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“You can’t change what you don’t acknowledge”: A content analysis of The Dr. Phil Show and implications for marriage and family therapists

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"YOU CAN'T CHANGE WHAT YOU DON'T ACKNOWLEDGE": A CONTENT ANALYSIS OF *THE DR. PHIL SHOW* AND IMPLICATIONS FOR MARRIAGE AND FAMILY THERAPISTS

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ABSTRACT

"You Can't Change What You Don't Acknowledge": A Content Analysis of *The Dr. Phil Show* and Implications for Marriage and Family Therapists

by

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Marriage and family therapists work from an ecological perspective, which includes the influence of mass media. The current study, a quantitative content analysis of *The Dr. Phil Show,* draws from communication studies, specifically cultivation theory. A content analysis is a first step to understanding how television messages affect client expectations of psychotherapy. Coding categories adapted from the common factors of psychotherapy literature are employed to determine how well the messages of *The Dr. Phil Show* correspond with practices related to positive psychotherapeutic outcomes. Common factors specific to the field of marriage and family therapy are utilized. *The Dr. Phil Show* was selected for its popularity, but also because it meets three criteria associated with greater effect size in cultivation studies: 1) genre or program specificity, 2) credible content, and 3) little familiarity with the topic for viewers. Seven hypotheses were tested, with the assumption that there would be significantly more negative events than positive. Overall, the results are more positive than expected for some variables, including a relational conceptualization of problems. However, there were numerous personal attacks and criticism, which undermines much of the positive results. Implications for marriage and family therapists are discussed.

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CHAPTER ONE

INTRODUCTION

Unique among mental health professions, marriage and family therapists (MFTs) embrace systemic thinking in order to understand the challenges facing families (Nichols, 2006). Rejecting the concept of the "identified patient," MFTs conceptualize clients' presenting problems in relational terms (Nichols, 2006; Sprenkle, Davis, & Lebow, 2009). Expanding into broader systems, it is clear that families do not exist in a vacuum. According to the American Association of Marriage and Family Therapists (AAMFT), MFTs understand mental and emotional disorders, as well as relationship issues, to be within the context of both family and greater social systems (AAMFT, 2005). This ecological perspective includes the suprasystems of school, work, church (Becvar & Becvar, 1999), race, ethnicity, and socioeconomic status (McGoldrick & Hardy, 2008), among others.

The mass media (including film, television, radio, Internet, and print media) are also a part of the larger societal suprasystem within which families are located. While media consumption may be largely a leisure activity, that does not negate its importance in peoples' lives. According to The Nielsen Company (2010), the average American watches 35 hours and 34 minutes of television per week, plus approximately two more hours a week viewing time-shifted television. Those numbers increased by two hours per month for the first quarter of 2010, as compared with the previous year (The Nielsen Company). Those numbers alone should be significant to MFTs, as it gives a general idea of how families spend much of their time.

Besides the time involved, the ramifications of watching so much television are worth examining by MFTs. Potential antisocial effects of mass media have been studied by communications researchers since the 1920s (Wimmer & Dominick, 1997). In recent years, however, the number of studies examining prosocial effects of television has grown (Wimmer & Dominick, 2006). Despite the traditional assumption that mass media effects are largely negative, Giles (2003) argues that their current prevalence allows "a degree of shared cultural knowledge that would have astonished past generations" (p. 2).

It is this shared cultural knowledge that places mass media research within the realm of the MFT field. Morgan and Shanahan (1997) state, "television is by no means the most powerful influence on people, but it is the most common, the most pervasive, the most widely shared" (p. 33). As such, media messages, particularly those from television, are intermingled with the broader culture. Therefore, MFTs have a legitimate interest in teasing out the interplay between media as part of the societal suprasystem and families. Communications researchers share an interest in some of the same topics as MFTs, including eating disorders, violence, sexuality, and stereotypes of gender, race, and ethnicity (Traudt, 2005). Communications researchers have also examined other topics within the domain of MFTs, including family communication patterns, in terms of their relationship to television effects (e.g., Krcmar, 1998).

The MFT literature includes relatively little about the mass media. This is not much of a surprise, as the media are not well studied in any mental health field. Even media psychologists recognize that much of the pertinent research has been done by communication studies and media studies scholars, not by psychologists (Giles, 2003). Within the MFT field, there is a small amount of interest in and concern about media

messages and the potential influence on audience members. Most of that body of work focuses on gender messages conveyed in self-help books (Zimmerman, Haddock, & McGeorge, 2001; Zimmerman, Holm, Daniels, & Haddock, 2002; Zimmerman, Holm, & Haddock, 2001; Zimmerman, Holm, & Starrels, 2001) and magazines (Greev Spees & Zimmerman, 2002; Gupta, Zimmerman, & Fruhauf, 2008). The assumption of this work is that clinicians should directly address client beliefs about gender roles and relationships that are absorbed through mass media exposure.

As Zimmerman and her colleagues' work highlights, psychotherapists[1] have the opportunity to work with client belief systems in therapy. However, what if clients avoid psychotherapy altogether, based on media messages regarding what to expect from psychotherapy and psychotherapists? What if clients attend sessions but hold preexisting, inaccurate ideas about both psychotherapists and the process of psychotherapy, based on their media consumption? This is not a question that has been pursued by MFT researchers, but has been posited within other mental health disciplines such as psychology. However, this question has been answered in very limited ways, with more speculation than evidence about the media's impact on potential clients. Because the MFT literature is so limited in the area of mass media, I will draw from research from other disciplines, including psychology, psychiatry, and communication studies.

To a large extent, all mental health disciplines have an equal stake in understanding media effects. Differences between real-world mental health disciplines often recede in the media, where a psychotherapist's specific training and licensure is typically irrelevant

[1] Unless specific language is warranted, throughout this thesis I will use the generic term *psychotherapist* to refer to all types of licensed mental health providers, including psychiatrists, psychologists, marriage and family therapists, social workers, and counselors. *Psychotherapy* refers to the services provided by any of those mental health professionals.

to the audience. Studies indicate that the public has difficulty differentiating between psychiatrists and psychologists (e.g., Murstein & Fontaine, 1993). Given that finding, there is likely to be even greater confusion understanding the differences between psychologists, MFTs, social workers, and licensed professional counselors. Confusion would be understandable. Although MFTs have a unique relational point of view as compared to other mental health disciplines, the "ways in which relational and individual psychotherapy are similar are much greater than the ways in which they are different" (Sprenkle et al., 2009, p. 34). For this reason, many of the assumptions and implications of the current study will be applicable to any mental health discipline. When something is specific to MFTs, however, I will clarify that.

Psychotherapy on Television

In the current television season (2009-2010), several television programs feature psychotherapy. From reality programming such as A&E's *Intervention* to fictional psychologist Dr. Paul Weston on HBO's *In Treatment*, "never before have there been so many shows, and never before have they been so popular with critics and viewers (Becker, 2008, p. 12). Some of these programs, such as VH1's *Celebrity Rehab* and *Sober House*, let the audience peek into the private lives of celebrities. Some, such as A&E's *Hoarders*, and VH1's *The OCD Project*, show everyday people with seemingly extreme compulsions. The syndicated program *The Dr. Phil Show*, hosted by Phillip C. McGraw, Ph.D., presents ordinary people from all walks of life who are facing a variety of life challenges. Topics range from the lighthearted (*Irritated by Other People's Unruly Kids?*) to the serious (*Seven Steps to Breaking Your Addiction*) (McGraw, 2010). The

sheer variety of topics covered, as well as guests who are ordinary people, make it likely that viewers will empathize with at least some of the situations.

The significance of this recent preponderance of television programming with a psychotherapeutic bent is that media content may affect real-world perceptions of psychotherapy. Although MFTs have not weighed in on the subject, psychologists (e.g., Schultz, 2007) and psychiatrists (Gabbard & Gabbard, 1999) have lamented the portrayal of psychotherapists in the media, with the stated assumption that media portrayals are likely to impact public opinion of the field. Within the communications literature, cultivation theory (Gerbner & Gross, 1976; Gerbner, Gross, Morgan, Signorielli, & Shanahan, 2002) provides a rich body of studies demonstrating television's impact in our culture. Cultivation links television viewing with real-world perceptions. For many viewers, television and movies provide their only experiences with psychotherapy (Bram, 1997; Gabbard & Gabbard, 1999). In the absence of personal experience, the current television audience often learns about psychotherapy via a medium driven by viewer ratings and ultimately advertising revenue (Webster, 2006). Therefore, negative – or at the very least, dramatic – media depictions of psychotherapists may prevent these viewers from ever seeking psychotherapy. This could be viewed as a form of *opportunity cost* (Lilienfeld, 2007), meaning that efficacious mental health treatment may be delayed or precluded by individuals choosing not to pursue psychotherapy.

For others, media exposure will not keep them from seeking therapy. Their expectations regarding psychotherapy may, however, contribute to a less-than-optimal experience when they do seek professional help. Garfield (1995) recognizes that most individuals have little experience with or knowledge of therapy: "the average person may

have a somewhat hazy or even distorted view of what is involved" (p. 10). However expectations are formed, they carry weight. Recent psychotherapeutic literature notes the importance of client expectations and preferences (Hubble, Duncan, Miller, & Wampold, 2010; Sprenkle et al., 2009) for successful outcomes in psychotherapy treatment.

In summary, audiences are impacted by the "psychotherapy" they see in the media, which, in turn, may affect their expectations for treatment, or whether they seek treatment at all. This begs the question: what are the media representations of psychotherapists and psychotherapy that impact the expectations the client brings to "the therapeutic stage" (Hubble et al., 2010, p. 29)? While some cultivation studies (e.g., Chory-Assad & Tamborini, 2003; Pfau, Mullen, Deidrich, & Garrow, 1995; Pfau, Mullen, & Garrow, 1995) focus on specific television genres, Quick (2009) demonstrates that even a single television series affects viewers. Drawing from Quick's findings, I will analyze the content of one influential television series, *The Dr. Phil Show*, to determine its representation of psychotherapy. Performing a content analysis is a first step in understanding media messages regarding psychotherapy in greater detail, and is a recommended first step for cultivation research (Potter, 1993).

The Significance of *The Dr. Phil Show*

Popularity

Having appeared on Oprah Winfrey's talk show regularly for four years before earning his own television program, McGraw was already well known before his TV hosting debut in 2002. In its debut week, *The Dr. Phil Show* exceeded even ambitious ratings expectations (Albiniak, 2002). Eight years later, the show still receives strong

ratings, as the second-highest ranked syndicated talk show behind Oprah Winfrey (TV by the Numbers, 2010). Of particular interest to advertisers, *The Dr. Phil Show* has increased its share of the coveted target audience of young, affluent women (Downey, 2004). Uniquely, McGraw is not merely a TV talk show host. He is his own brand (Albiniak, 2002), with numerous catchphrases such as "This is a wake-up call," and "You can't change what you don't acknowledge." Unlike other talk show hosts, he does not need to invite expert panels to his stage; he himself is the expert. Therefore, McGraw is both the concept and content of his program (Albiniak, 2002). The impact of both the show and the host on popular culture is considerable. The Internet Movie Database (2010) lists 11 spoofs of and 65 references to *The Dr. Phil Show* in television programs and movies between 2002 and 2010.

Credibility

Whether viewers have personal experience with psychotherapy or not, *The Dr. Phil Show* appears to be a legitimate representation of the field. A roomful of psychotherapists may vote otherwise, but they are not the target audience. With the exception of some pre-produced video segments, the main body of the program features McGraw discussing life problems with real people. Despite the studio audience, the main focus is on McGraw's interactions with the on-stage guests. This structuring of the program lends an aura of credibility. To the television audience, it is likely to seem as much of a peek into a psychotherapy session as it is a pre-planned television program.

Apparent credibility also comes from McGraw's persona. Although *The Dr. Phil* website (McGraw, 2010) is careful to state he does not provide therapy, his professional persona is carefully crafted to foster his credibility as a mental health expert. For

example, although the show's website frames him as a "life strategist," his use of the moniker "Dr." carries a medical or therapeutic tone. The fact that he holds a Ph.D. in clinical psychology gives him an aura of professional authority. He has been called a "TV shrink" in a television trade journal (Becker, 2008, p. 12), a "clinical psychologist" in the popular press (Day, 2003, p. C1), and likened to a televangelist whose show employs the same methods as religious conversions (Egan & Papson, 2005). Even a California judge presumed that McGraw acts in the capacity of a licensed psychologist. As she sentenced a former *Dr. Phil Show* guest for shoplifting, she publicly chastised McGraw as "a charlatan" (Grad & Perry, 2010) for not significantly helping the defendant with his shoplifting problem. Apparently, the belief that McGraw is a licensed psychologist providing psychotherapy to his television guests is widespread.

Contributing to his popular reputation as a mental health expert, McGraw has also authored at least nine bestselling self-help books, some with companion workbooks. Typically, each book cover features a photo of the author (the expert), with either "Dr." or "Ph.D." included with his name. The book titles, including *Self Matters: Creating Your Life from the Inside Out* (2001) and *Relationship Rescue: A Seven-Step Strategy for Reconnecting With Your Partner* (2000), certainly sound therapeutic.

The issue of professional credibility carries over to McGraw's website (McGraw, 2010). The website lists an option for audience members to search for a local therapist. According to this list, in addition to whatever formal training the therapists have had, some have also been "Dr. Phil Trained." It is reasonable that most website visitors would assume McGraw has solid credentials to be able to train licensed psychotherapists. Again, despite the legal disclaimers, it seems very likely that a significant proportion of the

viewers may assume McGraw's advice and information is therapeutic, and that he is acting in the capacity of a licensed clinical psychologist.

To complicate matters further, although McGraw is careful to not refer to himself as a licensed psychologist or a provider of psychotherapy, he is not quick to clarify that he is currently unlicensed. Although he does not openly state that he is a licensed psychologist, he also does not freely admit that he is not. Rather, the topic is typically treated as "Don't ask, don't tell." McGraw is likely, both on his show and off, to speak of his knowledge and experience in the field. In an interview on the PBS documentary *This Emotional Life* (Youngelson & Gilbert, 2009), McGraw states that the content of *The Dr. Phil Show* is studied by his staff of researchers and is based on the current academic literature in psychology, medicine, and sociology. McGraw's incorporation of academic literature into his TV show further blurs the line between the public's perception of him as a clinical psychologist who effectively "counsels angst-ridden guests" (Bosman, 2006, p. C5), and a mere "life strategist" who offers advice, not therapy (McGraw, 2010). There is likely no line at all, as far as the audience is concerned. McGraw even delivered a plenary address at the American Psychological Association's (APA) annual conference in 2006, where he received a Presidential Citation because his "work has touched more Americans than any other living psychologist" (Meyers, 2006, No substitution for therapy section, ¶ 3). One apparently must go searching for the fine print to see that in McGraw's case, he may look and quack like a duck, but calls himself a Cornish game hen.

Perhaps the bigger question is why *wouldn't* someone think they were watching therapy when they watch *The Dr. Phil Show*? Distressed guests confess and expose their deepest feelings and abhorrent behavior, hoping for some relief. A well-educated host,

trained in clinical psychology, clarifies their problems and offers solutions. In spite of the studio audience, the cameras, the dramatic video inserts, and the pre-commercial-break teasers, the program's overall purpose appears to be for McGraw-the-expert to help the guests strip off any pretense, find their *authentic self* (McGraw, 2001), and acknowledge their shortcomings so they can then improve their life.

For writers who are both pro- and anti-psychotherapy, *The Dr. Phil Show* appears to meet the definition of psychotherapy. In a scathing indictment of psychotherapy, Eisner (2000) recognizes that the definition may be as amorphous as Jell-o: "apparently, psychotherapy is something psychotherapists do" (p. 1). By this definition, McGraw is not conducting psychotherapy, because despite a Ph.D. in clinical psychology, experience in private practice, and authorship on several self-help books, he is not currently licensed as a psychologist, and does not call himself a psychotherapist. In contrast, Dimidjian and Hollon (2000) more broadly define psychotherapy as "any psychosocial intervention intended to aid a client with mental health or life problems" (p. 21). By this definition, *The Dr. Phil Show* delivers psychotherapy. Rather than argue about whether McGraw is or is not licensed, or whether he uses a valid therapeutic paradigm, I assert that the structure of the show resembles psychotherapy enough that it contributes to viewers' perceptions and expectations of psychotherapy.

Summary and Purpose of the Study

Psychotherapy and psychotherapists have rarely, if ever, been accurately portrayed on television or in movies. Because few people have direct experience with psychotherapy, their largest source of information is likely to be mass media. What messages are

communicated regarding psychotherapy? This content analysis will systematically explore how psychotherapy is portrayed in a nonfiction television program, *The Dr. Phil Show,* using the common factors in psychotherapy literature as a framework. As a nonfiction talk show, it might be expected to have a greater impact on the audience than fictional programming. For all intents and purposes, McGraw appears to be a legitimate, licensed clinical psychologist who counsels guests on-air. Because of this credibility, as well as the popularity of the show, it is important to understand what messages and themes are communicated. How well does the content of *The Dr. Phil Show* reflect the common factors of psychotherapy? Additionally, and specifically for MFTs, how well does the content of *The Dr. Phil Show* reflect the common factors unique to the relational, systemic therapy unique to the field? Although this study will not include an evaluation of how audience expectations of psychotherapy are impacted by viewing *The Dr. Phil Show,* this content analysis is a first step toward that understanding.

CHAPTER TWO

LITERATURE REVIEW

This literature review brings together writings from the fields of psychology, psychiatry, and communications. Psychologists and psychiatrists have expressed concern over the depictions of psychotherapy and psychotherapists in the media (e.g., Gabbard & Gabbard, 1999; Wedding & Niemiec, 2003), and speculated about the media's real impact on audiences. The topic has not been examined in the MFT literature, but much of the existing research applies to all mental health disciplines. From the communications literature, cultivation theory (Gerbner & Gross, 1976; Gerbner et al., 2002) provides a framework of empirical evidence for television's impact on audience perceptions for a variety of topics. The current study, a content analysis of *The Dr. Phil Show,* sets the stage for future cultivation research regarding the impact of television psychotherapy on audience expectations for real-life psychotherapy.

The Depiction of Psychotherapy in Film and Television

Clients do not arrive at their first psychotherapy session as a blank slate. Even if they have no first-hand knowledge of psychotherapy, they carry preconceptions and expectancies with them (Garfield, 1995). Preexisting ideas may affect how therapy proceeds (Garfield, 1995), and are culled from life experiences, including media use. The APA expresses concern over the relationship between media portrayals of psychotherapists and the possible impact on public opinion of psychologists (Sleek, 1998). As a response to these concerns, the APA's Media Watch Committee monitors therapist depictions in fictional media, and communicates their findings with Hollywood

producers regarding stereotypical and potentially dangerous portrayals (Schultz, 2007). Unfortunately, positive, realistic depictions are few and far between. The APA's annual *Golden Psi* award, given to programs with competent, ethical psychotherapist characters, has not been awarded since 2004 (Wallin, 2009).

In their influential book, *Psychiatry and the Cinema*, Gabbard and Gabbard (1999) lament that in literally hundreds of films, psychiatrists are shown as eccentric at best and murderous at worst. The authors wonder if movies have a harmful effect on patients by leading them to either overidealize or to distrust psychiatrists. Coming from a psychoanalytic background, they argue that "the cinema is the great storehouse for the intrapsychic images of our time" (p. 172). By this logic, for those who do not have personal experience with a psychotherapist, movie depictions fill the gap: a movie psychotherapist represents all psychotherapist.

Other writers share the Gabbards' concern and worldview that media versions of psychotherapy set inappropriate client expectations (Orchowski, Spickard, and McNamara, 2006; Schultz, 2005a; Wedding & Niemiec, 2003). Schultz lists several myths commonly found in movies, including the belief that all despair is healed immediately by recovering lost memories. She also notes ethical boundary crossings, sexual and otherwise. The overall theme is that professional rules may be broken if they are good for the client in the long run. Wedding and Niemiec outline eight therapist stereotypes: learned and authoritative; arrogant and ineffectual; seductive and unethical; cold-hearted and authoritarian; passive and apathetic; shrewd and manipulative; dangerous and omniscient; and motivating and well-intentioned. Regarding these themes, they declare, "though many of these stereotypes may be humorous, they are deeply

embedded cultural icons, and they shape the behavior and expectations of those individuals contemplating or receiving psychotherapy" (p. 209). Again, there is clearly an assumption that media messages affect audience beliefs, expectations, and behaviors, although how or to what extent is not demonstrated. Despite much discussion, there has been minimal empirical research demonstrating a connection between media portrayals of psychotherapy and negative public opinion. Schultz (2005b) recognizes the lack of empirical data, commenting on the "under-researched, but strong assumption…that movies can influence people's perceptions and behavior" (p. 19).

One exception is a study by Schill, Harsch, and Ritter (1990). College students completed a questionnaire before and after viewing the film *Lovestruck.* After viewing the film, participants were more likely to hold more incorrect beliefs about psychiatrists, especially regarding sexual boundaries. However, the authors observe that often, the changes were minor. It is also not clear how long-lasting these results were.

Although researchers fear that the impact of the media leads to negative perceptions of psychotherapy and psychotherapists, surveys reveal that the public does not tend to have an overly negative view of the field. Orchowski et al. (2006) refer to the public's "illiteracy" (p. 506) regarding mental health. However, Jorm (2000) summarizes several international surveys to conclude that the public tends to have a positive view of psychotherapy. Additionally, Jorm notes that the public has a more positive view of the field than do professionals.

Bram (1997) empirically explores the public's view of psychotherapy and psychotherapists. He comments, "a primary goal in formulating and selecting items was to ask questions that, despite speculation in the literature and among professionals, had

never been addressed empirically" (p. 171). The results are generally similar to Wong's (1994) study, which also finds laypeople to have a generally favorable view of psychotherapy and psychotherapists. In Bram's study, participants disagreed with common myths, although some believed that psychotherapists would act on romantic feelings for clients by violating ethical boundaries. Of particular note, Bram found that "stronger beliefs that the therapeutic relationship is characterized by a powerful therapist and a weak, dependent client were predicted by being male and by greater exposure to talk shows featuring psychotherapists" (p. 174).

One limitation of Bram's (1997) study is his use of a convenience sample of college students. This is especially problematic because they were enrolled in a psychology course; therefore, they may be likely to already have more sophisticated views of psychotherapy than the general public. This is in accordance with his finding that the participants had a relatively positive and sophisticated view of psychotherapy and psychotherapists. Wong (1994) also used a sample of college psychology students, although they had not yet studied psychotherapy. Another portion of Wong's sample consisted of college non-faculty staff members. A relatively high percentage of these participants (33%) had personal experience with psychotherapy. Therefore, these results would best be replicated with a sample more representative of the general population.

Despite the concern of the APA and other researchers about the portrayals of psychotherapy and psychotherapists in media, particularly film, the empirical evidence linking those portrayals to actual audience perceptions is limited. Lists of negative stereotypes about psychotherapists and their unethical behaviors have been developed (e.g., Gabbard & Gabbard, 1999; Wedding & Niemiec, 2003), but the real-life

ramifications are not certain. Concern has been predominantly speculative, with many writers lamenting the *possible* implications of negative portrayals. One exception, exploring how television viewing influences the public's willingness to seek psychotherapy (Vogel, Gentile, & Kaplan, 2008), will be discussed in the next section.

The concern over negative media portrayals of psychotherapists is reasonable. However, this high level of concern is not yet supported by much empirical data. In a similar instance, journalists and researchers spoke about the *CSI effect* as though it were a documented phenomenon; however, researchers thus far have been unable to demonstrate a direct link between watching crime shows and jurors' demands for advanced scientific evidence (Shelton, Kim, & Barak, 2009). Perhaps further research will find otherwise, but as of now, what was treated as fact because it made sense logically has not been empirically demonstrated. It is possible that the same will be true of portrayals of psychotherapists in film and on television. With the spotlight on media, it is logical to turn to the communications literature to seek applicable findings.

Cultivation: Television as Shared Source of Socialization

Cultivation research (Gerbner & Gross, 1976; Gerbner et al., 2002) provides empirical evidence linking television viewing and real-world perceptions. To date, only one study incorporates cultivation theory into investigating how psychotherapists are portrayed on television (Vogel et al., 2008). There is a greater body of cultivation work regarding other professionals such as attorneys and physicians (e.g., Chory-Assad & Tamborini, 2003; Pfau, Mullen, & Garrow, 1995). These studies parallel what might also be the case for psychotherapists. As discussed above, the fields of psychiatry and

psychology have sounded the alarm regarding how psychotherapy is portrayed in the media. Cultivation research provides a way to systematically analyze the specific messages within media, as well as empirically demonstrate how those messages might impact the audience.

Overview of Cultivation Theory

First developed to study television violence (Gerbner & Gross, 1976; Gerbner, Gross, Morgan, & Signorielli, 1980), cultivation theory has grown to be "arguably among the most important contributions yet made to scientific and public understanding of media effects" (Shanahan & Morgan, 1999, p. 5). Cultivation theory was a turn away from the existing paradigms of persuasion and propaganda (Shanahan & Morgan, 1999), instead recognizing television's central role in our culture (Gerbner et al., 2002) as a font of cultural symbols. Television is the shared source of socialization in our country, linking otherwise diverse populations (Gerbner et al., 2002). Gerbner and his colleagues' concept that television is a major source of cultural symbols is analogous to Gabbard and Gabbard's (1999) view of cinema as "the great storehouse for the intrapsychic images of our time" (p. 172).

Cultivation is not about predicting specific behavior. Rather, it "*is* about the implications of stable, repetitive, pervasive and virtually inescapable patterns of images and ideologies" (Shanahan & Morgan, 1999, p. 5) from television. The paradigm takes a macro view of the relationship between television as disseminator of broad cultural messages and the collective beliefs of large numbers of people (Shanahan & Morgan, 1999). The expected ramifications are logical: those who are heavy viewers of television

will view the world differently from those who are light television viewers Shanahan & Morgan, 1999; Shrum, 1999).

This may seem like an overly simplistic view. However, over three decades of research substantiate small but significant effects: exposure to television affects perceptions of the world (Nabi & Riddle, 2008). A meta-analysis of two decades of cultivation research (Morgan & Shanahan, 1997) determined a relatively small mean overall effect size ($r = .09$). The relatively low effect size does not mean it is trivial. The direction and steady contribution must be considered: "television is by no means the most powerful influence on people, but it is the most common, the most pervasive, the most widely shared" (Morgan & Shanahan, 1997, p. 33). Socioeconomic, regional, and political differences carry less impact regarding beliefs and attitudes than does heavy television viewing (Gerbner et al., 1980). Explanation for the "how" of cultivation comes from Shrum (1995), who suggests that people use little effort to access cognitive information. In effect, that which comes to mind more easily disproportionately influences judgments. For many people, the most easily accessible, and therefore most influential, information is what they are exposed to daily via television viewing. Moreover, for pre-existing attitudes, strength is intensified through television exposure (Shrum, 1999).

More than any other subject, cultivation has been used to study television violence and its impact on perceptions of real-world crime (e.g., Gerbner & Gross, 1976; Gerbner et al., 1980; see Potter, 1993, for a review). As it has been refined over the decades, the paradigm has also been applied to a wide array of subjects, including soap opera viewers' attitudes toward marriage (Shrum, 1999), romantic genre viewers' expectations regarding

marriage (Segrin & Nabi, 2002), reality dating show viewers' perceptions of dating (Ferris, Smith, Greenberg, & Smith, 2007), and cosmetic surgery makeover genre viewers' desire to undergo cosmetic enhancement (Nabi, 2009). For the purpose of the current study, research examining the relationship between television viewing and perceptions of professionals is the most pertinent (e.g., Chory-Assad and Tamborini, 2003; Pfau, Mullen, Deidrich, & Garrow, 1995; Pfau, Mullen, & Garrow, 1995; Vogel et al., 2008).

Depictions of Professionals

The impact of television portrayals of professionals on the audience perceptions is not always speculative, as is the case with much of the literature summarized thus far (e.g., Schultz, 2005a, 2005b). Cultivation research includes public perceptions of physicians and attorneys, with one study of psychotherapists. Pfau, Mullen, and Garrow (1995) explored the relationship between public opinion of physicians and the portrayal of physicians in prime-time television programs. Observing that the portrayal of physicians on 1990s TV programs such as *ER* are less positive than in prior decades, Pfau and his colleagues discovered a relationship between negative television portrayals of physicians and negative public opinion. What is especially important about this study is the finding that television images affect secondary socialization. That is, public opinion is affected even for professionals with whom people have regular contact.

Chory-Assad and Tamborini (2001) followed up Pfau, Mullen, and Garrow's (1995) line of inquiry with a content analysis regarding the portrayal of physicians on prime-time television. Besides prime-time fictional dramas, they also included other genres such as soap operas, network news, news magazines, and talk shows. In contrast to fictional

physicians, who make mistakes within the storylines, nonfiction programs feature physicians as credible sources of information. However, their analysis confirms suspicions (Pfau, Mullen, & Garrow, 1995) regarding the trend of physician portrayals. Prime-time fictional television portrayals of physicians, although still positive overall, have been becoming more negative over time. A recent study (Czarny, Faden, & Sugarman, 2010) looks at the popular prime-time physician series *Grey's Anatomy* and *House.* Their analysis reveals a remarkably high number of "egregious deviations from the norms of professionalism" (p. 205) as well as many depictions of bioethical issues. Chory-Assad and Tamborini ask whether such negative portrayals of physicians will decrease the public's confidence. This is remarkably similar to Gabbard and Gabbard's (1999) questioning whether movies have a harmful effect on patients by leading them to either overidealize or to distrust psychiatrists.

Delving further into the subject, Chory-Assad and Tamborini (2003) built off of their 2001 content analysis to conduct a cultivation study. They utilized a group of undergraduate students as participants, measuring viewing levels of different genres: prime-time doctor shows, prime-time news magazines, network news, daytime soap operas, and daytime talk shows. The participants also rated real-life physicians. Consistent with cultivation theory, those with greater exposure to the prime-time doctor programs perceived real-life physicians "as more uncaring, cold, unfriendly, nervous, tense, and anxious" (p. 209). In contrast, those with greater exposure to news magazine shows perceived higher levels of physician competence. They viewed physicians as being more intelligent, competent, and qualified. In short, the messages participants are exposed to most often seem to impact their real-world perceptions.

It is likely that much of the cultivation studies' results regarding public perceptions of physicians holds true for psychotherapists. The impact is likely to be even greater, as fewer people have direct contact with psychotherapists than with physicians (Gabbard & Gabbard, 1999; Schultz, 2007). Indeed, Vogel et al. (2008) obtained similar results in their study examining the influence of television viewing on participants' willingness to seek therapy. Drawing from both cultivation and behavioral motivation, the results are consistent with both theories. Participants who watched increased levels of drama and comedy television programming had both a) less favorable attitudes toward psychotherapy and b) fewer intentions to seek psychotherapy. The authors suggest that negative expectations about psychotherapy as well as perceptions of stigma are what underlie the participants' attitudes and intentions. These findings are based on participants' report of overall television drama and comedy viewing. The results may be more pronounced if television viewing were narrowed to a specific genre, as will be discussed next.

Genre-Specific Television Viewing

The original conception of cultivation theory assumed that it is overall television viewing that is important, with messages and images assumed to be consistent over multiple programs and genres (Gerbner & Gross, 1976; Gerbner et al., 2002). More recent research extends cultivation theory into genre-specific studies (Chory-Assad & Tamborini, 2003; Pfau, Mullen, Deidrich, & Garrow, 1995; Quick, 2009; Segrin & Nabi, 2002). It may be that genre-specific viewing was always more impactful, just not addressed in the literature. Alternatively, it may be that the rise of cable television, with greater choice and more specialized channels, diffused the cultural messages (Quick,

2009). Gerbner et al. (2002) argue that different genres share the same type of storytelling. However, research points to genre-specific viewing as having a greater impact on cultivating perceptions. Pfau, Mullen, Deidrich, and Garrow assert, "content-specific viewing is a more reliable predictor than total television viewing" (p. 323). Chory-Assad and Tamborini's results also point to the importance of genre. In their study, the participants who watched prime-time physician shows and those who watched news magazine programming (e.g., *20/20*) had differential results, each consistent with the messages of the specific genre.

Going a step beyond genre in terms of specificity, Quick (2009) examines a single television program, *Grey's Anatomy*, to explore television viewing, perceptions of doctors, and patient satisfaction. He considers media exposure to be one part of an ecological model. Consistent with cultivation theory, the greater the number of episodes viewed, the more credible participants believe the show to be, and the more it impacts their perceptions of physicians. This outcome extends and finesses the earlier understanding of cultivation. That is, it is not just about overall television viewing. Cultivation effects may occur from watching one genre, or even one specific television series. Gerbner et al. (2002) maintain that viewers who watch a lot of one television genre also watch a lot of television overall, so it is the overall viewing that accounts for the outcome. However, Quick's study suggests that cultivation effects are more pronounced when a narrower range of programming is considered.

Credibility

Credibility is a significant factor in cultivation research (Chory-Assad & Tamborini, 2003; Quick, 2009). Television viewing is only one source of information people have

about the world (Morgan & Shanahan, 1997; Quick, 2009). In the absence of other credible sources of information, television programming is potentially the most credible way of constructing social reality. Repeated exposure to messages communicated by a single program (i.e., *Grey's Anatomy*) is also linked to increased belief in that program's credibility (Quick, 2009). Quick cites credibility as a mediating factor. He notes that there does not seem to be a direct link between viewing *Grey's Anatomy* and viewer perceptions of courageousness; however, believing in the show's credibility mediates the relationship. As discussed above, participants who watch different genres exhibit differential results (Chory-Assad & Tamborini, 2003). Apparently, the news magazine shows seem more credible than the prime-time fictional shows: "As viewers find television news magazines to be believable, so they may find the depictions found on them to be credible. If so, then they may judge news magazines' physicians as credible and increased exposure to these credible physician images may then cultivate perceptions of real life physicians as competent" (Chory-Assad & Tamborini, 2003, p. 210).

Familiarity

Based on prior arguments, (e.g., Gabbard & Gabbard, 1999; Schultz, 2007), it is reasonable to speculate that media representations of psychotherapists have greater impact than do representations of more familiar professionals such as physicians. Pfau, Mullen, Deidrich, & Garrow (1995) provide empirical support for this concept. Although their study focuses on television portrayals of attorneys, they note that the concept of familiarity is accounted for in the framework of cultivation theory. Gerbner and Gross (1976) write that television's impact is most significant "in cultivating assumptions about which there is little opportunity to learn first-hand and which are not strongly anchored in

established beliefs and ideologies" (p. 191). Therefore, television's messages carry the most weight in situations where people have little first-hand experience to support or disprove those messages. Cultivation studies demonstrate empirically that which other fields have conjectured about. Ironically, Schultz places attorneys in the category of professionals with whom the public has experience. On the other hand, Pfau and his colleagues consider attorneys to be an unfamiliar profession, more akin to how Schultz sees the public's relationship with psychotherapists.

Implications of Cultivation Theory

Many of the same questions have been posed by researchers in communications, psychology, and psychiatry regarding the portrayal of professionals in the media. Although cultivation theory specifies the medium of television, there's a parallel assumption between cultivation researchers' view of television as purveyor of culture's symbolism, and psychiatrists' view of cinema as the source of intrapsychic images. Research studies have refined cultivation theory over time, with three factors appearing to increase the effect: genre-specific (even series-specific) viewing, perceived credibility of the program, and lack of real-world familiarity with the topic. All three of those factors point favorably to doing a content analysis of *The Dr. Phil Show*: the analysis focuses on a specific program, McGraw appears to be a credible source, and most people have little real-world experience with psychotherapy.

Linking Cultivation to Real World Psychotherapy: The Common Factors

Following the assumption that the content of *The Dr. Phil Show* is de facto psychotherapy, the next question is, how closely does the show's content reflect the

academic literature about psychotherapy? Referring to the academic literature provides a reality check for the current study. Pfau, Mullen, Deidrich, and Garrow (1995) argue that most cultivation studies distinguish between a "television world" and a "real world" (p. 314), but fail to operationalize the real world. For the current study, the paradigm of common factors in psychotherapy serves as a framework to operationalize the real world. Which elements cut across different theoretical models of psychotherapy? That is the essence of the common factors.

Psychotherapy is a broad field, with over 400 models practiced (Sprenkle et al., 2009). Attempting to match McGraw's techniques against every possible therapeutic model is near impossible, especially since he continually draws from a wide range of current academic literature (Youngelson & Gilbert, 2009). However, the common factors paradigm is one way to take the field as a whole and understand how it is that psychotherapy works, regardless of therapeutic orientation (Duncan, Miller, Wampold, & Hubble, 2010; Sprenkle et al., 2009).

The common factors paradigm uses a broadly-conceived idea of psychotherapy in order to encompass the multitude of theoretical orientations. Rather than focus on the supremacy of any given model, the common factors paradigm recognizes how all therapeutic models share common elements (Hubble et al., 2010). The most recent compilation of common factors in psychotherapy research (Duncan et al., 2010) defines four general areas: client and extratherapeutic factors; models and techniques; the therapeutic relationship/alliance; and therapist factors. Compared to past understanding of the common factors (Hubble, Duncan, & Miller, 1999), the most recent compilation of research (Duncan et al., 2010) omits the old category of placebo, hope, and expectancy

(Snyder, Michael, & Cheavens, 1999), noting that hope and expectancy are generated by the use of therapeutic models and techniques (Anderson, Lunnen, & Ogles, 2010). The four areas are not static, stand-alone categories; rather, they are "interdependent, fluid, and dynamic" (Hubble et al., 2010, p. 34). All four categories are significant when assessing therapeutic outcome. However, for the purpose of the current study, observable behaviors by the therapist are the most relevant concepts. Therefore, the following discussion highlights therapist behaviors as they pertain to the different categories of common factors. Besides the categories delineated by Duncan et al. (2010), common factors specific to MFTs (Sprenkle et al., 2009) are also considered.

Client and Extratherapeutic Factors

Client factors are newly recognized and emphasized as central to the therapeutic process (Bohart & Tallman, 2010). Therapy is not something a therapist does *to* a client; rather, the client is participatory and collaborative. To say that client involvement is crucial is not an understatement: "the client and factors in the client's life account for more variance in therapeutic outcome than any other factor" (Bohart & Tallman, p. 84). In addition to what the client brings with them to therapy, a fit between therapist interventions and client expectations is also significant (Hubble et al., 2010). A good fit is not just up to chance. Clients have preconceived ideas about their needs (Philips, Werbart, Wennberg, & Schubert, 2007), and actively create that good fit. Bohart and Tallman describe clients as being "highly active, albeit often at a covert level… clients often enter therapy with a plan and work to steer sessions in directions that they perceive will be beneficial" (p. 89). Client expectations and perceptions are now recognized for their significance (Arnkoff, Glass, & Shapiro, 2002). For example, client perceptions of

the therapeutic alliance correlate more highly with therapeutic outcome than do the therapist's perceptions (Busseri & Tyler, 2004).

Client factors may seem irrelevant for a content analysis focusing on the therapist, but what therapists say and do encourage or discourage client participation. Based on their review of the literature exploring client factors in psychotherapy, Bohart and Tallman (2010) developed four implications for clinical practice: 1) therapists should enlist and promote client strengths, resources, and personal agency; 2) therapists should believe that clients are motivated and capable of proactive change; 3) therapists should promote client involvement and collaboration; and 4) therapists should listen to clients and privilege their experience and ideas. These implications are practical and directly applicable to the current study, as will be discussed in the next chapter. In short, when the therapist views the client as active, collaborative, having strengths, and possessing legitimate opinions and expectations, therapeutic outcome is more likely to be positive.

The Therapeutic Relationship/Alliance

Unlike client factors, the therapeutic relationship has a longer track record of respect regarding its significance to therapeutic outcome. Even so, it has taken a back seat to research focusing on empirically supported treatments (ESTs) (Norcross, 2002). Developing a trusting therapist-client relationship is an important part of any therapy, although it is rarely considered a technique. For most models, treatment manuals frequently mention the significance of the therapeutic alliance, without elaborating on specifics about therapist qualities or behaviors (Norcross, 2002). One exception is structural family therapy (Minuchin, 1974), which stresses the importance of the therapist joining with clients.

According to common factors, the therapeutic relationship is crucial. Blow, Sprenkle, and Davis (2007) state, “We believe that it is in the therapeutic relationship that therapists either make or break therapy” (p. 306). Others concur that a positive therapeutic relationship is a top predictor of outcome (Hubble et al., 2010; Norcross, 2010). Consistently, studies indicate the client’s view is privileged in determining the strength and quality of the relationship, and that view contributes significantly to change (Blow et al., 2007; Norcross, 2010). The relationship is not something that grows over time. Rather, a positive relationship predicts good therapeutic outcome from the very beginning of treatment (Hubble et al., 2010).

What would a strong therapeutic alliance look like? According to Norcross (2010), warmth, affirmation, and understanding are important to clients, whereas ignoring, blaming, and belittling are on the opposite end. Based on a review of the pertinent literature, Norcross outlines five implications for practice: 1) listen to clients; 2) privilege the client’s experience; 3) request feedback on the therapy relationship; 4) avoid critical or pejorative comments; and 5) ask what has been most helpful in therapy. There is overlap between this list and Bohart and Tallman’s (2010) regarding client factors. Client expectations that they will be listened to, and that their point of view will be privileged, carry tremendous weight into the therapeutic alliance between client and therapist.

Therapist Factors

“Far more important than what the therapist is doing is who the therapist is” (Duncan et al., 2010, p. xxviii). That simple but eloquent statement sums up the not-so-easily-studied truth that some therapists are more successful than others. While the therapeutic relationship has been written about for years, considering the therapist him-or herself is

relatively new. This is an unfortunate oversight, as the therapist turns out to be "the most robust predictor of outcome of any factor ever studied" (Hubble et al., 2010, p. 38). Wampold (2010) argues that even within research studies designed to test models and techniques, it is impossible to separate the person delivering the therapy from the techniques. The researcher's allegiance to the model being tested makes it impossible to tease out the impact of the model from the impact of the person who is the therapist.

Although there is great need for research to identify therapist qualities that make a difference, Asay and Lambert (1999) observe that more effective therapists perform a greater number of positive behaviors than negative behaviors compared with less effective ones. Blow et al. (2007) write that flexibility and an ability to relate to others are key qualities. Flexibility denotes an ability to be responsive to client responses and to alter interactions accordingly (Duncan, Miller, & Sparks, 2004, as cited by Blow et al.). Sparks and Duncan (2010) comment on research supporting the importance of empathy, warmth, and the ability to create structure as associated with positive therapeutic outcomes. The research in this common factors category is relatively minimal compared to the others. However, based on the literature, qualities such as positive regard and empathy will be important in the coding process for *The Dr. Phil Show*.

Common Factors Unique to Marriage and Family Therapy

As Sprenkle et al. (2009) observe, "almost all of what has been written about common factors in the individual psychotherapy literature applies to those who work with couples, families, and larger systems" (p. 34). However, there are a few crucial, common factors unique to MFT, including conceptualizing difficulties in relational terms, and disrupting dysfunctional relational patterns. Rather than viewing problems as residing

with an individual, MFTs see problems located within the interactions among family members (Nichols, 2006). The MFT common factors are the complements of each other. Sprenkle et al. observe that once a problem is conceptualized in relational terms, the "curative common factor flipside" (p. 37) is to disrupt the problematic interactions. In order to more fully understand interactional patterns, MFTs prefer to work with as many family members as possible (Nichols, 2006). This expansion of the direct treatment system is another unique common factor (Sprenkle et al., 2009).

Summary and Implications of the Academic Literature for the Current Study

This literature review began by summarizing a problem recognized and lamented in the psychotherapeutic field: psychotherapists and psychotherapy are inaccurately portrayed in the media. This led some psychologists and psychiatrists to speculate that those representations lead to negative perceptions and expectations on the part of clients and would-be clients. However, there is little empirical evidence to confirm suspicions.

Looking to the communications literature, cultivation is an appropriate body of research from which to draw. Cultivation researchers ask similar questions, with parallel concerns, to those of the psychotherapeutic community. Cultivation research provides theoretical and empirical connections between television viewing and audience perceptions of the real world. Cultivation studies demonstrate how television viewing affects the public's perceptions of professionals (e.g., attorneys, physicians, and psychotherapists). The rationale for the current study draws from the cultivation literature, so findings would likely be more pronounced for television depictions of psychotherapists than for physicians. Cultivation research has demonstrated greater effects in the following cases: 1) with the viewing of specific genres, or even specific

programs, as opposed to overall TV viewing; 2) in situations where the viewer has little personal familiarity with the topic; and 3) in instances where the program is perceived to be credible.

This study does not examine actual viewer reactions, but as a content analysis, it is a first step toward a cultivation study linking the viewing of *The Dr. Phil Show* with specific perceptions and expectations regarding psychotherapy and psychotherapists. Choosing *The Dr. Phil Show* meets all 3 of the just-discussed criteria: 1) it is program-specific; 2) viewers are likely to have relatively little experience with psychotherapy, so this program provides information; and 3) as a nonfiction talk show with a host who holds a Ph.D. in clinical psychology, *The Dr. Phil Show* appears to be a credible source of information about psychotherapy. Furthermore, because of the nature of both daytime programming and syndication, viewers may watch the program each weekday, and sometimes twice a day, depending on the local television schedule.

Finally, the literature on common factors in psychotherapy provides a "reality check" for the program content. In the MFT field, researchers conclude that media messages often do not reflect the academic literature regarding relationships and gender roles. Is it a similar case for *The Dr. Phil Show?* Are the themes communicated there reputable according to the academic literature? The framework for this content analysis draws from the common factors in psychotherapy literature. How well does the content of *The Dr. Phil Show* reflect the factors associated with positive therapeutic outcomes?

CHAPTER THREE

METHODOLOGY

I examined the content of *The Dr. Phil Show*, comparing it to themes from the common factors in psychotherapy literature (Duncan et al., 2010; Sprenkle et al., 2009). As described in the prior chapter, the common factors paradigm addresses aspects found across all models of psychotherapy. Pfau, Mullen, Deidrich, & Garrow (1995) note that most cultivation studies distinguish between a "television world" and a "real world" (p. 314), but fail to operationalize the real world. In this content analysis, I operationalize "real world" by drawing from the common factors literature, which discusses specific aspects of psychotherapy associated with positive therapeutic outcomes (e.g., Bohart & Tallman, 2010; Norcross, 2010). Most of the common factors are applicable to both individual and relational therapy, but there are a handful of common factors unique to MFT (Sprenkle et al., 2009). The variables chosen for this study are drawn from the common factors literature pertaining to both individual and relational psychotherapy.

Content Analysis

Content analysis is one of the most common types of communications research, and its methods are applicable to "virtually any form of communication" (Babbie, 1995, p. 307). Content analysis provides one way to compare media content to the real world. Wimmer and Dominick (2006) state, "Many content analyses are reality checks, in which the portrayal of a certain group, phenomenon, trait, or characteristic is assessed against a standard taken from real life" (p. 152). That sentiment pertains to this study, as I am comparing television "psychotherapy" with real-world psychotherapy. In this case, the

real-world standard is derived from the common factors literature. Because common factors are concerned with effective psychotherapeutic outcomes (Sprenkle et al., 2009), my "real-world" standard is high. It is an ideal, rather than what may be typical, of psychotherapy.

Wimmer and Dominick (2006) define three components of content analysis: it is systematic, objective, and quantitative. Therefore, I will strive for uniformity in observation and coding, paving the way for replication of the study. Although quantification may allow for easier summarizing, it runs the risk of producing shallow results (Wimmer & Dominick, 2006). For example, counting how many times the word "care" occurs does not necessarily equate showing empathy to the television guests; on the other hand, leaning forward and lowering one's voice may communicate empathy.

Data Collection

Using a digital video recorder (DVR), I recorded *The Dr. Phil Show* daily beginning in February 1, 2010, and ending June 4, 2010. In the Las Vegas market, the NBC-affiliate KVBC (Channel 3; Channel 123 digital; Channel 703 high-definition) carries the first-run airing of this program. The recording was pre-empted for two weeks in February, 2010, due to the Winter Olympics coverage. This gave a total of 16 weeks of recordings.

Sampling

I employed a "constructed week" sampling, which stratifies sample dates by days of the week. This sampling method has been demonstrated as superior to consecutive sampling (Hester & Dougall, 2007; Riffe, Aust, & Lacy, 1993), as it accounts for

systematic variations due to the day of the week. A constructed sample also requires that each day of the week be equally represented. Riffe and his colleagues note that consecutive day samples are convenient, but less useful for generalizing over a longer period of time. Although both Hester and Dougall and Riffe et al. focused on content analysis of news coverage (newspapers and online news), the same findings would likely be true for television programming. *The Dr. Phil Show* is sensitive to current events, and occasionally presents topics in response to recent news stories. Moreover, the pilot study conducted for this content analysis revealed a distinct pattern in the daily topics. Mondays tend to feature "therapeutic" shows, with more serious presenting problems. On the other hand, Thursdays tend to feature multi-person panels of various experts, celebrities, writers, and/or others with a connection to the topic.

To create a constructed week, I randomly selected one episode for each day of the week, Monday through Friday. For example, all episodes that aired on Mondays throughout the recording period were written on paper, and one was randomly selected from a bag. The process was repeated for each weekday, for a total of five hours of programming to be coded. I excluded any episode that did not appear "therapeutic." For example, the program frequently features multiple-guest panels consisting of celebrities, legal analysts, and/or journalists, inviting audience questions. These episodes were excluded from the sampling.

Unit of Analysis

The unit of analysis is each *utterance* by McGraw. An utterance is a single uninterrupted verbal segment. An utterance begins when McGraw begins speaking. It

ends when a) another person speaks, b) another person is given time and attention to respond, even if she does not actually speak, c) there is a clear shift of ideas or direction within one continuous verbalization, or d) there is a transition to something new, such as a commercial. Although verbal statements define the beginning and ending points of each event, coders were not limited to words. Tone of voice and body language are also rich sources of information from which coders may infer meaning. Coders examined the body of the program, including pre-edited video footage, pre- and post-commercial "teasers" for the current episode, and promotions for upcoming episodes. The title sequence, which is identical each day, was excluded from the coding.

Pilot Study

I briefly screened all of the recorded episodes, gathering enough information on each to understand the topic of the day. Next, I carefully watched three episodes, selected for their resemblance to real-world therapy. Each of the episodes involved a presenting problem commonly found in therapy sessions, featuring non-celebrity guests. For example, one episode featured a divorcing couple and their child-custody dispute. Each of the pilot study episodes involved only one or two sets of guests; therefore, each guest/family had at least 20 minutes of program time devoted to their story. From these three episodes, themes emerged in congruence with the common factors literature. I categorized those themes into the variables to be coded, described in the next section. None of the three episodes used for the pilot study were included in the study sample.

Measures

As discussed in the previous chapter, the common factors literature provides implications for clinicians about what works in therapy (e.g., Bohart & Tallman, 2010; Norcross, 2010). Common factors have been organized in the literature as belonging to the categories of 1) client factors, 2) therapeutic relationship, 3) models and techniques, and 4) therapist factors (Duncan et al., 2010). Sprenkle et al. (2009) include additional common factors unique to MFTs, such as conceptualizing problems in relational terms, and disrupting dysfunctional relational patterns. The common factors are not strict, separate categories; rather, they are fluid and interrelated (Hubble et al., 2010). For example, focusing on client strengths is a practical clinical implication suggested by Bohart and Tallman in relation to client factors. However, focusing on client strengths also a) helps build a strong therapeutic alliance, b) could be part of a therapeutic model, and c) speaks to personal qualities of the therapist.

Therefore, the measures coded in this content analysis were derived from the common factors literature, but by necessity, were adapted for the purposes of the study. Because the content of *The Dr. Phil Show* is inextricably linked to its host, the variables to be coded pertain specifically to McGraw, and not the show's guests. Only observable measures can be coded, as one person cannot know the inner processing of another. The more coders can construe latent meaning (Babbie, 1995) from what is observable, however, the richer the findings will be. Unfortunately, there may be a trade-off with intercoder reliability. The nature of this endeavor calls for a richer understanding of the content, including the underlying meanings communicated by facial expressions, tone of voice, and gestures, as well as words. As in therapy sessions, what is not spoken is often

just as important as what is. To understand the emotional content of interactions, the notion of a cultural judge, as employed by anthropologists, applies (Yoshimoto, Shapiro, O'Brien, & Gottman, 2005). In other words, a "gestalt of cues including the voice, facial expression, gestures, timing of words, stress, and movement" (Yoshimoto et al., 2005, p. 373) leads an observer to comprehend the latent meaning (Babbie, 1995) of an event.

The variables were derived from the clinical implications suggested by Bohart and Tallman (2010), Norcross (2010), and Sprenkle et al. (2009). A hypothesis is linked to each of the seven dichotomous variables: 1) positive regard, 2) empathy, 3) focus on strengths, 4) collaboration, 5) goal consensus, 6) relational conceptualization, 7) disrupting problematic interactional patterns. Two nondichotomous variables, credibility/expertise and touch, are each linked to a research question.

If an utterance qualified for inclusion as a dichotomous variable, it was coded as either positive or negative. Positive events were coded as "1" and negative events as "0." Both verbal (e.g., word choice, intonation, and timing) and nonverbal (e.g., body language, gestures, facial expressions) factors were considered in the coding process. In the event of a mismatch between verbal and nonverbal cues, coders used their discretion as a cultural judge (Yoshimoto et al., 2005) to code the latent meaning (Babbie, 1995).

Positive regard. Norcross (2010) describes this as a "warm acceptance of the client's experience without conditions" (p. 123). Positive expression of this variable conveys acceptance of the guest's experiences, with nonpossessive caring. The meaning communicated is "I care about you," or "I value you." Negative expression of this variable places judgment on the guest's words or actions. Criticism, hostility, and

sarcasm may occur. Negative judgment refers to the guest personally, as opposed to their actions.

Empathy. Empathy sends the message that the therapist understands the full experience of the client. Positive expression of this variable conveys understanding and recognition of the guest's situation and feelings. The meaning communicated is "I understand you," or "I *get* you." Negative expression of this variable shows a lack of understanding, or lack of caring, about the guest's situation and feelings. McGraw may contradict the guest's perceptions and experience.

Focus on strengths. Does the therapist focus on the strengths and resilience of a client, or is the communication focused on problems? Positive expression of this variable includes commenting on strengths, problem-solving skills, resilience, and/or times when the guest was successful. McGraw may use reframing of what otherwise might be a problem-focused description. For example, "You are loving, caring parents" is a way to reframe negative enabling behaviors. Negative expression of this variable points to unsuccessful times, with a focus on problems and negative behavior. For example, McGraw might say, "You yell, you scream," or "You are harming your innocent child." Focusing on the problem may sometimes look like negative expression of the variable positive regard, so coders were careful to determine the level of personal focus. Negative expression of *focus on strengths* concerns behavior, whereas negative expression of *positive regard* devalues the person.

Collaboration. Does McGraw privilege the client's worldview and invite her input, or devalue the guest's worldview by privileging his own? Positive expression of this variable asks for the guest's agreement when an assessment is made. Goals are co-

created. McGraw accepts the guest's explanations, opinions, and descriptions of life events. McGraw uses verbiage such as "we," "us," or "let's." He checks with the guest, for example, "Did I get that right?" Negative expression of this variable is when McGraw makes an "expert" assessment, privileging his worldview. McGraw talks about "the truth" as something different from what clients say. He needs to persuade clients that they do not understand their own life, for example, "You either get it or you don't," "This is a wake-up call," and "You can't change what you don't acknowledge."

Goal consensus. This variable is similar to collaboration, but focuses more narrowly on setting therapeutic goals. Positive expression of this variable allows and encourages guests to state what they would like to see change. They choose and prioritize their own goals. An example is McGraw asking, "What do you need him to do to give visitation?" Negative expression of this variable dictates McGraw's goals, for example, "Here's what you need to do."

Relational conceptualization. Does McGraw conceptualize presenting problems in a relational way, focusing on interactions between family members? Positive expression of this variable takes social networks and systems into consideration, such as family, friends, work, and culture. How family members interact with and impact each other is stressed. The family or couple is considered the client, not just the individual displaying problem behavior. Negative expression of this variable reflects the belief that problems are within a person: there is an intrapsychic deficiency, or mental disorder/disease. McGraw might tell a guest, "You're broken," or "You're damaged." In negative expression of this variable, the individual is considered the client, even if the rest of the family is present.

Disrupting problematic interactional patterns. This is the "curative common factor flipside of relational conceptualization" (Sprenkle et al., 2009, p. 37). Positive expression of this variable focuses on changing the interactions between the guest and larger systems, including family, friends, work, and culture. Negative expression of this variable focuses on changing an individual's psyche, biology, etc. The focus is on changing the individual person, not on the interactional pattern between family members.

The nondichotomous variables are as follows:

Credibility/expertise. Coders counted each time McGraw commented on his own experience, training, education, or expertise. This is important to establish how much credibility viewers are likely to give to McGraw and the program. As discussed earlier, McGraw's credibility is assumed by the popular media (Becker, 2008; Day, 2003), and even by the APA (Meyers, 2006). Cultivation researchers have also observed that perceived credibility of a television program increases its impact on perceptions of social reality (Chory-Assad & Tamborini, 2003; Quick, 2009)

Touch. Coders counted each time McGraw touched a client, excluding handshakes. Coders noted if McGraw a) touched a guest, for example on their arm or shoulder; or b) hugged a guest. This variable is to establish to what extent McGraw follows general rules of conduct for psychologists. Although occasional touching and hugging may be innocent as part of the television program, it is possible to set a precedent for client expectations of real psychotherapists. Professional codes of conduct (e.g., AAMFT, 2001) prohibit sexual contact between therapist and client. Again, hugging is not necessarily a precursor to sexual contact, but it would be prudent to avoid any situation where a client could misconstrue intent (Haug, 1994). This is a significant area, as psychotherapists are

frequently depicted in films and on television as unable to control their sexual interest in clients (Schill et al., 1990; Wedding & Niemiec, 2003). Participants in Bram's study (1997) generally had a positive view of psychotherapists, but still held a "disconcertingly pervasive view of therapists as prone to act on countertransference sexual-romantic and aggressive impulses" (p. 174).

Finally, so that each utterance by McGraw fit at least one coding category, two more nondichotomous variables were used: *information/exposition* and *other/don't know*. *Information/exposition* is appropriate for utterances in which McGraw explains and gives background information to the audience regarding the guests. It is also appropriate when McGraw asks questions to obtain more information, or to start conversation neutrally. For example, he might ask, "Why are you here today?" *Other/ don't know* is appropriate for utterances by McGraw that do not fit any other category.

Occasionally, a single utterance fit the criteria for more than one variable. When possible, the utterance was split into two, with each new utterance fitting one coding category. Otherwise, a single utterance was coded as two separate categories.

Hypotheses and Research Questions

For this study, there are seven hypotheses, one for each of the seven dichotomous variables. There are also two research question. The hypotheses and research questions' development was guided by the awareness that above all else, *The Dr. Phil Show* is a television show, driven by ratings (Webster, 2006). McGraw may be trained as a psychologist, but he now makes a living as an entertainer. As the narrator in *This Emotional Life* (Youngelson & Gilbert, 2009) phrases it, McGraw is a "showman."

Perhaps not unsurprisingly, Nabi and Hendriks (2003) assert that talk shows, emphasizing subjects that concern the public, "incorporate most, if not all, of the elements of persuasive messages" (p. 527). McGraw is a showman and more – he is both the concept and the content of his own program (Albiniak, 2002). Without his persona as the ultimate expert who knows "the truth" and bestows it on the guests, the show would be significantly less entertaining.

Given the nature of television programming, I expected that any aspects of *The Dr. Phil Show* consistent with the common factors literature would likely be overshadowed by the drama necessary to achieve high viewer ratings. Furthermore, his training is as a psychologist, not an MFT, so I expected that he would not conceptualize or utilize interventions from a systemic perspective. Therefore, for each of the seven dichotomous variables described earlier, I expected the negatively expressed events to outweigh the positively expressed events.

H1: *Positive regard.* McGraw demonstrates significantly more negative events than positive.

H2: *Empathy.* McGraw demonstrates significantly more negative events than positive.

H3: *Focus on strengths.* McGraw demonstrates significantly more negative events than positive.

H4: *Collaboration.* McGraw demonstrates significantly more negative events than positive.

H5: *Goal consensus.* McGraw demonstrates significantly more negative events than positive.

H6: *Relational conceptualization*. McGraw demonstrates significantly more negative events than positive.

H7: *Disrupting problematic interactional patterns*. McGraw demonstrates significantly more negative events than positive.

RQ1: How frequently, if ever, does McGraw mention or call attention to his expertise in psychology and human behavior?

RQ2: How frequently, if ever, does McGraw touch a guest? What is the nature of the touch? Is it a touch, such as on the arm or shoulder, or is it a hug?

Coding

Coder training strives to eliminate coder inconsistencies due to gender, culture, ethnicity, race, etc. There were two coders, one whom is the principal investigator. The other coder is experienced in conducting content analyses, but is not experienced with MFT or other psychotherapy concepts. For this study, coder training involved randomly selected short segments from episodes not included in the final sample, as well as a full episode, *The Fight over Your Child*, broadcast on February 10, 2010. The principal investigator discussed and clarified concepts until the second coder was proficient with identifying and categorizing events according to the thematic measures described in this chapter. When discrepancies arose during the training process, coders discussed the event in question until they reached consensus regarding which variable was the best fit. Once both coders felt comfortable with the coding criteria, they proceeded with the rest of the coding process.

Intercoder Reliability

I coded all five episodes that made up the sample, for a total of 79 coding sheets and 773 events. The second coder completed 12 randomly selected coding sheets, for a total of 123 events (16 percent of the total events). The 123 events coded by both coders were used to assess intercoder reliability using Cohen's kappa coefficient. Kappa is 1.0 for the variables of positive regard, empathy, focus on strengths, collaboration, disrupting problematic interactional patterns, and expert. Kappa is lower for information/exposition (0.841), and for other/don't know (0.67). However, those two variables do not have a corresponding hypothesis, and will not be part of the statistical analysis. Kappa cannot be calculated for either goal consensus or relational conceptualization, because at least one variable in each two-way table is a constant. However, the agreement between the two coders for goal consensus is 100 percent. The agreement between the two coders is 83 percent for relational conceptualization. Kappa also cannot be calculated for the variable of touch, because neither coder observed any occurrences of touch in the randomly selected intercoder reliability sample.

Data Analysis Plan

Results are elaborated in Chapter Four. The data were entered into the PASW Statistics 18 software program. The Chi-Square test was used to test each of the seven variables related to a hypothesis, to determine the data's goodness of fit regarding expected outcome. For the remaining two variables, *credibility/expertise* and *touch*, the frequency of occurrence was analyzed.

CHAPTER FOUR

RESULTS

General Description

The sample pool for this study consisted of 80 hour-long episodes of *The Dr. Phil Show*, recorded daily from February 1, 2010 to June 4, 2010. Episodes that did not resemble therapy sessions (e.g., panel discussions, audience question-and-answer days) were excluded from the sample pool. One episode for each day of the week was randomly selected to create one constructed week. The sample episodes are entitled *The Dr. Phil Family Returns: Alexandra and Katherine's Rivalry, Bully Moms, Dying to Be Thin, Breaking The Cycle of Abuse,* and *7 Days to Change: Can Amanda Be Saved?* The unit of analysis was each utterance by McGraw. For the entire five-episode sample, there were 773 utterances, each of which was judged to fit in one or more of the variable categories described in Chapter Three.

The coders noted what appears to be a distinct difference between the live and edited segments within each episode. "Live" is defined by what appears to be happening in real time. The live segments typically take place in the television studio, or occasionally backstage. There may be some minor editing, but the overall impression is one of watching events as they happen. Live segments make up the bulk of each episode.

Short edited segments are used throughout the program. Early in each episode, edited segments of a few minutes' length introduce the audience to the day's guests. The video footage is recorded from the guests' real world, often in their home. Edited segments also typically bracket commercial breaks. That is, there is an edited segment placed immediately before the commercial break, and also immediately after. These segments

may give more information about the guests in their daily life. Each episode also features promotional teasers for upcoming shows, as well as previews of what is coming later in the current episode. The edited segments are tightly controlled, with added music and sound effects. Typically, the transition to these segments is marked by McGraw and the audience turning their attention to the large video monitors in the studio as the pre-produced video package begins.

Both coders noted a distinct difference between the live and edited portions of the program. The edited segments appear significantly more sensationalized, incorporating visual effects as well as dramatic music and sound effects. Both coders had the initial impression that the content of the edited segments is more negative than for the live segments. Therefore, once the coding was completed, I analyzed the data in three groupings: 1) the entire program, 2) the live segments, and 3) the edited segments.

For comparison's sake, I also combined the variables of positive regard and empathy to create another category: combined positive regard and empathy. This was done out of concern that positive regard and empathy are not different enough to adequately distinguish between them. During the coding process, it appeared that the negative expression of positive regard and the positive expression of empathy might be opposite expressions of the same thing. Babbie (1995) advises that combining variables is appropriate if they prove to be too similar to make meaningful distinctions in coding.

Hypothesis One

Hypothesis one posits that McGraw will demonstrate significantly more negative events of positive regard than positive. Chi-Square tests supported this hypothesis for all

three analysis groups. For the whole program, $\chi^2(1, N = 130) = 59.57$, $p < .001$. For the live segments, $\chi^2(1, N = 97) = 40.92$, $p < .001$. For the edited segments, $\chi^2(1, N = 33) = 18.94$, $p < .001$.

Hypothesis Two

Hypothesis two posits that McGraw will demonstrate significantly more negative events of empathy than positive. Chi-Square tests reached statistical significance for the whole program and for the live segments. However, there were more positive than negative events. Therefore, this does not support the second hypothesis, but rather supports the opposite. For the whole program, $\chi^2(1, N = 57) = 12.79$, $p < .001$. For the live segments, $\chi^2(1, N = 52) = 13.00$, $p < .001$. For the edited segments, statistical significance was not reached, so hypothesis two is not supported. For the edited segments, $\chi^2(1, N = 5) = 0.20$, $p = .655$.

However, when positive regard and empathy were combined into one variable, the results supported a revised hypothesis: for combined positive regard and empathy, McGraw will demonstrate significantly more negative events than positive. Chi-Square tests supported this hypothesis for all three analysis groups. For the whole program, $\chi^2(1, N = 185) = 20.11$, $p < .001$. For the live segments, $\chi^2(1, N = 147) = 9.31$, $p = .002$. For the edited segments, $\chi^2(1, N = 38) = 15.16$, $p < .001$.

Hypothesis Three

Hypothesis three posits that McGraw will demonstrate significantly more negative events of focusing on strengths than positive. Chi-Square tests supported this hypothesis

for all three analysis groups. For the whole program, $\chi^2(1, N = 183) = 57.97$, $p < .001$. For the live segments, $\chi^2(1, N = 148) = 35.03$, $p < .001$. For the edited segments, $\chi^2(1, N = 35) = 27.46$, $p < .001$.

Hypothesis Four

Hypothesis four posits that McGraw will demonstrate significantly more negative events of collaboration than positive. For two of the analysis groups, Chi-Square tests did not achieve statistical significance, and so did not support this hypothesis. For the whole program, $\chi^2(1, N = 119) = 0.68$, $p = .409$. For the live segments, $\chi^2(1, N = 100) = 0.04$, $p = .841$. However, the hypothesis was supported for the edited segments, $\chi^2(1, N = 19) = 6.37$, $p = .012$.

Hypothesis Five

Hypothesis five posits that McGraw will demonstrate significantly more negative events of goal consensus than positive. For the whole program, the Chi-Square test achieved statistical significance. Therefore, it supported hypothesis five, $\chi^2(1, N = 21) = 3.86$, $p = .050$. For the live segments and edited segments, significance was not achieved. Therefore, hypothesis five was not supported for those groups. For the live segments, $\chi^2(1, N = 14) = 2.57$, $p = .109$. For the edited segments, $\chi^2(1, N = 7) = 1.29$, $p = .257$.

Hypothesis Six

Hypothesis six posits that McGraw will demonstrate significantly more negative events than positive, by conceptualizing difficulties in individual terms rather than

relational. The statistical analysis results vary for the three analysis groups. For the whole program and live segments, significance levels were achieved. However, similar to hypothesis two (empathy), the results were in the opposite direction of what was expected. For the whole program, $\chi^2(1, N = 88) = 38.23$, $p < .001$. For the live segments, $\chi^2(1, N = 80) = 31.25$, $p < .001$. For the edited segments, hypothesis six is supported, with eight positive expressions of the variable, and no negative expressions. Because there were no negative expressions, the Chi-Square value could not be calculated.

Hypothesis Seven

Hypothesis seven posits that McGraw will demonstrate significantly more negative events than positive for the disruption of problematic interactional patterns. The results of the statistical analysis do not support the seventh hypothesis for any of the three conditions. For the whole program, $\chi^2(1, N = 16) = 0.25$, $p = .617$. For the live segments, $\chi^2(1, N = 12) = 0.00$, $p = 1.000$. For the edited segments, $\chi^2(1, N = 4) = 1.00$, $p = .317$. For all three analysis groups, there were very few instances of either positive or negative expression of this variable.

Summary of Hypothesis Testing Results

Support for the hypotheses varies. For some of the hypotheses, the statistical results are consistent for all of the analysis groups: whole episode, live segments, and edited segments. However, some hypotheses are supported for some but not all of the analysis groups. Table 1 summarizes the findings regarding hypothesis testing using the Chi-Square analysis.

Table 1

Hypothesis Support Based on Chi-Square Analysis

Hypothesis	Variable	Whole Program	Live Segments	Edited Segments
H1	Positive Regard	Y	Y	Y
H2	Empathy	N*	N*	N
H1/H2	Combined	Y	Y	Y
H3	Focus on Strengths	Y	Y	Y
H4	Collaboration	N	N	Y
H5	Goal Consensus	Y	N	N
H6	Relational Concept.	N*	N*	Y
H7	Disrupt Int. Patterns	N	N	N

* Indicates statistical significance achieved, but in opposite direction of expectation.

Research Question One

Research question one asks how frequently, if ever, does McGraw mention or call attention to his expertise in psychology and human behavior? The coders observed that McGraw made four references to his expertise: twice during *7 Days to Change: Can Amanda Be Saved?* and twice during *Dying to Be Thin*.

Research Question Two

Research question two asks how frequently, if ever, does McGraw touch a guest? Is it a touch, such as on the arm or shoulder, or is it a hug? The coders observed five instances where McGraw touched a guest. They also observed two instances where McGraw hugged guests: one hug for two different family members.

CHAPTER FIVE

DISCUSSION

General Discussion

As indicated in Chapter Four, not all of the hypotheses are supported. This is arguably good news for all types of psychotherapists, including MFTs. Each unsupported hypothesis indicates a more positive demonstration of psychotherapy. Therefore, although the depiction of psychotherapy on *The Dr. Phil Show* may not be as positive as clinicians would like, it is more positive than expected. When hypotheses were supported, statistical significance may not have been achieved in all three analysis groups: whole program, live segments, and edited segments. To briefly sum up the overall results, McGraw's utterances are problem-saturated (hypothesis three), with little positive regard for the show's guests (hypothesis one). However, he shows more empathy (hypothesis two) and is more collaborative (hypothesis four) than expected. Significantly for MFTs, McGraw often takes a relational perspective (hypothesis six).

The two hypotheses most closely related to therapeutic interventions have little support. Based on statistical analysis, there is no support for disrupting problematic interactional patterns (hypothesis seven) in any of the three analysis groups. Goal consensus (hypothesis five) barely achieves statistical significance for the whole program condition ($p = .050$), but is not significant for the other two groups. This is likely because the sample sizes for the live and edited segments were not large enough to reach statistical significance. Regardless, of the seven dichotomous variables coded, these two have the fewest number of occurrences. For the five-episode sample, there are 21 events of goal consensus, and only 16 of disrupting problematic relational patterns. In

comparison, the next rarest variable, empathy, has over double the number of events (N = 57). The low number of occurrences for "therapy-specific" variables supports McGraw's contention that he does not do "eight-minute cures" (Youngelson & Gilbert, 2009), but rather attempts to raise awareness among viewers about various problems facing individuals and families. The on-air guests provide a cautionary tale for the audience. At the end of each episode, McGraw typically offers to arrange real therapeutic services for the guests with other providers. When he does give information intended to help change behavior, it is presented as psychoeducation aimed at the audience. For example, in the episode *Bully Moms,* tips to help agitated parents control their behavior appear onscreen as McGraw elaborates. He presents a similar type of list in the episode *Dying to Be Thin*.

More than any other result, support for both hypothesis one, positive regard, and hypothesis one/two, combined positive regard and empathy, is key. McGraw demonstrates more positive demonstration of psychotherapy than expected overall, including several incidents of empathy. However, his propensity for personal attacks and criticism is troubling. For example, in the episode *Bully Moms,* McGraw responds to the husband of one of the featured "bully" mothers. When the guest protests that the negative behavior recorded by the camera crew is not the only type of interaction that occurs between his wife and stepdaughter, McGraw retorts, "So let's talk about how we're mischaracterizing this, my friend. … 'Cause I got a problem with you. I'm just here to tell you straight up, I got a problem with you," for not interrupting his wife's abusive behavior forcefully enough. In the episode *The Dr. Phil Family Returns: Alexandra and Katherine's Rivalry,* McGraw unleashes years of frustration with the guests. He gives the family's two daughters an extended tongue-lashing that is punctuated by audience

applause and cheers. He exclaims, “If I make an appointment and then you don’t show up, who the hell do you think you are?” to Katherine, because she has not kept her psychotherapy appointments in her hometown. McGraw uses sarcasm again in the episode *7 Days to Change: Can Amanda Be Saved?* when he tells drug-addicted Amanda, “Well I tell you what, Mother Teresa… You got all you can do to keep your butt out of the gutter.” He also calls her a “parasite,” living off of other people.

At other times McGraw shows positive empathy toward his guests. For example, in the episode *Breaking the Cycle of Abuse,* McGraw tells a guest, “A 20-year-old girl should not live with the pain you’re living with,” and “You never got a chance to learn how to problem solve.” For the whole five-episode sample, McGraw shows empathy often enough that hypothesis two, empathy, is not supported. In fact, statistical significance was reached, but in the opposite direction than expected. McGraw shows significantly more positive expressions of empathy than negative.

However, even with many instances of demonstrated empathy, the therapeutic alliance could well be ruptured by any personal attack (Norcross, 2010). McGraw uses sarcasm, criticism, and personal attacks liberally, and accordingly, hypothesis one, positive regard, is supported. Even though McGraw demonstrates empathy on several occasions, it is outweighed by the number of times he goes on the attack. This is borne out by statistical testing. When the variables empathy and positive regard are combined, as in hypothesis one/two, there are significantly more negative events than positive in all three analytic conditions. This outcome stands in contrast to Asay and Lambert’s (1999) assertion that more effective psychotherapists perform a greater number of positive behaviors than negative behaviors, compared with less effective psychotherapists.

Based on the statistical results, *The Dr. Phil Show* is problem saturated. Other than hypotheses one (positive regard) and one/two (combined positive regard and empathy), hypothesis three (focus on problems) is the only other hypothesis statistically supported in all three analytic conditions. Whether an utterance by McGraw is part of a live segment or edited segment, he is not very likely to identify or marshal the existing strengths of families. Rather, the negative behavior of guests is front and center. McGraw may take one example of a guest's negative behavior and highlight it several times. For example, in the episode *Bully Moms*, he quotes Nikkie's threat to drop her five-year-old daughter off with the bums, repeating it on three separate occasions. Within the first ten minutes of the episode, McGraw cites 26 different negative behaviors by Nikkie, including telling her daughter that if she does not eat her lunch, she will shove it down her throat. Viewers are left with the impression that in psychotherapy, one's worst moments will be taken out of context, dissected, reassembled, and used to induce shame.

The relatively few times McGraw remarks on family strength, it typically falls into two categories. First, he generically tells guests they have the power to change the situation, or have the free will to behave differently. For example, in *Bully Moms,* he tells a guest, "You have the power to change that," without giving any tools to do so. Secondly, McGraw tends to describe families as loving. This is often a reframe for otherwise detrimental behavior, such as catering to a child with a drug addiction or an eating disorder. In the episode *Dying to Be Thin,* McGraw tells the parents, "You are loving, dedicated, devoted, well-intended parents who are in so far over your head that all you know how to do is nurture." Similarly, in *7 Days to Change: Can Amanda Be Saved?* McGraw tells Amanda's parents, "You clearly are very loving and devoted parents. I

wish I had more parents that were willing to fight as hard as y'all are fighting, despite the fact that you get in your own way some."

Hypothesis four, collaboration, is not supported for the whole program or for the live segments, but is supported for the edited segments. That is, there are not significantly more negative expressions of collaboration in either the live segments or the whole program. Despite the statistical results, however, McGraw's positive collaboration is more "on paper" than in reality. According to common factors researchers, privileging the client's worldview is crucial (Bohart & Tallman, 2010; Hubble et al., 2010). However, McGraw rarely, if ever, does this. Instead, most of the positive expressions for collaboration are the result of generous coding criteria.

The positive expressions of collaboration reveal McGraw eliciting the guests' agreement with his own point of view. This is in line with the coding criteria, which include asking for the guest's agreement when an assessment is made. For example, in the episode *Breaking the Cycle of Abuse,* McGraw lays out step-by-step how a person can overcome a legacy of physical abuse. He then addresses the "identified patient," Julie: "we're going to work on this right? We're going to work on this" as she nods her head. McGraw continues to direct her, "I told you what you have to do." In a more dramatic example, *Dying to Be Thin*, McGraw asks the entire family, "Are you as a family prepared to do the things that I am asking you to do?"

His "collaborative" style may well be because McGraw, as television host, must keep a tight rein on the content and pacing of each episode. Although talk shows may appear spontaneous, they are semi-scripted at the very least (Hassanpour, 2004). Viewer ratings must be maintained (Webster, 2006) to remain on the air. The guests are not the proven

entertainers that McGraw is. For the most part, they are merely the catalyst for his performance. From the producers' standpoint, then, there is a practical side to keeping guest participation to a minimum. However, the resulting message to viewers is that psychotherapy clients are relatively passive. Another part of the message is that psychotherapists are very directive, and do not consider the client's worldview at all.

On a positive note for MFTs, McGraw takes a more relational approach than expected. For example, the guests on each of the five sample episodes were couples or families, which fits with MFTs' practice of involving as many family members as possible. Sprenkle et al. (2009) refer to this as one of the common factors unique to MFTs: expanding the direct treatment system. In the live segment and the whole program conditions, statistical significance for hypothesis six, relational conceptualization, occurs in the opposite direction. This means that McGraw shows significantly more positive expressions than negative for relational conceptualization. For example, in *7 Days to Change: Can Amanda Be Saved?* McGraw laments the tendency for parents to "bring their child to the therapy altar, drop them on the doorstep and say, 'Here they are. Fix my child. Call me when you're done.' But it's typically a family dynamic that's going on." Similarly, in the episode *Dying to be Thin*, McGraw comments on how the daughter with an eating disorder bullies her family into catering to her illness. This assessment is remarkably similar to that of Minuchin, Rosman, and Baker (1978) in their book about psychosomatic families. However, McGraw does not go quite as far as an MFT, who might conceptualize an eating disorder as serving a function for the family. Nevertheless, McGraw's insistence that the family participate is in line with the MFT perspective of treating the whole family as the client (Nichols, 2006; Sprenkle et al., 2009).

A handful of events fit the coding guidelines for the two research questions. In the five-episode sample, McGraw makes four explicit references to his expertise, which pertains to research question one. For example, in *7 Days to Change: Can Amanda Be Saved?* he prefaces his introductory comments with, "I've been in the profession of psychology and human functioning for over 30 years now." Similarly, he cites his decades of experience to convince the family on *Dying to Be Thin* of the gravity of anorexia nervosa: "I've been doing this for 30 years, if you don't think these people die, then trust me." McGraw sometimes also makes lighthearted reference regarding his experience, but such instances were not coded as "expertise." For example, he might exclaim something like, "This ain't my first rodeo!" Whether it is stated implicitly or explicitly, McGraw's credibility is highlighted throughout the series. As cultivation researchers discovered (e.g., Quick, 2009), when viewers perceive a show's credibility to be high, they are impacted more by what they watch.

The second research question asks how many times McGraw touches or hugs guests. For the five-episode sample, he touches a guest seven times, including two hugs. For example, in *Breaking the Cycle of Abuse*, McGraw leans over to touch a male guest on his knee to emphasize his statement of empathy: "I don't want that for you." In *7 Days to Change: Can Amanda Be Saved?*, McGraw reaches off-screen, apparently patting the hand or arm of the mother as he welcomes her. On the same episode, this same guest, along with her husband, are shown receiving a hug from McGraw in video footage recorded during a prior meeting. Although McGraw's touching and even hugging of guests appear nonthreatening and empathetic, touch is an area of potential concern for psychotherapists. Clients may misconstrue a touch or hug as being of a sexual nature

(Haug, 1994). Furthermore, the public already tends to believe that psychotherapists have difficulty handling sexual countertransference (Bram, 1997).

Edited Segments: Sensational Entertainment

If there were any question whether *The Dr. Phil Show* is entertainment, the edited segments dispel the confusion. These segments assemble prerecorded video and audio, and are featured throughout each episode. The video footage may have been recorded in the guests' home, or may be taken from *The Dr. Phil Show* itself. These segments serve several purposes: to give more information about the guests, to entice viewers to stay tuned after the commercial break, and to convince them to watch a future episode. Regardless of the purpose, some of the same production techniques found in dramatic fictional television shows are utilized, including dramatic and selective editing, intense music, and sound effects. The edited segments remind the viewers that they are watching an entertainment product, above all else (Webster, 2006).

Despite obvious stylistic differences between the live and edited segments, the design of this study does not take elements such as music and sound effects into consideration. Only utterances by McGraw were coded. However, in accordance with the dramatic production values, the utterances are more negative in the edited segments than in the live segments. Statistical analysis supports five of the hypotheses during the edited segments, as opposed to only three during the live segments. Both the live and edited segments reflect significantly more negative expressions of positive regard (hypothesis one), combined empathy/positive regard (hypothesis one/two), and focus on strengths (hypothesis three). Sensational, but negative, utterances are repeated multiple times.

Edited segments often take content from the live segments, repeating and recombining it in different ways. Although McGraw says something once during the show's taping, viewers may see it three or more times. For example, the audience witnesses McGraw scolding, "If you think I'm bluffing, try me!" three times during the episode *The Dr. Phil Family Returns: Alexandra and Katherine's Rivalry.* The same dramatic utterance may also be broadcast for several days prior, in order to promote the upcoming episode.

Compared with the live segments, the edited segments are significantly more negative regarding collaboration (hypothesis four) and relational conceptualization (hypothesis six). As discussed earlier, McGraw takes a more relational view of families than expected, at least for the live segments and the overall program. In those instances, significance is achieved, but in the opposite direction than expected. However, his relational view of problems disappears in the edited segments, with statistical significance reached in the predicted direction. A similar finding occurs with empathy (hypothesis two). For the live segments as well as the entire program, there are significantly more instances of positive empathy than negative. However, that finding disappears for the edited segments, where significance is not reached in either direction.

Implications of the Study

This study identifies some of the messages communicated by *The Dr. Phil Show*. Decades of cultivation studies suggest messages on television influence viewers' beliefs and attitudes regarding psychotherapy. Despite speculation that media portrayals of psychotherapy profoundly impact audiences (e.g., Gabbard & Gabbard, 1999; Schultz, 2005b; Wedding & Niemiec, 2003), Vogel et al. (2008) are the only researchers to utilize

cultivation theory, demonstrating that television viewing significantly impacts viewers' attitudes towards psychotherapy, as well as their intentions to seek services.

Based on those results, as well as cultivation studies examining the portrayal of physicians on television (Chory-Assad & Tamborini, 2003; Pfau, Mullen, & Garrow, 1995; Quick, 2009), it is a reasonable assumption that the content of *The Dr. Phil Show* will influence audience perceptions of psychotherapy and psychotherapists. According to cultivation research, effects will be more pronounced for those situations with which viewers have relatively little first-hand experience (Gerbner & Gross, 1976), such as psychotherapy. Given viewers' unfamiliarity with psychotherapy, the impact of genre-specific programming (Quick, 2009), and McGraw's high level of credibility, the messages of *The Dr. Phil Show* are likely to significantly influence audience perceptions regarding psychotherapy. The public may avoid seeking psychotherapy altogether, or may be disappointed with real-life psychotherapy (Vogel et al., 2008; Wong, 1994).

It may not only be regular viewers who are affected by *The Dr. Phil Show*. Commercials for *The Dr. Phil Show* are broadcast during other television programs. Therefore, even those who do not watch the program regularly, or at all, may still be influenced by the program content. As discussed earlier, the edited segments are highly sensationalized compared with the live segments of each episode. Therefore, it is possible that television viewers who do not watch *The Dr. Phil Show*, but see commercials for it, may also develop a negative view of psychotherapy.

As stated earlier, McGraw does not claim to do psychotherapy on the show (Youngelson & Gilbert, 2009), but that is not likely to be understood by the audience. So what might the viewers expect when they visit an MFT? At the most basic level, viewers

of *The Dr. Phil Show* will likely expect a highly directive therapist who will articulate the problem, set the therapeutic goals, and instruct clients how to achieve those goals. Therapy is one-way, with little client participation. This is in line with McGraw's "get real" approach (McGraw, 2010), but out of line with common factors research (Bohart & Tallman, 2010). Clients who have such expectations may be disappointed when they meet with an MFT who is nondirective, or who solicits each family member's input. A parallel concern is voiced by Chory-Assad and Tamborini (2003) regarding the portrayals of physicians on television, and the corresponding public perceptions of physicians that do not match reality.

Additionally, viewers may expect a problem-saturated psychotherapy experience rife with criticism, personal attack, and shaming. Once again, this is out of line with common factors research (Norcross, 2010; Sprenkle et al., 2009). These are arguably the most damaging aspects of *The Dr. Phil Show*, and probably the most likely to deter people from seeking psychotherapy (Vogel et al., 2008; Wong, 1994). The anticipated risks and benefits of psychotherapy are significant factors in determining individuals' attitudes and intentions regarding psychotherapy (Vogel et al., 2008). This begs the following questions: how many instances of empathy does it take to outweigh being called a "parasite," or to hear a psychotherapist recite 26 abusive things you have done to your child? Is it possible to develop or maintain a positive therapeutic alliance when there is such shame-inducing behavior on the part of the therapist?

The most positive aspect of McGraw's performance, and that which is most pertinent to MFTs, is the emphasis on featuring families and couples as guests. Even if McGraw's relational conceptualization is not as detailed as an MFT's might be, he sets up the

expectation that all family members will be involved. This is encouraging for MFTs, who may otherwise struggle with client expectations regarding full-family involvement.

Strengths of the Study

This content analysis is grounded within the tradition of cultivation research, which has decades of empirical support (Morgan & Shanahan, 1997). More specifically, the current study takes recent refinements to cultivation theory into account. *The Dr. Phil Show* was chosen for its popularity, credibility, and genre-specificity (Quick, 2009), aspects which appear to improve the accuracy of the model. A content analysis is the recommended first step in cultivation studies (Potter, 1993). Just as Chory-Assad and Tamborini's (2001) content analysis of prime-time physician programs set the stage for a cultivation study (Chory-Assad & Tamborini, 2003), this content analysis of *The Dr. Phil Show* sets the stage for a future study to examine the cultivation effects on viewers regarding perceptions of psychotherapists.

This study speaks to a criticism often leveled at cultivation studies. As Pfau, Mullen, Deidrich, and Garrow (1995) point out, most cultivation studies distinguish between a "television world" and a "real world" (p. 314), but fail to operationalize the real world. By drawing from the common factors literature, this shortcoming is addressed. Using common factors as a framework allows for some generalizations across all types of psychotherapy, and leads to implications for practitioners (Bohart & Tallman, 2010; Norcross, 2010). In addition to elucidating what works in psychotherapy, the common factors paradigm also comments on what should be avoided, such as "critical or pejorative comments" (Norcross, 2010, p. 117). This is arguably McGraw's greatest

problem in relating to his guests, and likely to influence viewers. As the most visible representation of psychotherapy in the media, McGraw's approach may be problematic for those concerned with the public depiction of psychotherapy.

Another strength of the study is high intercoder reliability. Kappa is 1.0 for five of the seven dichotomous variables: positive regard, empathy, focus on strengths, collaboration, and disrupting problematic interactional patterns. The agreement between the two coders is 100 percent for goal consensus, and 83 percent for relational conceptualization. The high intercoder reliability supports the agreement of the coders on the operational definitions of the variables. This is especially relevant because the coders were looking for latent meaning (Babbie, 1995) rather than, for example, counting specific words.

Limitations of the Study

Although Potter (1993) recommends a content analysis as a precursor for cultivation research, a content analysis alone is incomplete. Based solely on a content analysis, researchers cannot make assumptions about how or to what extent the content affects the audience (Wimmer & Dominick, 2006, p. 153). Although the current study is grounded in cultivation theory and presumes that the content of *The Dr. Phil Show* influences the audience, no specific statements can be made about that influence.

The quantitative research design of this study follows prior cultivation research (e.g., Chory-Assad & Tamborini, 2003; Pfau, Mullen, & Garrow, 1995). Quantitative design strives to prevent interpretations from being impressionistic (Krippendorff, 2004). In the case of *The Dr. Phil Show,* a quantitative approach helps prevent criticism of bias against McGraw, and keeps the relative frequencies of events in perspective. For example, this

study acknowledges the 42 instances of positive empathy demonstrated by McGraw, but places that within the context of 109 negative events for positive regard. However, there are limitations to this study's quantitative approach. There is still a qualitative aspect, as coders endeavored to understand latent meaning (Babbie, 1995). This makes high intercoder reliability and replication more difficult. Furthermore, quantitative methodology misses some of the detail and richness that is possible with qualitative methodology.

Some limitations of the study pertain to the unit of analysis: utterances by McGraw. First, the utterances vary greatly in length, from one second to over 40. However, each utterance is weighted the same. Therefore, a 32-second list of abusive things a guest said and did is counted the same as a one-second utterance.

Second, focusing on the utterances misses other messages of the content. As has been discussed already, the edited segments contain many elements beyond those found in the live segments, including music, sound effects, and fast-paced editing. Although there may be no way to tease out the effect of dramatic music playing underneath the audio of McGraw's utterances, the music and other elements are not considered for their own contributions to the overall meaning. For example, reaction shots of audience members and the guests are not addressed in this study, even though a disapproving look from an audience member conveys a large amount of information to viewers. Another example is an extremely negative video clip from *Bully Moms*, with Nikkie screaming at her daughter. This short clip is repeated five times throughout the episode. At one point the clip is shown in silent slow motion, on a screen behind McGraw and the guests as they talk. Certainly, the repetition of this video clip serves as a reminder of the guest's faults,

which could be considered a negative expression of the variable focus on strengths. It could also be considered a negative expression of personal regard, as the result of the repeated showings of the video likely induces shame. However, because the clip does not feature an utterance by McGraw, it was not coded in this study.

Other limitations of the study are related to the sampling method. Episodes that appear "nontherapeutic," such as panel discussions, were excluded from the sample population. The content of those episodes may be different enough from the current sample that different results are obtained. Another consideration is that two different "sweeps" periods, were within the sampling timeframe. Sweeps are four-week periods four times per year: February, May, July, and November (Rocha, 2004). Advertising rates are based on viewer ratings during these periods. More sensational programming is typically shown during sweeps periods (Rocha, 2004). However, sweeps are a regular part of television scheduling, so viewers periodically watch more extreme content.

Future Research

As was mentioned previously, the current study sets the stage for cultivation analysis. The logical next step for future research is to elicit data from television viewers regarding their perceptions of psychotherapy and psychotherapists, based on their television viewing. As Vogel et al. (2008) suggest, longitudinal effects may vary from short-term effects. Therefore, comparing the effects of single-episode viewing to those of long-term, multi-episode viewing may refine researchers' understanding.

The research design may be adjusted as well. This study obtained a great deal of information based on the content of McGraw's utterances. However, production aspects

such as camera angles, editing, and music, also contribute a great deal to the audience's understanding of the content. Altering the sampling procedure is another way to adjust the research design. A larger sample, such as two constructed weeks, may be more representative of a viewer's overall experience. In addition, the sampling could be broadened to include "nontherapeutic" episodes.

The research of Vogel et al. (2008) considers the viewing of television drama and comedy programs, while the current study focuses on a single series, *The Dr. Phil Show*. While *The Dr. Phil Show* is perhaps the most important television series featuring psychotherapy, it is not the only one. There is much to learn about what is in-between the two studies. More content analyses and cultivation studies are needed which center on genre-specific programming featuring psychotherapy and psychotherapists. Such programming includes fiction series (e.g., *In Treatment, The Sopranos)* and nonfiction series (e.g., *Celebrity Rehab, The OCD Project, Intervention, Addicted, and Hoarding: Buried Alive*). Television news and magazine programs, such as *20/20* or *The Today Show,* are also worth considering, as they often feature psychotherapists as expert commentators.

Very little research has been done in the area of how media messages affect public perceptions and expectations of psychotherapy. However, emerging research indicates that client expectations are very important (Bohart & Tallman, 2010; Hubble et al., 2010; Philips et al., 2007). Mass media exposure is certainly one of the factors that contribute to client expectations, and possibly one of the most important factors. Therefore, MFTs and other mental health professionals will benefit from a greater understanding how those client expectations come to be, and the implications that arise.

APPENDIX

Sample Coding Sheet

Episode Title _____

Broadcast Date _____ Page # ____ Guests (Couple/Family/Individual) _____

For each Dr. Phil utterance, place a check in the appropriate box. See the attached coding guidelines regarding category descriptions. For *Touch*, code 1 for touch and 2 for hug.

Time	Description	Pos Regard		Empathy		Strengths		Collab.		Goal Consens		Rel Concept		Disrupt Patterns		Info/ Expos	Other/ DK	Expert	Touch
		+	-	+	-	+	-	+	-	+	-	+	-	+	-				

Coding Guidelines for *The Dr. Phil Show*

Dichotomous Variable Categories

1. Positive Regard

Positive	*Negative*
Positively expressed events convey acceptance of the guest's experiences. Shows deep nonpossessive caring. "I *care about* you." "I *value* you."	Negatively expressed events place judgment on guest's words or actions. Criticism, hostility, sarcasm. More personal than #3.

2. Empathy

Positive	*Negative*
Positively expressed events convey understanding and recognition of the guest's situation and feelings. "I *get* you." "I *understand* you."	Negatively expressed events show a lack of understanding, or a lack of caring, about the guest's situation and feelings. May contradict guest's perceptions and experience

3. Focus on strengths

Positive	*Negative*
Point out strengths, problem-solving skills, and/or times when guest was successful. May use reframing. (For example, "You are loving, caring parents…" as a way to reframe enabling behaviors.)	Point out unsuccessful times; focus on problems. "You yell. You scream." "You fight in front of the children."

4. Collaboration

Positive	*Negative*
Positively expressed events ask for guest's agreement when an assessment is made; goals are co-created. Accept guest's explanations, opinions, and descriptions of life events. Verbiage such as "we," "us," "let's." Checking with guest, e.g., "Did I get that right?"	Negatively expressed events are when McGraw makes an "expert" assessment, privileging his worldview. McGraw talks about "the truth" as something different from what clients are saying. "You either get it or you don't." "This is a wake-up call." "You can't change what you don't acknowledge."

5. Goal Consensus

Positive	*Negative*
Guest is allowed to state what they would like to see change. They choose/prioritize goals."What do you need him to do to give visitation?"	Goals are dictated by McGraw. "Here's what you need to do…"

6. Conceptualizing Difficulties in Relational Terms

Positive	*Negative*
Positively expressed events take social networks/systems into consideration, e.g., family, friends, work, culture. The family/couple is the client. How family members impact each other.	Negatively expressed events reflect belief that problems are "within a person;" there's an intrapsychic deficiency, or a mental disorder/disease. The individual is the client. "You're broken."

7. Disrupting Problematic Interactional Patterns

Positive	*Negative*
Positively expressed events focus on changing the interactions between client(s) and larger systems, including family, friends, work, culture.	Negatively expressed events focus on changing an individual's psyche, biology, etc. Focuses on changing the individual person, not the interactional pattern.

Non-dichotomous Variable Categories

Information/Exposition

Code events in this category when McGraw describes the show's topic, or when he gives background information to the audience regarding the guests. It is also appropriate when McGraw asks questions to obtain more information, or to start conversation neutrally. For example, he might ask a guest, "Why are you here today?"

Other/ Don't Know

Code events in this category when utterances by McGraw do not fit any other category.

Credibility/Expertise

Count each time McGraw comments on his own experience, training, education, or expertise. This is important to establish how much credibility viewers are likely to give to McGraw and the program.

Touch

Count each time McGraw touches a client (excluding handshakes). Coders will note if McGraw uses one hand to touch guest, e.g., on arm, back, or shoulder. Code these events as "1." If McGraw hugs a guest, code as "2." This variable is to establish to what extent McGraw follows general rules of conduct for psychologists.

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