A Philosophy of Exhibitionism: Exploring Media Coverage of Al Roker's and Carnie Wilson's Gastric Bypass Surgeries

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What is This?
In November 2002, popular Today Show meteorologist Al Roker announced that he had previously undergone gastric bypass surgery in the hopes of ending a lifelong struggle with his weight. Roker’s surgery came a little more than 3 years after Carnie Wilson, daughter of Beach Boys’ leader Brian Wilson and former member of the singing group Wilson Phillips, underwent the same operation. The author explores the ideology of weight loss surgery that emerges from news coverage of these very public procedures and discusses thematic differences in the reporting of the reasons behind their decisions to take this step. One would think that both individuals, having lost weight and improved their appearance, would be allowed back inside the bounds of cultural intelligibility. However, coverage of their surgeries suggests that Roker has been given such a pass but Wilson has not. Only Roker is acknowledged for adding gastric bypass surgery to our cultural weight loss protocol.

Keywords: journalism; textual analysis; body image

In November 2002, Today Show meteorologist Al Roker announced that he had previously undergone gastric bypass surgery in the hopes of ending a lifelong struggle with his weight. Roker’s surgery came a little more than 3 years after Carnie Wilson, daughter of Beach Boys’ leader Brian Wilson and former member of the singing group Wilson Phillips, underwent the same operation. Both surgeries received extensive news coverage. Dateline, NBC’s newsmagazine, aired an hour-long special on Roker’s weight loss. NBC crafted the segment with the
help of Roker’s production company (Huff, 2002, p. 98). The special topped
the ratings for the night it was broadcast (November 12, 2002). Wilson’s sur-
gery was broadcast live on the Internet, where it drew 2.5 million viewers.

In this article, I begin to cobble together an ideology of gastric bypass sur-
gery that emerges from news coverage of these very public procedures and dis-
cuss thematic differences in the reporting of the reasons behind the decisions
to take this drastic step. News media coverage suggests that since Roker and
Wilson publicized their surgeries, the number of people seeking to undergo
gastric bypass has risen dramatically, up 40% to 80,000 people in 2003. We
now spend U.S. $3 billion a year on gastric bypass surgery (Freudenheim
2003). Although the surgery is the appropriate course of action for those who
are morbidly obese, the procedure’s newfound popularity has led more people
to seek it out even though they may not need it. In fact, desire for the surgery
has caused some people to gain weight to qualify (Parker-Pope, 2003). Condit
(1990) might argue that the so-called compelling vocabulary developed in arti-
cles about gastric bypass surgery is accepted by readers and is “integrated into
the public repertoire” (p. 6). The information found in stories about Wilson
and Roker have become part of the public discourse about gastric bypass sur-
gery. As Condit noted, “Ideas come to have social force when they are persua-
sive to a large number of individuals” (p. 9). The growing popularity of gastric
bypass surgery is at least a partial testament to the power of this discourse.

My research also builds on a research by Ferris (2003), who explored press
coverage of Wilson’s surgery and of the actress Tracey Gold’s struggle with
anorexia nervosa. Both women “dealt with bodies that were outside the
bounds of cultural intelligibility,” Ferris argued (p. 269). Their bodies did not
meet cultural norms that value thinness and fitness. We did not see their bodies
as appropriate. Exploring these bodies “works to reinstate an ideological
vision of what the ’appropriate’ cultural body and its performances might be”
she contended (Ferris, 2003, p. 273). However, where the press portrayed
Gold’s disease as “an internal struggle, an attack on a good person, and re-
moved from outside influence” (Ferris, 2003, p. 269), Wilson was criticized
for carrying out her struggle publicly; coverage suggested that she was “weak
and unhealthy for having an addictive personality and craving and bingeing on
food” (Ferris, 2003, p. 269). Her motives for trying to make her body more
“appropriate” were regularly questioned.

Of even greater relevance for this research is Ferris’s (2003) contention that
Wilson’s body, besides being inappropriate and, thus, culturally unacceptable,
was “rude and arrogant,” because Wilson “skipped all procedures and proto-
cols” in a very public fashion. She chose to have gastric bypass surgery rather
than taking what at the time were the “culturally condoned steps of diet, physi-
cal stress and strain, and consumer-regulated weight loss” (Ferris, 2003,
p. 270). Ferris’s findings caused me to wonder whether the popular media would treat a male’s pursuit of gastric bypass surgery in the same way.

Thus, several key questions propel our journey: Would a male patient be treated by reporters as, essentially, an exhibitionist, as Wilson was and, in my view, continues to be? Has Wilson’s so-called outsider status changed now that so many people have had gastric bypass surgery—now that the procedure has been culturally condoned? Is Roker’s effort to bring his excessive body into line with cultural ideals of thinness positioned differently than Wilson’s by the press because he is a man? Was Wilson treated differently by reporters until she became a public advocate for the surgery? Are we watching an example of what Tuchman (1978) would call “symbolic annihilation” unfold? Is the rhetorical path charted by reporters of Wilson’s efforts to bring her previously marginalized body back to cultural intelligibility marked by bias because she is a woman?

Theoretical Foundations

In a previous article (Bishop, 2001), I argued that the dominant narrative found in women’s magazines painted an extremely distorted picture of what life is like for the victim of an eating disorder, a picture that contradicts the portrayal of Gold posited by Ferris. Those who suffer from eating disorders do so alone, trapped by selfishness and perfectionism. Family members are stunned when the disorder emerges, then watch helplessly as it destroys their loved one. The disorder is triggered by a single event—often a snide comment by an important figure in the victim’s life. Writers place most of the blame on the media for causing so many young people to struggle with eating disorders; however, rarely do they explore the context from which the disorders emerge.

All of this goes on safely outside the discourse of dieting created by the symbiotic relationship between food companies, diet product makers, women’s magazines, and the mass media. Articles about eating disorders disrupt the diet-friendly editorial environment sold by women’s magazines to their readers and to their advertisers. Treating eating disorders as an aberration allows the editor to deal with the problem while sustaining a discourse that may exacerbate the problem. This aberration leads to a key piece of theoretical grounding for my analysis: Tuchman’s (1978) assertion that the media symbolically annihilate women by condemning them, trivializing them or their accomplishments, or excluding them from media content (p. 8).

Symbolic Annihilation

Tuchman (1978) contended that media content offers women an endless stream of advice about “hearth and home” (p. 24). Underlying this content is
the assumption that women should “marry, bear children, and make a home” rather than work. Women are “defined by the men in their lives,” she claimed (p. 19). As McRobbie (1997) explained, media “define and shape the woman’s world, spanning every stage from childhood to old age” (p. 215). Media aimed at women create ideals of appearance that many women spend their lives fruitlessly trying to attain.

Hesse-Biber (1996) argued that a capitalist, patriarchal society uses the media “to project the culturally desirable body to women” (p. 32). Women are urged to take control of their bodies—“not for political or health reasons but to make them aesthetically pleasing” (Douglas, 1994, p. 266). Nonconforming bodies like Roker’s and Wilson’s are “gazed upon as examples and lessons to be taught to those of us” (Ferris, 2003, p. 257) who have not yet embraced the gospel of constant dieting. There is little room in the media for “alternative constructions of identity” (McRobbie, 1992, p. 265)—identity is shaped through an ongoing dialogue about weight and appearance.

Failure to achieve these ideals causes feelings of disgust and shame, argued Douglas (1994, p. 264). It also sends women scrambling back to the media for more advice, where, as Ferris (2003) explained, “The role of a body, much like the role of a woman, is . . . negotiated” (p. 257). Women see and read numerous (usually recycled) articles about the urgent need to diet. Yet at the same time, they see numerous advertisements for rich, unhealthy foods. Thus, they are caught in a classic Marxist double bind: “for every dollar spent treating obesity, food manufacturers spend $100 to convince them to buy their products” (Hesse-Biber, 1996, p. 35). It is in a food company’s best interest to encourage overeating, “even if that might have destructive or deadly consequences” (Kilbourne, 1999, p. 121). “We are told, on the one hand, give in, reward yourself, indulge,” Kilbourne (1999, p. 122). “[O]n the other hand, we . . . are told that we must be thin, indeed that there is no greater sin than being fat” (Kilbourne, 1999, p. 122). This conflict, Hesse-Biber (1996) contended, produces a relationship with food “loaded with tension and ambivalence” (p. 35).

Although men are typically not as dissatisfied as women with their bodies, a growing amount of evidence suggests that their level of body dissatisfaction is increasing (Halliwell & Dittmar, 2003). Men believe that the so-called ideal body can be achieved but think that it is not worth the trouble; instead, they focus on “having a body that is not noticeably different from their peers” (Halliwell & Dittmar, 2003, p. 675). Of greater relevance for this article is the finding by Halliwell and Ditmar (2003) that men think the most important aspect of their bodies is functionality; women, the researchers argue, “focus on display” (p. 675). Their finding dovetails with another significant piece of theoretical terrain: hegemonic masculinity.
Hegemonic Masculinity

Hanke (1990) argued that hegemonic masculinity is marked by the “social ascendancy of a particular version or model of masculinity that, operating on the terrain of ‘common sense’ and conventional morality, defines ‘what it means to be a man’” (p. 232). Berger stated it simply: “Men act and women appear.” Men are typically shown “in action, instrumental and effective, seemingly unconcerned about how they appear to others” (as quoted in Hanke, 1990, p. 151). Representations of men revolve around the ability to “get the job done” (Berger, quoted in Hanke, 1990, p. 154). The male body is not, Bordo (1992) claimed, “dependent on the look of another to confer or acknowledge value” (p. 154). Mulvey (quoted in Lehman, 1993, p. 1) contended that men are not subject to the objectification visited on women. Thus, they “cannot bear to gaze on other men who are exhibiting themselves for that gaze” (Mulvey, quoted in Lehman, 1993, p. 2). Lehman (1993) argued that “avoiding the sexual representation of the male body and carefully controlling its limited explicit representations” supports a male-centric view of the world (p. 3).

Trujillo (1991) and several other scholars (e.g., Brod, 1987; Connell, 1990; Jeffords, 1990) have identified five features of hegemonic masculinity: physical force and control, occupational achievement, familial patriarchy, frontiersmanship, and heterosexuality (p. 291). Trujillo (1991) argued that the news media reinforced these features in their coverage of the career of baseball great Nolan Ryan. A hard-throwing pitcher with spotty control, Ryan’s pitching ability was disembodied, wrote Trujillo. The embodiment of the capitalist work ethic, Ryan was committed to an arduous workout schedule. Coverage reaffirmed “the gender-based divisions of labor in the traditional American family,” Trujillo contended (pp. 186-187).

Ryan concentrated on pitching, while his wife Ruth raised their children. He was a symbolic father to his younger teammates, Trujillo suggested. Ryan’s upbringing in rural Texas and his fondness for country music made it easy for reporters to portray him as something of a frontiersman. Finally, Trujillo (1991) argued that reporters painted a picture of Ryan as a “devoted heterosexual husband” (p. 307). In my analysis of how the media have portrayed Roker after his surgery, I explore how these features of hegemonic masculinity are reinforced.

In the end, we see the emergence of a discourse about the body that “favors particular excessive behaviors and norms” (Ferris, 2003, p. 257). Ferris (2003) emphasized that “out of bounds” bodies such as Wilson’s and Roker’s are typically not condoned; instead, they are deployed by the media to reinforce the “ideological vision of what the ‘appropriate’ cultural body and its perfor-
mannances might be” (p. 257). Butler (1990) contended that the impact of cultural norms on the body produces notions of excess, or “that which does not fit within the intelligible domain of culture” (Ferris, 2003, p. 259). Promotion of diet and thinness by the media rhetorically renders an ideal body and an excessive body—or as Ferris (2003) put it, “bodies that matter and those that do not” (p. 259). Culture marginalizes these bodies to instill the notion that the body is “in process, never complete” (p. 261). Such a mind-set keeps us on our diets, and on the lookout for any tactic that might help us become a body that matters.

Method

I use textual analysis to explore the ideology that emerges from coverage by newspapers, popular magazines, and television news organizations of these very public surgeries. A Lexis-Nexis search performed in November 2003 produced 39 print articles and television transcripts about Wilson’s 1999 surgery and 17 print articles and television transcripts about Roker’s surgery, performed in 2002. Articles came from newspapers, news magazines, and celebrity magazines (e.g., People). Transcripts came from morning news programs (e.g. ABC’s Good Morning America) and newsmagazine programs (e.g., Dateline NBC). Both sets of data included extensive follow-up coverage of the procedures, a testament, perhaps, to society’s ongoing fascination with diet and celebrity. Because the focus of my research was the dimensions of the coverage of these procedures offered by the popular media, I did not analyze the content of the Web sites related to Wilson’s surgery.

Masterman (1985) argued that “breaking through” a text, or in this case, a number of texts, enables the researcher to probe “the rhetorical techniques through which meanings are produced” (p. 127). Lule (1995) contended that textual analysis is a particularly effective tool for the researcher who wants to explore “how stereotypical depictions are invoked through the language and conventions of the press” (p. 177). Hall (1975) explained that this kind of analysis is “more useful” than content analysis “in penetrating the latent meanings of a text” and that it preserves “something of the complexity of language and connotation which has to be sacrificed in content analysis in order to achieve high validation” (p. 15).

A textual analysis begins with a “long preliminary soak” (Hall, 1975, p. 15) in the texts being reviewed, followed by several additional readings by the researcher to develop and refine themes uncovered in earlier stages of the analysis. According to Roy (1996), the researcher should “work back through the narrative elements of form, rhetoric, and style to uncover the underlying social and historical processes” and “the metalanguage that guided its production” (p. 318). Of special importance are the “visual, verbal, rhetorical, and presentational codes that media (in this case, journalists) employ to make a story
eventful” (Roy, 1996, p. 318). Here, articles and transcripts were reviewed and analyzed several times (sentence by sentence) to pinpoint the primary themes that emerged in the coverage by the popular media of these stories.

However, analyzing messages is not as important to the researcher as exploring the social practices that are embedded in that content. R. Johnson (1986-1987) posited that a text “is only a means of cultural study” (p. 62). It is the “raw material from which certain forms . . . may be extracted” (R. Johnson, 1986-1987, p. 62). At the heart of textual analysis is “the social life of subjective forms [italics added] at each moment of their circulation, including their textual embodiments” (R. Johnson, 1986-1987, p. 62). Thus, it is most important to study a text for “the subjective or cultural forms that it realizes and makes available” (R. Johnson, 1986/1987, p. 62). Certain ways of knowing are privileged, whereas others are marginalized.

Discussion

*It’s All About Family*

Reporters suggest that family is a key motivation for Wilson and Roker. However, although Wilson became heavy and ultimately decided on the surgery, in large part, because of her turbulent upbringing, reporters noted that Roker made the decision out of respect for his parents and so that he could keep his family intact. Wilson frequently told journalists of carrying the baggage of her childhood. Both struggled with their weight; however, where Roker ultimately would blame himself for his obesity, journalists suggest that Wilson blamed nearly everyone but herself. Both tried a series of diets. Wilson readily admitted a sense of constantly failing and that she eventually gave up, thinking “I’m meant to be this way” (Chung, 2003). Roker, the ideology crafted by reporters reveals, did not directly admit failure; instead, his list of ineffective diets reads like a travelogue. He moved easily from one diet to the next. Until the sobering moment that motivated Roker to have the surgery, the weight always found him. He did not see the need to lose it.

“Pudgy kid. Heavy teen. Obese woman. These are not the bikini-clad lovelies, Carnie’s dad, Brian Wilson, wrote about for the Beach Boys,” suggested Rowe (2001, p. E1). Disoriented when her family moved to the Netherlands so that the Beach Boys could make an album, Wilson’s desire for food became insatiable, reporters suggest. “I was taught to clean my plate, eat it all, eat more, more and more, eating more is great, and eat out of emotion,” she told Connie Chung, then of CNN (Chung 2003). Sugar was Wilson’s downfall. “I loved Hostess cupcakes and Twinkies. I remember being obsessed with Hostess,” Wilson said (Wilborg & Wilson, 2000, p. 54). “Even now, I see a Hostess
truck and start salivating” (Wilborg & Wilson, 2000, p. 54). A key source of this desire is the fact that most members of her family were overweight. Wilson recalled in one article sitting on the kitchen floor at age 4, “eating cake mix out of the box” (Wilborg & Wilson, 2000, p. 54).

Wilson was only following the example set by her often-absent father, Brian. “Food was just an issue with everyone in our family. I used to be amazed how quickly he ate his food and how much he ate,” Wilson said, recalling her father’s eating habits (Rowe, 2001, p. E1). Brian Wilson countered his daughter’s assertion, claiming that she “turned to food whenever something was difficult” (Wilborg & Wilson, 2000, p. 54). Yet he acknowledged that he “wasn’t around much when she was a kid” (Wilborg & Wilson, 2000, p. 54).

Roker, on the other hand, proudly told NBC’s Tim Russert that “I really couldn’t ask for better parents.” (Russert, 2002). Instead, he simply “went into a funk” (P. Johnson, 2002) after his father died and when he realized that his size and balky knees prevented him from giving his daughter a piggyback ride. “I felt horrible. I didn’t look good. I didn’t feel good,” he said. However, reporters gave the impression that Roker’s reaction was sudden. He reacted belatedly to his parents’ dangerous behaviors; both parents smoked, and his father eventually was diagnosed with lung cancer.

During one of Roker’s regular hospital visits with his father, his father made him promise that he would lose weight. “Listen, we both know I’m not gonna be here for my grandkids,” Roker’s father said. “I want you be here for your children. Promise me you’re going to lose weight.” Roker quickly agreed. A little more than a week later, Roker’s father passed away. Soon, Roker learned that his wife was pregnant with their son. “And I thought—‘now I’ve got to do something.’” As Roker responded decisively to this single sobering event, reporters focused on the fact that Wilson dwelled on the emotional and psychological damage that occurred during her childhood. She had not gotten past it.

Furthermore, Roker had the surgery so that he would be able to actively participate in the lives of his loved ones. “I’m an older dad. I’m going to be 50 next year and I’ve got a 16-year-old that I want to see get through college and get married eventually,” he told the Denver Post (Schefter, 2003, para. 48 ). Trujillo (1991) might argue that Roker had the surgery to protect his family, as Nolan Ryan did when he asked for a trade that would move his family out of New York. Roker wanted to ensure that his family’s future included him. While Wilson toured the country, promoting gastric bypass surgery, Roker played with his children. “We went to Miami during the summer and just to watch him dive into the pool and fool around with Leila (Roker’s daughter)—it was fabulous,” Roker’s mother, Isabel, told People magazine (Tauber & Dagostino, 2003, p. 101).

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Even though Wilson’s husband, a musician, professed to love her before the surgery, they did not move forward on their plans to have a family, or to pursue their careers, until Wilson had the operation. Roker was not consumed by the decision to have the surgery. Furthermore, reporters rarely questioned his emotional state. Instead, Roker reminded one reporter that he came from a culture (his family is from the Bahamas) “that idolized food.” (Russert et al., 2002). This highlights an important theme in the coverage of Roker’s surgery: Culture was to blame.

Journalists held neither Roker nor his family accountable for Roker’s obesity, even though family members preached that “food was health” and “you don’t get up from the table until you see your face in the plate” (Pauley et al., 2002 Pepper, & Corvo, 2002), and they chose not to recognize when a family member was obese. “No Roker was ever fat,” noted Jane Pauley (Pauley et al., 2002) “The word wasn’t part of their vocabulary” (Pauley et al., 2002). In an interview with Jet magazine, Roker even took a shot at how Americans treat obese people. “If you have an alcohol problem or drug problem you can get treatment, but if you have a weight problem, it’s lack of willpower. ‘Just push away from the table, tubby, and you’d lose that weight’” (“Slimmed Down Celebs,” 2002, p. 56).

Thus, although journalists contended that Wilson’s attempts to lose weight were scuttled by a dysfunctional family, Roker ultimately blamed his failure to lose weight on himself, not his family. Food had become, for both of them, “a coping mechanism. I’m upset about something, I’m going to eat. I’m feeling good, I’m going to eat,” Roker said (Tauber & Dagostino, 2002, p. 104). It is worth noting that although obesity severely damaged Wilson’s health, Roker, in an interview with Tim Russert of NBC (Russert et al., 2002), “didn’t have any complications from my weight. But how long would that last . . . before I had a heart attack or a stroke?”

As coverage unfolded, Wilson continued to blame her father’s indifference and her thinness-obsessed profession for contributing to her obesity. Roker, ever in control, labeled his own battle with food an addiction. “[T]his is no different than alcoholism or chemical dependency,” he said. (Russert et al., 2002). “It’s a disease,” one that he would deal with head on, to the point of not telling his wife, Deborah Roberts, a broadcast journalist whose interview with Wilson had catalyzed Roker’s desire to have surgery, about making an initial round of appointments with doctors to discuss the procedure. Roker would deal with the problem on his own. He was active; Wilson was passive. Journalists congratulated Roker for taking action and pitied Wilson for allowing outside forces to act on her. “I didn’t want to hear about it . . . I wasn’t at that point. It’s not until you hit rock bottom are you ready to accept the help,” Roker said. (Russet et al., 2002).
Making the Decision

Coverage of the decisions made by Roker and Wilson to have surgery differed in one important respect: Roker’s decision was almost completely de-contextualized, whereas Wilson’s decision came largely from contextual factors, the culmination of years of struggle with family demons. Roker stood alone and acted decisively. He told one reporter about how he indulged in “one last culinary hurrah” in Utah before the 2002 Winter Olympics.

I’m thinking, “What the hell? I’m going to have me a party. I’m having Haagen-Dazs, steaks, onion rings, I was like a whale with plankton—just open your mouth and inhale. By the time I got back I was 320 pounds,” Roker recalled in a People magazine interview (Tauber & Dagostino, 2002, p. 104).

Although colleagues did not play a role in convincing Roker to lose weight, reporters suggest that the recording industry generated at least some of the pressure that finally led Wilson to have the operation. In fact, coverage credits the industry for steering Wilson toward the decision to have the surgery. When Wilson Phillips became successful, “the pressure of being in an image-conscious industry took its toll” on Wilson (“Weigh To Go,” 2001, p. 87). Wilson “was labeled the fat girl in the group and was often so insecure or exhausted” by the band’s touring schedule “that she turned to food for comfort,” she told ABC’s Deborah Roberts (Roberts, 2001), and quickly gained back 80 pounds she had lost without the aid of surgery during the group’s rise to fame. “The social humiliation to which she was subjected by the star-makers was even more devastating” than the physical damage caused by her obesity, which included high cholesterol and blood pressure and sleep apnea. (Roberts, 2001).

Roker recognized the risks associated with the procedure (1 in 200 patients die) and urged anyone considering the surgery to be extremely cautious. Reporters called the procedure “radical” on more than one occasion. Wilson’s mother was surprised at her daughter’s “very drastic decision” but ultimately supported it because her daughter’s primary goal was to help people facing the same issues. A CBS reporter highlighted the impact of Wilson’s family on her decision when they reported Marilyn Wilson’s obliviousness to (or unwillingness to discuss) the family turbulence that caused Carnie to gain weight. “[I]t hasn’t been easy for her. She seemed to eat, and her metabolism just didn’t take care of the problem,” she told a reporter (Assuras & Bass, 1999).

Wanting to honor his father’s dying wish, and acting to protect his family’s future, Roker dove headlong into researching the surgery. Acting alone, he did the necessary research. NBC’s Tim Russert (Russert et al., 2002) noted proudly, “You took it upon yourself, one, to research, but two, to interview the doctors,” to Roker in an interview. Roker emphasized that surgery should not
be considered unless a person is more than 100 pounds overweight with a body-mass index of 40. “[U]nless there’s some overriding medical problem, no self-respecting surgeon should perform the operation,” he said.

On the other hand, reporters suggested that Wilson’s decision was rash, even though she claimed to be well aware of the risks. “Carnie talked to doctors, read up on the latest procedures, and decided” to have the surgery (Kalajian, 2002, p. 1D). Her only warning to potential patients: Don’t have the surgery “for cosmetic reasons,” Wilson warned those considering the procedure that they had to “follow these rules” after surgery, which included taking large amounts of vitamin supplements and drinking a great deal of water. She was clearly not an advocate for her own care.

Although journalists suggested that Roker carefully managed his care, Wilson willingly put her life in the hands of her doctors. She even looked to outside sources to assist her with her postoperative recovery. “I’m religious, of course” about staying on track, she said (Rowe, 2001, p. E1). After convincing her husband that the surgery was safe, he said “If it’s going to help you feel better and become healthier, then I think you should go for it” (Kalajian, 2002, p. 1D). In an interview with Deborah Roberts (Roker’s wife), Wilson said that the significant changes in her life caused by the surgery were “a small price to pay for gaining control over her weight.” Roker already had control—of the journey toward surgery. Wilson’s constant search for external validation of her decision is only one very vivid indication that journalists never allowed Wilson to have this kind of control.

Public Versus Private

Wilson, called a “weight loss warrior” by journalist Connie Chung (Chung 2003), actively promoted her surgery, broadcasting it live on doctorinyourhouse.com, a Web site that “publicizes celebrities’ health stories” (Ritter, 1999, p. 31). The site used the “power of celebrity” to “share a health challenge to help empower people” (Ritter, 1999, p. 31). An estimated 2.5 million people watched the surgery, performed at a San Diego hospital. Wilson later agreed to work for SpotlightHealth.com, a Web site supported by “several health-related companies” (Chung 2003) and for Vista Medical Technology, the company that manufactures the equipment used for gastric bypass surgery (“Beach Boy’s Daughter,” 2001). At least one journalist (Potts, 2003) took issue with what she called Wilson’s “philosophy of exhibitionism,” a philosophy founded on Wilson’s belief that “any attention is good” (p. E8).

Potts also questioned Wilson’s decision to pose in Playboy magazine. One newspaper said Wilson “was bragging” about her plans to pose (“Playboy Cancels,” 2003, p. E4). During a segment on ABC’s 20/20, Wilson said, “This is for all the women who are ashamed out there. You can do it. You can let go.
You can let go and be free” (quoted in “Briefly,” 2003, p. 2D). Free, it was suggested, to find a mate. “Wilson said she’ll attract a different kind of man when she’s thinner and hopes to ‘feel easier about taking my clothes off and making love with the light on’” (“There Oughta Be a Web Filter,” 1999, p. 2E).

Wilson’s encouragement of other women was lost on Potts. “There’s got to be a better way to heal an ego wounded by a bad body image than taking off one’s clothes for millions of Playboy readers,” she wrote (Potts, 2003, p. E8). Such a move is not surprising for a woman who was a “wild child” (Gerrie, 2002) who smoked marijuana, was the family clown, and was an admitted exhibitionist. Potts (2003) suggested that Playboy’s editors digitally altered Wilson’s photos. “What could possibly be wrong with Carnie Wilson’s body that computer manipulation can’t make perfect?” (Potts, 2003, p. E8) she asked. Even that was not an option. Playboy later cancelled Wilson’s appearance. She was not “slim enough for the skin mag,” said the Houston Chronicle (“Playboy Wants,” 2003, p. A2). Wilson had been tripped up on her journey back to cultural intelligibility. Her body was “still not quite up to the magazine’s standards of Barbie-osity,” wrote one reporter (“Playboy Cancels,” 2003, p. E4).

Reporters suggest that Roker chose more mundane—and far less public—ways to enjoy his improved body. He was thrilled to be able to “buy new clothes off the rack” (P. Johnson, 2002). After the surgery, Roker became “a clotheshorse,” his wife, journalist Deborah Roberts said in an interview (Tauber & Dagostino, 2003). “He really enjoys the notion that he can walk into a store and pick out a cool new jacket or a pair of cargo pants” (Roberts et al., 2001). Wilson, still working at her appearance, was unable to “slip into the outfit of her dreams: a slinky black halter dress” (Scott & Wihlborg, 2002, p. 96) until she had surgery to remove excess skin caused by the surgery. “It’s the piece of clothing I want to wear and feel completely confident in,” she told People (Scott & Wihlborg, 2002, p. 96). “It will be amazing, so sexy. I’m ready to get out there and shine” (Scott & Wihlborg, 2002, p. 96). Roker was already shining. Wilson was (and still is) a work in progress.

However, the key difference in the rhetorical positioning of these surgeries comes in the suggestion by reporters that Roker was a reluctant role model, at least during interviews conducted a few months after his surgery. USA Today reported (P. Johnson, 2002) that Roker’s colleagues at the Today Show noticed Roker’s weight loss but, at first, did not know how it was achieved. “How he did it is an open secret around NBC, but Roker has refused to discuss” the surgery (P. Johnson, 2002). Eventually, as P. Johnson (2002) reported, Roker found himself “owning up to the operation.”

The tendency of reporters to portray Roker as reluctant to discuss his surgery is disingenuous in light of the heavy publicity his surgery received and the efforts by NBC to create synergy by building a special hour-long episode of
Dateline around the surgery and by promoting the special on Today. Journalists created the impression that unlike Wilson, Roker did not seek the spotlight and did not try to carve out a role as an educator. Their narrative suggests that Roker told only a few NBC colleagues about the procedure. Roker told NBC’s Tim Russert that he had decided not to tell his mother about the procedure and later checked into the hospital under an assumed name to protect his privacy. Someone on the hospital staff “dropped a dime,” suggested Russert, and called the National Enquirer. That individual “outed me,” Roker said (Russert et al., 2002).

The subsequent news coverage caused Roker to call his mother. “She doesn’t necessarily read those papers,” Roker said, but “probably a couple of her friends do. I didn’t want somebody spilling the beans before I could tell her” (Russert et al., 2002). Thus, whereas Wilson had willingly turned over control of the surgery to others, including some who would exploit it, Roker showed anger when the press chipped away at his control.

However, when Roker made the decision to speak publicly about the surgery (“Now, he’s ready,” wrote P. Johnson, 2002), journalists congratulated him for his courage and cleared the way for his reintroduction to the space inside the bounds of cultural intelligibility. While Wilson struggled with her still troubling addiction to food, Roker was able to “shop anywhere I want as opposed to having to go to those big-and-tall shops where if you go into them, there are no big or tall men working there” (Schefter, 2003, para. 42). Instead of lecturing those considering the surgery, Roker dove right back into life, forging a new frontier for gastric bypass surgery patients. He hosted a tailgating party for the Food Network before the last Super Bowl (“Super Bowl XXXVIII; Good Morning” 2004; he wrote Al Roker’s Hassle-Free Holiday Cookbook, which included more than 100 Roker family recipes for holiday gatherings. Roker had embarked on “a second career as a cookbook author,” noted a Baltimore Sun reporter (Atwood, 2003, p. 6F).

Roker had made it all the way back from the margins of cultural intelligibility. His body now mattered.

Wilson, meanwhile, teetered on the brink of floundering, reporters suggested. Coverage suggests that she would talk about her surgery and weight maintenance to anyone who would listen—a nod to her role as “poster child for gastric bypass surgery” (Kalajian, 2002). She was portrayed as a publicity pawn for SpotlightHealth.com. She talked about power but wasn’t allowed (rhetorically, at least) to exercise it. “There’s no panic involved with eating now,” she told a reporter: “It’s all about control and power and respect” (Kalajian, 2002, p 1D).

While Roker was able to regain control of his eating habits—he told a reporter (Russert et al., 2002) that he “literally had to force myself to eat”—Wilson fixated in some interviews on reciting a proper menu. Unlike Roker,
she had to remind herself about what to eat. “I have never felt deprived. I eat everything. I focus on protein. When I sit down to have breakfast . . . I said I’m going to have a nice healthy breakfast” (Chung 2003). Two weeks after the operation, Roker nearly fainted in his office. “I realized I hadn’t eaten. I wasn’t hungry. I wasn’t even thinking about food” (Russert et al., 2002).

Although journalists gave the impression that the entire nation was gawking at Wilson’s efforts, they painted Roker as wanting to take his life back from the public, despite his very public attempt to cash in on the story when it came to light. “Well, we’ve been standing on the sides, cheering, following, praying for, and being truly happy for the wonderful Carnie Wilson, who has practically become a member of our family for more than a year now,” said Good Morning America host Diane Sawyer. (Sawyer & Ross, 2001). Such coverage suggests that Wilson is needy, or at least requires constant nurturing from a media-created community. Roker, meanwhile, wanted to be left alone to be with his family, then clearly controlled his journey on to the frontier. Journalists chose not to comment on the fact that Roker achieved all this by masterfully managing the publicity, or the apparent impact of the publicity, far more effectively than Wilson.

Significant Others

In true hegemonic fashion, Roker’s wife, Deborah Roberts, stood by while Roker planned the surgery. Even though it was her 1999 interview with Carnie Wilson that prompted Roker to think more seriously about the surgery, Roberts clearly played a secondary role in coverage of the procedure. One reporter portrayed her as a nag. She had “been after him to lose weight,” wrote P. Johnson (2002) and was a “pretty strong critic” (Pauley et al., 2002) when it came to Roker’s health. Tension built occasionally when she would question his eating habits; however, Roker withdrew—a particularly male trait never questioned by reporters. “He never wanted to talk about it. But I knew, as his wife, I should talk about it,” she said (Pauley et al., 2002).

On the whole, however, Roberts was portrayed by reporters as the proud, supportive wife—a role also played by Ruth Ryan, as Trujillo (1991) explained. Roberts was unaware that Roker had decided on a doctor. “I told her what I was going to do. And all of a sudden she was like ‘Whoa, are you sure you want to do this?’” (Lauer & Couric, Michaels, & Powell, 2002). Roberts did not, rhetorically at least, play a key role in the decision. “She said, ‘Are you doing this because of me?’ I said, ‘No, I’m doing this because of me,’ Roker noted (P. Johnson, 2002, para. 9). He shopped with colleague Matt Lauer, “hopping around the store with retail-inspired giddiness that would make the Sex and the City girls proud” (Tauber & Dagostino, 2002, p. 104)—a spin on a boys day out—while Roberts simply expressed disbelief at Roker’s appear-
ance. “I truly passed the TV set and did not recognize my own husband,” she said (Tauber & Dagostino, 2002, p. 104).

Wilson’s husband, guitarist Rob Bonfiglio, was portrayed as a willing participant in Wilson’s education efforts. “I think that’s the biggest hurdle to overcome, is the emotional aspect of it,” he told ABC’s Diane Sawyer (Sawyer et al., 2001), sounding as much like as a member of a support group as a husband. “And that will, you know, take years, probably.” (Sawyer et al., 2001). At least some of his concerns about the surgery (and its aftermath) were superficial. When Wilson was asked if she was getting more attention from men after the surgery, she said yes, adding that Bonfiglio reacted with “healthy jealousy.” (Sawyer et al., 2001). He would take Wilson’s hand and say, “That’s my woman you’re looking at.” (Sawyer et al., 2001).

Wilson worried that if she did not lose weight following the surgery, Bonfiglio would no longer be attracted to her. Bonfiglio assured a reporter that he “would have been fine” if Wilson had not decided to have the surgery. (Vargas et al., 2001). Still, he seemed happy that Wilson’s desire for sex had increased. “I think I feel better, and I feel prettier, so I think I’m enjoying it a little more,” she said (Vargas et al., 2001). Bonfiglio added, “I could have married a prude, but I didn’t,” to which Wilson replied, “No, you didn’t” (Vargas et al., 2001). Reporters chose not to explore Roker’s attractiveness to Roberts. Their failure to do so suggests that it was never an issue; that through it all, Roker was an attractive, heterosexual male. To become attractive—or what our culture says is attractive—Wilson had to have the surgery.

**Relationships with Food**

A key part of the philosophy of exhibitionism identified by a reporter (Potts, 2003) writing about Wilson is her postsurgical fixation on food. Wilson and Roker shared with readers how the surgery had left them unable to eat even moderate amounts of food. Although, journalists called on Wilson to prove that she was not slipping, Roker’s adjustment to smaller portions was simple. Food “is still pleasurable. It’s just less of it,” he said (Tauber & Dagostino, 2003, p. 101). When people expressed disbelief that he actually visited the grocery store to shop for food, Roker told them, “I do have to eat” (Tauber & Dagostino, 2003, p. 101). Where once he gorged himself on the food prepared during the *Today Show*’s cooking segments, now “if I take a bite on the air, that’s pretty much it” (Tauber & Dagostino, 2003, p. 101). Roker eats the same foods, just in smaller amounts, amounts he now controls easily.

Journalists suggest that Roker decisively makes the choices regarding food; Wilson is still taunted by her cravings. Roker now has “incentive and the mechanism to cope with a food addiction” (Lauer & Couric et al., 2002). Roker claims that he’s “not sneaking. I’m out in the open. I enjoy my meals,”
However, Wilson seems to still be sneaking, counting calories, and sounding as though she is pursuing an elusive goal. “You’re tempted to snack. That’s the test of your commitment, the real evaluation,” she said (Kalajian, 2002, p. 1D). “I’ve learned to respect my body, appreciate my body, you know, and know that I’m not perfect,” Wilson said (Sawyer et al., 2001). “No one’s perfect and I won’t achieve perfection. It’s just not possible and I’m just—I’m grateful now for my health” (Sawyer et al., 2001).

Complete and Incomplete

Reporters create the impression that Roker’s effort to lose weight and reshape his body is complete. Coverage of Wilson suggests that she is still a work in progress. Now that she has lost weight and moved in from the cultural margins, she is now consumed by the idea that the body is “constantly in process, never complete” (Ferris, 2003, p. 261). While Roker chose not to have additional surgery to remove excess skin left behind by the surgery (Tauber & Dagostino, 2002, p. 104), Wilson dove right in. “I had skin hanging from underneath my armpits,” she said (“Wilson Grossed Out,” 2002, p. C1). “I would lie in the bathtub and my stomach would float to the top of the water” (“Wilson ‘grossed out,’” 2002, p. C1). Unlike Roker, Wilson was unable to control her desire to have surgery. “I’ve got flab,” Roker said, “but I’m hesitant to do anything” (Turner & Dagostino, 2002, p. 104).

While Wilson continued to fine-tune her appearance, Roker told journalists he felt guilty for failing to lose weight without surgery—“the old fashioned way,” he told People (Tauber & Dagostino, 2003, p. 101). “My surgeon will scream when I say this, but I still inwardly kind of feel that it’s a bit of a cheat—that I couldn’t do this on my own,” he said (Tauber & Dagostino, 2003, p. 101). Readers learned that Wilson and Roker repeatedly failed to lose weight on the diets they had been on since childhood, but only Roker felt remorse.

Meanwhile, Back at the Margins

Wilson comes across as a willing role model for everyone but heavy people—those at the margins of cultural intelligibility. Struggling desperately to make her body culturally acceptable, she rejected the chance to act as their spokesperson or advocate. Deciding on the surgery “takes a lot of strength, willpower, and attention on a daily basis,” Wilson said, reacting to criticism that the surgery is an “easy way out” (Montoya, 2003, p. 1). Rather than focusing on the risk, she set herself apart from other obese people by suggesting that not everyone is up to the task. “I tried to fool myself into thinking it was OK to
be so big. And maybe spiritually that’s true,” Wilson said (Dykstra, 2002). “Weight doesn’t define you. But it does limit you” (p. 48).

Wilson was, and perhaps still is, plagued, journalists suggest, by addictive thoughts and self-doubt. “I can do it,” she told a reporter (Kalajian, 2002, p. 1D). “I just take a taste, and it’s OK. That’s what I’m like now. I’m not this pig that has to shove it all in and can’t get enough” (Gerrie, 2002, p. 53). Wilson “still loves food . . . but these days, her shrunken stomach prevents her appetite from getting out of hand” (Gerrie, 2002, p. 53). The tone of these articles is absent from coverage of Roker’s surgery. He had the surgery and is now firmly in control.

Despite her reluctance to serve as an “icon and role model for the ‘fat acceptance’ movement” (Kiley, 2001, p. 10D), Wilson publicly criticized weight-related jokes in the movie Shallow Hal. However, once again, journalists painted her message as indifferent and self-involved, not inclusive or therapeutic. Speaking at a fat acceptance rally before her surgery, Wilson told the audience that “they owed it to themselves not to give up on losing excess weight to be healthier” (Kiley, 2001, p. 10D). Her message was not well received. In essence, she was saying “I’m leaving, and you can, too—don’t accept yourself, come with me, inside the margins.” She wanted others to join her on the journey; however, journalists would not rhetorically allow her to make this plea. She had to stay behind and educate the women considering the surgery. She was not needed on the frontier.

Thus, Wilson is not yet completely happy. Roker is. “I feel like I’m in a place now where I can live the rest of my life and be happy. It’s a good place to be” (Tauber & Dagostino, 2003, p. 101). Roker is “discovering a part of himself that hasn’t been around for years,” his wife told a USA Today writer (P. Johnson, 2002). Roker is afforded the time to conduct a journey to self-discovery. We are not as generous with Wilson, even though she hinted her quest is over. “I’ve focused on one thing my entire life, and all of a sudden it’s gone,” (Dykstra, 2002, p. 48). She must, journalists seem to suggest, continue in the role of teacher and dedicate the rest of her life to educating others about this newly so-called culturally condoned tool for achieving the ideal body. Meanwhile, journalists suggest that Wilson is always planning—to have children, to record a new CD—while Roker is acting, getting on with life.

Conclusions

Thanks to Wilson and Roker, and coverage of their surgeries by the popular media, gastric bypass surgery is a culturally approved tool in our culturally encouraged struggle to lose weight. One would think that both individuals,
having lost weight and improved their appearance, would be allowed back inside the bounds of cultural intelligibility. Surely their bodies now “matter,” (Ferris, 2003). However, coverage of their surgeries suggests that Roker has been given such a pass, but Wilson has not, in what I believe amounts to a cultural bait and switch. Only Roker is acknowledged for adding gastric bypass surgery to our cultural weight loss protocol. Wilson is left standing outside a locked gate. Bordo’s (1992) claim, that depictions of the male body are not dependent “on the look of another” for validation, is confirmed in coverage of Roker’s surgery. He did it not out of concern for his appearance, but to become a better father, son, and husband. He took a very outward, very active stance. Wilson had the surgery, they suggest, largely to improve her appearance—to satisfy the gaze of others.

It is ironic to note, journalists suggest that Wilson has worked harder at trying to attain cultural intelligibility—but perhaps too hard and too publicly. Roker undertook his journey in a controlled, measured fashion. As one reporter put it, Wilson has been “stealing the spotlight” since her surgery (Vargas et al., 2001). She dedicates much of her time to educating people about the procedure—for large medical companies trying to make money performing the procedure—whereas journalists note that they had to practically force Roker into admitting that he had the surgery.

However, what is Wilson actually teaching? Wilson’s efforts to lose weight are diminished by the cultural assumptions built into the coverage of her surgery. She is the wayward child, damaged by her family, and always seeking attention. She revels in the role of victim, journalists suggest. She became obsessed with food as a way to deal with the turmoil, an obsession that taunts her after the surgery. Her addictive behavior periodically reemerges. In one article, she recalled gaining 5 pounds during a cruise: “Maybe it was the 10 martinis in five days” (Rowe, 2001, p. E1).

Ultimately, it was the family, and later the appearance-driven demands of her career, that caused her to careen out of control. Reporters suggest that she never learned, even after the surgery, to manage the issues that caused her obesity. She will always be “in process, never complete” (Ferris, 2003). Thus, in the end, Wilson has not learned that much; if anything, her tendency to obsess (noted repeatedly by journalists) has been accelerated by the surgery. Instead of worrying just about her appearance, she now obsesses about vitamins, drinking enough water, the nutritional content of her food, and whether her husband finds her attractive.

Roker, as Lehman (1993) might argue, controlled the process from the start. He carefully managed the limited explicit representations of his decision. Roker is just as publicity savvy as Wilson but was portrayed by journalists as
the reluctant hero, bravely facing the gastric bypass surgery frontier. He did so alone. He had to be coerced into revealing his plans—first to his wife, who played a secondary role in coverage of the surgery, and then to his family. Unlike Wilson, who constantly looked to external sources for validation of her decision, Roker’s decision was portrayed as a heroic gesture made so that he could enjoy his family and so that he could be there for them long into the future. Wilson’s future, journalists suggest, will forever be tied to her weight. Roker made the decision, had the surgery, lost the weight, and moved on. It was the culture in which he was raised, not family strife, that caused his weight problem, a problem that crystallized, and was remedied, almost instantly.

Reporters also suggest that the surgery enhanced Roker’s professional standing, thanks (it turns out) largely to his own promotional efforts. However, Roker’s weight had never threatened his career—another confirmation of Trujillo’s (1991) definition of hegemonic masculinity. Journalists made it appear as if the surgery was a minor so-called speed bump in Roker’s path to renewed popularity. In fact, the procedure may have made him more popular than ever. Despite her work as a spokesperson for the surgery, a new book, a new CD, and a successful marriage, it is not clear whether the procedure enhanced Wilson’s career.

Reading these articles, one gets the impression that she is somehow off track; that her promotional efforts are not her true passion. She plans; Roker acts. Perhaps this is because journalists portray her work as the culmination of what one reporter called a philosophy of exhibitionism. She is too busy promoting the surgery, her book, and CD, to focus on her career. She is still the scattered wild child, always on the brink of slipping back into old habits. Perhaps this is why journalists have not approved her improved body—she makes for good copy, and they are not done tapping her for advice.

Thus, the conditions for reentry within the bounds of cultural intelligibility discussed by Ferris (2003) and others clearly favor men. It seems reasonable to conclude that Roker and Wilson now have culturally appropriate bodies. However, it is impossible for women to gain approval of their improved bodies, even when they have made use of a procedure that is now culturally condoned, and when they dedicate their time to educating others about that procedure. Whereas journalists applaud Roker for his decisiveness, they tend to discount Wilson’s accomplishment as so much self-flagellation. Perhaps it has something to do with Wilson’s rhetorical abandonment of obese people—of those still peering in from the margins. Roker never made any commitment to them; however, the fact that reporters would not expect him to do so speaks volumes about the ongoing marginalization of women’s bodies and the strength of hegemonic masculinity as a model for exploring this kind of media coverage.
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