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Abstract

Once the domain of clinicians and researchers, we must now accept that 'obesity' has become ingrained in popular culture. An example is the emergence of a feast of reality television shows about obesity and weight loss. The most popular show is The Biggest Loser, where contestants compete to lose weight and win cash.

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“Cheapening the Struggle:” Obese People’s Attitudes Towards *The Biggest Loser*

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Editor’s Commentary: In volume 1, issue 5 of Obesity Management (OM), I wrote an editorial expressing my belief that the television show, The Biggest Loser, could do more harm than good for our efforts to reduce overweight and obesity in our patients. OM received a great deal of mail about this topic. The responses were mixed. Some people thought that the show provided motivation for people to address their weight; others felt it might have an overall negative impact. The following paper was submitted to OM by a research group in Australia. It is being published here because the authors actually performed some research to examine the issue. While I do not think this is a definitive study, I think it might be useful to our readers, who will be hearing more and more about this topic from their patients.

—James O. Hill, Ph.D.
Editor-in-Chief
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Introduction

Once the domain of clinicians and researchers, we must now accept that ‘obesity’ has become ingrained in popular culture. An example is the emergence of a feast of reality television shows about obesity and weight loss. The most popular show is *The Biggest Loser*, where contestants compete to lose weight and win cash.

Six countries, the United States, United Kingdom, the Netherlands, Australia, New Zealand, and Israel, have versions of the program. We are able to dine on recipes

from *The Biggest Loser Cookbook*, join *The Biggest Loser* fan club, and personalize the diet and fitness program used by the contestants to our own goals and lifestyles. There is no doubt that *The Biggest Loser* is popular. In 2006, over 10,000 people applied for the Australian show, and the final drew a staggering 2 million viewers (33% of market share).^{1,2} Are shows like “The Biggest Loser” helping people with obesity by providing a positive message and “weekly reminder that lifestyle change is powerful medicine”³ or are they merely reinforcing negative attitudes, unrealistic ideals, and unhelpful messages towards an increasingly disempowered, stigmatized, and marginalized group of individuals?

Methods

This in-depth qualitative study, based in Victoria, Australia, aimed to develop a picture of both lived experiences of obesity and the impact of socio-cultural factors on obesity. Given the start of Series Two of *The Biggest*

Loser in Australia, one component of the study explored participants' attitudes and opinions toward the show as well as about any broader impact that it had on their personal experiences. It is this part of the study that is reported in this paper.

In order to recruit a wide range of participants, a brief article about the study was published in a daily newspaper. Over 5 days, 90 people inquired. Individuals were invited to participate in a 1-hour interview, either face to face or by telephone for those in rural areas or uncomfortable with travel. Interviews, each taking 60 to 120 minutes, were conducted in September and October 2006 by a team of five experienced researchers. Interviews were audio-taped and transcribed within a week of being conducted by a professional transcribing service. Data analysis was based on rigorous qualitative analysis techniques. Ethical approval for the study was received from both the Alfred Hospital and Monash University Ethics Committees.

Results

General

A total of 76 people participated in the study. Their general characteristics are reported in Table 1. Brief quotes from participants are used throughout the text, and longer quotes are provided in a sidebar to illustrate the range of opinions and attitudes of participants.

A total of 69 participants stated that they had watched *The Biggest Loser* on at least one occasion and a third of participants stated that they watched it at least weekly. Regular viewers were more likely to be female ($n=61$), under 50 ($n=43$), and live in urban geographical areas ($n=39$). Regular viewers of the show watched it for many

Table 1: Characteristics of Study Participants

Characteristic	
Age	
Range	16–72
Average	47
Gender	
Female	63 (83%)
Marital Status	
Single	27 (36%)
Married	31 (41%)
Divorced	12 (16%)
Widowed	6 (8%)
Education	
Completed at least High School	34 (45%)
Geographical Location	
Rural	28 (37%)
Employment Status	
Unemployed	39 (51%)
Weight (kgs)	
Range	72–225
Mean	119
BMI*	
Range	30–72.1
Mean	42.5
Obesity Classification	
Obese	32 (42%)
Morbidly Obese	43 (57%)

*BMI, Body mass index.

ventions such as gastric banding and believed that the show would be the only thing that could help them to “change” ($n=3$) or “save my life” ($n=2$). A further five individuals stated that they had been encouraged to apply for the show by family members or friends.

What did participants think about the overall concept of the show?

The vast majority of participants ($n=54$) thought that the basic concept of the show was a negative one. They stated that rather than helping people with obesity the show used “weight as entertainment,” was like “a side show at some kind of circus,” and was “invasive,” “offensive,” “ludicrous,” and “derogatory.” Many said that even the name suggested it was “presenting losers.” Others said that the makers of the show were overstepping the line by exploiting people by reducing complex issues to binge eating and lack of exercise. Participants were particularly critical of the weekly challenges in which contestants were tempted to eat high-calorie foods to win rewards. They stated that these challenges indicated that the motivations of the show were insincere and that the program makers did not understand, or care about, the deeper struggles obese people face ($n=7$). Some people ($n=11$)

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different reasons. These included identifying with the personal struggles of the contestants ($n=35$); gaining education and information about weight loss ($n=13$); and general entertainment ($n=6$).

Five individuals had unsuccessfully applied to be on the show. All five stated that they were unable to afford inter-

were concerned that the public humiliation of contestants—in particular showing them binge eating or making them wear revealing exercise clothes—had the potential to have long-term negative emotional effects on contestants.

Approach to weight loss

The majority of participants ($n=51$) thought the core concept of the show—weight loss through healthy eating and “supported” exercise—was in fact a good one. Nonetheless, many said that the way this was presented was unrealistic for most people living with obesity. There were four key criticisms:

1. The show’s approach was unrealistic, unaffordable, and inaccessible. Participants stated that “The Biggest Loser” promoted weight-loss techniques that the majority of people living with obesity could not access or afford ($n=31$). This included to “have a personal trainer” ($n=34$), “expensive training equipment” ($n=21$), “be constantly in training” ($n=13$) or

“take 6 months off work to lose weight” ($n=23$). Participants ($n=28$) were critical that the show did not provide a balanced presentation of what individuals could do on a day-to-day basis to help them with their health and well-being. A quarter ($n=21$) of the study participants said that the program was “over the top” and were concerned that the show did not make clear that the results were not realistic for the majority of overweight people. Participants were critical that the show did not highlight the complex factors associated with obesity and did not give a “complete” or “correct” message about obesity or its causes.

2. The rate at which contestants lost weight was “unhealthy,” “dangerous,” and “unsustainable.” About a quarter of participants ($n=20$) commented that the emphasis on rapid weight loss was a dangerous message for all members of the community and went against advice given to them by health professionals. The focus on weight loss rather than overall health and well being contributed to a damaging mes-

Narratives from Study Participants

Why Study Participants Watched *The Biggest Loser*

- “They are very encouraging, you wish you were there, you wish you had been picked, because it seems so hard for them, but they did it at the end and you think if you can do it, I can do it too.”

Auditioning for the Show

- “I auditioned. I think if I did get on the show, I would have had that constant motivation to succeed. Being in the public eye you’d have to. I thought ‘they’ll show you the right things to eat, they’ll show you what exercises to do, I will be away from the distractions of daily life.’ It’s probably not the right approach but you get results at the end.”
- “I can understand why people would sign themselves to go on shows like *The Biggest Loser*. I can understand how their mind would work to get them there, ‘I’ve tried everything else, what have I got to lose.’”

Attitudes About the Overall Concept of the Show

- “I think it makes a bit of a mockery of the weight issue because it’s so judgmental. You’re leaving somebody who is overweight and who has a lot of issues to deal with other people’s perceptions of that person on a large scale. People that have weight issues are incredibly sensitive about it, and TV shows like that can do more damage than good.”

- “Here they are saying we are here for *The Biggest Loser*. But they are also saying we are going to give you this junk and we are going to test you out. We don’t need testing. We need compassion and respect.”

Approach to Weight Loss

- “I was a bit disturbed that it was so unrealistic that people watching it would think that they were supposed to be able to achieve weight losses where it was unachievable for the general population.”
- “It is just over the top. It gives you an unrealistic idea of how you could be losing weight. If you have your own personal trainer, 24 hours a day, and you just did lots of exercise and ate healthy and had somebody who bullied you, then yes you too can be this fantastic person, the person that’s inside that you always wanted to be.”

Impact on Societal Perceptions of Obese People

- “I don’t think that’s real life. They are making it harder for the people who can’t afford to do things like that. It makes us look lazy.”
- “What’s so reality about putting down people [with obesity]? That’s the reality, but to put it on TV and say it is OK, we’re going to accept this and we’re going to put it out there on TV for billions of people to watch is not the right thing to do. People start to think it’s OK to disrespect people who are obese. I think in the general public’s eye obesity is a deformity.”

sage within society that it was more important to be thin than healthy. Participants believed that the approach could lead to feelings of false hope, disappointment, and disillusionment in obese people if they were led to believe that rapid weight loss would be easily achieved if they “ate little and exercised extensively.” Most stated that they thought this type of weight loss was unsustainable.

3. The show gave the impression that obese people can change if they are bullied, shamed, and degraded. About a third of participants ($n=23$) stated that *The Biggest Loser* reinforced damaging social stereotypes of obese people as “fat, lazy, and unmotivated.” One person commented that contestants were “treated like animals rather than human beings.” Some ($n=17$) described the contestants as “brave and courageous.” Participants were concerned that this treatment of contestants could be seen as sanctioning negative treatment of obese individuals in the wider community. This strong reaction to the treatment of contestants may also in part reflect the feeling of solidarity many had with contestants and the recognition of themselves in the contestants.
4. The show has a negative impact on societal perceptions of people living with obesity. Participants ($n=26$) stated that *The Biggest Loser* increased negative perceptions and stereotypes of obesity and obese people. Some also said that the show reinforced the message that you had to be thin to be a happy successful member of society, perpetuating a culture of blame against people who were overweight or obese. Four people said that they experienced name calling from strangers because of the show.

Lessons for Health Professionals, Practitioners, and Policy Makers

James O. Hill⁴ hypothesized that the messages viewers were receiving from *The Biggest Loser* included that “big weight loss is possible and all you have to do is apply yourself” and that “any one can lose a lot of weight if he or she just has the will power.” The four key messages from participants support Hill’s hypotheses.

The Biggest Loser:

- promoted an unhealthy, unrealistic, and unaffordable weight loss regime;
- reinforced that being obese is an individual’s fault and that individuals should take personal responsibility for weight loss;
- promoted a simplistic notion that obesity is caused by binge eating and lack of exercise; and

- perpetuated damaging, negative social stereotypes of people living with obesity.

These messages may be applicable to many current approaches to obesity:

1. The promotion of unhealthy, unrealistic, and unaffordable weight-loss regimes. While individual treatment programs are potentially effective the costs of making them widespread are often prohibitive, especially to disadvantaged groups. Expensive diet regimes, pharmaceutical medication, or surgery may be unhealthy, unrealistic, and unaffordable for many people living with obesity. As a result, there are risks

Discrimination has negative health effects on patients, including their willingness to seek treatment, adherence to treatment, and mental health outcomes.

that strategies to combat obesity may exacerbate socio-economic and health inequalities.^{5,6} Efforts to combat obesity should recognize individual and environmental factors, both of which have strong socio-cultural roots, and should also make sure that interventions are appropriate, affordable, and accessible for a wide variety of community groups.

2. Being obese is an individual’s fault, and he or she should take personal responsibility for his or her own weight loss. Many approaches to obesity promote “quick fix” responses that assume individuals will take responsibility for their weight loss. Most social marketing campaigns as well as political rhetoric place the responsibility for weight loss firmly at the feet of individuals. For example, in 2005, Australia’s Federal Minister of Health commented: “In the end if people are obese it’s because they’re eating too much or they’re exercising too little, and the answer is in the hands of those individuals.”⁷ Yet such messages are inconsistent with an increased understanding of the complexity of factors contributing to obesity.⁸ While it is not wrong to encourage people to take personal responsibility it is important to give them a sense of empowerment and achievement and to

ensure that the “system” accepts its fair share of responsibility for the obesity epidemic. Clinicians may contribute to this by recognizing that the experiences and causes of obesity are diverse and that there is no “one size fits all” approach to the problem.

The vast majority of study participants felt “The Biggest Loser” was derogatory and used “weight as entertainment” rather than helping people with obesity.

3. The message that obesity is caused by eating too much and exercising too little. At the most basic level this of course is true. However, the message becomes problematic when public health and clinical efforts focus almost exclusively on encouraging people to “eat less and exercise more.” This is because these efforts do not recognize the context in which obesity is “lived” in today’s world. Many people with obesity have spent much of their lives trying to lose weight and have received advice about how to do so on many occasions. Yet they also often feel misunderstood and mistreated or ambivalent about the help they receive.^{9,10} Recognizing that individual motivations to lose weight may be outweighed by environmental influences is an important step forward in obesity prevention and clinical strategies. Strategies that have started to show signs of success have taken such factors into account.^{11,12} Listening carefully to the experiences of those living with obesity shows us how individuals, family units and communities interact with their local environments and how we may provide supportive infrastructures that enable individuals to respond effectively to appropriately tailored messages.
4. The continued acceptance of damaging social stereotypes about obesity. People with obesity live with damaging social stereotypes and often experience stigma and discrimination¹³ from strangers, family members, and health professionals. We know that discrimination has negative health effects on “illness” groups—including their willingness to seek treatment,

adherence to treatment, and mental health outcomes.^{14,15} Yet we have done little to address the impact of stigma and discrimination on people living with obesity. Efforts may start with simple steps, for example, using terms like “large,” “overweight,” or “weight management” rather than “obesity.”¹⁶ The narratives of obese people about their social and clinical experiences are powerful tools for the education and training of health professionals and policy makers.

Conclusion

At an extreme level, “The Biggest Loser” reflects the general views and attitudes of our society towards obesity. It does little to offer sustainable strategies for weight loss and improved health outcomes at the individual, community, or population levels. And it promotes an excessive “quick-fix” response to weight loss. For most people, the structural supports that the show offers—isolation, 24/7 concentration on weight loss, and physical trainers and nutritionists—are out of reach. We need government and community interventions that listen to the needs of people living with obesity; put tailored interven-

The core concept of the show is a good one, but many said that it was unrealistic for most people living with obesity.

tions into place; and offer a sustainable, accessible and affordable response. We need to collect the evidence and develop our approaches from there. Gimmicks might be entertaining, but in the long run, they do not work. ■

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