

## **“She Died of a Mother’s Broken Heart”: Media and Audiences’ Framing of Health Narratives of Heart-Related Celebrity Deaths**

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Taking the case of the heart-related deaths of Alan Thicke, Carrie Fisher, and Debbie Reynolds; working from a critical, constructivist approach; and applying a qualitative, inductive framing analysis to a sample of online news and audience reactions, this contribution analyzes the role of celebrities, media, and audiences in framing health narratives relating to a celebrity death from cardiovascular issues. It identifies several frames developed by media and audiences in narrating the celebrity’s health and passing. It shows how framing is affected by knowledge of and views on cardiovascular conditions, by a celebrity’s life story and audiences’ appreciation of the celebrity, and by audiences’ views on the media they consume, their personal experiences with cardiovascular related illness and death, and their conversations with peers. The article finishes with a discussion of how these results have relevance for health communication objectives.

*Keywords: celebrity, health narratives, framing analysis, media coverage, framing reception, parasocial relationships*

Taking the case of three heart-related celebrity deaths in late 2016, working from a constructivist framework and applying qualitative, inductive framing analysis, this contribution studies, first, how media and audience reactions to a celebrity death by cardiovascular conditions constitute health narratives; second, how these narratives are influenced by the specifics of a celebrity’s life story; and, third, how audience reactions to media frames are impacted by audience characteristics. This should contribute to a better understanding of celebrity health narratives, of various actors’ involvement in their articulation, and of the potential impact thereof.

Considered by commentators as the *annus horribilis* of popular culture, 2016 witnessed many celebrity deaths (Herbert, 2017). As a generation of popular culture icons reached the final life stages, celebrity deaths mainly resulted from old-age-related causes, including cancer, diabetes, and, indeed, heart conditions, the health topic of this analysis. The World Health Organization (2017) considers cardiovascular conditions “the world’s number one killer,” claiming 17.5 million lives annually, 80% from heart attacks and strokes. Cardiovascular conditions caused the deaths of, among others, Canadian

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television actor Alan Thicke; American movie actress, author, and comedian Carrie Fisher; and iconic Hollywood actress Debbie Reynolds, the three cases for empirical analysis.

These deaths ignited widespread attention from media and audiences as they mourned the celebrities and reflected on their lives and (cause of) death. As such, they gave rise to health narratives. As a considerable part of the information exchange about celebrities is mediated, media are key in framing celebrity health narratives, using aspects of a celebrity's ideas and actions to construct a health narrative. Audiences, in turn, pick up on these frames and deal with them based on their own experiences and their positions toward the celebrity and the health issue, but not necessarily taking over the media frames (Van den Bulck & Claessens, 2013b). Interactive media have allowed audiences to express reactions more openly and widely than before (Hellmueller & Aeschbacher, 2010). To understand these dynamics, the media coverage of and accompanying audience reactions to the three cases of heart-related celebrity deaths are analyzed, using a framing approach.

After this introduction, the article develops a theoretical framework discussing celebrity as a construct, how it results from the interplay of actors, how it creates health narratives, and how framing analysis helps to understand these narratives. Next, it explains data sampling, collection, and analysis, after which the Results section analyzes the identified health frames and the factors contributing to them. The Discussion and Conclusion discusses the findings' contribution to understanding the role of celebrities in health narratives and, thus, health communication.

The study's relevance is twofold. First, it complements the extensive body of research into celebrity health communication from the perspectives of marketing and social psychological effects by providing an interpretative approach based in cultural and celebrity studies and in qualitative framing analysis. Second, cardiovascular health issues are the number one killer worldwide, but feature little in celebrity-related health studies. This contribution aims to rectify this omission.

## **Theoretical Framework**

### ***Narrative and the Celebrity Construct***

Grasping the role of celebrities in the articulation and distribution of health narratives requires an understanding of celebrity as a construct resulting from negotiations between the person looking to become or remain famous and his or her entourage, the media, and audiences (Turner, 2004). A celebrity is a mediated persona: Media are crucial to celebrities in their communication with the outside world, and therefore in establishing celebrity narratives, and to audiences in their search for information about celebrities. Some consider social media interactivity as bridging the real and symbolic distance between celebrities and audiences (Muntean & Petersen, 2009), but for Thomas (2014), they do not alter the celebrity–audience hierarchy. Audiences are involved with celebrities, whom they never meet in person, but with whom they develop parasocial relationships (Giles, 2002)—the illusion of a long-term friendship encompassing an emotional connection like social relationships, yet mediated and one-sided. Research (Claessens & Van den Bulck, 2015; Giles, 2002) shows that a parasocial bond can range from considering the celebrity as an acquaintance (“I feel I know him well”), a friend (“he is like a friend”), or a close

relative ("he is like a father or brother"), to identification with the celebrity. Claessens and Van den Bulck (2015) further found that parasocial relationships vary according to the characteristics both of the celebrity, with religious, political, sports, and music celebrities generating stronger parasocial relationships than film celebrities, and of audience members, with male, older, and lower educated audience members and those interested in celebrity news showing stronger parasocial relationships. Importantly, Sandvoss (2005) shows how the omnipresence of celebrity culture means that interest in and feeling close to a celebrity has become part of everybody's lives.

The celebrity construct is a mediated interplay between a public persona, based on professional activities; a private persona, based on the private life as presented to the world; and glimpses of the real person behind the image, "off-guard, unkempt, unready" (Holmes, 2005, p. 24). Celebrity narratives combine these three aspects into meaningful stories, with the private and real dominating in contemporary celebrity culture and reporting (Turner, 2004).

A celebrity-as-commodity interpretation emphasizes the importance of mediated celebrity narratives as returning expressions of the dominant ideology of market capitalism and sees audience attachments to celebrities as compensation for frustrations in capitalist society (Rojek, 2001). However, research shows that celebrities' attitudes, ideas, and behavior work with media and audiences to develop and discuss narratives around social, ethical, and, indeed, health-related issues.

### ***Celebrity Health Narratives***

Health narratives are stories that circulate in culture and that help shape a person's understanding of and behavior toward health (B. Smith, 2013): how health is achieved or undermined and how it can or should be evaluated. As such, a health narrative is not a truth, but a particular selection and combination of narrative elements decided by the circumstances in which the narrative comes about (Frank, 2010; B. Smith, 2013). Communication about celebrities is based in narratives, that is, the telling of the celebrity's life story by selecting and combining particular aspects, assigning cause and effect, and providing interpretation and evaluation. These celebrity narratives fulfill an entertainment function, following the role of celebrities as commodity, yet also provide stories about various societal and cultural issues, including health.

The potential societal function of a celebrity's health has gained significant attention from the perspective of social profit marketing (endorsement) and effects, with a focus on carefully constructed celebrity narratives regarding health conditions and on the effects on audience behavior of such advocacy. Examples include analysis of U.S. sports star Earvin "Magic" Johnson's 1991 announcement that he was HIV positive (e.g., Gellert, Weismuller, Higgins, & Maxwell, 1992); of U.S. actor Michael J. Fox's discussion of his Parkinson disease and his advocacy to find a cure (Beck, 2005); and of British reality star Jade Goodie's (MacArthur, Wright, Beer, & Paranjothy, 2011), Australian singer Kylie Minogue's (Kelaher et al., 2008), and U.S. actress and philanthropist Angelina Jolie's (Borzekowski, Guan, Smith, Erby, & Roter, 2014) confronting breast cancer. Meta-analysis of celebrity health narratives (Beck, Aubuchon, McKenna, Ruhl, & Simmons, 2014) suggests a focus on education, inspiration, and activism, whereas effects studies

mainly measure behavioral changes, such as increased HIV testing (Casey et al., 2003) and breast cancer screening (Kelaher et al., 2008).

However, next to narratives resulting from celebrities' planned public communication about their health, many celebrity health narratives develop spontaneously as media and audiences discuss celebrity-related health issues. Moreover, a focus on behavioral audience effects (screening, testing) obliterates audiences' constitutive role in and emotional and cognitive responses to celebrity health narratives. This article seeks to unravel the complex relationship of celebrity, media, and audiences in creating celebrity health-related narratives, taking a constructionist approach.

Several studies show how celebrity life events generate health narratives in which the celebrity's private and public personae create the conditional context for health events. For instance, Van den Bulck and Claessens (2013a) analyze how a singer's suicide is narrated by elite and gossip media as the result of depression due to a mix of professional and private disappointments. This leads elite media and audiences to debate the need for public recognition of depression as an illness and celebrity gossip media to focus on the role of the singer's environment and on moral evaluation. Similarly, Butler Breese (2010) demonstrates how a celebrity teen pregnancy ignites narratives and public discussion in newspapers and television programs that include debates about teen sex and Planned Parenthood.

A vantage point from which to study health narratives is a celebrity death. Although the outcome of a celebrity's struggle with the health issue is decidedly negative (death), affecting the narrative, it provides an occasion for media and audiences to unravel the celebrity's life and its relationship to the health issue, creating "a moment for public discussion of shared ideals and identities" (Kitch, 2005, p. 69). A celebrity death is therefore expected to create narratives and to provoke debates among media and audiences about related health issues. Moreover, as audiences increasingly grieve a celebrity's passing publicly (Redford & Bloch, 2012), interactive media provide a useful space to analyze how media and audiences negate celebrity health narratives. Analyses of online reactions to (reports of) the deaths of Michael Jackson (Sanderson & Cheong, 2010) and David Bowie (Van den Bulck & Larsson, 2017) show how audiences use these to communicate parasocial relationships with the celebrity and to exchange information about the conditions surrounding the passing (Goh & Lee, 2011). The latter confirms the relevance of celebrity health narratives as education about health-related issues. This is analyzed for celebrity deaths resulting from cardiovascular conditions.

### **Framework for Analysis**

To understand how a celebrity's heart-related death evokes health narratives, articulated by media and reflected on by audiences, we opt for a framing approach. Framing analysis has been applied in celebrity studies to understand, for example, celebrity politics (Drake & Higgins, 2012) and how media and audiences deal with celebrity scandals (Van den Bulck & Claessens, 2013b). Framing is "a process whereby a frame determines which aspects of reality are selected, rejected, emphasized or modified" (Van Gorp, 2006, p. 46). Framing analysis enables identification of a narrative's core elements and of the context of shared ideas regarding health and death as macrostructure. As a metacommunicative message, a frame displays itself in a text through reasoning devices that relate to a frame's four functions: problem

definition, causal interpretation, treatment recommendation, and moral evaluation (Entman, 1993). To this end, it employs devices such as words and images, metaphors, symbols, and stereotypes (Pan & Kosicki, 1993). Frame sponsors are people, institutions, facts, and beliefs that exist outside of the media and are brought in to confirm a particular frame, constituting the extramedia level (Van Gorp, 2006).

Framing analysis is apt for the study of media coverage of the selected celebrity deaths, as it helps to deconstruct stories about how health can be achieved, undermined, or evaluated, into their component parts: What is defined as a health problem, who or what is to blame, what solution is suggested, and what moral evaluation is attributed? It allows us to analyze how a celebrity's persona and life story affect the framing of health narratives, and the identification of frame sponsors relates media frames to societal views on health.

Framing analysis enables us to study encoding (media frames) and decoding (audience reactions) with the same analytical tool: the interplay between media frames and audience responses. Audiences are confronted with media frames that "raise the salience or apparent importance of certain ideas . . . that encourage target audiences to think, feel, and decide in a particular way" (Entman, 2007, p. 164). However, audiences do not necessarily take over this narrative. Research points to intermediating factors, such as a successful fit between audience and media values, norms, and practices (Gamson & Modigliani, 1989); interaction with peers (Claessens & Van den Bulck, 2014); personal experiences (Claessens & Van den Bulck, 2014; D'Angelo, 2002); and the parasocial relationship with the celebrity (Brown, Basil, & Bocarnea, 2003; Claessens & Van den Bulck, 2015). We analyze how these factors affect audience members' interpretations of media health frames.

## **Method**

### ***Case Selection***

Sampling was aimed not at providing an exhaustive overview of celebrity heart-related health narratives, but at better understanding how narratives are generated by the actors in the celebrity construct. Therefore, we selected three recent cases of celebrity death caused by cardiovascular conditions. Selection criteria were sufficient renown to ensure media and audience attention and varying lifestyles, personae, ages, and health conditions to identify their impact on narratives. This resulted in the selection of Alan Thicke (March 1, 1947–December 13, 2016), who collapsed playing ice hockey and died several hours later of a type A aortic dissection; Carrie Fisher (October 21, 1956–December 27, 2016), who went into cardiac arrest on a flight and later died in hospital; and Debbie Reynolds (April 1, 1932–December 28, 2016), who passed away hours after she suffered a stroke and one day after her daughter, Carrie Fisher.

### ***Data Sampling***

Primary data were gathered from online articles and their comments sections from NYTimes.com (NYT), the online version of the U.S. elite newspaper that boasts 346.30 million visits in a six-month period, and Mail Online (dailymail.co.uk), the online version of the *Daily Mail* (DM), a UK popular

newspaper with 109,600 online visits in six months. Both have worldwide readership (SimilarWeb, 2017a, 2017b). Title selection was motivated by the fact that celebrity news “has spread rapidly to all news media” (Conboy, 2014, p. 173), suggesting that both newspapers potentially contribute to celebrity health narratives. Yet, continued differences in news selection criteria, news routines (including fact-checking), and style of coverage between elite and popular media (O’Neill, 2012) may result in different coverage: Elite NYT is expected to focus more on the public and official private lives and serious topics, and to show indications of fact-checking, and popular DM is expected to focus on the private and the real, and to favor sensational reporting over fact-checking.

The selected period for each case starts the day the celebrity suffered the heart-related illness that resulted in death and continues until one day after the funeral, after which coverage is expected to die down: December 13–19, 2016, for Thicke; December 23, 2016–January 6, 2017, for Fisher; and December 28, 2016–January 1, 2017, for Reynolds. Material was collected by typing the name of each celebrity in the websites’ search functions. Articles and accompanying comments were selected if one or more of these celebrities was the main topic or his or her death was mentioned. Returning articles (e.g., those appearing in both the Fisher and Reynolds samples) were excluded. To allow for in-depth analysis, online comments were restricted to the first 50 for each selected article (see Claessens & Van den Bulck, 2014). A total of 182 articles and 3,331 reactions were analyzed. Attention of media and audiences was not spread evenly across celebrities (e.g., just 25 articles dealt with Thicke) because of the difference in time periods (seven days for Thicke to 15 for Reynolds) nor across media, as NYT provides fewer articles with options to react. This did not affect results, as the aim is not to count frame occurrences, but to understand how they are constructed.

Analyzing online comments as an inroad to audience reactions can be motivated by the more natural results that arise from mundane research contexts such as online discussion sites rather than those gathered in unnatural settings such as experiments or (focus) interviews (van Zoonen, 2007). Each website’s comments policy<sup>1</sup> includes user registration and the editors’ right to remove posts, with NYT inviting comments to a limited number of articles.

### *Coding and Analysis*

I coded the sample, based on my experience with inductive framing analysis. I analyzed materials using a self-composed topic list based on the theoretical framework, including characteristics of a frame, of the celebrities’ personae, and of audiences. All answers were collected in a matrix that grouped returning combinations of identification of problems, solutions, and moral evaluations and of frame sponsors and framing devices that linked these to the source (media, audience). Overall consistencies were thus combined into frame packages (Gamson & Modigliani, 1989) that were tested for mutual exclusiveness. Frame salience was operationalized in frequency of occurrence and the relationships between frames (dominant, secondary, counter; Zhou & Moy, 2007).

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<sup>1</sup> See, for NYT, <http://www.nytimes.com/content/help/site/usercontent/usercontent.htmlz>; and for DM, <http://www.dailymail.co.uk/home/article-1388146/Terms.html>.

### Results: Framing Cardiovascular Deaths of Celebrities

This section first identifies and explains six frames (one with subframes), showing how they are shaped by the celebrity's persona and life story. Second, it analyzes how the type of news source and its relationship with its audience affects framing. Third, it elaborates on how the frames are affected by audiences' parasocial relationships with the celebrity, personal experiences, and peer communication.

#### *Identified Frames*

##### *"Snatched Away in the Prime of Life"*

This frame, which dominated the DM's and the NYT's coverage of and audience reactions to Thicke's death and was a secondary frame in Reynolds's case, presents the problem of celebrity death through heart-related conditions as unexpected, unpredictable, even inexplicable (i.e., without an identifiable cause). A majority of articles on Thicke refer to his apparent well-being prior to the event: "Alan Thicke was a picture of health 48 hours before his sudden death . . . there was no visible evidence of the fate that awaited him" (McDonagh, 2016, para. 1). This reverberates in comments: "we did not see that coming" (ThisNameIsntTaken); "it is always sad when someone seemingly healthy dies unexpectedly" (Jenniferlyn, commenting in Towner & McGrath, 2016). The unexpectedness is augmented by the observation that the celebrity was too young. Despite Reynolds being 84, the frame also appears in relation to her, as she is presented to have died amid a flutter of activity and apparent health. As frame sponsor, Thicke-related articles refer to his wife's Instagram selfie of her and a smiling Thicke on their way to a party days before his death (Towner & McGrath, 2016). Because heart-related death is presented as something you are powerless against, suggested solutions revolve around being at peace with loved ones. Articles emphasize Thicke's loving family context, and comments state: "Another sad reminder, . . . put differences aside before its [*sic*] too late because you never know" (Jessma, commenting in McGrath, 2016). In essence, the frame presents the celebrity as an innocent victim without agency against an unpredictable and uncontrollable cardiovascular organ, playing into societal fears of the heart as "silent killer" and "widowmaker" (lauraK7b, commenting in Mele & Chokshi, 2016) that audience commenters relate to quite easily.

##### *"A Good Way to Go"*

Presented as a counterframe to "snatched away" for Thicke and secondary frame for Reynolds, this frame assigns the same cause and solution, but a different evaluation. Commenters suggest: "He had a good run of it . . . and he went quickly" (Between2Worlds); "What a good way to go. doing something you love with someone you love and feeling good up until the end" (Fido528, commenting in Spargo, 2016b). To tap into the human fear of pain and suffering, heart failure is offset by a worse alternative: "Sudden/unexpected is harder on survivors, but easier for the loved one. A long, drawn out illness is nothing to wish for" (CJ, commenting in Jones, 2016b). For Reynolds, media present her son as frame sponsor: "Todd Fisher later told how his mother's death was 'very peaceful and quiet'" (J. Smith, 2016, para. 16). As in the first frame, the celebrity is presented as an individual with no agency in health matters and the cardiovascular organ as unpredictable and uncontrollable.

*"Cardiovascular Issues Are Complicated"*

A frame that rarely occurred in media coverage (except, e.g., B. Carey, 2016), but dominated comments in all cases, emphasizes the (confusing) complexity of cardiovascular conditions as causes of death and, therefore, the difficulty of assigning blame or providing a distinct solution. It mostly appears as a counterframe to articles in both newspapers that provide limited (and, for the DM, skeptical) medical elaboration on the cause of death (with the exception of the "broken heart" frame). Readers elaborate and speculate in an attempt to make more sense of the health issue than coverage allows: "The article states that the aortic rupture occurred 3 HOURS AFTER THE HEART ATTACK. This means that there were 2 events, the myocardial infarction and the aortic rupture" (Gomer Pyle, commenting in "Alan Thicke died," 2016).

The frame is distinctive, first, in its extensive use of (para)medical jargon that rarely appears in articles in DM and NYT, but that serves here as framing device:

Aortic Dissections can happen from trauma because there's a vestigial cartilage that can tear the Aorta (Jeff Spinner) . . .

Aortic ruptures can be caused by several factors, including genetic predisposition [but also] a complication in bypass graft surgery where they connect the aorta to a segment of a blocked artery downstream to provide blood flow to the affected region. (Gomer Pyle, commenting in "Alan Thicke died," 2016)

The use of terminology emphasizes the complexity of (heart-related) medical issues, tapping into societal prejudices about laypeople's difficulties in understanding the medical world, and establishing commenters as knowledgeable: "An aortic dissection can also occur when a heart catheterization is being attempted to open up a blocked artery" (Chris, commenting in "Alan Thicke died," 2016).

Second, the frame is based on characteristics of the commenters rather than the celebrity, building on personal experiences (frame sponsors), on comparing insights with peers (see the next section, on audience characteristics). Evaluation is open-ended, as issues are presented as too complicated to attach blame or present straightforward solutions.

*"The Body Can Only Take So Much"*

This frame presents heart issues as caused by lifelong abuse of the body. There are three versions, depending on who or what is assigned blame. The first interpretation considers the death as the price the heart pays for an unhealthy lifestyle and, thus, as something the celebrity is to blame for and could have prevented. For Thicke, it occurred as a counterframe to "snatched away": "He was a lifelong smoker—or maybe that should be lifeshort smoker" (MarkK, commenting in McDonagh, 2016). It is a dominant frame for Fisher, based on claims that her death came "after decades of fast living that her fearless 'Star Wars' character Princess Leia would have struggled to keep up with" ("Hollywood's 'princess,'" 2016, para. 1). Comments often follow this frame: "Drugs, booze and partying take their toll"

(Maestro\_Iam, commenting in Bates, 2016). Suggested solutions include avoiding drugs and adopting a healthy lifestyle, as this sequence illustrates (commenting in Jones, 2016a):

If Harrison Ford can survive a plane crash, there is hope Carrie will pull through . . .  
(Harriet)

A lovely thought. But, Ford is a health fanatic who has trained his heart for 45 years. . . . Carrie is overweight and has led an unhealthy lifestyle for those same decades. (Janelle Hart)

Kids—don't do drugs! (Swalo Drainer)

The second interpretation of the frame, occurring in articles and comments, sees the abuse as no fault of the celebrity. This mainly occurs for Fisher, whose drug use is presented as a result of her bipolar condition: "Fisher used drugs to 'dial down' her mental health issues and make her able to function" (Bates, 2016, para. 18). Commenters agree with this: "She had the strength to call it what it is. Mental illness. . . . when she had her latest relapse her body gave in" (NR, commenting in Gates, 2016). For Reynolds, the frame appoints blame to family circumstances (bankruptcies caused by treacherous husbands forcing her to work late in life, worries about her daughter) that took their toll (Gates, 2016; Graham, 2016b). Her own words serve as frame sponsor: "In her 2013 memoir, Ms. Reynolds wrote about suffering a mini-stroke and partial kidney failure" (B. Carey, 2016, para. 13).

The third version assigns blame to Hollywood, appealing to wider held notions of Hollywood as a place of evil. For Fisher, it focuses on drug abuse (she gained fame "and with it the Hollywood drug and party scene") (Graham, 2016a, para. 70) and forced weight loss: "Fisher's most recent health problems come after the actress revealed that she dropped 35 lbs before playing Princess Leia in last year's Star Wars film" (Graham, 2016a, para. 43). This reverberates in comments: "All our celebrities 'heroes' who spent their 20's and 30's drinking and doing drugs to excess are all now paying the price" (cfgenesis, commenting in Parker, 2016). For Reynolds, reference is made to a private life full of Hollywood scandal, most notably when husband Eddie Fisher left her for her best friend, Hollywood actress Elizabeth Taylor (Graham, 2016b). Crucially, this frame relates cardiovascular conditions to wider health issues and reflects the contradictions found in society about who is to blame: personal choices or forces beyond individual control (illness, family, structural environment).

#### *"She Died of a Broken Heart"*

A frame that was dominant and exclusive to coverage and audience reactions for Reynolds's death identifies the cause as a broken heart. Here, heart failure is not the result of an overexerted body, but of the heart not able to endure any more. The heart is presented as an emotional center rather than a physical organ. Evaluation is compassionate and sees the celebrity death as the result of circumstances (Reynolds's daughter's death). Interestingly, the frame occurs in comments—"She probably died of a broken heart. RIP Debbie" (Matthew, commenting in Rendon, 2016)—before media pick it up, with the NYT (B. Carey, 2016) and the DM (T. Carey, 2016) each dedicating an extensive article to it; quoting

studies and experts from the United States and United Kingdom, respectively, as frame sponsors; and providing a scientific name for it: "It's called Takotsubo syndrome, when a sudden flood of stress hormones causes a temporary weakening of the heart muscle" (B. Carey, 2016, para. 5). Narratives show a strong emphasis on a natural order of things: "one thing that no parent should ever have to endure—a mother planning for her daughter's funeral" (John Smith, commenting in Bruni, 2016).

*"She Chose to Die"*

Finally, a narrative competing with the "broken heart" frame revolves around the same context, but attributes Reynolds's death to her "decision" (agency) to stop her heart to be with Fisher. It refers to death as a spiritual rather than a physical issue and is voiced explicitly by the celebrity's entourage, media, and audiences. Media use Todd Fisher as a frame sponsor: "'She didn't die of a broken heart,' 58-year-old Fisher added. 'She just left to be with Carrie'" (Parry, 2016, para. 18). Different from the medical terminology dominating "cardiovascular is complicated" comments and "broken heart" articles, media take a more philosophical approach: "Debbie Reynolds perhaps felt, at some level, that the show that mattered most was over. When she exited the stage a day later, it was her last and most exquisite bit of showmanship—a performance surely of love" (Dominus, 2016, para. 16). Audience comments follow suit: "As a believer in the spirit world, I have no doubt that Reynolds gave up on this life to be with Fisher there" (c-c-g, commenting in Bruni, 2016).

***Different Media (Audiences), Different Frames?***

One expectation of this study was that frames differ according to the type of news outlet. Here, a distinction must be made between coverage and audience reactions. In general, coverage in the NYT and the DM varied in amount (fewer articles in the NYT for all cases), but was (unexpectedly) similar in style: Typically, a brief mention of the passing and heart-related cause of death was followed by extensive overviews of the celebrity's life and achievements. In both outlets and for all cases (except broken heart), medical information was limited and matter-of-fact, leading audience reactions to speculate about the complexity of cardiovascular issues, as mentioned. More than the NYT, the DM uploaded a new article with every additional piece of information, although these mostly rehashed the celebrity's life and achievements. There was little difference between the NYT and the DM coverage in occurring frames. A notable exception was the more scandal-oriented "the body can only take so much—celebrity as abuser" frame that occurred only in the DM, confirming its reputation as celebrity gossip outlet.

For both media outlets, audience reactions at times follow the frames provided in the articles and, at other times, generate alternative frames (see Table 1). However, the audience of each outlet differs in the way it relates to the newspaper as a trustworthy source for (the framing of) celebrity health issues. Commenters on the DM explicitly criticize the quality of the reporting on cardiovascular details—"She suffered a Cardiac Arrest DM! Her heart stopped, please report properly" (AdeleSwan1, commenting in Graham, 2016a)—and blame their confusion about health issues on a lack of proper reporting, as in reactions to DM reports on Thicke's death certificate:

Gomer, remember this is DM—they usually provide a few confusing detours in the story. (Rosskstar) . . .

Thanks to the commenters who shared their knowledge of this condition. The article did not do a good job with that. (Zee Chen, commenting in "Alan Thicke died," 2016)

Interestingly, criticism does not stop people from returning to and commenting on the DM website. For instance, Gomer is a regular commenter on more than one of the three cases, as his quoted communication with peers shows.

Critics of NYT do not question its truthfulness, indicative of the paper's reputation as a quality outlet that checks facts. Instead, they express the negative opinion that the NYT pays too much attention to celebrity culture: "Sometimes I feel like I'm reading People magazine rather than NYT. The editorial staff is really moving toward infotainment and that is not for the good" (Philly Girl, commenting in Bruni, 2016).

**Table 1. Overview of Celebrity Health Frames.**

Frame	NYT	DM	Comments	Thicke	Fisher	Reynolds
1 Snatched away in the prime of life	X	X	X	X		x
2 A good way to go	x	x	X	X		x
3 Cardiovascular issues are complicated	x		X	X	X	X
4a The body can only take so much—celebrity as abuser		X	X	x	X	
4b The body can only take so much—celebrity as victim	X	x	X		X	x
4c The body can only take so much—Hollywood kills	x	x	X		X	x
5 She died of a broken heart	X	X	X			X
6 She chose to die	x	x	x			x

*Note.* X = dominant; x = secondary.

### ***Impact of Audiences' Characteristics on Framing***

Earlier research suggests that audience reactions to the frames provided in media coverage are influenced by factors including audiences' parasocial relationships with the celebrity, personal experiences, and communication with peers. As the discussion below suggests, these three are interrelated and together contribute to the interpretation of media frames.

*Parasocial relationships*

Comments show a mostly positive attitude toward Thicke, Fisher, and Reynolds. People expressed affection—"Holy crap!!! I loved that guy!" (Minnie Bowden, commenting in Towner & McGrath, 2016)—and respect and gratitude—"I pay my respects and honor these (2) extraordinary women" (FFILMSINC, commenting in Gates, 2016). Parasocial relationships were frequently expressed and ranged from feeling close to the celebrity—"RIP Alan . . . You left your mark for those of us that grew up watching you" (And\_In\_Other\_News, commenting in Towner & McGrath 2016)—to self-identification, mainly referring to the celebrity as role model: "Many people, including myself, found great hope and inspiration from her" (TwelveStrings, commenting in Spargo, 2016a). Often, closeness was expressed by addressing the celebrity directly—"Keep fighting Carrie" (AdeleSwan1, commenting in Jones, 2016a)—and by conveying condolences to the celebrities' relatives, treating them like real friends and relatives. Most importantly, parasocial relationships resulted in commenters agreeing to the positive evaluation of the celebrities in the media frames.

*Personal Experiences*

Personal experiences feature heavily in comments. Often, they serve as frame sponsor, confirming the article's health frame: "This is exactly what happened to my dear mum" (Tinkbelle, commenting in Graham, 2016a); "In college, I volunteered at a retirement community and it wasn't uncommon for a loved ones spouse to die a few days if not hours apart" (JennyO82, commenting in T. Carey, 2016). At other times, commenters use personal experiences to question a frame. When AuntJasmineRose confirms the "good way to go" frame, she is countered by clcr76 (commenting in Towner & McGrath, 2016):

Not a bad way to go, no drawn out illness etc (AuntJasmineRose)

Aunt JasmineRose, that may be the case for him, but it's not for the family. My mother found my father dead of a heart attack on the kitchen floor last year, and it's still eating me alive (clcr76)

In a few instances, personal experiences (and parasocial relationships based on these) enable counterframing. This is most obvious in the "it's complicated" frame, which is built on personal experiences and medical knowledge but also features in comments that emphasize the "celebrity as victim" version of the "the body can only take so much" frame, in criticism of the "celebrity as abuser" version:

I find it very sad that people remember her drug and alcohol abuse and don't know the reason behind it. She had B i p o l a r . . . . What was much more difficult on her body would have been the continuing years of the medications we take, meds that ruin your body so you have a chance at sanity. We die much younger because of this. (TwelveStrings, commenting in Spargo, 2016a)

Here, personal experiences become strongly interwoven with parasocial identification ("medications *we* take," "*we* die much younger"), strengthening resistance to media frames blaming the celebrity.

#### *Communication with Peers*

Many audience reactions stand on their own, but others are part of online conversations. Commenters' names return across posts and case studies, suggesting a group of regular commenters that know each other. They resemble an online community: Discussions can become heated and personal while providing information:

He probably had high cholesterol. . . . The best thing everyone can do to prevent a sudden death like this is to become a VEGAN . . . If you have a cholesterol level of UNDER 150, statistics suggest that you are virtually HEART ATTACK PROOF (Gomer Pyle)

It's best to be stupid all by yourself Gomer. . . . No one is HEART ATTACK PROOF!! (AuntieMoe)

You got your medical degree from????? (lalasgrama, commenting in Spargo, 2016b)

Disagreements do not deter commenters. The same names return in later discussions showing support and giving information and advice that goes beyond the specific case to touch upon causes and cures for cardiovascular health issues.

Many of these exchanges provide additional insights, from (para)medical knowledge to speculation, interspersed with parasocial concerns for the celebrity:

"Ten minutes unconscious" unfortunately could mean some risk of brain damage. Still hoping for the best for Carrie. (user112358)

In the course of CPR offered on the plane she would have received mouth to mouth or some kind of resuscitation. But yes it is worrying she does not appear to have regained consciousness. (Catherine)

I agree, if she's only breathing with help of a ventilator it's not looking good . . . (Cookie 500, commenting in Graham, 2016a)

This conversation confirms the media frame, yet other peer exchanges establish (counter)frames that appear only in the comments, such as the "cardiovascular issues are complicated" frame.

Interestingly, commenters often refer to other celebrities to illustrate their points:

This is called aortic dissection. Yes, the same thing happened to John Ritter . . . Lost my mom to this. (maggium) . . .

This happened to Lucille Ball too and both she and John Ritter did multiple prat falls in their career. I think there is something to this. (Gardengirl)

I'm sorry about your mom, maggiemom. (Sandy, commenting in "Alan Thicke died," 2016)

The example emphasizes the importance for audiences of celebrity health narratives that are mentioned in the same way as personal experiences. It also illustrates how people discuss the health issue beyond the singular case, comparing it with other cardiovascular health scares.

Overall, parasocial relationships, peer communication, and personal experiences all come into play in making sense of the health issues in the media coverage, for instance:

He probably wasn't in the best of health. Ignored the pain til it was too late. RIP (Cpow)

Often in sudden death by heart attack there are no prior symptoms . . . like Alan Thicke (Fifi Flutinbrass)

Not true, Cpow. (BeeGee)

My brother-in-law had no symptoms of heart problems. Died suddenly at 57 . . . (RogerEJones)

Yes, often, especially on this site. People assume only fat people are unhealthy and susceptible to stuff like this. But you can be thin and have a ton of cardiovascular problems as well. (SharonsNotSweet, commenting in McDonagh, 2016)

### Discussion and Conclusion

The extensive coverage of and commenting on the three selected cases suggest that a celebrity's ability to attract media attention generates interest in health issues that pertain to the celebrity's life and death (Beck et al., 2014). This article's interpretative approach and inductive framing analysis help to unravel the elements constituting health narratives about celebrity deaths by cardiovascular conditions. In all cases, heart failure is recognized as the cause of death, and most frames identify it as a medical or health condition. Yet two frames ("broken heart" and "choose to die") follow a romantic-philosophical notion of the heart not as an organ, but as an emotional center where emotions can overrule medical conditions. Furthermore, frames differ considerably in what or who is blamed for this heart failure. Two frames ("snatched away" and "good way to go") present the heart as an organ beyond personal control, but one frame ("the body can only take so much") relates it explicitly to the unhealthy state of the body. Yet, this frame provides several interpretations of blame, two of which (congenital mental health and environment) are presented as something the individual has no influence over. The "it's complicated" frame, in turn, emphasizes the complexity of the functioning of the heart and, therefore, of assigning blame. The individual (celebrity) by and large emerges as a victim of cardiovascular conditions with little

agency rather than as the culprit who could have prevented heart failure, and most frames do not mention healthy lifestyle choices as a solution, instead focusing on emotional issues (e.g., love your family).

The analysis shows how frames are constituted through intricate relationships among the actors in the celebrity construct: Media framing of celebrity deaths from cardiovascular complications is related to characteristics of a celebrity persona, and characteristics of audiences affect their interpretations of frames and creation of counterframes. A health frame is rarely unique to a particular celebrity, as it taps into wider held values and beliefs, but it is colored and given prominence by the celebrity persona. Media use a celebrity's characteristics and context to construct and emphasize a particular frame: Thicke's likeable persona prompts frames that externalize the blame for his cardiovascular condition (inexplicable death), whereas Fisher's tumultuous life ignites frames that point to personal responsibility (unhealthy lifestyle). Doting mother Reynolds invites frames that emphasize the heart as emotional center. Against expectations, the NYT and the DM presented similar health frames, with the exception of the more sensationalist "celebrity as abuser" version of the "the body can only take so much" frame, which occurred only in the DM. This confirms that a celebrity logic has become "an essential structuring device of much of the contemporary information flow" (Conboy, 2014, p. 173).

Audiences bring their own experiences and characteristics into play when dealing with media frames. Results suggest that parasocial relationships may lead audiences to follow the media's positive evaluation of the celebrity and the attribution of blame outside the celebrity's personal responsibility, yet personal experiences and online peer discussions crucially affect how people negotiate and counter media frames, confirming earlier studies (e.g., Van den Bulck & Claessens, 2013a). Although media provided limited medical and health-related information, audiences exchanged information based on personal experiences and prior knowledge to better understand cardiovascular health issues. This affected their reception of frames, even resulting in a counterframe built around understanding cardiovascular and related health issues. This confirms findings (e.g., Goh & Lee, 2011) that the death of a celebrity leads audiences to seek information about the medical cause of death. This suggests that celebrity health narratives generate impact beyond a singular behavioral reaction such as undergoing a screening. Furthermore, comments about other celebrity cardiovascular health scares suggest that audiences learn from earlier celebrity health narratives.

The findings have relevance for health-communication campaign research and professionals. The media's limited attention to medical information about the celebrity death and the omission and even denial in most frames of personal responsibility and agency in preventing cardiovascular health scares are problematic from a health-promotion perspective. However, the attention that a celebrity's failing health attracts provides opportunities for health communicators to reach out with additional accurate information. Following the death of Fisher and Reynolds and the ensuing media and audience attention, the Belgian Society of Cardiology issued a press release, picked up by media ("George Michael, Carrie Fisher," 2016), that used the celebrity examples to explain differences between various heart conditions. My analysis shows how audiences collect bits and pieces of facts and speculation about cardiovascular issues based on personal experiences and knowledge of other (celebrity) cases. It indicates that celebrity deaths trigger audiences to search for more information regarding particular health issues. Commenters' skepticism toward some of the media reporting of cardiovascular conditions (especially among DM

commenters) signals a vacuum in health communication and suggests a potential impact for initiatives like the Belgian Society of Cardiology's press release that ride the waves of celebrity attention to provide relevant and useful information.

This study has two main limitations. First, audience reactions to media frames are studied solely in online comments. However, only some audience members engage in online discussions, whereas a majority are lurkers or not online. Moreover, we often do not know "who is behind the posting, why the individual sent in a comment or how postings relate to people's 'real-life' politics" (van Zoonen, 2007, p. 535). Yet, these issues also occur in face-to-face communication, and online comments provide useful information about people's self-presentation (van Zoonen, 2007), confirmed by this analysis of audience reactions.

Second, the study is restricted to just a few cases in a limited sample of media and audience reactions over a short period of time. This affects the health narratives that could be found. For one, case selection was limited to cardiovascular conditions resulting in death. Instances of heart-related health scares from which a celebrity recovers may generate different frames. Death elevates a celebrity's status to sanctity because it is impossible to disappoint after death (Lumby, 2006). This may explain the dominance of frames that do not assign blame to the celebrity. Survival of a health scare may generate frames blaming the celebrity and may affect the suggested solutions in a frame, as survival leaves room to turn one's health around and may therefore put greater emphasis on an individual's agency. More research is needed to grasp the varying impacts of death or survival on the framing of celebrity health issues. Yet it is the limitations that give meaning to a case study, as such a study allows for an understanding of specific processes and functions through detailed de- and reconstruction (Flyvbjerg, 2006). As such, my findings provide insights into the construction of celebrity health narratives with relevance beyond the particulars of the specific cases.

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