

ORIGINAL ARTICLE

Everybody Hurts: Addiction, Drama, and the Family in the Reality Television Show *Intervention*

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This article employs the literature on reality television as well as empirical studies on addiction to analyze *Intervention's* narrative. We look at the narrative structure of the *Intervention's* first six seasons (2005–2009), its repeated emphases on the causes of addiction, and the show's purported success rate. Highlighting disturbing discrepancies between the show's representations and assertions versus empirical research, *Intervention's* notions of what constitutes effective remedies are those treatments generally available only to the financially affluent, and the program's depictions of addiction and intervention practices reinforce a popular culture, rather than a science-based understanding, of the family and of addiction itself.

Keywords Johnson Institute Intervention, drug addiction, stigma, reality television

INTRODUCTION

"We never expected our child to end up like this," is a phrase frequently invoked on A&E's reality show, *Intervention*. The show highlights extreme cases of substance abuse and addiction culminating with an intervention, a group confrontation by family and friends that is orchestrated by a professional counselor. Personal improvement has long been a popular theme on reality television. In addition to many self-help and makeover shows, already mainstays of the reality genre, shows featuring addiction and recovery have also begun to find a place in the reality television landscape. Along with A&E's *Intervention*, *Celebrity Rehab* and its spin-off *Sober House* now appear regularly on VH1. Although *Intervention* is not without merit, it is our contention that there are several inaccuracies in the show that may perpetuate common

myths about the definition and causes of addiction, what individuals can realistically expect from substance abuse treatment centers, and the typical outcomes of such treatments. In this article, we examine *Intervention's* narrative in the context of the literature on reality television, as well as empirical studies on addiction.

As a genre, reality television makes distinct claims to truth. For example, Hill (2005) contends that the viewers of reality television "may trust the type of on-scene footage, or surveillance footage" (p. 59) central to the genre without questioning the authenticity of the narrative. Television shows making expert claims about how to resolve various mental health problems have made billions of dollars in the last two decades; but by maximizing the entertainment value for modern audiences, it is often at the expense of portraying treatments that are not grounded in what mental health professionals would consider evidence-based best practices (Wilson, 2003). Furthermore, by selecting only extreme cases of addiction to increase the shock value, certain narratives may be overrepresented and may skew the public's perception of addiction. Ironically, although this show attempts to normalize addiction for lay audiences and promote recovery efforts, the presentation of extreme cases may prevent some viewers from personally identifying with the show's subjects or mobilizing to get their loved ones help. Thus, the image of addiction, as presented on *Intervention*, must be examined in relation to clinical studies of addiction and substance abuse. In this article, we critically review what science shows about addiction, highlighting discrepancies between the literature and recurring themes in *Intervention*.

We begin this article by providing an overview of the show. Then, we discuss major critiques of the reality TV genre as they relate to *Intervention*. Finally, we

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highlight several discrepancies between the show's major themes and what we know from research. We approach the contradictory and misleading messages on *Intervention* from various perspectives. Most overtly, it seems clear that *Intervention* grossly exaggerates and misrepresents both treatment approaches and outcomes. We use both the show's self-reported success rate as well as the treatment literature to demonstrate that the reality of addiction treatment and recovery is far different from the one presented on *Intervention*. We are also interested in analyzing the show's more indirect, though often repeated, messages about family unity and its relation to addiction. That is, the show seems to emphasize that the failure of the nuclear family, if not family structure altogether, is a direct cause of addiction. However, family functioning is but one of the many risk factors for developing an addiction. Further, although the show correctly notes the high prevalence of addiction among abuse and trauma victims, the totality of its narrative seems to overrepresent these addicts as well. Finally, we are concerned that the show does not nuance or qualify the various types of addictions (i.e., pharmacological, eating disorders, shopping) featured on the show. For the purposes of this show, all addicts are lumped together without any effort to distinguish the different problems and possible solutions to addictive behaviors. Throughout our discussion, we will combine quantitative data on addiction and recovery with a qualitative analysis of the social and cultural messages found on the show.

Overview of Intervention

The show commonly begins with the addicts introducing themselves, spelling their names, and then describing their addiction.¹ Graphic images of the addict using and/or obtaining drugs or alcohol begin almost immediately. Then, the show proceeds with testimonials from loved ones about how difficult the addiction has been for them to cope with and then almost universally fades into a description of what presumably caused the addiction. It is at this point that the parents or siblings will often say something to the effect of, "We never expected [the addict] to end up like this." In the early seasons of the show, a few pictures of the addict as a child or a young adult would appear as loved ones nostalgically described happier days when the individual was not an addict and showed incredible promise. More recent seasons of *Intervention* continue with these nostalgic reflections but now include a picture collage with the family's voice over, making the implied longing for happier times even more overt. Parents often lament their child's lost potential; friends reflect on careers often destroyed by drugs or alcohol.

Intervention in Context of the Reality TV Genre. *Intervention* fits the model of many other reality shows. The participants are not actors (unless they are failed actors who became addicts) and are selected from submissions from viewers.² What is different about *Intervention* is that

those featured on the show are not self-selected, in that they do not seem to be willing participants (in an intervention) but rather have been submitted by others in the hope that the addict will seek treatment.

Reality Television Conventions and Techniques. *Intervention* closely imitates prior reality television show programming. It is shot using hand-held cameras by a crew that does their best to remain invisible during shooting invoking what Caughie refers to as the "documentary gaze":

The documentary gaze is marked by the conventions of spontaneity and the appearance of being unrehearsed, and it is this which produces the "immediacy effect" which constructs its object as somehow more authentic, more objective, than characters who are subjects in the drama. (2000, p. 111)

The narrative is, to a certain degree, unpredictable, as many out-of-control addicts hurt either themselves or others during the episode. Addicts will assault family members and friends, engage in physical and verbal altercations with loved ones and strangers, and abuse their own bodies by consuming massive quantities of drugs or alcohol. On occasion, featured addicts have driven while intoxicated, purchased drugs in unseemly parts of a town, or participated in other particularly dangerous behaviors that were not expected by producers. There is also a fair amount of uncertainty in each episode's outcome as some addicts refuse treatment altogether or fail to complete the treatment that they agree to go for. Such unpredictability and uncertainty are central components of the reality genre, which in efforts to convince viewers that they are watching real and unrehearsed events, purports to just point the camera at individuals and *see what happens*. However, the editors of a reality television show frequently take days, weeks, or months of footage to construct a 30-minute or an hour-long episode. Thus, what appears on screen as real, spontaneous, and unscripted is actually the product of careful maneuvering by the show's producers. One can see elements of the *Intervention's* narrative structure in Andrejevic's description of the reality show *Survivor*:

The show's [*Survivor's*] phenomenal success suggests its ability to navigate the inherent tension in reality programming between making an appeal to the "reality" of the spectacle and staging this spectacle so that it fulfills the expectations audiences have for prime-time drama: fast-paced action and complicated plot lines that provide both suspense and resolution during a one-hour time slot. (2004, p. 195)

Although *Intervention* is not a game show like *Survivor*, it does present an hour-long spectacle of inappropriate, illegal, and dangerous behavior that is ultimately "resolved" at the end of the episode.

The reality genre actually has a long history of distorting the reality which it claims to depict. Analyses of the reality show *Cops* have suggested that the show inaccurately depicts both crime and criminality. Brenton and Cohen (2003) suggest that on *Cops* and similar shows "the resulting picture of crime not only overstates the prevalence of violence by a massive factor, but conforms to a simplistic and pernicious view of criminality" (p. 42).

¹More recent episodes seem to have abandoned the name-spelling component.

²Each episode concludes with a solicitation in which those who know addicts are encouraged to contact the show.

For example, Carmody (1998) notes that “the image of crime, criminals, and victims on reality police programs appears to bear little resemblance to reality” (p. 171). The disproportionate number of African Americans depicted as offenders on reality crime shows such as *Cops* is not supported by the crime statistics from the Federal Bureau of Investigation (FBI, 2007). The FBI reports a far greater number of white criminals arrested for robbery, assault, and burglary; and *Cops* depicts far more African-American criminals than white criminals. Just as *Cops* paints a somewhat inaccurate racial depiction of criminal behavior, *Intervention* emphasizes that all addicts come from either broken homes or have experienced some form of childhood trauma. Reality television, like other forms of popular culture, works through repetition. It is the repetition of these images that makes *Intervention*’s narrative problematic. We are perfectly willing to believe, and later discussion will affirm, that addicts are often part of particular risk groups which can include those from broken homes and traumatized children and young adults. What *Intervention* does, however, is to depict their presence within these risk groups not as possible influences on addiction but rather as the sole and universal causes of such behaviors. In only rare exceptions, do addicts featured on *Intervention* not belong to one or both of these groups.

Portrayal of the Substance Abuse Treatment System

Misconceptions on the Availability of Treatment. As noted, *Intervention*’s most glaring misrepresentation is the degree to which inpatient treatment is framed as available, desirable, and successful. Most reality TV coverage of addictions, including *Intervention*, privileges inpatient treatment as a preferred and accessible method of recovery without regard to the costs of and barriers to receiving such treatment. Unfortunately, the idyllic seaside resort-like treatment settings shown on *Intervention* are typically not within the reach of families with an addicted member. That is, most of the treatment in the United States in the public sector is provided on an outpatient basis, and only 4% of all the treatment programs nationally are private-for-profit inpatient treatment centers (Substance Abuse and Mental Health Services Administration [SAMSHA], 2008). Second, private centers such as those shown on *Intervention* charge several thousand dollars per treatment episode, and are often not covered or fully covered by managed care insurance policies. Thus, although the show rightly promotes treatment as a valuable component of reducing the suffering from addictions, it does so in a manner that may lead some individuals to think that treatment is a glamorous affair.

Claims of Treatment Success. Although The Johnson Institute’s family-based *intervention* (Johnson, 1986) has infiltrated our popular culture via numerous portrayals in television shows,³ the effectiveness of interventions in engaging addicts into treatment has rarely been scrutinized

outside the limited scientific circles. Sadly, we find that the claims made on the *Intervention*’s reunion show about how many addicts successfully entered treatment after the intervention are questionable. Specifically, the show claimed that all of the 98 families approached to conduct an intervention actually went through with it, and no episodes have shown a family that fails to attempt the intervention. Furthermore, the show claimed that 96 of 98 individuals (98%) receiving interventions entered substance abuse treatments. Their figures appear conspicuous for three reasons. First, studies have shown that as few as 30% of the families encouraged to hold an intervention actually do so (Meyers, Miller, Smith, & Tonigan, 2002; Miller, Meyers, & Tonigan, 1999). A common critique of the model is that this confrontational approach simply does not sit well with many families (MacKillop, Lisman, Weinstein, & Rosenbaum, 2003). It is unclear why such a high percentage of the families on the show *Intervention* complete their interventions, but this clearly does not represent what likely happens in real world community practice settings. Second, among the few rigorous research studies that have evaluated the outcomes of Johnson’s intervention, a smaller percentage of addicts actually enter treatment after the completion of an intervention (Loneck, Garrett, & Banks, 1996; Miller et al., 1999; Stanton, 2004). Perhaps the prospects of being treated in an exclusive for-profit treatment center may be influencing show participant’s decisions to enter treatment. Finally, other family-based models used to engage treatment-resistant addicts appear to be more effective, and have been evaluated in more rigorous studies when compared to the Johnson intervention (Fernandez, Begley, & Marlatt, 2006; Miller et al., 1999; Stanton, 2004).

In this very same reunion show, it was said that 80% (77 of 96) of those that had interventions and entered treatment were still abstinent on the airdate of that show. Although we cannot confirm whether this is true, we commonly see only 40%–60% of those addicts treated in rigorously controlled clinical trials to remain abstinent for one year following the treatment entry (McClellan, Lewis, O’Brien, & Kleber, 2000). Although the success of treatments for drug and alcohol addiction are similar to those for other chronic medical conditions such as diabetes or asthma, these claims by *Intervention* that 80% of the show’s participants have remained continuously abstinent seem grossly exaggerated. Alternatively, if these abstinence rates are indeed accurate, it may be due to additional services and attention garnered from participating on the show.

Narrative Critique of Intervention

What is an Addict? A variety of “addicts” have been featured on *Intervention*. The term addict is most heavily associated with addiction to substances. However, the term is used quite loosely on the show, as several of those featured on *Intervention* (i.e., gamblers, shoppers, etc.) may be better served by more precise nosology and exposure to different treatment approaches. That is, scholars have not yet agreed upon what terms to use for such

³A rather humorous example of an intervention aired on *Seinfeld*, where Kramer, who only had a distal relationship with the addict, wanted “to get in on” the process.

problems, which have included “impulse control disorders” (American Psychiatric Association, 2000), “behavioral addictions” (Holden, 2001), and “non-pharmacological addictions” (Petry, 2006). Although emerging brain research has shown similarities between gamblers, binge eaters, and those addicted to substances (Avena, Rada, & Hoebel, 2008; Holden, 2001; Potenza, 2006), there is yet too little research on most of these problems to inform the debate on how to classify them in the forthcoming Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorder (Potenza, 2006). By developing uniform criteria to enable additional studies, we may one day know whether such problems warrant side-by-side classification with addiction to substances.

On *Intervention*, addicts have included individuals addicted to crystal meth, cocaine, heroin, and alcohol while less traditional addicts (perhaps more properly labeled as individuals with impulse control problems) have included an agoraphobic shopper, a video game player, a gambler, and some individuals with eating disorders. Those individuals with substance abuse problems figure far more prominently on *Intervention* than do individuals who may not in fact fit easily into the model of addiction. Such episodes are noteworthy, however, not because of frequency, but their presence (albeit infrequent) on a reality show featuring addiction and recovery suggests that these are in fact traditional “addictions” undifferentiated from the drug and alcohol addictions more commonly seen on the show. Thus, in light of the discussion above, we simply do not have enough knowledge to know if the application of treatments used for addiction toward substances will work with these other problems. According to our knowledge there are no empirical studies on the effectiveness of the Johnson Institute intervention with these problems.

In order to be clear, it is not to say that these problems in their extreme form do not constitute major problems for affected individuals and their families. Both the “addicted” shopper and gambler shown on *Intervention* amassed enormous debts for themselves and family members. The video game player could not seem to maintain relationships outside those generated through games. One individual “addicted” to eating was both unhealthy and plagued by social problems associated with morbid obesity, including failed romantic relationships. However, potential consequences may arise from their inclusion on the show. First, as there is no empirical evidence that interventions work with these problems, the show’s repeated narrative that Johnson Institute interventions will be effective conduits to treatment may misinform viewers whose family members need help. That is, it may provide an overly optimistic presentation of the road that lies before them. Second, it is possible that some viewers may entirely disregard the benefits of treatments for addictions and 12-step recovery provided on the show on the basis of their disdain for labeling everything as an addiction. This type of backlash has been articulated in social sciences literature, given the rapid proliferation of 12-step recovery groups for multiple problems beyond alcohol in recent years.

Family Themes. What is especially troubling about *Intervention* is the show’s problematic presentation of the causes of addiction. Although studies have shown that individuals from so-called “broken homes” and children who have experienced some form of childhood trauma are at risk for substance abuse and/or addiction, *Intervention*’s narrative suggests that the link is direct and unambiguous. The seemingly altruistic goals of friends and family who want their loved ones to seek help are obscured by the show’s overt suggestion that those who fall into addiction (or have impulse control problems) are usually the product of broken homes.

A stable family is offered as a form of salvation for addicts on *Intervention*. Of course, stable families are by no means a certainty on the show. The show often links addiction to family instability, and the staging of an intervention only aims at getting the addict into treatment. Thus, divorced parents remain divorced after the intervention, and abusive parents may seem reformed even if their previous abuse has not been forgotten or forgiven. The show undercuts its own message of recovery by including some family members that may be inappropriate in an intervention. It is ironic that the show suggests that substance abuse treatment is best accomplished by being confronted by the very dysfunctional family members that played a role in the etiology of one’s substance use problems. Thus, with regards to family harmony, *Intervention* is often nostalgic for a past that never existed and hopeful for a future that is unlikely.

As a genre, reality television is often thought of as progressive due to its presence on more youthful and edgy networks like MTV, Bravo, and A&E (A&E being the least “progressive” of that group). What is interesting and troubling is how the narratives of seemingly progressive reality shows are in fact regressive in the way in which they reinforce the hetero-patriarchal image of the nuclear family, code particular behaviors as deviant, and reaffirm a middle-class view of the world. Gillan (2004) notes that the “new family” as constructed on MTV’s *The Osbournes* offered few new images at all writing that, “despite MTV’s claims, *The Osbournes* is not a series that *redefines* television so much as the one that *resurrects* the original early 1950s format of the American sitcom” (p. 55). *Intervention* is by no means *Leave it to Beaver*, but the show suggests that if families could just stay together, if parents did not drink or abuse drugs, and if children could be shielded from problems at home, then addiction could be avoided. The seemingly trivial problems encountered by television families of the 1950s pale in comparison to those faced by the families on *Intervention*. Thus, the show suggests by implication that the modern family is one plagued by problems that will ultimately create addicts out of up-standing citizens and that those families coded as more nuclear, more stable, and therefore more idealistic, do not encounter these problems.

Intervention relies heavily on the testimonials of not only the addicts themselves, but also their friends and family. The narrative presented by friends and family is coded as authoritative and honest, while the narrative presented

by the addict is often framed as clouded and distorted by drug and alcohol abuse. These “sober” inhabitants of an addict’s world, play an important role within the narrative of *Intervention*. On one level, they are a source of stability in the addicts’ lives, often providing them with the resources that they would not otherwise have access to because of their addiction. Parents often allow children to live at home with them, children often give their addicted parents food, money, or other kinds of assistance, and occasionally friends and family even transport addicts to places where drugs can be purchased. In many cases, friends and family can be easily labeled as “enablers,” in that they perpetuate the addiction by not restricting the resources that the addict has access to. During many interventions, friends and family members are also sent to support groups in the effort to recognize and treat their own unconscious desire to enable the addict. Although friends and family act as a key support system in both positive and negative ways on the show, their presence within the narrative also complicates the casual relationship implied throughout *Intervention*.

Trauma Themes. There is no mistaking that childhood trauma is indeed quite common among those in substance abuse treatment, with 63% of the adolescents and young adults in one large study ($N = 15,000+$) reporting a lifetime history of physical, sexual, or emotional abuse (Dennis, White, & Ives, 2009). Although clearly a risk factor, with close to 40% of the individuals in substance abuse treatment not reporting any trauma, we note that *Intervention* may overemphasize childhood trauma as a casual factor in addiction.

If *Intervention* implicitly (if not explicitly) claims that childhood trauma is an inherent cause of addiction, then the testimonials of some family members work to undercut those claims. Often, siblings who grew up in the same home and often experienced the same abuse do not in fact grow up to be addicts like those featured on the show. They testify, quite forcefully, that life was not easy when they were children, but there is no frequent mention of addictive behaviors. On more than one occasion, a brother or sister has been dismissive of their sibling’s inability to “get over” what transpired during his or her youth. Such statements are both devoid of empathy for those truly suffering from the loss of control over addictive behavior, as well as painfully ironic in that they highlight the show’s overemphasis on a single risk factor in the etiology of addictive behaviors. It would be interesting to know what viewers make of these conflicting narratives, and how this impacts their empathy for the show’s participants.

It is not surprising that the show must deal with the problem that some, but not all, of the addicted individual’s siblings exposed to the same childhood trauma develop substance use problems. According to Agrawal and Lynskey (2008), there are no studies using virtual twin design, where genetically unrelated children reared in the same household are compared on concordance for substance use problems. This design would increase our understanding of how shared environmental factors such as exposure to abusive parenting increase the risks for sub-

stance use problems. However, based on the heritability estimates for substance use disorders (Agrawal & Lynskey, 2008), it is likely that such shared experiences do not uniformly result in addiction.

Potential Consequences of Trauma and Family Themes. Repeated exposure to the broken home and trauma narratives in *Intervention* may alienate some viewers with addictions. That is, those from reasonably functioning families and no history of traumatic experiences may conclude that they are so dissimilar to those on the show that their problems are not worth modifying. There is limited research on how individuals with substance use problems view shows like *Intervention*, and whether or not such shows can be a catalyst to reducing their use. Future research is needed in this area.

Ethical Critique of Intervention

Those individuals shown as addicted to substances are told only that they are part of a documentary about addiction, and are not informed that they will be facing an intervention from friends and family. This practice leaves us with some questions about ethical standards for selecting participants for shows portraying common mental health problems such as addictions to substances. First, one wonders whether or not these individuals had the capacity to consent to participation on the show. Capacity to consent refers to one’s ability to understand the potential ramifications of participating, which here may clearly be affected by the show participants’ heavy substance use. This is important because it is not clear what consequences they may ultimately experience by participating on the show. Although some of the individuals on the show may ultimately be grateful if they achieve long-term recovery, it is also possible that many may experience a stigma in their communities. For example, a recent study found that close to 83% of the individuals in substance abuse treatment experience one or more forms of stigma (Luoma et al., 2007). It is unclear whether shows like *Intervention* increase or decrease the stigma surrounding mental health problems. Second, if the individual is rightfully estranged from his or her family because of suffering abuse at the hands of other family members, a surprise intervention where such family members are present could be a traumatic experience, thereby prompting very unpleasant memories of the past abuse.

This is by no means an exhaustive list of possible consequences of appearing on a show like *Intervention*, and our key argument here is that when very little information is publicly known about the selection process for the show, concerns exist about the safety of individuals that appear on them. On the other hand, it may be that these selection processes include numerous safeguards, which if they were publicly known, would undermine the authenticity of the show.

SUMMARY AND CONCLUSION

Television is a highly accessible source of information that may have increasing influence over how the lay

public views mental health problems. However, we have reviewed numerous aspects of the *Intervention*'s narrative that may present misleading information. For example, we reviewed how the show portrays the least accessible (and arguably most desirable) treatment in the form of seaside residential facilities. Next, we discussed the lack of effectiveness data for the Johnson Institute intervention, and discrepancies between published outcome studies and the show's claims to success. We then reviewed other components of the show such as the inclusion of non-substance related "addictions," exaggerated causal links between trauma, family discord and addiction, and potential ethical problems with the show's selection of addicts.

We have noted numerous potential consequences that may result from repeated exposure to the narratives of intervention, including: fostering false optimism regarding the success of a family-based intervention or the availability of desirable treatments; creating backlash and reduced public support for treatment and research due to overly inclusive definitions of addictions; and influencing viewers with addictions to not get treatment when dissimilarities exist between viewers' experiences and the show's narrative. Additionally, we have noted that show participants with addictions may give their consent to participate in a show when they do not fully have the capacity to do so, and may suffer a stigma as a result of participating on the show. We humbly note that these critiques are speculative in nature and future research (and greater transparency about the show's consenting procedures) could allay these concerns.

To be clear, the purpose of this discussion was not to suggest that individuals addicted to drugs do not come from broken homes or have not suffered traumatic experiences. It is the totality of the *Intervention*'s narrative that is problematic. On the basis of the authors' review of all the episodes in the show's first six seasons, the image reinforced by *Intervention* is that *all* addicts have experienced some form of trauma. It is not as clear that *Intervention* is suggesting that all people who have had these experiences become addicts, though such an interpretative connection is not difficult to make. As *Intervention* repeatedly tells its viewers that these addicts were not supposed to grow up this way (as if anyone is "supposed" to grow to become an addict) and seems to focus only on those who fit a particular model of addiction, then the truth claims of the show are reinforced through a succession of individuals for whom addiction is traced to these experiences. There is no sense in the show that addicts *sometimes*, *occasionally*, or even *often* have these experiences—*Intervention* tells its audience that this is *always* the case that individuals suffering addictions experience some sort of traumatic stress prior to the onset of the addiction. What makes this claim more problematic is that it is presented on a reality show. As previously noted, the genre is often linked cinematically and narratively with key components of a documentary film. Many reality shows rely on nonactors, utilize hand-held cameras, and incorporate personal testimonials, interviews, or confessionals. Each of these elements contribute to the

appearance of authenticity giving credibility to a narrative that may or may not reflect reality. *Intervention* utilizes all of these techniques. In this way, the truth claims made by the show are not meant to be questioned or nuanced but rather are coded implicitly as unassailable because of the generic imperatives of the reality genre. These exaggerated narratives have the potential to do harm and future studies should investigate how media representations of addictions help or harm those that suffer from them.

Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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Abuse and Alcoholism, and the Department of Justice.

GLOSSARY

Drug addiction: A condition marked by the physiological or psychological need to use a substance frequently, often in spite of mounting social, psychological, or physiological consequences.

Johnson institute intervention: The process of gathering friends and family members to confront a loved one about his or her addiction, in hopes of getting this individual into treatment.

Reality TV: A television genre that most often features either non-celebrities or celebrities outside of their normal setting, often shot with the use of hand-held cameras and characterized by spontaneity and unpredictability.

Stigma: The experience of having a condition that is viewed as socially undesirable, resulting in internalized shame and covert discrimination at the hands of others.

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