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Life After NBC's "The Biggest Loser": The Experiences and Perspectives of Former Reality TV Contestants

Darren D. Moore

Alliant International University, darren.moore@alliant.edu

Clinton Cooper

Mercer University School of Medicine

Toiya Williams

Mercer University School of Medicine

Kai Zwierstra

University of New England

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Abstract

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Keywords

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

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Life after NBC's "The Biggest Loser": The Experiences and Perspectives of Former Reality TV Contestants

Darren D. Moore

Alliant International University, San Francisco, California, USA

Clinton Cooper and Toiya Williams

Mercer University, Macon, Georgia, USA

Kai Zwierstra

University of New England, Biddeford, Maine, USA

Utilizing Qualitative Description influenced by aspects of phenomenology, we conducted fifteen open-ended, semi-structured interviews with former contestants of NBC's "The Biggest Loser." The purpose of the study was to explore experiences of significant weight loss. We focused on challenges, emotional well-being, and relational dynamics of contestants transitioning through their weight loss journeys, which included what happened after the show was completed. Further, we analyzed perspectives regarding the utility of Marriage and Family Therapists (MFTs) in working with this population. In the study, three themes emerged which included: (1) Living at the ranch: It's reality TV, not reality; (2) After the confetti falls: Post-Traumatic Reality TV Syndrome and The Whiplash Effect; and (3) Therapeutic treatment: Much needed but nowhere to be found. The study includes a rich description of the data, as well as a discussion of clinical implications. Keywords: Obesity, Weight Loss, Qualitative Description, Marriage and Family Therapy

NBC's "The Biggest Loser" is a competition-based weight loss reality television show, where individuals (and sometimes couples) are filmed while undergoing significant weight loss transformations. It is a reality television show in which overweight and obese participants are physically, mentally, and emotionally challenged in a contest to lose the most weight. Top health experts and celebrity fitness trainers work with participants on the show to create diet and exercise programs to give their bodies a drastic makeover (Readdy & Ebbeck, 2012). Contestants are often divided into two teams; the losing team, after a team weigh-in, eliminates a player each week. At the end of the show, one final contestant wins a large sum of money—\$250,000 to be exact—after surviving eliminations as well as successfully completing the nutritional and physical challenges that result in losing the most weight (Domoff, Hinman, Koball, Storfer-Isser, Carhart, Baik, & Carels, 2012). In addition, another cash prize is often awarded to the person who loses the most weight after being sent home from the ranch.

According to Yoo (2013), 30 million people tune in during the television season to view overweight, obese, and morbidly obese individuals attempt to lose weight and compete for a cash prize. "The Biggest Loser" has been immensely popular to the extent that the show, originally produced in the United States, is now produced and aired in a number of other countries, (Hall, 2013), including as far east as Australia (Thomas, Hyde, & Komesaroff, 2007).

While the show has been successful in terms of inducing significant weight loss among its participants (as many members lose upwards of 150 pounds while on the show) it has been

highly scrutinized and viewed in a negative way by some scholars and individuals in the media (Yoo, 2013). Specifically, some have alleged that the show portrays unrealistic results of weight loss; perpetuates anti-fat bias, obesity stereotypes, and weight-based stigmatization; and does not prepare participants adequately for the required lifestyle changes needed to sustain weight loss after the show (Berry, McLeod, Pankratow, & Walker, 2013; Domoff et al., 2012; Hall, 2013). For example, contestants are often filmed working out daily for multiple hours, which results in substantial weight loss. While the show portrays significant weight loss, the mechanisms used are unrealistic as most non-contestants cannot lose as much weight in such a condensed period of time and individuals are not able to maintain weight loss after the show. Another example of negative traits that some have described would be in the presentation of challenges where contestants are purposely tempted with food products. When participants are filmed giving in to temptation, it perpetuates a stereotype suggesting that obese individuals are addicts and possess an inability to regulate their food intake. While some individuals may struggle with food intake, it is commonly known that obesity can be caused by a variety of factors, some of which are external to the individual.

Likewise, in the media, a number of former contestants have spoken out about their negative experiences with the show, specifically related to a lack of social support offered by the show's trainers while at the ranch and after the show, as well as the pressure to adhere to inappropriate dieting practices, among other factors (Callahan, 2015). However, outside of the media, there has not been any research conducted and then published to explore the weight loss process of participants who utilize such a unique intervention to induce significant weight loss. In addition, researchers have not explored the process of weight loss from a clinical perspective, specifically as it relates to mental health, emotional well-being, and couple and family relational dynamics after weight loss intervention. Marriage and Family Therapists who increasingly work with obese populations regarding behavior modification as well as when transitioning through the weight loss surgery process (Moore & Cooper, 2016; Pratt, Holowacz, & Walton, 2014) may be uniquely equipped to work with contestants from NBC's "The Biggest Loser" and other weight-loss reality television shows. The purpose of the research study was to explore the experiences and perspectives of individuals who have lost weight via NBC's "The Biggest Loser" and to explore the perspectives of contestants regarding the utility of Marriage and Family Therapists in working with individuals who are transitioning after such a weight-loss intervention. This research is warranted as there has not been any research to date that has been published that specifically explores this phenomenon from a qualitative methodological perspective.

Relevant Literature

When conducting a review of the literature, the researchers found three themes most relevant to the study, which include: (1) The phenomenon of weight loss, (2) Obesity and MFT, and (3) "The Biggest Loser." A description of each theme follows.

The Phenomenon of Weight Loss

Weight loss is a tenuous process with many biological, psychological, environmental, and cultural challenges and barriers to overcome. Common themes noted in weight loss literature list past stigmatizing experiences, low socioeconomic status, difficulties with time management, lack of self-motivation or control, learned attitudes and behaviors about food, internalization of beauty standards, and coping responses among other issues as barriers to weight loss and maintenance (Gupta, 2014; Moore & Cooper, 2016; Roberts, Standage, Olaoye, & Smith, 2015). The most common weight loss intervention, diet therapy, encourages

individuals to expend more calories than they intake—a simple enough concept that can be easily thwarted by lack of self-control or a sedentary lifestyle (Roberts et al., 2015). Similarly, Gupta (2014) and Roberts et al. (2015) found that exercise, lifestyle modifications, bariatric surgery, and cognitive behavioral counseling are other effective weight loss interventions that can be impeded by work and family commitments, lack of monetary resources, and lack of self-motivation.

Of particular interest to the researchers was the effectiveness of group interventions for weight loss and maintenance. Researchers like Albert Bandura, Solomon Asch, Leon Festinger, and Floyd and Gordon Allport long ago discovered the social learning theory and related effects of group dynamics, persuasion, conformity and influence on individual behaviors. Many clinicians have experimented and discovered the benefits of group influence on weight loss (Befort, Donnelly, Sullivan, Ellerbeck, & Perri, 2010; Latner, Stunkard, Wilson, & Jackson, 2006; Nam, 2013). Nackers, Dubyak, Lu, Anton, Dutton, and Perri (2015) conducted a yearlong study on the effects of group dynamics on weight loss and found that greater perceived group conflict correlated with lower weight loss and self-monitoring adherence throughout the study. In addition to the group effects, the study shows just how important the initial stage of intervention is for individuals attempting weight loss as individuals and as group members. Participants of the study who lost the greatest percentage of weight in the first six months of the study continued that trend throughout the remainder of the study (Nackers et al., 2015).

Obesity and MFT

Pratt, Holowacz, and Walton (2014) conducted a research study wherein they had student and licensed marriage and family therapists report information on their current work, trainings, and beliefs about clients dealing with weight-related behaviors (WRB). The researchers found that the majority of survey responders had not been formally trained in working with clients with weight-related behaviors, although many did indicate having worked with the population before. Many students and professionals also indicated that they did not believe family members should be involved in treatment for weight-related goals which researchers thought to be in direct contradiction to the family systems framework of the MFT profession (Pratt, Holowacz, & Walton, 2014).

In addition, Harkaway (2000) opined that obesity was a complex interrelationship of multiple factors that is affected by the relationships that individuals have with friends and family members. The researcher suggests considering how individuals become embedded into various systems and how different systems manage the problem (Harkaway, 2000). Also, noted by Harkaway (2000) is individuals who elected to undergo bariatric surgery have bypassed the problematic resistance to weight loss commonly seen with obesity but many will still regain the weight due to unaddressed pre-surgery weight gaining behaviors.

For marriage and family therapists to truly be of service to any individuals dealing with issues of obesity it is imperative that the problem is addressed systemically if weight is to be lost and that loss is to be maintained. To ignore the social stigmatization, discrimination in the workplace and by medical professionals, and hardships faced in social relationships by this population does a disservice to the client (Moore & Cooper, 2016). The mental health concerns experienced by this population is vast and varied (Harkaway, 2000; Pratt, Holowacz, & Walton, 2014) and thus, in need of greater examination by clinicians.

“The Biggest Loser”

Fothergill et al. (2016) studied contestants from season 8 of “The Biggest Loser,” beginning at the end of the competition and lasting for six years to measure the changes in body

weight, body composition, and resting metabolic rate (calories burned at rest) after extreme weight loss interventions. The researchers found that of the 14 contestants that participated in the study, all but one regained weight lost during the competition. Despite the regain of weight by contestants, their resting metabolic rate (RMR) remained suppressed and those individuals with the greatest weight loss experienced the greatest RMR slowing. Fothergill et al. (2016) note that the metabolic adaptation makes sustained long-term weight loss difficult, but not impossible. Compared to other lifestyle interventions, “The Biggest Loser” was found to be more successful over time.

In May, 2016 the New York Times published an article through an interpersonal lens from the perspective of Danny Cahill, winner of season eight, record-holder of most weight lost during the show, and now 100 pounds heavier than when he won (Kolata, 2016). The piece highlights that Cahill has to eat 800 calories less than another man his same size or else the calories will become fat. A quote from “The Biggest Loser’s” doctor Robert Huizenga, noted that he believed inability to find ongoing support in doctors, psychologists, and physical trainers were also a challenge contestants faced in maintaining the weight loss. An important conclusion drawn by Kolata (2016) is the idea that weight loss and weight maintenance are vastly different concepts that should be approached with different mindsets.

A previous study of Biggest Loser contestants used a simulated computational model of metabolism to determine the relative contribution of diet and exercise on the body (Hall, 2013). The researcher found that, independently, exercise could be predicted to lead to a slight increase in lean mass and greater fat loss compared to diet alone. Hall (2013) indicated that based on his calculations a modest 20 minutes of daily exercise and a 20% caloric decrease would result in the same amount of weight lost as “The Biggest Loser’s” extreme methods did, albeit over the course of years, rather than months.

Perceptions of “The Biggest Loser”

As a result of social and mass media, researchers have found that the stigmatization of obese individuals has increased (Yoo, 2013; Yoo & Kim, 2012). For example, Yoo and Kim (2012) reported that people develop blaming, stereotypical, and negative attitudes about and toward obese people from popular media that tend to depict mainly behavioral factors contributing to obesity rather than other social and environmental factors. In their study utilizing a content analysis methodological approach, which involved reviewing YouTube videos, obese individuals were found to portray a lack of discipline, have an inactive lifestyle, and participate in stereotypical and unhealthy eating behaviors that could affect the perceptions that viewers have of obese individuals (Yoo & Kim, 2012).

Additionally, Yoo (2013) found that after viewing “The Biggest Loser”, audiences had a strong belief that the contestants could control their weight and were responsible for their weight issues. Yoo (2013) also suggested that viewers perceived an internal locus of control in that people can lose weight if they have the willpower to do so and relate this to the television show’s focus on behavioral factors contributing to participants’ weight as well as behavioral solutions for losing weight, thus furthering the stigmatization of obese individuals and the exclusion of other factors that contribute to obesity.

Likewise, Domoff et al. (2012) produced a study in which participants viewed a 40-minute clip of “The Biggest Loser” to examine the influence on weight bias, negativity toward obese individuals, stereotypes, and perceived control over weight. According to researchers, after individuals watched this short clip, they expressed significantly increased anti-fat attitudes, increased belief in controllability over weight, and increased levels of dislike toward obese individuals (Domoff et al., 2012). This perception relates to experiences on the show, as it may create undue pressure for contestants to lose weight out of fear of facing anti-fat

stigma while filming and after the show. The notion of controllability may also contribute to contestants believing that failure at weight loss or gaining weight is their fault as opposed to a problem that exists within a larger complex system. Researchers suggested that perhaps the hard work and effort displayed on the show increased the negative attitudes and overall perception that obese individuals can control their weight; thus, obese individuals have not taken responsibility for their condition. Interestingly, among participants who reported feeling more negatively after watching the clip were those not actively attempting to lose weight and those considered thin. Finally, investigators found that perhaps due to internalized weight bias, obese or overweight participants who observed the clip of obese show contestants succeeding in losing weight viewed themselves more harshly.

Diet and Exercise Practices Depicted on Weight-Loss Shows

Within the scholarly literature, some researchers have suggested that the diet and exercise regimen portrayed on “The Biggest Loser” is unhealthy, and that the television show perpetuates negative stereotypes among obese individuals (Christenson & Ivancin, 2006; Hill, 2005; Sender & Sullivan, 2008; Thomas, Hyde, & Komesaroff, 2007; Yoo, 2013). Throughout Christenson and Ivancin’s (2006) comparison between reality television shows and their positive and negative effects, the researchers repeatedly discuss the unrealistic and unsafe goals depicted in “The Biggest Loser.” They also mentioned that viewers may become so disheartened by unsuccessfully duplicating the dramatic results depicted in the show that they are less likely to adhere to health professionals’ suggestions to make gradual changes over the long term and that their expectations become unsustainable and sometimes dangerous (Christenson & Ivancin, 2006). Researchers have also found that while the show has been designated as an intervention for obese populations, there is more emphasis on dieting and exercise behavior than the emotional health of contestants (Klos, Greenleaf, Paly, Kessler, Shoemaker, & Suchla, 2015). However, all the research that has been conducted thus far has been focused on surveying individuals who have not participated in the show (people who watch the show) or has been focused on content analysis (where researchers view the show and analyze it) (e.g., Domoff, et al., 2012; Hall, 2013; Yoo, 2013; Yoo & Kim, 2012). However, the weight loss process as a phenomenon for individuals who have been on “The Biggest Loser” television show has yet to be explored and published in a scholarly journal.

Synthesis

While barriers and facilitators to weight loss and weight maintenance interventions have been studied, no published research has specifically addressed outcomes after a weight-loss intervention such as NBC’s “The Biggest Loser,” specifically as it relates to emotional well-being, or qualitative research in general. Research on diet, exercise, and lifestyle modification challenges to weight loss and the effectiveness of group interventions are useful in helping researchers deduce possible challenges and shortcomings of “The Biggest Loser,” there is a need for the effectiveness of this particular intervention to be studied as it continues to influence the American people through television and other various media outlets. Likewise, while there has been a significant amount of public scrutiny regarding weight-loss reality television, there has been less discussion regarding the lived experience of contestants, as well as a specific examination of barriers to inducing and maintaining weight loss during and after such an intervention as described by former contestants. There has been a substantial amount of research conducted regarding Marriage and Family Therapists working with obese populations, when applying a systemic theoretical and behavioral framework with clients (see Doherty & Harkaway, 1990; Cravens, Pratt, Palmer, & Amar, 2016; Macchi, Russell, &

White, 2013; or Pratt, Holowacz, & Walton, 2014, for an extensive review). Researchers have also explored how MFTs work with patients transitioning through the weight loss surgery process (Moore & Cooper, 2016). However, there has not been a discussion regarding the ways in which Marriage and Family Therapists may prove to enhance the contestants' lived experience of a competition-based reality television series. Nor has there been a discussion centered on how might MFTs increase the likelihood of contestants maintaining significant weight loss and creating healthy coping behaviors against barriers faced outside of the ranch post-competition. This study aims to begin this discussion through a qualitative exploration of "The Biggest Loser" competitors and their experiences.

Research Questions

The major research question for the study was, "In what ways do former contestants experience and describe their significant weight loss process. Additional research questions included: (1) How do contestants from NBC's "The Biggest Loser" experience significant weight loss; (2) What challenges or barriers occur during the weight loss process; and (3) How might Marriage and Family Therapists assist during the weight loss transition process? Researchers developed these questions to explore the process of weight loss for a unique population and to consider ways in which Marriage and Family Therapists may be able to assist during this period of time. Also, researchers developed these questions to inquire about social support provided during the weight loss process, and to assess the ways that Marriage and Family Therapists may be able to lend their expertise to support individuals who are attempting to achieve weight loss successfully over time both while filming and also after the show. A list of selected interview questions that were developed from the research questions are provided in *Table 1*.

Table 1: Selected Interview Questions

<p><u>Questions regarding Life before Weight Loss Intervention</u></p> <ul style="list-style-type: none"> • What made you decide to pursue significant weight loss via a reality show? <i>Probe:</i> Did anything motivate you in particular? • In your decision to lose weight, did anyone such as family, friends, colleagues, etc. play any role in your decision-making process?
<p><u>Questions regarding Experience During Weight Loss Intervention</u></p> <ul style="list-style-type: none"> • What was it like transitioning to a new environment and starting the weight loss process? • What positive experiences did you have? What negative experiences did you have? • If you could change anything about your experience during this time being on the show, what would it be? • What was it like to lose weight on a reality show?
<p><u>Questions regarding Life After Weight Loss Intervention</u></p> <ul style="list-style-type: none"> • What struggles or pitfalls have you had? • What do you think is important for marriage and family therapists to know about the experience of contestants after being on a show?

Researcher Context

Moore: I am the lead researcher for this study. I am an African American male who is 6ft 2 inches and 195 pounds. At the time of the study, I was an assistant professor who taught in a Marriage and Family Therapy program that was housed within a medical school (but now

I am an Associate Professor and Site Director in Couple and Family Therapy program at another institution). I have a research, teaching, and clinical focus on the topics of obesity, weight loss, eating disorders, and addictions, within individual, couple, family, and larger relational systems and I have a concentration on significant weight loss. I have had my own experience of significant weight loss, losing 180 pounds through non-surgical intervention. Prior to the study, I was somewhat familiar with the television show “The Biggest Loser” but to date have never watched a complete season. Interestingly enough, while I never personally considered the “The Biggest Loser” as a mechanism to promote significant weight loss, I did consider auditioning for another weight loss reality television show a few years ago, before I lost weight on my own.

After losing weight, I have served as a mental health consultant to a number of competition-based and incentive-based weight loss programs also referred to as “challenges” within a community setting, educational setting, and corporate setting. In addition, I have worked as a mental health consultant in the media, which has allowed me the ability to interact with individuals in the television, film, and entertainment industry. This past summer, I was invited to attend an open casting for the 17th season of “The Biggest Loser” by a host of a television show, who was familiar with my research interests. I was able to meet a casting director, meet thousands of hopefuls who were auditioning for the show, and had the opportunity to talk with the television host about possible implications for couples and families as it relates to one’s participation on a reality weight loss television show. From these discussions, I became curious about the experiences and perspectives of individuals who use reality television as a way to lose weight, which contributed to the development of this study.

Cooper: I am the second author. I am a recent graduate of Mercer University’s master of marriage and family therapy program at the time of this study. I am a 26-year-old Caucasian male weighing on average 196 pounds. I have never watched an episode of “The Biggest Loser,” but I am familiar with reality television shows in so much as understanding the concepts of elimination, alliances, and production. Not having experienced any significant weight loss, I on the contrary have made personal efforts to gain weight through diet and exercise in which I have, to date gained over 60 pounds since the start of this endeavor. Through this process, I have gained an interest in exercise, fitness, eating disorders, and the concept of weight and body image in respect to gender and culture.

Williams: I am the third author. I am an African American female and current Marriage and Family Therapy Student at Mercer University School of Medicine. I identify as someone who is interested in exploring topics related to health and obesity due to experiences growing up in my family of origin. I have expressed having an interest in the mechanisms that individuals utilize to induce weight loss, and specifically how I as a mental health professional can consider serving in a social support position.

Zwierstra: I am the fourth author. I am an advanced level graduate student in Social Work and a Body Acceptance Ambassador. I identify as both a scholar and a community stakeholder. I am a 37-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 research regarding the emotional well-being of contestants. Likewise, my insider-status as well as my continued engagement with the weight loss community, uniquely positions me to serve as a content area expert.

Methodology

For this study, the authors (Moore, Cooper, Williams, & Zwierstra) employed the use of qualitative research methodology due to the desire to obtain an in-depth understanding of the experience regarding individuals who have undergone significant weight loss utilizing NBC’s

“The Biggest Loser.” Qualitative research is a method of inquiry that traditionally lends itself well to investigating and describing the lived experiences of individuals or groups (Sandelowski, 2000). In addition, qualitative research has been used to explore the topic of obesity and weight loss among individuals (Byrne, Cooper, & Fairburn, 2003). While there are a variety of ways to utilize qualitative research, for this study, the researchers specifically incorporated Qualitative Description) to focus on gaining a basic description of the experience of weight loss for this particular population group. The authors were also interested in learning about how participants constructed meaning around their experiences of weight loss and their selected weight loss intervention, and therefore utilized some aspects of phenomenology as a theoretical perspective, to assist with underlying the study (Groenewald, 2004).

Qualitative Description

Qualitative Description is a general or basic form of qualitative research methodology, where the overarching emphasis is on obtaining an understanding of the experiences regarding the specific population being investigated. As detailed previously, qualitative research regarding contestants from “The Biggest Loser” has never published to date. Likewise, the authors only know of two quantitative studies that have been conducted which actually used primary data collection from participants (Hall, 2013). Likewise, there is a vast amount of information that has not been captured about participants who utilizes the biggest loser as a mechanism to induce weight loss. Outside of information that has been featured in the media, we are still lacking basic information from a scholarly perspective about contestants and specifically about their experiences and perspectives before, during, and after the Biggest Loser. Therefore, a basic or general understanding of participants’ experiences is warranted, and arguably can be harnessed to gain insight into a novel area of research.

Qualitative Description studies offer a comprehensive summary of an event in the everyday terms of those events. (Sandelowski, 2000). In qualitative description, researchers focus on descriptive validity and interpretive validity (Maxwell, 1992). According to Sandelowski (2000), “researchers conducting qualitative descriptive studies stay closer to their data and to the surface of words and events than researchers conducting grounded theory, phenomenological, ethnographic, or narrative studies approach.” (p. 336). Further qualitative description is less theoretical and philosophical when compared to other types of qualitative research methodological approaches. In addition, with qualitative description, the focus is more so on gaining a description about a particular topic and engaging in exploration. Caelli, Ray, and Mill, (2003), utilize a similar perspective regarding qualitative description and stated the following:

Generic qualitative studies are those that exhibit some or all of the characteristics of qualitative endeavor but rather than focusing the study through the lens of a known methodology they seek to do one of two things: either they combine several methodologies or approaches, or claim no particular methodological viewpoint at all. Generally, the focus of the study is on understanding an experience or an event.

However, part of the interests of the authors was to gain some insight regarding participants lived experiences. Therefore, the authors integrated some aspects of phenomenological inquiry into the study, specifically as it relates to understanding lived experiences through the perspective of participants. Within scholarly literature, it is acceptable for researchers to focus on one methodological approach, while utilizing some aspects of another qualitative research method.

Other prominent researchers have also suggested a shift from theoretical purity to theoretical integration in contemporary qualitative research (Barker & Pistrang, 2004; Sandelowski, 2004). Most notably, Chenail (2011) wrote an article regarding the utilization of “practical experimentation or pragmatic improvisation” as it relates to qualitative research methodology (p. 1713). Chenail further asserts that one, “should embrace a sense of ‘pragmatic curiosity’ to explore an optimal array of methodological choices to meet the needs of your design’s concept which was chosen based upon your research questions” (p. 1714). Chenail also provides a ten-step process that can be utilized when considering ways to address qualitative methodological integration. A more condensed perspective of ways to address or ‘Plumb up’ qualitative research methodology can be found in Chenail (1997), where the author provided a direct approach towards qualitative methods with a focus on the following: “1. Area of Curiosity, 2. Mission Question, 3. Data to be collected and 4. Data Analysis Procedure” (p. 3).

The focus on current study was to gain an understanding of the experience of contestants and to describe it utilizing a basic qualitative approach. While qualitative description is less theoretical, all qualitative inquiry is rooted in epistemology and interpretation. While we authors believe that through qualitative description data validity and consensus is at the forefront of the study, we also acknowledge that there is some degree of interpretation which must be accounted for in the results section. Some of our beliefs are taken from a phenomenological perspective, specifically the notion that knowledge is socially constructed. Locke, Silverman, and Spirduso (2004) suggests that Phenomenology is a philosophic perspective that underlies all qualitative research traditions. Further, a phenomenologist researcher explores the qualities of an experience through interviews, stories, or observations with people who are having the experience (Connelly, 2010). According to McLeod (2003), “the aim of a phenomenological investigation is to illuminate the totality of how some event or human action can be experienced or described” (p. 86). In addition, Dahl and Boss (2005) have identified the following assumptions associated with family therapy phenomenological research:

Knowledge is socially constructed and therefore inherently tentative and incomplete; (2) Because knowledge is socially constructed, objects, events, or situations can mean a variety of things to a variety of people in a family; (3) We can know through both art and science; (4) Common, everyday knowledge about family worlds is epistemologically important; (5) Language and meaning of everyday life are significant; (6) As researchers, we are not separate from the phenomena we study; and (7) Because of the desire for understanding this range of family experiences, the phenomenological approach assumes that everyday knowledge is shared and held by research participants alike. (pp. 65-67)

While phenomenological perspectives and assumptions underlie some aspects of the study, it was not used as a primary research method. Therefore, the researchers did not focus in on various aspects of phenomenology such as considering existential, transcendental or hermeneutic phenomenology approaches, but focused on qualitative description.

Research Design

The purpose of the research study was to analyze the experiences and perspectives of individuals who have lost weight via NBC’s “The Biggest Loser” and to explore the perspectives of contestants regarding the utility of Marriage and Family Therapists in working with individuals who are transitioning after such a weight-loss intervention. The overarching

research questions were: Therefore, the researchers wanted to conduct in-depth, semi-structured interviews with former contestants in order to explore participants' lived experiences. After obtaining approval from the Institutional Review Board (IRB) affiliated with the primary researcher's academic institution, the researchers were able to initiate the recruitment and data collection phases of the study.

Recruitment

In order to capture the targeted audience, the primary researcher utilized social media. Obtaining a sample of individuals that were on a reality television show such as NBC's "The Biggest Loser" was something that had to be approached very strategically. The IRB approved the author's request to post a flier on Facebook and other social media platforms regarding the study. In addition, the lead researcher reached out to individuals known in the media who had been contestants on the popular television show. A social media platform that allows individuals to connect with others via public posts or private direct messaging, Facebook has been utilized in conducted scholarly research and has been viewed as helpful when researchers have attempted to connect with audiences that may be hard to find (Ramo, Rodriguez, Chavez, Sommer, & Prochaska, 2014). In addition, social media such as Facebook is a mechanism for individuals who have garnered celebrity status, national media attention, as well as other notable recognition to connect with individuals who admire them (often called Facebook friends or followers). For the study, the lead investigator posted a recruitment flier about his research on his Facebook page, which can be viewed by the general public.

The flyer provided basic information about the study as well as contact information for individuals who might be interested. In addition, the lead researcher (Moore) had the ability to send individual messages to potential participants. After doing a general search on Yahoo and Google (two popular search engines), Moore came across several websites that provided a list of television show contestants. With the list in hand, the researcher mined for contestants on Facebook and found several individuals who had either personal or public Facebook pages. Moore sent a number of messages to cast members, but did not get a significant response rate. From about 30 messages sent out on social media, Moore only received two responses. One of the persons who responded agreed to be a participant in the study (but eventually became a part of the research team as described below). The fourth author (Zwierstra) was a contestant on NBC's "The Biggest Loser" (Season 3) which aired September 20th, 2006. Zwierstra was the runner-up on the show and has managed to leverage her experience as a contestant into a national career as a spokesperson for positive body image. Zwierstra is also a graduate student completing a degree in social work and expressed an interest in becoming a part of the primary investigator's research team. After meeting with the prospective participant, the researcher decided that the former contestant would become an official member of the research team and would serve primarily in the role as research consultant, stakeholder of the weight-loss reality show contestant community, and recruitment strategist. Due to the Zwierstra's involvement with the research study and her position as someone who holds "insider status" (Moore, 2015), she was able to connect the lead researcher with others from the reality television show community.

Insider status has been shown to be helpful when attempting to obtain data from populations that may be less inclined to participate in research (Few, Stephens, & Rouse-Arnett, 2003). While the study was not originally guided by a Community-Based Participatory Research (CBPR) format (Viswanathan, Ammerman, Eng, Garlehner, Lohr, Griffith, & Webb, 2004), an adaptation of the study allowed Zwierstra to serve as a representative of the weight-loss community. Through a series of facilitated discussions, the Zwierstra conveyed that the reality television weight-loss community is close-knit and has traditionally felt oppressed and

victimized. Therefore, she wanted to serve as a gatekeeper to the community by ensuring that the research could prove meaningful and helpful to the weight-loss community. As a researcher and community stakeholder and via snowball sampling (Biernacki, & Waldorf, 1981), Zwierstra assisted in the recruitment of participants. After Zwierstra communicated with her constituents and provided background information about the study, the lead researcher (Moore) received numerous emails from individuals who expressed an interest in the study. Moore received over 50 emails from former contestants on “The Biggest Loser.” However, a number of the emails consisted of individuals who resided outside of the United States, which disqualified them from participation in the study. While “The Biggest Loser” is also adapted into other countries, this study focused on participants from then US based reality show. Other participants expressed an interest in the study but eventually failed to schedule interviews with Moore or contacted Moore after the recruitment period had closed, or expressed an interest in being interviewed after saturation was met. However, some participants asked that their contact information be stored just in case or for potential participation in a future study.

Before scheduling interviews, the lead researcher reviewed the interview protocol with the research consultant and piloted the interview questions with the recruitment strategist. After the pilot interview, the research consultant suggested a number of changes that would prove to be helpful in making participants feel comfortable being interviewed. The research consultant specifically suggested that contestants be asked about their weight prior to starting the show and at the finale, but communicated that it would not be appropriate to ask about current weight, as this may serve as a trigger for some individuals who have gained weight and have been the subject of scrutiny by the media. The research consultant also suggested adding a couple questions related to how the weight-loss intervention may have impacted one’s ability to obtain gainful employment. The research consultant also clarified some aspects of the study specifically as it relates to the differences between being on the show at the ranch (residential setting) and being on the show at home (after leaving the ranch, but prior to the finale). Once individuals expressed an interest in the study and completed screening for eligibility, they agreed to schedule an interview.

Eligibility Criteria

To be included in the study, potential informants had to meet the following eligibility criteria: (1) had experienced significant weight loss (of more than 50 pounds); (2) had to reside in the United States; and (3) had to be over the age of 21 at the time of the study, but not necessarily at the time of the intervention. Other contextual factors such as race and gender remained open to keep the focus on the shared experience of significant weight loss. The authors selected the United States as the geographical location of interest as “The Biggest Loser” initiated in the United States. While other countries have adapted “The Biggest Loser” format, it may be slightly different than the US based intervention. However, it may be that a future study incorporates contestants who were involved in “The Biggest Loser” in other countries.

Data Collection

Individuals participated in 60- to 120-minute semi-structured interviews which took place either over the phone or via an electronic video conferencing program such as Skype, an online program that has been utilized to conduct research interviews when there is a significant amount of distance between the interviewer and interviewee (Hanna, 2012). At the beginning of the interview, the investigator reviewed the informed consent and asked participants again, if they agreed to participate in the study. After participants confirmed their agreement, the

researcher reviewed the format of the interview which included: (1) Selecting a pseudonym; (2) Reviewing demographic questions; (3) Questions regarding life before weight-loss intervention; (4) Questions regarding experience during weight-loss intervention; (5) Questions regarding life after weight-loss intervention, and asking any follow-up questions. Each participant selected a pseudonym to ensure confidentiality. The demographic section of the interview protocol included asking questions regarding contextual factors such as age, gender, height, weight, marital status, parenting status, religion, and profession, among other factors. Likewise, these additional contextual factors were collected to assess for any unique factors that may have impacted contestant's experience. While these contextual factors were collected, they are not reported in an in-depth way in the results section and are reported in aggregate form due to the desire to ensure confidentiality of the participants.

The interview questions regarding weight loss focused on exploring the experiences before, during, and after the intervention. The wrap-up questions focused on summarizing the interview and discussing social support. The interviews were audio-recorded so that they could be transcribed for analysis. Each audio file was stored in a confidential database that was only accessible with a password. Consistent with qualitative description, the interview questions reflected researchers' objective to ask in-depth questions regarding participants' experiences (Mapp, 2008). During the interviews, the researcher asked a series of probes based on the participants' answers to research questions. In qualitative research, the focus of inquiry is on obtaining depth; sample size is not based on a predetermined number. Therefore, in the study, interviews continued until no new themes emerged—what is referred to as achieving data saturation in qualitative research (Marshall, 1996). Interviews were saved on an audio file and uploaded into a secure database located on the Dr. Moore's computer. A contracted professional received the database for transcribing purposes. Once the interviews were transcribed, the researchers compared the audio files with the transcripts to ensure accuracy.

Credibility and Transferability

As part of ensuring qualitative rigor, the authors made sure to incorporate credibility and transferability, into the research process (Shenton, 2004). As part of the research process, the authors made sure to develop the overarching research questions out of the existing literature. The existing literature and gaps of the literature assisted with developing the rationale for the study. The research team members engaged in reflexive work to identify any biases when approaching the research process (Richardson & St. Pierre, 2005). Before starting the study and throughout the study, Moore, Cooper, Williams, and Zwierstra engaged in writing about thoughts, ideas, assumptions, personal experiences, and epistemology as related to the research study. According to Creswell and Miller (2000), "[Reflexivity] is the process whereby researchers report on personal beliefs, values, and biases that may shape their inquiry" (p. 127). The use of bracketing (Chan, Fung, & Chien, 2013), was also implemented by all members of the research team prior to and throughout the study in addition to reflexivity. Other useful techniques to ensure credibility included analysis of all cases including negative cases (Mays & Pope, 2000). In addition, the research team used triangulation to institute credibility (Krefting, 1991). Data was triangulated to assist with credibility by incorporating a research team as well as a disinterested consultant which provided peer debriefing (Lincoln & Guba, 1985).

In addition, the researchers conducted member checking (Creswell & Miller, 2000) and provided an opportunity for participants to have a copy of their individual transcripts. If any questions required clarification, researchers contacted participants and solicited the requisite information. Transferability was incorporated by gaining a rich description of the phenomenon and by making inferences regarding the larger population. According to Jasper (1994), "Transferability refers to the ability of the researcher to "generate theories which will provide

descriptive data of a phenomenon which can be used to guide wider- and larger-scale studies from an informed starting point” (p. 313). The researchers also utilized the emerging themes to inform the literature and pose questions that may be investigated in future qualitative and quantitative studies regarding obese populations and others involved in the weight-loss process. The researcher incorporated an audit trail as well to promote confirmability. Specifically, the author made sure to maintain a pristine historical account of the research process in an effort to produce a study that lends itself to duplication.

Analysis

After the interviews were transcribed and checked for accuracy by Dr. Moore, the transcripts were de-identified and dispersed to members of the research team (Cooper, Williams, and Zwierstra). All members of the research team reviewed transcripts independently, prior to engaging in interaction and dialogue with other members of the research team. This was conducted to allow each member of the research team autonomy and the ability to immerse themselves in the data, without outside influence from other members of the team. This was also conducted to facilitate immersion, incubation, and reflection, as well as creative synthesis, (Dahl & Boss, 2005). Each individual team member read over the transcripts and made notes in the margins regarding key ideas, thoughts, observations, and concepts that emerged, but specifically coded selected transcripts as it related to the specific research questions. Likewise, this process included each researcher engaging in intensive comparison (Boeije, 2002). The members of the research team conducted a line-by-line text analysis and developed preliminary codes which were informed by the research question and then discussed with the entire research team. Microsoft Word was utilized to code transcripts, specifically highlighting text and writing corresponding code using comment boxes. This process included coding and searching for elements of consensus as well as areas where inconsistencies existed across the transcripts.

Coding involved reviewing transcripts multiple times, making initial codes, and then reworking codes simultaneously all related to capturing the essence of participants’ experiences and answering the overarching research question. During the coding process, Moore, Cooper, Williams, and Zwierstra searched for words, thoughts, expressions, and key phrases, which illuminated the experience of contestants. Research team members assigned codes to text and then inserted them into a database that was used to show patterns in the research across all participants based on the research questions. According to Miles and Huberman (1994), “codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study” (p. 56).

The research team compared the codes that emerged in all of the interviews and searched for commonalities to assist with developing the overarching themes which specifically answered the research questions. Themes included common occurrences, trends in the narratives of each individual, shared patterns, consistencies, and periods of inconsistencies. This occurred through interaction and dialogue where each member shared their perspectives of the transcripts. Likewise, Dr. Moore shared some observations from notes taken during each individual interview, such as reporting on participants’ tone of voice, intonation, speech rate, pitch, among other paralinguistic meta-communication. This process also referred to as re-contextualization, consisted of the research team examining codes for patterns and then reintegrating, organizing, and reducing the data around central themes (Starks & Trinidad, 2007, p. 1375).

During this process, the research team met together to discuss the findings and develop a final category list, as well as the final themes for the study. The database that was created consisted of text from each participant as it relates to a total of 15 categories which related to the research questions. The 15 categories were used to develop the final list of the emerging

themes. Some of the categories included such topics as, motivation, previous attempts at weight loss, preparation, identify, mental health, positive experiences, negative experiences, thoughts about competing again, desired changes, transition after the show, thoughts about MFT. The themes that emerged are reported in the “Results” section of the article.

Demographics of Participants

Due to the highly sensitive nature of the study, only averages for participants and selected demographic information served as viable discussion topics. Former contestants agreed to participate in our study based on it being confidential and we believe providing information about location, age, race/ethnicity, could potentially risk violating their confidentiality. While we would like to provide a brief description of each participant as is done in some qualitative studies (De Felice, 2012) we believe that with the notoriety that our participants have obtained and the vast amount of public scrutiny that they have experienced, we must ensure the confidentiality of the participants. Our participants were on the highest rated weight loss reality show in the world and were viewed by millions across the globe. In addition, their names and demographic information has been posted online everywhere. After reflecting on our process, including gaining insider information from our fourth author (Zwierestra) we assert that (1) This is the first of its kind in terms of qualitative data collected and published regarding participants from NBC’s “The Biggest Loser,” (2) our population is a part of a vulnerable group and an extremely difficult group to sample, and (3) our population has been victimized and taken advantage of in the media, impacting self as well as couple/family relationships and therefore must be protected as it relates to their individual identify.

A total of 15 individuals agreed to participate in the study, a total of six males and nine females. Participants reported living in a variety of locations within the United States. The average age of the participants in the study was 37. Individuals represented a variety of “Biggest Loser” seasons, with some participating in earlier seasons (Seasons 1-8) and others in more recent seasons (9-16). In terms of relationship status, seven of the participants reported being in a committed relationship during the show, and six participants reported having children. In terms of employment, contestants mainly reported having professions that would be classified as service oriented work (ten participants) or business related work (five participants). Contestants were asked about religious preference, nine participants reported having some religious preference related to Christianity, among other religious and six participants mentioned not having a religious preference. During the interview, researchers asked respondents about any health issues prior to and after the show. Nine out of 15 participants reported having some type of health issue related to their obesity status prior to the show, including hypertension, diabetes mellitus, obstructive sleep apnea, and various eating disorders. A total of eight out of the nine individuals who reported a medical or clinical issue prior to starting the show reported a significant reduction or complete alleviation of their pre-existing condition by the time of the show’s finale or shortly thereafter. The average height of the participants was reported as 5 feet, 8 inches or 68 inches. The average weight reported prior to starting “The Biggest Loser” was 305 pounds. Therefore, the average Body Mass Index of participants prior to beginning the competition was 46.4, which is categorized as Class III, Very Severely Obese. The average weight reported at the show’s finale was 192 pounds, with an average weight loss of 113 pounds. Therefore, the average Body Mass Index at the finale was 29.2, which is categorized as Overweight. For a list of selected demographics, see *Table 2* below.

Table 2: Selected Demographics

Total Number of Participants	Average Height	Average Weight Before Show	Average BMI Before Show	Average Weight After Show	Average Body Mass Index At Finale	Average Total Weight Loss
N=15	5'8" or 68 Inches	305 Pounds	46.4 Obese Class III: Very Severely Obese	192 Pounds	29.2 Overweight	113 Pounds

Results

In the study, three major themes emerged, which assisted with answering the overarching research question. The first theme that emerged was “Living at the ranch: It’s reality TV, not reality.” This theme represents the experience of contestants as they shifted from their lives before joining “The Biggest Loser” to being fully casted on the show. There were three sub themes which included, “Drama, Competition, and Isolation.” The second theme that was found was “After the confetti falls: Post-Traumatic Reality TV Syndrome and The Whiplash Effect.” The second theme further addressed the overarching research question specifically as it relates to the transition from being a contestant on the show to life after taping has ceased. The second theme had three sub themes that materialized, which included, “Lack of support, Fame, and lack of Education.” The third theme that emerged was, “Therapeutic treatment: Much needed but nowhere to be found.” This theme provided information about contestants’ perspectives regarding mental health and the utilization of Marriage and Family Therapists during their weight loss journey. The third theme had three sub themes which included, “Pre-show, During the show, and After the show.” A conceptual model regarding the themes and relational patterns can be found in Appendix A.

Theme 1: Living at the ranch: It’s reality TV, not reality.

I guess I don’t think this show markets itself exactly the way it is. [...] Like, yeah, it’s trying to help people; meanwhile, it’s all about competition. They don’t care about your weight loss; they care about the competition, they care about the drama. (Cindy)

The first major theme noted in this study was that participants emphasized that the show was never what they expected it to be. While they were familiar with the fact that they applied for a weight loss reality show, they were not necessarily prepared for what they would encounter as they transitioned from being a person from the general public who struggled with obesity, to becoming a contestant on a highly-viewed television show. Contestants reported that they had very limited knowledge regarding the show. Most participants reported that they never watched the show or reported that they only viewed a few episodes of the show, but were not necessarily as familiar as one might imagine (n=15).

Drama

As stated above in the opening quote by Cindy, many contestants felt that there was more of a focus on the drama that could result in higher ratings for the show than on the actual weight loss and health of the cast members. The greater focus on manufactured drama led Lola to state that contestants “were just a product for entertainment and it wasn’t about our health.” In fact, 13 of 15 participants reported having conflict with their personal trainers or production staff members regarding the way that they were treated. An overwhelming majority of participants (N=14) reported that they were not prepared for the manipulation that would occur on the show that they perceived to be orchestrated by television producers and staff. With the exception of one participant who reported that they felt prepared due to studying previous episodes, participants reported that they were completely going into the show as if they were blind. For example, when discussing preparation one contestant (Olivia Benson) stated, “Boy if I knew then what I know now. I didn’t at all [prepare] I mean we really went in very, very blind.” Likewise, Tracy had a similar perspective and when asked about preparation stated, “I didn’t know what we were getting into.” Participants reported that the show focused on ratings, and therefore would emphasize drama in efforts to sensationalize the show. One participant elaborated on the drama they experienced and reported that staff allowed things to occur and created opportunities to increase conflict among cast mates. “B” stated the following:

They tried to start a battle at one point in time... Marriages have been broken up on the show and it was condoned by production. Marriages, relationships that started on the show (which was) against our contract and everything, production let it go... They turned a blind eye to whatever they wanted to... they were all about making money. You know if it made us miserable it was good for TV, is basically what we were told that was their angle. If you could start a fight with somebody it was good for TV.

Competition

Contestants also reported conflict with other participants relating to the competition or “playing the game” as well as the antics of the trainers and producers. According to Olivia Benson, “They would feed words to other contestants for what they should say when we were all together.” In addition, Olivia Benson reported that “if the trainers didn’t like you, they would create plans and ploys to vote you off.” While many contestants seemed to fall victim to the games of the trainers and staff, Leilani stated that contestants found a way to outmaneuver the producers by purposefully being combative and competitive on-camera to create drama. Off-camera, Leilani said the castmates “were all trash talking, but we told each other what we were saying so that nothing would be a surprise when the show aired.”

A few participants even reported that producers and trainers manufactured weight-loss results in order to make transformations appear more extreme and increase competition. Although people were required to work out for the majority of their day and limit their calorie intake, Olivia Benson later discovered that on this particular season, “There were drugs being handed out, caffeine pills and energy and all sorts of things like that.” While the show was touting itself as a healthy training ground, some contestants “went down to 800 calories a day to be competitive,” existed on “liquid diets,” and “worked out a ton, 10-15 hours a day,” in order to remain on the show or keep up pretenses for viewers at home. Tracy recalls being told to get up in the middle of the night and workout with a lot of clothes on “for an hour and just sweat out water weight” in order to “lose more weight at the weigh-in.”

Isolation

For some participants (N=13), however, life at the ranch was difficult because of isolation from the real world. Because daily phone calls were not an option, Will wrote letters to keep in touch with family members. Myron felt “emotionally deprived” because, as a contestant, “you didn’t see or talk to your family for months on in.” There were times when contestants missed special family events, some holidays, and had to struggle with being alone. While most participants reported that they missed their families, there was one participant who viewed being away as a positive thing. The participant reported that being away provided the necessary time to focus on one’s health without having to be concerned about what is going on in the real world. Another participant discussed not necessarily having the best situation at home so being away was a good thing.

However, despite the contrived drama, the extreme weight-loss methods, and isolation from the real world, 11 of 15 participants used the reality show format as a method of weight loss. Two participants expressed indecision about returning to the ranch as a method of intervention. Two participants decided against joining the show again even if given the opportunity. The majority consensus, however, was that if participants had to do it all over again, they would be willing to return to the ranch.

Theme 2: After the Confetti Falls: Post-Traumatic Reality TV Syndrome and The Whiplash Effect

No, literally, when that confetti falls and you go on the plane the next morning, you’re done. That’s it. You could reach out to anyone you want, but no one is there to help you; they’re not obligated to do anything for you anymore. (Olivia Benson)

The second theme addresses the research question regarding experiences of significant weight loss and specifically challenges and barriers as individual transitions after such a weight-loss intervention.

Lack of Support

Individuals in the study mentioned a lack of social support provided after the show, which proves to be problematic as these former contestants make attempts to utilize the interventions that they have learned in the real world, while coping with the proverbial high of being on television. One respondent in particular coined the term, “Post-Traumatic Reality TV Syndrome” when describing the experience of life after the show. Leilani stated the following:

But it is almost like Post-Traumatic Reality TV Show Syndrome. It’s definitely not like anything else anyone has ever experienced before. It’s like living in a fishbowl for 15 minutes. And then you get out: “Like, why isn’t anybody paying attention to me? Oh, because I’m a real person; I’m not a television personality.

The majority of participants also addressed the negative experience of being scrutinized by others. After the show, the majority of participants experienced some weight regain, which they found to be difficult to handle. These individuals reported that people would make unflattering comments about their weight regain in public. Some also mentioned being followed while attempting to shop in a grocery store. Participants reported that random people would make comments about what was in the former contestants’ grocery baskets, which made

participants not want to go out in public. Social media was also mentioned as a contributor to participants' negative experiences after losing weight. They reported that individuals would post comments on public social networking sites regarding body size, shape, as well as references to other items on the show.

Due to "frankenbiting" (Gleason, 2013), scenes on the show may have been created and some participants reported being characterized in a negative way, based on events or scenarios that did not actually occur as depicted on camera. Individuals in the study mentioned that people who view the show feel as if they "know" the contestants and, in return, have no problem writing harsh comments on social media. Participants reported the difficulty of reading negative posts about them and verbalized that this contributed to internalization and a negative self-image. Respondents mentioned being admired at times, yet feeling alone and trying to adjust to being back in their home environment, while experiencing a lack of social support and mental health resources.

Fame

Participants discussed the complexities inherent in experiencing significant weight loss on television. Individuals reported initially feeling the sensation of fame after the show's conclusion. All participants in the study mentioned periods of being noticed and admired by individuals in their hometown and while traveling. These individuals expressed feeling cared for, appreciated, and regarded as ambassadors of health and fitness. As former contestants, they reported being approached for guest appearances on local and national television shows and speaking engagements, as well as to lead health and wellness initiatives and endorse products in the media, among other opportunities. Participants essentially reported experiencing their version of "15 minutes of fame." Participants reported being approached to do promotions for "The Biggest Loser" in an effort to drum up excitement for the next season.

These former contestants also mentioned that people would ask them about all the "secrets," strategies, and interventions to address weight loss. However, participants mentioned that while they experienced the joys of being viewed as weight-loss celebrities, a point in time arrived when this fame faded. During the study, individuals mentioned that a variety of factors determined one's level of fame including the following: (1) How much weight was lost; (2) The story line of the individual (real or fabricated); (3) How far the contestant made it during the competition (in the top 3 or not); (4) If the producers liked the contestant; (5) If the individual eventually won; and (6) If the individual personally made attempts to extend her/his fame by launching a business. While the "fame" was good while it lasted, most participants reported that it went away. Leilani mentioned that after the confetti falls, there is a lack of support from the show's trainers and staff. While initially catapulted into the limelight, participants eventually felt alone, neglected, and discarded.

While these former contestants not only referred to life after weight loss as traumatic, they also mentioned this was unexpected. As mentioned previously, 15 out of 15 participants reported that they did not prepare for their weight-loss intervention. Likewise, they alluded to a lack of preparation as to what life would be after losing weight. One respondent equated the trauma as experiencing "whiplash." For example, when discussing life after weight loss and the experience of fame, Olivia Benson stated the following:

When it's happening, you don't think much of it because you're just going about your business, but I think it's interesting. The thing that's interesting about the whole process is—I call it "The Whiplash Effect"—it's like you get in a car accident; you know you're in a car accident, but you don't realize the extent of your injury until a few days later. Well, in this case, the whiplash is a few

months, a few years later. And it's at the time when you start to look back at the experiences and you go, "Oh my God, like, that was a little surreal.

Lack of Education

Participants reported that while they had undergone significant weight loss and experienced some of the positive aspects of notoriety, they also experienced some difficulties associated with losing weight on television. Individuals reported that they realized that while they did learn some new strategies to assist with inducing weight loss, they did not necessarily learn how to address some of the underlying issues such as eating disorders or other mental health issues (depression and anxiety, among others). Therefore, some of the issues that they confronted prior to their weight-loss intervention still existed after weight loss. They also realized that some of the strategies that they implemented to lose weight (working out every day for multiple hours while secluded at the ranch) were not necessarily sustainable in their home environment. Participants reported that back in the "real world" participants had the responsibility of having to go to their jobs and be present for their intimate and/or family relationships; as a result, they did not have the ability to devote as much time to exercise and fitness. Participants also mentioned feeling alone in that they did not necessarily have friends and family who understood what it truly means to be on a television show with a camera filming your every move.

Theme 3: Therapeutic Treatment: Much Needed but Nowhere to be Found

I think if I had met with a therapist prior and they had prepared me by way of just saying, 'Okay, this is obviously more than a TV show and this is about your life's journey; it's more than the camera in your face. (Rikel)

The last theme that surfaced was related to contestants' experiences and perspectives regarding access to and utilization of mental health services during their weight loss process. Most participants reported that no mental health treatment was provided in efforts to prepare contestants for the show, there was some variation regarding access to mental health services while on the show. Likewise, participants reported no access to mental health treatment after the show.

Pre-Show

Prior to committing to be on "The Biggest Loser," none of the participants reported seeking any kind of professional therapy, counseling, or mental health assistance to prepare for their reality TV experience. In retrospect, 11 out of the 15 participants suggested that counseling prior to going through this intervention could have been beneficial to them. Topics related to what to expect after the show, the mental and physical challenges ahead of them, the effects of being away from family, and the relationship between being overweight and eating habits were all subjects that participants mentioned as potentially beneficial to address prior to being on the show. For example, Myron reported:

I think I had a lot of illusions about what it would be like to be on the show, on TV, just a lot of what was going to happen in my life could have been helped had I been mentally prepared; this is what it's going to look like.

Twelve individuals reported that they had a mental health professional accessible to them while on the show. However, participants reported various levels of access or contact with the provided professional, and some reported not having access at all. For instance, Lola stated:

Umm, supposedly there was a person that administered some sort of a test and I wish I remembered and asked him some questions about it, but it was a really long questionnaire... it seemed to be more of a personality thing though, like how we interact with others. After we were eliminated, that same man was in the van... and he asked us questions about how we were feeling... and then we never saw him again.

During the Show

The majority of participants reported having access to a mental health professional specifically during the “onboarding process” which is the time when individuals undergo an assessment to determine whether or not persons meet the criteria to serve as contestants on the show. Participants explained that the mental health professional was responsible for conducting an assessment prior to anyone being cast on the show; this evaluation highlighted personality characteristics that might be helpful for TV ratings. Two participants mentioned encountering a mental health professional during casting and elimination only. Two others reported having access, but not finding any value in taking advantage of those services at the time. Two additional participants reported having access to the mental health professional, but mentioned that this counseling was not available on the weekends, in addition to a delay in the time it took to meet with the professional. Additionally, some individuals reported that they thought that the mental health professional was available only for emergency situations while at the ranch.

Six participants utilized the provided access to a mental health professional either during their time of sequestration (the time after being cast in the show, but before being admitted to the ranch) or routinely while on the ranch. Rikel spoke with the professional during the onboarding process and recounted,

So even though I didn't meet with a therapist [while on the show], I do consider the time that I spent with him—which was very, very brief... but it was behind a closed office door without cameras... it was a pivotal moment for me.

After the Show

Despite reports of different access and utilization of a mental health professional before or during the show, only one participant reported having any access to mental health assistance after the show. Even those who had access during the show reported that as soon as the season ended, so did their contact with any services or support. For example, Leilani:

I think my experience on “The Biggest Loser” was a little different from everybody because we met with a therapist, well, NBC had us meet with a therapist prior to going on the show... and I got to actually do phone consultations with the show's therapist during the entire show. I was in therapy the whole time, but once the finale was done, it was done.

While some participants sought professional help on their own after the show, every participant advocated that some form of counseling would have been beneficial after the show's conclusion. When asked how a Marriage and Family Therapist might have been helpful after

the show, participants suggested having assistance in physically maintaining weight loss; mentally in understanding the relationship and habits between their weight and abuse of food; pressures from society and people recognizing them in public, adjusting to “normal” life after being a celebrity; building self-esteem and challenging the image of how the show portrayed them; and relationally in communicating with their families after this drastic change in life and after having been away from their families for extended periods of time, among many others.

Discussion

Eager and desperate to achieve substantial weight loss, participants elected to sign up for the reality show, but may not have been fully advised as to what to expect during the entire process including life on the ranch and life after taping. Not being familiar with the show, combined with not being adequately prepared for what to expect may have been a great composite for the making of a television show, but it was not necessarily helpful for participants who were thinking they would be focused exclusively on weight loss. Many of the participants agreed with the notion that “The Biggest Loser” is not a weight loss intervention or a “fat camp,” but is a television show marketed as a “fat camp” or weight loss intervention.

In reviewing all three themes, it is necessary to consider the overall experience of participants. Each individual simultaneously experienced multiple aspects of each theme, all while interacting with other participants while on the show or with family, friends, and community after the show. Based on the findings, we gain some insight that from the “onboarding process,” throughout the show, and after the show, participants could have benefited from the utilization of therapy for multiple reasons including preparation, working through the stress and drama of being on television, returning to the community under scrutiny from the public, and combating comorbidities and unhealthy lifestyles that existed prior to and returning after the show was over. Not only were participants strenuously working to lose weight and their bodies undergoing extreme changes in a short amount of time, but they were also dealing with issues with other contestants, their own personal issues, and the isolation of being away from family. Throughout this time in the participants’ lives, they were influenced by different aspects of each theme, creating their experience. As a result, the aforementioned themes have been disseminated from the participant’s recount of their experiences in a very real and personal way.

The purpose of the research study was to explore the topic of significant weight loss with a special interest in the experiences and perspectives of individuals who utilized a unique intervention such as a reality television show. Interestingly enough, contestants posited that weight loss on a reality television show is inherently complex. On one hand, individuals reported on the success of weight loss, albeit initially, as well as the fame associated with being on television. However, participants also discussed difficulties associated with being involved with such an intervention while at the ranch and after taping. Being on television while attempting to lose weight appears to have both positive and negative components, which individuals may not necessarily be aware of prior to the implementation. Similar to other weight-loss interventions such as bariatric surgery (Moore & Cooper, 2016), participants experience times of contentment with the weight loss process as well as times when fraught with difficulties.

While participants verbalized that they experienced significant barriers, the majority reported that they would join the cast of the show again, if given the opportunity. At the same time, there appears to be a lack of preparation for such a thrilling and potentially life-altering intervention, which may prove to be problematic if not considered in the future. The contestants’ experiences are unfortunately consistent with the existing literature (Domoff et al., 2012; Yoo, 2013) which supports the overly simplistic perception of weight loss being rooted

in one's internal locus of control. While individuals did lose weight, their success and their failure rested on their level of self-control and willpower. Contestants' real-life experiences (when at the ranch, after leaving the ranch, and after the show) support the notion that contestants and contestants alone are responsible for their own weight loss.

The practice of making weight loss an individual's responsibility excises others from the process. Therefore, there is a lack of focus and emphasis on viewing obesity and weight loss as a systemic issue, which would require that multiple individuals work collaboratively to combat the problem. Viewing obesity only in terms of diet and exercise arguably provides a limited scope into the multiplicity of obesity's causes which may extend far beyond caloric intake and expenditure. The fact that participants struggled before the show (presumably), experienced difficulties on the show, and reported eating disorders, issues with body image and weight regain after the show suggest that a more systemic and holistic perspective may be warranted. Respondents' negative experiences while grocery shopping or when on social media may suggest that the show (through its emphasis on self-control) perpetuates stigma against obese individuals. The potential to perpetuate obesity stigma and perhaps weight bias is also consistent with the current literature (Berry et al., 2013; Yoo & Kim, 2012). Likewise, an overemphasis on competition and the reported use of unhealthy practices is consistent with the current literature (Christenson & Ivancin, 2006).

During the study, participants discussed the barriers that they encountered while on the show and after the show. Consistent with other weight-loss processes (Moore & Cooper, 2016), respondents appeared to find utility in having a Marriage and Family Therapist involved during the weight-loss process. Therefore, it may be worth it to consider ways that Marriage and Family Therapists could work collaboratively with personal trainers, television show producers, and contestants to ensure that contestants possess the skills necessary to matriculate through the weight loss process successfully. Likewise, when considering the emerging themes and the bidirectional aspects of each theme, it is interesting that participants started the show classified as obese and after the show most are classified as obese, despite losing a significant amount of weight on the show. This suggests that although the show teaches some ways to lose weight, additional components such as mental health may be warranted to assist with inducing weight loss and assist with the potential trauma of losing weight and regaining it, as well as losing weight in such a public way.

Clinical Implications and Recommendations for Show Producers

The participants of this study have highlighted that maintenance of contestants' weight loss and the accompanying emotional and mental aspects of this process represent significant issues that "The Biggest Loser," in its current format, does not tackle. The singular focus on participants' physical appearance—not health—has contributed to unexpected harm to these individuals in various ways. In order for "The Biggest Loser" to continue marketing itself as a healthful intervention method, the show also needs to address mental health. A Licensed Marriage and Family Therapist (LMFT) could be instrumental in revamping the show so that all of the participants' needs are met. The most immediate benefit that an LMFT could provide to participants could be in the form of group therapy to address the relationship they have with food, stigmas about obesity, negative self-images, and the stressors of the show. Individual therapy with participants on the show could help individuals to create plans of action for life after the show. Daily visits with an LMFT might be useful for contestants to learn conflict-management skills as well. In addition, an LMFT could help to normalize the emotions participants experience regarding their weight change so that individuals understand that anxiety and unease about body transformations are common.

The fact that participants of the study experienced stress after the show is evident. To help the show's participants deal with this phase of life, family therapy could be important. Creating an understanding and genuine support system may help individuals as they navigate through their sudden fame, rediscover themselves post-weight loss, and implement healthy lifestyle changes to maintain the weight loss. Family therapy may also help family members get to know the participants as new people and help the entire family unit to learn interpersonal communication skills that may help in maintaining important familial relationships.

Recommendations for Past and Future Contestants

Future contestants of reality weight-loss TV would benefit by educating themselves as much as possible about the process and pitfalls other contestants have faced in order to gain some understanding of what they may endure. While this may be a daunting task due to the restrictions placed on former contestants and secrecy surrounding the process, the information that is available shows the merit of taking steps like building a personal support system both before and after time on "The Biggest Loser." In addition, a support system in place following the experience that includes professionals from multiple disciplines may help with mental and physical health of the contestants. It is important to note that former contestants can recover from negative experiences that result from these implemented weight-loss methods and publicity associated with this reality TV encounter, by engaging a support team of professionals; including but not limited to a registered dietician, medical doctor, exercise physiologist, and LMFT. Relationships have proven to have a strong influence on longevity and long-term health (House, Landis, & Umberson, 1988), thus including family and friends in the recovery process, strengthening the relationships that may have suffered during the isolation periods of weight-loss reality TV, and working with those people alongside professionals will also aid in leading a healthier life.

Implications for Training and Education

The research findings demonstrate the increasing importance in understanding the obese and reality television participant populations. Amongst the current AAMFT-accredited programs for higher education, most do not include training in these areas. Incorporating this and other related research into the graduate school curriculum would be vastly beneficial as both populations are ever growing. Marriage and Family Therapists could benefit from this particularly as it pertains to working with individuals, couples, or a family system contextually as one or more members lose weight or are no longer involved with a reality television show. Likewise, furthering education on these topics highlight the influence that marriage and family therapist educators have in training future therapists. These educators' objectives include informing students, clients, physicians, producers of reality television shows, and the general public about the changes and needs of individuals who are obese as well as participants on a weight-loss reality television show.

Limitations and Future Research

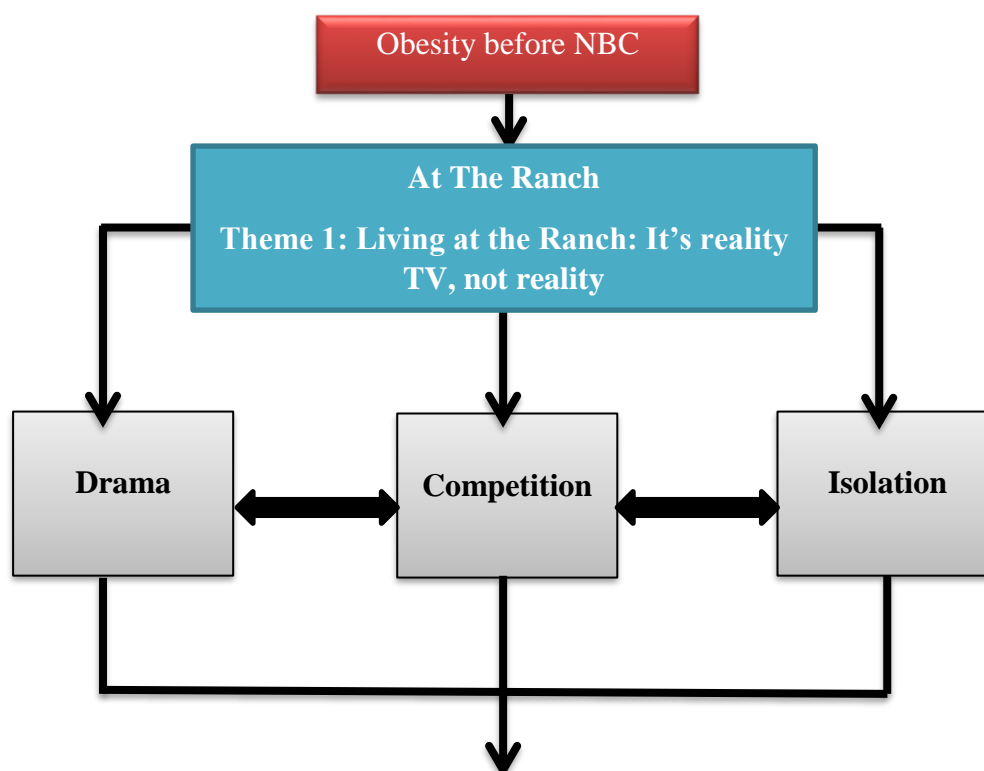
To date, this study is one of the first published research studies specifically addressing individuals who have undergone weight loss utilizing a reality television show as the intervention. While individuals have published scholarly articles regarding the popular television show NBC's "The Biggest Loser" (Thomas, Hyde, & Komesaroff, 2007), this is the first published study that actually included contestants' interviews. Due to the nature of the weight-loss intervention (NBC's "The Biggest Loser") and the need for respondents'

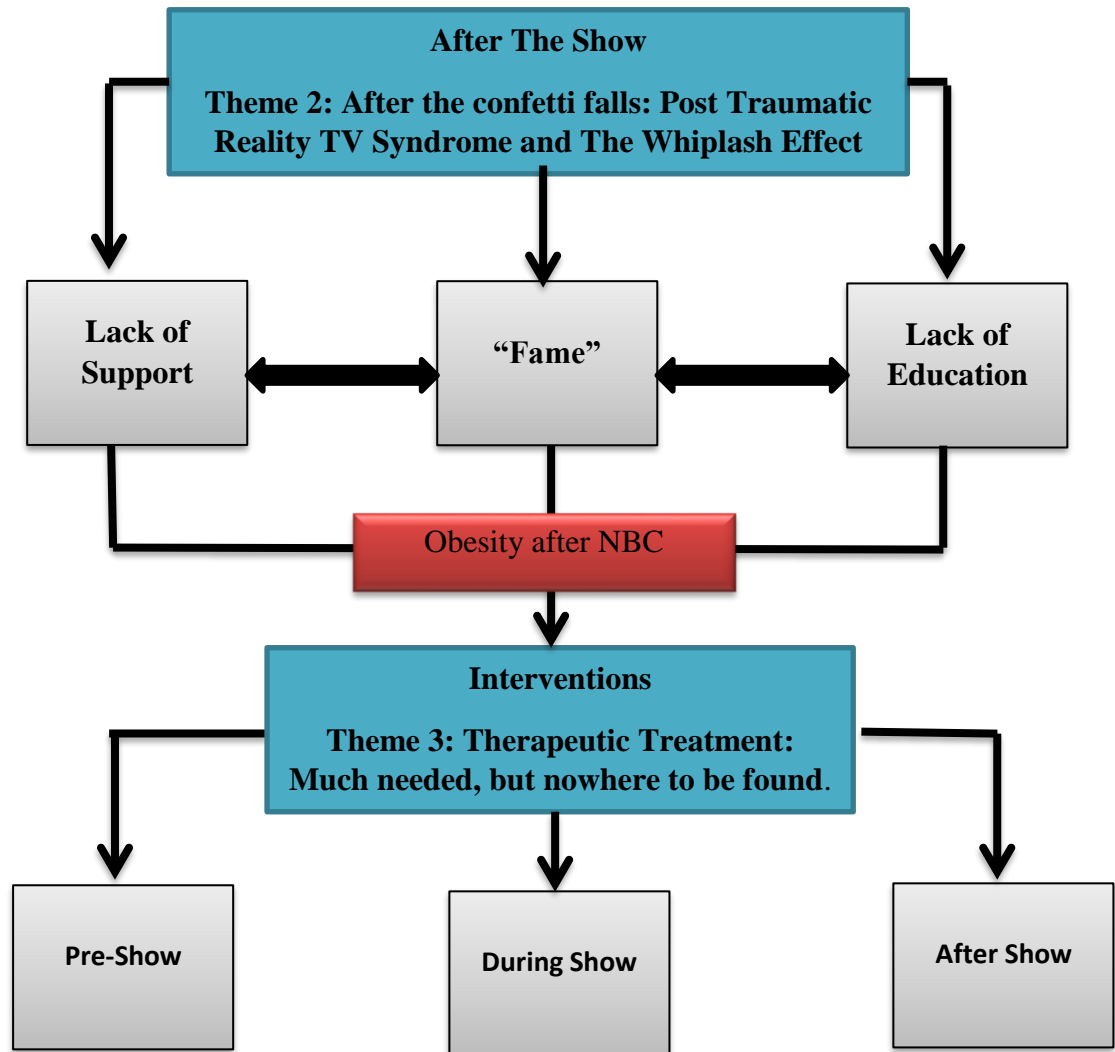
anonymity, there were some limitations imposed on the study. One limitation involved the sample, which consisted of individuals who were a part of various seasons of the U.S. version of “The Biggest Loser.” In each season, the show introduces a variation in terms of specific challenges, potential grand prizes, makeup of teams, as well as the personal trainers who are involved.

Arguably, each season is unique and it may have been more interesting to explore experiences of participants who were involved in the same season. However, this may prove to be extremely difficult since it would jeopardize participants’ confidentiality. Another limitation of the study relates to only having access to contestants—without being able to learn about the perspectives of spouses, family members, children, and others who experienced the effects of the weight-loss intervention by association. In a future study, one could conduct interviews with family members to obtain information about what it was like to be connected to an individual who utilized an intervention such as “The Biggest Loser.” Additional research that could be included is an analysis of other contestants’ experiences on similar, yet different weight-loss reality television shows in an effort to compare experiences. As more individuals participate in interventions such as “The Biggest Loser” or community-based challenges that resemble “The Biggest Loser” model, it may be interesting to examine gender and race, as well as other contextual factors.

Appendix

Biggest Loser Conceptual Model





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Author Note

Darren D. Moore, Ph.D., LMFT, Associate Professor & Site Director, Couple and Family Therapy Program, Alliant International University. Correspondence regarding this article can be addressed directly to: Darren D. Moore, Ph.D., LMFT (Georgia), AAMFT Approved Supervisor, is an Associate Professor and Site Director of the COAMFTE approved Couple and Family Therapy Master’s program at Alliant International University, in San Francisco, California. Dr. Moore’s research focus is obesity and weight loss, within individual, couple, and family relationships, as well as larger systems, with an emphasis on health disparities among men, African American families, and other unique or marginalized populations. Dr. Moore directs an obesity research team, consisting of undergraduate and graduate students, community members, and colleagues at various academic institutions. Dr. Moore may be contacted at darren.moore@alliant.edu or (612) 296-3758.

Clinton Cooper, MFT, Mercer University School of Medicine. Mr. Clinton E. Cooper, currently a LAMFT in the state of Georgia, has a bachelor’s degree from High Point University’s Psychology program and is a graduate of Mercer University’s Marriage and Family Therapy program. He has served as a research associate and is a senior member on Dr. Moore’s obesity research team, having three published articles thus far with the team. His research interests include: exercise, weight loss, eating disorders, minority populations,

motivation from a systemic standpoint, human sexuality, gender identity, elder populations, as well as men and masculinities. Clinton.E.Cooper@live.mercer.edu

Toiya Williams, MFT Student, Mercer University School of Medicine. Toiya D. Williams is a marriage and family therapy graduate student at Mercer University. Toiya has served as a research associate on Dr. Moore's Research Team for over a year. She earned her undergraduate degree at Xavier University of Louisiana. Her research interests include obesity and health, mechanisms used to induce weight loss, social support, community development, resilience characteristics, and the psychological well-being of African American girls and women. Toiya.Danielle.Williams@live.mercer.edu

Kai Zwierstra, MSW Student, University of New England. Kai Zwierstra has served as a research associate on Dr. Moore's Obesity Research Team for over a year. She holds one BA in Justice and one in Psychology from the University of Alaska Anchorage. Ms. Zwierstra is currently completing her MSW at the University of New England and works as a body acceptance activist. Ms. Zwierstra speaks around the country at conferences regarding body acceptance, is currently executive producing an off-Broadway play inspired by an article she wrote based on her past experience as a weight loss reality TV contestant on "The Biggest Loser," and is negotiating for publication of her fictional novel addressing the subject. Her academic interests are: social justice, intersectionality, research, body acceptance and obesity. kaihibbard@gmail.com

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