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## BOOK REVIEW

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*Celebrity Health Narratives and the Public Health* builds upon the notion that celebrities' "private-turned-public health narratives constitute important contributions to broader conversations about health, wellness, illness, and even death" (p. 1). Situated in the intersection of contemporary popular culture, fandom, public health, media, and narrative theorizing, this book deals with the power that private-yet-public celebrity health narratives have to inform and inspire people, destigmatize and reframe diseases, and influence public policy and funding decisions. The exposure of the defects in the seemingly perfect causes people to feel closer to those they admire. By learning about celebrities' health issues, people can feel connected and empowered through shared health issues, learning about potential health threats, or seeing the human side of the extraordinary.

This text covers an unexpectedly prolonged 17 years of data collection. The long years of data gathering turned out to be a blessing in disguise, as social media sweepingly changed the dynamics of celebrity–fan parasocial interactions in recent years, providing a previously unimaginable platform to examine celebrity health narratives. The impressive data set includes print media materials, celebrity autobiographies, congressional records, TV show transcripts, online platform content (e.g., Facebook posts, comment sections of online news), and survey research data. Only celebrities who voluntarily revealed their health information are included, while paid celebrity spokespeople are not (with one exception in Chapter 5, detailed in later sections), since the two populations pose rather different public health implications.

The illnesses included in the book cover cancer, mental disorders, psoriasis, infertility, diabetes, traumatic head injuries, eating disorders, body image, diabetes, and HIV/AIDS. Besides the introductory and the concluding chapters, there are 11 chapters that deal with individual celebrities and their health narratives. The chapters are not specifically arranged into sections, but the first seven chapters focus on the emerging nature of the health narrative, co-authored by the celebrities, family and friends, fans, onlookers, and policymakers. The second half of the book focuses on the issue of identity, which complicates the already complex matter of celebrity health narratives.

Theoretically, this book is guided by the narrative work of Walter Fisher, as well as Sandra Petronio's Communication Privacy Management (CPM; 2002) and Goffman's classic works on stigma, face management, and identity. The analysis in this book extends these works in different directions to account for observed phenomena. The application and expansion of the theories are useful for researchers and educators to connect everyday popular culture to theorizing of human

dynamics and the effect on public health. The book is also a useful tool for media, communication studies, public health, and even psychology scholars who are interested in the interplay of popular culture, interpersonal relationships, and health effects.

The beginning chapter uses the narrative of Angelina Jolie's voluntary preventative double mastectomy to initiate the readers into celebrities' dilemmas: Should I reveal my intimate information? If so, when, to whom, how, and for what purpose? In this chapter, the problems with master narratives are raised as well: Do celebrity health narratives challenge or create new master narratives that noncelebrities are subject to? Do celebrity health narratives create a "disease of the week" phenomenon in terms of public attention and federal funding, jeopardizing a stable and fair distribution of aid? Not all these questions are addressed as thoroughly as one would hope, but the authors urge readers to pursue those questions beyond the scope of this book.

Chapters 2–12 begin with a brief overview of the celebrities and their careers, the illnesses they faced, the privacy boundary management decisions they made, the consequences of their disclosure/nondisclosure, and other implications that may ensue. The inclusion of rather detailed descriptions of the celebrities and their careers helps readers unfamiliar with the celebrities to better understand the dilemmas presented with them.

The second chapter features Brooke Burke-Charvet and her thyroid cancer. Brooke's TV persona is as a career-driven woman, mother, and chief executive officer (CEO) of a fitness line. After a routine checkup, she found she had thyroid cancer and decided to inform her fans since she thought the scar from the surgery would be impossible to hide afterward. She drew on her agency to control how to present her cancer to the world. Her agency was overwhelmingly praised by fans. The remainder of the chapter presents an analysis of fan responses, with three themes: fans relating to Brooke through a shared cancer experience and by inviting her into their personal space, the surgical scar serving as a reminder of bravery and survival, and finally the raising of awareness of thyroid diseases prevention. Brooke's case is the most one-dimensional of all cases in this book: Her TV persona is beloved, her decision to reveal her disease was quick and straightforward, and the fan responses were unanimously positive. The following cases were more multifaceted.

Chapter 3 features Kim Kardashian and her psoriasis. Kim has been described as being "famous for being famous" (p. 39), and the fact that her career began with a sex tape was not exactly favorable. Responses to her sharing the news of her disease were mixed, and her frequent uses of social media platforms caused her health narratives to become even more interconnected with fan responses. The analysis shows

that some fans with shared medical conditions connected with Kim, even claiming to be her “sisters” or “twins,” and some consider Kim to be a synonym for psoriasis, which led Kim to be an unexpected spokesperson of this condition and its public health effect. Some fans found her sharing of her story to be inspirational, and some looked to her as an expert and sought advice from her, while some offered her their own advice. This chapter affirms the potential for social media to mutually expand privacy boundaries and considers how sharing health information puts celebrities in the position to provide inspiration and expertise.

Chapter 4 adds another layer of complexity to the topic of privacy management and health narratives. Catherine Zeta-Jones suffers from bipolar II disorder, yet she was reluctant to share her health condition and “be the poster child for this” (p. 51). Her reluctance has elicited divided responses. “Detached co-owners” (p. 57) chastised her for being selfish by resisting her social responsibility to serve “the greater good” (p. 57). Detached co-owners (terminology coined by the authors), “once vested, expected to be kept ‘in the loop’ on their investment” (p. 57). On the other hand, “public defenders” (p. 60) supported her right to claim her own privacy. Public defenders are supportive of people’s right to their privacy, especially celebrities. The two types of co-stakeholders extended CPM by highlighting the complexities of ethical and moral issues in co-narration, as well as the dialectic of the observers and the observed.

Chapter 5 features a story full of controversies—Paula Deen and her type II diabetes. Her celebrity status comes from her infamous Southern-style cooking, which some people thought might have caused her type II diabetes diagnosis. What is more controversial is her delayed announcement of her diagnosis, during which she still continued her Southern-style cooking shows. To complicate things further, her diagnosis announcement came hand in hand with the news that she had partnered with a pharmaceutical company as a spokesperson for a diabetes campaign. Responses to her announcements have been mostly negative, with people criticizing her for causing her diabetes, as well as the diabetes of potentially millions of people watching her shows. Humor was used often to link Paula Deen to type II diabetes: for example, the quote in the chapter title, “I get diabetes just watching Paula Deen.” Though framed as disapproval, such statements reveal the problematic public understanding of type II diabetes. Interestingly, the responses to Paula Deen’s diabetes also reveal a “life is too short” social discourse, an attitude of not caring about potential health risks but simply enjoying life. Such messages point to great public health obstacles. The authors connect this social discussion to an “indulging dilemma” (p. 76), which is based on the individualistic value that pursues overindulgence. This complements the depriving dilemma (Guttman, 1997) to form a dialectic of public health threats. This chapter raises crucial ethical questions about celebrities’ responsibility in modeling a healthy lifestyle.

Chapter 6 deals with Keira Knightley’s alleged anorexia and the broader issues of body image, with a focus on the issue of control in celebrity health narratives. Repeated accusations and speculation about her having anorexia were

refuted by Keira, and the privacy boundary was expended to her co-narrators—family and close friends—who assisted in disabusing the conjectures. In her attempts to maintain control over her health information, her body, and her image, another public health issue has arisen—the thin ideal. Even if she is naturally thin, her body image is still something that millions try to pursue, and Keira finally started to question her own body image. The authors pointed out that lack of “narrative rationality” (Fisher, 1984) is what prompted so much criticism and skepticism, which, combined with defenses and genuine concerns, blur the line between the private and the public narratives. Social media has only made this debate over ownership of information, body image, and celebrity responsibility more salient and inseparable, influencing all narrators that partake in the narration.

Chapter 7 is special, due to the inclusion of interview data regarding how celebrity death was perceived and made sense of by college students. This chapter includes many cases of celebrities’ drug-related deaths, such as Heath Ledger and Michael Jackson. The issue of control is salient in celebrity death since the right to control is completely lost when one dies, and yet the public gaze has made the lost control painfully felt by those related to the celebrities in different ways. The interview data show that the cases of celebrity death serve multiple public health and relational functions. They help open difficult conversations among people and raise awareness of drug abuse problems, and in the process of sense-making, participants become more aware of what type of life they want to have. The participants also commented on the dilemma of privacy for the deceased, saying that their privacy should be respected and yet also acknowledging that the spread of information created opportunities for difficult conversations, awareness, and better life decisions. This chapter provides insights into social media as a double-edged sword that should be used with caution for the purpose of public health promotion.

Chapter 8 deals with sports celebrities and how their various health issues are meshed with team spirit and identity issues. Since athletes are supposed to be strong and healthy and working their way through pain for honor or for the team, athletes are especially affected when experiencing health issues. The first part of the chapter is dedicated to the problem of the NFL (National Football League) and traumatic head injuries. Admitting that this issue is too complicated to be handled in one chapter, the authors use these cases to highlight the “critical importance of impression management, illness narratives, and professional sports.” Speaking out against the league is not always an option for players, since they might not want to compromise their sport by “sissyfying” it (p. 166). The remainder of the chapter is dedicated to various athletes’ health narratives, with an interesting discussion of how, when sports celebrities reveal their health status, they eventually join the “team” of public health.

Chapter 9 presents an interesting case of how real life and life on TV are intertwined, and how such combination brings about public health effects. Daytime drama is a specific form of entertainment that spans decades to embroil viewers in the lives of the characters and the

actors/actresses. Identity issues are at stake since the ongoing daytime drama has to continue despite the personal needs of the actor/actress. The chapter includes many cases where the producers wrote the celebrities' real-life health issues into the plot line, raising awareness of various health conditions to the spectators; for instance, Jennie Cooper's face lift was written into her daytime drama character's story. However, producers fired Michael Zaslow because they were not willing to accommodate his amyotrophic lateral sclerosis (ALS) in a TV drama. Chances of supporting the sick and educating the public were lost, as well as the TV show's rating when people learned of Michael's unfair treatment. This chapter sheds light on the fans' incredible investment in and identification with daytime drama, and thus the incredible power that it has on public health issues.

Chapter 10 expands the discussion from individual narration to a couple narrating, with the case of Giuliana Rancic and her husband Bill and their fertility problem, along with Giuliana's breast cancer. Since the issue of fertility implicates two people, privacy boundaries are negotiated with two interconnected individuals and their observers. The two have a reality TV show that chronicles their journey through infertility and attempts at pregnancy, which involve miscarriages as well as Giuliana's breast cancer. Using CPM's access and protection of disclosure principles, the authors draw our attention to the difficulties of boundary negotiating and what is sacrificed and achieved within the new boundaries. Reality TV shows intensify the viewers' sense of co-ownership of the celebrities' lives and health narratives, and even though the entire enterprise is founded on the notion of forgone privacy and invited voyeur, for Giuliana and Bill, not all that they shared was planned, as a big part of it was unforeseeable. However, the ongoing negotiations of the couple's boundary turned out to be empowering and enlightening to their viewers.

Chapter 11 centers on the case of news anchor Robin Roberts, her breast cancer, and her myelodysplastic syndrome (MDS), which can result from chemotherapies or radiation treatment. Robin claimed her agency by wanting to be more than a survivor, so she adopted the name "overcomer" instead, which was coined by one of her supporters. She later used this name to refer to her cancer-surviving followers. Robin was responsive on her social media site, creating strong ties with her fellow "overcomers." With the seemingly positive outpouring of support, a set of profound ethical questions was raised. Robin's survival is against the odds, and her bone-marrow transplant for MDS from her sibling is a rare case. Robin's bravery and optimism, for some, are worrisome, and the authors asked, "Does her position as a celebrity require her to uncover seemingly daunting statistics on survival? Does her celebrity status make her a credible source for claims beyond her own personal journey?" (p. 182). Such ethical questions are beyond the scope of the current book.

Chapter 12 brings the book to a climax with another multilayered health narrative involving Mary Tyler Moore, her type I diabetes, and the kids she brought to testify in

front of Congress. Mary tried very hard to hide her type I diabetes due to fear of compromising her TV persona and career. Her fear drove Mary to close her privacy boundary as a means of face management. However, she experienced hypoglycemia when she was with unaware colleagues, leading some to question whether she was on diet pills. Her years of privacy struggles finally ended when she decided to accept the invitation to be the international chairperson of the Juvenile Diabetes Foundation (JDF). From then on, her privacy boundary was widely expanded, and her work in the JDF with many others, especially with children, created a multivoiced narrative that advocates for awareness and federal funding.

The book concludes with the case of Amy Robach, Robin Roberts's colleague, and firsthand witness of what Robin went through. Yet she was wrapped in the misconception of invincibility until she agreed to have the first-ever on-air mammogram as an endeavor to raise awareness of breast cancer, and a tumor was found. This story underlines the power celebrities have to influence millions of people by urging preventive measures and early detection. Together, the emerging health narratives of celebrities and noncelebrities propel awareness of health issues.

Given the book's main focus on public health, it is understandable that other aspects of celebrity health narratives are not dealt with as deeply. For example, ethical questions are raised in the chapters but not answered. Specifically, do the optimism and the rhetoric of the strong and the survivors so prevalent in celebrity health narratives limit the space to be anything else? Do celebrity health narratives provide false hope to noncelebrities, especially when we factor in differences in socioeconomic status and the daunting medical bills in the United States? Other ethical issues are not raised but are begging our attention. For example, do celebrity health narratives fortify the concept of "a society divided into the chronically ill and the worried well" (Brashers, 2001)? Have our ideas about life, relationships, and happiness advanced as our medical technology enhances life expectancy? How should our welfare and education adapt to these changes? Such critical scholarly conversations pertaining to the "ethical, political, and logistical consequences of celebrity involvement in public policy and health research" (p. 19) are important next steps.

This book also provides a rich text for exploration from the stress and coping perspective. Robin Roberts "sought to get healthy and flourish, and she did it in spite (and perhaps, because) of navigating her illness narratives very much in the public eye" (p. 173). From this quote, it can be seen that when celebrities share their personal stories, they not only provide to society, they also reap from the public's responses to them. Co-narrating is virtually a mutually beneficial business. A sense of purpose becomes a strong coping mechanism for celebrities, and without other narrators, celebrity health narratives simply wouldn't be what they were. The unexplored questions are where scholars from different disciplines, such as interpersonal communication, family relations, media

studies, critical studies, and feminism, can join to create an even richer narrative.

## References

- Brashers, D. E. (2001). Communication and uncertainty management. *Journal of Communication*, 51, 477–497. doi:10.1111/jcom.2001.51.issue-3
- Fisher, W. R. (1984). Narration as human communication paradigm: The case of public moral argument. *Communication Monographs*, 51, 1–22. doi:10.1080/03637758409390180

- Guttman, N. (1997). Ethical dilemma in health campaigns. *Health Communication*, 9, 155–190. doi:10.1207/s15327027hc0902\_3

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