Negotiating Normalcy in Celebrity Health Behavior: A Focus Group Analysis

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Abstract

This study explores how celebrity-magazine consumers discuss cognitive, affective, and behavioral responses to celebrity health in a focus group setting. This analysis combines symbolic convergence theory and play theory with parasocial relationship constructs to examine how celebrity health news functions in society. Our research indicates that parasocial interaction with celebrity culture invites role-playing and various emotional reactions to celebrity personae. Findings illustrate how individuals patrol the boundaries of acceptable health behavior by evaluating a celebrity as "normal" or norm-violating. Overall, this research provides an understanding of how individuals adjudicate celebrity health behavior and relate it to their own lives.

Keywords: health communication, magazines, parasocial interaction, popular culture, symbolic convergence theory

Introduction

As popular story topics, health and celebrity dovetail to make a unique type of journalism. It is a variant of health reporting that deviates from what is known about medical journalism and its effects. For example, health information in mass media tends to serve only an "alerting" function to individuals. Once people become aware of a health issue via mass media, they tend to consult with interpersonal sources or seek other sources of health information before making a decision about health behavior (Schooler, Flora, & Farquahar,

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1993). Several mediating factors exist between knowledge and behavior (Hornik, 1989; Rimal, 2000; van den Putte, Yzer, Southwell, de Bruijn, & Willemsen, 2011), so it is rare that a person would make a health-behavior change based solely on something he or she learned via mass media.

However, one exception to this finding is the "Katie Couric effect" (Cram et al., 2003). This phenomenon illustrates that a celebrity endorsement of a particular health behavior (in this case an on-air colonoscopy) can influence media consumers to adopt similar behavior. Similarly, Angelina Jolie penned an op-ed article in *The New York Times* in 2013 about how she had undergone a preventive double mastectomy, which led to the "Angelina effect" of raising awareness, starting dialogues about genetic testing, and reducing mastectomy stigma (Mapes, 2014). Another example is the dramatic increase in mammography screenings in Australia after singer Kylie Minogue was diagnosed with breast cancer in 2005 (Chapman, McLeod, Wakefield, & Holding, 2005; Kelaher et al., 2008). While a finite number of individuals garner global recognition, individual cultures can support varying notions of "celebrity" and its tacit currency (Gamson, 1994; Rojek, 2001). Celebrities, specifically those perceived as liberated by hierarchical societal constraints (Marshall, 1997), have a degree of normative privilege (Kurzman et al., 2007) in that people emulate their appearance and behavior. This normative privilege includes celebrity health behavior and is illustrated by previous research (Larson, Woloshin, Schwartz, & Welch, 2005; Mooney, Farley, & Strugnell, 2004) that examines how people mimic celebrities or follow their advice. In addition, normative privilege allows celebrities to "brand" certain diseases or health issues (Brown, Basil, & Bocarnea, 2003).

A deeper examination of this audience-to-celebrity relationship, known as parasocial relations (Horton & Wohl, 1956), can emerge via focus group research. To investigate the functionality and possible influence of celebrity health information among consumers of such messages, we first consider play theory to establish why people might be drawn to celebrity health content, and we then apply symbolic convergence theory to examine meaning-making discourse within a group setting. Parasocial relations, especially those that may lead to identification and, ultimately, intention are examined throughout this interaction.[1]

Literature Review

Play Theory

The play theory of mass communication (Stephenson, 1967) helps explain why the combination of the lighthearted topic of celebrity with the sobering issue of health makes celebrity health stories resonant, especially in an age when work and play blur (Ferri, 2010). Play theory developed as an amendment to the standard information theory of mass communication by pointing to the existence of "communication-pleasure" (Stephenson, 1967, p. 3). Mass communication exists to inform as well as entertain, but people's media-consumption habits (of everything from traditional legacy news to social media) are

themselves playful and foster self-enhancement even if they bring no material gain. "Mass communication in its play aspects may be the way a society develops its culture — the way it dreams, has its myths, and develops its loyalties" (Stephenson, 1967, p. 48). Conveying social norms and molding social character are substantial functions of mass media, and of "low" culture (p. 206). Stephenson's main point is that scholars should have a more serious regard of play, and not just of information, when considering how communication functions in society.

Celebrity adds a level of playfulness to serious health topics, "for seriousness seeks to exclude play, whereas play can very well include seriousness" (Huizinga, 1949, p. 45). Stephenson (1967) elaborated this point by clarifying that society's lofty goals of more education, better health, political justice, and more leisure time are not achievable in the immediate future. While society works to meet these goals, media consumption is a form of play and serves as a surrogate for the actual attainment of higher goals. Thus, if people desire better health, mass communication about health is a substitute inspired by the greater goal. Play suspends the world around it and substitutes a world of meaning and order in a way that is satisfying (Glasser, 2000; Sayre & King, 2010). Celebrity health stories that conjure images of a fantasy self may suspend the reality of what the reader's health situation actually is and substitute that with a satisfying representation of what his or her health behavior could be. Along those lines, celebrities can release audiences from the quotidian challenges that they face (Rojek, 2001).

Even when celebrity stories are about negative health outcomes, there is likely a level of play in picturing oneself facing a similar fate. As with regard to regular news consumption, "one's enjoyment lies in the constant affirmation of one's mastery over these everyday threats" (Stephenson, 1967, p. 54). Coleridge's willing suspension of disbelief concept, whereby a reader adopts a role in the narrative, however fantastical, despite her reality as spectator (Ferri, 2007), is also a possible explanation for celebrity-news-consumption behavior. In the case of celebrity health content, the reader could vicariously become the celebrity who survives breast cancer or receives substance abuse treatment. Assuming divergent social roles is part of the ritual of media consumption (Carey, 1989).

Although the play theory of mass communication has not achieved sustained scholarly attention, the playful aspects of attending news coverage deserve exploration (Glasser, 2000; Martin, 2008). There are reasons this theoretical framework could help explain celebrity media consumption beyond the exploration of the fantasy self. For one, play theory helps explain why readers return to the same media sources (Glasser, 2000), considering that the sources may not include any new or important information. The periodic form that these stories consistently take, in an image-filled consumer publication or high traffic website, adds to their play value. Play theory also opens the possibility that acts of communication can be an end in themselves, as opposed to serving only as a means to an end (Glasser, 2000). By attending solely to the information-value of celebrity health news (of

which it appears that many of these stories have none), scholars obviate an understanding of other possible values.

In sum, the consumption of a magazine's content about celebrity health could be playful in several capacities—as self-enhancement, as a surrogate for goal-fulfillment, as social-norm exploration, and as ritualistic participation in role-playing. This research is concerned with what emerges from the communication-pleasure that individuals experience rather than the information-value they derive.

Symbolic Convergence Theory and Parasocial Considerations

Bormann developed symbolic convergence theory in 1972 as a way to explain the phenomena by which individuals in a group develop a shared consciousness about a joint experience, and he cites focus group-type settings as an effective method of analyzing this process (Bormann, 1972). Symbolic convergence theory "assumes that human beings are social storytellers who share fantasies and thus build group consciousnesses and create social realities" (Bormann, 1985, p. 136). Bormann's symbolic convergence theory illuminates why celebrity health stories may have resonance for readers. When people share certain fantasies, their symbolic worlds converge and they share a group consciousness. The group, in the case of this research, is people who attend to celebrity health news. Celebrity health content in magazines has been noted as prominent (Hinnant & Hendrickson, 2012; Kurzman et al., 2007; Mooney et al., 2004), so we targeted readers of celebrity magazines to ensure that our participants had familiarity with celebrity health coverage. Additionally, Giles (2000) reports that magazine readers use the publications for surveillance, interaction and distraction, which supports the play function of this medium's consumption.

The word "fantasy" in symbolic convergence theory means the shared interpretation of events that satisfies the rhetorical or psychological needs of a group (Bormann, 1985). Celebrity health "fantasies" may allow people to envision success or failure in health situations that they have not experienced or motivate people to action, perhaps with regard to seeking wellness and preventing disease. For this research, participants had to articulate their interpretations of the celebrity stories in a social setting and participate in group meaning-making, elements all central to this theoretical framework. Given the transparency of this study's recruitment flier, we posited that all participants would enter the group setting with established affiliation for celebrity culture. These relationships, while varying in degree, are "parasocial," in that they are a unilateral, one-way dynamic.

Given our study's focus, we sought to understand through symbolic convergence how individuals who seek out celebrity media negotiate a shared interpretation of morality and health. Tabloid magazines, touting the latest celebrity information, include morality themes that police the boundaries of acceptability (Hermes, 1995). Accordingly, media consumers who sense a social connection may change their actions to model certain "right" health behaviors (mammogram) and avoid "wrong" ones (drug addiction).

Considering the degree to which celebrity stories[1] are shared from reader to reader, the social aspects of the symbolic convergence theory are valuable. Symbolic convergence theory centers on people's inclinations to comprehend occurrences in terms of certain types of people (such as celebrities) and how they make decisions and take actions (Bormann, 1985). "Interpreting events in terms of human action allows us to assign responsibility, to praise or blame, to arouse and propitiate guilt, to hate and to love" (Bormann, 1985, p. 134). Celebrities' actions in terms of personal health are capable of evoking these types of responses in readers. From determining what risk factors are responsible for a particular health problem, to arousing guilt in the reader for his or her own unhealthy habits, to causing a reader to blame a celebrity for poor role-modeling with substance abuse, a celebrity's actions can evoke a spectrum of reactions.

Often such emotions are also connected to the reader's knowledge of, and parasocial relationship with, a celebrity. Schramm and Hartmann (2008) defined parasocial relations (PSR) as an individual's cross-situational relationship with a celebrity persona and parasocial interaction (PSI) as a viewer's enduring response to a celebrity persona, an ongoing one-way relationship between the "spectator and performer" (Horton & Wohl, 1956, p. 215). Accordingly, while both PSR and PSI precede a viewer's potential identification with a celebrity, only PSI corresponds with both a viewer's heightened commitment toward social norms (Hartmann & Goldhoorn, 2011), and is conceived as a predictor of identification (Brown & de Matviuk, 2010). Identification, in turn, is one of three processes of attitude change, whereby an individual accepts influence (e.g., with regard to a health behavior) to gain satisfaction from their desired relationship with another person or group (Kelman, 1958).

Previous studies that focus on audience relationships with famous athletes such as Mark McGwire (Brown et al., 2003) and Magic Johnson (Brown et al., 2003) illustrate how a media consumer's identification with a famous person can affect knowledge and beliefs. Along the same lines, parasocial identification predicts intention toward adopting a new health behavior, as with the case of renowned South Korean religious leader Cardinal Stephen Kim's influence on the public's organ donation intention (Bae, Brown, & Kang, 2010). The present study primarily considers individuals who demonstrate interaction with a diffuse celebrity culture and not just with one individual celebrity.

Our research explores a pattern similar to the model of audience involvement, studied within the area of entertainment-education programs, which are different from celebrity news stories in that they are public health interventions with a desired persuasive outcome. Sood (2002) writes: "Audience involvement is the degree to which audience members engage in reflection upon, and parasocial interaction with, certain media programs, thus resulting in overt behavior change" (p. 156). Sood presents two main elements of

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[1] Celebrity health stories are hugely popular and have also been shown to lead to overrepresentation in reporting, with lesser-known cancers getting disproportionate coverage.

audience involvement: reflection (which can be self-referential) and parasocial interaction. In looking at self-referential reflection and parasocial interaction, we do not seek to empirically establish how one person's parasocial relationship with a celebrity is predictive of her parasocial interaction and later intentions, but rather to examine how individuals adjudicate celebrity health behavior and relate that behavior to their own lives. This adjudication, as evidenced in a group's shared interpretations of celebrity situations and behavior, is indicative of symbolic convergence.

Research Questions

To examine how and why some people consume celebrity health stories, we asked the following research questions:

RQ1: How do participants describe elements of communication-pleasure in celebrity health stories?

In answering this question, our intent was to look for manifestations of the play theory of mass communication, which would include references to self, mastery over threats, and discussions of social norms during role-play.

RQ2: How do participants symbolically converge to interpret morality and health?

To answer this question, we examined exchanges that indicated a joint building of a social reality, such as agreements or disagreements about "right" and "wrong" health behaviors.

RQ3: How do participants describe the influence, if any, of celebrity health stories on their thinking, attitudes, or actions?

To answer this question, we analyzed how participants discussed their parasocial interactions with celebrities and whether their reflections on their own actions or suggested any evidence of parasocial identification.

Method

We chose the focus group method as the approach best suited to navigate how people use and make meaning from celebrity health coverage. The "humanistic" elements inherent to this method allow us to ponder meaning over measurement, an important component when striving to identify connections in our data (Stewart, Shamdasani, & Rook, 2006). The research strategy is advantageous to our research for two reasons: it allows the researcher and moderator the flexibility in question design and follow-up, and the participants the ability to clarify particular positions (Stewart et al., 2006; Wimmer & Dominick, 2010). Additionally, other projects with similar inquiries about interpretations of health information

have used focus group research (Aldoory, 2001; Jordan, Lee, Olkon, & Pirie, 2007; Mosavel & El-Shaarawi, 2007; Wilkin et al., 2007).[2]

Moreover, focus groups are especially appropriate for examining responses to a medium (magazines) that is dialogic (Kitch, 2005) and a subject matter (celebrities) that serves a parasocial function (Giles, 2002; Rubin & McHugh, 1987). Additionally focus groups are also appropriate to the study of symbolic convergence theory. Bormann (1985) crystallizes how this theory plays out with media: "When members of a mass media audience share a fantasy they jointly experience the same emotions, develop common heroes, and interpret some aspect of their common experience in the same way" (p. 131). This leads to symbolic convergence of their shared experiences. Finally, focus groups help reveal the playfulness that participants describe in consuming celebrity health stories. Focus group limitations are discussed in the conclusion.

Procedure and Participants

Four focus groups, ranging from 6 to 12 participants each, were conducted to establish reliable result patterns (Wimmer & Dominick, 2010). According to Stewart and colleagues (2006), groups of that size allow for active participation. Through posted fliers and an online classified advertisement website, we purposively recruited female readers of celebrity magazines who shared similar demographics to the magazines' target audiences, namely women between the ages of 22 and 45.[3] We focused on women because they represent a larger audience share for entertainment and health news (Pew, 2008) and because we sought one level of homogeny in the focus groups (Fallon & Brown, 2002). Two of the groups were culled from a small Midwestern city and two from a medium-sized Southern city, both of which are home to large U.S. state universities. Each focus group was held at a university facility in the evening, and lasted approximately 90 to 120 minutes, per the recommendation of Langer (2001). One female moderator managed the discussion, and one female moderator supervised. Participants received $30 and refreshments. Each group was video- and audiotaped, and the discussions were transcribed verbatim.

As suggested by Lunt and Livingtone (1996), each focus group began with participants sitting around a table that displayed 10 recent issues of *People*, *US Weekly*, *InTouch*, and *Star*. We had tabbed prominent celebrity health stories that had been pre-screened for salient health messages (topics included Rihanna and domestic abuse, Nadya Suleman and fertility treatments, Jessica Simpson and weight gain). Participants were invited to refer to the magazines as needed. The moderator followed a guide that had been pretested

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[2] Aldoory (2001) noted several focus group participants who talked about magazines (such as *People*) as being a source of health information for them.

[3] According to each magazine's media kit, *InTouch Weekly* has a median readership age of 29.1, *Us Weekly*—30.1, *Star*—35.1, and *People*—41.

for appropriate wording as well for questions' potential to elicit discussion and to prevent misunderstandings (Stewart et al., 2006). Questions were not leading, and they also avoided implying that people do attend to celebrity health or that doing so is normative. The moderator encouraged the group to begin a conversation about the magazines, which included broad thoughts on "likes" and "dislikes" (Langer, 2001). The moderator then directed the discussion toward celebrity coverage, before moving to the topic of celebrity health coverage and specifically health narratives.

Photocopies of two health articles were distributed to each participant during the second half of the sessions. Each article was discussed for about 20 minutes after participants had had about five minutes to read each article. One was about Brooke Shields and postpartum depression (Shields, 2005), and the second was about Britney Spears and bipolar disorder (Tauber & Tan, 2008). The participants were generally familiar with Spears' health problems, but most were unfamiliar with Shields' challenges. In moderating the discussions, we followed Lunt and Livingstone's suggestion to simulating the routine communication contexts of conversation as a way to "discover the processes by which meaning is socially constructed through everyday talk" (Lunt & Livingstone, 1996, p. 85). Through this kind of simulation of everyday conversation, it is possible to uncover and interpret the relations between society, discourses, and identities that signify meaning.

To analyze the data, transcripts were coded using procedures gleaned from the constant comparative method (Glaser, 1965; Glaser & Strauss, 1967). Specifically, statements were coded for subject matter and then recoded as needed as new concepts emerged. The coded statements were combined to represent the range of possible responses within a conceptual category. These categories were later delimited through reduction and narrowing of concepts (Glaser, 1965).

Findings

Self-Referencing and Norm-Evaluating

To first ascertain both individual and group celebrity perceptions, we sought participants' articulations of feelings toward celebrities and then looked at how participants evaluated that celebrity's health behavior. Generally, participants made social-norm assessments of the celebrity that correlated with their evaluations of the celebrity's health behavior. For example, one participant, using a mix of first- and second-person, explained that she thinks a celebrity's mood disorder was triggered because she was a normal person reacting to abnormal circumstances: "To wake up to that, and kind of almost not be able to trust anybody around you, and I think we should have empathy for her having a breakdown. I think most people would, given that circumstance." Another participant disagreed, asking: "Why? You have tons of money. You have someone doing your hair all the time. I would be so happy." Their role-playing conversation included norm-based expectations from both that led to approval from the participant who thought the celebrity abided by social norms and disapproval by the participant who thought the celebrity had violated these norms.

This tendency to note a celebrity's normalcy as a way to justify compassion for the celebrity's health problems, alternatively, to note the non-normalcy of a celebrity as a means to criticize her was a pattern that emerged within all groups when celebrity health narratives were introduced. One or more participants would establish that the celebrity was "normal" in evaluating her, and would point out that celebrities are "the same" as non-celebrities. In such instances, the celebrity's health issue seemed to induce participants to realize that this could happen to them and that it is affecting the celebrity as an average human being, not as someone with wealth and fame. In such role-playing cases, many participants used a celebrity's perceived normalcy to justify her credibility as a source of health information. For example, one participant said:

> I was looking at Christina Applegate. I think her story was really inspiring, and I think she's a genuine person. She's gone through the breast cancer and everything, and I would definitely listen to what she had to say if I knew someone that was going through that or I was going through that.

Here, the participant made a connection between relating to the celebrity as a genuine person and taking health advice from the celebrity, which also allowed the participant to role-play facing the threat of breast cancer.

In other cases, however, participants cited celebrity status as a distancing factor that hindered their personal connection and interest in a specific health problem. For example, one participant said:

> It's hard for me to be sad when these celebrities are, "Oh, I have cancer." I feel bad for them, but there's so many that's in our own families or in our church or something that have cancer that nobody cares for them and says anything about them.

In such cases, a celebrity's fame and wealth, and her overall perceived non-normalcy, serve to counteract sympathy. Another example was when a participant said she didn't feel sorry for Jessica Simpson (referring to her as just "Jessica") because it is her job as a celebrity to avoid weight gain with the help of a personal chef and trainer. This participant indicated that Simpson was irresponsible with her health, given her resources, whereas she herself should be forgiven for her weight gain because she is not a celebrity. Feeling sympathy or not feeling sympathy for a celebrity because of a health problem was emotionally safe for the participants because the discussed celebrities were not people in their own lives with whom they were exploring these emotional reactions. There is "communication-pleasure" in experiencing either sympathy or a lack of sympathy because both allow for the participant's sense of self-stature to increase (Stephenson, 1967). This experience is likely part of what draws the participants to any celebrity health story in the first place.

Moral Communities and Health

After taking into account the norming evaluations participants made, we considered the second research question, which explored the moral themes inherent to the participants' conversations about celebrity health and how these topics influence the boundaries of acceptability. In this case, the interpersonal exchanges often referred to a celebrity's behavior as being either "right" or "wrong," and these conversations thus aided in building a "group consciousness" (Bormann, 1985) among the participants. The most notable topics that emerged, both prompted and unprompted, involved discussions of postpartum weight loss, descriptions of postpartum depression, emotional problems and parental support, bipolar disorder treatments, and plastic surgery procedures.

With regard to weight loss, participants did not criticize a celebrity's behavior per se, but rather focused on the public comments made about her postpartum body. One participant cited a website photo of a celebrity wearing underwear, and under the photo were "hundreds of comments—'Oh, well she had a C-section. You can see her scar. She looks heavy. She just had a baby four months ago. Her boobs look fake.'" The participant's mimicking of the photo's online commenters led to another group member to reply, "Give the woman a break. She had a baby four months ago. She already said she's nursing. And who cares if she had a C-section or not? She looks great for having a baby four months ago."

This imagined dialogue with anonymous others (online commenters) indicated a level of symbolic convergence among celebrity-culture consumers outside of the focus group. Invoking anonymous others served as a springboard for the focus group to symbolically converge with regard to the acceptable health behavior. Their defenses of the celebrity illustrated the shared interpretation that it is "wrong" to criticize body images of women who have recently given birth because it is socially acceptable for women to display physical signs of pregnancy, including for a time after giving birth.

However, exchanges about Brooke Shields' postpartum depression were more nuanced than those about postpartum weight. While most participants seemed to agree that it was "right" for Shields to bring postpartum depression to the public awareness and acceptable for her to seek treatment, some suggested she was "wrong" in being so graphically descriptive in her personal recollections. One participant remarked:

> I guess it's good if that's in fact something that happened to her that she
> could come out, but I kept thinking, 'Do you really need to be that public?'
> Because when your child is 14, do they really need to read about how you
> had visions of throwing them against the wall?

So although group members found it acceptable to discuss postpartum depression, it was considered not acceptable to make explicit the mental health behaviors that may accompany the condition.

The case of Britney Spears' public meltdown was perhaps the strongest catalyst for group discussion and moral social connection. Her health narrative was divided into two

seemingly interdependent components: emotional problems/parental support and bipolar disorder. All participants assessed Spears' erratic behavior as "wrong," but many attributed it to both a lack of sound parenting and a brain chemical imbalance. For example, one respondent said: "Personally, I feel sorry for her because I don't think she knows how to deal with reality." The respondent then went on to locate blame with the celebrity's parents for not taking control of the situation. Other group members expanded this idea, with one saying: "Parents are way too permissive to kids these days."

In addition, the group seemed to agree that only "right" way to deal with such a situation is to consume medication. When one participant remarked, "If she's bipolar, she should be medicated. That's the only thing you can do," another added, "She needs to be severely medicated." This exchange is a prime example of a group interpreting a celebrity as sympathetic, attributing responsibility for health behavior away from the celebrity, and conveying what is socially normal or acceptable (medication).

Influences on Thinking, Attitudes, or Actions

The third research question asked whether and how celebrity health narratives influence their thoughts, attitudes, and health behavior. Participants exhibited considerable knowledge about celebrity health narratives, and many of the celebrity narratives prompted them to share and compare their experiences to that of the celebrities in question.

On several occasions, a participant explicitly acknowledged that the stories influenced her thinking about health. For example, after reading about Brooke Shields' postpartum struggles, one participant who did not have children stated: "If I had just had a baby, and had already read this story, and then started feeling — having some of these types of feelings, I think it would prompt me to seek more help or the proper treatment." Similarly, another childless participant said the information might motivate her to seek professional help, should she be in a comparable situation: "If I were feeling similar symptoms. I'd probably go to a doctor and maybe bring some of these things up and say, 'Well, I heard that this might work.'"

Several participants mentioned that seeing how a celebrity dealt with a health problem could help them have an appropriate reaction to the health problems of people with whom they are in actual relationships. For example, participants who hadn't experienced postpartum symptoms said the celebrity health narrative influenced how they might react to loved ones who were experiencing emotional distress. According to one participant, "It actually helps when a friend is going through that. Because it might not be the exact same thing, but it kind of makes you open your eyes. You're like, 'Maybe I should pay more attention to that person.'" Similarly, another participant reported that seeing Lance Armstrong endure cancer was helpful to her because she did not "know" anyone else who had experienced cancer. By "knowing" Lance Armstrong, she said she would know what to do "if it happened to me, or a family member or friend." These statements represent a shift in thinking and understanding about the discussed illnesses, and they also show how

parasocial interactions encourage participants to envision dealing with these health problems in real life to foster better health outcomes for themselves and loved ones.

Participants also frequently professed attitude changes after reading the celebrity narratives. For example, while discussing postpartum depression, one participant said:

> I never took medication. I never got diagnosed. But that is an issue that people do need to know about, that they can see that this happens, and there are cures and ways to help deal with it, as opposed to having to deal with it on your own.

While this participant alluded to the overall societal benefits of the health information, another participant suggested that the stories can act as a litmus test to gauge the seriousness of health issues:

> I can have the world's worst headache, and I will try not to take anything, just because I don't want to and I don't like to. But if I had been more depressed than I was, then I definitely would have taken something.

While this participant showed reluctance to take any medication, she did say that if she were as depressed as Shields, her attitude about medication would change.

Feedback from numerous participants indicated that certain celebrity health behaviors, especially ones related to weight loss, frequently influenced their own health regimens. Several women discussed trying celebrity-endorsed diets, with reported mixed results: "I did Beyonce's master cleanse, when she did it for Dream Girls, I tried that for like two days, and that was terrible." And, in another case, "We're doing the cabbage soup diet [from Sarah Michelle Gellar] for spring break right now. And we tried it like two weeks ago, and actually, we both lost like seven pounds." This attitude indicates that behavior can indeed be influenced by the participant's interaction with the celebrity.

Finally, one group's exchange about plastic surgery indicated a developing level of agreement about the acceptability of the procedures. The conversation began with one participant stating she appreciated that Kelly Clarkson admitted to being unable to meet the standards of beauty expected of her and had to be airbrushed on album covers. Quotes from the resulting conversation in the order they were stated follow accordingly:

> We haven't talked about it, but plastic surgery is probably like a health issue, and it's huge now.

> Botox.

> Liposuction

> I think it's becoming more accepted, because of the celebrities.

Yeah. Everybody can look like that. It's just going to be a world full of the same-looking people.

This is embarrassing to admit, but I like—I honestly had thought about Botox just around my eyes, because I hate my wrinkles. But I was like—I can't bring myself to spend money on that.

I would—every once in a while, you know, you think, "I'd really like to put my boobs back where they go."

But I could not imagine going through the pain just for a cosmetic thing. Yeah. The risk involved.

It's funny, because I know a lot of people that have had boob jobs. It's like really normal.

Yeah. It is really normal.

But it's like you said. Do you take that risk?

I'm not going to take that risk and maybe leave my son, you know, to whoever, because I want to look prettier.

But I think it's okay. I mean, like I got my eye surgery done, because my eyes are—I mean, I guess Asian eyes, Chinky, and I mean, I—it literally took me 20 minutes to put my contacts in every morning.

This exchange among participants begins with describing Clarkson's inability to meet society's beauty standards, continues by noting how celebrities have normalized plastic surgery, reveals participants' own considerations of plastic surgery and its risks, and it ends with a participant admitting to having had cosmetic surgery. From referencing parasocial identification to intention to actual behavior-change, this exchange about plastic surgery illustrates the highly self-referential practices of group members when analyzing celebrity behavior. The following section outlines the significance of these findings.

Discussion

This study found that parasocial interactions with celebrities have various degrees of influence on participants' evaluations, attitudes, and intentions in regard to health behaviors. This study showed participants were actively self-referential and considered health behaviors contextually. It appeared the participants who regarded a celebrity as "normal" were more likely to display compassion (or used perceived normalcy to justify compassion), and indicated receptivity to mimicking the celebrity's health behaviors, whether to confront their own health problems or those of friends and family members. These self-referential evaluations allowed participants to envision a health situation within their own lives, which is a form of communication-pleasure. A contrasting form of communication-pleasure occurred in those instances when participants described celebrities as abnormal or

extraordinary. In those cases, they were more prone to distance themselves from the narrative and assume an antagonistic stance toward the celebrity's health behavior.

In reaching a shared group consciousness about celebrity health behaviors, the focus groups came to several agreements about what was morally acceptable in terms of health actions. Through discussion about what was "right" and "wrong" with celebrity health decisions and behaviors, the participants appeared to satisfy the psychological needs of the group for consensus about normal behavior. The ways in which participants volunteered their own life experiences and compared them to celebrity stories represented examples of comprehending personal occurrences in terms of celebrities' decisions and actions (Bormann, 1985). Using the celebrity experience as a touchstone, the group members revealed attempts at negotiating group cohesiveness, which is central to achieving symbolic convergence. Even when participants disagreed about morality and health, the negotiation process indicated a shared understanding of reality through their knowledge and references to details of various celebrities' health statuses and the fact that they acknowledged celebrity health behaviors as personally relevant.

Theoretical Implications

The symbolic convergence over a shared interpretation of which behaviors are right and wrong was also an important element of our findings, especially given the level of opinion sharing that occurs via social networking. Further, although this is not something we considered in theoretically framing this study, our research points to a potential revision on the Schooler, Flora, and Farquahar (1993) model of information seeking, which suggests that people seek to confirm information they encounter in mass media outlets through interpersonal sources before enacting a specific health behavior. Based on the participants' discussions with others who also consume celebrity stories, we argue that, at least for some audience members, celebrities serve as surrogate interpersonal contacts.

This process is more in line with what has been discovered in entertainment-education interventions, with parasocial interaction being equivalent to interpersonal involvement (Perse, 1990; Rubin & Perse, 1987; Sharf & Vanderford, 2003). Therefore, a consumer of celebrity media might be less likely to check with a friend or family member before changing a health behavior based on a mass-mediated message, if that message contained a celebrity health narrative, which carries an associated normative privilege. In a sense, the presence of a celebrity in a health story could remove the intermediary steps before behavior change. This reinforces previous studies (Bae et al., 2010; Brown & Basil, 1995; Brown et al., 2003) that found cognitive, affective, and behavioral health effects resulting from parasocial interaction with public figures.

This research adds to the scholarship on how parasocial interactions occur because many of our participants discussed how they related to celebrities and adjudicated their behaviors. A few participants did indicate they had adopted celebrity behaviors, thereby indicating parasocial identification. Parasocial interactions allowed the participants to

experience, understand, and react to a health problem through the "communication-pleasure" resulting from a celebrity story. Thus, our findings confirmed that using celebrity as "a medium for one's own needs, desires, and success" (Ferri, 2010, p. 408) is an act of play that involves ritualistic engagements with the "public world in a very private and personally satisfying way" (Glasser, 2000, p. 24).

Practical Implications

Considering the relatively young age of celebrity content consumers, writers and editors should consider the educational component in constructing celebrity health narratives. It is this audience who might most benefit from health information inherent to these messages. Cultivating sympathy for celebrities and emphasizing audience relatedness offers compelling and effective avenues to increase public understanding and foster approval for a positive health behavior.

Similarly, this research encourages those involved in creating public health campaigns to assess messages within celebrity media, especially information that, if incorrect, could be detrimental to public health. For example, one study analyzes the effects of anti-vaccine celebrities, such as Jenny McCarthy, on the public's confidence in vaccines (Larson, Cooper, Eskola, Katz, & Ratzan, 2011). Unearthing people's shared interpretations of health vis-à-vis celebrities' public behaviors offers a way to comprehend health realities and paths toward understanding the meaning behind health actions.

Limitations

This study used the focus group method with the hope that it could build a framework for future replicable survey or experimental research. Limitations of this research include a lack of greater applicability to other populations, given the non-generalizable nature of focus group research. Additionally, the interaction that occurs among focus group members can modify an individual's opinion and make the group's dynamic non-generalizable or replicable (Krueger & Casey, 2000). This positivist critique, however, seems less significant when considering the interpretive values of a converged group-observation (Lunt & Livingstone, 1996; Zorn, Roper, Broadfoot, & Weaver, 2006). A final limitation was that posing certain questions might reify the researchers' assertions that the phenomena do exist. To minimize the possibility of reification, moderators began discussions with open-ended questions about general celebrity news content, and then turned the focus to celebrity health. Never did the questions assert that attending to celebrity health is expected.

Directions for Future Research

One avenue for future research would be to look at how patient-physician communication could be facilitated with celebrity references. For example, a physician could reference the behavior of Angelina Jolie when informing a patient about genetic testing for breast cancer, which may enhance the patient's attitude about genetic testing if that patient

considers Jolie a surrogate interpersonal source. Whether or not a celebrity reference works in patient-physician health persuasion could be empirically assessed.

Future research should also compare how readers evaluate celebrity health news and non-celebrity health news (such as the 2014 series on postpartum depression in *The New York Times)*. This would provide more understanding of the degree of influence that celebrity culture has on readers' decision-making. Along those lines, a future investigation could look at how people react to or dialogue with comments on celebrity websites to investigate whether online commenting or reading of comments stands in for interpersonal dialogue.

In conclusion, celebrity health messages serve an important role in society because for many celebrity media consumers they can be a catalyst for discussions about health information. Participants in this research showed that they take celebrity health behaviors seriously, weighing moral implications and the mitigating circumstances of a celebrity's life before judging a health behavior.

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