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Informing or Exploiting? Public Responses to Giuliana Rancic's Health Narrative

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ABSTRACT

Popular entertainment journalist Giuliana Rancic has shared her struggles with pregnancy loss, infertility, and breast cancer in an array of public forums. In this study, we analyzed online comments responding to public discourses surrounding Rancic's revelations, including her miscarriage and fertility treatments, her breast cancer diagnosis, and her decision to undergo a double mastectomy. Our goal was to explore how the public framed Rancic's health challenges. Using a narrative lens, we argue that online comments reveal the tensions that celebrities like Rancic must manage as they contend with public scrutiny of their stories. Online commenters in this study framed Rancic's narrative as a privileged vantage point in which she exploited her health struggles for personal and financial gain. Our analysis of these comments also demonstrates how Rancic's narrative exists in concert with other discourses that challenge and disrupt her own account of events. The examination of these mediated discourses has implications for understanding the role of celebrity experiences in personal and public conversations about health.

First, I would like to take the stigma away. "Mastectomy" the word seemed so scary to me at first. After doing research and seeing the advancements, the surgery has come a long way from 20 years ago. The results can be incredible. Not only can it save your life, but you can come out feeling healthier and with a positive self-image. Second, I want to encourage everyone to be proactive with their health and get checked out . . . When I went public with my breast cancer diagnosis six weeks ago, the overwhelming outpouring of love, prayers, and support really helped me heal faster. I want to make sure to thank everyone and give them an update for being so kind and loving and supportive. (Giuliana Rancic, in Errico, 2011, paras. 3–6)

Popular entertainment journalist Giuliana Rancic has shared her recent health challenges in an array of public forums. Rancic's treatment for infertility, pregnancy loss, breast cancer diagnosis, and radical double mastectomy were made public through dramatic portrayals on the reality series *Giuliana and Bill*, interviews with major news outlets and television talk shows, and reporting by online and print media. In disclosing her story, Rancic has repeatedly expressed a desire to share her experiences so that others might learn from her and take proactive steps to improve their own health (English, 2012). As celebrity stories of health and illness like Rancic's enter public conversations, particularly in an age of social and online media, they provide an opportunity for readers, fans, and viewers to engage with these narratives in ways never before possible. In this essay, we use online comments written in response to public discourses about Rancic's journey with infertility and breast cancer to investigate how audiences understand and react to celebrity stories as a form of health communication. In the following sections, we review

pertinent scholarship on celebrity health narratives and online comments, provide background information on Rancic's case, and outline the theoretical tenets that underpinned our analysis.

Understanding reactions to celebrity narratives through online comments

During the past several decades, health communication scholars and practitioners have focused increased attention on the role of celebrities in promoting health (e.g., Beck, Aubuchon, McKenna, Ruhl, & Simmons, 2014; Brown & dematviuk, 2010; Brown, Basil, & Bocarnea, 2003). For instance, scholars have examined the narration and effects of public stories such as actor Michael J. Fox's battle with Parkinson's disease (Beck, 2005; Moe, 2012); reactions to basketball star Magic Johnson's HIV disclosure (Casey et al., 2003); celebrity struggles with eating disorders (Saukko, 2006); and the cancer journeys of public figures like Betty Ford (Dubriwny, 2009). Celebrity announcements of health challenges are akin to "naturally occurring interventions" and, as such, "provide significant opportunities to influence public understandings of health and illness and shape a wide range of social and behavioral outcomes" (Noar, Willoughby, Myrick, & Brown, 2014, p. 445).

Research to date has suggested some mixed effects of celebrity stories (Beck, 2005; Bishop, 2005), though much of the scholarship in this area has a rather optimistic tone (Casey et al., 2003), emphasizing the positive potential of celebrities' stories to educate, inspire, and promote activism (e.g., Beck et

al., 2014). However, the intense attention and public fervor that often accompany celebrity announcements, like Angelina Jolie's revelation of her decision to undergo a prophylactic double mastectomy (Borzekowski, Guan, Smith, Erby, & Roter, 2013), can sometimes serve to alarm, rather than inform, the public (Hilton & Hunt, 2010; Kelaher et al., 2008).

The potential for both positive and negative outcomes linked to celebrity stories points to a need for scholars to unpack the many and varied ways in which audiences make sense of celebrity narratives. Such work is particularly needed in a hypermediated environment that enables viewers and readers of mass and online media to interact with stories and with each other (Beck et al., 2014; Bishop, 2005; Fraser & Brown, 2002). A growing body of work positions online comment forums as a naturalistic and ecologically valid context in which to gauge public understandings of media events (Holton, Lee, & Coleman, 2014). Comments posted in response to online stories are "valuable as research data because they reflect spontaneous, unsolicited opinions not affected by study demand characteristics or researcher bias" (Regan et al., 2014, p. 311). Though research examining the content and nature of online comments is still in its infancy (Regan et al., 2014), scholars agree that Internet-based technologies create spaces in which the general public can discuss, deliberate upon, and question current events (Blom, Carpenter, Bowe, & Lange, 2014; Coe, Kenski, & Rains, 2014), including health-related stories (Holton et al., 2014). Moreover, analysis of online comments can reveal the core issues that readers notice, attend to, and react to as they consume celebrity health stories (Shi, Messaris, & Cappella, 2014), suggesting which stories, issues, and articles "readers really care about" (Laslo, Baram-Tsabari, & Lewestein, 2011, p. 865).

Given the role of online comment forums as a public sphere for deliberating on current health events, the goal of our study is to include the voices of the general public through analysis of online reader comments to gain a better sense of how audiences respond to and engage with celebrity stories. As Noar and colleagues (2014) noted when reflecting on celebrity health announcements, "the more we know about this phenomenon itself, the better able we will be to effectively leverage such events" (p. 447). In the next section, we demonstrate why Rancic's journey made a compelling case for analysis.

Rancic's journey

Giuliana Rancic is best-known for her role as a host on the E! Network, where she works as an anchor on the network's flagship show, *E! News*, reporting on entertainment news and celebrity gossip. She also hosts red-carpet coverage of celebrity events like the Oscars and works on a panel of critics on E!'s *Fashion Police*, a show dedicated to the scrutiny, and often ridicule, of celebrity fashion choices. She and her husband, Bill Rancic—the first winner of the reality television show *The Apprentice*—also have their own reality series, *Giuliana and Bill*.

Rancic's struggles with infertility, pregnancy loss, and breast cancer are inextricably linked, as her pursuit of fertility

treatments ultimately led to the detection of her cancer. Her journey, which has been meticulously documented on their reality show, began in 2010 when she and Bill pursued medical intervention to address their inability to conceive ("Giuliana Rancic," n.d.). After a failed attempt at intrauterine insemination, the couple pursued in vitro fertilization (IVF). The couple got pregnant in the spring of 2010 after their first IVF attempt; however, Rancic suffered a devastating miscarriage at eight weeks (Errico, 2011). A few months after the loss, the couple pursued IVF a second time, but the procedure failed, and complications from hormone injections forced Giuliana to the emergency room, a scene vividly depicted in the third season of their reality show (Rotonda, 2010).

On October 17, 2011, the couple appeared on *The Today Show* as a visibly emotional Giuliana announced that she had been diagnosed with early-stage breast cancer (Lopez, 2011). She explained that when the couple decided to try a third round of IVF at a new clinic, her doctor insisted that she have a mammogram as a precautionary measure because pregnancy can accelerate the spread of cancer. The mammogram revealed unusual spots on both breasts, leading to a biopsy. As Rancic awaited the biopsy results, the couple continued with the egg retrieval necessary for the IVF. They decided to freeze the eggs retrieved in the process and delayed the rest of the procedure, pending the biopsy results. The biopsy revealed cancer in both breasts. Rancic had a double lumpectomy and returned to work shortly after (Chen, 2011).

Soon after Rancic's return to work, the couple announced that she had decided to undergo a double mastectomy and immediate reconstruction, instead of pursuing radiation treatments (Hazlett, 2011), as surgeons were unable to remove the cancer completely during the lumpectomy. In describing the rationale for her decision, Rancic has said that the more radical mastectomy surgery increased her chances of long-term survival. In most discussions of her cancer diagnosis and treatment, Rancic references her desire to pursue motherhood, either by explaining how the fertility treatments led to her diagnosis or in comments about her future plans to get pregnant. She is frequently quoted as saying, "That (future) baby will have saved my life" (Berman, 2011, para. 10). In April 2012, Giuliana and Bill visited *The Today Show* yet again to announce that they were expecting their first child, via gestational carrier, due in late summer (Nudd, 2012). Edward Duke Rancic was born on August 29, 2012 (Finn & Nessif, 2012). Throughout her two-year journey, Rancic repeatedly emphasized her desire to educate others about infertility, breast cancer, and miscarriage. Rancic's visibility in multiple media outlets, along with her public battle with multiple health issues, creates a rich case study for analysis. As such, her narrative is worthy of scholarly attention and provides an appropriate context for exploring how the public interfaces with the health and illness stories of public figures.

Theoretical framing

Beck and colleagues (2014) broke new ground by offering a comprehensive, metaperspective of overarching trends across

celebrity narratives. Their work highlighted the three primary functions of celebrity health narratives: education, inspiration, and activism. Although these authors acknowledge that they made a conscious decision to reject a critical perspective, we drew on key tenets of narrative scholarship (e.g., Beck, 2005; Harter, 2009) to embrace a critical lens (e.g., Zoller & Kline, 2008), allowing us to examine both the “light” and “dark” side of responses to celebrity health narratives. Employing a critical perspective encourages scholars to deconstruct dominant ideologies about health illness, in our case, by interrogating how the public uses narrative logics to engage in multiple forms of sensemaking about the consequences and causes of disease. In doing so, we answered Beck and colleagues’ (2014) call for additional research on the “personal, social, rhetorical, and political merit and consequences” (p. 10) of celebrity stories by examining audience reactions to these stories.

Applied health communication scholars have advocated for narratives as a methodological and theoretical approach to understanding health experiences (Bute & Jensen, 2011; Charmaz, 1999; Sharf & Vanderford, 2003). The potential and promise for stories to inform knowledge (Japp, Harter, & Beck, 2005) is relevant in the case of public figures, who might make conscious choices to go public with their stories, or who might contend with an unavoidable obligation to reveal health challenges in the face of public scrutiny (Beck et al., 2014). In this article, we draw from narrative theory in exploring reactions to Giuliana Rancic’s celebrity health narrative. More specifically, our analysis was driven by the assumptions that (a) narratives are collaborative, co-constructed, and dialogic, and (b) narratives are contested terrain. These assumptions are particularly important in framing online comments as a public space in which audiences can interact with and respond to celebrity narratives.

Narratives as collaborative, co-constructed, and dialogic

A primary tenet of narrative theorizing that guided our sensemaking of online comments about Giuliana Rancic is centered on the notion that narratives are dialogic and co-constructed in relationship to others, making them a collaborative enterprise (Beck, 2005; Harter, 2009). This perspective necessitates an understanding that the meaning of a story is not inherent in the story itself, but rather arises in the liminal, indeterminate space between teller and listener (Charon, 2006), or, in the case of our analysis, the space between mediated accounts of Rancic’s story and commenters’ own accounts and reactions. “From a dialogic standpoint, meaning does not reside in the mind or words of any single participant but rather emerges in the interfaces between stories, people, and contexts” (Harter, 2009, p. 142). Accordingly, this perspective drove our goal of examining how publics “interface” with celebrity health narratives when they respond to discourses by posting comments online.

As the collaborative nature of narratives makes clear, “multiple, concurrent health narratives may spring from a single health episode as others become co-tellers from their own relational experience (i.e., significant others, family members, colleagues)” (Beck, 2005, p. 72), or, in the case of celebrity narratives, from the relational perspective of fans

and consumers of public media. Audiences participate in the ongoing co-construction of emergent stories when celebrities share their narratives with the broader public and the public then considers and responds to those stories, sometimes by members of the public telling their own narratives, sometimes by questioning certain aspects of a celebrity’s account, and sometimes by offering words of gratitude, encouragement, or support. Attention to online comments reminds us that no story stands in isolation (Bakhtin, 1981; Boje, 2001).

Narratives as contested terrain

We approach the study of online comments about celebrity narratives from a paradigm that understands humans as story-telling creatures (Fisher, 1984, 1985). To use Burke’s (1967) phrase, narratives are “equipment for living” and help individuals make meaning and act on meaning. However, because celebrity narratives cannot exist in isolation, particularly with the advent of interactive media, the meaning of such stories remains open-ended, as these narratives are subject to others challenging, resisting, and questioning them. This assumption is consistent with Harter’s (2009) contention that narratives are “contested terrain,” exposed to questions, criticisms, and contradictory accounts. As narratives circulate in “webs of competing forces” (Harter, 2009, p. 145), they take shape and are understood in larger social and historical contexts (Lupton, 2004). They share space with competing accounts that might depict or dispute particular understandings of a given health issue. Thus, readers and viewers do not necessarily accept celebrity health narratives at face value. Embracing a critical lens (Zoller & Kline, 2008), we conducted a close interrogation of discourses to study how online commenters both accepted and challenged various aspects of Rancic’s account. We join Harter (2009) and Lindemann-Nelson (1996), who urged scholars to “focus attention on forces that both enable and constrain the transformative potential” of narratives (Harter, 2009, p. 146). To do so, we explored the following question:

RQ: Based on online comments, how was Rancic’s health narrative constructed and contested in the public sphere?

Methodological practices

To examine how individuals interpret, accept, challenge, and engage with Rancic’s story, we examined mediated discourses and corresponding audience commentary in online media outlets. While our primary analysis focused on responses from online commenters, we used media stories and Rancic’s reality show as a backdrop that informed our contextual understanding of online comments.

Data collection and organization

We used Google Alerts, a search engine notification system, in combination with Google searches to gather online articles and videos that chronicled Rancic’s health issues in the media. This system allowed us to collect a diverse array of media coverage, including discourse from traditional mainstream

news outlets like nbc.com, entertainment sources such as eonline.com, and blogs. Using this approach to data collection provided discourses, such as those from popular culture and individual bloggers, that may be overlooked utilizing alternative research repositories like Lexis Nexis. We based our search parameters on the timeline of Rancic's health events—from her miscarriage in October 2010 to the birth of her son in August 2012. We set up Google Alerts and searched Google using key terms that included “Giuliana Rancic” coupled with “miscarriage,” “infertility,” “IVF,” “breast cancer,” “lumpectomy,” and “mastectomy.” We conducted a Google search and set up an individual Google alert with the star's name combined with each of the keywords (e.g., a search and alert for “Giuliana Rancic and miscarriage,” another search and alert for “Giuliana Rancic and breast cancer,” etc.). By labeling and demarcating the type of health issue and its corresponding discourses, we ensured that each round of analysis pulled from a mix of health issues, instead of examining discourses just related to Rancic's infertility or breast cancer.

The search yielded a total of 485 unique articles. To aid in prioritization of the texts for analysis, we organized articles and videos according to seven “coverage categories.” These categories included coverage of Rancic's health events and comments from readers (143 articles); articles with quotations from Rancic, but no comments (183 articles); news coverage only, indicating no quotations from Rancic or reader comments (55 articles); interview format, with nearly all quotations from Rancic (7 articles); brief mention of Rancic (38 articles); videos, such as videos of the television interviews in which she disclosed her cancer diagnosis, many of which included online comments (50); and speaking-engagement announcements (9 articles). The number of comments made in response to a given article ranged from 0 to more than 200 comments, with a total 4712 comments¹ across our data set. We analyzed more complex discourses, consisting of Rancic's own voice and reader comments, early in our analysis. As such, we gained a sense of both the media's framing of Rancic's journey, as well as public comments about her narrative. Including articles with comments early in our analysis process guided our decision to focus on comments from readers as the crux of our contribution to sensemaking about celebrity health narratives.

We organized identifying information about the texts into a searchable worksheet to aid in the analysis of our large data set. We assigned each text a unique identifier so that we could easily search for the discourse from the data summary sheet. The data summary sheet included the article/video's title and date, the publication outlet (e.g., *People* magazine, *Today Show*), the coverage category, and a topic label that indicated which search term yield the article. As we gathered and organized the texts, we eliminated true duplicates (i.e., instances in which we had multiple copies of the same article with the same comments) prior to analysis.

Data analysis

We engaged in inductive, qualitative thematic analysis that placed emphasis on the use of collected discourse to guide the creation of key arguments, concepts, and theoretical contributions (Lindlof & Taylor, 2002; Taylor & Bogdan, 1984). To begin, each author independently analyzed the same subset of discourses to determine dominant themes (Patton, 1990). By using the filters and identifying information in the data summary worksheet, we were able to analyze a cross section of texts. The first subset was created by selecting three to five articles from each topic label, and included articles with reader comments. This initial sample included at least one article for each topic label per month during the period of analysis. The first round of analysis included 50 articles/videos, approximately 10% of the articles. All three authors independently read all the discourses in the subset and prepared research memos to share at the conclusion of the analysis period. This independent approach allowed us to extrapolate themes individually, prior to group discussion. During this inductive process of categorizing, we read and reread data and sought to identify emergent themes in the articles, interview transcripts, videos, and reader comments. We then met as a team to discuss recurrent themes and exemplar passages for each theme. Those conversations produced three prevalent themes that characterized our data set in response to our research question. The second round of analysis included another 50 articles and progressed similarly to the first round in terms of creating the subset using the data summary worksheet. Again, the authors reviewed an identical subset of the text concurrently, this time to refine the initial themes and determine whether new themes emerged. After the second set of analysis, we determined that we had reached theoretical saturation, which prompted an alternative approach to the final round of analysis. The final round of analysis included dividing the remaining texts (385 articles) for independent analysis by the authors. In large part, the aim of the final round of analysis was to verify the existence of the themes gleaned from the first two rounds of analysis. While we remained open to additional themes that emerged, our final reading focused on expanding the themes discovered in previous analysis.²

Results of the discourse analysis

Celebrities like Giuliana Rancic often make concerted and strategic efforts to share their illness narratives as they seek to promote particular causes, inspire activism, and educate the public (Beck et al., 2014). However, the nature of online media allows the general public to question, challenge, and scrutinize celebrity accounts. Our analysis of online comments responding to media coverage of Rancic revealed three primary themes that characterize the delicate and tenuous nature of celebrity health narratives as they circulate in the public sphere: the tension for celebrities between

¹The total number of comments does not reflect the total number of individuals who posted comments. In some cases, the same person posted multiple comments.

²Because of space constraints, we cite only the texts quoted or referenced in the essay. A complete list of all discourse analyzed is available from the authors upon request.

informing the public and exploiting their struggles for fame, challenging celebrity narratives as unrealistic, and broader discourses that contest celebrity stories.

Tension for celebrities between informing and exploiting

While most media outlets reported Rancic's efforts toward health promotion and educational awareness in a positive light, our analysis of comments from readers and viewers paints a complex picture of public perceptions of Rancic's narrative. Although commenters often identified with her experience and expressed their gratitude for her bravery in sharing her story, we also found that commenters questioned her motivations and were often deeply skeptical about the star's intentions. Our analysis revealed a striking tension between Rancic's efforts to educate the public and perceptions that she was "milking" her struggles for personal gain.

Public efforts to inform and educate

Rancic herself stated that her motivations to remove stigma, promote health education, elicit public support, and thank her fans for their love and encouragement guided many of her decisions throughout her infertility and breast cancer journeys (Errico, 2011). She told *US Weekly* magazine in 2012 that she felt a particular obligation, even a higher calling, to use her celebrity power for a greater purpose: "When I got my job at E!, I was the 39th person who auditioned. I wasn't the prettiest, I wasn't the smartest, I wasn't the most talented. And I always wondered why I got the job. Now I think God knew I wouldn't be a selfish little cow with this platform, and I'd actually try to do something good with it".

Rancic's apparent efforts to "do something good" are evidenced not only in her multiple in-depth interviews with mainstream media outlets but also through appearances at charity events and educational seminars promoting breast cancer fundraising and awareness. Numerous articles in our data set included announcements of appearances by Giuliana, and sometimes Bill, at local health and wellness fairs and cancer benefits (e.g., Stamford Center for the Arts, 2012). One such release promoted Rancic's appearance by describing her as a "pillar of strength" who "motivates audiences by opening up about her own bout with breast cancer, connecting with them on a personal level, and encouraging them to take control of their health and their futures" (Stamford Center for the Arts, 2012, paras. 2–4). In fact, during the course of our data collection, Rancic visited the cities of each coauthor of this article, and the second author was able to attend her talk and meet Rancic in person.³ In her many appearances, Rancic has expressed a willingness to disclose her story, acknowledging that sharing her personal trials is

"worth it to kind of sacrifice some of my personal life to help others" (Nsenduluka, 2012, para. 8).

Finding inspiration

Our analysis of comments from online readers reacting to press coverage of Rancic revealed that many readers commended her actions, were inspired to share their own stories, took steps to safeguard their health, and expressed love and support for Rancic and Bill. These findings are consistent with Beck and colleagues' claim (2014) that celebrity health narratives can inspire and educate the general public.

Readers explicitly commented on the power of Rancic's narrative to educate women about the importance of early detection, and some were motivated to get mammograms after reading or watching Rancic's story. One thread of media coverage addressed celebrity Brooke Burke Charvet's public declaration that Rancic's cancer diagnosis prompted her to get her first mammogram, and many readers followed suit. One woman wrote, "I was also inspired to get my first mammogram because of Giuliana Rancic. I'm glad I finally did it, and it really was NO BIG DEAL—wasn't scary or painful at all"⁴ (Dyball, 2012, paras. 2–4). Other readers acknowledged the potential for Rancic to give women coping with breast cancer an "example to stay strong and keep fighting" and to give comfort "to others fighting the same battle" (Fitzmaurice, 2012). Readers also express gratitude for the couple's openness about their infertility, though these thoughts usually emphasized educating people about the prevalence and effects of infertility, rather than educating for health promotion:

I'm thrilled this couple is being so open about their struggles with infertility because they're bringing this widespread (an estimated one in eight couples) and heartbreaking health issue out of the closet and making it easier for the rest of us to talk about it openly. For much too long infertility has been a secret tragedy, and secrets are heavy burdens to carry. But with more celebrities talking about their own infertility battles, public awareness of the problem is increasing and more people are being educated about what infertility really is and how it affects a couple. That means that when little nobody me screws up the courage to speak about my experiences with infertility, people are more likely to respond in an intelligent and compassionate way. (Larkin, 2012)

The power of celebrity voices to demystify taboo topics such as infertility (Bute, 2009) is clear in this passage.

Like this commenter, who compares her own journey to Rancic's, many readers were inspired to share their own stories about infertility, pregnancy loss, and breast cancer in online comments. These narratives were sometimes quite lengthy and often described detailed medical histories, treatment decisions, and personal journeys toward recovery. These narratives also tended to comingle with expressions of support. In response to an article that quoted Rancic

³The second author spoke with Giuliana briefly during a book-signing event and mentioned our study to her. After the event, we reached out to Giuliana's publicist in the hopes that we might interview Giuliana for our study, but we did not get a response. The research team has had no further contact with the star or her publicist.

⁴We have quoted reader comments directly, leaving typos, formatting, and grammatical errors intact whenever possible. However, we modified a few comments for the sake of readability.

thanking her fans for their “overwhelming support,” one reader commented:

I was so inspired to hear you speak of your decision to have bilateral mastectomy. I had bilateral mastectomy with immediate reconstruction for early stage breast cancer 3 years ago. I was so blessed to have a very supportive husband as do you and wonderful doctors, family and friends. You will inspire and possibly save the lives of so many women struggling with which route to take concerning their cancer. I never had to have radiation or chemo and never regret the decision my husband I and made together. God bless you and your husband, thank you for sharing your struggle. You are such a great example of grace and courage for us all. (Errico, 2011)

As Rancic spoke about each step in her journey, she repeatedly stressed the purity of her motives, even going so far as to say that her ability to be a spokesperson for breast cancer and infertility was the reason God led her to a job in the public eye. She expressed a desire to avoid sensationalizing her story, a point made clear in her comments about the decision not to document her cancer treatment on her reality show: “We’re not interested in that—you know, we don’t want to milk this opportunity, we don’t want to exploit it” (“Giuliana Rancic discusses,” 2012, para. 7). However, many readers did perceive Rancic as “milking” her struggles for fame, and the tensions and contradictions that arise as celebrity stories circulate in the public sphere were apparent in the our data.

Critical responses and contradictions

As Rancic shared her story in the media and portrayed her struggles on *Giuliana and Bill*, online commenters questioned her motivations and pleaded with her, and with the media at large, to stop publicizing her private life. And even Rancic herself contradicted her public promise not to portray her cancer treatment on her reality series. The plethora of negative reactions to Rancic’s narrative highlights the tension between informing and educating the public and sensationalizing a story for (perceived) personal gain.

It was common in our discourse to find online readers referring to Rancic as a “media whore” or a “fame whore” (e.g., “Giuliana Rancic’s baby,” 2012) who stood to profit both financially and professionally from the attention her health challenges received. Although this type of name-calling was often disciplined by other online readers, commenters frequently mentioned the potential for Rancic to make more money, promote her brand and image, and become a household name as she benefitted from disclosing her private struggles. As one commenter wrote, “Do you really think Giuliana would be so apt to spread breast cancer awareness if there was no money in it? Puhlleese. This woman is getting paid for every article she sells to spread the awareness” (Dyball, 2012). Many readers were, in fact, under the impression that Rancic earned a profit from every article or interview and surmised that financial profit, rather than the star’s stated altruistic motives, was her true impetus for going public with her illness. Moreover, many commenters perceived the airing of highly personal information as “repulsive and unseemly” (e.g., Fitzmaurice, 2012) and urged Rancic to

handle her medical problems with “dignity and privacy” (e.g., “Giuliana and Bill,” 2012). As one commenter, who appeared to be a breast cancer survivor herself, explained, “Does she really think that she is the only person in the world that has had these problems? Guess I and others are just not famous enough or willing to air our personal problems in the public for them to be discussed *ad nauseum*” (“Giuliana and Bill, 2012).

These comments draw our attention to the murky and contested boundaries between public and private (Beck et al., 2014; Petronio, 2002) for public figures coping with a health crisis. Consider, for instance, Rancic’s stated desire to avoid “milking” her cancer experience for ratings and the actual portrayal of her cancer on her reality show. Although Rancic stated that she did not intend to portray her cancer treatment on the series, season five of *Giuliana and Bill* depicts intimate and emotional aspects of her cancer journey, including home video of Rancic preparing for her bilateral mastectomy and a groggy Giuliana telling Bill postsurgery that when she woke from her anesthesia the first thing she told her doctor was that she needed to go on TV and tell people to “get checked.” Rancic’s contradictory statements surrounding the show and readers’ comments condemning her “unseemly” choice to live out her challenges in the public eye reinforce claims by Beck et al. (2014) that point to the blurry line between public and private boundaries (Petronio, 2002) for media figures. As one reporter covering Rancic’s story noted, “Coping with the diagnosis is just part of the problem, especially if you are a high profile celebrity who attracts interest regardless of what you are doing”. Keeping her breast cancer a secret was most likely never a realistic option for Rancic. Had she and Bill chosen not to portray it on their reality show, especially after several seasons that depicted their painful struggle with infertility, the absence of this life-changing event would have been significant and conspicuous. Celebrities certainly retain some modicum of control over how they choose to tell their stories, but at the same time must contend with audience expectations, even demands, to access their private lives.

Challenging celebrity narratives as unrealistic

A second theme that emerged in our analysis points to the characterization of Rancic as a privileged celebrity whose battles with fertility problems and breast cancer are not representative of “real” life. The comments from people responding to online videos, interviews, and articles featuring Rancic draw attention to issues that were silenced or neglected in mainstream media coverage of Rancic’s health events and reflect Harter’s (2009) insight that narratives are contested terrain. More specifically, commenters observed her tendency to paint a rosy picture of her treatment and recovery for cancer, her unimpeded access to expensive medical treatments for both cancer and infertility, and her avoidance of chemotherapy and radiation. Bloggers and online commenters challenged Rancic’s story and her ability to connect to everyday people.

An article published shortly after Rancic’s second surgery quoted her as claiming, “Breast cancer hasn’t changed me”

(Stephan, 2012). Statements like these, coupled with her quick return to work after each surgery, prompted some readers to criticize her story for implying that women should recover from breast cancer relatively unscathed. One blogger (Stephan, 2012) disputed Rancic's contention that breast cancer had not changed her and then invited readers to share their own perspectives: "Did having breast cancer change you ... Is it okay to go along as if nothing ever happened?" (Stephan, 2012, paras. 2–4). This invitation prompted comments contesting Rancic's assessment of the effects of breast cancer. One commenter noted:

A friend (and fellow survivor) and I were just talking about how frustrating it was to hear about (mainly) the celebrity types "poo-pooing" the (lack of) impact a breast cancer diagnosis has made in their life. It may all be a "brave front" ... but jeez! Breast cancer tore my life apart and ran amuck all over my sanity! I'm still not "well" and I'm two years out, and with a (knock-on-wood) "favorable prognosis" even! (Stephan, 2012)

When Rancic remarked that her postmastectomy scars were beautiful, readers who commended her for these remarks were confronted by those who voiced disagreement and even anger that she seemed to be glossing over the ugly side of cancer: "She is just trying to make herself appear as though having her breast removed was a piece of cake. If she thinks the scars are so pretty, she doesn't need to wear a bra or get reconstructive surgery" (Giuliana & Bill, 2012).

Commenters were also quick to note that Rancic's privileged status made her story less authentic and, thus, not representative of most people's situations. In other words, her story lacked fidelity (Fisher, 1984, 1985) and, as such, did not ring true for many commenters. Numerous readers were particularly upset by articles or comments that lauded Rancic for her bravery in the face of cancer and infertility or that implied that her suffering was somehow greater than the average person's. One commenter wrote, "Many, many woman have been through surgery and miscarriages and don't have the MONEY to do the things these two have. The poor Giuliana stuff needs to stop" (Williams, 2012).

Quoting a description of Rancic's decision-making process for treating her cancer, another person wrote:

Giuliana says that she opted for the procedure after careful deliberation and in consultation with a handpicked team of experts, "including top doctors, radiologists, women who've had mastectomies and women who've opted for alternative treatments, like lumpectomies, radiation and anti-estrogen therapy." How nice that Ms. Rancic has all these options. I'm sure her story will prove oh so inspiring for all of the women with no health insurance or top of the line options. (Raftery, 2012)

References to "real life" and "real people" were pervasive and served to distance Rancic's narrative from what some perceived as more genuine accounts. Many readers chastised Rancic's failure to recognize the way her social status and financial privilege shaped her story:

She has more advantages than most women in the world. Access to the best surgeons, the best options, the best support, a wealthy supportive husband, the best stylists, all the attention from everyone, and yet she whines! Listen Ms Rancid, millions of women face much worse diagnosis than you and barely shed a tear. They soldier on without the attention, facing late stage breast cancer,

without money and bright lights that you have, and they do it, often, bald, disabled, and permanently changed from the effects of chemo. Get a grip and some perspective. (Fitzmaurice, 2012)

And another commenter put it more succinctly: "I had ovarian cancer and can't have kids and can't AFFORD TO BUY one that's real life, not this crap" (Anderson, 2012).

A final way in which Rancic's story was challenged as lacking fidelity focused on the treatment of her breast cancer, and specifically how her course of treatment allowed her to avoid radiation, chemotherapy, and their concomitant side effects. Many commenters compared their own cancer journeys with Rancic's and indicated that she was "getting off very easy" (Raftery, 2012). "If only I could have her prognosis and situation," one reader wrote, "instead of mastectomy, chemo, and radiation not to mention going into early menopause at 39 because of my breast cancer. This is what breast cancer really looks like, not a walk in the park like Giuliana is going through" (Raftery, 2012). Another said, "You didn't have to go through horrifying treatments, lose your hair, lose weight, puke your guts up and be all around miserable" ("Giuliana Rancic talks breast cancer recovery," 2012). This idea that Rancic's cancer was somehow "easier" than the average person's because of her access to care and her specific course of treatment was a persistent theme in reader stories that disputed her account. Reader accounts challenge the notion that celebrities are "just like us," giving voice to those who socioeconomic positions are less privileged and whose stories might be otherwise marginalized.

Broader discourses that contend with celebrity stories

The third and final theme present in these discourses exhibits Lupton's (2004) contention that discourses are both contextual and intertextual, meaning that all narratives circulate in the same space as competing accounts and are embedded in particular historical, social, and political settings. In Rancic's case, her intertwined struggles with infertility and breast cancer prompted some writers and commenters to draw on broader discourses about a perceived causal link between breast cancer and treatment for infertility.

Several media outlets featured articles speculating on the link between IVF and breast cancer shortly after Rancic announced her diagnosis (e.g., Cohn, 2011; Pearson, 2012). *The Huffington Post* noted, "Even before E! host Giuliana Rancic's breast cancer diagnosis shone a spotlight on it, researchers had questions about a possible link between fertility drugs and increased risk for the disease" (Pearson, 2012, paras. 1–2). Although a direct relationship between fertility treatments and breast cancer has not been established (Sergentanis, Perlepe, Kanavidis, Skalkidou, & Petridou, 2014), some experts have pointed out that questions still remain. Dr. Kala Visvanathan, an associate professor of oncology and epidemiology at Johns Hopkins, explained, "The data so far doesn't suggest that there is a link when you look at it overall ... Whether there is a link between subgroups of individuals is yet to be known ... whatever is causing the infertility may also put women at higher risk for cancer" (Cohn, 2011, paras. 2–6).

Although empirical evidence and expert opinion leave doubt as to whether IVF increases the risk for breast cancer, online readers commented that Rancic's decision to undergo fertility treatment likely resulted in her breast cancer: "If she had never done IVF she may have never developed breast cancer. That is just the painful truth" (Williams, 2012). Some commenters took this criticism a step further by suggesting that women who "can't make a baby naturally" (Webber, 2012) should not undergo such aggressive treatments to achieve pregnancy. Others pointed out the "selfish" choice to pursue IVF rather than adoption:

Isn't one of the risks of going the IVF route that you may get cancer? Think Elizabeth Edwards.⁵ Is it worth it just to have a genetic clone of yourself? If one really cared about abandoned children in the world they would adopt a child already born without parents to love them no matter the race or age. (Errico, 2011)

As we traced these sorts of comments linking IVF and breast cancer, we also noted that commenters responded with contradictory evidence in an effort to correct the misconception that IVF and Rancic herself were to blame for her cancer:

It isn't necessary for you to comment on IVF, I'm sure you aren't a doctor because they wouldn't leave comments on forums like this. Please, keep those things to yourself and allow them to be happy. ("Giuliana & Bill Rancic: Will," 2012)

The threads of debate sparked by articles and comments linking IVF and cancer demonstrate the ways in which celebrity narratives are taken up in the public sphere and are compared to and challenged by discourses from popular media, medical professionals, and the general public. Moreover, suggesting that Rancic's decision to pursue IVF caused her cancer is consistent with research suggesting that online commenters tend to blame individuals for their illnesses (Holton et al., 2014). Readers' comments not only reflect and perpetuate dominant biases that emphasize individualistic ideologies about the cause of disease (Zoller & Kline, 2008) but also suggest the public's concern with, and uncertainty about, issues of causation.

Discussion

This study contributes to ongoing scholarly conversations about the public construction of personal health narratives and the role of public figures in shaping health outcomes. In doing so, we use online comments to highlight the opportunities and challenges for celebrities as they navigate potentially intimate and sensitive disclosures of their private health challenges and for practitioners who wish to seize upon these teachable moments (Noar et al., 2014). Based on key tenets of narrative theorizing (e.g., Beck, 2005; Beck et al., 2014; Harter, 2009), our analysis reflects the assumption that narratives are dynamic, dialogic, co-constructed, contested, and emergent. By understanding Rancic's personal health narrative as publicly coauthored with readers, viewers, fans, and fellow health care seekers, we aim to advance our

understanding of the ways in which celebrity health narratives emerge amid public discourse and the functions they perform as mediated conversations about health, wellness, and public health priorities. We join other scholars (e.g., Regan et al., 2014) in acknowledging that online comments are not necessarily representative of the general public, as the profile for online commenters remains unknown. But we can glean from these comments the range of views and responses to celebrity stories, as well as general themes that persisted over time and across a range of reactions to various discourses. Studying online comments made in response to health-related stories "offers another perspective on readers' responses to health news in a mediated environment that is growing ever more popular and important" (Holton et al., 2014, p. 835).

While previous research has suggested that the power of celebrity narratives lies in their ability to humanize an experience (e.g., Brown & Basil, 2010), our analysis suggests that the role of celebrity stories in the lives of everyday citizens is incredibly complex. Although our analysis of online comments certainly reflects the potential of these stories to inspire, educate, and promote activism (Beck et al., 2014), our study also suggests the potential for a backlash in which celebrities' voices are framed as privileged, unrealistic, and even insensitive to "real" crises of illness and disease. Certainly, we found ample evidence that people related to Rancic, admired her for coming forward, and appreciated her efforts to promote awareness of infertility and breast cancer. However, many commenters considered her an outsider who had access to resources not attainable by the average person, such as expensive medical care and treatment options not covered by some insurance policies. We agree with Noar and colleagues (2014), who noted that celebrities who garner media attention are frequently unique cases, outliers in some sense, whose experiences are atypical not only due to their celebrity status but also due to some distinctive aspect of their case. This distinction in and of itself might be a catalyst for increased media scrutiny that then results in an unrealistic portrait of the typical patient. For instance, relatively young celebrities like Rancic who are facing breast cancer seemingly receive more attention than aging celebrities, among whom illness is somewhat more expected. Yet a focus on younger celebrities can lead the public to believe that diseases like breast cancer are more prevalent among this age group than they really are, potentially resulting in unneeded screenings among lower risk groups (Noar et al., 2014).

Online comments responding to Rancic's story also reveal the ways in which public responses to celebrity health narratives can perpetuate dominant ideologies about health and illness (Zoller & Kline, 2008). Rancic's story circulated in the same sphere as discourses suggesting a causal link between IVF and breast cancer. As such, some commenters blamed Rancic for her disease, admonishing her for choosing fertility treatments over adoption. Such comments reinforce individualistic ideologies that equate good health with making good choices (Zoller, 2012) while largely ignoring larger normative and societal forces that affect not only the biological determinants of disease but also health care decisions. In Rancic's

⁵Elizabeth Edwards, wife of politician John Edwards, also underwent fertility treatments and eventually died from cancer.

case, censoring her decision to pursue IVF ignores the societal pressure for couples to have a biological child and fails to consider the seductive force of reproductive technologies that promote the relentless pursuit of biological offspring (Macaluso et al., 2010).

While the heartfelt tales told by celebrities can have enormous persuasive power, our analysis of discourses surrounding Rancic indicates that scholars and practitioners should proceed with caution when lauding the influence of these narratives. Our study suggests both the possibilities and potential pitfalls of celebrity stories in promoting health awareness and educating the general public, revealing a space in which celebrity intent is both questioned and constructed in a digital age. By electing to broaden their narrative boundaries to include public discourses about their private health condition, celebrities implicitly allow “us,” that is, others beyond close family and friends, to coauthor their emergent narratives and enable those stories to shape personal, societal, and political reactions to certain health conditions. In an age of media saturation, many consumers seem unwilling to accept celebrity accounts without question and, in fact, may actively resist and contradict what they perceive as problematic storylines in celebrity accounts, as evident in online comments.

Noar and colleagues (2014) pointed out that we know little about which celebrities are most likely to rouse action in light of their public health disclosures. Our engagement with discourses about Rancic tells us that she does not seem to hold the same sort of credibility as other public figures like Michael J. Fox (Beck, 2005) or Magic Johnson (Brown & Basil, 2010). The very nature of her work, reporting on celebrity gossip, critiquing celebrity fashion, and starring in a reality show, could certainly be easy fodder for critics of her story and quite likely caused some commenters to question the purity of her motivations. However, the array of reactions sparked by Rancic’s story could have important implications for public health practitioners considering using celebrities as spokespeople for media campaigns and for organizations who might use celebrities to promote their causes. Reflecting on the potential for celebrity narratives to both inspire and offend and designing messages accordingly could be critical to the success of health promotion and fundraising efforts.

It is also important to point out that celebrities themselves are not entirely responsible for the ways in which their stories get taken up, told, and retold in public outlets, which could certainly influence comments made in response to public discourses. As Hilton and Hunt (2010) argued, the mainstream media miss opportunities for health promotion and activism by framing stories of health and illness in terms of human-interest pieces rather than in terms of providing clear and accurate information about disease risk and prevention. While we readily admit that Rancic most certainly had a hand in shaping the way her story was told, especially in terms of the portrayal of her infertility and breast cancer on her reality show, celebrities retain little control once their stories enter a public space. In Rancic’s case, by the time some members of the public interacted with her narrative, it had been filtered dozens of times, especially when personal blogs and entrainment websites

reported on stories published elsewhere. The failure of a celebrity narrative to motivate or connect to audiences could rest, in part, with the nature of the coverage itself and what is present or absent in media-framed portrayals (Bishop, 2005; Borzekowski et al., 2013).

As scholars move forward in unpacking and understanding the role of celebrity narratives and public reactions to them, we encourage them to address the limitations of our own investigation of Giuliana Rancic. Future work could more fully account for the relational nature of narratives by including the voices of spouses, partners, and close friends and relatives who co-construct stories alongside celebrities. In our analysis of Rancic’s case, the voice of her husband, Bill, plays only a minimal role. A more in-depth examination of their joint enactment of Rancic’s journey, and particularly of their struggles with infertility and miscarriage, could inform not only narrative scholarship but also scholarship on coping with communal stressors.

We also noted a gendered construction of Rancic’s story, which points to Dubriwny’s (2012) contention that women are framed as both empowered and vulnerable in our current political, social, and economic state. Rancic simultaneously claimed to have taken ownership of her health and her treatment options (e.g., double mastectomy), yet, by encouraging constant vigilance and early detection, framed women as always potentially “at risk.” We also noted that Rancic was often labeled by commenters as a “whore” for making her story public, and we urge other scholars to engage a critical lens in comparing how male and female celebrities are treated differently in media portrayals of their health challenges. Finally, a shockingly small number of studies have investigated whether and how announcements from public figures spur interpersonal conversations about health and illness (Myrick, Willoughby, Noar, & Brown, 2013; Noar et al., 2014). Although we did not draw on an interpersonal lens to explore online comments, future research could certainly frame online conversations as a form of interpersonal communication about celebrity health narratives. Commenters often address each other in online strings of conversation, which would make a fruitful focus for future analysis. In closing, we hope that our case and future work continue to move us to a richer theoretical and empirical understanding of celebrity health narratives as a socially, rhetorically, and personally relevant form of health communication.

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