

Applying the Transtheoretical Model to Reality

Television: The Biggest Loser Case Study

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ABSTRACT

This teaching idea presents a heuristic example using reality television as a tool for applying health behavior theory. It utilizes The Biggest Loser (TBL) to provide "real world" cases depicting how individuals progress through/experience the Transtheoretical Model (TTM). Observing TBL contestants provides students practice grounding actions of patients/program participants in health behavior theoretical constructs. Understanding which TTM stage an individual resides in provides a framework from which change strategies and overall health recommendations can be tailored to unique needs and context. Incorporating reality television in health education classrooms allows students to become engaged/stimulated while also fostering the conceptual link between course work and reality.

INTRODUCTION

The purpose of this article is to present a heuristic example of reality television programming as a tool for teaching the application of health behavior theory and theoretical constructs to undergraduate and/or master's level health education students. Specifically, this article will document how *The Biggest Loser (TBL)* can be used as an instructional tool to provide "real world" cases depicting how individuals progress through and experience the Transtheoretical Model (i.e. Stages of Change) (DiClemente & Prochaska, 1982; Prochaska & DiClemente, 1983), a theory applicable to both community-based and clinical interventions.

Integrating Reality TV into the Health Education Classroom

Since its inception as a television genre with MTV's 1992 *The Real World*, and occurring in some manner even earlier through print and radio media (Calvert, 2000), reality television programming has steadily increased its presence in society's consciousness. For instance, the vast majority of American television networks, including but not limited to ABC, A&E, CBS, Discovery Channel, ESPN, Fox, MTV, National Geographic, PBS, and TLC, currently maintain and produce reality television programming, which oftentimes top Nielsen ratings (Christenson & Ivancin, 2006; Kilborn, 1994; Rose & Wood, 2005). While some contend "reality" television is a misnomer, in that it is impossible for a television show that is taped, edited, and then "(re)presented to the viewing audience" (Readdy, 2009, p1) to be "real", these television shows do represent (whether intentionally or unintentionally) sources

of health-related content for respective viewers (Christenson & Ivancin, 2006).

The use of television as a means of transmitting health content is not novel, nor specific to reality television programming. In fact, historically, health education researchers have advocated the integration of television as an instructional methodology to create a more dynamic classroom teaching environment (Kill & King, 1983). Moreover, television series represent an effective method for disseminating health messages (Elkamel, 1995). Similar forms of media (e.g., films/movies) have been previously used to teach health content and skills (Petit & DeBarr, 2007; Barry, 2011). Considering a) the proliferation of reality television programming, and b) the health messages/information resulting from these reality television, this genre seems especially suited as a potential instructional tool to analyze and interpret health content and behavior. A prime example, centering upon weight loss and obesity, is *The Biggest Loser* (Thomas, Hyde, & Komesaroff, 2007).

What is The Biggest Loser (TBL)?

Debuting in the United States in 2004, *TBL* is a competitive weight-loss reality show currently airing in over 90 countries and produced in 25 countries (NBC, 2010). The basic premise of *TBL* is to have moderately to morbidly obese male and female contestants live, eat, and workout together. In the United States version, these events take place at a Southern California-based ranch. During their time on this ranch, contestants are guided in their workout and eating regimens by several trainers (NBC, 2010). Weight gain and loss is tracked and documented at a culminating “weigh-in” each week, and individuals who lose the lowest percentage of weight are subject to a potential elimination. Contestants return back to their homes to continue losing weight before participating in a final weigh-in, which determines the winner of a quarter-of-a-million-dollar prize. Christenson and Ivancin (2006) refer to *TBL* as a “lifestyle transformation” show (p7).

What Does the Published Literature Say about TBL?

In an Australian-based qualitative investigation of obese individuals’ attitudes and opinions towards *TBL*, the vast majority of participants perceived the premise of the show to be

negative, in that the show used “weight as entertainment”. Furthermore, participants felt the majority of people could not employ the unhealthy, unrealistic, and unaffordable weight-loss regimens displayed on the show. Other participants felt show developers and producers were “overstepping the line by exploiting people by reducing complex issues to binge eating and lack of exercise” (Thomas, Hyde, & Komesaroff, 2007, p211). While numerous other researchers are critical of the representation of obese contestants (Bernstein & St. John, 2006; Sender & Sullivan, 2008; Thomas, Hyde, & Komesaroff, 2007), it is important to note viewers of *TBL* perceive the content motivating, inspiring, and educational (Ramirez & Sender, 2008; Readdy, 2009; Sender & Sullivan, 2008).

How Can TBL Be Used in the Health Education Classroom

Due to its obvious popularity [the 2009 season finale averaged 11.76 million viewers (Miltovich, 2009)] and potential influence on viewers and contestants alike, Readdy (2009) contends *TBL* “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” (p5-6).

Thus, the underlying premise of *TBL* is to influence contestants (and ultimately viewers) to engage in a process in which they a) recognize they have a weight-problem that is negatively affecting their quality of life, b) implement plans to address this condition, c) set weight goals, and d) continuously utilize behaviors to ensure weight loss maintenance. Moreover, in response to a prompt offered by Readdy (2009) during a qualitative investigation into how *TBL* viewers perceive and give meaning to the show, respondents indicated “*The Biggest Loser* is about change” (p20). In other words, *TBL* documents the process by which individuals change their health behavior.

Considering *TBL*’s central message of change, this show represents a unique tool for classroom instructors teaching health behavior theory. Specifically, instructors can utilize *TBL* to present ready-made, “real world” case studies

depicting the various steps and stages associated with behavior change. Since the Transtheoretical Model's (TTM) basic principle is that behavior change is a process instead of a finite event (Prochaska, Redding, & Evers, 2002) or "point in time" (Edberg, 2007, p42), it appears that both *TBL*'s premise and viewers' perception of *TBL* clearly parallel the Stages of Change outlined in the TTM (Prochaska & DiClemente, 1983; Prochaska, Redding, & Evers, 2002). Moreover, by examining *TBL* through a theoretical lens, students apply a "systematic way of understanding events or situations" to the behavior change depicted on-screen (NCI, 2005, p4).

TEACHING METHOD

The following teaching method, and its associated procedures, is intended to be incorporated into the curriculum of an undergraduate and/or master's level health behavior theory course. Specifically, this technique should be employed as a culminating project, supplementing classroom instruction on the TTM/Stages of Change. This supplemental project will allow students to move beyond identifying and defining theoretical constructs, by supplying cases in which they can apply their understanding of health behavior change and the TTM concepts. That said, prior to beginning this project, it is imperative students have an understanding of TTM and its associated constructs.

The left-hand side of Table 1 provides instructors with foundational knowledge necessary to lead a discussion on the TTM. However, we recommend that instructors unfamiliar with the TTM consult *Health Behavior and Health Education: Theory, Research, and Practice* (Glanz, Rimer, & Lewis, 2002) for additional insights. When reviewing/discussing the TTM, it is important to note the constructs do not represent a linear process. In other words, "individuals do not systematically progress from one stage to the next, ultimately "graduating" from the behavior change process" (NCI, 2005, p15). Instructors should ensure presentation of TTM concludes with the following take home points:

- Change is a process (i.e., people go through a series of incremental, little decisions),
- Behavior change takes time, and

- There are a number of change processes that can "move" an individual from one stage to another.

Once students have a working knowledge of TTM, instructors should follow the steps below to employ this novel technique in their classrooms.

TEACHING PROCEDURES

Step 1: Familiarize Students with Reality Television

As an initial introduction into the overall goal and guidelines of this project, instructors should engage students in a discussion/familiarization on reality television and how reality television can potentially serve as a source of health information. Potential discussion probes to guide group dialogue on reality television include:

- When you hear reality TV, what are some of the shows that immediately come to mind?
- What are some of the central themes (depicted or stated) in these shows?
- What behaviors do contestants in reality TV shows commonly engage in?
- Do you think reality TV shows can serve as a medium to transmit/model health behavior?

During this discussion period, we recommend teachers also familiarize students with *The Biggest Loser (TBL)*. The aforementioned information presented in the introduction will inform this discussion.

Step 2: Present the Goal and Guidelines of this Project

Goal: The goal of this project is to have students critically apply the TTM stages and associated change strategies to contestants participating in the reality show *TBL*. In other words, this project will have students track contestants on *TBL* as they proceed through the Stages of Change outlined in TTM.

Guidelines: To fully assess how *TBL* contestants progress through the TTM Stages of Change, we recommend instructors have students observe contestants from the first episode until the season finale. Since the timing of a current *TBL* season may not perfectly coincide with an academic semester, it is best to have students conduct their analyses based on previously recorded seasons, available on DVD

through various outlets. For consistency, instructors should restrict all students to one of the more recently completed seasons. Regardless of the season selected, students should follow the directions and template set forth in Table 2. Instructors can print and handout Table 2 to students as the project goal and guidelines are discussed in class. Overall, students are expected to a) describe the five TTM Stages of Change, b) discuss applicable change strategies associated with each stage, and c) outline how specific aspects of *TBL* (e.g., physician consultations, food preparation recommendations, and training sessions) assist contestant's progression through the TTM.

ASSESSMENT PROCEDURES AND EVALUATION RUBRIC

Specific point values for this project are at the instructor's discretion; however, Table 1 provides an evaluation rubric to judge students' ability to apply the TTM to cases depicted on *TBL*. Specifically, Table 1 outlines, defines, and discusses the potential change strategies and core constructs for each of the TTM's stages, and also compares each stage/change strategy to specific aspects of *TBL*. By following the directions outlined in Table 2, student's final project will reflect a document similar to Table 1.

RESULTS

Having students observe how *TBL* contestants progress through the various Stages of Change provides instructors with a visual model aiding in the teaching and practical application of health behavior theoretical constructs and change strategies. Incorporating non-traditional mediums, such as reality television, in health education classroom allows students to become engaged/stimulated (emotionally and physiologically) while also fostering the conceptual link between course work and reality (Champoux, 1999). In other words, the use of *TBL* (or any reality television show for that matter) allows students an opportunity to ground abstract concepts, such as theoretical constructs, in their every-day world and environment.

DISCUSSION

By observing the cases portrayed on *TBL*, students (i.e., future clinicians, health education practitioners, and researchers) can practice their

ability to ground the actions of patients and/or program participants in health behavior theoretical constructs (i.e. think theoretically). The skill of thinking theoretically is a useful tool considering health behavior theories offer systematic ways of understanding why individuals behave in ways that compromise their health, as well as why persons may adopt health enhancing behaviors (DiClemente, Crosby, & Kegler, 2002; Glanz, Rimer, & Lewis, 2002). Furthermore, an understanding of the particular TTM stage an individual resides in at any given period in time provides a framework from which change strategies and overall health recommendations can be tailored to a patient/participant's unique needs and context.

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Table 1 – Evaluation Rubric

<u>Stage</u>	<u>Stage Description</u>	<u>Applicable Change Strategies</u>	<u>The Biggest Loser Aspects</u>
Precontemplation	The person does not intend to take action in the near future	<ul style="list-style-type: none"> • <i>Consciousness Raising</i>: learning new information and tips supporting behavior change • <i>Decisional Balance</i>: discussing the pros and cons of changing 	<ul style="list-style-type: none"> • Contestants have an initial weigh-in, in the presence of family and peers • Medical consultants provide insight into current and potential obesity-related medical conditions
Contemplation	The person is thinking about change and intends to take action in the near future	<ul style="list-style-type: none"> • <i>Dramatic Relief</i>: experiencing negative emotions associated with unhealthy behavioral risks • <i>Self-Reevaluation</i>: establishing behavior change as an important part of one's identity 	<ul style="list-style-type: none"> • Medical consultants provide insight into potential outcomes should behaviors not change • Contestants discuss how obesity influences their life aspirations with trainers and medical consultants
Preparation	The person is ready to change, intends to take action, and has either formulated a plan or taken behavioral steps in this direction	<ul style="list-style-type: none"> • <i>Self-Efficacy</i>: confidence one can engage in healthy behaviors • <i>Self-Liberation</i>: making a firm commitment to behavior change 	<ul style="list-style-type: none"> • Trainers and food-preparation guests assist contestants in developing concrete exercise and eating regimens • Trainers challenge the emotional, physical, and psychological commitment of contestants through workouts and challenges
Action	The person has taken action, changing their overt behavior within the recent past	<ul style="list-style-type: none"> • <i>Helping Relationships</i>: Using social support for healthy behavior change • <i>Reinforcement Management</i>: Rewarding positive behavior change and decreasing rewards for unhealthy behaviors 	<ul style="list-style-type: none"> • Contestants rely on one another for support and motivation during workouts and challenges • Contestants who continue to lose high percentages of weight remain on the show • Contests who perform at high physical-levels in challenges are rewarded with various incentives, including money, cars, and immunity
Maintenance	The person has made a significant change in their overt behavior and now focuses efforts on not returning to previous behaviors	<ul style="list-style-type: none"> • <i>Stimulus Control</i>: Removing cues which trigger unhealthy behavior, adding cues that support engagement in healthy behaviors 	<ul style="list-style-type: none"> • Contestants return home to put knowledge and skills into practice, forcing them to address interpersonal and environmental influences

Note: Table adapted from Prochaska, J.O., Redding, C.A., Evers, K.E. (2002) and National Cancer Institute (2005).

Table 2: Project Goal and Guidelines

Applying the Transtheoretical Model to Reality Television: The Biggest Loser Case Study

Your task for this project is to examine the behaviors (and behavior changes) of contestants participating on a season of the reality television program, *The Biggest Loser (TBL)*. Specifically, you will document how participants progress through the Stages of Change outlined in the Transtheoretical Model (TTM). The table below provides a template to follow as you document aspects of *TBL* contributing to change.

Directions:

- 1) Complete the two middle columns (Stage Description and Applicable Change Strategies), using knowledge gained from course lectures, readings, and discussions.
- 2) Watch the agreed upon season of *TBL*. As you watch each episode, it is important you document what occurs (e.g., discussions, sessions, consultations, etc.) on *TBL* to help move participants through the TTM continuum. In other words, identify and discuss what aspects of *TBL* coincide with the change strategies you defined in the third column.

<u>Stage</u>	<u>Stage Description</u>	<u>Applicable Change Strategies</u>	<u>The Biggest Loser Aspects</u>
Precontemplation		<ul style="list-style-type: none"> • <i>Consciousness Raising:</i> • <i>Decisional Balance:</i> 	
Contemplation		<ul style="list-style-type: none"> • <i>Dramatic Relief:</i> • <i>Self-Reevaluation:</i> 	
Preparation		<ul style="list-style-type: none"> • <i>Self-Efficacy:</i> • <i>Self-Liberation:</i> 	
Action		<ul style="list-style-type: none"> • <i>Helping Relationships:</i> • <i>Reinforcement Management:</i> 	
Maintenance		<ul style="list-style-type: none"> • <i>Stimulus Control:</i> 	