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# Life During The Biggest Loser: Experiences and Perspectives of Non-Contestant Romantic Partners

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## Life During The Biggest Loser: Experiences and Perspectives of Non-Contestant Romantic Partners

### Abstract

For this study, authors engaged in 9 semi-structured interviews with romantic partners of contestants who were involved with a weight loss intervention (*The Biggest Loser*), to gain insight into the phenomenon of weight loss within the context of couple relationships and reality television. Utilizing Basic Qualitative Description influenced by aspects of phenomenology, the authors explored the role of weight loss and the role that the specific intervention utilized, has played within the couple relationship. Building upon previous research (Moore, Cooper, Williams, & Zwierstra, 2017a) authors added the voice of the non-contestant partners to the discussion and explored experiences of weight loss and perceptions regarding the utilization of Marriage and Family Therapists during the weight loss process. The major themes that emerged were (1) Behind the Scenes: The sacrifices we make, (2) After the Show Wraps: Re-entry and the Transition Home, and (3) Perceptions of MFT: Addressing couple relationships. Implications for Marriage and Family Therapists as well as other professionals involved in working with couples during weight loss are discussed as well as future directions in research.

### Keywords

Obesity, Weight loss, Qualitative Description, Marriage and Family Therapy

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## **Life During *The Biggest Loser*: Experiences and Perspectives of Non-Contestant Romantic Partners**

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NBC's *The Biggest Loser* is a reality television show that features overweight and obese adults that attempt to lose weight while being filmed on national television. (Domoff et al., 2012; Hall, 2013). *The Biggest Loser* utilizes a competition and incentive-based approach, where "winners" are awarded with cash prizes as well as other benefits for their weight loss. (Domoff et al., 2012; Hall, 2013). Before being selected for the show, individuals are required to "audition" by attending an in-person interview and/or by submitting a video audition (Moore, Whitley, & Holland, 2017b). Once participants are chosen for the show, they are secluded on what has been referred to as "the ranch." At the ranch, participants often engaged in rigorous exercise and diet practices until the finale or until they are released from the show. While there have been some seasons where individuals participate as members of a couple or family-based dyad (i.e., season 5, among others) most seasons are focused on the weight loss process of the individual. One aspect that has not been considered within scholarly research has been the impact of participation on couple and family relationships.

It is plausible that being involved in weight loss and a reality television show may impact or influence relationships, given that individuals do not exist in a vacuum and that individuals exist within the context of relationships, (Dymek, le Grange, Neven, & Alverdy,

2002; Hafner, 1991; Hafner & Rogers, 1990; Hafner, Watts, & Rogers, 1991; Moore & Cooper, 2016). Similar to some residential treatment programs, (i.e., addiction residential treatment) biggest loser contestants are not allowed to have their children or family members with them while “in treatment” at the ranch and are expected to have minimal contact with the “outside world” during the weight loss process (Moore, Cooper, Williams, & Zwisler, 2017a). In addition, contestants are expected to focus exclusively on weight loss. While focusing on weight loss may be advantageous for contestants, it may also alter couple and family dynamics for spouses that are left at home. Within scholarly literature, it has been found that weight loss can negatively impact couple relationships. (Barbarin & Tirado, 1985; Earvolino-Ramirez, 2008; Marcus, Kalarchian, & Courcoulas, 2009; Sarwer et al., 2008; Tejirian, Jensen, Lewis, Dutson, & Mehran, 2008). However, most of the research has been focused on bariatric surgery patients or other obese patients, with no researchers exploring the impact of weight loss and participation in a residential- or competition-based weight loss intervention among spouses. Further, participation in a reality television show may add additional stressors or have an additional impact on the couple dyad, that currently has not been explored within scholarly literature. The purpose of the current study is to explore the experiences and perspectives of spouses/partners who were involved in a romantic relationship with a contestant of *The Biggest Loser* during the weight loss process. Likewise, the researchers are particularly interested in exploring perceptions of spouses regarding the potential role of marriage and family therapists in developing interventions for couples during the weight loss process, specifically related to assisting with promoting health, sustained weight loss, and couple/family relational harmony. For this study the weight loss process is specific to being on *The Biggest Loser*, and relationship defined as being in a relationship at some point between casting and when the finale airs on television, which may expand up to 12 months. For this study, the overarching research question is: What are the experiences and perspectives of non-contestant spouses, of biggest loser participants?

## Literature Review

### *The Biggest Loser*

There are a few researchers who have explored the experiences of weight loss contestants from *The Biggest Loser* (Moore et al., 2017a, 2017b; Hall, 2013; Fothergill et al., 2016; Kolata, 2016) who have found that some contestants are not prepared for the weight loss intervention, some may benefit from mental health treatment before, during, and after the weight loss intervention, and that some struggle with maintaining weight loss after being on the show. Likewise, *The Biggest Loser* has been critiqued for not paying enough attention to overall well-being of contestants while at the ranch and after being involved with *The Biggest Loser* (Moore et al., 2017a, 2017b).

When studying the sustainability of weight loss after the show, Hall (2013) found that if contestants were to continue the diet and workout regimen displayed on the show, it would be life-threatening after just over a year and that it was not a sustainable way of living. Additionally, for an individual to achieve the same results as one of the contestants using a more modest intervention, it would take close to five years (Hall, 2013). Likewise, Fothergill et al. (2016) studied 14 of *The Biggest Loser* contestants over six years and found that most of their participants had significantly regained the weight they lost while being on the show. Complimentary information from Kolata (2016) acknowledges that after losing weight, an individual’s metabolism slows down and that for participants on *The Biggest Loser*, their metabolisms had radically slowed down, and they were unable to maintain their weight loss. It

was reported their metabolisms continued to slow down years after the show, drawing them back to their pre-show weight (Kolata, 2016).

A few studies have focused on how *The Biggest Loser* influences viewers, suggesting that anti-fat, laziness, low motivation, lack of self-discipline, and overall dislike of obese individuals is heightened in those who viewed clips of the show (Berry, McLeod, Pankratow, & Walker, 2013; Domoff et al., 2012). Researchers in both studies made discussion that the display of hard work to lose weight could play a part in these negative reactions or internalized weight bias, yet no follow up studies have been published to further explore these conceptions.

Direct study and input of former contestants in Moore et al. (2017a, 2017b) eluded to three themes commonly experienced by participants including topics related to life on reality television not being like regular life, life after the show not being how they expected, and the lack of mental health needs being met before, during, or after the show. Participants had shared their experiences describing to researchers that the show was more about ratings than their health, that they experienced conflict throughout the show, and being isolated from their families. After the show, participants experienced a lack of support and difficulty maintaining the lifestyle portrayed at the ranch (Moore et al., 2017a, 2017b).

Notably important to notice, no study to date has considered the effects on the relationships between contestants and family members or the community while on or after participating in the show. Studies have focused largely on the biology of the weight loss itself (Hall, 2013; Fothergill et al., 2016; Kolata, 2016), fewer studies on the reactions of the public from the show (Berry et al., 2013; Domoff et al., 2012), and perceptions and experiences of participants who were cast on the show (Moore et al., 2017a, 2017b). However, each study has merit in possibly gaining understanding or suggesting how these type relationships could be affected from being on the show, losing an extreme amount of weight, other's perceptions of contestants and like individuals losing weight, and the biology of struggling to keep the weight off. This study seeks to specifically explore the experiences and perspectives of non-contestant spouses, of *The Biggest Loser* participants.

## **Weight Loss and Relationships**

There is; however, some research on related topics such as bariatric surgery that examines the impact of obesity and weight loss on couple relationships. While also not a highly studied topic, the findings from these studies may highlight the current research in understanding the importance and influence of couple relationships through the eyes of significant others of *The Biggest Loser* contestants.

Fundamentally, Barbarin and Tirado (1985) established that due to their weight, obese individuals experience negative consequences and impacts as an individual, couple, and family. Meanwhile, more specifically in the context of weight loss, findings suggest that some individuals have trouble adjusting to their new body and developing an identity, as well as emphasize the importance of the inclusion of couples and family in maintaining weight loss. (Faccio, Nardin, & Cipolletta, 2016; Liebl, Barnason, & Hudson, 2016)

Furthermore, a closer look at how bariatric surgery altered interactions between intimate partners in Moore and Cooper (2016) demonstrates that the effects can be simultaneously positive and negative. Findings showed an increase of relationship satisfaction and intimacy, however, inconsistent social support from their significant other. Within social support, researchers noted that participants reported that their spouses were counterproductive in supporting healthier eating habits and exercise.

Some research has found that couple participation has been beneficial, even superior when compared to individual endeavors in long term weight loss or the maintenance of weight loss (Black, Gleser, & Kooyers, 1990). Particularly by allowing priority of health needs, the

positive support from family and peers was determined a necessity in maintaining weight loss (Liebl, Barnason, & Hudson, 2016). Contrarily, Gallagher et al. (2013) report no significant association between perceived spousal support of exercise or diet and weight; however, their results did suggest that the dynamic between the participant and their spouse did influence weight management.

### Synthesis

Much information exists about weight loss diets and surgical weight loss interventions; however, minimal research has been performed regarding other extreme weight loss interventions, and even fewer in respect to *The Biggest Loser* and its participants. Within the scope of this existing research, only one study (Moore et al., 2017a) specifically addresses the experience and perception of former contestants. With the groundwork of biology and couple relationships and their influence on weight loss as well as viewer perception already being established (Berry et al., 2013; Black et al., 1990; Domoff et al., 2012; Faccio et al., 2016; Fothergill et al., 2016; Gallagher et al., 2013; Hall, 2013; Kolata, 2016; Liebl et al., 2016; Moore & Cooper, 2016) certain interactions could be presumed; yet no information has previously been collected about couple relationships specifically as it pertains to spouses of contestants on *The Biggest Loser* before, during, or after the show. One previous study suggested how MFT's could be utilized in work with contestants throughout the show (Moore et al., 2017b), nevertheless the exploration of the non-contestant spouses' experiences and perspectives has previously remained unknown, as do the possible enhancements MFT's may offer contestants and their spouses throughout their experience. This study aims to expand this discussion through a qualitative exploration of *The Biggest Loser* non-contestant spouses and their experiences.

### Research Questions

For this study, the overarching research question was: What are the experiences and perspectives of non-contestant spouses, of biggest loser participants? Additional researcher questions included the following: (1), What was your experience like being attached to someone involved with *The Biggest Loser* weight loss reality television show?, (2) How did your partner being involved in *The Biggest Loser* impact your relationship?, and (3) In what ways do you think a Marriage and Family Therapist could assist partners and the couple during the time while involved with the show and during the weight loss transition process? Researchers developed the questions in efforts to further understand the experience of partners who were in a relationship with someone transitioning through the weight loss process.

### Context of the Researchers

As part of the qualitative research process, we the authors want to provide some discussion and reflection of our own context, as to situate the research. By providing some brief information regarding our background and epistemology, we believe the reader is able to gain a better understanding of our frame of reference for our inquiry. We also believe providing this insight allows the reader access into our world view, which impacts how we developed and conceptualized our study. Undoubtedly, the results of our first study and our mutual interest in looking at individuals within the context of couple and family relationships (systemic perspective) has contributed to our decision-making process to pursue the current research. Likewise, each member of the research team has a unique history and perspective that they bring to the research which informs the inquiry. A brief review of each author follows:

**Moore:** I am an Associate Professor and Site Program Director in the Marriage and Family Therapy program at Alliant International University. My area of research includes obesity, weight loss, eating disorders, and related addictions with an emphasis on individual, couple, and family relationships. I lead our first study where we explored the experiences of former contestants. My connection to this research is that I have had my own personal weight loss experience and have a passion about exploring narratives related to weight loss with an emphasis on a systemic perspective. I am also a Licensed Marriage and Family Therapist and have worked with clients regarding general mental health as well as weight related concerns. I have come to learn a lot about *The Biggest Loser* through my experience with research as well as my interaction with Kai Hibbard. I have approached this project from a stance of curiosity in efforts to learn about an experience that is completely foreign to me as it relates to the nature of reality TV. Therefore, my interest and intention is simply to explore the process of weight loss, with a particular consideration for spouses. In terms of my investment, I am fully committed to exploring the project, leading the project, and considering implications for clinical work.

**Cooper:** As the second author, I am a graduate of the master of marriage and family therapy program at Mercer University. At the time of the study, I held a position working with aging populations in a healthcare setting. I currently work with adult and adolescent patients who have eating disorders and other co-occurring disorders at an inpatient and residential setting in Wickenburg, AZ. I am a 28-year-old Caucasian male on average weighing 186 pounds with a height of 6 ft 2 inches. Although familiar with reality television shows, I have not watched an episode of *The Biggest Loser*. I have now worked on several studies with Dr. Moore's research team and continue to produce other relevant work in the field under this affiliation. I have never experienced significant weight loss personally, but contrarily in my recent life history have made efforts to gain weight through my own exercise and meal plan. To date, I have gained over 60 pounds since the start of my efforts. Through my personal journey, I have developed interests in subjects such as eating disorders, exercise and fitness, as well as body image across cultures, gender, and gender identity.

**Zwierstra:** I am the third author. I am an advanced level graduate student in Social Work and a Body Acceptance Activist. I identify as both a scholar and a community stakeholder. I am a 39-year-old mixed race female and a former contestant of the US version of *The Biggest Loser* (Season 3). While on the show, I had both emotionally and physically unpleasant experiences, which contributes to my interest in conducting unbiased research regarding the well-being of fellow contestants and their families before, during and after their experience. I have an interest in understanding the varied experiences and impacts that participation in weight loss reality TV has on those who directly experience the phenomenon. Likewise, my insider-status as well as my continued engagement with the community, uniquely positions me to serve as a content area expert.

**Williams:** At the time of the study, I was a second-year graduate student enrolled in Mercer University's Marriage and Family Therapy program. I have since graduated and am currently pursuing MFT licensure in the state of Georgia. This particular study, piqued my interests as a researcher due to my family of origin's connection to obesity, self-image, and their impact on family relationships. As a family therapist, I am particularly interested in learning how clients would best be served and assisted with obesity-related issues from a systems approach.

### Methodology and Design

The purpose of the study was to explore the experiences of romantic partners who were involved with a contestant from NBC's *The Biggest Loser*. In particular, the researchers were

interested in understanding the dynamics of weight loss within the context of couple relationships. As a follow-up to a previous study that was focused on the experiences of individual contestants (Moore, Cooper, Williams, & Zwierstra, 2017), the goal of the present study was to add to the discussion by inquiring about the experiences of the spouse. Qualitative research was incorporated to focus on gaining in-depth information directly from the participants that could contribute to the literature in a meaningful way. The authors specifically utilized qualitative description as the methodology.

According to Sandelowski (2000) in qualitative description, “Researchers seeking to describe an experience or event select what they will describe and, in the process of featuring certain aspects of it, begin to transform that experience or event. Likewise, according to Neergaard, Olesen, Andersen, and Sondergaard (2009), Qualitative Description differs from other qualitative methods in that the aim is to present a rich, straight description of an experience or event, not a thick description (ethnography), theory development (grounded theory) nor interpretative meaning of an experience (phenomenology; p. 2). In addition, Neergaard, Olesen, Andersen, and Sondergaard stated the following:

Whereas other qualitative approaches often aim to develop concepts and analyse data in a reflective or interpretive interplay with existing theories, the final product of QD is a description of informants' experiences in a language similar to the informants' own language. (p. 2)

Therefore, in qualitative description, researchers attempt to provide a comprehensive description of the study, by staying close to the data and incorporating participants' language. (Heller, Gilliam, Chenail, & Hall, 2010). Likewise, Sandelowski (2000) suggested that researchers using qualitative description seek to present an accurate accounting of events that most people (including researchers and participants) observing the same event would agree is accurate (p. 336).

### **Eligibility and Recruitment**

After Institutional Review Board approval was granted, eligibility and recruitment were initiated. Individuals were considered eligible to participate in the study if they self-identified as a spouse of a contestant from *The Biggest Loser* at the time of the intervention, without having been a contestant themselves. The time of intervention was defined as the period between casting and when finale aired on television, which may expand up to 12 months, depending on the specific season of the show. Exclusion criteria included the following: (1) Individuals who identified as a contestant of *The Biggest Loser*, (2) Individuals who identified as not having been in a romantic relationship with a contestant, and (3) Individuals that identified as being under the age of 18, and (4) Individuals that identified as being over the age of 75. The age range was based on the age to give consent as an adult in most states as well as previous data regarding contestants that was collected in a previous study (Moore, Cooper, Williams, & Zwistler, 2017a). With sample size in qualitative research being based on saturation (Bowen, 2008) the authors did not select a pre-determined number for the study.

Recruitment was conducted primarily via the utilization of a community stakeholder. For a review of the recruitment process, please see the previous study (Moore, Cooper, Williams, & Zwierstra, 2017a). Essentially, the community stakeholder (a former contestant) utilized their existing social network to find potential participants. Information about the study (recruitment flyer and informed consent) was provided via social media (Facebook, Twitter, and other social media sites) as well as through email communication. The community stakeholder (also an author) developed a list of potential candidates. Individuals who were



interested in the study had the ability to contact the PI. At that point, the PI provided additional information about the study and requested that the informed consent was returned to the PI. Once the informed consent was received, an interview was scheduled.

## Data Collection

Participants were asked to engage in audio-taped, individual interviews, via telephone and/ or video conferencing system (SKYPE, FaceTime, or other similar program) based on the needs and desires of the participant). Interviews were scheduled for 60-90 minutes in efforts to ask in-depth questions regarding the experience of biggest loser spouses/romantic partners. Respondents were asked questions from a semi-structured, open ended interview protocol that was developed based on the research questions and topic of inquiry. The data was transcribed by members of the research team. In addition, the audio was saved to assist with data analysis. For a list of questions asked during the interview, please see **Appendix A: Selected Interview Questions**.

### *Credibility and Transferability*

The researchers (Moore and Williams) made sure to incorporate credibility in the research process. After completing each interview, the respondent was asked if it was ok for them to be contacted by the PI and interviewer (Moore) and additional interviewer (Williams) for member checking purposes (Creswell & Miller, 2000) should any questions emerge from the research. Likewise, each participant was provided with instructions for contacting the researchers (Moore or Williams), if they wanted to share any observations or reflections, or if they wanted to make any modifications from their interview. In addition, each respondent was asked by researchers (Moore and Williams) if they wanted a copy of manuscript after the analysis phase of the study. In addition, triangulation occurred throughout the entire research process (Barbour, 2001). Triangulation was employed through the use of a research team which consisted of 4 individuals (Moore, Cooper, Zwierstra, and Williams). The research team was involved in interpreting the data as well as developing the final list of emerging themes for the study. In addition, a disinterested individual (peer debriefing) was contracted to assist in reviewing the analysis phase of the research process and providing corroboration. (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

One unique aspect of the study is that one of the co-authors (Zwierstra) is a stakeholder in *The Biggest Loser* community and a former contestant on the television show. With her insider status (Moore, 2015), she has insight about the topic at hand and was able to assess the needs of her constituents. The research team (Moore, Cooper, Zwierstra, and Williams) also made efforts to report negative cases that emerged. (Patton, 1999). In addition, the use of reflexivity was incorporated throughout the research process. (Pillow, 2003). In particular, each member of the team reflecting on their epistemology, biases, and positionality as it relates to the topic being studied before collecting data. Likewise, members of the research team made an effort document any subtle or strong reactions when conducting interviews and when analyzing the data, by making notes in the margin and through the use of bracketing (Tufford & Newman, 2012).

Transferrability was employed in the research form the beginning of the study through the end of the study. To promote transferability, (Malterud, 2001) the research team (Moore, Cooper, Zwierstra, and Williams) developed the initial research questions from the existing literature. The research questions were developed to address current gaps and to contribute to the field of Marriage and Family Therapy. In addition, the research methodology that is utilized emerged from existing theory regarding relational dynamics. Through employing some aspects

of General Systems Theory (Kitzman-Ulrich, Wilson, George, Lawman, Segal, & Fairchild, 2010) the research team is expanding the way in which individuals conceptualize the topic of weight loss. While this sample used in the study is unique, the purpose of the research is to understand a couple process that may occur for others who have not participated in *The Biggest Loser* to include but is not limited to (1) couples where one person loses weight in general, (2) couples where one person participates in a competition or incentive based weight loss program in the community or in the workplace (i.e., Kumanyika & Charleston, 1992; Brownell, Cohen, Stunkard, Felix, & Cooley, 1984), and (3) couples where one person loses a significant amount of weight via weight loss surgery (Camps, Zervos, Goode, & Rosemurgy, 1996). Likewise, the results of the study may provide information that may be used to support future studies regarding partners experiences in weight loss as well as other types of dynamics where one partner experiences change.

### **Analysis**

For the analysis, the authors utilized a three-phase approach. Phase one included familiarization (Pope, Ziebland, & Mays, 2000a), phase two included coding and identifying themes, and phase three included groups consensus and selection of final emerging themes. The first phase of the analysis was familiarization. Each member of the research team (Moore, Cooper, Zwierstra, Williams) became familiar with the data. This included each research team member accessing both the audio recordings and the written data extracted from the interviews individually and reviewing the material for all participants in the study.

The second phase of the analysis was coding and identifying themes. This process included each member of the research team (Moore, Cooper, Zwierstra, and Williams) engaging in coding of the data. Coding involved reviewing the data and selecting out key phrases and statements that represented the participants' experiences as related to the research questions. Coding involved decontextualization (Starks & Trinidad, 2007), paying attention language used by respondents during the interview process, as well as exploring and categorizing non-verbal communication. One benefit of listening to the audio of each participant in addition to written text was that the research team had the ability to consider paralanguage (tone of voice, pitch, rate of speech). While paralanguage can be subjective and highly interpretive, it can assist with providing some context regarding how questions were answered during the interviews (Yeh & Inman, 2007).

After coding, each team member (Moore, Cooper, Zwierstra, and Williams) individually developed what they viewed as themes after engaging in recontextualization (Starks & Trinidad, 2007) comparing and contrasting data across all interviews. This also included documenting negative cases. (Pope, Ziebland, & Mays, 2000b). After individually coding and developing a list of themes, the research team met to engage in dialogue about the preliminary findings. During this meeting, each member had the opportunity to give their input regarding their perspectives regarding the interview process and the data that was collected. Each member of the team reported on what they learned from the interviews and what they saw as important emerging themes. They highlighted codes and selected phrases from interviews. After each member of the research team reported on their findings, the research team worked collaboratively to develop the final emerging themes. This included combining some of the preliminary themes under a larger overarching theme and collapsing some of the preliminary themes. The final emerging themes are listed in the results section of the study.

### **Demographics**

The study consisted of a total of nine participants who all were spouses of contestants from *The Biggest Loser*. In the study, 8 out of the 9 respondents were spouses of contestants

from the American version of NBC's *The Biggest Loser*. In the study, one participant was the spouse of an individual that was affiliated with a non-US version of *The Biggest Loser*. The study consisted of five female spouses and four male spouses. Participants resided in various parts of the United States, (across the north, south, mid-west) as well as one participant residing in another country. The majority of participants identified as Caucasian and the average age of each individual was 48 years. The average length of time being in a relationship with their spouse was 20 years. The average number of children that each participant had was 2. In the study, participants were asked if they had any issues related to weight, body image, or food consumption. In the study four of the participants reported having a concern with obesity and negative body image. Further, three participants reported having medical issues associated with obesity, to include Asthma, Obstructive Sleep Apnea, Diabetes, and Hypercholesterolemia. In the study, participants were asked they had any issues related to a mental health diagnosis and all participants reported no history of mental health concerns. For more information regarding participants, please see Table 1, Sample Demographics.

**Table 1: Sample Demographics**

Pseudonym	Race	Weight Concerns	Obesity Health Issues	Mental Health Issues
Rebecca	Caucasian	Negative Body Image	Respiratory Issues	No
Ashley	Caucasian	No	No	No
Susie	Caucasian	Negative Body Image	Respiratory Issues	No
James	Caucasian	No	No	No
Louise	Caucasian	No	No	No
Hillary	Caucasian	No	No	No
Steve	Caucasian	Obesity	No	No
Mike	Caucasian	No	No	No
Velvet	Caucasian	Obesity	Respiratory Issues	No

### Emerging Themes

#### Theme 1: Behind the Scenes: The Sacrifices We Make

The first theme that emerged from the study addresses the experience of the significant others prior to and during the filming process of *The Biggest Loser*. During the interview process, a frequent message that was communicated to the interviewers was that there were sacrifices made by both partners during the time of *The Biggest Loser*. Though the word "sacrifice" was rarely stated, the researchers understood that the individual's wanted to express that they endured difficulties at home that were different but equally as valid as the difficulties their spouses endured at the ranch. Further, these sacrifices that were made, were not captured on camera, were not addressed by staff of the show, and often remained unnoticed until after the show and one's partner returned home. The term "Behind the Scenes" was utilized as a frame to suggest that spouses who are often not thought of in significant way are impacted by the change that occurs when one's partner leaves the home. Further, behind the scenes also was utilized as a way to highlight that in the film, media, and entertainment industry, while consumers gain access to a finished product, they often are oblivious to all the work, time, energy, that that the entire team puts in to produce such product. One excerpt that the authors understood as highlighting and representing the theme is evidenced by a statement made by Velvet. During the interview process Velvet stated the following:

I set aside my own problems and focused on the fact that she was doing what she wanted. She was happy, and that's something that I want her to have. (Velvet).

The authors suggest that Velvet's quote underscores the major sentiment of sacrifice. The phrase "set aside" is indicative of placing one's issues, problems, goals, dreams, (among other things) temporarily on hold, on suspension, or as some may suggest, "on the back burner." Velvet's discussion and interview illuminated the idea that spouses often engage in sacrificing parts of themselves for the pursuit of the greater good. In the case of *The Biggest Loser*, the "great good" is the contestant's happiness (and presumably their health and wellness). Other participants in the study provided language that supported the essence of sacrifice and talked about how this sacrifice was often not understood, recognized, or valued.

### **Lack of Communication**

One sub-theme that emerged under the larger theme was that the participants sacrificed communication with their partner for the sake of the show. Each individual mentioned that they experienced difficulties not being able to communicate with their partner (n=9). Most had anticipated that communication would be limited, but none imagined that it would be virtually non-existent. Participants expressed shock at the length of time that they had to endure without speaking with their partner. They reported that the producers censored their letters to their spouses. Steve recalled being able to video-chat with his spouse, but also stated that producers monitored the conversation between him and his wife. During the study another participant relayed a similar message and stated:

It was the most awful thing in the entire world. You had absolutely no contact with them. You couldn't call them if you needed to, you couldn't talk to them. It was like they were completely taken from you. (Louise)

Louise's statement was found to be a representative quote of the study participants in that it addressed the negative experience that participants talked about regarding not being able to communicate with their spouse. Although participants acknowledge that they making a sacrifice for something positive, it was difficult to not be able to engage in communication with one's spouse.

Another interesting aspect that emerged with this theme was that lack of communication made it difficult for partners to share *The Biggest Loser* experience with one another. Amy stated, "[My partner and I] can share those stories and I can understand somewhat, but because I wasn't able to be there, I don't really know what it was like." Louise mentioned that communication was so restricted during the time that her husband was on the show that when she sent a camera filled with pictures of the family, producers removed the SD card. She believed this was done so that he would have "absolutely no lifeline to home whatsoever." Other contestants (n=9) spoke about being frustrated with the lack of communication when they wanted updates on their partners' health or during times of family emergencies.

A few participants of the study (n=3) also mentioned that sometimes communication came as a result of the producers utilizing contact with family as prizes for the contestants to win. Steve recalled being specifically requested by the producers to write a letter to his wife. Still, he stated that he could only remember being allowed to speak with her ten times during the five-month period. James opined that the producers of the show manipulated participants' minds and emotions by using communication with family as a prize to be won.

### **Maintaining the Home**

Another sub-theme that emerged was related to maintaining the home. The participants of the study mentioned that they experienced stress related to maintaining the home life—particularly those with children. Steve described the time while his wife was away as “really busy, with a lot of extra work” and said that there “wasn’t a lot of time to dwell on himself.” Some participants (n= 3) spoke about having grandparents become more involved with their lives as a source of support for the daily caring for their young children. Steve reported that while “the day-to-day didn’t really change [but] we did have my mother come up and stay with us to help with the children while she was gone since they were young.”

During the study one participant (Hilary) stated, “It was a short-term loss for a long-term gain.” This quote was representative of the idea that spouses continued to view their sacrifices (in the home and in their relationship as a whole) as a being difficult, but something that was well worth it moving forward. During the interview with Hilary specifically highlighted that with her spouse out of the home, many things became her responsibility which was difficult. However, this difficulty was able to be endured as the perspective of both the spouse and the contestant was that the sacrifice was worth it. Participants viewed the payoff of these sacrifices as greater than the burden. This was also evidenced by the majority of participants who were interviewed.

### **The Financial Impact**

Another sub-theme that emerged was related to financial impact of the show. Spouses mentioned that there were expenses associated with participation in the show. The financial consequences of participating in the show extended beyond the contestant’s costs for travel and loss of income while at the ranch, but also included the cost of the spouse and family (at times) having to travel that was not subsidized by the show, financial loss due to illness of participants if they were injured during the show, and inability to secure employment after the show due to the perceived stigma associated with the show. This sub theme was evidenced in a majority of the participants. While there were a variety of statements that represented this sub-theme, one that stood out was the following:

He totally retreated and became a recluse. He’s had a weight gain and major health issues, that’s had a huge impact on the kids. He spent a month in the ICU a year ago and now he’s not much better, this contributed to financial stress, a lot of it stems from the show. (Rebecca)

The above quote was selected as a representative of the participants experience related to the financial impact of the show. It also highlighted the fact that financial impact was over time, not only temporarily during the show, but also was experienced after the show. However, as mentioned above, still, a few contestants mentioned that the sacrifices made by themselves and their partners eventually resulted in some sort of compensation (n=5). Contestants were either able to receive compensation directly from the network, or from speaking engagements and work opportunities that resulted from their participation in the show. One couple was even able to have their wedding paid for by another television show due to their participation in *The Biggest Loser*. This also resonates with the larger theme, that spouses experience sacrifices, but they were viewed as worth it.

## **Theme 2: After the Show Wraps: Re-entry and the Transition Home.**

The second theme that emerged was related to the transition from being away from the home, to re-entering back into the home. During the study, participants (N=9) reported that their spouses transition was complex in that their relationship was impacted in various ways. This theme was divided into two sub-themes to fully capture the experience, which includes: (1) Positive Experiences of Re-entry and (2) Negative Experiences Transitioning Home, as discussed below.

### **Positive Experiences of Re-Entry**

Some of the positive experiences that participants reported included (1) the show contributing to improving the overall health and wellbeing of the couple and family, (2) the contestant being more emotionally and physically connected, and (3) the contestant being able to benefit financially which contributed to the household. The most commonly discussed benefit of the show that was discussed by participants (n=9) was that fact that the show provided knowledge that was able to be introduced into the family system. During the interview process all of the participants provide language that was indicative of their perspective that there were positive aspects of the show that impacted their couple and family relational system. A representative quote that highlights this was stated by Susie, who stated the following:

When he came home from the show he gave us all that knowledge and information. And not only knowledge but also practical life application of eating healthy, drinking more water, eating vegetables, eating leaner protein like fish... we really did implement the things that he learned on the show and we still are today. Just lifestyle changes that are healthier. So our kids are learning from a young age, and this is what we're hoping to instill in them, just good healthy habits so that they aren't in a place in their 40s and they're struggling with habits that they've had their whole entire lives and don't even know why.

The above representative quote was selected as it highlights the perspectives of participants in that they were positively impacted by the show. In particular, Susie's statement illuminates the notion that the family receives new information that assists in the system functioning optimally. This introduction of new data into the couple also has a direct impact on other relational subsystems (children). This perspective was shared by all participants. Contestants were able to share their new gain expertise in overall health and wellness, which enhanced relationships. In addition, the improving health, the experience of being a contestant and consequential weight loss, served to offset any barriers that previous weight produced. Although spouses were not on the show, they could learn some of the skills and techniques from their spouses who were on the show.

Other aspects discussed included improved emotional and physical intimacy. Although participants were away from their spouses during the period of filming, being away created an increased level of intimacy and connection that was not experienced previously (n=5). For example, one participant (Susie) indicated that the absence created a desire to be closer and reported that this resulted in an increased and improved sexual relationship after the show. For example, one participant suggested that although couples faced hardship being away, this hardship actually made the couple stronger as a couple unit and also created the opportunity to meet and interact with other couples that had similar experiences. Another aspect of the show that was discussed which positively impacted the couple and family relationship was the opportunities that the show provided regarding employment. A number of participants

discussed how the show provided the platform for speaking engagements and other endorsement deals that allowed for income to be brought into the family.

### **Negative Experiences Transitioning Home**

The second sub-theme was Negative Experiences Transitioning Home. The theme represents the perspective of participants related to their negative experiences after the show. While participants reported on positive impacts on their relationships, they simultaneously reported on some of the difficulties with transitioning back from being involved with *The Biggest Loser*. Likewise, they discussed their perceptions of some of the negative impacts on their couple and family system. Some of the topics discussed which were viewed as problematic included (1) Responses from others, and (2) A focus on exercise, which took away from the family system. While participants were able to describe the positive impacts that participating in *The Biggest Loser* had on their couple and family relationships, there were also some negative aspects that were highlighted. One issue that a number of respondents (N=8) discussed was related to stress associated with their spouses' return home. An overwhelming majority of respondents reported that they were happy that their spouse was able to gain knowledge regarding diet and exercise. However, respondents mentioned that upon return, their spouses' lives were consumed by their desire to lose weight. Respondents used terms such as "obsessive" when describing their spouses focus on diet and exercise, which they described as taking away from couple and family relationships. The representative quote that summarized the significance of the experience of spouses was stated by Rebecca. She verbalized the following:

There's just so many impacts that the weight has had on me, our relationship, and the family dynamic. A lot of it stems from the show... you go on the show, you lose a lot of weight, you focus on yourself, you come back and it's like "how do I still work out 8 hours a day and now I have to carry a job again?" Or, "Now I have to figure out how do I focus on myself but I've still got a wife and two kids at home?" It became very overwhelming for him. (Rebecca)

The above quote by Rebecca really speaks to the experience of participants in the study in that the majority of the participants conveyed the message that the new-found lifestyle was great, but also was difficult to embrace. Participants acknowledge the strides that contestants have made in improving their lives, but also recognized the burden that is associated with having a new lifestyle. Participants discussed the fact that the new life style now focused around exercise and health, took up a larger portion of the couple relationship which became cumbersome. Participants discussed the fact that prior to the show, health was not the focus on their relationships. However, after the show especially during the initial transition, participants struggled with adjusting to their new spouse. Likewise, from participants perspectives, contestants also struggled with managing the demands of their new lifestyle, while also maintaining stability in their home life, which included relationships with spouses, children, employment, among other things.

One major concern that was brought up by a few participants was related to the new lifestyle being obsessive and, in some cases, unhealthy. Another concern that was brought up by a majority of participants was regarding the difficulty that their spouses new found fame had on their relationships. A few participants discussed negative experiences they had with social media where random individuals would approach the contestant and/or the couple. Other participants explained that it was difficult to read negative comments on social media and about their spouse, some of which was related to rumors of infidelity. In addition to receiving

negative interaction from individuals via social media, respondents also mentioned that their partners also received unsolicited attention from individuals in person. One of the participants communicated that when he and his partner were out in public, people would interrupt them to talk to his partner and sometimes they would make derogatory comments, which also negatively impacted the couple relationship.

### **Theme 3: Perceptions of MFT: Addressing couple relationships.**

The third theme that emerged from the findings was specifically focused on spouses' perceptions of Marriage and Family Therapists. The essence of this theme was that spouses recognized the impact of participation on the family system and were then able to reflect on the potential of therapist providing clinical treatment during and after involvement with the show. During the study participants the majority of participants mentioned that they were not provided with any assistance from a mental health professional, but they all were able to reflect on areas in which having access to a professional may have been useful. During the study, a majority of the respondents (n=8) communicated that marriage and family therapists could have positively impacted their experiences with their partners while involved with *The Biggest Loser* and with the weight loss process in general. While being interviewed a variety of topics were discussed which centered on preparing the couple and family for the potential or likely changes that would occur when involved in *The Biggest Loser*. Such topics discussed included preparation for change, being separated and left behind while their loved one was on the show, communicating during the production of the show, and adjusting to life after the show. The representative quote that was selected was conveyed by Velvet. During the interview experience, Velvet stated:

No one ever addressed the reason why she was overweight. They just took care of the physical aspect of it. Okay, now she's skinny, but what about mentally? She was in a non-realistic place where she was away from the world and then when she did get kicked off she was thrown back into real reality and there's no one there to help her, just me and some family to help her adjust back to real life...and then she slid downhill from there. In other shows, when people have a problem, at the end of the show they provide counseling. But this show, they did not do any of that. They left you; they hung you out to dry. I never heard anyone call back about her. Once the show was over she was nothing. She was just another person. They didn't care. And now I'm the one dealing with the problem. (Velvet)

The above quote was utilized as a representative sample of the theme which emerged as it embodies the very sentiment of the majority of participants that were interviewed. During the interview process Velvet was adamant that while the show assisted with helping improve some aspects of her partner (physical health) there was a lack of focus on mental health. The above quote also suggests that there is an adjustment that occurs for the contestant when they go from being on the show to no longer being on the show which could benefit from having access to resources. Most notably, Velvet acknowledges that when transition occurs, the spouse now has to "deal" with the problem, this indicating a relational dynamic that could potentially be served by a mental health professional after the show.

During the interview process, several participants made mention of how a mental health professional could have helped their loved one through different aspects of being in the limelight while on the show and adjusting back to reality thereafter. Three participants addressed the issue of understanding why their spouse and in some instances, themselves, were



overweight to begin with. Out of these three, only one gave notice that the show provided this opportunity, by helping them discover that there was something else going on in their life besides just eating. The other two believed this would have been an area for a therapist to help with not only understanding their weight issues, but with assistance with making meaning of their weight loss once the show was over. Other topics that were discussed by participants was related to being separated from their spouse and not being able to have communication while their partners were involved with the show. For example, most participants suggested that finding a balance adjusting to life without their spouse present could have been helped if they had someone to talk with along the way. Some participants mentioned that assistance coping with juggling household responsibilities and establishing a good support system would have also been helpful. Further, almost all participants reported how limited and strained their communication was with their partner during the show. They elaborated how difficult it was for them to handle situations that came up in the family, without having access to their partners. Respondents felt it would be important for the show to have a therapist to help the couple adjust and build better communication while their spouse was so far away from home. Other issues such as being able to be a part of the journey their partner was going through, helping their partners cope with the “game” aspect of the show, being around different people and conflicting personalities with other contestants were discussed. Even being able to communicate electronically, some participants felt that they could have encouraged and supported their contestant spouse, but were unable to do so.

Lastly, while the majority of the discussion among participants was focused on the experiences while their spouse was on the show or after the show, participants also provided their reflections regarding the utility of mental health services prior to being involved in a reality show. Most participants discussed not having any preparation as individuals or couples which made it difficult for them to manage the changes that occurred. Some of factors that partners had to consider was how separation would impact the normal every-day life for them as individuals, and within the context of couple and family relationships. Partners maintained that it is important for couples to consider how to navigate the redistribution of house-hold duties, develop a solid financial plan to maintain bills, and develop a way to meet the family’s emotional needs when one partner is absent from the home. A mental health professional either provided by the show or accessible prior to involvement in a weight loss intervention was thought of as highly beneficial.

## Discussion

In the study, participants provided insight regarding the complexities inherent in being a spouse of a partner who has been involved with *The Biggest Loser*. While researchers have traditionally viewed obesity and weight loss as an isolated medical disease (Weiss, 2004), in the study, the participants suggest that obesity and weight loss actually impact individual contestants, and their spouses, children, and at times extended family members. The results of the study regarding involvement in weight loss via a reality television program are similar to, but different than research that has been conducted regarding significant or extreme weight loss utilizing bariatric surgery, very low calorie diets, or other competition-based, or incentive-based, weight loss interventions. The results of the study are consistent with research that has been conducted regarding bariatric surgery in that it showed that contestants do not exist in a vacuum (Hafner, 1991). Contestants are embedded in a web of relationships, most notably committed romantic relationships. Similar to weight loss via bariatric surgery (Rand, Kuldau, & Robbins, 1982), spouses of contestants are impacted by the weight loss process. In our study, our participants illuminated the notion that spouses are often invisible and not considered during the weight loss process. Respondents suggested that there are a significant amount of

sacrifices that spouses have to make, to support contestants who may struggle with obesity. Spouses may have to alter their daily living structure to accommodate their spouses weight loss intervention.

While biggest loser contestants do not have to pay for a surgical intervention, they often have to pay in other ways, in loss of wages for the family while involved in *The Biggest Loser* and potentially after the intervention. Spouses also pay sometimes to travel to support their partners when *The Biggest Loser* requests their presence for filming, but do not underwrite the costs. Likewise, spouses pay in non-financial terms in that they lose quality time spent with their partners, while partners are away at the ranch or away participating in other required events. Our results are congruent with research that has been conducted among weight loss surgery patients, in that we found that contestants inadvertently act as “care-givers” as they attempt to provide emotional support after the weight loss intervention (Moore & Cooper, 2016). While there are some positive impacts on couple relationships as there are among couples involved with weight loss surgery (Rand, Kowalske, & Kuldau, 1984), spouses are often tasked with managing the transition process with little support, which can prove to be daunting. Depending on the individual experience of the contestants, spouses may have to deal with partners that may present with mental health issues that mirror symptoms of depression, anxiety, post-traumatic stress disorder or what some may refer to as “Post Traumatic Reality TV Syndrome” (Moore, Cooper, Williams, & Zwierstra, 2017a). Undoubtedly, similar to weight loss surgery patients, some relationships are not able to survive the transition process (Neill, Marshall, & Yale, 1978). Spouses experience conflict in their relationships, which at times may end in breakup or divorce (Ferriby et al., 2015).

Our results differ from that of research among bariatric patients in that our respondents discussed how the impact of weight loss becomes exacerbated when weight loss unfolds on television. Being a spouse of a contestant, subjects the couple and family to an increased level of visibility and scrutiny that one may not experience if not involved in television. In addition to weight loss, contestants and their spouses may be subjected to negative feedback via social media and may receive negative attention from others in their lives, related directly to their real experience on camera or the fabricated depiction of contestants on camera. Further, contestants and their families may be approached by the public, harshly judged, and may even be discriminated against in various contexts, (i.e., existing and future employment), which may make the transition and adjustment more difficult when compared to participation in other weight loss interventions. During our study, spouses provided their perceptions regarding the utility of marriage and family therapists during this process and reported similar results from the previous study (Moore, Cooper, Williams, & Zwierstra, 2017), which are highlighted in the recommendations.

### **Recommendations**

From the study, we recommend that spouses are considered when one partner is involved in a weight loss intervention such as *The Biggest Loser*. We recommend that spouses are involved in the process of preparing all that comes along with weight loss via reality television. Professionals that conduct interventions via reality television must consider the role that spouses have if they truly want to create long-term weight loss and relational success. Spouses and contestants may benefit from meeting with a mental health professional that has expertise in relational dynamics (Licensed Marriage and Family Therapists) to assist the couple with preparing for and successfully transitioning through the weight loss process. Particular to being involved in television, spouses and contestants may benefit from training in how to manage unsolicited comments, and negative attention after being seen on television. In addition, families may benefit from information regarding the impact on employability, and

the further effects on the public image of the reality TV participant after they have been portrayed as a “character” on reality TV. After the reality TV experience and the editing of a person for viewer interest there may be a jarring disconnect for family between the person they know, the person seen on the TV program and the person viewers now believe they know. Couples may benefit from treatment from a marriage and family therapist before involvement with *The Biggest Loser*, while involved with *The Biggest Loser*, and after involvement with *The Biggest Loser* to help mitigate some of these transitions and the effects of a public persona now attached to the person they know intimately. Contestants and spouses may benefit from marriage and family therapists as well as other professionals in the media and entertainment industry that can provide guidance in public relations, social media management, and financial management, among others. We recommend that contestants, their spouses, and immediate family receive psychoeducation and training before involvement in weight loss reality. From an ethical perspective, one might argue that this may be something that should be provided directly by *The Biggest Loser*. From the study, we recommend both individual treatment and conjoint treatment be offered to spouses and their family. One must also acknowledge the potential significant impact on children. Therefore, some attention to children is warranted, in a way that is developmentally appropriate.

### **Limitations**

There were a variety of limitations in the study worth mentioning. This study was rooted in qualitative inquiry, and therefore cannot be generalized to a larger population. However, the purpose of our study was to obtain a rich description of a phenomenon and better understand the experiences of spouses where one partner participated in a unique weight loss intervention. However, our results may be transferrable to other populations beyond weight loss reality television participants and their spouses, regarding (1) weight loss within couple relationships, (i.e., bariatric surgery patients or participants in non-televised incentive or competition-based weight loss programs) and (2) couple relationships and reality television (i.e., non-weight loss reality television shows and its impact on couple relationships). In our study, we were only able to obtain what some may consider to be a small sample size. However, in qualitative research, sample size is obtained through saturation (Pope, Ziebland, & Mays, 2000a), which we achieved. Further, our sample is highly unique due to their celebrity like status, and often a group that has been sought after by the media. Likewise, we had the privilege of having an insider view of a phenomenon that is often not accessible to the public. One potential limitation of the study is that the couples represented were involved in various seasons of *The Biggest Loser*, as opposed to all participating in the same season. It is plausible that each season is unique and therefore possessing unique characteristics. However, having couples represented from various seasons, may actually add to the study in that we were able to capture couples’ experiences over time. Another limitation is that in this study, we interviewed spouses only and did not interview their contestant-partners. However, this was a follow up study to a previous study where contestants were interviewed (Moore, Cooper, Williams, & Zwierstra, 2017a). In addition, we plan to develop a future study where we specifically explore the possibility of interviewing couple dyads.

### **Future Research**

Our research contributes to the scholarly discourse regarding weight loss among couples and specifically illuminates experiences of individuals involved in reality television. We believe our research provides a framework by which future studies can be investigated which include additional inquiries regarding *The Biggest Loser*, research involving other

weight loss reality television shows, research regarding significant weight loss achieved via non-television-based interventions, and research involving non-weight loss reality television shows. Given that the media influences society, (Ferguson, Winegard, & Winegard, 2011) there may be a need to explore the impact that viewing specific shows may have on attitudes, perceptions, mental health, and health related behaviors. It may also be worth it to explore the role of various professionals (marriage and family therapists, among others) in helping clients to address obesity and weight loss in a way that expands treatment to include couples and families.

### References

- Barbarin, O. A., & Tirado, M. (1985). Enmeshment, family processes, and successful treatment of obesity. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 34(1), 115-121.
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal*, 322(7294), 1115-1117.
- Berry, T. R., McLeod, N. C., Pankratow, M., & Walker, J. (2013). Effects of biggest loser exercise depictions on exercise-related attitudes. *American Journal of Health Behavior*, 37(1), 96-103.
- Black, D. R., Gleser, L. J., & Kooyers, K. J. (1990). A meta-analytic evaluation of couples weight-loss programs. *Health Psychology*, 9(3), 330-347.
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research*, 8(1), 137-152.
- Brownell, K. D., Cohen, R. Y., Stunkard, A. J., Felix, M. R., & Cooley, N. B. (1984). Weight loss competitions at the work site: impact on weight, morale and cost-effectiveness. *American Journal of Public Health*, 74(11), 1283-1285.
- Camps, M. A., Zervos, E., Goode, S., & Rosemurgy, A. S. (1996). Impact of bariatric surgery on body image perception and sexuality in morbidly obese patients and their partners. *Obesity Surgery*, 6(4), 356-360.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-130.
- Domoff, S. E., Hinman, N. G., Koball, A. M., Storfer-Isser, A., Carhart, V. L., Baik, K. D., & Carels, R. A. (2012). The effects of reality television on weight bias: An examination of *The Biggest Loser*. *Obesity*, 20(5), 993-998.
- Dymek, M. P., le Grange, D., Neven, K., & Alverdy, J. (2002). Quality of life after gastric bypass surgery: A cross-sectional study. *Obesity Research*, 10, 1135-1142.
- Earvolino-Ramirez, M. (2008). Living with bariatric surgery: Totally different but still evolving. *Bariatric Nursing and Surgical Patient Care*, 3(1), 17-24.
- Faccio, E., Nardin, A., & Cipolletta, S. (2016). Becoming ex-obese: Narrations about identity changes before and after the experience of the bariatric surgery. *Journal of Clinical Nursing*, 25(11-12), 1713-1720.
- Ferguson, C. J., Winegard, B., & Winegard, B. M. (2011). Who is the fairest one of all? How evolution guides peer and media influences on female body dissatisfaction. *Review of General Psychology*, 15(1), 11-28.
- Ferriby, M., Pratt, K. J., Balk, E., Feister, K., Noria, S., & Needleman, B. (2015). Marriage and weight loss surgery: A narrative review of patient and spousal outcomes. *Obesity Surgery*, 25(12), 2436-2442.
- Fothergill, E., Guo, J., Howard, L., Kerns, J. C., Knuth, N. D., Brychta, R., . . . & Hall, K. D. (2016). Persistent metabolic adaptation 6 years after “*The Biggest Loser*” competition. *Obesity*, 24(8), 1612-1619.

- Gallagher, P., Yancy, W. J., Jeffreys, A. S., Coffman, C. J., Weinberger, M., Bosworth, H. B., & Voils, C. I. (2013). Patient self-efficacy and spouse perception of spousal support are associated with lower patient weight: Baseline results from a spousal support behavioral intervention. *Psychology, Health & Medicine, 18*(2), 175-181.
- Hafner, J. (1991). Morbid obesity: Effects on the marital system of weight loss after gastric restriction. *Psychotherapy and Psychosomatics, 56*(3), 162-166.
- Hafner, R. J., & Rogers, J. (1990). Husbands' adjustments to wives' weight loss after gastric restriction for morbid obesity. *International Journal of Obesity, 14*(12), 1069-1078.
- Hafner, R. J., Watts, J. M., & Rogers, J. (1991). Quality of life after gastric bypass for morbid obesity. *International Journal of Obesity, 15*, 555-560.
- Hall, K. D. (2013). Diet versus exercise in "The Biggest Loser" weight loss competition. *Obesity, 21*(5), 957-959.
- Heller, R. J., Gilliam, L. S., Chenail, R. J., & Hall, T. L. (2010). Three authors, one client: A qualitative description of marriage and family therapy initial case documentation. *Journal of Contemporary Family Therapy, 32*, 363-374. doi:10.1007/s10591-010-9130-6.
- Kitzman-Ulrich, H., Wilson, D. K., George, S. M. S., Lawman, H., Segal, M., & Fairchild, A. (2010). The integration of a family systems approach for understanding youth obesity, physical activity, and dietary programs. *Clinical Child and Family Psychology Review, 13*(3), 231-253.
- Kolata, G. (2016, May 2). After 'The Biggest Loser,' their bodies fought to regain weight: Contestants lost hundreds of pounds during Season 8, but gained them back. A study of their struggles helps explain why so many people fail to keep off the weight they lose. *The New York Times*, p. 2.
- Kumanyika, S. K., & Charleston, J. B. (1992). Lose weight and win: a church-based weight loss program for blood pressure control among black women. *Patient Education and Counseling, 19*(1), 19-32.
- Liebl, L., Barnason, S., & Hudson, D. B. (2016). Awakening: A qualitative study on maintaining weight loss after bariatric surgery. *Journal of Clinical Nursing, 25*(7-8), 951-961.
- Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet, 358*(9280), 483-488.
- Marcus, M. D., Kalarchian, M. A., & Courcoulas, A. P. (2009). Psychiatric evaluation and follow-up of bariatric surgery patients. *American Journal of Psychiatry, 166*(3), 285-291.
- Moore, D. D. (2015). Experience of being an insider and an outsider during a qualitative study with men who have experienced significant weight loss. *The Qualitative Report, 20*(1), 87. Retrieved from <https://nsuworks.nova.edu/tqr/vol20/iss1/7/>
- Moore, D. D., & Cooper, C. E. (2016). Life after bariatric surgery: Perceptions of male patients and their intimate relationships. *Journal of Marital and Family Therapy, 42*(3), 495-508.
- Moore, D. D., Cooper, C., Williams, T., & Zwierstra, K. (2017a). Life after NBC's "The Biggest Loser": The experiences and perspectives of former reality TV contestants. *The Qualitative Report, 22*(3), 683. Retrieved from <https://nsuworks.nova.edu/tqr/vol22/iss3/2>
- Moore, D. D., Whitley, L., & Holland, J. (2017b). The desire to be thin: Motivating factors for weight loss among men who auditioned for NBC's *The Biggest Loser*. *Open Access Journal on Obesity, 1*, 101.

- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13-22.
- Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description: The poor cousin of health research? *BMC Medical Research Methodology*, 9(1), 52-56.
- Neill, J. R., Marshall, J. R., & Yale, C. E. (1978). Marital changes after intestinal bypass surgery. *JAMA*, 240(5), 447-450.
- Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 34(5), 1189-1208.
- Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, 16(2), 175-196.
- Pope, C., Ziebland, S., & Mays, N. (2000a). Analysing qualitative data. *British Medical Journal*, 320(7227), 114-116.
- Pope, C., Ziebland, S., & Mays, N. (2000b). Qualitative research in health care: Analysing qualitative data. *British Medical Journal*, 320(7227), 114.
- Rand, C. S., Kowalske, K., & Kuldau, J. M. (1984). Characteristics of marital improvement following obesity surgery. *Psychosomatics*, 25(3), 221-226.
- Rand, C. S., Kuldau, J. M., & Robbins, L. (1982). Surgery for obesity and marriage quality. *JAMA*, 247(10), 1419-1422.
- Sandelowski, M. (2000). Focus on research methods-whatever happened to qualitative description? *Research in Nursing and Health*, 23(4), 334-340.
- Sarwer, D. B., Fabricatore, A. N., Jones-Corneille, L. R., Allison, K. C., Faulconbridge, L. N., & Wadden, T. A. (2008). Psychological issues following bariatric surgery. *Primary Psychiatry*, 15(8), 50-55.
- Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17(10), 1372-1380.
- Tejirian, T., Jensen, C., Lewis, C., Dutson, E., & Mehran, A. (2008). Laparoscopic gastric bypass at a large academic medical center: Lessons learned from the first 1000 cases. *American Surgeon*, 74, 962-966.
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80-96.
- Weiss, F. (2004). Group psychotherapy with obese disordered-eating adults with body-image disturbances: An integrated model. *American Journal of Psychotherapy*, 58, 281-303.
- Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices. *The Counseling Psychologist*, 35(3), 369-403.

### Appendix A, Selected Interview Questions

1. How was the decision for your partner to join the Biggest Loser made?
2. How did you as a romantic couple prepare for having one partner be involved with the biggest loser?
3. What was it like to have your romantic partner be involved in the Biggest Loser?
4. How did your partner's involvement in the Biggest Loser impact your relationship?
5. What was it like for you when your spouse was away?
6. What do you think it was like for your spouse?

7. If there was ever a time that you felt overwhelmed while your spouse was involved with the show, was there anyone that you were able to turn to for help?
8. What was this impact of this experience on your relationship and their relationship with children or other family members?
9. Was there ever a time that you regretted your partner's involvement with the show?
10. What was it like to see your spouse on television?
11. What was it like for you and your spouse after the show was completed?
12. What do you believe are some long-lasting effects of the Biggest Loser on your relationship?
13. Do you have any advice for future couples where one partner joins The Biggest Loser?
14. In what way(s) do you think a therapist may have been helpful for you before the show, during the show, and after the show?

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