The third season of the Dr. Phil talk show opens with the announcement, “Get ready for Dr. Phil’s biggest challenge yet … . Dr. Phil takes on an entire town … . One family at a time.” A sound bite from psychologist Phillip C. McGraw promises, “I am so your guy for this.” This fast-paced opening concludes with a preview of the episode’s content. McGraw’s enthusiastic voice-over accompanies scenes showing the psychologist delivering his familiar brand of “tell it like it is” therapy to a couple from Elgin, TX:

McGraw (addressing the Elgin couple): If you ever lay another hand on her, I will force you to file charges and put him in jail.
McGraw (voice-over): This is about you. It’s about your town, your family.
McGraw (addressing a football stadium full of fans in Elgin, TX): If you’ve got problems with teen pregnancy, you got problems with drugs in your town, you got a problem with kids that aren’t motivated, you need to say so and ask for help!
McGraw (addressing the Elgin couple): From the second I rang that doorbell, you are not alone.

This dramatic opening montage in the first episode from Dr. Phil’s third season captures a recurring theme in the show: McGraw’s ability to take charge of and resolve a range of psychological problems that affect individuals, couples, and their families. However, Season 3 of Dr. Phil was also different for its ambitious “Dr. Phil takes on a town” theme, which expanded the scope of McGraw’s expertise from tackling invited guests’ emotional disorders to curing the collective social malaise of broken families, drugs, crime, and other social ills that plague America. The third season of the show also coincided with the publication of his fifth self-help book, Family First, and with the 2004 U.S. presidential elections.

This article examines Phillip McGraw and his self-help talk show to foreground the discursive ways in which television’s recent representations of therapeutic
empowerment both draw from and reinforce hegemonic masculinity. On the surface, McGraw’s talk show performances appear to offer a new version of masculinity that is attentive to the emotional needs of women and children, but our analysis reveals that the show’s consistent promotion of Dr. Phil as a successful man, virtuous gentleman, and a redeemer of delinquent men only inflates the currency of a narrow model of traditional White masculinity. Dr. Phil’s “get real” curriculum of down-to-earth therapy—wrapped within his imposing physical presence and a distinctive emotional and professional demeanor—for the nation’s women, men, and families gains legitimacy through his embodiment of strong, straight, and righteous White masculinity. We consider the ways in which McGraw—the wholesome man and consummate expert—harnesses corporate discourses, mythologies of rugged athleticism, codes of heterosexuality, the politics of regional identity, and audience passivity in order to bolster the authenticity of his personal and professional identities. In the end, we argue that McGraw’s popular brand of “no-nonsense” bootstraps television therapy echoes the attributes of traditional masculinity that witnessed an active resuscitation in the cultural politics of post–September 11 America.

Dr. Phil—performer, author, and celebrity—has achieved a peak of popularity in the talk show world second only to Oprah Winfrey, who introduced him to television audiences in 1998. Setting the stage for the televisual production of his tough masculine authority (Hollandsworth, 1999), McGraw entered the public arena as the shrewd “hero” who rescued Oprah from the clutches of cattle barons when they sued her for slandering beef as a dangerous food. Parlaying the *Oprah* show’s initial endorsement of his expertise into a springboard for greater fame, McGraw or “Dr. Phil,” as he is referred to in everyday parlance, launched his own show in 2002. The Season 3 premiere of *Dr. Phil* in fall 2004—a 2-hour prime time special that featured A-list actresses Nicole Kidman and Halle Berry—indexes McGraw’s star power in Hollywood and his rapid ascent in his new career as a talk show host. McGraw was also successful in inserting his show into the more weighty terrain of electoral politics in the same year; in 2004, he was the only daytime talk show host to interview both presidential candidates, George W. Bush and John Kerry, about the significance of family and fatherhood for their public lives. McGraw’s recent media appearances on CNN counseling displaced victims of Hurricane Katrina and as official love doctor for dating Web site Match.com register his transformation from an accessory on the *Oprah* show into the nation’s leading celebrity psychologist.¹

“Tell-It-Like-It-Is Phil,” as Oprah branded him, is currently seen on more than 200 television stations that together represent approximately 99% of the national viewing public (King World Television, 2005). Oprah’s company, Harpo Productions, created his Los Angeles–based talk show, which news media touted as premiering to the highest Nielsen ratings of any syndicated television show since Oprah’s own premiere (Peterson, 2002). Noting *Dr. Phil*’s attentive, enthusiastic, and loyal demographic of adult female consumers (women, 25–54 years old), distributor King World announced in 2005 that it would renew the series through the 2013–2014 season, thus ensuring the longevity of McGraw’s television career. The
Dr. Phil show ranks in the Top 5 of syndicated programs and averages more than 6.5 million viewers daily. He is the author of six #1 New York Times bestsellers, including The Ultimate Weight Solution, Family First, and most recently, Love Smart. His books have been published in 39 languages, with more than 24 million copies in print. Dr. Phil’s success has launched son Jay McGraw’s career as self-help adviser to teen audiences, and his wife, Robin, recently penned her own Christian-themed bestseller, Inside My Heart.

Aside from Egan and Papson’s (2005) work, which examines embedded religious conversion narratives in the Dr. Phil show, McGraw’s steady climb to celebrity status has not received much attention from media critics. Egan and Papson’s discourse analysis of two episodes of the Dr. Phil show uncovers the ways in which McGraw deploys the religious morphology of the confessional and the testimonial to blur the boundary between sacred and secular—championing the normative as sacred, vilifying the deviant as profane. We concur with these scholars that McGraw imports the religious structure of conversion into his counseling techniques, but taking the analysis of Dr. Phil in a new direction, we explore the intersections between hegemonic masculinity and McGraw’s gendered modes of claiming authority. What are the routinized production features of Dr. Phil—McGraw’s nonverbal and verbal enactments—that aid in the projection of his distinctly masculine and heterosexual sensibility? How does McGraw strategically call upon the symbolic resources of identity politics and personal biography to inject masculinity into television’s feminized arena of self-help and counseling? How does the careful management of his predominantly female studio audience fortify Dr. Phil’s authority as a credible male expert on family and relationships?

The methodology of our textual analysis of the Dr. Phil show relies on the foundations of semiotic analysis—the deconstruction of cultural texts in order to decode their symbolic, intertextual, and contextual meanings (Bignell, 2002; McKee, 2003). Beynon’s (2002) work on the social and economic conditions that shape “the form, experience and enactment of masculinity-as-a-text” informs our methodological approach (p. 10). Beynon notes that varying influences of historical location, age and physique, sexual orientation, education, status and lifestyle, geography, ethnicity, religion and beliefs, class and occupation, and culture and subculture lead to different versions of dominant and subordinate masculinities. Our method is also informed by Gitlin’s (1979) model of textual analysis, which proposes that attention to the “forms of television”—namely format and formula, genre, setting and character type, slant, and solution—can help scholars identify the subtle nuances of embedded hegemonic processes that may otherwise go unnoticed. We privilege two kinds of semiotic cues in our deconstruction of the show’s episodes: First, we focus on McGraw’s discursive and bodily enactments of masculinity; second, we extract those visual and oral production conventions that were repeated across a number of episodes to produce Dr. Phil’s particular “brand” of masculinity. Our analysis also draws on the work of Dyer (1991) and DeCordova (1991), who have argued that the creation of a media “star” depends on the continued supply of
extratextual discourses that surround a specific film or show. Hence, The Biography Channel's online description of McGraw's achievements, excerpts from Dr. Phil's commercial Web site, and select magazine profiles of McGraw complement our scrutiny of the Dr. Phil show.

The article draws on our general monitoring of the show since its launch in 2002, but at its core is an analysis of programs from Season 3—25 episodes of Dr. Phil, beginning September 2004 and ending December 2004. Produced in Los Angeles, CA, in the midst of the U.S. presidential race, these episodes were viewed by a daytime audience that is predominantly female and White (Egan & Papson, 2005). A sampling of episode titles from the fall 2004 season—“Parenting 101,” “A Family Divided,” “A Family in Crisis,” “The Bickersons,” “Parents’ Top Three Problems,” “Rules of Fighting,” “Faultfinders and Flakes,” “Families on Fire,” “Teens in Trouble,” and “Parenting With Pills”—reveals the show's preoccupation with the repair of the nuclear family, protection of children, and the resolution of couples' difficult interpersonal relations. In 2004, the show only occasionally dealt with individuals’ extreme behaviors and disorders (obsessive compulsive disorder, drug abuse, and self-mutilation or “cutting”). Some of the titles also indicate McGraw’s superior and rather patronizing attitude toward his guests.

Our textual analysis of hegemonic masculinity in the Dr. Phil show draws on the intellectual momentum of recent cultural studies work, which has reminded us that masculinity, as much as femininity, constitutes the cultural fabric of gender relations (Alexander, 2003; Beynon, 2002; Butler, 2004; Cloud, 1998; Connell, 1995; Donaldson, 1993; Hanke, 1990; Kimmel, 2003). Connell’s (1995) groundbreaking book Masculinities defines hegemonic masculinity as the “culturally idealized form of masculine character” at a particular historic moment (p. 83). Hegemonic masculinity—it's consistently heterosexual and homophobic qualities—becomes naturalized through its dispersed articulation at multiple and even seemingly contradictory cultural sites and is thus “won not only through coercion, but through consent, even though there is never a complete consensus” (Hanke, 1998, p. 190). Most early studies of media and masculinity focused on Hollywood films, but beginning in the mid-1990s, critiques of television genres began to address the hegemonic incarnations of masculinity that audiences routinely encountered in the privacy of their homes (Battles & Hilton-Morrow, 2002; Clarkson, 2005; Dellinger-Pate & Aden, 1999; Vavrus, 2002). For critical scholars of television, the notion of “hegemonic” centers on the ways in which cultural representations may manifest changes on the surface without disrupting the foundations of institutional power. Hanke’s (1990) analysis of the sensitive male in the 1980s television show thirtysomething illuminates the changing character of traditional masculinity, yet he also shows that patriarchy’s minor accommodations to social movements enable straight, middle-class men to retain their dominant positions. Other scholars have studied hegemonic masculinity in the “reality”-based discourses of print and television journalism (Trujillo, 1991; Wahl-Jorgensen, 2000). Wahl-Jorgensen concludes that the news media’s persistent filtering of presidential candidates in the 1992 elections through the frames of male
bonding, sports and military confrontations, and heterosexual privilege undermined progress toward a more progressive definition of masculinity (p. 70). Building on the insights of such scholarship, our critique of the Dr. Phil show highlights hegemonic masculinity’s infiltration into popular discourses of self-help.

On a broader level, our analysis of Dr. Phil is grounded in our concerns about how quickly McGraw has established himself as an influential therapist of the nation. An extensive body of scholarship has probed the therapeutic ethos that saturates a wide spectrum of television genres, that is, the medium’s constant incitement to stage confessions, privilege talk, and emotional engagement; forge collective modes of empathy; and invoke fantasies of transformation (Masciariotte, 1991; Peck, 1995; Priest, 1995; Squire, 1994; Tolson, 2001; White, 1992); however, very few critics have explored fully, as White does in her analysis of Dr. Ruth Westheimer’s show Good Sex!, the implications of television’s full-fledged intervention into formal psychotherapy. With an arsenal of professional credentials and an hour-long show devoted to clinical counseling, McGraw claims on-screen superiority more decisively than talk show hosts of the past, who have featured psychologists and self-help experts as equal companions in their emotion-driven debates and discussions. He incorporates specific practices of televisorial performance and production to establish his preeminent authority; he demarcates his position, not as one voice among several voices of reason or as a friendly confidante, but as the ultimate “expert” on mental health and human behavior.

The article’s first section explores the ways in which McGraw stages the routine televisorial production of his persona as the successful, strong, and heterosexual male therapist. The second section examines the rhetorical elements that constitute Dr. Phil’s combative and folksy counseling style. The third section analyzes McGraw’s strategic management of a largely female studio audience in order to bolster his authority as a mental health expert. The concluding section offers a “symptomatic analysis” of the Dr. Phil show to argue that McGraw’s articulation of a heroic, tough, and resolute manliness in his counseling intersects with a larger hegemonic project underway in post–September 11 America. This symptomatic analysis, which takes a “contextual approach to feminist cultural studies,” juxtaposes media texts alongside broader sociohistorical currents and sensemaking discourses (Ouellette, 2002, p. 316; see also Traube, 1992; Walters, 1995).

**Manly therapy: Corporate pedagogies, masculine bodies, and heterosexual privilege**

Audiovisual techniques in the opening scenes of Dr. Phil boldly announce his “get real” approach to therapy. McGraw’s direct, action-oriented, and inspirational rhetoric evokes the assertive tones of corporate and evangelistic motivational discourses. The “get real” program of therapeutic intervention embraces bluntness, straight talk, and logical protocols of action as “wake-up” remedies to provoke patients, who are
presumably in denial, to recognize the seriousness of their problems, and then to engage with the process of therapy. At the beginning of each show, right after a brief tabloid-style promo that offers a glimpse of the day’s topic, the familiar opening shots of the Dr. Phil montage unfold. Quick clips of Dr. Phil flash—he walks, he hugs, he escorts wife Robin, and he waves to her from the stage—and in the background, the viewer can listen to his enthusiastic and upbeat Texas drawl-tinged catchphrases: “Let’s do it!” “I want you to get excited about your life.” “What are you thinkin’?” “If you’re gonna talk to me, you’re gonna have to be honest.” “We can do this.” “This is going to be a changing day in your life.” McGraw’s use of action–talk to launch his show differs from the softer, more reflexive gospel-themed lyrics—“I’m every woman …” and “I believe I will run on …”—that have been trademarks of the Oprah show’s opening shots.

After the montage celebration of “get real” philosophy, Dr. Phil walks out from behind a large screen at the back of his elevated stage. He then takes his position on the center of the stage, as the congregation of women in the studio audience literally looks up at him from their seats below, clapping and cheering him on. Standing well above the audience, Dr. Phil is not merely more visible but is in a central position of authority. In contrast, Oprah enters her studio from behind the audience, touching hands and greeting women, before ascending a slightly elevated stage. She then takes a seat at eye level with, or below, much of her audience. Following the introduction, viewers see McGraw and his clients seated on the elevated stage, thus creating a metaphorical fishbowl of the counseling session for a voyeuristic studio audience.

McGraw’s stage, as Egan and Papson (2005) have argued, functions as the sacred pulpit from which he ministers to his followers. McGraw also draws authority by referencing clinical and corporate discourses that powerfully aid in the construction of his masculinized expertise. For example, McGraw’s stage-as-pulpit brings together the visual aesthetics of a high-priced psychiatrist’s waiting room, an upper-class gentleman’s private den, and a corporate boardroom. The stage features glowing sconce lighting in the background, deep colors of blue and burgundy, and prominent wood accents. Blue, a color that symbolizes boyhood and masculinity in the United States, dominates the opening scenes and the background of the stage. Unlike the pastel or urban-themed backdrops, lush furnishings, and flowers that populate the living room stage designs of Ellen, Oprah, or the Tyra Banks shows, the spare and clean corporate decor of Dr. Phil’s studio speaks to McGraw’s masculine and professional persona. A large screen on the stage that frequently lights up with blue and white displays of McGraw’s expert advice simulates the formal, instructional climate of the classroom. In one episode, “Custody Battles,” McGraw counsels a woman who wants to move her children to Alaska, far away from their biological father. As he proceeds to explain the emotional needs of children caught in the cross fire of divorce, a photo of the cover of his book Family First appears on screen and then the organized outline of a PowerPoint presentation cues the audience to track the main points of his lecture—Acceptance, Assurance of Safety, and Freedom From

Hegemonic Masculinity and the Dr. Phil Show

L. Henson & R. E. Parameswaran
Guilt—excerpted from the book. The show’s ritualistic displays of McGraw’s methodical approach to clinical diagnosis enhance his professional credibility.

Dr. Phil’s imposing physical stature and professional appearance play key roles in the careful on-screen projection of his corporate, managerial brand of masculine competence. Media reports frequently note that McGraw is 6 feet 4 inches tall, 235 pounds, and citing his skills in the athletic arena, McGraw himself has disclosed to audiences that “Doublewide” is his nickname on the tennis court. In magazine coverage, he is frequently photographed attending athletic events, such as tennis and golf tournaments. On the set of Dr. Phil, McGraw, sporting his trademark thick moustache and male pattern baldness, is always dressed in sober and expensive suits, pastel and white shirts, and subdued ties. The man in a dark business suit, plain shirt, and unostentatious tie is the “central icon” of the business world, and as Collier (1998) notes, he constitutes the male body as an “authoritative ‘knowing’ subject . . . the man who speaks with a suit takes up a position of authority.” (p. 34; see also Connell, 1992; Thornton, 1996). McGraw’s routine sartorial ensemble on television, an index of his professional expertise, differs from the more casual and comfortable attire of some other male talk show hosts—Maury Povich and Montel Williams—who are often clad in sportswear. These male talk show hosts’ informal clothing brings them closer symbolically to their audience and registers their attempts to diminish the boundaries between host/speaker/dominant authority and guests/listeners/subordinate subjects. In the end, these biographical references to McGraw’s athleticism and visual cues of his professional success are significant when viewed in the context of Trujillo’s (1991) analysis of baseball pitcher Nolan Ryan’s public image. Trujillo writes that two key aspects of hegemonic masculinity that manifested in media coverage of Ryan included representations of the heterosexual male body’s physical force and control and occupational achievement in a capitalist society (p. 291).

A description of Dr. Phil on The Biography Channel’s Web site relies on metaphors of wholesome small town values, rugged masculine individualism, and athletic prowess to explain his distinctively masculine physique and personality. The article notes that McGraw was born on “Sept. 1, 1950 in Vinita, Oklahoma, an oil industry town. He inherited his father’s fierce independence and restless nature. As a 6-foot-4 inch, 174-pound high school linebacker in Kansas City, he won a football scholarship to the University of Tulsa. But his playing days ended sophomore year after he injured his head and neck on the field.” The Biography Channel’s glowing Web site profile, which complements an hour-long television program, affirmatively encases McGraw in the fabric of hegemonic American masculinity: his birth in a small, rural town; his patriarchal lineage and early childhood evidence of entrepreneurial initiative; his development into a strong and strapping young man; and his success in sports and the requisite bodily injuries that taught him the lessons of masculine fortitude. Such a narrative packaging of Dr. Phil’s tall, broad-shouldered stature combined with his outer appearance on the show generate the prototype of the aging but fit upper class southern U.S. gentleman, still strong and competitive among his peers. Crucially though, his size and professional managerial persona enable him to...
delve into the “touchy feely” feminine realms of emotion talk and family drama without sacrificing masculine authority. His widely circulated résumé and *The Biography Channel*’s description of his earlier corporate success also serve to mask the fact that his television career was not “self-made” but rather Oprah made.

McGraw’s nonverbal, decisive style of communication fortifies the symbolic meanings of his physique. His repertoire of facial expressions—displays of poker face, jovial grins, unblinking stares, and raised eyebrows—and hand gestures—pointed index finger, the open hand, and chopping at the air to emphasize specific points—conveys his rational emotive state and his unflappable control. McGraw never crosses his legs, and he rarely touches or hugs his guests during his sessions. As the commander of his show, Dr. Phil exercises the prerogative to stay seated or to move. While his guests typically sit frozen in their high chairs, McGraw moves around in his chair to look at guests or the television and studio audiences; occasionally, he stands up and walks around on the stage to emphasize key points.

McGraw’s routine enactments on every show remind audiences that Dr. Phil, the television personality who counsels scores of bickering couples, is anchored firmly to the stable and happy heterosexual, nuclear, and patriarchal family structure. McGraw, the man, thus embodies the cure that Dr. Phil, the counselor, prescribes for his patients. McGraw’s deft movements back and forth, between objective counselor and idealized responsible man, are facilitated unobtrusively through the constant presence of his wife Robin on every show. Playing the role of devoted wife, Robin authenticates Dr. Phil’s credentials as a loving husband and father, identities that are at the foundation of his legitimacy as an expert on marriage and family relations. *The Biography Channel*’s Web site notes McGraw’s timely and laudable recovery from football injuries in order to pursue higher education and find his life partner: “Later, he returned to school to study psychology at the University of North Texas, picking up his master’s and Ph.D. in just 4 years. When he wasn’t hitting the books, he courted and married Robin, now his wife of 28 years.” Clearly, serious injury did not end the success of this hero; it merely redirected it into another area, in this case academia, where his mating skills and superior intellect allowed him to achieve personal and professional success. Complicit in McGraw’s strategic construction of a “happily ever after” marriage on television, *The Biography Channel*’s narrative omits any mention of his earlier, 4-year marriage to a college sweetheart, which ended in divorce (Gutierrez, 2002).

At the end of each show, after he delivers the summary of the day’s topic, Dr. Phil walks down the stage catwalk, greets his wife at the rear of the audience, takes her hand, and exits the studio with her. McGraw’s routinized act of walking out of the studio with his much shorter wife magnifies his authority as man and as expert, and their apparent physical disparity seals the gendered hierarchies they perform in the studio. In some episodes, the camera shows Robin nodding and smiling in agreement when Dr. Phil cites positive examples of his commitment to family values. When she occasionally offers some commentary, she does so at the end of the program when Dr. Phil escorts her from the set, her brief responses illustrating her subordinate position as the...
talk show host’s wife. Her soft voice, barely audible under the applause of the audience, carefully made-up face, petite body, hair sprayed stylishly into place, high heels, and sober business suits code her as the modest upper middle–class wife.

Robin’s appearances during the fall 2004 season illustrate the prototype of the genteel southern U.S. homemaker, a “lady” who does possess confidence and authority, but her arena of control is confined to the feminine realms of domesticity and beauty. McGraw’s jokes about his ignorance of feminine beauty rituals or home design, and his acknowledgments of his wife’s expertise in these feminine domains achieve two related goals—he manages to represent his wife as a knowledgeable woman, a discursive strategy that draws attention to his own gentlemanly decency, even as he preserves his heterosexual manliness. On the occasions that McGraw’s wife takes center stage, as she does in the first quarter of the episode “Ask Dr. Phil and Robin” (a more informal episode in which the couple answer questions from audience members), a smiling Robin discusses wedding planning, relaxation tips for the harried homemaker, and the volume of laundry that McGraw generates at home. In the next portion of the program, when Dr. Phil fields questions about dating failures, plastic surgery for minors, and couples’ quarrels about where to live, Robin disappears from the stage. She returns to McGraw’s side when one woman in the audience wonders aloud whether “Dr. Phil sleeps under a comforter covered in flowers.” McGraw’s response highlights his ignorance of feminine material culture: “I slept under flowers; what I don’t get is all the throw pillows.”

A writer for *Good Housekeeping* documents Robin’s absolute control over the domestic sphere of McGraw’s off-camera life; he describes being startled when he walked into the extravagant “girly” interior of the “no-nonsense” Dr. Phil’s home in Los Angeles. McGraw sets the record straight: “Robin did all this. If I’m warm and dry, I’m happy; I don’t really care how the place looks.” Later, McGraw adds that Robin is “a highly empowered woman. She has standards that she’s very strict about. For example, the boys are never allowed to come into the kitchen without a shirt on” (Turner, 2005, p. 142). A slide presentation from *Dr. Phil*’s 2003 season titled, “Roles in Marriage,” featured on the show’s Web site, captures the interloper McGraw shopping for his family at a grocery store—a task, the Web site notes, that is usually allocated to Robin. Photo captions in the slide show note McGraw’s clumsiness at these unfamiliar tasks:

Dr. Phil and his wife Robin trade roles for this show. It’s a “first” when Dr. Phil takes a trip to the grocery store, does the laundry, and bakes a cake (or at least tries to)! … When Dr. Phil got back home, he was expecting good marks from his wife. Instead, he learned that Simple Green is a cleaner in a bottle, not any simple green vegetable. Cooking wine, he also found out, is very different than Cook’s champagne. The ice cream he put in his cart at the beginning of the shopping trip was also long-since melted. (Dr. Phil.com, 2003)

This slide presentation’s humorous address cues viewers to appreciate Dr. Phil’s considerate undertaking of domestic responsibility even though he is a successful,
white-collar professional. Here, Dr. Phil’s inadequacy in the domestic arena evokes the hapless husband in sitcoms such as Home Improvement, a traditional male whose struggles to emulate feminine standards of domesticity and sensitivity may endear him to audiences but at the same time reinforce the patriarchal ideology of the incompatibility of the sexes (Dellinger-Pate & Aden, 1999).

Representing similar divisions of gendered labor on-screen, one episode features an off-site interview with 2004 Presidential candidate Senator John Kerry and Teresa Heinz Kerry, with Robin sitting beside McGraw to ask questions of Kerry and his wife. But more significantly, Robin says she empathizes with Mrs. Kerry’s comments on mothering, nodding in understanding as she talks about disciplining children, responsibilities of marriage and family, and the burdens of a public life. When the video of the interview cuts away to McGraw and Robin on stage with their studio audience, he asks her, “Does your women’s intuition give you a sense that they understand the American family?” She replies, “Definitely.” In another episode, “Stay-at-Home Moms Versus Working Moms,” Dr. Phil separates his female audience into homemakers and employed women to ostensibly teach these two groups of mothers to respect one another’s choices. Offering testimony as Dr. Phil’s expert witness, Robin confesses on the show that she chose to sacrifice her professional life to care for her family and engage in philanthropy; however, in a hegemonic maneuvering of her statement, she tells America’s women that they do not need to sublimate their careers for motherhood. Robin’s “liberal” narrative of mothering here conceals her own class privilege as the altruistic wife of a wealthy man; there is no discussion about the expenses of raising children or the financial struggles of women, who cannot forgo paid employment to be stay-at-home wives and mothers.

McGraw’s routine enactments of professional manliness, the careful design of his corporate pedagogy, his physique and references to his athletic prowess, and the subtle harnessing of his wife as a daily accessory illustrate the process by which hegemonic masculinity gets woven into the therapeutic content of the Dr. Phil show. Robin’s persona confirms his heterosexuality, augments his occupational achievement, and demarcates his patriarchal role as the responsible husband, who provides well for his wife and family. McGraw’s visual exhibitions of manliness and the portrayal of his expertise as different from his hyperfeminine wife’s skills and knowledge construct his masculine persona as a quintessential hegemonic middle-class American man—a modern, reformed subject, who willingly makes some compromises to be a good husband and father but who must retain the independent spirit that exemplifies “the daring, romantic frontiersman of yesteryear and the present-day outdoorsman” (Trujillo, 1991, p. 291).

Combative counseling: Self-help and the politics of tough love

Dr. Phil’s lineage as Oprah’s spin-off follows in the wake of Winfrey’s strategy to move her own talk show from its “trashy” lower class affiliations to the middle-class realms of personal growth, spirituality, and public citizenship, content that
ostensibly inspires viewers to work on self-improvement (Parkins, 2001, p. 145). The history of McGraw’s televised genre of popular psychology can be traced to the proliferation of self-help texts in the print industry. Considering the impact of self-help literature on American consumers, a number of scholars have argued that these books gave a public voice to private emotional pain but also generated new forms of institutional repression and governance (Kaminer, 1992; Lasch, 1979; Lowney, 1999; Moskovitz, 2001; Rapping, 1996; Rimke, 2000; Starker, 1989). Kaminer asserts that the therapeutic culture of self-help—its plentiful supply of pseudoscientific and pathologizing labels—creates “dysfunctional” citizens, who are told they must relinquish their agency in order to accept directions from trustworthy experts. Rimke argues that a culture dominated by “psy” experts, who advocate narrow paths to mental and emotional hygiene, encourages audiences to embrace compliant modes of citizenship: “These [self-help] discourses and technologies contribute to the invention and scripting of selves—citizens who are psychologically ‘healthy’ inasmuch as they are governable, predictable, calculable, classifiable, self-conscious, responsible, self-regulating, and self-determined” (p. 63). Women, as Rimke suggests, bear the greater burden of internalizing and performing scripts of dependence and are therefore more vulnerable to authoritarian modes of governance that drive the pedagogy of self-help literature.

The “refreshing” Dr. Phil, the “tough taskmaster” and “Vince Lombardi of therapy,” has himself “made no bones about his disgust” for the tired refrains of self-help babble that have flooded the market in the last two decades (Hollandswoth, 1999, p. 141). A contemptuous McGraw dismisses new age therapists, who are “out there telling people to discover their inner child and to rock themselves” when the emotional decay of America’s families and children demands a combative approach: “Life is a full-contact sport, and if you don’t have a really good strategy to get through it … then, you’re never going to change” (p. 143). The Boston Herald refers to him as the “macho-meets-tough-love-meets-no-excuses guru du jour” (Eagan, 2004), and McGraw has billed himself as the “nuts-and-bolts” therapist, a “guy” whose language other ordinary guys understand. One set of scenes on the 2004 season premiere of the Dr. Phil show captures McGraw’s ability to project a tough male persona, especially when he faces the threat of male aggression. These scenes show McGraw’s tense interactions with an Elgin, TX couple, Jim and Jennifer Walton, backstage after he has completed his onstage marital counseling session. A clearly angry Jim accuses McGraw: “You made me look like a total ass out there.” A stern Dr. Phil counters Jim’s hostility with an equally challenging comment that infantilizes Jim’s anger: “If you want to throw a fit, if you want to walk away from me, make sure you mean it ‘cause it’s a hard walk back.” When Jim commands Dr. Phil to stop controlling him, the talk show host retorts forcefully, “I’m not threatening you. I’m just telling you that I am not going to chase you.” Yet, even as he carves out his holier-than-thou turf of “get real” therapy, McGraw’s method of modeling therapeutic solutions for his largely female audiences, notably, his aggressive and even confrontational counseling of men, produces an essentialized vision of
gender relations and legitimizes hegemonic masculine forms of governance. His combative style of counseling that mines strong heterosexual male qualities to reform wayward men replicates patriarchal modes of domination.

McGraw’s frequent references on his show to 30 years of success in the corporate legal and psychological arena, as a founder of Pathways seminars and later, Courtroom Sciences, Inc., ensure that viewers do not associate his tough persona with that of an unsophisticated “redneck.” Dr. Phil has carefully constructed his blunt and aggressive television counseling style as an inheritance from a previous professional white-collar career. McGraw’s explanation that his therapy draws from earlier courtroom work he loved because “at the end of the day, there’s a clear winner and loser” minimizes the possibility of evoking tropes of the rough-hewn, crude Bubba’s working-class masculinity (Hollandsworth, 1999, p. 143). The Biography Channel’s Web site notes that McGraw first tried to carve out a career in traditional counseling, but when he found that one-on-one emotion talk was not his forte, he sought his fulfillment in a series of entrepreneurial ventures that led him into the courtroom. As this narrative suggests, McGraw rejected private counseling’s pressures to be an empathetic listener in order to find a natural home for his direct, argumentative, and sometimes confrontational approach:

After he graduated, McGraw went into practice with his father in Wichita Falls, Texas. Very soon, he realized that his heart wasn’t in one-on-one therapy, and he began to search for nontraditional ways to use his psychological training. The result was a series of successful businesses; one of them, a popular self-motivation seminar called Pathways, revealed Phil’s charisma and ability to work with large groups. Later, he built a successful legal strategy business. That company, called Courtroom Sciences, Inc., helped high-profile trial lawyers to build airtight cases using psychology. Phil discovered he preferred the orderliness and instant results of courtroom work, while the adversarial nature of trial work got his competitive juices flowing. (The Biography Channel, 2001)

Yet another report documents the elaborate apparatus of high-priced corporate services that McGraw’s multimillion dollar Courtroom Sciences, Inc. (CSI)—mock courtrooms with jurors and opposing counsel, extensive research on jurors, boot camp training of lawyers—offered to clients who wanted to take the “guesswork” out of their legal battles (Hollandsworth, 1999).

As counselor, McGraw’s language avoids the feminized vocabulary of self-help and new age psychology for a lexicon of colloquial “country” phrases that epitomizes his unique “cut-to-the-chase” method of therapy. Dr. Phil, The Biography Channel’s Web site notes, has embraced the duty of shaking sense into the nation’s “crybabies and wallowers” with his “down-home Texan drawl” but not with dense and obfuscating “self-help jargon.” McGraw spouts folksy truisms and quotations at key moments on several episodes—to drive home a point, defuse tension, and mask overt aggression. He expresses his quietly sarcastic trademark question, “How’s that workin’ for ya?” after guests/patients recount their problems, knowing full well it was...
prescreened patients’ negative response to his rhetorical question that earned them a spot on his stage.

On the episode, “Is My Spouse Normal,” a wife complains to Dr. Phil that her “gross” husband fails to clean up after himself or practice good hygiene. When the defiant husband says that his wife is prone to exaggeration, Dr. Phil, speaking on behalf of the wife, delivers his gritty and sarcastic punch line: “You’re on the Dr. Phil show! She pulled you in here [McGraw pulls on his own left ear] and said, ‘Scrub this boy down!’” Safely ensconced in his expert status, McGraw, the rugged country boy, frequently drops the ending “g” on words and scatters sharp-witted, pastoral southern metaphors—“that dog won’t hunt,” “don’t mess with the nest,” and “a snowball’s chance in hell”—even as he smoothly delivers step-by-step professional counseling. McGraw’s folksy phrases that function as tropes of a rugged southern U.S. upbringing belong in a “constellation of forms of cultural expression that both invoke and extend the culture of the contemporary South” (Smith & Wilson, 2004, p. 181). Dr. Phil’s trademark counseling style speaks to the “Southernization of America,” a process by which the rural “country” mythology of the south has become the raw material for an increasingly “conservative national consciousness” to articulate the wholesome rhetoric of tradition and family values (Smith & Wilson, 2004, p. 181).

Dr. Phil’s combative language blends regional slang with the vocabulary of corporate efficiency to persuade his stubborn male patients to see reason. An exchange between Dr. Phil and Archie, a misguided father who spanks his rebellious son, in the episode “Hot Warning Signs” illustrates this approach:

Dr. Phil: And you think that it’s important to give him a whoopin’ if he’s got it comin’, right?
Archie/Father: Yeah.
Dr. Phil: And you think it’s pretty effective?
Archie/Father: No. It hasn’t been effective. It used to work.
Dr. Phil: It used to work. You used to get gas for a quarter a gallon, too. But he has changed.

McGraw then interviews Archie’s son about his motives for stealing money, wrecking a car, and other bad behavior. Turning to the father, McGraw then explains the troubled son’s psyche:

Dr. Phil (to Archie): You see, this is a problem-solving deficit; it’s a problem-recognition deficit. He’s not thinkin’ about this right. Now, tell me what whipping a boy adds to the problem solving. It doesn’t! You don’t even have to answer!

The audience and the father laugh at Dr. Phil’s trademark directness in this exchange to signal their approval. McGraw then advises this father that talking to and spending more time at home with his son are the preferred, constructive approaches to parenting. Dr. Phil’s bland diagnosis of the son’s defiance as “a problem-solving
"deficit" flags his disapproval of corporal punishment and thus aligns him with the enlightened middle-class ethos of sensitive men who dispense verbal, not corporeal, discipline. At the same time, his avoidance of wholesale condemnations of spanking or physical violence, part of a larger strategy of offering managerial solutions to controversial issues (reform of the child protection system), preserves his traditional masculinity. In an episode on gastric bypass weight loss surgery, McGraw counsels Brian, who weighs 275 pounds and wants the surgery; his unhappy wife, Sharon, is opposed to the procedure. To Brian, who says he has “tried everything” to lose weight, McGraw says, “I haven’t heard you mention that you’ve read and studied my book [The Ultimate Weight Solution] … . I would be more than happy to a) give you a copy of that, and b) sic a couple of my Ultimate Weight Loss Challengers on you … Jim and Thomas, who will work on you like a duck on a June bug, and let’s see if they couldn’t whip you into shape without a scalpel.” Without condemning surgery, Dr. Phil has offered a manly action-oriented solution to Brian’s weight problem and distributed another copy of his book.

McGraw mobilizes militaristic language and the nostalgic patriarchal discourse of male forebears to signal heroic personal struggle and the passing of values from father to son; these tactics code his rugged manliness and invoke the rhetoric of patriarchal family values. As his conversation with Archie continues, McGraw shares his own struggles as a reckless boy (he stole and wrecked a car) and then advises the father in the following manner:

There’s something that I call Commando Parenting. And it is a point where when you get to a crisis point as a parent. You have to make a choice, whether you’re going to go work out of town, on maybe an A job, or maybe even have to stay in town and take a B job. But the point is, you’re there … It’s the same way with my dad. Let me tell ya, he’d have been traveling a lot lighter and a lot looser if he had gone off for a year just by himself, because when he’s up there doing that, he doesn’t have a kid to worry about. But he said, ‘No, tell you what, this is gonna be a hardship on both of us, but we’re gonna do this. You’re going.’ And he made that sacrifice for me at that time. And I can’t tell you what bullets he dodged when he took me out of town. He had no idea what I had planned. [Audience and Archie laugh.] And he disrupted all that when he took me out of town. And I guarantee you, had he not done that, Archie, I would not be sitting here today.

(Applause from the audience and laughter from the father.)

Dr. Phil: You’re probably cussin’ my dad right now. You’re cussin’ my dad right now.

Along with “commando parenting,” such phrases as “giving marching orders,” “dodging bullets,” and “battle on the home-front” transplant the military’s masculine discourses of discipline, order, and control into the private realms of family and fatherhood. McGraw’s citations of biographical experience here and elsewhere
sustain the authority of his masculine therapy in two ways: his delinquent past codes him as an idealized strong man, a daredevil (bad boy) who “figured out how to fix himself” (Yorke, 2005, p. 158) and his father’s responsible actions (taking him out of town and putting him to work), worthy of emulating, forge his patriarchal lineage. Biographical profiles that note Dr. Phil’s father’s troubles with alcoholism insert McGraw into heroic and sanitized narratives of struggle. He explains that his father, who was not abusive, “drank only to escape,” and upon recovering from alcoholism, the elder McGraw earned a doctorate in psychology and mentored his son to achieve fame as Dr. Phil (Yorke, 2005, p. 161). McGraw’s statements of gratitude to his reformed father, who was his collaborator in training seminars across the nation, and his own mentoring of his son, Jay, anchor his therapeutic expertise to patriarchal tradition.

McGraw’s adept counseling style, which oscillates between objective clinician and rugged down-to-earth man, ushers patriarchal modes of governance into the televised arena of self-help. Dr. Phil alternates between his own southern and expert forms of manhood—exhibited in comportment, speech, and biographical references—to produce a tough counseling language for men, thus fusing key aspects of traditional masculinity with his expert therapeutic approach. His massaging of masculine identity in the aid of self-help discourse echoes the hegemonic impulses of recent collective men’s movements that have sought to remodel masculinity without questioning the patriarchal structures of power that sanction hierarchical gender relations. The self-help literature of the Promise Keepers, a Christian movement within the national project of male reformation, contains language that purportedly motivates delinquent men to mature into considerate husbands and fathers; yet, its rhetoric of the man as leader of the household and the woman as the secondary partner endorses traditional gender roles (Bloch, 2000). McGraw, the mental health professional, sidesteps overtly religious references in his public enactment of masculine therapy; however, his secular formula for the reformed American man reveals a hybrid hegemonic incarnation that relies on the malleability of traditional masculinity. The Dr. Phil show’s online summary of the “The Role of the Man in the Family” explains that men’s willingness to broaden, not relinquish, their roles as Provider, Protector, Leader, and Teacher can lead to healthy marriages and families. For example, a Provider is not merely a breadwinner but “contribute(s) to the emotional, spiritual, physical, and mental well-being of his family,” and a Protector nourishes his family’s self-esteem in addition to physical defense of his wife’s honor. McGraw’s recuperation of traditional masculinity in service of his “get real” therapy does not speak to the unequal division of domestic labor, the greater burdens of parenting borne by women, or the transformation of gender relations.

Managing the studio audience: Masculine voice and feminine silence

White (1992) argues that the public airing of “deviance” and psychological trauma on television’s everyday narratives has irreversibly altered the scope and meanings of
therapy. White suggests that daytime talk shows’ routine modes of inviting ordinary citizens to participate in the rehabilitation of troubled individuals have propelled clinical therapy into the public arena and hence an engagement with social norms and pressures of conformity. She also notes that studio audiences’ spontaneous and raucous outbursts on weekly talk shows have ruptured the authority of the host as “master of the ceremony.” Similarly, a number of scholars note the contradictory effects of ordinary citizens’ speech on talk shows, with some critics leaning toward an optimistic assessment of talk television’s “lowbrow” modes of privileging highly charged emotional exchanges and polysemic discourses (Illouz, 1999; Masciarotte, 1991; Parkins, 2001; Shattuc, 1997; Squire, 1994). For example, Illouz (1999) has argued that the emotion-laden “support group” format of talk show debate paved the way for grassroots changes in the arenas of domestic violence and sexual abuse. Others are more pessimistic about talk shows’ synthetic and sensational production of visual democracy for the voyeuristic collective gaze (Abt & Seesholtz, 1994; Gamson, 1998; Grabe, 2002; Grindstaff, 2002; Lowney, 1999). Grindstaff writes that “trashy” talk shows, despite their democratic inclusion of quotidian voices, simulate little more than pornographic titillation. Grabe argues that studio audiences’ boisterous cheers, jeers, and boos on the Jerry Springer show in response to guests’ confessions execute the ideological work of defining deviance and normality for audiences.

How does McGraw’s authoritative management of audience members in the studio contribute to the construction of his expert masculinity? The routine staging of the Dr. Phil show incorporates four fundamental parts—the stage and studio audience; himself, as the primary host; invited experts; and the counseling interview in which he interrogates the guests on stage. Talk show hosts deploy the studio audience in two ways: as visual shorthand for the race, gender, and class composition of the television audience they want to reach and as a dramatic narrative resource to shape the boundaries of the topics they explore. The demographics of McGraw’s largely female studio audience—refined, well-dressed White women whose ages range from early 20s to late 50s—bleed quite seamlessly into the Oprah show. McGraw’s raced and classed production of White, middle-class, self-made masculine success finds a flattering mirror in the desiring gaze of the largely White female audience he assembles from a potentially loyal fan base—closing scenes on his show and links on his Web site invite viewers to contact the show’s producers for tickets. McGraw seats his invited experts in the front row of the studio, beneath the stage, thus assigning them the same symbolic status as the audience. At key moments during the show, he looks down on the invited experts as he consults them for brief input on mental health issues.

We concur with television critics that there are limits to equating studio audiences’ discourses on talk shows with television’s democratizing influence on the public sphere; however, the consistent lack of audience input and participation on the Dr. Phil show, especially the silence of his largely female studio audience, builds McGraw’s persona into the all-knowing male expert. At the beginning of each Dr. Phil episode in fall 2004 (prior to the simulations of one-on-one patient
counseling), McGraw typically aired dramatic prerecorded video footage that provided evidence of his invited guests’ emotional problems for studio and television audiences. Capturing television talk therapy’s appetite for spectacles of humiliation, these brief “reality television” style video excerpts disclose the gory details of chaos and pain in guests’ dysfunctional lives. In one episode, “The Rules of Fighting,” Dr. Phil begins with a ritualistic video screening of a married couple’s bitter squabbles in their kitchen to foreshadow the urgency of the problem he will address later on stage. The end of this screening of Casey and Shari’s loud fighting would have offered a key transition moment for other talk show hosts to elicit audience comments and advice, but the camera on Dr. Phil instead lingers on McGraw’s stony-faced silence, pregnant with contempt and disapproval. The audience’s quiet gasps and tittering evoke the codes of subdued middle-class shock and anticipate his tough counsel. It becomes clear from Dr. Phil’s diagnosis after the video that he, unlike the surprised female studio audience members, has studied Shari and Casey’s disorderly conduct prior to the studio screening, thus calling attention to his expert status and his studio audience’s lack of authority. Dr. Phil’s silenced studio audience is there to witness and learn from his advice. A stern McGraw asks, “Is that funny?” to Shari and Casey at the conclusion of the screening. He then proceeds to calculate the number of vulgarities and insults the couple exchanged during the fight and asks, “What in the world is going on with you guys?! Are you that miserable as human beings?!” More video footage follows these incendiary questions—pretaped scenes in which McGraw, the expert coach, observes the couple behind a two-way mirror as he feeds them “healthy” lines of dialogue via ear pieces so they learn how to argue the Dr. Phil way.

McGraw’s studio audience members, like his wife, Robin, rarely speak or offer evidence of their autonomous agency, although the camera does hover momentarily over their faces to reveal their reactions to guests’ revelations and to signify their solidarity—quiet nods, demure smiles, and low laughter—with Dr. Phil. Frequently, McGraw’s incredulous facial expressions stand in for the studio audience’s responses and light clapping sounds emanating from the background signal the public validation of his advice. Unlike the Jerry Springer studio, with its rollicking slap fights and cacophony, the women in Dr. Phil’s studio do not curse or display unseemly behavior and physical aggression, and viewers are not offered scenes of security personnel dragging away enraged individuals who have crossed the boundaries of decency. The Dr. Phil show’s studio audience sometimes erupts loudly, not to question a guest or offer commentary but to enthusiastically receive his benevolent gifts of books and other promotional items. The relative silence of Dr. Phil’s studio audience ensures that McGraw’s expert voice becomes the singular on-screen source of mental health advice, thus negating the experiential knowledge and advice that ordinary citizens could impart to the show’s guests. McGraw’s orchestration of a show in which he rarely fields spontaneous comments or questions from the studio audience also ensures a tightly scripted drama of control—he is rarely caught off guard. White (1992) argues in her critique of the call-in advice show Good Sex! that Dr. Ruth Westheimer’s on-screen admissions of ignorance, defensive responses, retractions of
mistakes, and hasty dismissals, in combination with callers’ own educational commentary, fractures expert authority and allows viewers to occupy a similar, and sometimes even superior, position to the host. McGraw’s methods of distancing his studio audience include a strategic avoidance of lengthy, painful, and emotional personal revelations about his own past (other than brief disclosures of his reckless youth and neutral or admiring references to his father). His divorce and his ex-wife, who has complained about his “domineering personality,” have never been discussed on the show as experiences of vulnerability that may bridge the gap between the perfect instructor and obedient students in the studio (Gutierrez, 2002).

McGraw’s refusal to descend from his stage and roam amid the studio audience further heightens the status divide between him and patrons of his self-help discourse. Ironically, the other famous Phil of the talk show world, Phil Donahue, pioneered the routine practice of soliciting studio audience members’ comments after he had concluded his interviews with guests on the stage. Donahue, the energetic interlocutor, has traced the origins of his talk show’s “open mike” methodology to the progressive movements of the 60s and the consciousness raising practices of feminism (Masciarotte, 1991, p. 89). Although sensational, Donahue’s “muscular, athletic spectacle,” his “triathlon of stretching, running, and nodding” amid the studio audience to include as many voices as possible, revealed the labor of an expert who sought to integrate the plurality of audience’s “storied voices” into public negotiations over moral issues (Masciarotte, 1991, p. 92). Donahue’s inclusive and conciliatory masculinity, historically specific to the post-1960s ethos in American culture, offers a stark contrast to the more authoritarian masculinity that McGraw displays. A New York Times report describing McGraw’s guest appearance on Donahue’s cable program captures the clash between the two hosts: “When a Donahue viewer called in to ask Dr. Phil what she could do about her discomfort over her best friend dating her brother, Dr. Phil told her to ‘mind your own business.’ The sensitive Mr. Donahue could not conceal his horror.” Shaking his head, Donahue expressed his reservations about McGraw’s combative style: “You’ve got to be careful that theater doesn’t overlap the healing” (Stanley, 2002, p. E1). In the end, McGraw’s contained and deferential female studio audience bolsters his authority as the sole and undisputed voice of expertise and signifies his show’s respectable middle-class ethos. The Dr. Phil show’s strategic production of middle-class respectability follows in the wake of The Oprah Winfrey Show’s rapid transition in the ’90s when the talk show diva minimized her studio audience’s verbal participation, assembled a whiter and more upscale demographic of women in the studio, concentrated more on spirituality, and stopped roaming among the audience.

Conclusion: The cultural politics of masculinity in post–September 11 America

The Dr. Phil show weaves together a series of production and performative elements—corporate studio aesthetics, athletic competence/domestic incompetence,
heterosexual coupling, southern gentlemanliness, militaristic counseling vocabulary, family values rhetoric, patriarchal legacy, and a subservient female studio audience—to fashion McGraw’s distinctive “tell it like it is” talk therapy. McGraw’s counseling program, based in his brand of unpretentious, linear, individualized, and behaviorist therapy, may have tapped into the post–September 11 public imagination of so-called “security moms,” a demographic collective of security-conscious middle-class White women, who in the previous election occupied the more benign category of “soccer moms.” Examining scores of news accounts, Faludi (2007) writes that the myth of the security mom in the 2004 elections, a “character crucial to the restoration of the larger American myth of invulnerability,” enabled celebrities and politicians to mobilize her likeness to their varied ends in “the dramatization of our national protection fantasy” (p. 162). Seizing the stage at a football stadium in Elgin, TX, in a 2004 episode, McGraw announced his new crusade to make the reformation of Elgin’s drug, divorce, and teen pregnancy problems “a shining example on the American landscape.” On subjecting McGraw’s masculine counseling style to a symptomatic analysis, we argue that his missionary zeal to save the nation’s families from decline articulates a broader gravitation toward heroic masculinity in the public discourse of post–September 11 America (Brown, 2001; Domke, Van Leuven, Fahey, & Coe, 2006; Ducat, 2004; Fahey, 2007; Faludi, 2007; Lawless, 2004; Takacs, 2005; Willis, 2005).

The Dr. Phil show’s production of hegemonic masculinity finds its place among various cultural responses that surfaced after September 11, impulses that Faludi (2007) argues included “the denigration of capable women, the magnification of manly men, the heightened call for domesticity, and the search for and sanctification of helpless girls” (p. 14). Ducat (2004) contends that post–September 11 America’s “revivification of heroic manhood,” a nostalgic project to recover post–World War II’s seemingly unambiguous and secure masculinity, was a fearful response to feminists’ ostensible campaign to feminize America. A survey by Lawless (2004) finds that citizens in the post–September 11 environment, more so than in previous decades, expressed a strong preference for masculine traits in their leaders, and they also reported that men were more likely than women to be competent at handling military crises and terrorist attacks. A study of Republican and Democratic candidates’ speeches from the 2004 political conventions shows that speakers of both parties engaged in intense gender-coded rhetoric associated with traditional masculinity and that candidates who failed to emasculate their opponents risked incurring serious political losses (Domke et al., 2006). For example, Fahey’s (2007) critique of hegemonic masculinity in political discourse reveals that Republicans’ emasculation of 2004 Democratic presidential candidate John Kerry as a “French wimp” capitalized on anti-French public sentiment that prevailed in the aftermath of France’s opposition to President Bush’s 2002 decision to initiate preemptive military action in Iraq. Emerging in the context of such iterations of masculinity in the post–September 11 political arena, Dr. Phil’s blunt and decisive style, which is new neither in its form or its substance, recuperates heroic masculinity in order to stake out new territory in the feminized realm of popular therapy. Dr. Phil’s tough persona and his
avowed impatience for weakness and incompetence align him with a host of action-oriented, “no-nonsense” personalities including former New York Mayor Rudolph Giuliani, former professional wrestler and Minnesota Governor Jesse Ventura, California Governor Arnold Schwarzenegger, Donald Trump of The Apprentice, and Simon Cowell on American Idol.

The Dr. Phil show’s panacea for the nation’s mental health problems raises concerns because the show’s authoritarian modes of counseling circulate in a neoliberal economic context in which a significant portion of the U.S. population, many of whom have lost employer-sponsored health insurance, have limited or no access to mental health care. To his credit, McGraw has cautioned viewers that his televised advice should not be confused with a clinical regimen. On one episode, as he counsels 14-year-old Danielle about her self-mutilation, McGraw looks at the camera and clarifies, “This show isn’t intended to cure cutters ... it’s meant to alert parents and others to the warning signs and shed some light on the very dangerous and addictive impulses.” Like other episodes, this show ends with McGraw’s assurance that through his auspices, Danielle will receive free long-term psychiatric counseling. Nevertheless, despite his public outsourcing of long-term counseling to licensed experts, McGraw has acknowledged his powerful advisory role with the audience, telling USA Today, “If I can deliver scientifically sound, responsibly presented information to them in the privacy of their homes, for free, on a regular basis, that is a good thing” (Peterson, 2002, p. 1A). Abt and Seesholtz (1994) have argued that populist media discourses of self-help, regardless of their disclaimers to cure psychological problems, offer a “vulgarized version of traditional psychotherapy” that “ignores the necessity for careful evaluation of a person’s history; for proceeding slowly and only dealing with issues the person is ready to handle; for tailoring therapy to the needs of the patient; for privacy; and for follow-up” (p. 184). Even the people McGraw attempted to counsel in Elgin in 2004 have complained about his sensational and “exploitative” representations of their hometown as teetering on the brink of disaster (Vine, 2004). The Elgin residents we discussed in the introduction—Jim and Jennifer Walton—have criticized Dr. Phil for his parachute method of rescuing their town: “He pretty much dropped us. He pretty much dropped Elgin”; “I would not do this again ... he didn’t help us” (Gandara, 2005). Media scholars have argued that the ever-changing and insidious nature of hegemonic masculinity requires the ongoing attention of scholars if we want to better understand its different incarnations. Our analysis of the ways in which the Dr. Phil show anchors hegemonic masculinity to therapeutic counseling points out the need for future research on similar “tough love” programs of personal/psychological redemption—Clean Sweep, What Not to Wear, and SuperNanny—that have appeared on reality television.

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**Note**

1 McGraw has continued to be visible on television news, counseling victims of the Virginia Tech shootings and the 2007 Southern California wildfires. He was featured on public television's *Sesame Street* introducing the puppet Dr. Feel, a Dr. Phil look-alike with a mustache, male pattern baldness, and a business suit. In addition, his wife has remained a public figure, appearing with him in magazine articles and making such television appearances as the 2006 televised White House Christmas celebration.

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