

AN ABSTRACT OF THE DISSERTATION OF

Ryan Tucker Readdy for the degree of Doctor of Philosophy in Exercise and Sport Science presented on November 19, 2009.

Title: Weighing in on NBC's "The Biggest Loser": Surveillance Medicine, Self-Concept, and Gender on the Scale.

Abstract Approved:

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The current appeal of reality television is undeniable, with the specific genre of makeover television having special nationalistic and moral appeal in the United States. Previous analyses of NBC's weight-loss makeover show *The Biggest Loser* suggest that the program is inherently problematic because of its ingrained fat bias and unethical treatment of contestants (Bernstein & St. John, 2006) as well as its negative presentation of the obese body (Sender & Sullivan, 2008). Further, Sender and Sullivan (2008) partially explored whether viewers of *The Biggest Loser* understand the show as a tool in the nation's obesity crisis, if they experience positive outcomes from the show, and whether they perceive the gendered structure of the program. The current research was designed to elucidate the overall meanings audience members ascribe to the program while also investigating the themes of surveillance medicine, self-concept, and gender. Bratich's (2007) presentation of makeover television as fairytale was used to interpret information obtained from semi-structured interviews with a diverse sample of 40 viewers. Overall, these audience members experienced *The Biggest Loser* as a transformative, entertaining event that is inspirational because of the physical and perceived self-concept changes contestants on the show embody. This inspiration may engender an empathetic connection for viewers, but it seems to produce little change in behavior. Audience members had little perception of *The Biggest Loser* as reinforcing surveillance medicine or existing gender hierarchies, suggesting they view the show for an escape from reality rather than to question it.

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Weighing in on NBC's "The Biggest Loser":
Surveillance Medicine, Self-Concept, and Gender on the Scale

by
Ryan Tucker Readdy

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Chair of the Department of Nutrition and Exercise Sciences

Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Ryan Tucker Readdy, Author

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TABLE OF CONTENTS

	<u>Page</u>
Introduction: Reality(?) Television and Social Discourse	1
Surveillance Medicine: The Obesity “Epidemic”	4
Self-Concept: Authoring the Body	6
Gender Dynamics: Shrinking Femininity	8
The Current Investigation: <i>The Biggest Loser, Season 6</i>	13
Research Paradigm	13
Formats of Information	14
Sources of Information	17
Attributes of the Researcher	17
Results and Discussion: The <i>Fairytale</i> of Reality	19
The Gestalt: Transformation, Entertainment, Inspiration	20
Surveillance Medicine: Taking our Medication?	24
Self-Concept: Autonomy, Discipline, and Tele-personalities	27
Gender Dynamics: Entertainment vs. Emotion	33
Conclusion: Fading to Black	39
References	44
Appendix	47

Weighing in on NBC's "The Biggest Loser":
Surveillance Medicine, Self-Concept, and Gender on the Scale

"In the end, the biggest loser is the viewer that digests this banquet of misinformation uncritically" (p. 28).

Bernstein and St. John (2006)

Introduction: Reality(?) Television and Social Discourse

There is little question surrounding the appeal of makeover reality television in today's society, as one need only to look at the continued ratings success of shows like *Trading Spaces*, *Extreme Makeover: Home Edition* and *The Biggest Loser*. But to label such programs as "reality" presents a paradox... how can any television show truly be reality when it is taped, edited, and (re)presented to other people? At best, it is a constructed reality, and the people in charge of its construction partially determine the ultimate truth that is to be seen; the construction of reality is then completed by the audience, who interprets, gives meaning to, and perhaps even acts on what they see. Importantly, makeover shows are laden with themes of positive transformation (Heller, 2007), which in their most basic roles provide viewers with an escape from their current reality and a voyeuristic journey into a world where things are different and, perhaps, better. Nowhere is this dynamic more prevalent than in NBC's weight-loss makeover show *The Biggest Loser*, now entering its eighth season.

While the primetime makeover show originated in the United Kingdom in the 1990's, the 2002 appearance of *Extreme Makeover* (a show in which people received interventions often including plastic surgery, wardrobe advice, etc.) in the United

States marked the advent of a unique television culture that was dependent on the US ideal of ascendant social acceptance through will power and self-transformation (Lewis, 2008). *The Biggest Loser* must be understood, in part, as a product of this movement in television culture; quite simply, "...personal makeovers, particularly those with a competitive game show element, can be seen to exemplify a particularly American vision of contemporary adulthood" (Lewis, 2008, p. 456). What perhaps separates this show from other makeover shows is the explicit focus on the obese body and concomitant, implicit spotlight on the requisite internal failings required to produce such a body.

Appearing in *Health at Every Size*, Bernstein and St. John's (2006) critique of *The Biggest Loser* (from which the opening quote is taken) is one of two analyses centered on *The Biggest Loser*. Written after the first season, the article casts the show in an overwhelmingly negative light, finding fault in everything from the format of the show, to the types of people cast, to the messages that are presented to viewers through the weekly escapades of the contestants. Their inevitable conclusion, as expressed above, is that while *The Biggest Loser* may win in the ratings, it loses in the fact that it (re)enforces the dogmatic stance prevalent in most government, medical and academic literature today: body fat is bad. While extremely provocative and well written, the critique provided by Bernstein and St. John (2006) must also be understood as (re)creating a specific reality that, while representing an under-recognized perspective, also lacks recognition of the larger interconnections that exist between *The Biggest Loser*, the message it conveys, and the audience that watches it.

Sender and Sullivan (2008) first articulated the nature of the connection between *The Biggest Loser* and the people that view the program. Through analyzing interviews with both frequent viewers and people that had never watched the show, they concluded that:

In contrast to critics' concerns that makeover shows offer a chance to laugh at less fortunate people, or that they effectively train citizens in the rules of good behavior, our study suggests that audiences are able to distance themselves from humiliating representations and to critique the specific instructions provided on these shows. However, most audience members left intact assumptions that the obese body represents a failure of will in a culture in which self-direction and choice are paramount, and a failure of self-esteem where confidence is fundamental to that self-direction and choice (Sender & Sullivan, 2008, p. 582).

In a very articulate fashion, this study gave voice to the idea – in seemingly direct opposition to the conclusions offered by Bernstein and St. John (2006) – that the audience of *The Biggest Loser* can indeed be at least partially critical of the messages being sent by the show; this ability, however, does not seem to transfer to their beliefs about the causes of obesity or what it means to be obese in our society.

Given the contrasting perspectives discussed above, the purpose of this study was to create a postmodern feminist understanding of the meanings and realities that viewers of *The Biggest Loser* ascribe to the show. In doing so, the current research was also designed to bring forth how the program re(creates) and facilitates the current discourse around fatness, self-concept and gender at both the personal and institutional level. To do so, the concept of disciplinary medicine (introduced by Foucault [2003] and recently applied to obesity by Murray [2008]) is discussed. Second, the role that

self-concept and gender play in the creation of the fat to (un)fat reality created by *The Biggest Loser* is elucidated. Finally, the words of audience members are used to explore the gestalt reality of the show, as well as how the theoretical constructs of surveillance medicine, self-concept, and gender contribute to that reality.

Surveillance Medicine: The Obesity “Epidemic”

According to Foucault (2003), the mid-18th century saw a dramatic shift in the way medicine was administered; from this point forward, medicine “...becomes an arm of state governance, a mode of unprecedented scrutinized social control, and regulation” (Murray, 2008, p. 9). Within this dynamic, a certain degree of political power is allocated to those responsible for deciding what epidemics are most important, creating surveillance systems, and administering intervention programs. The question of whether obesity can be considered an epidemic is a separate but related question that has been discussed nicely by Oliver (2006); regardless of the answer, it is important to consider that the discourse over who is fat, why fat is bad, and how fat should be controlled is embedded in a political power structure that generally isn't recognized at the level of individual consciousness.

Of additional significance, Foucault (2003) asserts that public control is best achieved through *implicit*, rather than explicit, means of surveillance; that is, the success of a public health intervention relies heavily on the ability of *individual citizens* to monitor their health and take corrective steps if necessary, albeit as dictated by current health pronouncements. Two extremely important results become apparent. First, change cannot take place without individuals' conviction of their own *autonomy*;

that is, the individual "...needs to believe that it is his or her own decision to improve and master him- or herself..." (Murray, 2008, p. 12). When a person believes that power comes from an internal source – from themselves, their own conviction – they are more likely to enact the personal health changes that are said to be in their best interest, as well as to accept responsibility for when public health edicts have not been met. *The Biggest Loser* illustrates this idea nicely, as interviews with contestants during the first weeks of the competition are replete with stories of how they have failed themselves and those around them by not maintaining their body weight and shape within the socially prescribed dimensions. Notice it is their fault and their responsibility, with little inspection or implication of the state that is imposing such weight standards upon them.

Second, *discipline* is required for disciplinary medicine; that is, individuals "...are convinced of a response-ability [sic] to cultivate themselves rather than being directly coerced by an external authority" (Murray, 2008, p. 12). In modern society, that authority is enacted but disguised in consumer markets and popular culture; medical information is also traded as *currency* among people exposed to those markets and cultures (Murray, 2008, p. 12). *The Biggest Loser* is arguably today's most dominant television program focused on weight loss with close to 11 million viewers each week (Miltovich, 2009); as such, it needs to be read and understood as both popular culture and a vehicle of disciplinary medicine in the battle against fatness. In sum, the program serves as the most powerful visual and ideological reminder that viewers must not be fat or overweight. Instead, they must track their weight,

implement fitness and nutrition plans if their weight is too much, and maintain those regimens once they eventually meet their goals.

Self-Concept: Authoring the Body

On one end of the spectrum, then, is the state with its attempts to use disciplinary medicine; on the other end are the very fat cells that the state is trying to eradicate. What lies in the middle of that spectrum is the individual and, more importantly, the individual's self-concept. Self-concept can be understood as, "the multitude of attributes and roles through which individuals evaluate themselves..." (Fox, 1997, p. 296). Notably, the self-system is simultaneously an entity and a process. Thus, people tend to experience themselves in the moment as a unified (perhaps even static) organization of thoughts, emotions, and behaviors; however, this arrangement has the potential to be modified over time and across domains (e.g. physical, academic, social) through self- and other-comparison, role-taking, and in response to environmental stimuli (Markus & Nurius, 1986). Ultimately, the self is the director of action or, in the case of *The Biggest Loser*, the locus of causality that motivates changes in body weight, exercise and nutrition choices.

This notion of the self is consistent with gender theorist Judith Butler's idea of the "performative self" in which gender, a form of identity, is considered "...the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being" (Butler, 1990, p. 33). Yet, Butler differs in her suggestion that a person's behavior is not directed by an internal self-structure; instead, she suggests that the

“regulatory frame” is dictated specifically by socially prescribed identity norms and a person’s desire to replicate behaviors consistent with those standards in order to experience a continuous, stable identity (Butler, 1990). Extending Butler’s position to the case of contestants on and viewers of *The Biggest Loser*, their desire to become (un)fat comes directly from the collective belief that *all* people should adhere to specific body sizes. In this manner, they would be “performing” the role of a fat individual in society rather than *enacting* behavior that is necessarily consistent with their self-concept.

Despite the differences represented in these conceptions of the self, one certainty is apparent. Through shows like *The Biggest Loser*, fat people are taught to abhor their current physical, physiological, and psychological condition. They are also trained to evaluate themselves negatively because they don’t fit (physically and otherwise) into socially prescribed body dimensions. Hence, individuals are instructed to loathe the very *selves* (internal, performative, or both) that are fundamental to their reality. Paradoxically, there is the need to recognize the potential of a strengthened self-concept that is experienced by these people when they lose weight, while concurrently directing a critical eye toward the social milieu that has created the need for that potentiality. The name of the show perhaps says it all... you have to embody the possibility of being a (big) loser to even qualify for the show, and the central theme is that by helping you lose big physically, the show can also help you gain big psychologically through an improved self-concept and greater social acceptance.

One needs only to watch the so-called “weigh in” (the penultimate event of each episode) to appreciate the self-dynamics that are constantly at play on *The Biggest Loser*. The corporeality, and by substitute the selfhood, that is demonstrated by the size of contestants’ bodies on *The Biggest Loser* creates the impact – perhaps even the perversity – that makes the show so popular yet so problematic. Participants, and simultaneously viewers at home, are taught to hate the fat body the contestants had before but to love the (less)fat body the competitors have now, and love even more the (un)fat body the participants can have if they continue their weight loss journey. As the pounds are lost and the physical space the women and men occupy diminishes, contestants on *The Biggest Loser* and watchers of the show gain equivocally in their love for and positive evaluations of themselves. But why were those qualities not there before, and why do we as a viewing audience tune in regularly to witness this self-transformation that can occur *only* because these people are considered losers in our society? Such questions need to be answered to fully understand the reality of *The Biggest Loser* for viewers.

Gender Dynamics: Shrinking Femininity

In seven seasons of *The Biggest Loser* in the United States, four men and three women have won the weight loss competition; however, at the start of Season 5 no female competitor had been victorious. Thus, the dominant historical gender theme of the show is that success on the program was inherently skewed toward men; simply by virtue of their biology they tended to lose more weight on any given week. The fact that females have won the most recent three seasons provides a strong challenge to the

conventional perception of the gender dynamics of the program and offers a starting point for an analysis of how the show constructs the reality of gender. Quite simply, *The Biggest Loser* is both gendered and gendering; the dominant concepts of masculinity and femininity are at play both explicitly and implicitly, with masculinity valued over femininity not only in the participants but also in the very structure of the show itself.

The Biggest Loser can be considered a gendered television program in that its structures and values reflect the hegemonic ideals of masculinity over femininity. This is in stark contrast to other makeover shows, as Brudson, Johnson, Moseley, and Wheatley (2001) suggest that makeover shows have been traditionally gendered feminine. While gender roles are potentially fluid and constantly re(constructed), the idea of a competition where the loser is voted off the show is a primary example of how the format of *The Biggest Loser* is gendered masculine. So is the need to determine the winner solely on numbers (the percent of body weight lost each week), rather than using collaborative effort and consensus through discussion. Such principles and concomitant behaviors are embedded and celebrated in our society much more than those often considered feminine, including cooperation, docility, passivity, and nurturance. Why, for example, couldn't two (or more) teams compete for the entire duration of *The Biggest Loser*, with both teams receiving some sort of reward at the end? Would such a feminine format be less interesting to watch? That question remains unanswered, and it would be of value to explore responses from

viewers to alternative formats to the show that are oppositely gendered or gender-neutral.

While the noted aspects of the format of *The Biggest Loser* serve to reinforce the traditional gender order in the United States, the fact remains that the contestants on the show are trying to lose weight, an activity and goal that are inherently feminine. Men bulk up, women slim down... that's the way it works in a conventionally gendered world. In this way, the format of *The Biggest Loser* is feminized, with the central goal of weight loss being accomplished through countless hours of exercise each day combined with a restricted caloric intake. Such an emphasis on these two behaviors and the multiple rewards they can produce (e.g., winning the show, increased personal and social acceptance, etc.) creates the possibility that people – whether they are contestants on the show or viewers at home – could attempt to adopt such extremes of behavior in their daily lives and ultimately develop body image dissatisfaction and disordered eating/exercise patterns that are often precursors to clinical eating disorders. Unfortunately, females are much more at risk than males for such outcomes; Smolak (2006) suggests a significant majority of women in Western societies (possibly as high as 80%) experience dissatisfaction with their bodies, while Thomson and Stice (2001) offer that eating disorders are a leading psychiatric problem for women. Thus, an essential part of understanding the gendered nature of *The Biggest Loser* also means knowing how it can have disproportionately negative effects on women. Moreover, the irony that the feminine aspect of the format of the show is

associated with such undesirable outcomes while the masculine aspects are related to positive ones should not be lost.

In addition to being gendered, *The Biggest Loser* can be considered a gendering television show because it constructs and reinforces the current gender ranking system by inscribing gender on the contestants; that is, masculine behavior such as competition is rewarded, while feminine behavior such as emotional expressiveness is punished. For example, the masculine ideal of self-sufficiency and hard work is on prominent display in the program. Seemingly, the contestants are on the show because they indeed are *not* self-sufficient or hard working (at least physically) and they've come to the show to have it restored or even implanted. Moreover, it is the effort put forth in losing weight on the show that is much of the appeal for viewers compared to surgical makeover shows, thus reproducing "...assumptions that the solution to fat should be work, not surgery" (Sender & Sullivan, 2008, p. 580). As such, no person will win the ultimate prize without ascribing to this masculine tenet, but they are sure to lose if they don't.

The (big) job of getting contestants on *The Biggest Loser* to start dropping pounds is allocated to two trainers, Bob Harper and Jillian Michaels, who not only role model self-sufficiency and effort but also attempt to impart that quality on everyone else, sometimes quite forcefully. During the program, the two trainers engage in typically masculine conversation – demonstrating authority, imparting knowledge, not allowing for interruption (Kilmartin, 2000) – thereby directly challenging their protégés to run, lift weights, and do anything else necessary to lose weight and

consequently win the competition. If the contestants respond as desired, they are rewarded with positive affirmation from their trainer; if they do not, they are verbally (and, in some cases, physically) chastised in front of the other competitors. Thus, for a female participant to be successful, she needs to become more masculine by embracing and demonstrating a willingness to be highly competitive and highly self-sufficient in her fitness routine. However, there is no reward for a similar expression of femininity; nobody is saved from elimination because they console others the best when workouts get too challenging or the diet isn't filling enough.

Overall, then, *The Biggest Loser* presents itself quite distinctly to be not only masculine in format but also more rewarding of masculine traits. This power dynamic is emblematic of the shifting locus of women's oppression in Western society, where the body has become the newest territory of gender contention. Hartley (2001) intimates that "As women have claimed intellectual and economic power for themselves, culture has simply found new ways for them to be inferior. That is, because women themselves are seen as less than men, their bodies must demonstrate that inferiority" (p. 62). Thus, *The Biggest Loser* appeals to the masculine to achieve the patriarchal goal of physically and symbolically disempowered women. While male contestants are also encouraged to lose weight, they still ultimately live in a world where "Men are under no such size restrictions and are allowed – often encouraged – to take up as much space as they can get away with"; the female contestants, oppositely, reside in a culture where "...the large female body is inherently wrong" (Hartley, 2001, p. 62). Under the shroud of physiological, psychological, and

potentially social benefits, femininity and female bodies are under siege on *The Biggest Loser*, but it remains to be seen whether this attack is perceptible to those who watch it.

The Current Investigation: *The Biggest Loser, Season 6*

While the theoretical reality of *The Biggest Loser* is important to describe and analyze, the discussion is incomplete without also examining how viewers receive the messages in the show and integrate them with their own thoughts, emotions, and experiences to create the ultimate reality of the show. Sender and Sullivan (2008) have, in part, accomplished this; their exploration of how the fat body is (re)presented on *The Biggest Loser* is quite consistent with the principles of surveillance medicine. However, the gestalt of the show for viewers is left open to question and interpretation, as are the understandings of self-concept and gender. Given the considerations already outlined, it was the intent of this study to first determine the significant meanings that regular viewers ascribe to *The Biggest Loser*. Secondly and more specifically, this study was also designed to explore and elucidate how the themes of surveillance medicine, self-concept, and gender are implicitly and explicitly apparent (or absent) in the realities that regular watchers of *The Biggest Loser* create.

Research Paradigm

To capture the multifaceted meanings that may be present, a postmodern feminist research paradigm was utilized throughout the study. Postmodern feminism allows for an epistemologically complex representation of a given phenomenon by recognizing and analyzing a multiplicity of perspectives, none of which can assert

ultimate objectivity or authority (Stanford Encyclopedia of Philosophy, 2008). Further, this paradigm relies on the acceptance of responsibility, which includes overtly recognizing how a) the choice of formats and sources of information and b) the attributes of the researcher affect the construction of knowledge (Haraway, 1991; Harding, 1992). Finally, postmodern feminism relies on “mobile positioning” or the attempt to view a phenomenon from multiple viewpoints (Lugones, 1987), including multiple sources of knowledge and multiple theoretical constructs.

Formats of Information

Before beginning the research, approval for the study was obtained from Oregon State University’s Institutional Review Board. Potential participants included people 18 years of age or older who were devout viewers of *The Biggest Loser: Season 6* from a number of cities in the Pacific Northwest region of the United States, with devout defined as having watched all episodes. *Season 6* (which ran from September through December 2008) was chosen because it was the most recent season to be completed at the time of approval for the research. No other inclusion or exclusion criteria were used, thus adhering to the mobile positioning tenet of postmodern feminist research by allowing for a multitude of perspectives to be developed. Public television and radio broadcasts as well as newspaper announcements regarding the study resulted in over 130 potential participants expressing interest in the study. After verification of necessary demographic information, a stratified sample of 40 participants was chosen for interviews, a number consistent with both qualitative research in sociology, psychology, and exercise

science (e.g., Monaghan, 2008) as well as the time and resources available to collect and analyze the data.

To facilitate each interview, participants were invited to visit the university or set up an alternate location. Conversations generally lasted between 45 and 60 minutes in length, with some extending as long as 90 minutes. A semi-structured interview format was used to guide participants through four major areas of conversation (background information, surveillance medicine, self-concept, and gender). Next, participants were asked to watch two short segments from *The Biggest Loser: Season 6* and describe the meanings they ascribed to what they saw. (The information obtained from this activity tended to be redundant with other statements from the interview, suggesting a degree of saturation of the data; consequently, these quotes were not analyzed separately from the rest of the interview data.) Finally, each individual was asked to complete the statement “*The Biggest Loser is....*” All interviewees were provided \$25 gift cards to a local merchant, a value equitable with their time spent in interviews (Wake Forest University, 2008). All interviews were audio recorded, and detailed field notes were kept to document relevant specifics of the interview.

All recordings were transcribed verbatim and studied using an open coding approach, “...the central purpose of which is to open inquiry widely” (Berg, 2007, p. 317). Three of the four guidelines for open coding suggested by Strauss (1987, p. 30) were followed, being: 1) asking the data a specific set of questions, 2) analyzing the data minutely, and 3) frequently interrupting the coding to write theoretical notes. The

fourth (never assuming the analytic relevance of any traditional variable such as age, sex, social class and so on until the data show it to be relevant) is in contradiction to postmodern feminist inquiry, which highlights the importance of understanding how all such variables create a confluence of personal and social conditions that must be understood as a whole.

The specific questions asked of the data were deductively determined to reflect the overall line of inquiry of this study. Thus, analysis began by examining how each participant completed the statement “*The Biggest Loser* is...” and determining how that statement described their gestalt understanding of the program. From there, the meanings constructed by the participant within the specific areas of surveillance medicine, self-concept, and gender were interrogated. Following that, the insight that (according to the theoretical background) was absent from the interviews was elucidated. Lastly, all identified meanings were integrated across interviews to construct a comprehensive picture of how these viewers understood *The Biggest Loser*. Trustworthiness of the data was achieved by having an independent reviewer categorize a select number of potential quotes to be used; of the 28 possible quotes, 23 were categorized the same by both the author and the reviewer, and quotes not initially agreed upon were discussed until consensus was reached. NVIVO7 qualitative software was used to assist in the analysis process by identifying examples of relevant themes, finding potential relationships between various coding themes, etc.

Sources of Information

Given the paradigmatic need to cultivate as many different viewpoints as possible, priority was placed on recruiting a diverse sample along the lines of sex/gender, race, age, body mass index (BMI), and socioeconomic status. Of the initial respondents, only 9 provided a racial identification other than White and only 24 identified as male; all members of these groups were initially asked to participate. From there, age and body mass index became the next set stratification variables, followed by socioeconomic status. As a result, the final group of interviewees consisted of 27 females and 13 males; only 8 people in the sample self-identified their race as non-white, with most of that number being of Mexican descent. The average age of the group was 42.5 years; the youngest participant was 18 years of age, while the oldest was 71 years old. Individuals were relatively evenly distributed across BMI categories, with 3 having a BMI less than 19 (clinically “underweight”), 11 between 19 and 25 (clinically “healthy”), 12 between 25 and 30 (clinically “overweight”), and 14 greater than 30 (clinically “obese”). Most of the interviewees had a yearly income of less than \$50,000 and the entire educational spectrum (some high school to 4-year graduate degrees) was represented. Lastly, a significant majority of the participants (73%) started viewing *The Biggest Loser* during Season 1, and many (65%) had watched every episode from each season.

Attributes of the Researcher

Acknowledging potential biases before research is conducted and accepting responsibility for them throughout the research process is central to the knowledge

construction process. In that vein, it is necessary to disclose my own biases as a professional, viewer of *The Biggest Loser*, and physical activity participant.

I first started watching *The Biggest Loser* during the finale of Season 4, and was immediately struck by the physical and psychological changes the contestants achieved during their time on the show. As a Ph.D. student in Sport and Exercise Psychology as well as Women Studies, the goal, format, and outcome of the series seemed a provocative confluence of motivating people to be physically active, achieving tremendous transformations in self-concept, denigrating people whose bodies don't fit the socially prescribed norm of thinness and muscularity, and replicating dogma centered on the supposed health dangers of being fat. While watching Season 5, I was increasingly torn between what I thought the show seemed to support on the surface (a lifestyle that includes regular physical activity and good nutrition choices) and the underlying insidious social dynamics it perpetuated (alarming fat bias, competition for money rather than health, and perverting the idea of entertainment). The only thing I knew for sure is that I hated to watch *The Biggest Loser*, but I loved to watch it at the same time.

While these biases were present from the genesis of this research, all possible precautions were made to avoid layering them into interactions with the participants. While I readily acknowledged to participants that I watched *The Biggest Loser* each week, I minimized discussion of my opinions regarding the show. In addition, as an individual that is regularly physically active in both cardiorespiratory and muscle fitness exercises and has a clinically "healthy" BMI, I deemed it important to dress in

professional clothing that didn't accentuate my body shape or size; I also avoided discussion of my exercise to hopefully prevent any comparison between the interviewees and myself. I built rapport with the interviewees by discussing other relevant aspects of my life (e.g., indicating that I walked my dog for physical activity when participants did the same) and assuring them that every response they had was insightful and very meaningful. Interestingly, many participants have contacted me since their interview to find out the progress of the study and when the results would be available, indicating a level of interest and comfort that ideally signifies confidence in both the researcher and the research process. Such trust provides the implicit context that allows for the analysis and interpretation of their responses within the explicit theoretical frameworks presented to this point.

Results and Discussion: The *Fairytale* of Reality

Given the dynamic and subjective nature of "reality" and how it is constructed, it is not surprising that the participants in this study created complex, multi-dimensional meanings related to *The Biggest Loser*. While makeover programs are considered reality television, Bratich (2007) suggests that the genre (as complex as it is) is best understood as a fairytale due to its emphasis on transformation, whether it be structural, sartorial, or corporeal. The dimensions and purposes of fairytales are just as convoluted as those of reality television, and such characteristics provide a unique structure for understanding how viewers of *The Biggest Loser* understand the television show.

The Gestalt: Transformation, Entertainment, Inspiration

Initially, Bratich (2007) offers the idea that, “The fairytale was, in its essence, about the powers of transformation” (p. 17). In response to the prompt “*The Biggest Loser is...*” many of the participants in this study offered such sentiments; the show is about change, both in the contestants and, perhaps, themselves. For example, one obese female participant intimated that, “*The Biggest Loser* is a place people can go to get their lives back. It’s like a rehab for fat people, I guess. I don’t know, but it’s astounding.” Another overweight, middle-aged male offered the idea that, “*The Biggest Loser* is a method of healing your body and soul and mind and being a better person through your life.” While perhaps dramatic, these two responses represent one of the dominant overall meanings audience members gave to the show: *The Biggest Loser* is about positive change in a person’s life. Noteworthy is the suggestion from these quotes that transformation is not limited to the body only; while the television program may explicitly be a weight-loss competition, it is also a place where people can gain measures of their selfhood back. As Morris (2007) writes about British reality television, “Stories are worth telling precisely in ratio to the change they represent” (p. 40). But how does this seemingly miraculous, almost mystic, transformation occur?

The answer, in part, lies in the fantasy worlds that fairytales take place in and the characters that inhabit them. Fairytales, according to Bratich (2007), have “...narrative content [which] involves magical realms, supernatural powers of inhabitants, and a world imbued with enchanted properties” (p. 17), while “The characters that appear in fairy tales include chimera, monsters, and hybrids, as well as

those who appear in masks and disguises” (p. 17). Through these imaginative phenomena, the person listening to (or, in the case of television, watching) the fairytale is, in effect, *removed from* reality; there is an element of fascination in the fact that the worlds and characters of fairytales allow for events to occur that the real world does not. This presents a critical paradox... is reality television actually vacant of true-life qualities? Many participants offered that sentiment about *The Biggest Loser*, from the mundane (“*The Biggest Loser* is encouraging but it’s a reality show that’s unrealistic...”) to the hyperbolic (“*The Biggest Loser* is the closest thing to joining the Taliban camp in America because it’s hell”) to the sobering (“*The Biggest Loser* is an opportunity for people to put their lives behind them – they’re not dealing with their children, they’re not dealing with their spouses – and focus on only one thing and that’s their weight loss”). Thus, transformation isn’t possible in real life but instead in (fair)reality.

If such narratives do not depict changes that can be mimicked by their audience, what is their role? The value of these stories, inherently, becomes representational: they depict fantasies in an oral, physical, or visual form for the enjoyment of the viewer. As one middle-aged obese female viewer put it, “*The Biggest Loser* is entertainment and, I think... well, sorry it is. *The Biggest Loser* is entertainment.” More importantly, the story is constructed to heighten these pleasurable qualities; one obese female viewer compellingly suggested that, “*The Biggest Loser* is a media event, it’s cheesy, it’s got big drama but through all of that I think it has a positive message.” The idea that viewers believe reality television is

altered to make it more entertaining was supported by Dover and Hill (2007), as they documented that just over 20% of viewers agreed that reality television is true-to-life, while 54% of respondents thought people “acted up” on these programs. Thus, the theme of transformation is mediated by the premise of entertainment; participants in this study understood *The Biggest Loser* as change, but not necessarily change that could percolate from the realm of magic and superpowers to the world of their actual corporeality.

In the sense described to this point, *The Biggest Loser* as fairytale has purely representational properties in that it simultaneously communicates transformation and entertainment. Yet, Bratich (2007) argues that the social function of the fairytale was *moral*, not representational, in that, “The narratives had an ethical function – namely to transform the *recipients* of the stories” (p. 18). The question remains, however, whether that transformation needed to be behavioral; could an individual cognitively understand the moral without necessarily enacting it in her or his life? This inquiry is highly salient, at least with this group of viewers of *The Biggest Loser*. While over half of the interviewees were overweight or obese, only a handful was actually trying to lose weight; similarly, about half were regularly physically active, but this correlated highly with having a “healthy” BMI. Thus, while (healthy?) physical activity, (healthy?) nutritional choices, and (healthy?) weight loss are key aspects of *The Biggest Loser*, these features don’t seem to create the transformation inherent in the fairytale. Yet, one male participant of healthy BMI concluded that, “*The Biggest Loser* is a show that you have to lose weight the right way, by working out and eating

right,” suggesting an understanding of the ethical meaning of the show that perhaps has the potential for future transformation.

Bratich’s (2007) analogy of makeover television as fairytale concludes that, “The fairytale’s gesture is thus to become immanent, to turn the word into world, and to make its transformative themes constitutive of everyday life” (p. 18). The one word that was indeed turned into world by interviewees in this study was *inspire*, as detailed by one participant:

The Biggest Loser is about inspiration. It’s about the human spirit and being able to overcome any obstacles that are in front of you and achieving your goal. All you need is a little direction, it’s just up to you. Hopefully it’s inspiring people to take control of their lives and doing what they can to be a better person and just have a better sense of themselves because if they feel good about themselves inside it will project itself out to others and they’ll be all the more better for it, they’ll have a better life.

In very articulate fashion, these words capture the multi-faceted and complex meaning of *The Biggest Loser* that was expressed time and again throughout these interviews. Others used words such as “uplifting,” “motivating,” and “watch that, get better, feel better” to describe their feelings, but it is clear that viewers understand the program on a visceral and cognitive level that, in some way, *moves* them.

Interestingly, the word inspire comes from the Latin *inspiratio*, meaning to breathe into. The lack of bi-directionality in the term implies that what enters does not, by rule, come out. Breath, in humans, can invigorate, enliven, move, produce behavior... but it can also dissipate, especially in a body that is not capable of movement, immobilized, even dead. Just as death is an inevitable reality of life, the potential for disconnect between inspiration and action seems an inevitable reality of

The Biggest Loser. While the overwhelming majority of people in this study was inspired by the program, the same number of people either failed to turn that inspiration into action or didn't need the inspiration in the first place; that is, people who were physically active and made good nutrition choices before viewing the show continued to do so, while those that didn't participate in these behaviors were not regularly replicating the ideals of behavior demonstrated on the program. Thus, *The Biggest Loser* might move, but it rarely succeeded in moving people physically. The gestalt, as it appears, is more of a freeze-frame: transformation, entertainment, inspiration, but no immediate or sustained action.

Surveillance Medicine: Taking our Medication?

The noted disengagement between inspiration and action also creates a glaring rift in the ability of *The Biggest Loser* to succeed as a vehicle of surveillance medicine in the national fight against obesity. The positioning of obesity as a society-level versus an individual-level epidemic was notable. For every person that expressed sentiments such as, "The majority of the people in the United States are out of shape. We've gotten way out of hand. We need to do it, we should be doing it and because we haven't been we've become a fat society," there was another person that commented along the lines of, "Overweight people can potentially lose the weight they have if they follow the proper steps when it comes to balancing nutrition and exercise." This mutual recognition of obesity as a problem that confronts both the nation and individual citizens underlies the dynamic necessary for surveillance medicine to be successful; just as Murray (2008) suggests, "The responsible citizen,

then, is marked and valued by their attention to public health directives designed to combat obesity: the key indicators of one's moral commitment to fighting the epidemic are eating good foods and exercising regularly" (p. 12). Thus, viewers of *The Biggest Loser* help to elucidate the idea that the possibility of surveillance medicine successfully combating fatness exists.

As Foucault (2003) argued, however, there are further elements necessary for surveillance medicine to achieve its goals, in this specific case monitoring and controlling the weight of U.S. citizens. Viewers' understanding of *The Biggest Loser* as a mechanism of this mode of governance was relatively absent; yet, this absence is exactly the goal of surveillance medicine, as it indicates *implicit* control. When asked whether they wondered where the exercise and nutrition information came from on the show, interviewees overwhelmingly responded that it was not an aspect of the program they ever really considered. At most, there was the belief that since the advice was on national broadcast television, it must come from doctors, be trustworthy, and apply to most people that watch the show. As such, there was no connection between *The Biggest Loser* and the government trying to assert authority over the body proportions of its citizens. This lack of perception regarding overt control, however, must be read with respect to the overall meaning viewers ascribed to the program. That is, if their main reason for watching the show is to witness transformation while being entertained and inspired, an escape from broader social issues such as government and politics might be exactly what they are trying to achieve. If this is the case, the audience may have a contextualized knowledge of

surveillance medicine that is vacated when they are searching for a diversion from the realities of their daily lives.

The interaction of the gestalt understanding of *The Biggest Loser* and surveillance medicine is most telling when examining what is exchanged as *currency* from the show. Across the board, individuals in this study discussed the program with various other people in their lives, including family members and co-workers. But it was not the physical activity or nutrition information that was being traded; instead, there was dialogue about the contestant that was eliminated, or the personalities of the various competitors. Every person interviewed developed a favorite contestant each season, and their emotional attachment to those contestants was more salient than the fitness or nutrition tips discussed each episode. In fact, most viewers perceived the product placement throughout the show for various items (e.g. Nalgene water bottles, Jello snacks) as a distraction and detraction from the show. At least among those interviewed, then, *The Biggest Loser* does not readily facilitate currency exchange as a means of extending the influence of the public health edicts surrounding the obesity epidemic.

However, the question of the ends (a healthy citizenry) versus the means (specific exercise and nutrition tips from *The Biggest Loser*) remains. Murray (2008) invoked this idea in that, “The popularity of self-help television programs, books, and programs demonstrates a keen desire for self-authorship and self-transformation in the popular consciousness” (p. 13). Hence, viewers are attracted to programs like *The Biggest Loser* not for the day-to-day nuances of weight loss but rather the week-to-

week and ultimately before-to-after transformation that contestants can achieve on the show. The use of the term *self* by Murray is also a reference to the qualities of *autonomy* and *discipline* that are necessary for surveillance medicine to succeed. It seems evident that watchers of the show do not readily perceive *The Biggest Loser* as part of the national campaign against obesity and do not center their discussions of the show on the requisite behaviors necessary for winning this campaign. If the government's message is going to successfully create the intended transformation in its citizenry, then perhaps it is the cultivation of autonomy and discipline – the self-relevant elements of surveillance medicine – that will produce such success.

Self-Concept: Autonomy, Discipline, and Tele-personalities

Autonomy and discipline are self-focused attributes; the former is centered on people's ability to believe that their actions are self-determined, while the latter reflects their control over both mind and body. As such, the interaction of surveillance medicine with the self exists in these two qualities, which are inescapable throughout *The Biggest Loser*. According to viewers, the contestants change quite dramatically in their sense of self over the course of the competition, both physically and psychologically. When asked whether individuals on the show changed in their perceptions of their physical competence, muscular strength/endurance, physical appearance, and self-worth, participants overwhelmingly answered affirmatively to all. In fact, many interviewees seemed to combine all of these self-aspects into one global evaluation. For example, when questioned if the contestants changed in their perceived physical competence, one middle-aged female of "overweight" BMI responded:

Before the show, I don't think they have it. I think they are very unconfident and really down on themselves. And they have tried and tried and it's like this is the last hope. They really have negative self-images. After the show, from what they say, they feel great about themselves and have this "I can do anything" attitude.

Those four words, "I can do anything" prove quite telling in that they embody both autonomy and discipline. The *I* reflects a strong sense of self, while the *can do anything* signals a belief that there is the potential for complete mastery over the self and the environment.

Yet, the change in self that comes through the development of autonomy and discipline needs to be interrogated for its immanence and permanence. That is, were the contestants able to achieve this transformation of self because their internal self-structure was modified (reflective of a sport/exercise model of the self) or because their environment was altered so significantly (reflective of Butler's 'performative' self)? Participants noted two relevant aspects here. First was the highly contrived nature of *The Biggest Loser* "ranch," where competitors are freed from demands of their job, family, etc. to participate in what one person described as a "...professional sporting athlete's regime..." that allows for immense weight loss each week. Second was the fact that people on the show existed in two worlds: their own, and the televisual one. In effect, according to another interviewee:

...the fact that they are televised, they become tele-personalities. That's one drawback, not only have they lost weight but they become a household image. Thus, they are more apt toward self-satisfaction, self-worth, self-awareness... it all goes up. I think that in the majority of contestants, probably 75% of their increase in self-worth comes from the weight loss, maybe 25% from the fact that they are television stars.

Morris (2007) also recognizes this impact of television presence in that, “Fifteen minutes of fame, irrespective of outcome, constitutes a makeover, an elevation from routine existence to temporary celebrity” (p. 41). Here, then, autonomy and discipline are perceived to lose their immanence; they are present only due to the constraints as well as the expectations of the actual and virtual environments of *The Biggest Loser* rather than coming from an internal locus of control.

Participants in this study also questioned the permanence of these changes in autonomy and discipline. Many interviewees expressed a desire for *The Biggest Loser* to do follow-up shows on the contestants from previous seasons so the audience could see whether the competitors had maintained the weight loss achieved on the show. Such a request reflects an interest – and, perhaps a disbelief – in just how much a person/self can truly change, especially under the harsh lights of the camera. As one female participant questioned, “Yes, they appear to be excited that they lost all this weight but they go back to their same behaviors so it’s like did they really feel that much better?” Morris (2007) offers the similar contention that for such television stars, “Their makeover is not permanent, as lack of knowledge, talent or televisual ‘charisma’ is brutally exposed and hegemony restored as they slip, unnoticed, back into the mundane” (p. 41). Many interviewees offered dismay at the fact that nearly all contestants on *The Biggest Loser* indeed don’t get to complete their makeover; those that are voted off the show are, indeed, relegated to the mundane. While elimination was recognized as an inevitable part of the “game” by all study participants, one young female echoed the thoughts of many with the idea that, “I wish they could send

them to a little mini-camp where they could stay working out.... It's like they still need to be there and they don't have all the tools to be successful once they leave."

Once again, there is the implicit recognition that autonomy and discipline disappear when the contestants leave the television screen and the millions of eyes that watch it.

The "fifteen minutes of fame" effect on the malleability of the self extracted by the presence of the television camera is articulated quite acutely in the weigh-in portion of *The Biggest Loser*. In questioning how interviewees perceived the contestants felt during the event, one middle-aged woman who had gastric bypass surgery as a result of her body weight exclaimed, "Oh my gosh! I would be mortified! I think the whole meaning of the show is to show exactly what they look like, no holds barred, and that way you can see the whole transformation...." Furthermore, though, she offered that, "...it probably gets easier each time they have to go do it and maybe sometimes they feel a little detached from the whole situation." This was a distinct pattern among study participants; while there was initial shock and horror about putting extremely obese people on display "in a little globe for people to look at," there was also the perception that exposure of the body became progressively comfortable as the weeks went on for contestants and viewers alike. Another participant offered that the weigh in is "...like a gross caricature, just putting them in these clothes they'd not wear normally." The use of the words *detachment* and *caricature* to describe this process calls into question whether the contestants on *The Biggest Loser* are really their "selves" at all... instead, who they are during their time

on the show may exist only in virtual reality, a result of the demands of the artificial environment in which they exist.

In essence, research participants recognized that competitors on *The Biggest Loser* are presented with a constructed, unique milieu that inherently has an effect on their self-concept. But does the change in self-concept carry over to the people that watch the show? Of all the interview questions posed, this singularly was divided among lines of Body Mass Index; that is, individuals that were of “overweight” or “obese” BMI admitted experiencing self-concept changes similar to those of contestants on the show, while those of “normal” BMI generally reported no changes in their own self-concept as a result of watching the program. When asked if her value as a person had changed through viewing the program, one “overweight” participant answered:

I think I have [changed]. I think because you watch them and their issues that they have gone through and they are not feeling good about themselves but then they are exercising and eating correctly. Then they are feeling great about themselves so you kind of put that on yourself too. And they have these problems and I have these [problems] but I am okay too if they are okay.

Yet, while such changes in self-perceptions, especially related to appearance and self-worth, were apparent in interviewees that more closely resembled contestants on the television program, behavior did not necessarily follow. Despite contentions like those of Christenson and Ivancin (2006) that, “Many viewers identify with the people they see on reality shows, and this identification may provide the inspiration and motivation individuals need to make changes in their own health behaviors” (p. 16), it

appears that mere identification does not result in action for viewers of *The Biggest Loser*.

For those individuals that were not “overweight” or “obese,” the experience of viewing large bodies during the weigh-in provided an opportunity for the normalization of corporeality and, for some, the opportunity to step on their own moral scales. As one physically active male stated, “Now I definitely have a lot of empathy, which maybe I didn’t have before, for people who have this [obesity] and definitely a huge amount of respect for people who are working to change it....” Here again, the value of transformation is echoed; respect and other positive qualities are not afforded to people outside of the “healthy” BMI range unless they are working toward the arbitrary goal of a “normal” body weight. In essence, that quest is what provides the center of gravity for *The Biggest Loser*. The program promises a metamorphosis of stellar proportions, regularizing not the presence of the fat body but instead the pursuit of the (un)fat one. As one critical participant articulated:

Let’s face it, society places a huge value on attractiveness. You don’t see a lot of overweight people on television. It’s probably the one show where you see a group of collectively obese people. But then again, the show’s whole purpose is to change them into thin, healthy people.

Indeed, *The Biggest Loser* exists as a metaphorical elixir to transform obese people, at least outwardly, into individuals that fit society’s ideal for body weight and attractiveness. But, as viewers have intimated, the change in self-concept is not likely self-initiated or self-sustained but instead a product of the exceptional television setting afforded by *The Biggest Loser*. For all the promise that autonomy and discipline provide, they seem to be highly contextual and many that are perceived to

need it most do not engender the requisite change in self-concept. Bratich (2007) echoes this idea in offering that, “Fairy tales, a popular storytelling form, cannot simply be used as weapons against people,” and that “Its end, if there is one, depends on the capacities of new subjects to create their own forms of reinvention” (p. 21-22). Thus, *The Biggest Loser* cannot inherently initiate or foster autonomy or discipline; that “reinvention” must come from within. Instead, the show allows us to monitor and interrogate these tools of self-authorship in the lives of a handful of others rather than turning the camera on ourselves.

Gender Dynamics: Entertainment vs. Emotion

While the environment of *The Biggest Loser* may be highly artificial and create caricatures of the contestants, in many ways the program replicates stable social dynamics of the “real” world related to gender. Of interest, however, is how these aspects seemed hidden to the participants in this study; of the three areas of directed focus in the interviews, gender dynamics were relatively absent in the meanings viewers constructed. This, perhaps, speaks to the invasive – not to mention insidious – nature of these differences in power in our society. They have become so normalized that, even in an environment that has been created solely for television, they are replicated and heightened in the format, the contestants, and potentially the consequences for audience members.

The positioning of makeover television as feminine in format, while challenged by *The Biggest Loser* in some respects, was highly reinforced by the interviewees. When asked whether the show appealed to one group over another,

many participants admitted to not really thinking about it; however, those that did readily recognized that the show probably appealed to women. One young female explained the attraction quite bluntly:

I think it appeals more to women because they seem more fixated on weight and dieting and I think women are more into reality TV. I think the whole dieting and exercise draws women in 20's to 40's or so because that's when your metabolism starts slowing down. And guys can just think about losing weight and they do!

The composition of the participant pool for this study reinforces this observation: of the more than 130 people that were interested in being interviewed, over 110 were female. In addition, many of the potential male participants watched *The Biggest Loser* with their partners, suggesting that the choice of programming was part of a domestic routine of television viewing rather than explicit interest in the show. If indeed women are the dominant audience, then simply through exposure to the program females stand to be the disparate bearers of the consequences, positive or negative.

The idea that women are “more fixated on weight and dieting” is particularly problematic because it creates the possibility of gendered corporeal effects on the viewing public. All participants in the study easily recognized that the rate of weight loss on *The Biggest Loser*, which can approach 10 or more pounds per week in the early episodes of each season, is highly unrealistic for members of the television audience. However, across all BMI groups this lack of realism was generally interpreted as diminishing motivation for people trying to lose weight at home, not as a precursor to body image issues or eating disorders. For example, one middle-aged

overweight woman expressed that, “showing people that you can lose 150 pounds in 11 weeks, it’s just not real. I would think it would be disappointing to people that large.” But would it be disappointing to people that are of “healthy” or even “overweight” BMI’s? A younger female interviewee shared the observation that, “...it’s not like skinny people are on there trying to lose weight. It’s people who need to be on there who need to lose weight. For a lot of them it’s about health, not to fit into a bikini.” Thus, the fact that the contestants on *The Biggest Loser* seem to be motivated by their wellbeing rather than attractiveness relegates appearance-based consequences to the margins of viewer’s consciousness. Only a pair of people interviewed explicitly expressed fears that the unrealistic rate of weight loss could be a precipitating factor in body-image issues or eating disorders for viewers, suggesting that the gendered consequences of the show are not part of the meanings viewers construct about *The Biggest Loser*.

Marginalization and absence of gender constructs did not stop at the potential consequences for audience members. The fact that the program is a *competition* was salient to all viewers; there was the clear understanding that the need to produce an obvious winner trumped viewers’ attachment to their favorite contestants and perceived inequities in the design of the show. Here, again, the influence of the television format that reflects larger gender interests is present: our society honors victors, while those that are not triumphant slide into obscurity. However, this celebration of competition showed a distinct divide along gender lines. For example, one representative male suggested, “...people want to see who is going to go on, who

is going to win. I don't like it when someone gets eliminated but I'm not going to spend a whole lot of time worrying about it." In contrast, a female interviewee offered, "If they got to stay there the whole time, the person who lost the biggest percentage would be more fair! I would watch it just to watch the people get stronger and lose weight and look better." Here, the desire to observe transformation in the contestants intersects with the masculine ideal of competition, producing differential results. Admittedly, about half of the participants didn't even question whether somebody needed to be eliminated each week – it is a reality show, after all – but in those that did there was the understanding that the need for winners and losers was greater than the requirement of promoting the health of all contestants equally. Yet, female viewers expressed enjoyment for the latter, while men offered preference for the former.

The nuanced perception of reliance on masculine ideals extended beyond the competitive format of *The Biggest Loser*. For example, using simply the percentage of weight loss to determine who could potentially be eliminated each week was problematic for most viewers because, as one said, "I don't think the percentage reflects the effort..." which was of greater interest to participants. Still, adopting a more intricate measure was understood as problematic. Another interviewee illustrated this in that, "There are definitely more accurate measures but the network needs to balance simplicity and watchability. If you have some algorithm that relies on calculus or something that has to compare numbers, you'd only have statistics nerds watching the show." Once again, the demands of television serve to replicate hegemonic, masculine concepts that are valued more than feminine constructs such as decision by

collaborative effort. Using weight – the easiest measure that can be quickly quantified – to answer who should be eliminated each week reduces the show to a single, immediate, masculine dimension or what Grindstaff (2002) calls the “money shot” that is a prerequisite for successful talk and reality shows. Even though the audience valued effort over outcome, the belief that effort cannot be accurately measured strongly colored the disfavor for alternate means of determining which contestants would go home each week.

It is apparent that the format of *The Biggest Loser* is strongly gendered masculine, but is the show also gendering? Much of that answer must also be allocated to understanding the effect of two of its permanent television personalities, the trainers Jillian Michaels and Bob Harper. Interview participants shared mixed feelings about the communication styles and motivational techniques used by each, and perhaps some of the ambiguity comes from the fact that Jillian (the female) is perceived as embodying more masculine characteristics, while Bob (the male) is seen as more feminine. One woman exemplified this transposed dichotomy in sharing that, “Jillian, she is scary, but she doesn’t really mean it. She’s just a barking dog, trying to motivate you like she might bite. But then Bob is the opposite. A little nice guy.” Despite the poignant difference in styles, however, interviewees were equally split on whether they would prefer to train with Jillian or Bob. There was the explicit understanding across all study participants that certain people would benefit from each motivational style; some viewers would need direct, powerful, and confrontational instruction while others would benefit more from calm, relaxed, and connected interaction. This

preference was, however, decidedly not gendered in that a relatively equal number of female participants wanted to train with Jillian versus Bob, a pattern that was replicated in the male interviewees.

The common denominator that perhaps lends itself to this equivalence across feminine and masculine communication and motivational styles is the perception that both trainers, at the end of the day, truly care for the health and wellbeing of the contestants on *The Biggest Loser*. Nearly all study participants came back to the idea that:

I think they [the trainers] love these people. Maybe not all of them, but for the most part they really care. They aren't putting them down, they are just saying you can do it, listen to me, you can do it. I think they care enough about these people to push that hard.

This emotional connection, which is decidedly feminine, must also be considered for its relevance to the overall transformation motif that is colored by the need for entertainment. While participants in this study admitted to being attracted to the physical change contestants achieve, there was a need to vicariously experience psychological change as well, which was (in part) accomplished through the trainers. As one person stated, "I appreciate that about the trainers, it isn't just the weight. Does that make sense? Just because you lose the outside weight doesn't mean you fix the inside." Most participants clearly recognized that the love embodied in Jillian and Bob was about caring for the contestants inside and out, and that such concern justified any motivational techniques they might use.

To simplify the interpretation by suggesting that a change in body weight is entertaining while an alteration in the inner-self is transformation seems pertinent, as

this may also be the paramount connection that genders *The Biggest Loser*. To those that watch it primarily for entertainment by seeing big bodies shrink into smaller ones, they are inherently exposed to the dominant conception of masculinity in our society today; for those viewers who look for deeper transformation and connect on an emotional level, femininity may secondarily be reinforced. The trend for females to watch for the latter and for males to watch for the former simultaneously normalizes and reinforces the current gender dynamics that exists in our society today. While makeover television may be gendered feminine in format, *The Biggest Loser* threatens to be complicit in maintaining the actual and symbolic imbalance of power between women and men in our society today by valuing masculinity in the most recognized and valued traits of its format and goal.

Conclusion: Fading to Black

In tracing the meanings that *The Biggest Loser* can potentially have for its audience, it is clear that multiple equivocal perspectives need to be considered. Bernstein and St. John (2006) successfully draw attention to the manner in which the program (re)enforces negative ideologies about obese people while exploiting their attempts at weight loss for entertainment, ultimately expressing concern for the impact it can have on the thoughts and actions of viewers. By talking with watchers and non-watchers alike, Sender and Sullivan (2008) offer that the apprehensions of Bernstein and St. John (2006) regarding the presentation of the obese body are indeed perceived but also critically evaluated by audience members. At the same time, these viewers derived notable positive outcomes from *The Biggest Loser*, including helpful nutrition

and exercise tips as well as a certain degree of motivation. The present study expanded on these analyses by articulating, once again in the words of viewers, that they understand the show as a transformative, entertaining, and inspiring event that can stimulate some change in self-concept. Relatively absent from these meanings was the perception of *The Biggest Loser* as an agent of surveillance medicine or a re(enforcer) of traditional gender ideologies.

In attempting to synthesize how viewers of *The Biggest Loser* give meaning to the show, it is pertinent and symbolic to explore how they interpret the very title of the program they watch each week without fail. Each person interviewed spoke to the transformation that occurs even in the understanding they have of those three words.

For example, one participant clearly explained:

I think society says people of that size are losers. I mean they aren't the only ones that our culture looks down on but I think that's one of the most obvious ones people encounter everyday. So when I first sat down and saw it I thought, 'Oh what a term they use for these people and why did they agree to be on this show?' But as I watched the show I realized what they meant.

Inevitably, the distaste that occurs upon the initial encounter with the title fades as viewers are repeatedly exposed to the weekly happenings of the show. This withering of aversion to the catch phrase *The Biggest Loser* is also representative of the workings of fat bias and the treatment of obese people in society today. What is first interpreted as repulsive – how can a national television show really call fat people 'losers' and get away with it – is eventually normalized and accepted. Similarly, any perception of the perversity or inhumanity of watching obese people try to lose weight for money diminishes exponentially as the audience is continually shown the

supposedly beneficial effects it has on the lives of the competitors. Through such mechanisms, obesity becomes a target for “civilized oppression” as described by Rogge, Greenwald, and Golden (2004).

Sender and Sullivan’s (2008) contention that audience members of *The Biggest Loser* could critically analyze the program was partially reinforced in these interviews. Yet, the content of that critical analysis was secondary to the positive feelings the show created in the viewers. As one person explained, “I like watching people live their dreams, better themselves, take care of themselves, and do what they want with their lives.” Inevitably, in the genre of reality television, viewers are afforded the opportunity to psychologically and emotionally merge with those on screen; in doing so, they want to be taken away from the constraints of their actual lives to pseudo-participate in a virtual one. Nobody wants to hear a fairytale about a person already doing something the listener/viewer has already done in a world the listener/viewer already lives in. They want new selves, new motivations, new successes that, while temporary, provide disconnect from their current situation. In effect, reality television like *The Biggest Loser* is empty of reality or becomes progressively so, and this is what attracts audience members. Dover and Hill (2007) similarly conclude that, “Makeover shows take the real life out of lifestyle programming,” but “...just because makeover shows are staged, it doesn’t stop viewers looking for moments of real life within the spectacle of the reveal” (p. 38). The reveal, then, is perhaps where the ultimate reality is constructed; the unity between fairy tale and reality creates fair(reality) where viewers and transformed characters can be one and the same.

Admittedly, the conclusions drawn from these interviews and the theoretical constructs around which they were assembled may not necessarily be representative of all viewers of *The Biggest Loser*. The participant sample was overwhelmingly white, working- to middle-class people, a majority of which were women; this profile is similar to the groups surveyed by both Dover and Hill (2007) and Sender and Sullivan (2008). Ironically, this also closely resembles the contestant demographics of the show itself, where issues of race, socio-economic status, and sexual identification are marginalized if not ignored altogether. For example, a few non-white participants suggested that the food preparation techniques modeled on *The Biggest Loser* would not work for them because they don't match the ethnic traditions for cooking in their household. Others observed that there were relatively few non-White contestants on the show and that they tend to be eliminated quite early in the competition. Thus, just as the program provides viewers an entertaining escape from the reality of their daily lives it also largely ignores issues of diversity within its content.

Diversity must also be attended to in projecting future directions for research on *The Biggest Loser*. While the current study was designed to include a heterogeneous group of participants, it was not necessarily intended to look at differences in the meanings that members of the group ascribed to the program based on factors like socioeconomic status, BMI, age, etc. Some of these came to the surface (e.g., the development of sympathy vs. empathy for contestants on the show based on BMI of the viewer), but subsequent research should look to purposefully elucidate potential points of divergence by recruiting and comparing very specific samples of

viewers. Similarly, talking to people that aren't necessarily devout viewers (similar to Sender and Sullivan [2008]) may illuminate different meanings from those obtained in this study. Another important consideration is that *The Biggest Loser* has been modified over the eight seasons it has been on the air; thus, a developmental analysis of how the show has changed throughout time, especially in relation to the constructs of surveillance medicine, self-concept, and gender seems warranted. Finally, examining the content of the commercials aired during the program could provide a deeper understanding of how *The Biggest Loser* explicitly and implicitly communicates meanings relevant to these themes.

The overwhelming acceptance of a show like *The Biggest Loser* in our society today is a complex blend of a desire to witness self-transformation, a need for entertainment, an uncritical belief in the health dangers of obesity, and a mostly imperceptible adherence to dominant gender norms in society. The warning proffered by Bernstein and St. John (2006) that, indeed "...the biggest loser is the viewer who digests this banquet of misinformation uncritically" (p. 28) must, of course, be heeded. At the same time, it is apparent that a dominant underlying motive of viewers of the show is escape from – rather than participation in – critical thinking about the individual and societal problems that seem to threaten us today. Watching *The Biggest Loser* is, in effect, a contemporary fairytale with a happy representational ending but a cliff-hanging transformative one. A person may find inspiration in the transformation the program constructs, but that breath does not necessarily enliven a person to action.

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APPENDIX

Extended Literature Review

Certainty out of Uncertainty

In 1927, German quantum physicist Werner Heisenberg formally described what is often described as the *uncertainty principle*. In discussing what happens when a person tries to measure the exact position of an electron using a light microscope, Heisenberg made the following argument:

At the instant of time when the position is determined, that is, at the instant when the photon is scattered by the electron, the electron undergoes a discontinuous change in momentum. At the instant at which the position of the electron is known, its momentum therefore can be only known up to magnitudes which correspond to that discontinuous change; thus, the more precisely the position is determined, the less precisely the momentum is known, and conversely (1927, p. 174-175).

Put more simply, the uncertainty principle suggests that if one tries to locate – or, perhaps more importantly, *understand* – some phenomenon too minutely, that person runs the risk of altering other aspects of the same phenomenon to the extent that those qualities cannot be simultaneously located or understood. Taken further, just as one has the ability to choose the wavelength of light used to measure the position of the electron and hence determining the various momenta that the electron can achieve, a person has the power to determine what, exactly, the “reality” of the phenomenon is by determining how it is framed and presented.

The Phenomenon

Take, for example, the “reality” weight loss television show *The Biggest Loser*. While a causal viewer of the program might simply accept the “reality” of the show as

a vicarious experience or as an inspirational and motivational tool, a health/medical specialist might be most interested in the “weight loss” aspect while a communication scholar might be focused on the “television show” component. Regardless, *The Biggest Loser* as an entity is still *what* is being studied and must therefore be understood before specific aspects can be critically examined. The television show, which airs in the United States on the National Broadcasting Company (NBC), debuted in 2004 with an average of close to 10 million viewers (Rogers, 2004) and has maintained its initial success into its eighth season; the most recent season ended in May, 2009 and saw weeks with more than 11 million viewers plus a live finale that was viewed by greater than 13 million (Miltovich, 2009). There are also 11 international versions of the show, which are produced across 25 countries and air in 90 (www.biggestloser.com/about, 2009). Given this success, the official website of the show (www.biggestloser.com) readily offers the statement that *The Biggest Loser* has become “...a standalone health and lifestyle brand by developing tools and products inspired by the show and approved by our doctors and experts” (www.biggestloser.com/about, 2009). If success is measured in dollars, the \$50 million in consumer spending across 25,000 major retailers since the start of the show (www.biggestloser.com/about, 2009) suggests that the self-described “standalone” status of *The Biggest Loser* is warranted.

What, exactly, are all these viewers tuning in to see and buy? The premise of *The Biggest Loser* is simple: \$250,000 is at stake as contestants that are medically obese (having a Body Mass Index [BMI] greater than 30) are sequestered at a private

“ranch” in Southern California where they compete to lose as much weight as possible each week. All participants are provided with medical and nutritional supervision as they are coerced through multiple daily workouts (including cardiorespiratory exercises, resistance training, and flexibility activities) by personal trainers. At the end of each week, players are “weighed in” on a studio-sized scale in front of a national television audience, often wearing only shorts and a sports bra (females) or shorts (males). As contestants react, the percentage of body weight lost is revealed and ranked against that of the other contestants. Ultimately, the two people that have lost the smallest percentage of their body weight “fall below the yellow line” and face an elimination vote from the other players; the contestant with the most votes is sent home (where they can continue to attempt to lose weight in pursuit of the \$100,000 “at-home” prize) while the other survives to compete for another week. At the end of 16 weeks, the final three contestants appear at the live finale where the player that has lost the largest percentage of their remaining weight is declared the winner and, ironically, earns the title “The Biggest Loser.”

“Reality Television”

While the premise is straightforward, what *The Biggest Loser* actually means in the larger social, cultural, and even political context in which it is embedded is extremely complex. One understanding that can be developed is by looking at the construct of “reality television” itself, which was accomplished nicely by, among others, Lewis (2008). In her essay about the historical underpinnings of current “lifestyle makeover formats” (p. 447), she asserts that this specific genre must be read

in both transnational and national terms; that is, while such shows as *The Biggest Loser* "...can be read as one symptom of a broader set of shifts in televisual culture towards a growing focus on 'the real'" (p. 448), one must also keep in mind that "The centrality of the self-help movement to US culture is one important and distinctive cultural frame..." (p. 453) that makes the show uniquely American. That is, while television that puts *real* people (vs. actors) in *real* (vs. scripted) scenarios has increased in popularity and social importance across all television viewing cultures, the *reality* of these shows, both through their formats and their content, reflect deeply imbedded national, political, and even moral ideals that are endemic to specific nations.

It is imperative to understand both the similarities and differences present in various makeover formats to comprehend why *The Biggest Loser* is uniquely American. People from a broad range of academic disciplines, including communication scholars, political analysts, and medical/health experts, have interrogated the purpose and effects of reality television. Despite the diversity of their interests, the argument they present is similar: by showing viewers at home people just like themselves involved in everyday(?) situations that require practical(?) solutions, the television shows are demonstrating to audiences the way they *should* be, from the style of their dress, to the appearance of their home, to the shape of their body. Sender and Sullivan (2008) suggest that, more generally, reality shows are, "...instilling in participants and audiences a willing acquiescence to surveillance and self-monitoring and doing the work of governmental agencies... in encouraging audiences to focus on

issues of personal responsibility and self-discipline” (p. 574). Thus, makeover shows (and reality shows in general) covertly but clearly demonstrate to watchers how to be effective members of the state and society by dictating what issues people should pay attention to, demonstrating how those issues should be resolved, and extolling the potential reward possible if such mandates are followed. This form of government control was more generally described by Foucault (2003) and is often referred to as “surveillance governmentality” or “surveillance medicine” depending on the field in which it is used.

While this form of government enforcement can be seen across nations, the *issues* that are surveyed and self-monitored are what differ. Most distinctly, lifestyle makeover shows such as *The Biggest Loser* differ from those in the United Kingdom in that:

British makeover formats on television emerged out of the context of a long history of DIY [do-it-yourself], cookery, fashion and hobbyist programming, [while] contemporary US lifestyle and makeover shows can be seen to draw upon genres of programming that feature personal transformations as a central trope... (Lewis, 2008, p. 453).

Thus, in the United Kingdom changing your hobbies, manner of dress, or even the foods you cook to conform to what is considered proper of “an aspirational, petit bourgeoisie” (Lewis, 2008, p. 450) is of central importance. In the United States, that focus changes in two respects. First, there is an immense focus on the *body* in makeover programming that is not seen in other nations. Second, there is the national underpinning “...that demands self-disciplined, self-directed, *willing* [sic] citizens...”

(Sender & Sullivan, 2008) who feel compelled to meet the norms of body shape and appearance dictated by the “surveillance governmentality” in the United States.

Such differing emphases are notable in that they can also be read to reflect broader national concerns. The United States, by most medical accounts, is in the midst of an obesity epidemic where one-third of the population is considered to be overweight (BMI between 25.0 and 29.9) and another third to be obese (Ogden et al., 2006); in England, the epidemic takes on a slightly different dynamic in that less than 25% of all women and men are obese, but 43% of men and 32% of women are overweight (The Information Center, Lifestyle Statistics, 2007). While some contest the premise of whether obesity can indeed be considered an epidemic (to be considered later), the popularity and national importance of a show like *The Biggest Loser* that only includes contestants who are initially obese is readily apparent. What better way to instill the value of attaining (and maintaining) a proper body weight through physical activity and good nutritional choices than to popularize a television show where people compete to win money by doing just that?

“The Obesity Epidemic”

Given the relatively recent amount of attention given to obesity (as the United States only began tracking statistics in the late 1980’s), understanding *The Biggest Loser* as a “weight loss” show of interest to the health and medical fields has yet to be developed as thoroughly as that of the “reality television” insight of communication scholars. In deviation from the obesity dogma described above, a few articles have presented the idea that for all the potential positive effects *The Biggest Loser* might

have, they are achieved through bad practices and, perhaps, bad taste. Bernstein and St. John (2006), writing in the journal *Health at Every Size*, articulately present why such a show is dangerous to viewers. Among their criticisms: "...having fat contestants, against the backdrop of a national "War on Obesity," gives the producers permission to abuse and shame the contestants under the guise of saving them" (p. 26), "There is a relentless equation of weight loss with increasing health, beauty, and quality of life" (p. 26), "Portrayals of actual eating include footage of exhausted contestants morosely stabling at salads while rhapsodizing about the foods they'd like to be eating" (p. 27), and "...every contestant's exit interview [is] centered on the gratitude they felt for the subjugation, with many saying they didn't care about the prize, since this had been a learning experience they so desperately needed" (p.27).

Their overall conclusion? The assessment that:

The Biggest Loser's premise is the same shopworn idea that fat is bad, and bullying fat people under the guise of saving them is appropriate.... Through their repeatedly expressed gratitude for this change, the contestants not only participate in their own oppression, but also affirm it. By extension, the fat viewer is encouraged to follow suit (Bernstein & St. John, 2006, p. 28).

At this point, two points of contention can be recognized and separated: whether viewers of the show feel adequately compelled by what they see on *The Biggest Loser* to make the same lifestyle and cognitive changes as the contestants, and whether being *fat* is indeed *bad*.

Sender and Sullivan (2008) first posed the question of how *viewers* understand *The Biggest Loser*; however, their focus was not on whether the audience felt compelled to enact the advice given on the show in their own lives, but instead on the

representation of the *fat body*. In a creative design that utilized phone interviews with frequent viewers of *The Biggest Loser* and in-person interviews with people that had never seen the show (and were subsequently shown a test episode), two essential questions were presented: “To what extent did viewers revel in the humiliation of *The Biggest Loser* contestants...” and “How did...viewers perceive the representation and treatment of obese bodies...” (Sender & Sullivan, 2008). The responses represent a very complex set of attitudes and beliefs about the show, as comments included themes of sympathy for the contestants, gender, race, informational and motivational value, and representation of obesity as both a medical problem and a failure of will and effort. Such findings are provocative in that they present the viewers of *The Biggest Loser* as both critical analysts of minute aspects of the show and simultaneously unwitting believers in the overarching values it presents, much as Bernstein and St. John (2006) feared.

Despite notable critique about various aspects of *The Biggest Loser* (including a lack of “larger women candidates” [p. 576], the absence of discussions about differing attitudes toward body shape and size among various races and cultures, unflattering or even humiliating ways in which contestants are presented, and an emphasis on “excessive weight loss” [p. 578]), interviewees in the Sender and Sullivan study (2008) also admitted to finding the show “motivating and useful” (p. 578) for the physical activity and nutritional information offered. Perhaps more importantly, part of the appeal of *The Biggest Loser* was its emphasis on the work needed to change the body, as opposed to surgical makeover programs where the

transformation occurs without any true effort on behalf of the individual (Sender & Sullivan, 2008). This attraction to the work portion of the show also creates “The association between fat, laziness, and the need to develop willpower...” (Sender & Sullivan, 2008, p. 580). As such, while there are many failings in *The Biggest Loser* as a television show, the most magnanimous catastrophe still resides in the inner selves of the contestants, the hamartic flaw that is readily witnessed and understood by the audience.

In distilling the information obtained from the participants in their study, Sender and Sullivan (2008) urge the reader to understand the consequences of the above in that:

...the underlying normative thrust of these shows toward self-discipline and self-esteem seems especially difficult to leverage. This is in part because of the congruence between the shows and broader discourses of obesity as an inner and outer problem. Epidemics of will and failures of self-esteem are the stock-in-trade of makeover television in which we must never stop working on ourselves... (p. 582).

Here exists an engagement with both ends of the spectrum in locating where blame for the obesity epidemic resides... is it indeed a failing of the self (as viewers of the show seemed convinced), or is it a national motif that has been ingrained in the minds of United States’ citizens to the point that it is an inescapable part of their reality? A discussion of the self in relation to obesity is to follow, but not before the second question posed is adequately explored.

Much of the answer to that inquiry is homologous to the question of whether *fat* is indeed *bad*. In answering that query, it is important to see how *The Biggest Loser* can be seen as an instance of “surveillance medicine” (used here since obesity is

generally foremost considered a medical issue). Murray (2008) borrows from Foucault's (2003) *The Birth of the Clinic* in describing how the current government modality for assessing, monitoring, and treating the obesity epidemic "...effectively reproduces [sic] the notion of individual moral responsibility: the belief that if only the individual would comply with directives for health..., obesity could, arguably would, disappear" (p. 11). The idea of individual responsibility for contagious, epidemic disease is, however, a relatively new mode of controlling sickness that didn't appear until fairly recently, at least compared to the study of medicine itself; as noted by Murray (2008), "Thus, what Foucault maps is a shift in the eighteenth century from the medical treatment of individual complaints to medicine as a mode of state governance..." (p. 9), Thus, individual local doctors no longer solely had the power to intervene in medical concerns. Instead, the local and national government bodies subsumed such power.

This transfer of *power* is what is central to Foucault's (2003) arguments, because it confers:

...the definition of political status for medicine and the constitution, at the state level, of a medical consciousness whose constant task would be to provide information, supervision, and constraint all of which 'relate as much to the police as to the field of medicine proper' (p. 29).

Put more simply by Murray (2008), with power comes "a mode of unprecedented scrutiny, social control, and regulation" (p. 9). In this dynamic, medicine becomes as much about controlling *citizens* as it does about controlling pathologies. But how is government control of citizens established? Four elements are notable: the control must be *tacit* rather than explicit, citizens must be convinced of their *autonomy* in

changing their behavior, *discipline* is necessary for such changes to occur, and medical information must be exchanged among citizens as a type of *currency* (Murray, 2008). The first two elements work together; that is, “Disciplinary medicine relies on the illusion of choice for all individuals [tacit coercion], whereby each feels they freely chose to take up medical directives relating to healthy lifestyles [autonomy]” (Murray, 2008, p. 12). Such control is disciplinary not in that it is punishment, but in that it requires *discipline* or mastery of both the physical mind and body. Autonomy and discipline also operate simultaneously in that, for example “...exercise is commodified as an autonomous and choice-driven response [autonomy] to the desire to master oneself and control one’s body [discipline]” (Murray, 2008, p. 12).

Finally, the means by which a person can obtain that mastery or control over the body quickly become part of popular culture and, because all citizens are expected to engage in this pursuit, knowledge of such means are publicized through television, magazines, etc. and traded between citizens. Witness how, “...permeation of medical anxieties about obesity has manifested itself in numerous self-help books, television programs detailing weight-loss successes, consumer interest in low-fat or fat-free processed foodstuffs, and exercise apparatuses catering to the slimming and toning of every body part” (Murray, 2008, p. 13). *The Biggest Loser*, then, must be analyzed as much more than a television show; it must also be understood as an integral part of the surveillance medicine scheme. While contestants and viewers of the show may be convinced that choices to change their bodies are a direct result of their own free will and determination, they are instead puppets in the hands of a government that seeks to

assert and maintain control, behaviorally and morally, over its citizens. Murray (2008) summarizes it well:

With respect to current public health warnings about obesity and concurrent advice pertaining to necessary rigors involved in a healthy lifestyle, food and its consumption become tools of self-authorship, of becoming a good citizen, of fulfilling the responsibilities of the rational, autonomous humanist subject (p. 15).

In *The Obesity Epidemic: Science, Morality and Ideology*, Gard and Wright (2005) suggest that the portrayal of obesity as a public health epidemic has been successful for three reasons. First, there is, “certainty in the face of uncertainty” (Gard & Wright, 2005, p. 7) where the holes in the current knowledge about obesity are filled with simplifications and presumptions to make the picture complete. Arguably, *The Biggest Loser* adds to this dynamic, as it too completes the gaps in viewers understanding of body weight, fitness, and nutrition through the messages it constructs. Second, the presumptions used, “...appear to be supported by entrenched and widely held popular beliefs” (Gard & Wright, 2005, p. 7); here again, *The Biggest Loser* fills this role by using its prominence as a leading television show to further re(create) and re(present) dogma related to weight loss. Finally, Gard and Wright (2005) assert that the obesity epidemic is built on, “...a morality that sees the problem as a product of individual failing and weakness” (p. 7). Thus, the onus of responsibility is allocated to the individual, consistent with the mechanisms of surveillance medicine that prescribe the need for autonomy and discipline. Taken together, *The Biggest Loser* inherently becomes the personification of these surveillance medicine mechanisms, and its success can in part be allocated to its

adherence to the three qualifications described by Gard and Wright (2005). Moreover, the last point – obesity being the product of individual failings – successfully disguises the fact that surveillance medicine is present while putting the self on center as both a target of and the potential solution for the obesity epidemic.

What interest, though, does the government have in asserting power over the bodies of its citizenry and convincing people that *fat is bad*? In *Fat Politics: The Real Story Behind America's Obesity Epidemic*, Oliver (2006) offers the compelling idea that such mechanisms inherently hide the United States' governments own complicity in the obesity epidemic; rather than take responsibility, it simply passes that onus along to individuals, often with very real circumstances. Throughout the book, Oliver (2006) takes to task everything from “the role of the health professions, drug companies, government, and diet industry in promulgating the idea that our growing weight is a dangerous disease” (p. 12), to “...our attitudes about fatness [that] have more to do with our concerns about social status, race, and sex than they do with health” (p. 13), to the very science of obesity, the nature of the food and exercise market, and “the politics behind the various obesity initiatives coming from our state and federal governments” (p. 13). At the very least, the narrative succeeds in painting an extremely lucid and surreal portrait of just how complex the obesity epidemic is; the idea that we should attend more to overall health indicators (e.g. blood pressure, cholesterol levels, etc.) rather than weight is also evident. To its greatest extent, however, *Fat Politics* explains just how real the negative effects are for people that are labeled obese as well as offers a solution that, in seemingly contradictory fashion,

depends heavily on the individual as well but has nothing to do with exercise regimes and diets that are staples of *The Biggest Loser*.

Finding the Self in an Epidemic

Oliver (2006) expands the understanding of *The Biggest Loser* to new dimensions; it also engenders a bridge of compassion toward obese individuals and the surveillance medicine trap they are caught in:

More important, the designation of overweight or obese also goes to the very core of a person's identity. To be *overweight* [sic] is to be, by definition, abnormal or different. By calling people "overweight" or "obese" we are not simply delineating them by their body mass, but we are relegating them to the margins of society. Such labels also become internalized by the "overweight" or "obese" who think that something is wrong with them.... Ultimately, the power of this terminology is not just in the way the overweight are treated by others, but in the way it makes them see themselves (p. 15).

Clearly, there is an explicit recognition of how the national discussion of obesity is working toward *disenfranchising* the very people it is supposed to be helping; moreover, there is an implicit suggestion that the "identity" of overweight or obesity can have negative psychological, and perhaps behavioral, consequences.

The idea of "identity" or "the self" has received considerable attention, historically and currently, from theorists across diverse fields of study. Central to fully understanding *The Biggest Loser* is the study of self-concept by exercise psychology researchers, who have borrowed from traditional research in psychology related to the self while also generating new theories and models specific to the self and engagement in physical activity and exercise. Fox (1997) defines the self as "...the multitude of attributes and roles through which individuals evaluate themselves..." (p. 296) while

Markus and Nurius (1986) make the distinction of the *working* self-concept that “...derives from the set of self-conceptions that are presently active in thought and memory” (p. 957) and “...can be viewed as a continually active, shifting array of available self knowledge” (p. 957). Thus, the self is an individual’s understanding of who they are, both currently and across time, including the future; this comprehension “...changes as individuals experience variation in internal states and social circumstances” (Markus & Nurius, 1986, p. 957). So, although a person is a consistent physical entity (generally speaking), she or he can also experience herself or himself as a multiplicity of beings, such as a parent, exerciser, or in the case of *The Biggest Loser*, an obese person.

Adopting the theoretical implications of such definitions, common to many models of the self-system is the understanding that the self is multi-dimensional in nature both across domains (e.g. physical, academic, social) and within specific domains (e.g. physical competence, physical attractiveness, physical strength). Self-esteem, the most global way in which people evaluate themselves (Rosenberg, 1979), is generally not associated with actual physical fitness or exercise participation (Sonstroem, 1997). Self-efficacy, or the situation-specific belief a person has that she or he can engage in a behavior (Bandura, 1977) has also been extensively studied and shown to have a good relationship with higher-order self-perceptions (e.g. physical self-worth) and an even stronger association with actual physical activity behavior (Sonstroem, 1997). Perhaps most importantly, the various ways in which a person evaluates themselves across and within domains is thought to be an important

antecedent of vital outcomes including affect and motivated behavior such as exercise (e.g. Harter, 1987; Vallerand, 1997). In sum, if a person appraises their worth positively within a specific domain or role, she or he should also experience affirming emotions and produce constructive behaviors, which can further affirm those evaluations and emotions and strengthen that specific conception of the self.

Of course, the opposite is also true in that if a person evaluates herself or himself negatively, damaging emotions may result which can lead to a lack of or even anti-productive behavior. Given the characterizations of the contestants on *The Biggest Loser*, it would be easy to assume that these individuals lack positive evaluations before starting the show, at least with respect to their self-appraisals and self-efficacies in the physical domain; if they didn't, they would most likely be motivated toward physically activity and good nutritional choices. Whether it be through comparisons to a former *unobese* self, to another person that isn't obese, or to a societal ideal, the result of the evaluation also serves to confirm society's stereotype of the overweight person as an inactive, over-eating individual. Yet, by competing on *The Biggest Loser* and being forced to exercise and change their current food practices, contestants might (and, self-admittedly do) begin to evaluate themselves more positively. Even though the source of the motivation may be questionable, the potential for a changing self-concept in the physical domain exists, and that evolving sense of self can even be strengthened as contestants last longer and longer on the show. It should not be lost that the same dynamic could be in play for the overweight or obese viewer at home; by seeing people just like themselves run, lift weights, and eat healthy, they may

become similarly motivated to do the same. Ultimately, then, the television show can be an agent for agency, an inspirational tool that starts or aids in the malleability of the self.

While this portrayal of the self may adequately describe what contestants on *The Biggest Loser* and audience members are experiencing from an internal perspective, being on television (where their actions will be seen by millions of viewers) also confers upon them a non-traditional but appropriate “actress/actor” status. In this sense, it is also important to consider the self as a performance for an audience. Butler (1990), in her interrogation of gender as a form of identity, puts forward the notion that all identity (including that of an obese person) is “...a constructed identity, a performative accomplishment which the mundane social audience, including the actors themselves, come to believe and to perform in the mode of belief” (p. 141). At the same time, however, actors are not free to actually choose the behaviors that best fit the role. Writing about gender as a source of identity, Butler (1990) offers:

Gender is, thus, a construction that regularly conceals its genesis; the tacit collective agreement to perform, produce, and sustain discrete and polar genders as cultural fictions is obscured by the credibility of those productions – and the punishments that attend not agreeing to believe them; the construction “compels” our belief in its necessity and naturalness. The historical possibilities materialized through various corporeal styles are nothing other than those punitively related cultural fictional alternately embodied and deflected under duress (p. 140).

That is, there exists both a historical and societal constraint on what behaviors are acceptable and expected of certain identities; any deviation is met with various forms of punishment from the collective public whole. Huff (2001) provides the specific

context that "...any position assumed by a corpulent person today involves negotiating the primary role offered to him or her within a prevailing narrative that seeks to define corpulent bodies as weak-willed, unhealthy, and out of control" (p. 42). As such, contestants on *The Biggest Loser* are expected to *act like fat people should*: denigrating their previous behaviors, expressing desire for change, and engaging in exercise and nutritional practices that will(?) allow for that transformation to occur.

Does this mean, then, that we are not free to choose our own behaviors in line with our self-concept? Butler's (1990) conception of the self does not deny personal agency, but instead finds that it "...is to be located within the possibility of a variation on that repetition" (p. 145) that produces, in this case, the obese "self" characterized by society. Importantly, that variation needs to be *subversive*, such as acts of parody that "...can serve to reengage and reconsolidate the very distinction between a privileged and naturalized... configuration and one that appears as derived, phantasmatic, and mimetic – a failed copy, as it were" (p. 146). That is, by taking what is considered normal (e.g. the "thin body") and presenting it in comedic, satirical, or even ridiculous fashion, the line between what is "normal" and what is aberrant becomes blurry. Since the presentation of this *reconfigured* ideal body is conscious, there is intentionality in such acts that perhaps represent what both exercise physiologists and Butler could agree on as the "self" that is a primary director of actions.

The consequences of this idea are apparent (but also clearly not seen in the contestants on *The Biggest Loser*), for it is the overweight or obese person who must

consciously reject the set of behaviors and attitudes stipulated by society *and* present the thin body as comedic or deviant in order to truly embody the “self.” Such actions can also help to direct attention to what Oliver (2006) suggests may be the biggest problem – not to mention the easiest cure – for the obesity epidemic. In paraphrasing fat activists Marilyn Wann and Lynn McAfee, he writes “...the best way to get over our weight problem is to stop worrying so much about our weight” (p.188), similar to the way a person must subvert the norms of fatness to create agency. But, in Oliver (2006) there is also the resigned recognition that:

Part of the problem is that fatness is still widely believed to be a recognition of someone’s character. As long as we continue to harbor the myth that our weight is something that we can easily control, fatness will continue to be equated with moral failure and will remain an all-too-convenient mechanism for social denigration... (p. 189).

In no small part, *The Biggest Loser* contributes in a very public and powerful way to this self-dynamic; while participants are portrayed as recapturing the selves they want to be, they are also acting as instruments of self-denial (in Butler’s sense) by not destabilizing the accepted cognitions and behaviors of obese individuals.

Sizing up Gender

While all people on *The Biggest Loser* can be understood as puppets of surveillance medicine and a social context that denies the understanding of the fat body and self as normal, certain individuals relinquish more power to the puppet master than others. Through early feminist writers like Mary Wollstonecraft to present day authors like Judith Butler and Marilyn Frye, the systematic denial of power to women and the devaluation of that which is considered feminine has been articulately

described. Furthermore, feminist scholarship has expanded to embrace a well-developed understanding of the ways in which all social groups, including overweight and obese people, can be and are oppressed. Unfortunately, television is one medium that continues to normalize the marginalization and negative representation of women as well as femininity, and *The Biggest Loser*, both through its format and content, is no exception.

The distinction of makeover shows like *The Biggest Loser* as a feminine format is made quite clearly by Lewis (2008), in that they are the types of programming often more associated with feminine-coded forms of “trash” television than the kind of public service concerns associated, for instance, with the BBC’s focus on leisure-oriented programming. Here, the equation of such formats as trash is a trite but informative example of how the word “feminine” is equated with non-positive adjectives in many circumstances. The reason for valuing television that carries public service concerns is clear when such layouts are also understood as being gendered masculine; they impart important information that appeals to the self-sufficiency, effort, and the stoic nature of the people that watch them. *The Biggest Loser*, then, seems to be located somewhat in the middle of these two considerations. While it is indeed a makeover show that is intrinsically feminine, in light of the obesity epidemic in the United States it can also be seen as a carrier of messages and themes that seem inherently masculine.

Specific elements of *The Biggest Loser* readily stand out as masculine: it is a *competition* in which only one person can be an ultimate winner, the determinant of

success each week is simply a *number* (the percentage of weight lost that week), and the potential for victory is in no small part based on how much *effort* a person expends in their *workouts* between each weigh-in. However, the fact that the program focuses on *weight loss*, which in part comes through *diet*, is clearly feminine. In evaluating these aspects of *The Biggest Loser*, it becomes pertinent to ask the powerful question of whether the show is sexist in that it “characterizes cultural and economic structures which create and enforce the elaborate and rigid patterns of sex-marking and sex-announcing which divide the species, along the lines of sex, into dominators and subordinates” (Frye, 1983, p. 38). As a product of this, relevant subsequent inquiries arise including: whether certain contestants are at a systematic advantage in winning the contest, whether the show promotes equivalent and equitable outcomes for women and men, whether the program contributes to the historical valuing of masculinity over femininity, and whether the viewing audience even perceives these gender dynamics at work. While the last question has yet to be fully explored in relation to *The Biggest Loser*, the first three can indeed be sufficiently answered.

The query as to whether women or men have a systematic advantage over the other group in ultimately winning *The Biggest Loser* can be problematic... after all, in seven complete seasons the show has been won by females three times and males four times, suggesting a certain degree of equity. Yet, the temporal distribution of these winners tells a more intricate story. Men were victorious in the first four seasons; it was only after significant changes were made to the format of the show (including using the percentage of body weight lost rather than total pounds and the introduction

of “teams”) that a woman could claim the overall title. While the rationale for such modifications has never been explained by NBC, it is reasonable to conclude that part of the reason was related to a perceived need for a female champion. This deduction intimates that the initial format – and perhaps the current one – is sexist in that despite the alterations that have been made, the most highly masculine elements of the format (competition, evaluation of success solely by numbers, effort) still remain. In addition, a modification of the format *had* to occur for women to win, which strongly insinuates that they were unable to prevail *without* some assistance. While the contestants on *The Biggest Loser* are being exploited for entertainment value in a general sense, female contestants are being manipulated to a greater degree; without them being “set up” to win, NBC runs the risk of alienating a major portion of its viewing audience and, hence, its revenue.

Inquiring whether *The Biggest Loser* promotes equivalent and equitable outcomes for women and men requires analyzing the consequences of popularizing and dogmatizing the agenda of weight loss. If the medical and government doctrine about the health risks of overweight and obesity is correct, it would seem that women and men can share equally in the benefits of attaining a “healthy” body weight. The accuracy of these benefits has already been explored here; the significance of being obese is more psychological, social and national than physiological. The historical and current politics around body weight, however, are not shared equally by the two sexes. Dieting and exercise to become *smaller* is, in most respects, innately feminine. For example, research in eating disorders such as anorexia and bulimia conclude that

women are at a greater risk than men (American Psychological Association [APA], 2000); recent research in muscle dysmorphia (the cognitive and behavioral phenomenon related to an individual's belief that she or he is not sufficiently muscular and lean) suggests that it is equally prevalent in women and men (e.g. Readdy, Watkins & Cardinal, *in press*; Ebbeck, Watkins, Concepcion, Cardinal, & Hammermeister, 2009). While *The Biggest Loser* hopes to role model positive behaviors in its contestants for its audience, the actuality is that the negative consequences resonate more with females than males.

This incongruence is problematic for two highly notable reasons. First, the physical reduction in the size of women is symbolic of their continued lack of personal and institutional power as a group. In the face of their continued gains in the economic and political sectors, the female body has simply become the last major stronghold for sexism (Goodman, 1995). A focus on a desirable appearance through dieting and exercise serves to limit women's power because "Dieting is the most potent political sedative in women's history," in that, "a quietly mad population is a tractable one" (Wolf, 1991, p. 187). Furthermore, it keeps women (in part) centered on fulfilling the needs of men; that is, they succumb to a male's desire for a sexually attractive partner by reducing their body to undernourished proportions. By thus distracting themselves physiologically and psychologically, women are kept from mobilizing themselves as a politically powerful group.

Second, the normalization of smaller bodies for women marginalizes females with bodies that do not conform to the cultural norms of size and shape. This

represents a second dimension of oppression; that is, the obese woman is not only denied power as a female, but also as fat. Hartley (2001) offers that “The fat body is not merely lazy or self-indulgent: it is inscribed by culture, and it is a reflection of oppression as surely as is the body of the rail-thin anorectic” (p. 70). If the thin woman at least garners public attention in advertisements, television, and other forms of popular culture, then the fat woman is equally erased in the very same media; for example, only 3 in 100 women in primetime network programming in the United States are obese (Greenberg, Eastin, Hofschire, Laclan, & Brownell, 2003). Although *The Biggest Loser* increases this number drastically, it portrays the fat body as deviant rather than normal and acceptable and the body of a fat woman as doubly so. LeBesco (2001) reminds us that “Aesthetically, fat is the antithesis of the beauty ideal of the day” (p. 75); the paradox that this television show simultaneously contributes to an increased visibility as well as an amplified marginalization of overweight and obese women is further evidence that it is sexist.

While replies to the first two questions demonstrate that *The Biggest Loser* is gendered because its structures and values reflect the hegemonic ideals of femininity and masculinity, responding to whether the program contributes to the historical valuing of masculinity over femininity is related to whether the show is gendering in that it constructs and reinforces the current gender ranking system. Typically, this is seen through rewarding characteristics in people that are considered masculine (e.g. aggressiveness, competition, effort) and punishing those that are considered feminine (e.g. weakness, passivity, inability). As previously mentioned, much of the success on

The Biggest Loser is a result of effort and determination, which is praised by the trainers and other contestants alike. Sender and Sullivan (2008) make the distinction that:

Much of this emphasis on will and productivity is gendered. With the case of *The Biggest Loser* split equally between women and men, masculine values of hard work prevail; trainers emphasize the need for contestants to push beyond their perceived limits, and to ‘workout like a man’ as one trainer tells the all-female team in season two (p. 580).

Moreover, it is not uncommon for the trainers to verbally accost the competitors when they seem not to be exercising with their full effort and, in some cases, these assaults have turned physical. While the feminine-coded expression of emotion is another salient feature of the show, it is not rewarded in the same way; contestants may cry over losing a large amount of weight or because a teammate is eliminated, but it has no impact on the ultimate result and the remaining competitors are back to exercising at full effort the very next day. Given this incentive structure, the message is clear: act masculine, or risk not winning.

When taken together, the gendered and gendering nature of *The Biggest Loser* equate to a sexist program that hides behind its proclamations of promoting the physical and psychological health and wellbeing of its contestants. This masquerade, if not fully appreciated by viewers, may just achieve exactly what it sets out to do. Determining this level of realization, then, involves elucidating answers to the final question posed: does the viewing audience perceive the sexist nature of the program? Just as it is to answer the question of whether *The Biggest Loser* is an instrument of surveillance medicine and a catalyst of self-concept change, the continual

representation and normalization of gendered powerlessness – and its link to the powerlessness of all social minorities – cannot be summarily dismissed.

Locating the Phenomenon

Returning to the words of Heisenberg, uncertainty exists in describing the qualities of a phenomenon because “the more precisely the position is determined, the less precisely the momentum is known, and conversely” (Heisenberg, 1927, p. 175). To this point, the many qualities that comprise *The Biggest Loser* have been analyzed quite minutely; while these characteristics are clearly associated with one another, giving precedence to any single attribute of the show runs the risk of replicating the conundrum that is embodied by the uncertainty principle. Thus, it seems pragmatic and parsimonious to widen the scope of analysis; while it is clear what “realities” scholars construct from the show, the same cannot be said for the realities composed by viewers. The meanings the audience ascribes to the program are, arguably, the most certain aspect that can be determined about *The Biggest Loser*, for it is these meanings that draw people back every week and have ultimately turned a mere television performance into a larger-than-life social phenomenon.

As noted previously, Sender and Sullivan (2008) previously began this exploration by interviewing regular viewers of *The Biggest Loser* as well as people that had never seen the show to ascertain their interpretation of how fat bodies are represented on the program. Admittedly, responses from participants covered a wide spectrum of the show’s attributes, suggesting both a practical and theoretical interaction with the elements of *The Biggest Loser*. The research was also well

organized to reflect how the meanings created by the viewers both conformed to and challenged dominant ideologies about the origin and status of corpulence in the United States. Moreover, the study successfully linked these understandings to larger historical, social, cultural, economic and political realities; in their own words, “Sloth is not only a crisis for the individual but also for the nation” (Sender & Sullivan, 2008, p. 581). In no small part, then, it appears the people that participated in the study had more than a surface comprehension of the television program as just a means for motivating people to improve their lives and weight through exercise and good nutritional choices.

While the surface has been breached, there is much that remains hidden in the deeper meanings viewers ascribe to *The Biggest Loser*. Sender and Sullivan (2008) interviewed 29 people, with 23 being female; the modal age of the participants was 30-39. Thus, it seems relevant to give voice to a wider age range while also working to understand more in-depth how male viewers understand the program. There was also no information provided about the race or BMI of the people in the study; these attributes clearly have the potential to affect how an individual interprets the program and should certainly be considered in developing a comprehensive analysis.

Beyond the qualities of the sample, the theoretical considerations of Sender and Sullivan (2008) are important to address. Whereas the research clearly includes reflection on certain surveillance medicine components as they have been described here, it does not incorporate a similar theoretical underpinning for self-concept and gender. Of pertinent interest is the observation that many responses from participants

in the study echoed elements of self-concept and gender; these comments thus provide a reasonable justification to further explore the meanings that the program has for viewers. Moreover, Sender and Sullivan's (2008) stated focus on the representation of the fat body does not provide a tenable platform for answering the query of just what *The Biggest Loser* **IS**... its gestalt. For, as Butler (1990) reminds us, such things "...can neither be true nor false, neither real nor apparent, neither original nor derived. As credible bearers of these attitudes, genders [identities] can also be rendered thoroughly and radically *incredible*" (p. 141). That is exactly what the proposed research offers, an opportunity to understand an incredible and incredibly overgrown cultural phenomenon in the very words and ideas of its audience, followed by an attempt to elucidate how the facets of surveillance medicine, self-concept, and gender inform these meanings.

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