

TRANS- HUMANITIES

**Title : The Sexual Other and Reality Television: presentations,
Repression, and Recovery**

Author(s) : Erin DICESARE

Source : *Trans-Humanities*, Vol. 10 No. 1 (2017), pp. 107–28.

Published by : Ewha Womans University Press

URL : <http://eiheng.ewha.ac.kr/page.asp?pageid=book10&pagenum=060600>

Online ISSN : 2383-9899

All articles in *Trans-Humanities* are linked to the Homepage of KCI and
Ewha Institute for the Humanities and can be downloaded:

www.kci.go.kr & <http://www.trans-humanities.org/>



이화여자대학교
EWHHA WOMANS UNIVERSITY

The Sexual Other and Reality Television: Representations, Repression, and Recovery

Erin DICESARE (Johnson C. Smith University)

I. Introduction

Although some may have a different opinion, the conversation of sex and sexuality is a rather taboo subject in American society, and that which operates outside of heterosexual norms is often considered deviant. The sexual deviant is one who debunks or does not fall in line with the preconceived notions of proper sex practices in society or has been labeled deviant; this topic is often referred to (or commented on momentarily) but not fully addressed or analyzed. The sexual deviant is acknowledged as someone who is different from societal norms (ideas that we have been ingrained with through various media outlets, religious institutions, among other influences) but not addressed directly or in detail. What I argue here is that those who encompass the label of a sexual deviant also encompass the label of the 'sexual other.' While this concept of the other is not new, what we largely need to look at today, as Homi K. Bhabha contends, is "the *mode of representation of otherness*" (68, emphasis original). Reality television is a prime mode of representation in today's popular culture, and although Bhabha is writing from a postcolonial discourse, the concept of 'other' is still applicable:

[T]he construction of the colonial subject in discourse, and the exercise of colonial power through discourse, demands an articulation of forms of difference-racial and sexual. Such an articulation becomes crucial if it is held that the body is always simultaneously (if conflictually) inscribed in both the economy of pleasure and desire and the economy of discourse, domination and power. (67)

It is through the labeling of that which is sexually different that the 'other' is developed, and the discourse that holds the power to create this identification

in today's society is reality TV. Viewers derive a sense of identity (and power) through what they watch (or what they disconnect from when they watch) on Reality TV (RTV): "when it comes to social identity, scholars generally maintain that media representations are crucial in providing frameworks and creating reference groups" (Deery, *Reality TV* 99). This construction is ever more apparent when we are identifying the 'other' in relation to sexual identity or our own concept of identity as the viewing audience; we, the audience members, hold the power to identify the 'other.'

There are many ways to identify the 'other' in a text, television show, or film; and it is easy to draw clear lines as to what is acceptable and what is not, thus pushing the unacceptable into the realm of the other. Bhabha suggests that "there is a theoretical space and a political place for such an *articulation*—in the sense in which that word itself denies an 'original' identity or a 'singularity' to objects of difference—sexual or racial," and Bhabha continues on to say that "the epithets racial or sexual come to be seen as modes of difference, realized as multiple, cross-cutting determinations, polymorphous and perverse, always demanding a specific and strategic calculation of their effects" (67). He continues on to show that colonial discourse "is a form of discourse crucial to the binding of a range of differences and discriminations that inform the discursive and political practices of racial and cultural hierarchization" (67). The focus on the different within mass media (like RTV) is what allows the audience to create, or rather label, someone as an 'other' and the audience thus derives its identity as normal or 'not the other' through this power to label. As June Deery explicitly points out, our access to reality TV drives our desire to encompass the label of normal explaining that "its viewing access commercializes the age-old desire to know what the neighbors are up to, or to assess how normal or strange we or others are" and continues on to show that "some programs can trace their appeal back to early freak shows or recreational visits to the asylum" (*Reality TV* 98). It is in this context that I discuss reality programs.

While Bhabha's concept of the other is from a postcolonial discourse standpoint, his concept of 'the other' is applicable to questions pertaining to the 'other' in popular culture. The *Celebrity Rehab* series, specifically the *Sex Rehab* season, divides society into good and bad, normal and abnormal, us and them, and positions those with addiction as the 'other' in our society; specifically those who possess an addiction connected to sex. The 'other,' here, is not represented by the monstrous but exhibits some sort of monstrous elements

or rather possesses some undesirable trait (according to the monogamous, heterosexual standards) that needs to be eliminated.

Sex Rehab, while focusing on sex addiction, successfully creates yet another divide between those in rehab: Those with a sex addiction that derived from trauma and those who cannot identify the ‘real reason’ behind their addiction, creating two variations of the ‘other’ within this short season of *Celebrity Rehab: Sex Rehab*. The real reason will be discovered in individual and group therapy sessions. The rest of the *Celebrity Rehab* series deals with drug and alcohol addiction, a problem more widely accepted within our society given how the topic of drug and alcohol addiction is present not only in reality television, but also in scripted television and film. The *Celebrity Rehab* series based on drug and alcohol addiction has multiple seasons as compared to *Sex Rehab*, which only ran for one season.

Cristina Kinon, writer for the *Daily News*, addresses the impact that the *Celebrity Rehab* series has had on the topic of addiction. She notes, “Dr. Drew Pinsky hopes the series will bring addiction to the forefront of America’s consciousness so that those who need help aren’t ashamed to get it.” Kinon further explains that, according to Dr. Drew Pinsky, “addiction has become widespread for several reasons, including the availability and potency of drugs, a ‘glamorous’ image of drug use and a growing incidence of childhood trauma, which contributes to addictive tendencies.” The goal for Dr. Drew is to make the viewing audience more aware of addiction, thereby adding another dimension to the show beyond entertainment.

Dr. Drew is bold enough to step away from common concepts of addiction to address an addiction that is widely ignored: sex addiction. Charles J. Sykes argues that society, in general, has become the “Tell-all Society,” where “keeping one’s dysfunction or family turmoil to oneself is not only regarded as suspicious but potentially unhealthy, whereas unburdening oneself—to a therapist, casual acquaintances, readers, or a national television audience—has come to be seen as a sign of healing” (186). Dr. Drew took this dynamic to the next level and provided a gateway for celebrity addicts to share the reasons for their addictions not only with him (the therapist), and other addicts (casual acquaintances), but also the entire viewing audience (utter strangers).

It is important to note that a show like *Intervention*, while addressing addiction, uses therapy differently, and we, the audience, do not participate in the recovery process as much as we do with the *Celebrity Rehab* series. *Intervention* is about disclosure of an addiction (i.e., admitting there is a

problem), sometimes including the cause of addiction, and about convincing an addict of the need to embark on the road to recovery. *Celebrity Rehab*, instead, is about the actual recovery process, where the concept of the 'other' is developed; in this process, addicts move through stages of addict, to 'other,' to recovery where they try to reach a sense of normalcy that is socially acceptable and devoid of any mark of the other, or at the very least a limited mark of the 'other' (i.e. 'recovering addict' equates to 'recovering other').

While reality shows provide viewers with a point of comparison for their daily lives, the show *Sex Rehab* provides a different take on the *Celebrity Rehab* series. The series, which first aired on November 1, 2009, focuses on sexual acts, a taboo subject in American society. The patients range from models (Amber Smith and Kendra Jade), rock-n-roll stars (Phil Varone), former Miss Teen USA (Kerri Ann Peniche, who was dethroned eleven days before the end of her reign for posing nude in *Playboy*), a pro-surfer (James Lovett), film director (Duncan Roy), and of course, the ultimate version of a sex addict, a porn star (Jennifer Ketchum, also known as Penny Flame, whose specialty was BDSM porn, another 'deviant' or sexual 'other'). If audiences were intrigued by the drug addiction, sex addiction was sure to provide even more drama and the confession of deep secrets. The show was advertised as a drama-filled show, revealing sex as another addiction that could kill (in contrast to the advertisement world where sex sells). The website for the Ranch (a rehabilitation center focused on sex addiction) states:

[S]ex addiction, also known as hypersexual disorder, is characterized by persistent and escalating sexual thoughts and acts that have a negative impact on the individual's life. Sex addicts struggle to control or postpone sexual feelings and actions. Most sex addicts do not know how to achieve genuine intimacy, forming little to no attachment to their sexual partners. (*The Recovery Ranch*)

The information further explains that one's health and safety may be less important than their desire for sex and that common practices include "compulsive masturbation, multiple affairs, anonymous sex, compulsive use of pornography, and exhibitionism" (*The Recovery Ranch*). The addicts on the show all express that they lack intimacy and form little attachment to their partners. Some indicate that they engage in these aforementioned behaviors. The show was certain to include unpredictable and unscripted moments,

providing the producers with great material. What was not initially clear was the number of deep dark secrets and uncomfortable moments that were to come (both for the participants and the viewer).

Sex Rehab utilizes the format of the confessional to negotiate the concepts of sexual normativity and the idea of the other (which is created through the acts of silence, secrecy, and later disclosure). The cast members/patients on the show seek acceptance (falling short of the label of normalcy as they will always be on the outside of society in the recovery stage). This article explores the representations of the sexual other, the repression of sexual expression, and lastly the recovery and the role the confessional plays in trying to lift the silence surrounding the sexual other.

II. Representation: The ‘Other’ Being Constructed Through the Audience’s Gaze

While we are exploring the concept of the ‘other’ in reference to the show *Sex Rehab*, we also need to explore and analyze the voyeuristic elements present in reality television. Deery notes a difference between fictional programming and reality television, stating that “for millennia we have observed fictional drama, but to inspect, unseen, the daily existence of others approaches a godlike perspective. Reality TV invokes, though it does not fulfill, the fantasy of absolute vision, of having complete access to all that is hidden” (“Reality” 6). The complete access to the hidden is the purpose of many of the reality shows bombarding the airwaves today. The draw of reality television is a type of voyeuristic gaze; however, this gaze is significantly different from classic voyeurism. Deery explains, “one could argue that Reality TV is not totally unrelated to sexual gratification and that this, too, serves to boost ratings. Whether or not there is actual sexual content, many formats are potentially sexually charged because, as is often noted, Reality TV is voyeuristic” (“Reality” 6).

On *Sex Rehab*, the discussion is sex and sexual practices, but the gratification does not come from the discussion of such topics. Instead, it emerges out of voyeuristic engagement with a recovery process that is normally closed off to the viewing public. This voyeurism helps to create the us (normal) versus them (abnormal) difference between the audience and the patients; in other words, the other is created through this voyeuristic gaze. Deery explains that

the voyeurism here is distinct from the classic notion of voyeurism because “the participants know they are being watched. The home viewer is hidden from the observed but in a broad sense is known to be watching and is recorded at least as a rating’s statistic” (“Reality” 6).

But it must be noted that what audiences are engaging with is still a gaze and “not a two-way exchange and, as with sexual voyeurism, the experience promises viewers the thrill of seeing something intimate and taboo and doing so remotely and without accountability” (Deery, “Reality” 6). The attraction to the private and taboo surrounds much of the *Celebrity Rehab* series.

Deery also explains another draw to reality television—one that differs from scripted television: “a common attraction for both the peeping Tom and the TV viewer is also that they are observing people going through private and unscripted actions rather than dramatic performances” (“Reality” 6). The unscripted is important to reality television in its claims to its alleged ‘real’ and unmediated reporting. Of course, while the program is not scripted in a conventional sense, it is nevertheless mediated as producers will occasionally instruct the participants or even inform a cast member about a comment made ‘off camera’ (as the cameras are never really off) by another cast member to spark a dramatic moment and the show is edited in such a way to make the drama more exciting. These unscripted moments are caught by an all-seeing camera and forces the cast to be aware of the fact that they are being surveilled at all points of their lives, making them victims of a peeping Tom as well.

Unscripted moments are a key feature of any reality television show, and *Sex Rehab* provided the audience, and producers, with many dramatic moments. One particular instance stands out when James comments to Jenny that he is going to “rape the s*** out of her” (episode 4). The conversation surrounding this comment spans two episodes (episode 4, 5). The viewing audience does not hear or see James saying this to Jenny, but is provided a scene where Duncan inquires why Jenny is shaking while sitting outside on the patio with him and Kendra. The audience sees Jenny’s emotional reaction while with other patients in a down time situation, and later James’ non-emotional response to the situation in a group therapy session. The audience is not provided all details of the event but rather an edited and mediated version of the events. We are given the moments the producers believe will keep the audience tuned in—just enough access to the most desired commodity for many: their privacy.

Reality television has placed privacy as a commodity and something

that is hard to gain once one enters the show. The *Celebrity Rehab* series is a prime example of how some resist the surveillance that the show places upon them: constantly hiding from cameras or in the showers where no cameras are allowed, pushing cameras away from them, wearing hoodies and hiding their faces, yelling at the staff for watching them on the monitors as they undress in the privacy of their rooms, and how far a cast member will go to regain privacy. The audience needs access to these private moments in order to construct an idea of what is deviant; we need access to their disclosure of their sex addiction and we need to become aware as to how sex has overtaken their lives.

By allowing us voyeur status, we are also permitted to create a construct of the 'other' with the information being presented. We compare our lives to those on reality television, define ourselves as normal and those on screen as 'other,' deviant, or abnormal. As Deery points out "another characteristic of RTV is that the difference between self-identity and social perception is minded for dramatic irony: viewers enjoy the drama that comes from the gap between how subjects apparently view themselves and how others judge them" (*Reality TV* 100). Viewers are able to develop a sense of identity from that which they are viewing or being told is the 'other.' Deery continues on to note "one of RTV's most central effects may be its mainstreaming of what was previously considered abnormal or taboo" (*Reality TV* 101). Previously these topics that are discussed on the *Celebrity Rehab* series were not fully addressed, they were alluded to in shows like *Intervention*, where we, the audience, do not see the recovery process and the open discussion of the taboo.

The image (or representations) of these addicts is different than in previous *Rehab* seasons as we are unable to see the addiction. Visually, these cast members/patients look like regular people with no major 'issues,' for instance, one cannot tell they have an addiction; and until their second week in the PRC (Pasadena Recovery Center, the rehabilitation facility for the show) it remains unclear if they are truly addicts. The usual representation of an addict is not displayed, and the detox process is vastly different (and occurs much later). The struggle for the patients/cast members is not against a substance but against internal and external powers; their entire addiction surrounds the body and physical pleasure. Their addiction is based on pleasures of the body and the power relationships associated with the physical elements of the body.

Within the show the body is a site for both power and pleasure. The discourse within this particular season surrounds the power structure of the body and the pleasures that derive from the body (deviant and non-deviant

behaviors included). The construction of the sexual other is created through a discourse of difference. As indicated earlier, Bhabha states that the body is both a site for pleasure and power (67). The body is the site for not only pleasure and desire for these patients but also the control of one's body. They are not able to derive any self-pleasure and must control their bodily addiction; the discourse for this season is also constructed around the body. For many of the patients/cast members, the idea of pleasure and power is vastly different as compared to the patients in other seasons.

Within *Sex Rehab*, the power and pleasures are specifically derived from destructive, addictive, and unruly bodies: For example, Kerri Ann's inappropriate clothing choices and her refusal to follow the dress code of the center. Many of the heterosexual male patients discuss her inappropriate clothing choices and its impact on their recovery, specifically focusing on how it diminishes their control over their bodily desires.

The forbidden pleasures of the body are the main focus of this season, giving rise to power struggles occurring between and within each addict, whose efforts to control sexual urges and not give in to self-pleasure become the pleasures of the viewing audience. The discourse on sex assumes multifaceted forms in this season: sexual desires, sexual wants, sexual otherness, sexual abuse, sexual deviance, and the acceptance of one's difference in sexual orientations. While the show, in the interest of catering to the viewer's feelings of superiority, construes a vast hierarchical difference in sexual behavior between the viewing public and those in rehab, the show also heeds to the different sexualities among those in rehab: those who have been sexually abused or exploited, those who do not conform to heterosexual norms, and those who do fail to fit into the publically 'accepted' acts of sexual expression.

III. Sexual Repression

The show's concern with the repressive sexual subject is intriguing when considering that, first, it is a topic that is unusual for reality TV, and second, the show ostensibly revolves around the problems caused by the excessive sexual subject, the sex addict's inability to suppress sexual urges. In this regard, a recourse to Michel Foucault's *History of Sexuality* proves useful. According to Foucault, the seventeenth century did not limit the discussion of sex; rather "sexual practices had little need of secrecy; words were said without undue

reticence, and things were done without too much concealment; one had a tolerant familiarity with the illicit” (3). In the nineteenth century, however, there is a shift in which the “codes regulating the coarse, the obscene, and the indecent” are tightened and rendered more rigid (3).

The discourse on the obscene has continued into the twentieth and twenty-first century, but with altered nuances in terms of what is socially acceptable and what is taboo. In this respect, *Sex Rehab* is an illustrative example. On the one hand, it echoes the seventeenth-century open discourse on illicit sexual practices in making the taboo and the obscene a common topic for conversation but does so behind closed doors of a recovery center while at the same time in front of cameras. On the other hand, the show also illustrates the repercussions of the nineteenth-century’s elimination of the public dialogue on sex and its confinement to the home; more specifically, the “parents’ bedroom.” As a result, the sole legitimization of the “procreative couple” contributed to the creation of “sexual deviants” (Foucault 3). We can talk about sex here, at the recovery center in front of cameras, but not in an open, unmediated or unfiltered, unedited forum. *Sex Rehab* features sexual deviants in whom the powers of silence, secrecy, and disclosure interestingly converge in intricate ways. In *Sex Rehab*, maintaining a silence is a partial source for the creation of its participants’ sexual deviance; in other words, their sex addiction is deviant because we do not engage in a discussion pertaining to sex as we once did and their practices are labeled as sexually excessive.

With Kerri Ann, Nicole, Amber, Kendra, Jenny, and Duncan being victims of sexual deviants (and sexual abuse), the lack of an open forum to address the traumatic effects of their past hindered their ability to form ‘healthy sexual relationships.’ When society refuses to discuss sex in a healthy way, we are unable to address the unhealthy practices and events that can occur. Thus, we are forcing the idea of the sexual other and sexual deviants into multiple categories: those who enjoy sex and are addicted to it, those who have endured abuse, and those who are living the abuse.

Even within the confines of the show, the sexual discussion is based on female sexuality and the development of this sexuality at a young age, thus forcing the conversation into the realm of deviant behavior. It is socially acceptable for men to discuss their sexual ‘conquests,’ but not acceptable for women. There is an expectation, even in today’s society, that girls should remain pure until marriage (an ideal that is almost impossible to maintain) and that men are allowed to “sow their wild oats” before settling down. Jenny

divulges that she lost her virginity at a very young age; something acceptable, in terms of the dominant social norm, for young boys but not young girls.

The sexual politics of the show is interesting because it is ideologically fickle. In contrast to the adverse consequences of teaching abstinence in schools, the show promotes the open discussion of sex and addresses the topic of those who were sexually traumatized; it attempts to remove them from the realm of the silenced other. Yet the discussion of the sexually obscene becomes the main topic of the show's therapy sessions, in effect contributing to its identification and containment by which it may be controlled. The goal of these therapy sessions is to address the key issues that are the source of these patients' sexual deviance or sex addiction. The subjects that were once avoided are now brought to the forefront and forced into the limelight—a noble feat for a reality television show.

IV. Recovery: Emotional Work Through Confession

The confessional element of the show is imperative not only for the patients' recovery process but for the audience as well. This is where the emotional connections are made between the cast member/patient and the audience. Heather Nunn and Anita Biressi discusses the use of emotional work showing that in many interview (or as I argue confessional) formats “viewers see the expression of damage, regret, and above all shame which is, [...] an emotion rooted in the perception of *being seen by others* to have done wrong” (58, emphasis original). Using Sara Ahmed's argument, Nunn and Biressi point out that shame requires a witness; the audience's access to the private therapy (borderline confessional) sessions provides this witness. Viewers are able to encompass the Peeping Tom experience that Deery mentions to provide a witness to the patients at the PRC allowing the shame to develop; Duncan is ashamed of what occurred in his past, as is Jennifer and Kerri Ann. Audiences derive the voyeuristic pleasure of witnessing the shame take a toll on the patients as they become almost riddled with guilt for their ‘deviant’ behavior that has developed out of their trauma. These sessions are ‘an ideal commodity,’ as Nunn and Biressi point out, but they require access to the patient's psyche and they have to be willing to tell a story (58). In *Sex Rehab*, all are willing to engage in this process except for Kerri Ann, whose refusal will be addressed later.

This performance of intimacy (a trait that many lack due to their addiction) is imperative in order for the dialogue surrounding the sexual other to be unsilenced. Jon Dovey takes this idea of intimacy a bit further showing that “an enormous proportion of the output of factual TV is now based upon an incessant performance of identity structured through first person speaking about feelings, sentiment and, most powerfully, intimate relationships” (104). The discussions occurring in the ‘closed’ (one-on-one) therapy sessions structure these intimate relationships and thus start to remove the silence and secrecy surrounding the sexual other label; with these sessions not being truly closed due to the camera’s involvement. All of the patients divulge their feelings and thoughts (or even their perceptions about what has occurred in their past) to Dr. Drew and Jill (a sex addiction therapist), but also to the audience. The cast members/patients allow the other patients access to their feelings, but they also allow them access to the intimate relationships they are building in the recovery center. This is the support group that they will turn to once they leave rehab; this type of relationship is unique and extremely intimate as each patient has shared secrets and private, personal elements about themselves to not only the others around them in rehab, but to millions of viewers tuning in. This relationship aids in the voyeuristic tendencies of viewers who not only crave the drama but help to grow the intimate relationship needed to remove the dividing line of normal/abnormal practices.

While Dovey discusses the “chat show” or “talk show” format, much of his analysis does apply to the confessional structure of *Sex Rehab*. He starts his discussion with the question, “Is this a forum for the emergence of an ‘emotional democracy’ or a side-show in which deviance is named and controlled?” and continues on to point out that “tolerance and liberal democratic value systems are *at one and the same time* bound up with condemnation and oppression in the chat shows display of deviance” (114, emphasis original). This tolerance and liberal democratic value system combined with condemnation and oppression is starkly seen in *Sex Rehab*. The tolerance can be seen on two levels: one from the doctors and patients in the PRC, the other by the audience member. The condemnation and oppression (where I argue the other is created) comes from the message boards that chastise some of the patients/cast members. Most notably, Kerri Ann received the brunt of the harsh messages, which I argue stems from a lack of identification as an addict and failure to allow the audience to partake in her recovery.

What these patients/cast members accomplish is the opening up of

dialogue that surrounds that which is sexually different (i.e., that which goes against the hegemonic norm in society) and as Dovey explains:

[T]he very act of speaking out in such a format carries the mark of difference, if not deviance, a mark which is the essential starting point for the narrative structure of the programmers. Much of the drive of the narrative structure in such shows is about attempts to ‘recuperate’ the deviant to some version of moral or ethical ‘health.’ (117)

This idea, although directed towards the talk show, is extremely applicable to *Sex Rehab* as these patients are trying to achieve some sort of moral or ethical health from their ‘deviant sexual’ behavior. They are trying to remove the mark of difference that has been placed upon them by the audience and society. The recovery process is not an easy (or pleasurable) journey as one has to move through the ‘dirty’ secrets to gain access to the moral health. Dovey continues his discussion, explaining that there are multiple examples in which the talk show format is “undermined by narrative structures in which difference and deviance are positioned as the disruption or problem that needs to be resolved” (117). Within the show, the disruption/problem that needs to be solved is the different sexual behaviors that have been labeled immoral, deviant, different, or other.

Dr. Drew on many occasions claims that they need to get to the root of the problem to ensure a full recovery. Although it is pointed out that recovery is an ongoing process and one is never not operating outside of the recovery realm, one is never truly able to leave the label of the ‘other.’ They just encompass a different version of the other. They have to remove the silence they are maintaining in order to move into the recovery stage. Not only is sex addiction shown as deviant behavior (in whatever form) but also the traumatic experience that many of the patients have endured is deviant. The confessional format of *Sex Rehab* is apparent in a variety of practices: group therapy, one-on-one sessions, and causal discussions within the PRC. While these are normally private settings, not public, the expectation of full disclosure is adhered to, expected, and warranted to fully recuperate the deviant as the camera is always present.

Another reason why the confessional (or process of confession) is extremely important to this season of the *Rehab* series is it marks how the viewer can be placed into a position of authority. Using Foucault’s analysis of the confessional, Dovey argues:

www.kci.go.kr

[A]ccording to this model the ideological significance of exposure to difference or to deviance would be to position the television viewer as the confessor, and therefore put the viewer in the position of occupying the authority point of view [...] in this analysis the viewer internalizes and endorses the set of social norms against which the display of deviance can be measured. (106)

This idea of the power relationship between the viewer and patient, as it is structured, shows the viewer has the authority and power to deem these addicts as socially acceptable or unacceptable, or as the ‘other.’ Those who do not fully disclose are the ones who are critiqued and criticized harshly, as exemplified in a post on the show’s message board by Robin Maire stating: “why is it that Kari thinks that she is on this high cliff and better than everyone, yet whines when someone is trying to enforce rules of the program...she would have been gone the first day if that was me running that place.” (VH1.com)

Interestingly Dovey notes:

[W]hilst some of the ‘identity’ formations produced within the TV matrix *may* carry the mark of power as people are constructed as deviant, outsiders, or marginal, it is possible to argue that there are other forms of self-speaking that slip the net of confessional and become politically challenging, empowering statements not just for the individual speaker but for the social body. (107, emphasis original)

While the confessions that are divulged in *Sex Rehab* mark those patients as deviant, outsiders, and marginal, the dialogue (or disclosure of the sex addiction) does open the conversation and challenge societal norms (or concepts) surrounding what is ‘healthy’ sexual behavior, and creates an empowered statement for those who are different. The conversation can now be broadened to include those ‘different’ behaviors and lose the mark of deviant. The goal, once the door is opened, is to keep it open and continue the conversation.

V. Constructing the Deviant Other

While the entire *Sex Rehab* season addresses topics that are taboo or avoided in society today (sexual abuse, exploitation, and rape) there are a few

patients who do not have a history of sexual abuse, but instead non-sexual-related emotional or physical abuse issues they have suppressed (specifically cast members/patients James and Phil). What is interesting is that the sexual abuse and rape that are discussed by the females, while horrifying, are not portrayed as unacceptable; what is seen as unaccepted, unacceptable, or extremely deviant is the sexual abuse that Duncan endured. Connecting Duncan's sexuality to this sexual abuse is what marks his homosexuality, at least in this context, as other and deviant. While the audience may feel as though they can feel Duncan's pain, there is a clear division and difference in the way his story of abuse is presented in comparison to the rest of the victims.

The viewers learn that Duncan's sexual abuse (and physical abuse) stems from his father who would beat him, console him, and then engage in sexual acts with him. As a result, Duncan, as a young child, equated love with abuse. He even claims in a one-on-one session he started to initiate the sexual encounters. While this may seem abnormal to most, this was Duncan's way of trying to gain power and dominance, or some sort of control (though it is unclear if he is trying to claim power over the situation, his body, his sexuality, or a combination of all three). Duncan claims that he felt "utterly powerless" and that "no social services were going to come in on a white horse and save him," so the act of initiating was one way to lessen the pain of the abuse (episode 2).

In a subsequent episode, Duncan confesses that he engages in or tries to engage in sexual acts with heterosexual men because he is attracted to their 'manliness' and that his many failed relationships are a result of his pornography addiction. It is later revealed that through these acts he is reliving his abuse and the traumas of his childhood. Duncan's discourse is different from most as he learns through his discussions with Dr. Drew, Jill, and Dr. Sealy (an outside therapist who was asked to come in specifically for Duncan) that he is now in control of his pleasure and pain and becomes aware of the power that he possesses (episode 5). As Dovey indicates "the confession however will produce 'intrinsic modifications' in the speaker. Though these 'modifications' may take the form of penitential knowledge or liberating freedom from disease they *cannot* be divorced from the power relationship that produced them" (105, emphasis original).

Duncan cannot be divorced from the power relationship of his trauma, but he can renegotiate the power structure. He can make the abuse stop because he was the one recreating it. The experiences Duncan endured were repressed as he did not realize that he was reliving and retraumatizing himself through

his sexual acts. Duncan's breakdown in his one-on-one session with Dr. Drew and Jill shows the audience that he not only sees the root of his addiction, but that he has a desire to move away from the addiction and lead a 'normal' sexual life; but not a truly 'normal' sexual life as he will always encompass a version of the 'other' because he is homosexual. At this point, Duncan's celebrity status is eclipsed in favor of a portrait promising the private view of a real person, which is emphasized when viewers witness him revert to his childhood trauma.

Duncan connects more with the female patients than with the male patients as sexual trauma did not lead to their addiction. Part of this dynamic comes from the fact that the other two male patients do not identify any trauma prompting their addiction. It is later revealed that James was abused by his mother at a young age, but the abuse was more physical and emotional and Phil's trauma leading to his addiction was the death of his mother at an early age. They do not understand the basis for the other patients' addictions. The only common element is their lack of control over their desires. Although through James' comment to Jenny, one can argue that his sexual deviance and reference to a highly violating sexual act shows that he does not understand the effect of his addiction on others or himself. James shows no shame, sorrow, or emotional reaction to the pain he causes another patient.

The audience is exposed to the disclosure of Duncan's shame in his sessions because he shares the events in his past and his current sexual practices. While shame does develop from both, he is able to move to the recovery stage and towards the goal of developing 'healthy sexual relationships.' Duncan accepts his wrong doings and the audience has the power to forgive and console him because he has experienced shame; he thereby starts to lose the label of 'other.'

VI. Hindered to Recover: Forced Repression

Kerri Ann acknowledges her sex addiction upon entering rehab but refuses to encompass the label of an addict. She is the patient-cast member unable to see how her past trauma affects her current relationships and daily life. This refusal is exemplified in two important scenes. The first is when the women are taken to complete a project outside of the PRC and make shirts surrounding their addictions. Amber discusses date rape, Kendra portrays silence as a killer, but Kerri Ann steals the show with her shirt. Kerri Ann reveals that she was molested, raped three times, and abused by multiple men. She describes how

she woke up behind a dumpster in Asia after being raped by a military officer. She recounts her abusive boyfriend holding a gun to her head threatening to kill her and alludes to other traumatic events.

The rest of the patients are shocked into silence after learning about Kerri Ann's traumatic life. Their silence may be a forced or a learned reaction since conversation surrounding these events is normally lacking; one thus does not know how to react. Kerri Ann smiles as she tells these stories (something she was taught in her pageant days). Her constant refusal to participate in group therapy or to even hold a conversation with other patients is upsetting to the rest of the group. She claims she is not affected by these events; she still holds a smile on her face, and even goes so far as to comment how upset her mother would be right now if she heard Kerri Ann discussing them, but in truth, she is isolating herself from everyone else because she is unable to fully identify as the sex addicted 'other.' Her desire for acceptance is too strong to encompass the label of 'deviant.' One can even question if she identifies with her own body. Her past abuse still controls and has power over her; she does not have a revelation like Duncan's. She is unable to trust and unable to recover because of fear. Her body was used solely for pleasure by others, and she was dominated and controlled by many; there was no intimacy involved in her past.

Moira Gatens boldly states that "if women have the means to free themselves from [...] social and historical confinement but do not act, then they become complicit in their own oppression and are morally culpable" (277). In terms of women becoming "authentic, ethical subjects," it is apparent that Kerri Ann is aiding her own oppression and hindering her recovery (277). By refusing to identify fully as a sex addict, she does not act on her recovery.

Dr. Drew states multiple times throughout the season that her refusal to acknowledge that her addiction stems from her past trauma hinders her recovery. She pushes the abuse aside with the claim that "it does not matter," which prevents her from having a bonding experience with others in the facility and maintains the silence around the subject at hand. The bonding experience for these addicts is important as it helps them to understand they are not alone, but Kerri Ann refuses to show or acknowledge that these instances caused her addiction. Kerri Ann's confession seems almost disconnected from her real life. She maintains her happy persona, which does not allow her to confront her addiction or its source. Kerri Ann does not feel shame from the events, but rather from the disclosure of these events.

Because of Kerri Ann's disconnect to these events, Dr. Drew and Jill

assign Kerri Ann the task of creating a timeline with the various abuses she has endured. When she meets with Dr. Drew and Jill, her shocking events are revealed to the world. Audiences slowly see Kerri Ann's smile disappear and viewers see the real pain she has been hiding while in rehab, and, it could be argued, throughout her life. Kerri Ann's abuse started at the age of five when a neighbor touched her inappropriately and when she awoke one night to find her father's friends masturbating over her. These traumatic events are more extreme than those of the other patients and will last most of her life. She remains in a perpetual cycle of abuse but avoids conversations about the abuse. This is the second scene which exemplifies her refusal to accept or acknowledge how these events have affected her, both sexually and non-sexually. By refusing to acknowledge that her addictions (drug and sexual) stem from the abuse, she perpetuates her continued oppression. Kerri Ann tries to maintain the silence creating this 'sexual deviance' by asking why she should explore these events—why she needs to go through the pain just to get back to smiling her way through life (episode 5).

Kerri Ann does desire acceptance; she longs to form part of the other patients' group solidarity, as evident when she asks: "You guys are my friends, right?" (episode 4). During this conversation, Kerri Ann informs the group that she has not lived in a place long enough to make friends. Duncan's response to Kerri Ann is, "Listen Kerri Ann, when we leave here you know you can call any one of us, and we would be there for you" (episode 4), informing her that she can have a support group if she desires. Duncan informs her that they will be there for her because of what they have all been through, showing that they all share a common bond through this addiction. She is not a different version of the 'other' being represented in the show; she is a full member of this 'othered' group. All she has to do is to accept the label. Asking whether the other patients are her friends, Kerri Ann shows her desire to be accepted and not be an 'other' outside of the 'others.'

Kerri Ann was forced at a young age to repress not only her own sexuality (resulting in an addiction that has deep-seated roots in abuse and lack of power), but also her experiences that formed her concepts of sex, sexuality, and self-identity. Her constant pageant training helped create this disconnect with her true self and true sexual identity. She sees herself as an entity for other's sexual pleasure and moves towards sexual practices that represent this concept because that is the intimacy she knows. Kerri Ann is an example of what can happen when we do not talk about sex and avoid conversations surrounding

any element that is labeled different, deviant, or abnormal, resulting in, silence and repression. Those who endure anything that can be labeled as sexually deviant or 'sexually other' are expected to remain silent, like Kerri Ann.

Since Kerri Ann shows little emotion, maintaining a distance and emotional barrier between herself (or rather a disconnect from her addicted self), the other patients, the staff, and the audience are not encouraged to connect with her. Thus, the show stages a surreal dynamic in which the audience is aware of what she has endured but experiences difficulties in developing sympathy for her or an understanding of her addiction and its cause. Maintaining the precious commodity of privacy, Kerri Ann does not provide the audience with the intimate experiences promised by voyeuristic reality TV. Kerri Ann does not experience shame the same way Duncan does; her shame stems from the fact that her mother would be upset for divulging these intimate feelings and traumatic memories. Her label of 'other' is developed through a lack of identification and connection with the other patients and the viewing audience. As an 'other,' she is attacked by the viewing audience because she is not trying to remove the label. Although Kerri Ann opens up for the cameras to document her rehabilitation, she maintains a distance between herself, the audience, the other patients, and the staff. Her inability to trust others is hindering her ability to recover fully. Even though she constantly asks if the others are her friends and claims she wants help, her refusal to comply with the rules and regulations of the recovery center halts her transition to a recovering addict. The success of the show is based on the recovery process and Kerri Ann is not a success story.

VII. The Confessional and Power Relationships

The act of confession has a power relationship intrinsically connected to the discourse that erupts from this act. The audience's role becomes imperative in the movement from addict to recovery for the members of the PRC. Foucault argues:

[T]he confession is a ritual of discourse in which the speaking subject is also the subject of the statement; it is also a ritual that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the

authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile. (62)

This ritual of discourse is expected in the show, and also expected is for all patients to confess every intimate detail of their sexual lives. The audience holds the power to judge and ultimately forgive and console the patients, as well as remove the label of 'other.' With the ritual of confession "the expression alone, independently of its external consequences, produces modifications in the person who articulates it: it exonerates, redeems, and purifies him; it unburdens him of his wrongs, liberates him, and promises him salvation" (Foucault 62). The very act of confessing for many of the cast members does redeem them in a sense. Duncan becomes 'free' of his past experiences and is able to move away from repeating his trauma. Jenny, who is briefly mentioned in this article, comes to the realization that she is not 'a monster' (although she labeled herself one upon entering the center) after confessing that she took many young men's virginity and did not care about them (showing her inability to create intimate relationships). Her feeling of being a monster stems from the fact that she took a normally intimate and important experience for some, and removed the intimacy from it. Her confession of the act is what unburdens her. Phil realized through his confession that his addiction was as a result of the early death of his mother.

VIII. Conclusion

While the show sets out to lift the veil of silence that surrounds sex addiction, it accomplishes more; it allows for the label of 'deviant' to be explored and discussed. While the silence is not removed completely, we now have a starting point in which the label of different, or 'other,' is not so starkly adhered to and recovery is possible. The patients in *Sex Rehab*, through their confessions, are redeemed and provided the ability (and opportunity) to return to what society would deem a healthy psyche; they are able to move away from the deviant 'other' label. This benefits not only the patients, but the audience members who are struggling with the same demons, issues, and problems. Those who were willing to fully disclose their past were able to move from repression to recovery.

Oppression still exists for not only the patients but for the audience

members as the discussion of sex and sexual trauma is still a subject that is not discussed in-depth. There is still a silence that surrounds the basic topic of sex, but also sex addiction and sexual trauma. There are limits to what people will endure and listen to, there is only so much they will forgive. The confession (or expectation to confess) in itself is an oppressive element. There is now an expectation to confess all deviant behavior and endure critique from those on the outside (those non-addicts) in order to be accepted again in society. The patients are no longer able to forget or bury their addictions; they have to acknowledge the addiction and live within the power struggle that now subsumes their lives as a recovering addict, and this is a daily struggle. The oppression now takes on a different form as they have to learn to subdue or repress their once labeled deviant sexual desires and operate with a healthy psyche that is 'socially acceptable' and devoid of the 'other' label the audience once had the power to place upon them. While *Sex Rehab* does not solve every problem or remove all oppressive elements, it does open the door for more discussions pertaining to sex, sex addiction, and sexual trauma and allows for those who suffer from sex addiction or sexual trauma to seek help, which is a small step forward to solve the complex problem.

Works Cited

- Bhabha, Homi K. *The Location of Culture*. Routledge, 1994.
- Deery, June. *Reality TV: Key Concepts in Media and Cultural Studies*. Polity Press, 2015.
- . “Reality TV as Advertainment.” *Popular Communication: The International Journal of Media and Culture*, vol. 2, no. 1, 2004, pp. 1–20. EBSCO host, eds.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=68558478-a37c-4d3e-9be1-0728320d6b37%40sessionmgr101&vid=6&hid=127. Accessed 1 Jan. 2014.
- Dovey, Jon. “The Confessing Nation.” *Freakshow: First Person Media and Factual Television*, Pluto Press, 2000, pp. 103–32.
- Foucault, Michel. *The History of Sexuality: An Introduction, Volume I*. 1977. Random House, 1978.
- Gatens, Moira. “Beauvoir and Biology: A Second Look.” *The Cambridge Companion to Simone De Beauvoir*, edited by Claudia Card, Cambridge UP, 2003, pp. 266–85.
- Kinon, Cristina. “Celebrity Rehab with Dr. Drew: Return Proves Timely with Celebrity Deaths.” *DailyNews*, 6 Jan. 2010, www.nydailynews.com/entertainment/tv/2010/01/06/2010-01-06_a_problem_with_a_high_profile_celebrity_rehabs_return_proves_timely.html. Accessed 5 Feb. 2010.
- Maire, Robin. *VH1.com*. Accessed 5 Jan. 2010.
- Nunn, Heather, and Anita Biressi. “‘A Trust Betrayed’: Celebrity and the Work of Emotion.” *Celebrity Studies*, vol. 1, no. 1, 2010, pp. 49–64. *Google Scholar*, doi: 10.1080/19392390903519065. Accessed 24 Mar. 2014.
- Pinsky, Drew, performer. *Sex Rehab*. VH1, 2009.
- Sykes, Charles J. *The End of Privacy: The Attack on Personal Rights – At Home, At Work, On-line, and in Court*. St. Martin’s Press, 1999.
- The Recovery Ranch*. 2016. www.recoveryranch.com/treatment-issues/love-sex-addiction/sex-addiction/. Accessed 19 Jan. 2017.

Abstract

This article explores the creation and representations of the sexual other (also labeled as a sexual deviant or sex addict) created in the reality TV show *Celebrity Rehab: Sex Rehab*, the repression of sexual expression, and lastly the “recovery” and the role the confessional plays in trying to lift the silence surrounding the sexual other. This article focuses on the voyeuristic gratification that derives from the viewing of sexual confessions and the identification process as ‘normal’ through the ability to label someone an ‘other’ by their sexual practices. Through the use of Homi K. Bhabha’s work on “modes of representation of otherness” (68), this text explores how the identification of the sexual other can eliminate the ‘deviant’ label that surrounds sex and sexuality—especially when the conversation is in an open forum instead of behind closed doors. Reality television allows viewers to maintain power within the viewer-subject relationship; it also provides the audience an opportunity to label or remove labels placed on those operating outside heterosexual norms as deviant or ‘other.’ Finally, this text explores the power of the confessional—its ability to aid in the removal of the ‘otherness’ label and to open up dialogue surrounding the “taboo” associated with sexual practices (and speaking about it) within American culture.

Keywords: other, sex, sexual deviant, voyeurism, confessional

Erin DICESARE currently serves as the Department Chair of the Interdisciplinary Studies, Philosophy, and Religion Department at Johnson C. Smith University. She received her Ph.D. in Interdisciplinary Humanities (with a major in Gender and Sexuality Studies and a minor in Mass Media and Popular Culture) from Florida State University in 2010. She is currently working on a variety of projects dealing with social media and the social issue of human trafficking.
edicesare@jcsu.edu

Received: 27 December 2016 Reviewed: 17 January 2017 Accepted: 24 January 2017
--