the neoliberal and biopolitical models associated with makeover TV directly intersect with future-based, economic imperatives of biomedicalization writ large. Kaushik Sunder Rajan and Melinda Cooper both argue that the bioeconomy, or the coproduced fields of neoliberalism and biomedicine, has revised modern subjectivity. To this end, Rajan describes modern subjectivity in terms of the overlapping fields of *life, labor and language*.<sup>482</sup> While the texts of reality TV shows most obviously contribute to, or help to create, the *language* of subjectivity, the medical reality shows in this dissertation clearly contribute to a concept of subjectivity in which all of the changing values Rajan mentions

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<sup>482</sup> Rajan borrows his elaboration from Foucault, and is addressed in greater detail in the introduction to this dissertation.

are represented. The discourse of the promise conditioning continual self-transformation is the foundation of the makeover format, and, as many media scholars have mentioned, reality TV can be seen as a technique of neoliberal governance. So medical makeover TV is a site at which the future-based discourse of biomedicine is explicitly mixed with neoliberal values such as productive consumption and self-branding. These shows aren't the sole framework through which biomedicalization is being normalized. However, they are sites that combine medical, aesthetic, and the economic as norms, ideals and goals, and are actively constructing how the "new" body in consumer culture and mass media. Media has ascended as a vector of self-image and identity, alongside the ebbing of "natural order," and is informing how biomedicalization is taking shape in everyday life, and given that power, its critical study is crucial to preserving both cultural and biodiversity.

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