

Exploring Media Representations of Overweight & Obese Women's Dietary and Exercise
Behaviours in *The Biggest Loser*: A Self-Determination Theory Approach

by

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Abstract

Objective: The purpose of this study was to use self-determination theory (SDT) to gain a better understanding regarding how weight loss practices (i.e., dietary and exercise behaviours) and weight loss strategies for overweight and obese women were portrayed within the reality television show *The Biggest Loser* (Season 13). The psychological, behavioural and health promotion implications were of interest.

Design and Method: An ethnographic content analysis (see Altheide, 1996) of media representations of all 18 episodes within season 13 of *The Biggest Loser* were undertaken with a specific focus on five female contestants.

Results: Analysis revealed that weight loss was portrayed under an over-arching theme: *reaching weight loss goals equals success/not reaching weight loss goals equals failure*. Multiple meanings of weight loss and implications emerged depending on four distinct sub themes: a) fat women's lack of self-control; b) weight loss strategies associated with disordered exercise practices; c) weight loss promoted as a privilege; and d) weight loss as a new and improved self. These themes had motivational implications when interpreted within the context of SDT.

Conclusion: This study extends the understanding of the ways in which certain forms of media (i.e., reality television) construct and reinforce particular cultural, social and behavioural norms concerning the promotion of weight loss practices in overweight women. This study also extends previous exercise psychology literature seeking to conceptualize and study the promotion and self-regulation of exercise and weight loss practices from a SDT perspective within a cultural context (i.e., the media).

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Chapter One

Introduction

Current exercise participation rates for adults are not high enough to gain the associated health benefits (e.g., prevention of chronic diseases and an overall psychological well-being) (Bryan, & Walsh, 2004; Ogden, Carroll, Kit & Flegal, 2012; World Health Organization [WHO], 2010). In 2010, the World Health Organization established new physical activity guidelines, recommending that every individual accumulate a minimum of 150 minutes of moderate-to-vigorous physical activity per week. For those individuals who prefer more vigorous-to-intense activity, the WHO (2010) suggests accumulating a minimum of 75 minutes of aerobic activity per week. However, according to Colley et al (2011), 35% of Canadian adults are accumulating less than 15 minutes of physical activity per week. In response to this lack of activity, health experts are examining this issue as a public health epidemic (Katzmarzyk & Janssen, 2004). Globally, at least 2.8 million people die each year as a result of being overweight or obese (WHO, 2010). To clarify, within the present study, overweight is considered to be any individual who has a body mass index (BMI) 25.9kg/m^2 - 29.9kg/m^2 . Obesity is classified as any individual who has a BMI over 30.0kg/m^2 (see Shields et al., 2010). More specifically, obesity can be categorized into three subsets, obesity class I (i.e., BMI between 30.0kg/m^2 - 34.9kg/m^2), obesity class II (i.e., (i.e., BMI's 35.0kg/m^2 - 39.9kg/m^2) and obesity class III (i.e., BMIs 40.0kg/m^2 and over) (Shields et al., 2010). Approximately 25% of the Canadian population is considered obese (Public Health Agency of Canada [PHAC] and The Canadian Institute for Health Information Research [CIHR], 2011). When the percentage of the adult population classified as overweight is included with the percentage of the adult obese population, approximately 62% of Canadian adults are considered to be either overweight or obese (PHAC

& CIHR, 2011), and women account for the highest percentage of obesity class II (i.e., BMI's 35.0kg/m^2 - 39.9kg/m^2) and III (i.e., BMIs 40.0kg/m^2 and over) (Shield et al., 2010; Twells, Gregory, Reddigan, Midodzi, 2014).

The overweight and obesity rates for women continue to rise and Twell et al., (2014) predict that by 2019, both overweight and obesity rates will increase, specifically in obesity classes I, II, and III. Additionally, women reportedly engage in less physical activity when compared to men, averaging approximately 21 minutes/ day to men's approximately 27 minutes/day of activity. When looking strictly at the obese population, obese women accumulate only an approximate 13 minutes/day of moderate-to-vigorous physical activity (Shields et al., 2010). Between the ages of 45 and 64 years of age, 17% of women reportedly engage in physical activity compared to 43% of men. In addition, more than 25% of women in the United States are not active at all (Canada Fitness and Lifestyle Institute, 2004). Considering the obesity and physical activity rates of women fall well below those of men, as well as the recommended exercise guidelines (Shields et al., 2010; WHO, 2010), exploring women's motivations for participation or non-participation in exercise remains a topic of concern.

Women's obesity rates and lack of exercise remain problematic because epidemiological evidence has shown that physical inactivity in Canadians is linked to lower life expectancy (Katzmarzyk, 2006). Subsequently, research experts have taken on this growing health epidemic and many are attempting to explain the reasons why some individuals enthusiastically engage in exercise and physical activity while others favor a sedentary lifestyle (Hagger & Chatzisarantis, 2008). In an attempt to better understand the factors that may contribute toward women's physical activity and obesity, various exercise psychology researchers have adopted the

theoretical perspective of self-determination theory (SDT) (see Deci & Ryan, 2000; Silva, Markland et al., 2011; Verstuyf, Patrick, Vansteenkiste, & Teixeira, 2012; Vieira et al., 2011).

While research using SDT within exercise science is growing, the majority of SDT and exercise researchers have focused quantitative methods and up until recently, most of the experimental research on SDT has been within sport (Hagger & Chatzisarantis, 2008). Qualitative methodologies exploring why individuals, more specifically, overweight and obese women, engage in, persist and disengage in exercise behaviour are minimal in SDT and exercise research. It remains important to expand exercise psychology literature with qualitative research and SDT because doing so offers an in-depth understanding of the process of personal motivations for both overweight and obese women regarding physical activity and exercise behaviours (see Dishman, 1990; Gauvin, 1990; Munroe-Chandler, 2005) and thus provides insight for health researchers and health promoters in developing exercise programs that encourage more healthful outcomes (Gunnell, Crocker, Mack, Wilson, & Zumbo, 2014; McGannon & Spence, 2012). In many countries, including Canada, the motivations of exercise initiation and persistence is a public health issue (Gilmour, 2007) and SDT is a viable foundation to explore this issue (see Wilson et al., 2008). By applying SDT to other domains such as overweight and obese women's exercise will help in the refinement of the theory as well as in addressing potential social problems (see Ryan, 2005).

Self-Determination Theory and Representations of the Fat Female Body

In the exercise domain, according to Hagger and Chatzisarantis (2008), SDT helps to explain: 1) the antecedents and predictors of exercise behaviours, 2) the mechanisms behind the antecedents and how they influence behaviour(s), and 3) guidelines for experts (e.g., exercise psychologists) who want to help in changing as well as motivating exercise behaviours.

Considering that women's adherence to physical activity and exercise is below the WHO's (2010) exercise guidelines, using SDT may encourage further discussion regarding women's motivational factors for short and/or long-term adherence to exercise and physical activity.

Cultural studies, health and communication researchers focusing on media and weight loss have drawn attention to, and problematized, the various ways in which particular forms of media such as, newspapers, and reality shows stereotype both overweight and obese women, and perpetuate certain ways of promoting weight loss such as exercise as a form of punishment, the promotion of fat women as lazy and lacking intelligence and the "need" for fat women's help in fixing their obesity issue (Egbert, & Belcher, 2012; Glenn, McGannon & Spence, 2013; Markula, 2001; Rodan, 2010). Such representations and promotions may be problematic from a behavioural, psychological and exercise promotion standpoint because as individuals, we act and behave in ways according to what society tells us about certain body types (Glenn et al., 2013; Murray, 2007). For instance, women may engage in disordered eating and exercise behaviours or fail to participate in exercise behaviours which ultimately lead to maladaptive outcomes such as, disengagement from diet, and exercise behaviours and lack of self-esteem (Standage & Vallerand, 2007).

SDT has been well-established as a useful tool for understanding and promoting exercise, so that people may be more likely to self-regulate their exercise behaviour in a manner that leads to more enjoyment and less psychological distress (see Hagger & Chatzisarantis, 2008; Wilson et al., 2008). In addition, SDT has been demonstrated as a useful framework within weight loss literature for understanding and promoting the self-regulation of weight loss in a manner that promotes better long-term adherence (see Teixeira, et al., 2012). Unfortunately, many of the cultural and social norms concerning weight loss behaviours such as thin as fit and fat as deviant

may actually undermine enjoyment and motivation over the long term (Brazbon, 2006; Glenn et al., 2013; McGannon & Spence, 2012). For instance, the problematic ideas reinforced through the media include the “need” for women to be thin, toned and white (Markula & Kennedy, 2011; McGannon & Spence, 2012). With such unattainable expectations (Markula, 2001), women may internalize these ideals and when they do not conform to these impossible standards, they may become dissatisfied with their appearance (Fallon & Hausenblas, 2005; McGannon & Spence, 2012). In turn, women may avoid public areas to exercise such as, fitness centres, the outdoors (Eriksson, Baigi, Marklund, & Lindgren, 2008; Glenn et al., 2013; Mansfield, 2011), avoid certain forms of exercising such as weight-training, or over-exercise in order to compensate for a body that does not conform to impossible standards (McGannon & Spence, 2012; Prichard & Tiggeman, 2008).

Additionally, Thomas, Hyde, and Komesaroff (2007), found that the reality television show, *The Biggest Loser Australia*, indicates that obese people can only change their appearance through exercise and dietary behaviours as long as they are bullied, and/or degraded. Thus, exercise becomes extrinsically linked (Vansteenkiste et. al., 2007), as it is promoted as a form of punishment or reward (Van Hiel & Vansteenkiste, 2009). Exercise behaviours for health-related purposes are seldom intrinsically motivated, but rather extrinsically motivated as individuals are trying to gain some type of betterment such as, appearance (Hagger & Chantzisarantis, 2008). Extrinsically promoted exercise behaviours, specifically external and introjected regulations, are problematic from an SDT perspective because, as will be outlined in more depth in the next chapter, engaging in exercise behaviours for external rewards or out of an internalized force such as guilt or shame ultimately leads to maladaptive outcomes such as, unhappiness, lack of self-esteem, and/or disengagement from the exercise (Standage & Vallerand, 2007). Whereas,

engaging in behaviour for the pure satisfaction and inherent interest that is derived from the activity is associated with intrinsic motivation and more adaptive outcomes such as, happiness, persistence, and greater self-esteem (Standage & Vallerand, 2007). Therefore, the use of SDT as a framework to make sense of media representations of weight loss reality television may provide guidelines for what may or may not work in the promotion of exercise and dietary behaviours for both overweight and obese women.

Reality Television: Understanding the Fat Female Body

One way to advance our understanding of how both the overweight and obese female body is being represented, discussed and delivered within our culture and the implications, is to explore one form of media: reality television. According to Ouelette and Murray (2009), reality television is less interested in what is “real,” but rather what could *appear* as real via the social construction of particular realities (in this case the so-called “reality” of weight loss). Although widely different in approach, much of the research conducted on reality television in relation to the fat female body has found that reality television shows promote the “fat” female body as offensive (Thomas et al., 2007) and “products of consumer culture” (Hall-Gallagher & Pecot-Hebert, 2007, p. 76). The act of becoming aesthetically pleasing seems to outweigh the consequences of body transformation and low self-esteem (Hall-Gallagher, & Pecot-Hebert, 2007). More specifically, Rodan’s (2006) research on the reality weight loss television show, *The Biggest Loser*, revealed that the only way to achieve the shows claims of “thinner people are happier and freer people” is to “internalise practices to regulate their mind and body” (p. 14).

Although limited, research has been conducted with a Canadian based reality weight loss television show, *The Last 10lbs Boot Camp* which compared and contrasted consumerism against *The Biggest Loser* (a United States program). Findings from Blaskiewicz’s (2009)

research suggested that Canadian based reality weight loss shows promote the consumption of weight loss products, goods and services for weight loss subtly, focusing more on the ideology of beauty, while the American based reality weight loss shows focus heavily on the promotion of products, goods and services for weight loss, having a more sensationalistic approach (Blaskiewicz, 2009). Despite Blaskiewicz's (2009) research, a gap remains in trying to identify and understand the representations of both overweight and obese women's weight loss practices (e.g., dietary and exercise behaviours), and the motivational and psychological implications, particularly from a motivational perspective of SDT.

In line with SDT, the media promotes externally regulated and introjectedly regulated motives for the fat woman's body transformation (e.g., a goal of physical attractiveness, monetary gain, praise from trainers, and shame and guilt for not exercising to trainers standards), thwarting the basic needs of autonomy, competence and relatedness (see Deci & Ryan, 2000). For instance, *The Biggest Loser* promotes rapid weight loss through diet and exercise behaviours with the aim of winning a monetary prize of \$250,000. From a SDT perspective, this type of extrinsic motivation is externally regulated. Promotion of such extrinsic acts competes with psychology, exercise psychology, and health researcher's advocacy for intrinsically motivated acts such as encouraging exercise goals that are optimally challenging, that is, feeling a sense of belonging, mastery and personal importance (see Deci & Ryan, 2000; Gunnell et al., 2014; Hagger & Chatzisarantis, 2008; Putterman & Linden, 2004; Standage & Vallerand, 2007; Wilson & Rodgers, 2004; Wilson, et al., 2008). By exploring the representations and meanings of weight loss promotion within a specific weight loss reality television show such as *The Biggest Loser*, we can learn further about how one cultural site (i.e., reality television) constructs and/or

perpetuates certain meanings surrounding weight loss practices and fatness and the implications (e.g., behavioural, motivational, psychological).

Purpose and Contributions

Within the present study, I sought to explore the weight loss portrayals in overweight and obese women as well as explore how weight loss is portrayed within a specific reality television show via SDT. Concentrating on the media's representations of both overweight and obese women is important because media are rich sources of information that are easily available for research (see Bell, 1995; Glenn et al., 2013). To do worthwhile qualitative research means to gain rich, in-depth information regarding our line of inquiry. The advancement in technology within Western society has made access to pieces of media easy for the purpose of research (Blaszkiwicz, 2009; Boero, 2006; Egbert & Belcher, 2012)). Additionally, the media drives how and what we do in our everyday lives. More specifically, reality television shows have a direct influence on how we as viewers develop perceptions of our self, and others (Orbe, 2013). Interpreted within an SDT lens, current pieces of media such as reality television shows are relevant to how both overweight and obese women's motivation to engage in or disengage in weight loss practices are represented.

Considering that the media is deemed to be powerful influential social institutions in our lives (McGannon & Spence, 2012; Rodan, 2010), studying media representations from a SDT approach may help us understand the nature and process of a rapidly growing and effective cultural environment, as well as its operation and consequences. When new language is used, or new and/or revised frameworks become popular, then social life, in the smallest way, has been changed (Altheide, 1996; McGannon & Spence, 2010, 2012). Television shows in particular have been used for decades as a method to explore and understand social life and the

consequences by cultural studies (see Adam & Allan, 1995), sociopolitical discourse (see Fairclough, 1992) and critical linguistic researchers (see Kress & van Leeuwen, 1990). Lifestyle programming such as makeover shows has been a recent focus of attention by scholars as the late twentieth and early twenty-first century bared witness to a dramatic increase in the concerns of people's everyday lives and socio-cultural processes (Lewis, 2008). Lifestyle programs have inspired the production of reality television shows such as *The Biggest Loser* which in 2006, gained the attention of 2 million viewers and 10,000 applicants. The use of reality television shows such as *The Biggest Loser* is an example of one type of method employed by exercise psychologists that provides a look into the stereotypes, unrealistic ideals, and messages that (re)present identities (Thomas et al., 2007).

Research has further shown that these problematic ideas surrounding dietary and exercise behaviours reinforced by the media such as, avoiding exercise, over-exercising, and disordered eating (Eriksson et al., 2008; Fallon, & Hausenblas, 2005; McGannon & Spence, 2012; Prichard & Tiggeman, 2008), may contribute to the lack of motivation of women's lack of exercise. More specifically, from a weight loss promotion perspective, focusing on the media provides the opportunity to better understand what may work, and/or may not work when it comes to initiating, participating and adhering to exercise. Research supports that the media is a powerful influence in terms of forming and solidifying certain ideas when it comes to health and health promotion (Jones, 2010; Mansfield, 2011). However, many of these ideas are not always the most sound when it comes to health, fitness and the body (Groven, et al., 2011).

It is through careful analysis of weight loss practices that we see how the media represents diet and exercise behaviours in overweight and obese women. From such analyses, we can begin to problematize the ways in which weight loss practices are promoted and the

consequences of the media's promotion for overall health and quality life in obese women. The present study brings a new and additional understanding of the problematic ways in which the media reinforces certain social, cultural and behavioural norms regarding weight loss practices in obese women (see Egbert & Belcher, 2012; Hall Gallagher & Pecot-Hebert, 2007; Markula, 2001; Markula & Kennedy, 2011; McGannon & Spence, 2012; Rodan, 2010). This study also adds to the growing SDT, exercise and weight loss literature conceptualizing the promotion of self-regulation of exercise and weight loss practices in obese women. In addition, the present study adds to and extends SDT and exercise researcher's call for further understanding of motivations for initiating, persisting and terminating exercise participation in various populations such as overweight and obese adults (see Wilson et al., 2008).

Chapter Two

Literature Review

Scope of the Overweight and Obesity Issue

According to the World Health Organization (2010), overweight and obesity is accountable for approximately five percent of deaths globally. Not only are people consuming energy-dense, high glucose foods as well as an over-abundance of saturated fats (WHO, 2004), people are not engaging in enough physical activity to counter the nutrient-lacking foods. Considering that empirical evidence clearly illustrates a dose-response relationship between physical activity and decreased risk of disease (Canadian Society for Exercise Physiology, 2011; Haskell et al., 2007), physical activity needs to be engaged in at regular intervals in order to decrease health consequences such as obesity.

While diet and physical activity interact, physical activity itself is shown to have many health benefits (WHO, 2012). For instance, regular physical activity helps to improve body composition (e.g., weight control), and has protective effects against certain types of cancer (e.g., colon and breast), cardiovascular diseases, stroke, fractures, and type 2 diabetes (WHO, 2010; 2012). In addition, physical activity is related to higher functional health, as well as improved cognitive functioning (WHO, 2012). In particular, stress, anxiety and depression are decreased when physical activity becomes a constant within individuals' everyday living (Warburton, Nicol, & Bredin, 2006). Lifestyle interventions such as changing one's diet and incorporating moderate-intensity exercise into one's daily living have become physician's, therapist's, exercise scientist's, and public health experts' recommendations for over a decade (Haskell et al., 2007). Although lifestyle interventions remain to be the foundation for the treatment of obesity, adherence is poor, and long-term success is moderate due to barriers both on the part of affected

individuals, as well as health care professionals who are responsible for the treatment (Lau, et al., 2007).

Despite the plethora of campaigns, surveys, and reports advocating exercise and a healthy diet, individuals are still not engaging in enough exercise to reap the health benefits (Martin, Morrow, Jackson, & Dunn, 2000). The WHO (2010) recommends that adults between the ages of 18 years and 64 years should engage in at least 150 minutes of aerobic activity at moderate intensity, 75 minutes of vigorous-intense aerobic exercise or a combination of moderate and intense aerobic activity per week. However, the Canadian Health Measures Survey (2011) found that only 5% of Canadian adults are achieving the recommended physical activity guidelines, while approximately 60% are only accumulating 15 minutes of physical activity over five days (Colley, et al., 2011). The continuation of physical inactivity remains problematic because inactive individuals are at an increased risk of 25 chronic conditions (e.g., coronary heart disease, stroke, hypertension etc.) and consequently, have a higher risk of mortality (Warburton et al., 2006; WHO, 2009).

Considering Canadians have not met the WHO's (2010) recommended physical activity and "over one in four Canadian adults are obese" (PHAC & CIHR, 2011, p. 1), discussion surrounding the motivations behind the lack of exercise and/or adherence to exercise is warranted. To further illustrate why this type of research is necessary, we can look to some of the statistics brought forward throughout the past decade. In 2001, non-communicable diseases accounted for approximately 47% of the global disease burden (WHO, 2012). Consequently, between 2007 and 2009, the prevalence of obesity in Canada was 24.1%, with only 20% of Canadian adults over the age of 20 years being moderately active (PHAC & CIHR, 2011). More specifically, the year 2008 saw 62% of Canadian adults who were overweight or obese (WHO,

2010); ranking fifth out of 28 countries to have the highest prevalence of overweight and obesity globally (PHAC & CIHR, 2011). Furthermore, we are not only seeing obesity and physical inactivity having reached epidemic proportions worldwide (WHO, 2012), we are also seeing gender disparities within this epidemic.

On an ongoing basis, researchers and government agencies, have been investigating the gender disparity in physical activity and exercise participation rates (e.g., Canada Fitness and Lifestyle Institute, 2006; Landry & Solmon, 2002). According to PHAC and CIHR (2011), physical inactivity is the leading contributor to obesity in both men and women. However, physical inactivity is more strongly associated with obesity in women compared to men (Canada Fitness and Lifestyle Institute, 2006; PHAC & CIHR, 2011). According to Bryan and Walsh (2004), the more women age, the less amount of physical activity they engage in compared to men. In the United States, approximately 55% of adult women aged 35-64 years are overweight or obese (e.g., BMI higher than 25kg), in comparison to 30% of men (WHO, 2004). Between the years 2009 and 2010, adult women had a higher percentage of obesity with approximately 53% being classified as obese (Flegal, Carroll, Kit, & Ogden, 2012). In response to such an overwhelming percentage, The U.S Department of Health and Human Services (2010) set out guidelines hoping to have the prevalence of obesity in adults down to 15% by the year 2010 (Flegal et al., 2012). However, results from the Organisation for Economic Co-operation and Development (2012) show that adult obesity was at 30% in 2012- making evident that these goals were not met. The PHAC and CIHR (2011) revealed women are more likely to be obese (with body mass indexes (BMIs) above 35.0kg) in comparison to men. Additionally, between the years 2000 and 2004, women saw an increase in overweight and obesity rates from 39% to 52.4% (Starky, 2005). Therefore, research into women's exercise seems beneficial, particularly

the motivations for why women do, or do not, engage in physical activity because such research may help foster more specific health promotion initiatives for the individualized gender.

According to Bryan and Walsh (2004), “the most important risk factors associated with an increased risk of overweight and obesity are physical activity and high-energy dense diets over the medium and long-term” (p. S2). It is now understood that in order for adults to maintain a healthy weight, proper balance of caloric intake, regular physical activity are necessary to prevent of chronic diseases (Bryan, & Walsh, 2004). Looking specifically at the physical activity component of the adult obesity problem, we see that in general, lack of women’s exercise and physical activity participation has been reportedly due to socio-cultural barriers. In doing so, we notice that lack of motivation, poor perception of health, lack of self-efficacy, and lack of social support are all proponents of physical inactivity (Eyler, et al., 2002). More explicitly, Vertinsky (1998) suggested that the difference in the participation rates of females and males may be due to the exercise attitudes that females hold. These attitudes include unrealistic stereotypes associated with the female body and the constant reminders of their physical limitations (Markula & Kennedy, 2011; McGannon & Spence, 2012; Vertinsky, 1998). In Western culture, larger body sizes are frowned upon (Bryan & Walsh, 2004) and more specifically, women are stigmatized for their inability to “match up to socially constructed ideals of appearance and performance” (Mansfield, 2011, p. 88). For instance, Mansfield (2011) discusses how fitness gyms for those who are overweight or obese are more often than not, associated with feelings of discomfort and embarrassment. Sites intended for exercise, such as gyms, are a place where bodies are on display and thus fat bodies and/or bodies that do not conform to appearance standards are labelled as deviant and perverse (Mansfield, 2011). In turn, such stigmas and norms may be internalized, creating anxiety and/or serve as a potential reason

for disengagement and/or avoidance of physical activity and exercise (Mansfield, 2011; Markula & Kennedy, 2011; McGannon & Spence, 2011).

Overview of Self-Determination Theory

The question remains, why do some people engage and adhere to physical activity, while others fail to do so (especially women)? As noted earlier within the introduction, one way to try and comprehend this question is to use the theoretical perspective of SDT (Deci & Ryan, 1981). SDT takes on a multifaceted approach to motivation and behaviour. Rather than focusing solely on motivation in terms of internal versus external motives, SDT characterizes motivation into three main facets: amotivation, extrinsic motivation and intrinsic motivation; all of which are presented in order as they appear from least self-determined to most self-determined (Deci & Ryan, 1985; Ryan & Deci, 2000; Standage et al., 2007). Amotivation is when an individual lacks the intention to engage in an activity. For example, an individual lacks interest in participating in any form of exercise (Ryan & Deci, 2000). The second type of motivation is termed extrinsic motivation and is when an individual takes part in an activity for external rewards or to avoid punishment (Deci & Ryan, 1985, 2000). In doing so, the individual may engage in exercise because they want praise and/or acceptance. The final type of motivation is called intrinsic motivation and is used in explaining the inclination for individuals to partake in activities or events for the mastery, interest and experiential knowledge gained from them (Ryan & Deci, 2000). For instance, an individual may participate in a yoga class every week because he or she has an inherent interest in the exercise.

When first developed, the self-determination framework focused primarily on the components surrounding intrinsic motivation (Deci, 1971), but has since progressed into a multidimensional approach based upon mini-theories otherwise known as subcomponents (Deci

& Ryan, 2002). These subcomponents describe the factors involved in growth and integration of one's own self into humanity (Wilson, et al., 2008). The first subcomponent of self-determination theory, from this perspective, is Cognitive Evaluation Theory (CET). CET helps to explain the variability that occurs within intrinsic motivation. Put in this way, CET looks at the conditions that foster intrinsic motivation, versus discourage intrinsic motivation (Ryan & Deci, 2000). CET does so by encouraging people's three basic psychological needs (i.e., autonomy, competence and relatedness), versus thwarting them (Ryan & Deci, 2000).

According to CET, both the needs for competence and autonomy must be satisfied in order for an individual to experience a true sense of intrinsic motivation (autonomous motivation) (Ryan & Deci, 2000). To further illustrate- tangible rewards, threats, deadlines, pressures and imposed goals decrease intrinsic motivation because they are conducive to an external locus of causality (Ryan & Deci, 2000). In contrast, self-direction opportunities and personal choice foster intrinsic motivation, because they are conducive towards an internal locus of causality (Ryan & Deci, 2000); meaning that, intrinsically motivated people are only self-motivated for activities that are of moral value and interest to them.

The second subcomponent of SDT is called The Organismic Integration Theory (OIT). Unlike CET that focuses on intrinsic motivation, OIT focuses on extrinsic motivation. OIT does so by outlining the degrees to which an individual internalizes extrinsically motivated behaviours. OIT distinguishes extrinsic motivation into four regulatory processes: integrated regulation, identified regulation, introjected regulation and external regulation (Ryan & Deci, 2000). Integrated regulation is the most self-determined of extrinsic motivation and occurs when an individual sees value in particular behaviours and then integrates it as part of the 'self' (Ryan & Deci, 2000). An individual as such, would incorporate regular exercise into their lifestyle as it

is part of their personality and/or who they are. The second most self-determined of extrinsic motivation is identified regulation and occurs when an individual freely chooses to do an activity because they see value in doing it (Ryan & Deci, 2000). For example, an individual may run 30 minutes each day because they know that it is healthy for the heart (Standage & Vallerand, 2007). The third type of extrinsic motivation is introjected regulation and occurs when individuals participate in an activity out of an internalized force such as guilt, shame, and pride. For instance, an individual may attend an aerobics class not out of enjoyment, but because the exerciser would feel guilty if they were not present (Standage, & Vallerand, 2007). The final and least self-determined type of extrinsic motivation is external regulation, which occurs when an individual partakes in an activity for praise or reward (Ryan & Deci, 2000). For example, contestants on reality weight loss television shows may over-exercise in order to win a cash prize or are often set up in situations where they are competing for a trainer's attention and/or a certain weekly reward or focus/spotlight for losing a certain amount of weight at week's end throughout the competition/show. In summary, Deci and Ryan (2002) highlight that behaviours are regulated by motives that are both controlling and self-determined.

The third subcomponent of SDT is classified as the Causality Orientations Theory (COT). According to Deci and Ryan (2000), COT complements OIT in defining how individual personality differences initiate and regulate behaviours (Deci & Ryan, 2002). COT examines how these individual differences and tendencies are autonomous, controlled or impersonal (Deci & Ryan, 2000). For instance, autonomy oriented individuals relate to intrinsic motivation, integrated regulation and identified regulation (Deci & Ryan, 2000) in that the individual regulates their behaviour because of personal importance, congruence, and/or for the inherent interest (Ryan & Deci, 2000). Controlled oriented individuals regulate their behaviour based on

what they are directed or 'told' to do. Such orientations are linked to external and introjected regulation (Deci & Ryan, 2000) because of ego-involvement and/or to attain some form of reward (Ryan & Deci, 2000). In addition, impersonally oriented individuals lack the drive to act or simply behave without intent (Deci & Ryan, 2000). Impersonal orientations are linked to amotivation because the individual does not value the act or feels incompetent (Ryan and Deci, 2000). According to the SDT continuum, autonomy oriented individuals are more self-determined, while controlled motivation is viewed as having low self-determination and impersonally oriented is classified as nonself-determined (having no self-determination) (Ryan & Deci, 2000).

The final sub theoretical component of SDT is the Basic Needs Theory (BNT). In order to facilitate overall, stable psychological health, three basic needs should be satisfied (Petri & Govern, 2004): autonomy, relatedness and competence (Deci & Ryan, 2002). Autonomy refers to the free choice in choosing one's own behaviour (deCharms, 1968). Meaning that, people's behaviours are concurrent with their values and interests (Deci & Ryan, 2000). The second need, referred to as relatedness implies our sense of belonging or the connection between the self and others (Baumeister & Leary, 1995). For instance, developing secure and nourishing social relationships will promote a sense of relatedness (Deci, Vallerand, Pelletier & Ryan, 1991). The final basic need is titled competence and requires having some type of control over our environment (Ryan & Deci, 2000). As individuals, we try to achieve our goals or attain desired outcomes through mastery in our actions (Deci et al., 1991). According to Deci and Ryan (2000), autonomy, relatedness and competence are crucial in understanding the content of goals and the process of attaining these goals. The SDT perspective suggests that people will undertake goals and/or relationships that foster greater support for autonomy, relatedness and

competence (Deci & Ryan, 2000). However, satisfaction of all three basic needs may not always be present. Both individual and domain specific behaviours exist potentially fostering support for only certain psychological needs. For example, people who experience volition, a sense of belonging and mastery in an exercise setting (e.g., fitness class) but lack this in their educational setting (e.g., school) will experience greater integrated functioning in their exercise setting in comparison to their educational setting (Deci et al., 1991). While SDT proposes that people will engage in behaviours that are individually, as well as culturally, different, satisfaction of the three basic psychological needs remains constant in order for healthy development (Deci & Ryan, 2000).

Self-Determination Theory and Exercise Promotion

SDT helps to understand why people “initiate, persist and terminate” their participation in exercise and physical activity (Wilson, Mack, & Grattan, 2008, p. 251). According to Standage and Vallerand (2007), intrinsic motivation, integrated regulation and identified regulation are associated with adaptive outcomes such as persistence, concentration, self-esteem, and quality of life. Contrastingly, amotivation, external regulation and introjected regulation have been linked to increased drop-out rates, unhappiness, and boredom (Standage & Vallerand, 2007). For instance, the goal of physical fitness and health has been labelled as an intrinsic motive, whereas exercising to improve one’s attractiveness and/or to be thin, as often promoted within the media, is labelled as an extrinsic motive (Vansteenkiste, Lens & Deci, 2006). Focusing exercisers’ attention onto external motives as is often the case with media narratives surrounding women’s exercise promotion and/or weight loss and weight management, such as physical attractiveness or attaining a certain appearance standard demoralizes performance. In turn, the exerciser becomes more concerned with proving his or her self-worth over focusing their attention onto an

intrinsic goal such as enjoyment, health and well-being (Vansteenkiste, Matos, Lens, Soenens, 2007).

In light of the foregoing, research suggests that the types of goals people pursue are just as important as the reasons for why people engage in exercise (Wilson et al., 2008). However, initial research on self-determination (see Deci & Ryan, 1985) posits that intrinsic motivation is the only type of motivation associated with positive outcomes, free from any contingencies or pressures. Yet, more recent research (e.g. Daley & Duda, 2006; Wilson, Mack, & Grattan, 2008) has demonstrated that extrinsic regulations (mainly the more self-determined regulation, identified regulation) may be just as important as intrinsic motivation for understanding the patterns of exercise behaviour. According to Daley and Duda (2006), individuals who reported being active at least three times per week were more likely to show signs of self-determined regulations (i.e., identified and intrinsic regulations), in comparison to individuals who were active less than twice a week. It is worthy to note that Wilson and Rodgers (2004) suggest that pursuing a behaviour such as exercise seems to fail at eliciting high intrinsic interest and may require some added support in order to predict the intention and continuation of exercise. Thus, while some people may enjoy participating in exercise, for others much of the exercise behaviour itself does not appear to be intrinsically pleasing for some individuals (Ryan, Frederick, Lepes, Rubio, & Sheldon, 1997).

Wilson and Rodgers (2004) found that women between the ages of 17-31 years, who received autonomous support from friends, were more likely to possess autonomous regulations such as identified regulation and intrinsic motivation, in regards to exercise. In turn, the more autonomous regulations are associated with the intention to adhere to exercise. Thus, the intent to continue exercising is stronger when the individual possesses the more self-determined

regulations (Wilson & Rodgers, 2004). In particular, identified regulation and intrinsic regulation were found to be associated with the intent to continue exercising, while the more external regulations such as introjected regulation, external regulation and amotivation showed weak correlations for exercise adherence (Wilson & Rodgers, 2004). Generally speaking, the latter finding is consistent with Deci and Ryan's (2000, 2001) research findings, stating that perceptions of autonomy support are factors in the development of autonomous motivation. Taking the above into account, these findings also suggest that perhaps social agents (e.g., friends) should be considered when trying to motivate daily exercise in a more self-determined manner (Wilson & Rodgers, 2004).

In addition, Edmunds, Ntoumanis, and Duda, (2007a) studied adherence rates of overweight and obese individuals (84% of whom were women) and their perceptions on autonomy support, psychological need satisfaction, self-determined motivation, exercise behaviour, exercise-related cognitions, and overall well-being. Results revealed that females who adhered more to exercise activities reported more self-efficacy in overcoming exercise barriers such as, boredom and bad weather versus those who adhered less (Edmunds et al., 2007a). Additionally, the two most self-determined forms of motivation known as, intrinsic motivation and integrated regulation predicted overall levels of exercise behaviour, adherence to exercise, the intention to continue exercise and self-efficacy in overcoming exercise barriers (Edmunds et al., 2007a). Ultimately, those individuals who showed greater adherence to exercise also demonstrated an increase in relatedness (sense of belonging) as well as an overall satisfaction of needs in the long term (Edmunds et al., 2007a). In line with previous research findings looking at SDT and exercise (e.g., Deci & Ryan, 2000; Edmunds et al., 2008; Edmunds, Ntoumanis, & Duda, 2006; Pelletier, Fortier, Vallerand, & Briere, 2001; Wilson & Rodgers,

2004), autonomy support predicted more self-determined motivation, while the satisfaction of competence emerged as a predictor of intrinsic motivation (Edmunds et al., 2007a). Overall, need satisfaction predicted self-determination and exercise adherence (Edmunds, et al., 2007a). These findings suggest that overweight and obese individuals want and need feelings of choice, volition and competence in order to develop more self-determined motivation towards exercise (Edmunds et al., 2007a). Therefore, satisfaction of competence and internalization of the exercise behaviour should be endorsed, so that the most self-determined regulations, that is, intrinsic motivation, integrated regulation and identified regulation, guide the exercise behaviour (Edmunds et al., 2007a), resulting in long-term exercise adherence.

Although there is considerable evidence that perceived autonomy support aids in exercise-based behaviour change, little research has examined the effects of these interventions and manipulations on the adherence to exercise. Such little research exploring exercise-based interventions and the persistence with exercise remains problematic because Canadians are not gaining the health benefits associated with continued exercise (Bryan, & Walsh, 2004; WHO, 2012), and in order to maintain exercise, continued participation is necessary. Research from cross-sectional studies demonstrates that peer support (e.g., Wilson & Rodgers, 2004) and support from exercise leaders (e.g., Edmunds et al., 2006) fosters more self-determined (autonomous) behaviours, while longitudinal research (e.g., Edmunds, Ntoumanis, & Duda, 2007b; Edmunds, Ntoumanis, & Duda, 2008) has revealed perceived autonomy support from physician referrals (Edmunds et al., 2007b), as well as exercise leaders (Edmunds, et al., 2008) show no adaptive exercise behaviours. However, the little evidence provided by Edmunds et al., (2007b, 2008) requires further clarification into the particular social agents providing autonomy support as well as the role(s) played by the social agents (Wilson, et al., 2008). Overall, the

aforementioned studies (e.g., Edmunds et al., 2007b; Edmunds et al., 2008) help to substantiate the need for further research into female exercise behaviours and the elements (e.g., adaptive outcomes) that help females adhere to exercise behaviours.

Self-Determination Theory and Weight Loss Strategies/Behaviours

For over a decade, scholars have been trying to understand the reasons behind and solutions for long-term weight maintenance. According to Putterman and Linden (2004), individuals who are motivated to lose weight for health reasons are less apt to engage in extreme dieting, have lapses in their diet and experience less dissatisfaction with their body. Meanwhile, those who want to lose weight for appearance reasons are more apt to engage in disordered eating such as skipping meals, and experience more dissatisfaction with their body (Putterman & Linden, 2004). Add in society's pressure and social norms to conform to particular, narrowly defined body ideals such as being thin, and toned, women's motivation for exercise becomes geared towards appearance outcomes (Strelan, Mehaffey, & Tiggemann, 2003). While regular physical activity has been shown to improve weight loss and weight maintenance outcomes, the combination of a healthy diet and regular exercise in overweight and obese women has been shown to improve their ability to manage their weight over the long-term (Silva et al., 2011). However, the act of actually adhering to regular physical activity remains a concern (Silva et al., 2009). For instance, weight loss and weight management methods usually result in loss of weight or weight control; but in the long-term, weight is usually regained within a few months as individuals resort back to unhealthy eating and exercise (Jeffrey, Epstein, & Wilson, 2000). Approximately 66% of women say they use exercise to try and lose weight (Bish et al., 2005). However, only approximately 20% of individuals trying to lose weight successfully adopt an exercise regime into their lifestyle and achieve long-term weight maintenance (Wing & Hill,

2001). Therefore, how to successfully integrate long-term exercise into both overweight and obese populations, for weight control purposes, remains an issue.

One possible explanation for women's lack of adherence to weight loss regimes is that exercise and physical activity are not solely responsible for successful weight control. More and more researchers are calling attention to the role of physiological mechanisms such as, stress, anxiety, and self-esteem when it comes to exercise adherence, especially in overweight and obese populations (Silva et al., 2011). For instance, physiological mechanisms may impact how well overweight or obese women comply with a healthy diet, therefore affecting the success of long-lasting weight control (Martins, Morgan, & Truby, 2008). Even though there may be an array of factors contributing to both overweight and obese women's long-term weight control, exploring motivation using SDT, in relation to weight loss and weight maintenance, may aid in the understanding and promotion of exercise. More specifically, self-regulation of the exercise behaviour may emerge, leading people to further exercise enjoyment with less psychological distress (see Hagger & Chatzisarantis, 2008; Wilson et al., 2008). SDT has also been shown to be useful within the weight loss literature to better understand and promote self-regulation of weight loss, in a way that promotes better long term adherence (see Teixeira, et al., 2010).

By using SDT, we can distinguish between the content of goals as well as the various regulatory reasons for weight loss and weight management behaviours (Teixeira, Silva, Mata, Palmeira, & Markland, 2012). Comparative to the research on SDT and exercise, SDT and weight loss/weight management literature indicates that a behavioural goal such as monitoring one's diet can be explored using the SDT continuum (i.e., falling between extrinsically motivated to autonomously motivated) (Teixeira et al., 2012). For instance, a woman may change her diet and incorporate exercise into her daily life in order to avoid criticism from her physician

(extrinsic motivation). On the other hand, she may begin to keep a journal of the food she consumes on a daily basis because the women in her weight loss group do so (introjected regulation). Then again, a woman may already be autonomously motivated at the beginning of her weight loss journey because she finds the activities she engages in as insightful and fun (see Teixeira et al., 2012). Subsequently, the above three examples evoke two key differences from an exercise promotion and weight loss perspective: the level of choice and authorship that the individual feels in terms of goal content, and regulatory reasons for engaging in weight control behaviours (Teixeira, et al., 2012). From an SDT perspective, when individuals feel as though they are in control and directing their own behaviour, rather than engaging in behaviour because of some outside power, or external pressures or norms, the behaviour is more likely to be long-lasting because the individual accepts the change as part of their self (Deci & Ryan, 2000). When individuals believe that constant praise and reinforcement are necessary for long-lasting behaviour change, they become prototypes of external regulatory behaviors (Ryan, Lynch, Vanseteenkiste, & Deci, 2010). Such behaviours are typical of more traditional approaches to motivation, such as operant conditioning and classic behaviorism (Ryan, et al., 2010), but are incompatible with the suppositions surrounding autonomous motivation (Teixeira, et al., 2012).

Meanwhile, weight loss, and/or weight maintenance interventions have ignored and sometimes even undermined the “process” involved in developing a genuine interest and/or personal meaning for initiating, changing, and/or maintaining behaviours (Teixeira, et al., 2012). The likelihood that overweight and/or obese people can be treated over the entirety of their life by a health care professional, without financial burden, is rare (Teixeira, et al., 2012). Thus, long-term behaviour change results in failure. One possible reason behind this outcome of failure could be that both overweight and obese people feel as though their weight issue must be

dealt with by certain procedures and/or techniques, directed by a health care professional or health expert (Glenn et al., 2013; Teixeira, et al., 2012). However, holding such expectations for weight control (e.g., taking medications/supplements, following a diet plan etc.) promotes more controlled motivation (Teixeira, et al., 2012). Considering that both weight control and exercise SDT literature states that behaviours under controlled motivation are less adaptive (Standage & Vallerand, 2007) - weight loss and weight management, under these conditions, are more likely to be unsuccessful (Teixeira, et al., 2012). However, successful weight loss and/or weight maintenance will be more likely to occur if the individual engages in dieting behaviours because they want to gain the associated health benefits; internalizing the behaviours as part of who they are which is ultimately unrelated to an external appearance norm or narrow standard (Williams, Grow, Freedman, Ryan, & Deci, 1996).

Empirical research further supports SDT's understanding that not all *types* of motivation are predictors of long-term behaviour change (Silva, et al., 2011). Silva and colleagues (2011) evaluated obese and overweight women and the predictors of successful long-term weight maintenance. Silva et al's. (2011) findings suggest that external and introjected regulations foster weight loss in overweight and obese women, but its effects are only short-term. Meanwhile, intrinsic motives were found to foster long-term weight loss and weight maintenance. Low adherence to weight loss practices such as a healthy diet and physical activity remains an important issue because despite the progression in obesity management, its prevalence continues to rise and as a whole interventions have largely focused on individual risk factors and have shown to be ineffective (Lau, et al., 2007). Rather than telling people to change their behaviour, strategies targeting the want to change should be implemented (Silva et al. 2011). For instance, verbalization and exploration of individual goals, in addition to promoting

competence and autonomy support, are more likely to result in long-term behavioural change (i.e., weight control) (Silva et al., 2011).

According to Van Hiel and Vansteenkiste (2009), extrinsic goals such as, fame, money and the ‘perfect body’ may yield short-term success. However, lasting success may not be viable as extrinsic goals, or behaviours interfere with need satisfaction. Research in self-determined motivation and weight control show that there is a positive association between healthy eating, and autonomy as well as improved short and long-term weight loss (Teixeira, Silva, Mata, Palmeira, & Markland, 2012). In terms of eating regulation, more autonomous motives have a greater association with the satisfaction of needs, which also leads to higher energy and healthy eating over the long-term. However, in controlled eating, need thwarting is experienced leading to less energy and unhealthy eating behaviours (Verstuyf, et al., 2012). In comparison to Standage and Vallerand’s (2007) SDT and exercise research, Verstuyf and colleagues (2012) found that when experiences where needs are thwarted (i.e., physical attractiveness and body image), maladaptive and disordered eating regulations tend to occur (i.e., food restriction practices, and over-eating). Meanwhile, experiences satisfying competence, relatedness and autonomy, such as, eating healthy because of one’s own values and goals, result in more adaptive forms of eating regulation like healthy eating behaviours and less-diet specific behaviours (Verstuyf et al., 2012). Thus, from a SDT perspective, in order to foster and maintain behaviour change in weight control, satisfaction of all three basic psychological needs and goals, integrated as a sense of self, must occur (Teixeira, et al., 2012). Weight control interventions designed with SDT, should be focused on *wanting* to change the behaviour rather than *should* change the behaviour (Silva et al., 2011). Therefore, internalization of the behaviour by the individual becomes the motivational aid rather than some external force (Silva et al., 2011).

Representation of the Fat Body in Popular Culture

In Western society, overweight and obese stereotypes (e.g., lazy, greedy, unintelligent) are seldom challenged, with the overweight or obese body left to endure social inequalities and unfair treatment (Glenn et al., 2013; Puhl & Heuer, 2009). In the United States, the rate of weight discrimination among women is shown to be comparable to the rate of racial discrimination (Puhl, Andreyeva, & Brownell, 2008). Even though both awareness and attention to weight prejudices have increased in recent years, both overweight and obese women still remain victims of discrimination within employment settings (e.g., wage penalty, job evaluations and hiring), health-care settings (e.g., perceived bias treatment, and endorsement of stereotypes by health-professionals), interpersonal relationships (e.g., perceived weight bias from family members and friends), and the media (e.g., reality television, news and film) (Puhl & Brownell, 2001; 2003; Puhl, & Heuer, 2009; Roehling, 1999; Teachman, Gapinski, Brownell, Rawlings, & Jeyaram, 2003). Considering the shame, guilt and embarrassment that many overweight and obese women experience within social settings, more specifically, in fitness gyms (Mansfield, 2011), stigmatization of the overweight or obese body may actually play a substantial role in exercise and dietary consequences such as, maladaptive eating and maladaptive or lack of exercise behaviours (Puhl, & Heuer, 2009). As Mansfield (2011) explains, the “fit” body tends to judge the “fat” body on their inability to achieve performance and appearance ideals. As a result, the underlying belief within popular culture implies that a body that is worked on through diet, exercise and cosmetic procedures is rewarded with a promise of more freedom, luxury, energy and sexuality (Mansfield, 2011; Markula & Kennedy, 2011).

Women’s bodies are targeted more than men’s in that women are under aesthetic scrutiny where proper femininity is based on physical attractiveness and a slender body (Tischner &

Malson, 2012). As Tischner and Malson (2012) explain, neoliberalisation of health, that is, the female body is sought as a matter of individual responsibility. Thus, the “good” female will adhere to the aesthetic regimes and practices of health such as, eating certain foods, and engaging in certain exercises. Consequently, clinical and cultural discourses surrounding body weight tend to construct and portray “fatness” as diseased and “thinness” as healthy (Glen et al., 2013; Tischner & Malson, 2012). In the fitness discourse, the fat body tends to be positioned as deviant when compared to the “fit and healthy” or so-called normal body (Mansfield, 2011). The overweight and obese female body is deemed a “problem” and thus marginalized socially, especially in the exercise and physical activity domain (Mansfield, 2011; McGannon & Spence, 2012). For instance, within health and fitness clubs, “whispered conversations, raised eyebrows, and shakes of the head characterize reactions to fatness” (Mansfield, 2011, p. 85). Ultimately, the “ideal and fit” woman is told to be free, self-regulating and autonomous but at the same time to choose the correct actions/behaviours in order to improve the self (Markula, 2001; McGannon & Spence, 2012; Rose, 1996).

Within Western society, both overweight and obese women are targeted for being unmotivated and uncommitted to healthy living and therefore identified as a failed body (Murray, 2005). According to Murray (2005), the fat body is perceived as abnormal and perverse. In order to be accepted within society, the fat body is supposed to engage in a constant transformation of “becoming” something and/or someone else- thus “*unbecoming*” (p. 155). More specifically, by transforming the fat body into a more aesthetically pleasing figure, distance is put between how one appears to others and what the reality of one’s fat really is (Murray, 2005). Meaning that, as a fat woman, she is expected to create a body that is thin, rather than keeping her true shape (Murray, 2005). For instance, Murray (2005) goes on to

describe her real-life experience of being an overweight woman, trying to construct, a new, “thin” body from a typically overweight body.

Tracks of zigzags ran down over my belly where the panel had pushed me into shape. Painful red welts had formed where my legs met my hips...The imprints left by the control top underpants were like branding on my fat body. The offensiveness of my fat body was literally etched into the flesh. These bodily brandings functioned as reminders of the expected transience of my fat, its excess in need of control, containment, and its attempt to fit uncomfortably into clothes that pull it in and discipline it, and the society that enforces its unfixed boundaries (Murray, 2005, p. 156).

The above example provides a clear depiction of how society promotes a need for making the fat body a thin body (Murray, 2005). By defining the fat body as abnormal, we place it “...in opposition to rigid notions of a stable, slender normality” (Cooper, 2012, p. 36). In particular, diet, exercise and cosmetic industries have built their successes on transforming the body to a more ‘viable’ self. For this reason, the overweight and obese body remains dynamic; intertwined within social, cultural and economic contexts (Probyn, 2009).

When we see a body that is different (e.g., fat) from that of the tall, thin, aesthetically pleasing figure that our society constantly reinforces, our tacit knowledge that drives the way we perceive others, views this (fat) body as greedy, lazy and inferior (Murray, 2007). Simply put, we internalize and live out what society tells us about body types. Such discourses are how we understand and govern our own experiences and the experiences we have with others, meaning that our identities are managed through perception (Murray, 2007). We believe that the essence of who we really are is how others perceive us and how we perceive others (Murray, 2007). Murray (2007) suggests that thinness signifies being “universally feminine” (p. 364). The thin

body is constructed as having power and influence as well as providing the “backdrop” for how we view the body as either normal or atypical (Murray, 2007).

From an exercise psychology perspective, focusing on the meanings and intricacies of the fat female body explores and offers new insights on overweight and obese women’s motivation (or lack of motivation) for weight loss and/or weight maintenance. More specifically, understanding the fat female body in terms of the media and popular culture, allows for new discoveries and deeper understanding of how popular culture (i.e., media) ideals may facilitate, or inhibit dietary and exercise behaviours (Puhl & Heuer, 2009).

Overweight and Obese Body as Portrayed by the Media

Currently within Western society, there is a “collective knowingness” (Murray, 2005), which tends to govern how we perceive and pass judgement on obese bodies. In our culture, we assume that all overweight and obese women have the same or similar histories for the way their bodies appear. As we perceive it, the overweight or obese woman is an uncontrollable eater with over-emotional tendencies (Murray, 2005), who lacks both the motivation and knowledge to exercise (McGannon & Spence, 2012). To further explain, we, as human beings, are spectators who believe we know why the fat female body is obese (Murray, 2005). These above notions are silent presumptions (Murray, 2005) that we seem to view as “truth.” However, attention needs to be paid to this “collective knowingness” surrounding both the overweight and obese female bodies, because these taken for granted meanings and truths are what inform us, as well as shape our perceptions and actions towards what we deem to be normal (Murray, 2007). It is important to expand this work because the media realm that constructs, communicates and perpetuates particular health-related meanings, tends to compete with health promotion messages that may encourage more healthful behavioural practices and realistic self-related reviews (Berry

& Spence, 2009; McGannon & Spence, 2010; 2012). The promotion of a healthy diet and regular exercise remains warranted (see WHO, 2012), yet many industries such as the media and weight loss industries promote unrealistic and/or unhealthy dietary and exercise practices, which may further target an audience who struggle to obtain the unobtainable body (Markula, 2001). Though arguably, the ideals and standards as to what constitutes a fit, female body are so narrow, that no one can obtain the body marketed and promoted by the media (McGannon & Spence, 2012). Regardless, the promotion of the unobtainable fit female body via unhealthy dietary and exercise practices coupled with the stigmatization of those who are overweight or obese remains problematic because a narrow version of what constitutes fitness is externally motivated which discourages performance (Vansteenkiste, et al., 2007), leading to lower adherence rates (Standage & Vallerand, 2007).

As noted previously, media representations of the ideal female body are that of a thin, fit, healthy woman (Markula & Kennedy, 2011). More specifically, in the area of exercise and fitness, these representations view femininity as being Caucasian, toned and thin (Markula & Kennedy, 2011). McGannon and Spence's (2012) research on news media representations of women's exercise as promoted within a health section, resulted in over half of the investigated articles constructing women's exercise within a discourse of beautification. In line with previous research concerning media and women's exercise promotion, this discourse (beautification) constructs the ideal female body as being thin and toned- a body that society and culture deem poised, polished, and effortless (McGannon & Spence, 2012). In addition, this construction of the ideal female body was succumbed to via forms of attainment through gender-specific exercises such as dance, lifting light weights, and participation in fitness and/or group classes (Brazbon, 2006), and belly dancing (McGannon & Spence, 2012). The discourse of

beautification as identified in McGannon and Spence's (2012) study indicated that the fit female body is endowed with "confidence, gracefulness, control, strength, and sexiness" (p. 37), whereas the unfit female body is portrayed as lacking confidence, knowledge about exercise and is powerless (McGannon & Spence, 2012). Consequently, the discourse of the unfit female body constructs overweight and obese women as lacking the aesthetically pleasing musculature as well as the discipline and motivation to engage in behaviours to attain the fit female body (McGannon & Spence, 2012).

In gyms and fitness clubs, fatness, and fitness are regarded as mutually exclusive. In fitness gyms, being thin is associated with competency and normalcy, while, being fat is associated with exclusion and disgracefulness (Mansfield, 2011). However, fitness/group classes provide more to women than just a "nice" figure (Brazbon, 2006). Yet, it is unfeminine for women's exercise to be tough, sweaty and full of determination (Brazbon, 2006). Brazbon (2006) goes on to explain how fitness has become a feminist issue, intertwined in society and politics.

Physical movement encourages 'unfeminine' behaviour such as sweating, aggression, strength, and body competency. While weight reduction is a domestic issue, locked in the cupboards and kitchens of the home, exercise releases women onto the streets, gym and track- sites saturated in patriarchal histories and truths. Beyond low-fat cooking and the weigh in, feminism can run with fitness (Brazbon, 2006, p. 79).

Few places in society are actually accepting of the fat body. Weight-loss and/or body transformation centres also known as fitness clubs, and weight loss centres acknowledge both overweight and obese individuals as sites for counselling and economic satisfaction. More specifically, with societal requirements for women's bodies to be slim and toned, the woman's

body has become the consumer site for multi-billion dollar weight loss industries (Boero, 2006; Markula & Kennedy, 2011). These above-mentioned industries view the fat body as a problem that needs solving (Brazbon, 2006). In society, the fat body has been said to be the most blatant form of discrimination, as it is constantly on display, judged, ridiculed and stereotyped (Brazbon, 2006). For instance, oppression of fat women is evident in media industries such as fashion and magazine businesses whereby plus size clothes are only designed in certain styles, up to a certain size, and the size 8-10 models are sometimes portrayed on the front of covers, for non-aesthetic purposes (Brazbon, 2006).

Overall, the “success” stories of dieters who have lost relatively small amounts of weight are most often portrayed in the media as white, middle class and between the ages of 30-50 years (Boero, 2007). These women, who count every calorie, exercise daily, and never take days off are regarded as skillful and dedicated (Boero, 2007). Cliché’s such as “no pain, no gain,” and “not allowed to give up,” become a cultural norm and taken for granted part of exercise promotion discourse, despite any emotional strain, psychological distress or anxiety that may accompany the exercise (Dworkin & Wachs, 2009). Thus, the female body is a project; a transformation of the self that is negotiated, on display, and housed in anxiety (Brazbon, 2006). Considering “media-saturated consumer culture forms the context of women’s involvement in exercise and that it’s impossible for women to escape it’s influence” (Markula & Kennedy, 2011, p. 15), using the media to explore female exercise may help in the understanding of the consequences that fitness cultures have on women’s self-conceptions (Mansfield, 2012).

Reality Television and the Portrayal of Overweight and/or Obesity

Much is to be learned about how exercise is constructed within media discourses, more specifically reality television and the implications for women’s health promotion. To further our

understanding about how these meanings and their complexities, may influence female participation in exercise and dietary behaviours, it is important to focus our attention towards a specific form of media such as, reality television. In addition to analyses of women's fitness magazines, advertisements, and newspapers, reality television shows are valuable cultural sites to investigate portrayals of women's body image (see Hall Gallagher & Pecot-Hebert, 2007; Rodan, 2010; Thomas, et al., 2007) and exercise in everyday life. Although social, cultural, media, and health scholars have produced informative analyses regarding reality makeover shows and the female body image (e.g., Rodan, 2010; Lewis, 2008; Heller, 2008; Thomas, et al., 2007) limited research has explored the fat female body in terms of exercise and motivation within reality television programs.

According to Hall Gallagher and Pecot-Hebert (2007), reality makeover television shows such as *A Makeover Story*, *What Not to Wear* and *Extreme Makeover* “construct, merchandise and exchange the female image” (Hall Gallagher & Pecot-Hebert, 2007, p. 75). The relationship that women have with their bodies are essentially products; something that can be purchased and transformed. In addition, the female body image is ever-changing with women taking more extreme measures to transform their self into something that is viewed by others as socially acceptable (Hall Gallagher & Pecot-Hebert, 2007). Reality makeover television shows show the transformation of the female body to the ideal female body as enduring the pain and discomfort because the act of becoming aesthetically pleasing outweighs the consequences of body transformation surgeries and low self-esteem (see Hall Gallagher & Pecot-Hebert, 2007). Thus, the problem remains.

Reality television shows have expanded the opportunities for media to represent (or misrepresent) both overweight and obese individuals (Sender & Sullivan, 2008). For instance,

The Biggest Loser constructs the obese body as slothful, gluttonous, and asexual, deeming obesity as a moral failure (Jones, 2010). Contestants comment on the increased energy accumulated during their weight loss, thus giving viewers the perception that they must have been lazy beforehand. Additionally, temptation challenges push contestants to use their greed for good (e.g. winning \$100,000) instead of evil (e.g., eating food), while the relationships between spouses, children, and other family members are offered as a reward when contestants lose weight (Jones, 2010). Comparatively, one of the main claims from *The Biggest Loser Australia* is that thinner people are happier and freer than obese people (Rodan, 2007). This claim is a clear demonstration of the fairy-tale narrative that is promoted and reinforced in society (Murray, 2005, 2007). However, what is not mentioned is that these claims do not account for the regulations (e.g. intense exercise and counting calories) that are required for people to maintain their slim, “ideal-like” body. The promotion of weight-loss products, certain meal replacement options along with a sense of fulfillment, which more often than not ends in a continual process of body transformation (Hall Gallagher & Pecot-Hebert, 2007), exemplify reality television’s pure entertainment value. Thus, consumer cultures capitalize on reality television shows such as *The Biggest Loser Australia*, considering the show has been found to be viewed as promotional site for products and promises of transcendence- something that most individuals cannot afford (Rodan, 2007). Considering the above entertainment values, media industries such as reality television still claim to offer a real-life view of the people, situations, and their difficulties (Ouellette & Murray, 2009).

Furthermore, Hall Gallagher and Pecot-Hebert’s (2007) research suggests that one representation of the obese self is that it is in need of being made over because it is undesirable, unproductive, unhealthy and unworthy in comparison to the slim/thin body. Building on Hall

Gallagher and Pecot-Hebert's (2007) work, Jones' (2011) examination of rhetoric pertaining to *The Biggest Loser* as it applies to both body and beauty ideals suggests that *The Biggest Loser* is a site for the fat body to decontaminate and reinsert themselves into society as thin. For instance, fat is pathologized (Jones, 2010). Being fat is illustrated as something that is broken and/or damaged, thus needing to be fixed (e.g., made thin) (Jones, 2010). Expanding on Jones' (2010) work, there is a notion constructing the overweight and obese body, which assumes the thin body is trapped behind walls of fat. In particular, *The Biggest Loser* offers a promise of freedom- but only once the fat body has been transformed to thin. Such a notion is said to be the "real" identity of the overweight/obese body (Jones, 2010). These notions imply that fatness is a prison that can be "freed" through (strict) diets and (disordered) exercise (Jones, 2010; Thomas et al., 2007). The promotion of a healthy diet and regular exercise hold moral implications regarding how people should act. However, such promotions are associated with a thin body (Evans, 2006), thus a representation of control and "good health" (Rich, 2011, p. 5). However, the loss of a significant amount of weight asserts that because the body is now thin, it is healthy and fit (Jones, 2010). What is failed to be mentioned is that disordered dieting strains the cardiovascular system, which is a fundamental indicator for a longer-lasting life (Campos, 2004) and has an impact on the psyche and the self that is not healthy (Busanich & McGannon, 2010; McGannon & Spence, 2012).

Contrastingly, according to Thomas et al. (2007), some viewers of *The Biggest Loser Australia* believe the concept of weight loss through diet and exercise that is supported on the reality television show is beneficial. Such beliefs may speak to the ingrained and taken for granted beliefs that exercise should be used as a form of punishment for fatness and/or the various stigmas and stereotypes surrounding fat bodies. However, at the same time, the majority

of viewers feel that the show's concept is offensive, invasive and ludicrous (Thomas, et al., 2007). More specifically, the show's approach is believed to be unrealistic, and unaffordable for most individuals, and the rate at which contestants lose weight is dangerous and unhealthy (Thomas, et al., 2007). *The Biggest Loser Australia* gives the impression that obese people can change if they are bullied and/or degraded, and therefore negatively impacts the societal perceptions of obese people (Thomas, et al., 2007).

In Canada, reality weight loss television shows like *X-Weighted* and *Last 10lbs Bootcamp* tend to focus on more practical methods of weight loss in comparison to the extreme "quick fix" regimes in American reality television portrayals (e.g. *The Biggest Loser*) (Blaskiewicz, 2009). American reality weight loss television primarily focuses on the consumption of products and services such as winning money, and hiring personal trainers, while Canadian reality weight loss television primarily focuses on the ideology of beauty and thinness such as fitting into a target outfit to look good for a significant other-usually a man. Although both American and Canadian portrayals of weight loss are tough to attain and reinforce problematic cultural norms concerning femininity, Canadian reality weight loss television is deemed as more realistic in terms of weight loss and healthy eating (Blaskiewicz, 2009). For instance, the *Last 10lbs Bootcamp* emphasizes losing ten pounds over four weeks, while *The Biggest Loser* pushes for extreme weight loss, such as losing ten pounds in one week (Blaskiewicz, 2009). Both American and Canadian reality weight loss television are problematic from a health promotion standpoint as they promote: 1) idealistic beauty norms, and a narrow version of femininity; 2) a form of consumption/consumerism that only a select few have the time or inclination to afford or access and; 3) external regulations such as, material objects, as means of weight loss achievement (Blaskiewicz, 2009). With such promotions, the blame is put on the individual self for their

overweight and/or obesity problem, as well as makes the individual self fully responsible for their overweight and/or obese body (Blaskiewicz, 2009). More prominently, reality weight loss television concentrates on the specific outcome number found on the scale, rather than how healthful or realistic the dietary and exercise practices used to attain the weight loss are, and the individual actually feels throughout the process regardless of whether or not weight loss goals are attained (Blaskiewicz, 2009). Additionally, *The Biggest Loser* neglects to offer any information on short term and long term health implications relating to obesity, and disordered eating and exercise (Silk, Francombe, & Bachelor, 2011). Furthermore, *The Biggest Loser* does not deem the contestants as self responsible for weight loss strategies (e.g., dietary and exercise behaviours) and healthy living informed to the public (Silk et al., 2011), though the show certainly blames individuals for being “out of control” and fat in the first place.

Interpreted within an SDT lens, the above findings on how both the overweight and obese female body is promoted and represented within the media and reality television exemplify the discouragement of identified, integrated and intrinsically motivated acts such as health, well-being, personal importance, and interest. Goals of attaining an ideal body weight along with physical beauty are exemplars of Deci and Ryan’s (2000) definition of extrinsic goals, specifically, external regulation. For instance, physical beauty and ideal body weight are a type of reward granted for losing weight.

Purpose and Research Questions

Given the foregoing research outlined within this chapter, there are several gaps and key issues that warrant further study. While a wealth of literature has explored women’s body image in relation to overweight and the media, research is limited when it comes to exploring representations of the female body in relation to exercise and motivation within reality television,

and the potential psychological implications such representations hold. The media, which has been shown to direct our behaviours (Orbe, 2013) continues to promote problematic dietary and exercise behaviours such as disordered eating, over-exercising and avoidance of exercise (Eriksson et al., 2008; Fallon & Hausenblas, 2005; McGannon & Spence, 2012; Prichard & Tiggeman, 2008). Such problematic promotions of dietary and exercise behaviours in media culture perhaps contribute to women's lack of motivation (and thus lack of adherence and/or disengagement of exercise) for more healthful weight loss practices such as a healthy diet and exercise. Thus, it is not only important to explore the issue of the "fat" female body, it is crucial to consider the meanings and the complexities of these cultural representations, and how these meanings may motivate and/or regulate women's participation in weight loss practices, specifically exercise and dietary behaviours (Berry & Spence, 2009; Markula & Kennedy, 2011; McGannon & Spence, 2012).

Additionally, while SDT has been shown to be a useful theoretical framework with which to make sense of and/or interpret motivation in relation to exercise, no research has yet employed SDT to make sense of and/or interpret cultural representations (e.g., reality television) concerning overweight and weight loss practices and the implications. By identifying and understanding media representations using SDT, further understanding of broader narratives and representations of overweight and weight loss practices and the motivational implications are gained. In so doing, space is opened for further possibilities, concerning additional understandings of motivation and exercise, and recommendations for exercise promotion. For instance, space is opened up to consider the cultural representations of exercise promotion in relation to weight loss and what works and/or what may be problematic.

Therefore, the purpose of my present study was to explore the weight loss portrayals in

women as well as explore how weight loss in relation to dietary and exercise practices is portrayed within reality television's *The Biggest Loser*, Season 13 using SDT. The following research questions guided the study: (1) How are weight loss practices and strategies represented, discussed and delivered, through the reality television show *The Biggest Loser*? (2) What are the consequences (e.g., motivational, psychological, behavioural) of the various forms of weight loss representations and promotion for overweight and obese women, from a SDT perspective.

Chapter Three

Methodology

In the following chapter, the methods used and the central components of the methodology used (i.e., ethnographic content analysis, ECA) to answer the purpose and specific research questions of interest are outlined. ECA was selected as the methodology for my current media research because its design and intention is to use various types of visual and text in media formats such as television to explore the interactions between individual perspectives that is, the viewer of the television program and patterns of meaning such as the messages that emerge from the television program. Exploring the interaction between individual perspectives and patterns of meaning remains important as we are able to understand how reality television programs such as *The Biggest Loser*, influences our perception about social definitions (e.g., the fat female body in relation to diet and exercise behaviours), our social lives and their consequences (e.g., both overweight and obese women's motivations to engage in or disengage in weight loss practices) (see Altheide, 1996). What follows is a more detailed discussion of these methods and methodology as they related to the present study's overarching purpose and line of inquiry.

Reflexivity

In order to do worthwhile qualitative research, I as the researcher must situate my self and my identity into the research (see McGannon & Johnson, 2009; McGannon & Metz, 2010; Schinke, McGannon, Parham, & Lane, 2012). In doing so, I explore any curiosities, surprises and unexpected turns that may have happened throughout the research process (see McGannon & Johnson, 2009; McGannon & Metz, 2010; Schinke, McGannon, Parham, & Lane, 2012). By being self-reflexive, I align myself with my methodology of ECA in that I challenge the notion that I have collected and evaluated data within my study out of strict objectivity, but rather I

blended together objectivity with subjectivity. While the initial part of my data analysis process was objective, emphasis was placed on uncovering new emergent themes through reflexive practices such as note-taking/journaling of any curiosities, biases and my own viewpoints that may have surfaced (see Altheide, 1996). I asked myself the questions, “What do I know?”, “Why do I know it?”, and “How do I know it?” so that I try to refrain from speaking from an objective, impersonal perspective (see McGannon & Johnson, 2009; McGannon & Metz, 2010; Schinke, et al., 2012). In doing so, not only do I learn about others in relation to my own self, but I also learn about my self in relation to others (McGannon & Johnson, 2009; McGannon & Metz, 2010; Schinke, et al., 2012). In this sense, I try to make aware any power issues that arise between myself as the researcher and the participants (see McGannon & Johnson, 2009; Schinke et al., 2012).

Within the context of the current study, I acknowledge my position as well as my potential viewpoints and values. Ongoing note-taking/journaling of my thoughts and curiosities before, throughout and at the completion of the data collection and data analysis stages made me more aware of my biases and also helped familiarize myself with the data. Having watched *The Biggest Loser* since season 8, I was always irritated by *The Biggest Loser's* promotion of exercise through extensive amounts of time dedicated towards working out in a gym and the activities the trainer's had the contestants perform. As a viewer of past *Biggest Loser* seasons, a weight loss consultant for overweight and obese women as well as being a health advocate through my formal education, I have argued the media's representations of both overweight and obese women, along with the promotion of weight loss practices as being unrealistic and disorderedly. By making both myself and others aware of how my own self has framed how I view weight loss practices on *The Biggest Loser* further elucidates how I as the researcher

influenced my research study and the participants within my research (see Schinke et al.,2012).

More specifically, I noticed throughout my note-taking that my thoughts concentrated on the trainers and the contestants within *The Biggest Loser* show. The promotion of exercise on *The Biggest Loser* was further aggravated by the trainer's on the show. Having only undergraduate degrees and personal training certifications, I found the advice the trainer's on *The Biggest Loser* offered to be unreasonable (e.g., exercising 5-7 hours per day) and not representative of real-world individuals. Exercising for the amount of time that a typical individual would commit to their job seems, to me, unrealistic and excessive. Additionally, the advice given by the trainers on the show were portrayed, at times, as hypocritical and condescending. Trainers would swear, put pressure on contestants, use guilt, and threaten contestants as a source of motivation to engage them in exercise. Not only did trainers become overly competitive with the contestants under supervision, but they degraded individuals for allowing themselves to become overweight or obese. Recording all of these thoughts then led me into my feelings and views about the contestants on *The Biggest Loser*. I felt that *The Biggest Loser* show undermined the contestants as they were always referred to as overweight or obese. Deeming the contestants as lazy prior to the show, I also felt that *The Biggest Loser* portrayed both overweight and obese individuals as unable to "keep up" to the demands of the rigorous exercise workouts that trainers put them through. At times, I was not only embarrassed for the contestants on the show who were "set on display," but I was embarrassed for those individuals who have been struggling with overweight or obesity issues, sitting at home watching the show and the problematic perceptions that may have been taken away from such promotions (e.g., afraid to exercise, disengage from exercise, or over-exercise).

My current study also focuses on a marginalized gender-the fat woman. More

specifically, the women within my study range in age between 24 and 42 years. Falling on the younger end of this age spectrum, I am a 25, soon to be 26 year old, white, thin, female, with a background in sport and exercise-both in theory (formal education) and applied forms (former competitive figure skater). As such, I acknowledge that I am writing about a type of gender class that I am unfamiliar with because I have not lived a life as a fat woman. Standing 5'1 and 114lbs, I am deemed to be of below average height and of normal weight- by standardized measure. In light of my inexperience living as a fat woman, I try to write this research within a first person narrative. I use Conda, Kim, Emily and Chris's own words to communicate and illustrate the representations, discussion and the deliverance of weight loss practices for both overweight and obese women as portrayed on *The Biggest Loser*. In using a first person voice, I aim to allow Conda, Kim, Emily and Chris to speak for themselves, rather than an outsider (myself) trying to give voice to a population (i.e., both overweight and obese women) I have little experience with. As a result, I hope readers are able to interpret my writing as though I am not marginalizing overweight and obese women, but rather acknowledging and trying to better understand how weight loss is promoted in the media from a SDT perspective, using Conda, Kim, Emily and Chris's voices.

Although I have not experienced the social inequalities (e.g., unattractive, lazy, and unintelligent), and the self-loathing many of the contestants on *The Biggest Loser* are portrayed to have experienced (e.g., feeling unattractive, out of control, and unconfident) I can try to better understand the participant's viewpoints through my own personal experiences working with both overweight and obese women in a weight loss setting and how many of my clients' motivations to lose weight aligned with Conda, Kim, Emily and Chris's motivations for weight loss on *The Biggest Loser*. Having accepted a job at a weight loss centre in my early twenties promoting and

counselling both overweight and obese women to a thinner, more attractive self, I was quickly made aware of the company's marketing tactics, and their views on the fat body (as a problem in need of urgent fixing). While I continued to work one-on-one with both overweight and obese men and women counselling them on their 1200 calorie a day diet and pushing weight loss supplements at \$200 a week, I despised the job. I was told I could not promote exercise to my clients, as the program did not require it. Against the company's wishes, I continued to provide my clients with exercise strategies in addition to their "lifestyle program's" dietary requirements. As a health advocate, I found such promotion (and lack of promotion) of healthy eating and exercise at a Canada-wide level very unethical and hypocritical of the company's claim for a healthier lifestyle. It was not until this research study when I was exploring the literature behind weight loss as it is promoted in the media that I realized how my background- my own thoughts, biases, viewpoints and actions while working with a marginalized population in a weight loss setting years ago, would have bearing on how this study was produced and delivered.

Throughout this research, I realized the forthright, hurtful, demoralizing things that are constantly said by others regarding the fat female body. I am aware (and have always been aware) that the fat body is subjected to judgement, but I never gave thought to how often (e.g., daily) such judgements are made until I heard Conda, Kim, Emily and Chris's portrayals through *The Biggest Loser*. Can you imagine being laughed at, degraded and stared at as objects every time you stepped out of the comfort of your home? In being self-reflexive throughout my study, I became more aware of how my own biases and social identity may affect the research and readers of my research (see Schinke et al., 2012). Through the journaling of my own experience as a weight loss consultant and the biases, and viewpoints that I hold, I am now better able to acknowledge as well as understand Conda, Kim, Emily and Chris's initial motivations for

wanting to lose weight (e.g., tired of feeling like a failure, wanting to gain self-control, and wanting to be a better role model for their children) on *The Biggest Loser*, as many of these claims were the same claims that my clients came to me with at the weight loss centre, trying to seek immediate help.

Not only do I feel that *The Biggest Loser* promotes thinness as more attractive, but they are also portrayed as having more control and freedom in comparison to the fat woman (see Jones, 2010; Rodan, 2007) -a promotion that the very weight loss centre I was employed with, utilized. Having worked in the weight loss industry alongside various forms of media (e.g., billboards, television advertisements, internet advertisements, magazines and newspapers) that promote unrealistic, and unhealthy weight loss practices has made me better understand Conda, Kim, Emily and Chris's search for a thinner life on *The Biggest Loser*. My past experience counselling women to a thinner, more attractive self at the weight loss centre, made me very aware of how various forms of media such as television, magazines, newspapers and advertisements promote weight loss and the fat female body as a problem that could be, and should be fixed. Considering the portrayals of women not only on *The Biggest Loser* but through various other forms of media (e.g., magazines, internet, and newspapers) as well as my own experience in the weight loss industry, I can understand why some women may choose to engage in what I deem to be disordered and/or excessive exercise and unhealthy dietary practices rather than being the product of someone else's and/or the media's ridicule. While I cannot say I *know* how Conda, Kim, Emily and Chris actually feel, I can acknowledge and try to better understand their social and political viewpoints as well as their decisions for wanting to lose weight.

Having been a player in the promotion for quick and rapid weight loss with the goal of a

more attractive self, I wanted to try and highlight in this study, for women in particular, that what we see in the media (specifically television) is not always representative of a healthy, autonomous lifestyle. Perhaps it is the guilt that I feel having worked in a setting that I had absolute disregard for yet still continued to help alter people's lives by means of unhealthy weight loss practices (e.g., strict dietary behaviours and consumption of weight loss supplements) that made me gravitate to this research, or maybe I am just tired of the way women are constantly positioned in the media as needing to be thin, toned and white (see McGannon & Spence, 2012). Whatever the combination may be, this current study drew my attention because I believe we need to challenge the media's promotion of weight loss practices such as dietary and exercise behaviours, especially for women because the construction of women's bodies and fitness (see McGannon & Spence, 2012) has both psychological (e.g., pressure, guilt and anxiety) and behavioural implications (e.g., lack of or disengaging from exercise, and engaging in binge eating behaviours) for a women's sense of self (e.g., self-confidence and self-esteem), and her overall health and well-being (e.g., self-regulation of diet and exercise behaviours).

Media Context: *The Biggest Loser*

In order to answer the research questions of interest, NBC's reality weight loss television show, *The Biggest Loser* (Season 13) was the focus of this research because of its global attention (Silk et al., 2011) and because the show "centres on 'correcting' the obesity 'disease' through structured [e.g. diet and exercise], and competitive weight loss" (Silk et al., 2011, p. 6). Not only does this specific reality television show encourage both overweight and obese men and women to transform their bodies by shedding pounds through dietary and exercise behaviours (e.g., challenges, temptations, weigh-ins and eliminations), the show claims to do so in a safe and recommended manner (Silk et al., 2011). Such a claim has gained the attention of approximately

6.5 million viewers between the ages of 18 and 54 years of age on a weekly basis (NBC Universal Inc., 2012, Ratings: Ratings Primetime Week of Apr. 16-22, para. 5) as they watch contestants compete for a grand prize of \$250,000.

Season 13 of *The Biggest Loser* is themed “No Excuses,” and focuses on 10 teams who are in “pairs” (e.g., brothers, mother/daughter, father/son, brother/sister, and grandmother/granddaughter). In total there were 20 contestants (11 women and 9 men) ranging in age from 19-63 years. The contestants have been chosen for the show because they have 85lbs or more to lose and relied on excuses such as laziness, time constraints, addiction to food, injury, procrastination and a lack of concern (NBC, 2012) for their overweight and obesity issues. The contestants spent up to three months living, eating and exercising at a Southern California ranch, then returned home to complete their weight loss journey (Sender & Sullivan, 2008).

Initially on the show, contestants were told that they would be competing alongside a relative, except for Kim and Emily, who were paired as strangers based on their former status as ‘athletes’. During the first episode of *The Biggest Loser*, contestants found out that they would be separated from their relative or loved one into two groups, competing against one another. Near the final episodes, teams were dissolved and *The Biggest Loser* became an individual event.

NBC’s *The Biggest Loser* is hosted by Alice Sweeney, former Days of our Lives actress and author of the *Mommy Diet*. In addition, season 13 of *The Biggest Loser* has five experts who guide the show, two of who are the fitness trainers leading the contestants with regular on-screen appearances (NBC, 2012). Bob Harper is the long-standing fitness expert/lifestyle coach on *The Biggest Loser*, having been on-screen since its debut in 2004. Bob holds credentials from American Fitness Training of Athletics Association, Aerobic and Fitness Association of

America, Level I CrossFit and CrossFit Olympic Lifting. Not only is Bob a fitness specialist whose fitness method focuses on the “inside out”, but he is also an author, has his own line of workout DVDs, health supplements and an online fitness club (NBC, 2012). The second on-screen fitness trainer on *The Biggest Loser* is Dolvett Quince. Dolvett has appeared on *The Biggest Loser* for the past two seasons (NBC, 2012). He is a former personal trainer for celebrities and owns his own personal training studio with the motto “changing lives one rep at a time” (NBC, 2012, para, 2). Off-screen there are three experts who help develop and guide the show in terms of diet, exercise and medical care. Dr. Robert Huizenga is a medical doctor and associate professor of clinical medicine at UCLA, as well as former L.A Raiders physician (NBC, 2012). Known as Dr. H on *The Biggest Loser*, he makes occasional on-screen appearances educating contestants on their overall health status throughout their weight-loss journey. With of all of this, Dr. Huizenga has authored various books on how to lose weight, while also running a fat loss facility in Southern California and having recurring roles as an expert on reality television shows such as *Extreme Makeover*, *Work Out*, *Thinervation*, *Shredding for the Wedding and Love Handles* (NBC, 2012). Co-writer of the diet plan on *The Biggest Loser*, Cheryl Forberg, is a Registered Dietitian and an award-winning chef. Cheryl is also a best-selling author and a former research dietician at Cedars Sinai Medical Centre in Los Angeles (NBC, 2012). Lastly, Sandy Krum is an ‘expert,’ on *The Biggest Loser*, who holds a Bachelor of Science Degree in Community Health Services/Sports Medicine from Ohio University. Sandy is also licensed with the National Athletic Trainers Association (NBC, 2012).

Outside of Sandy, clearly all of the “experts” on the show are consistent with the previous studies of *The Biggest Loser*, which suggest a large focus on consumption/consumerism within the context of weight loss discourse within American culture (i.e., all “experts” have weight loss

books and/or programs to also promote, market and sell).

Ethnographic Content Analysis (ECA)

ECA has been shown to be useful for the study of media methods (see Altheide, 1996; McGannon, Hoffman, Metz & Schinke, 2012). ECA is anchored in the principles of qualitative data collection and data analysis (Altheide, 1996), and both data collection and data analysis often overlap as themes emerge through repeated reading, writing and viewing of the data. While other forms of qualitative research such as, thematic analysis are flexible in that it is not embedded into a pre-existing theoretical framework but rather can be used within various theoretical frameworks (e.g., essentialism, and social constructionism) (Braun & Clarke, 2006), ECA differentiates itself as it is embedded in social constructionist views (see Altheide, 1996). In this sense, ECA searches for meaning in our social world as the way we communicate and behave shapes our social life (Altheide, 1996). While thematic analyses may use either a deductive (top-down approach) or inductive approach (bottom-up approach) (Braun & Clarke, 2006), ECA begins with a deductive approach in that themes are classified into pre-determined categories based on research questions, but then allows for an inductive approach wherein new themes are allowed to and expected to emerge from the data as the researcher remains central, highly reflexive and open to new and higher order connections between descriptive themes (Altheide, 1996). Categories and other variables may guide the study, but other categories, themes and variables may emerge, and are expected to emerge, “including an orientation toward *constant discovery and constant comparison*” (Altheide, 1996, p. 16). This constant discovery and constant comparison allows for furthering the definitions of specific categories as well as supplementing theoretical claims (Altheide, 1996). By using ECA, the researcher strives to be highly reflexive, interactive and continuously central to the research (Altheide, 1996). Clear

descriptions and definitions that are congruent with the theoretical framework are the products of ECA (Altheide, 1996).

ECA centralizes media content moreso than other thematic analyses as ECA concentrates on “the meaning of the activity, the situation from which it emerges and the importance of interaction for communication” (Altheide, 1996. p. 9). Simply put, the three main foci consistent with ECA are context, process and emergence. Context can be defined as the social situations surrounding the question of inquiry. For instance, as a viewer of *The Biggest Loser*, how I watched the television program, where I watched it from and who was surrounding me when I was watching the program all impact how *The Biggest Loser* was observed and heard. Thus, the interaction between me as a viewer and the television program remains important because my experiences and interactions provide meaning for the study. As a result, context needs to be understood in order to comprehend the significance of the program. Process refers to how the form of media under study is constructed. For instance, it is useful to understand how *The Biggest Loser* television program assembled (e.g., with time constraints, deadlines, and oriented to be visually appealing) in order to have a thorough understanding of the overall content. Emergence can be defined as “gradual shaping of meaning through understanding and interpretation” (Altheide, 1996, p.10). Emergence is a key informant for theoretical social analysts as they need to know how the individual or group of people define the situation in order understand the reasons for why and how people behave (Altheide, 1996). Overall, context, process and emergence are important for understanding the meanings and messages of media content as meanings rarely appear at once, but rather emerge or are made clear through detailed investigation of the media data (Altheide, 1996).

The overall intention of ECA is to understand and document the meaning underlying communication, as well as to verify prior theoretical relationships. Through ECA, new theories and/or concepts surface (Altheide, 1996) to allow for comprehensive findings on how pieces of media such as reality weight loss television programs portray the self, identity and/or culture.

Following Altheide's (1996) guidelines for ECA and McGannon et al.'s (2012) use of ECA in sport psychology media research, the primary author created a protocol sheet using theoretical categories and elements from Deci and Ryan's (2000) SDT. The protocol sheet included the three basic needs (i.e., autonomy, competence, and relatedness), types of motivations (i.e., amotivation, extrinsic motivation and intrinsic motivation) as well as the regulatory styles (i.e., external, introjected, identified, and integrated regulation) as outlined within SDT. Definitions of each of these in relation to exercise and weight loss were outlined initially. All 18 television episodes were catalogued using the protocol sheet in Microsoft Word. The main emphasis during data collection was capturing the meanings, processes, and definitions that were used as supplementation for understanding and interpreting other data. A reflective segment to supplement the authors' notes and/or comments, impressions and reactions to the data regarding how categories were similar to or different from each other accompanied the analysis (see Altheide, 1996). These notes aided in the initial coding and the refinement of existing categories as well as the identification of new categories as the analysis moved forward.

Preset codes and descriptive examples were used as identification tools (Altheide, 1996) as outlined above using components of SDT. Then half way through the data, reading, coding and analysis, the primary author revisited and analyzed what had been recorded to allow for new themes to emerge. An "other" category was created to allow for new themes and complex understandings of weight loss practices represented in both overweight and obese women to

emerge throughout the data. For example, weight loss promoted as a privilege emerged in the other category (e.g., ‘It’s sort of the deal you make. You can get this opportunity that millions of people want and audition for and you come to this place and you commit your time, your energy and your effort, there’s a crew and there’s food and you get this place to live, and trainers and people that care about you and all this,’ Broome et al., 2012, April 17), which fed into the broader theme of reaching weight loss goals equals success/not reaching weight loss goals equals failure. Revisiting and analyzing already recorded data is a crucial aspect of ECA as it emphasizes “constant discovery and constant comparison” (Altheide, 1996, p. 16) as well as locating the investigator within the research. Analysis proceeded through direct comparisons and contrasts between and within categories for each episode in addition to adding key words and thoughts throughout the coding procedure.

Each level of analysis was completed by the first author. In addition, relevant exercise psychology and health literature as well as social and cultural studies literature informed the author during the constant comparative and final stages of analysis. Allowing relevant literature to inform the analysis is a crucial aspect critical interpretation and the refinement of both existing themes and emergent themes resulting from our media analysis (Altheide, 1996).

The Biggest Loser Contestants

Within this study, four female contestants between the ages of 24 years and 42 years were specifically observed and analyzed on *The Biggest Loser* television program as their conversations and diet and exercise behaviours related to our research questions exploring the representations of how weight loss practices were portrayed within Season 13 of NBC’s *The Biggest Loser*. With the hope of regaining their lives back through diet and exercise, Conda Britt, Kim Neilson, Emily Joy, and Christine (Chris) Pickler were 4 out of 20 individuals who

auditioned and received contracts on *The Biggest Loser*. All four women were selected as key representations to answer the research questions of interest for this study because each of their individualistic weight loss journeys allowed for further insight into the motivations for *wanting* to lose weight (i.e., physical attractiveness, longevity to parent their children etc.), the behaviours that lead them to *actually* lose weight (i.e., disordered diet and exercise etc.), and the means by which weight loss practices were promoted on *The Biggest Loser* (i.e., exercise as punishment, weight loss as a privilege etc.). For those reasons, Conda, Kim, Emily and Chris's transformations align with the studies' research questions, allowing for further inquiry regarding how weight loss practices (such as diet and exercise) are promoted within reality television and the consequences of such promotion, specifically from a SDT perspective. Focusing on these contestants also allows for an exploration of the complexity of weight loss strategies and dietary and exercise practices within the context of SDT and different aspects of the self. In this regard, one contestant worked in the area of nutrition/health services (Conda), another was a former athlete (e.g., Kim) and several were single mothers. Additionally, from a qualitative research and media data standpoint, each of these contestants' unique stories yielded extensive and rich narratives – an important criteria for an ethnographic content analysis (see Altheide, 1996). Each of the contestants are discussed in turn.

Conda Britt. Conda Britt was a 24 year old, Nutrition Health Services Technician from Rockford Michigan. Conda is a single mother, with a young daughter named Brooklyn. Conda started her weight loss journey on *The Biggest Loser* with her brother Jeremy Britt. Labelled as the green team, Conda and Jeremy were very supportive and encouraging of each other throughout the four months on the *Biggest Loser* Ranch, helping each other to occupy 2 out of the 3 spots in the finale. At the beginning of her transformation, Conda weighed 294lbs. She

attributed her weight to genetics, stating that she has always been big and comes from a heavy family (Broome, Koops, Silverman, & Smith, 2012). Her motivation for losing weight came from her daughter. Conda not only wanted to lose weight for herself, but so she could be a better role model for Brooklyn. Conda's weight loss journey throughout *The Biggest Loser* provided much drama for viewers. Her attitude towards the trainers, workout regimes, and other contestants started as defensive and overly competitive, later progressing into a more respectful, supportive and open-minded woman.

Conda was trained by Dolvett Quince until episode # 1308, where she was switched with her brother (who was coached by Bob Harper) to opposing teams, making Conda now part of the black team (lead by Bob Harper) and Jeremy part of the red team (lead by Dolvett Quince). Throughout the show, Conda remained in alliance with her brother Jeremy, and teammates Mark Cornelison and Buddy Shuh, even after being asked to be a part of an all-girl alliance with contestants Emily Joy, Kim Neilson and Cassandra Struros. At the finale, Conda weighed in at 179lbs, losing 115lbs and 39.12% of her body weight in 16 weeks. Conda's weight loss within 16 weeks resulted in her taking 3rd place on Season 13 of *The Biggest Loser*.

Throughout *The Biggest Loser*, Conda's motivations for losing weight (i.e., for her daughter and herself) and her change in behaviour (e.g., from overly defensive and competitive to respectful and supportive) allowed for new and further insight regarding the portrayals of both overweight and obese women's motivations (i.e., external and introjected regulations) and the ways (e.g., through disordered exercise and diet behaviours) in which weight loss is achieved.

Kim Neilson. Kim Neilson is a 38 year old single mom of three, from Roswell Georgia. Kim is a former professional wrestler who broke her back in a wrestling match that ended her professional athletic career. At the beginning of her transformation, Kim weighed 252lbs.

Although Kim was sought as a threat on *The Biggest Loser* because of her effort, abilities and determination, she strived to occupy a spot on *The Biggest Loser* finale. However, at the finale, Kim became runner-up, losing only to Conda's brother Jeremy Britt. Kim's finale weigh-in reported her at 134lbs, losing 118lbs and 46.83% of her body weight, in 16 weeks.

Kim's motivation for weight loss was driven by her children and the notion of wanting to get "the athlete back" (Broome et al., 2012). Kim was tired of feeling like a failure and not being the person she knew she could be. All Kim wanted was to feel good about herself again (Broome et al., 2012). Kim's journey throughout *the Biggest Loser* focused on her independence, hard work and competitive spirit. Kim was very driven to succeed at every challenge she was confronted with. Her drive and talent made her the most prize-winning contestant on *The Biggest Loser*, Season 13. Kim won \$10,000 in an at-home rowing challenge, \$7,000 after losing 7lbs in one week and a 2013 Ford Escape SUV for having lost the highest percentage of weight in week 15. Although Kim perceived her rewards as success, she found herself alone after Cassandra and Emily were eliminated. Having been steadfast throughout much of her weight loss journey, Kim was finally able to open up to her trainer Dolvett Quince regarding the reasons for why she had to be independent and competitive on *The Biggest Loser*.

Kim's perception of a successful self is attributed to external motives (i.e., disordered weight loss, winning, and rewards), implying that her previous overweight self was a failure. Kim's external motives on *The Biggest Loser* makes her an applicable representative of how the media portrays weight loss practices in women and the implications concerning those weight loss portrayals.

Emily Joy. Emily Joy is a single, elementary school teacher from Huntersville, North Carolina. Emily is a former Olympic weightlifting competitor who lacked self-control and

engaged in over-eating behaviours (Broome et al., 2012). Emily discusses on *The Biggest Loser*, how being an athlete, she was always told what to do, when to do it and how to do it. With the feeling like others were controlling her, Emily found her own control in over-eating. Saying that she never had time nor made the time to exercise after her athletic career ended, Emily figured *The Biggest Loser* would help her gain a sense of control over her life. Emily started her weight loss journey with stranger, and former professional wrestler, Kim Neilson. Paired together, Emily and Kim were the last team to win the first challenge, gaining them access to *The Biggest Loser* Ranch. Emily was part of a 3 girl alliance during the show, teaming up with Kim and Cassandra in hopes to be a finalist on the show. However, after being one of two contestants to lose the least amount of body weight percentage on week # 11, Emily was viewed as a “threat” and thus eliminated from *The Biggest Loser*.

At the beginning of Emily’s weight loss journey, she weighed in at 264lbs, losing 74lbs in 11 weeks (her point of elimination). By the finale (week #16), Emily had lost 28lbs while at home, weighing in at 162lbs. Having lost 38.64% of her body weight and 102lbs overall, Emily was one contestant away from winning the “at-home” prize of \$100,000. This prize was offered to the contestant who lost the most amount of weight after being eliminated from *The Biggest Loser*; a goal she had been striving to achieve since being voted off of the show.

Emily battled with self-doubt during her time on the show, beating herself for not losing enough weight, not being good enough to perform the exercises correctly, or not winning challenges. Not only was Emily battle’s with herself on *the Biggest Loser* a challenge, she also assumed that her father (and former weightlifting coach) doubted her abilities after she gained weight, and therefore thought he was ashamed of her (Broome et al., 2012). The portrayal of Emily while on *The Biggest Loser* also reinforced the opportunities that were granted while

living on *The Biggest Loser* Ranch (which will be discussed in detail later). What can be noted is Emily relied heavily on the help from her trainer Bob Harper and nutritionist Rachel Beller; perceiving Bob especially, as the reason she was able to lose weight. Additionally, Emily viewed the fully stocked shelves of nutritious food and access to a well-equipped gym on the *Biggest Loser* ranch, as the opportunities that made her weight loss successful.

Considering the focus that *The Biggest Loser* took portraying Emily's behaviour, as well as her perception of self and the opportunities provided, she stands out and creates discussion around the promotion and the consequences of weight loss practices as portrayed within reality weight loss television. Emily's behaviour, as depicted in *The Biggest Loser*, coincides with what we hear and see in media messages (ie., newspaper, magazines and television shows) and consequently, competes with health promotion messages.

Chris Pickler. Chris Pickler is a 42 year old, self-employed, married mother of four from Middlebury, Indiana. Chris started her journey on *The Biggest Loser* with her husband Roy, stating that she was an emotional eater (Broome et al., 2012). Chris's motivation to lose weight was so she could regain control of her life. Working many side jobs and living paycheck to paycheck, Chris found she lost control of who she was, leading to over-eating. When Chris started her weight loss journey on *The Biggest Loser*, she weighed 240lbs. Having outlasted her husband on *The Biggest Loser* Ranch, Chris was eliminated week# 14 after gaining 2lbs from the previous week. At the time of elimination, Chris had lost 68lbs in 14 weeks.

Throughout her weight loss journey on *The Biggest Loser*, Chris battled with many psychological demons. Having locked herself in her bathroom because she was scared to be on television, Chris also faced unhappiness and discontent which lead to binge eating tendencies. Additionally, Chris was confronted with criticism from other *Biggest Loser* contestants as well as

her trainer regarding her failure to take ownership for being overweight. While on *The Biggest Loser*, Chris not only felt pressured, but felt she was never good enough to succeed at losing weight. Trained by Bob Harper, Chris found herself relying heavily on his exercise routines and “expert advice” to ensure success. By the finale, Chris weighed in at 163lbs, losing 77lbs and 32.08% of her body weight over 16 weeks. Having found some solace while at home, Chris and her husband Roy took to exercising and making healthy meals together.

The representation of Chris on *the Biggest Loser*, labelled her as the contestant who lacked not only self-esteem, but self-control. This type of representation becomes important to the current study because it fosters new information surrounding how certain forms of media (i.e., reality weight loss television) portray weight loss behaviours (i.e., as lacking self-control, as a privilege, as disordered and as a new and improved self).

Data Collection

Season 13 of *The Biggest Loser* was gathered from iTunes, comprising of 18 episodes ranging in length from 43 minutes to 125 minutes. Data was transcribed verbatim of the female contestants as well as the trainers, nutritionists, physicians, and host of *The Biggest Loser*. In addition, as recommended by Altheide (1996), notes were recorded on the protocol sheet (as will be discussed shortly) of visual scenes displayed throughout the episodes. For example, female contestants were displayed during the weekly weigh-in wearing sports bras and tight black shorts, until episode # 1310, where female contestants were displayed in tight tank tops and the same black shorts. Season 13 of *The Biggest Loser* was selected as the season to analyze because the overall theme of the show was titled: “No Excuses” and concentrated on the motivations and reasons for lack of participation in weight loss practices. Many episodes within season 13 of *The Biggest Loser* had sub-themes which were the focus of the week. For instance,

episode #1308 was titled: “I lack self-control” while episode #1311 was titled, “I don’t believe in myself,” all contributing to the many reasons contestants provided for not having lost weight or for their inability to maintain their weight loss practices. Following Altheide’s (1996) guidelines for data collection within ECA, four female contestants were selected as key informants from all 18 episodes of *The Biggest Loser* (season 13).

Chapter Four

Results & Discussion

The results and discussion are presented together, as such presentation is consistent with physical activity and media research from a critical perspective (see Dworkin & Wachs, 2009; McGannon & Spence, 2012), under one over-arching theme: *reaching weight loss goals equals success/not reaching weight loss goals equals failure*. Various representations and associated meanings of how weight loss practices (i.e., diet and exercise) were portrayed in fat women further linked to four sub-themes: a) fat women's lack of self-control, b) weight loss strategies associated with disordered exercise practices, c) weight loss promoted as a privilege, and d) weight loss promoted as a new and improved self. Discussing these four sub-themes and their connection (or disconnection) to a motivational framework such as SDT, illustrates how these four themes were distinct, yet related and fed into the overarching theme of weight loss success vs. weight loss failure. Exploring these four sub-themes in relation to SDT also reveals how reality weight loss television promotes particular messages regarding weight loss practices for fat women through four contestants' weight loss journeys on *The Biggest Loser*. By focusing on the themes through these specific journeys in relation to SDT, as well as the depictions, meanings and implications within those themes, we may also draw attention to some of the problematic ways in which weight loss practices are promoted by the media and consider the consequences and implications of maladaptive diet and exercise behaviours for women. Following discussion of the overarching theme, each sub-theme is explained in terms of how it related to the overarching theme, *reaching weight loss goals equals success/not reaching weight loss goals equals failure* and the implications from a SDT perspective.

Reaching Weight Loss Goals Equals Success/Not Reaching Weight Loss Goals Equals Failure

Within the theme *reaching weight loss goals equals success/not reaching weight loss goals equals failure*, weight loss is only promoted as successful when women lose large amounts and/or lose the amount of weight, as set out by *The Biggest Loser* (e.g., must lose 10% of one's body fat in 18 days). In contrast, if women failed to reach these set weight loss goals they were portrayed as failures. For instance, *The Biggest Loser* promoted the attainment of weight loss goals as successful in that contestants would not be eliminated from *The Biggest Loser Ranch*, while failure to meet weight loss goals meant that contestants would be up for elimination at the end of the weigh-in. More specifically, the individual who lost the most amount of weight at each weigh-in was granted immunity, meaning that the person could not be eliminated that week. However, the two individuals who lost the least amount of weight had to provide personal speeches divulging why other contestants should not vote them off. As will be discussed more in-depth later on in this section, the show's portrayals of *reaching weight loss goals equals success/not reaching weight loss goals equals failure* is extrinsically linked. Such promotion is problematic from a SDT and health promotion perspective because women are directed by *The Biggest Loser* to conform to particular weight loss goals, and when these women do not achieve the show's rigid and unrealistic weight loss goals, fat women are stereotyped, implying that they are out of control and will fail at their own exercise and dietary practices (Mansfield, 2011). In turn, contestants may become discouraged and frustrated and thus disengage or terminate their weight loss behaviour (see Standage & Vallerand, 2007; Texiera et al., 2012).

Within this theme of *reaching weight loss goals equals success/not reaching weight loss goals equals failure*, successful weight loss was further portrayed in terms of women losing large

and pre-defined amounts of weight each week. For instance, at each weigh-in, contestants were told, as they stepped onto the scale, how much weight they needed to lose in order to beat prior contestants who had already weighed in and to remain safe from elimination. More specifically, contestants were told to lose 5% of their body weight within 18 days. Such promotion of unrealistic and unattainable weight loss goals are problematic from a SDT perspective because the continued control of weight loss behaviours (by *The Biggest Loser* and personal trainers) is associated with external and introjected regulatory styles-aspects related to extrinsic motivation. Additionally, behaviours under external and introjected regulation have been shown to thwart the basic psychological needs of autonomy, competence and relatedness (see Deci & Ryan, 2000). As a result, *The Biggest Loser's* promotion of success when weight loss goals are met has psychological implications such as pressure to perform ultimately leading to excessive exercise behaviours. This point can be further exemplified through Emily's narrative in episode # 1309. Once Emily returned back to *The Biggest Loser Ranch* after being home for over two weeks, she engaged in a "last-chance workout" with Bob Harper and then stepped on the scale to weigh-in, and lost 17lbs over 18 days. The following discussion between Emily and Bob specifically elucidates the psychological and behavioural implications as Emily feels she needs a final push from Bob's last chance workout in order to help her lose 5% of her body weight and achieve immunity for the week:

Emily: My 5% translates to 11lbs and I have been chasing that number while at home and this last chance workout is exactly what we all need so we can get that final push and get that weight off so [I can] be immune and get that 5% . . . These past two weeks at home I've been working so hard, I have a great support system, you know, I got through a lot of emotional stuff with my family, which is very cathartic for me so I'm hoping that it

definitely translates to the scale this week.[Loses 17lbs]. . .That is exactly what I wanted!
I haven't seen 100s in years, years.

Bob: I just could not be happier for her because when I see Emily up on the scale like that, laughing and happy I just know that it's doing so much more than what we see on the scale.

Emily: I have not been in the 100s in forever I can't even remember, maybe high school, so this is just unbelievable, I got two goals, immunity and I'm in the 100s, ridiculous- so happy (Broome et al., 2012, February 28).

Within the over-arching theme of *reaching weight loss goals equals success/not reaching weight loss goals equals failure*, we see from the above example that Emily is portrayed as successful because she achieved, and bypassed, her weight loss goal (i.e., losing 5% of her body weight), within a short period, and thus will not be eliminated from *The Biggest Loser* (e.g., "I have not been in the 100s in forever I can't even remember, maybe high school, so this is just unbelievable, I got two goals, immunity and I'm in the 100s, ridiculous- so happy").

Additionally, the portrayal of Emily in the above quote highlights both the external pressure that is put on Emily to achieve her weight loss goal as well as the internal pressure that Emily puts on herself to lose a large amount of weight in a short period of time. Consequently, Emily is portrayed as promoting excessive exercise behaviours equating to successful weight loss and thus free from elimination (e.g., "My 5% translates to 11lbs and I have been chasing that number while at home and this last chance workout is exactly what we all need so we can get that final push and get that weight off so [I can] be immune and get that 5%). It is important to draw attention to the foregoing conversation between Emily and Bob because it further reveals the possible implication that overweight women who want to engage in weight loss practices will

only be successful at losing weight if they meet unrealistic weight loss goals, through the engagement in excessive or “last chance workouts.”

Not only is the show’s approach to weight loss impractical and unsafe, but the techniques used by *The Biggest Loser* to foster weight loss (e.g., large weight loss amounts in a short period of time, pre-determined weight loss goals, quick and rapid weight loss) are problematic from a SDT perspective as such techniques are associated with controlled motivation. As SDT, exercise and weight loss research has revealed, exercise and dietary behaviours under controlled motivation are associated with external regulation such as immunity on *The Biggest Loser*, and introjected regulation such as Emily’s internalized pressure to reach her weight loss goal (see Deci & Ryan). Such extrinsically driven behaviours have been shown to be problematic from a motivational and exercise promotion standpoint because they thwart a sense of autonomy, competence and relatedness, ultimately hindering the likelihood that weight loss practices will be attempted out of inherent interest, mastery or a sense of belonging (Vansteenkiste et al., 2007; Verstuyf, et al., 2012). In turn, what is revealed through this overarching theme of reaching weight loss goals equals success, is that women who have adopted such goals may be more at risk and/or more likely to thwart diet and exercise behaviours rather than be motivated to continue with them.

Additionally, when women did not lose their pre-determined amount of weight as outlined by *The Biggest Loser*, they were portrayed as failing. For instance, Emily lost 74lbs in 11 weeks, yet she was eliminated in week 11 for not having lost enough weight. Such quick and rapid weight loss is not only unhealthy and disordered in its portrayal, but the means by which obese women attain such weight loss on *The Biggest Loser* relies heavily on a singular outcome (i.e., a number on the scale). This singular outcome is only attainable via extreme exercising as

promoted by the various “experts” (e.g., personal trainers/exercise leaders) within the show, as well as in the form of weekly weigh-ins that are contextualized by various external rewards and prizes for the contestants, and for those who fail, external forms of punishment.

When interpreted through a SDT lens, the foregoing aspects of this overarching theme reveal that weight loss practices in women as portrayed within the show are promoted primarily in terms of extrinsic motivation. More specifically, certain extrinsic regulations on the motivational continuum are being promoted such as external regulation (i.e., engaging in weight loss practices for a reward or to receive praise) and introjected regulation (i.e., engaging in weight loss practices out of an internalized force). From an SDT perspective, *The Biggest Loser's* portrayal of weight loss in women as extrinsically motivating, more specifically, externally and introjectedly regulated, links to the quality of women's weight loss practices as being controlled and thus less self-determined. In episode #1309, Kim and trainer Dolvett Quince discussed Kim's failed attempt at losing 5% of her body weight (within 18 days) while back at home visiting her family and friends. The conversation takes place immediately after Kim completes her weekly weigh-in on *The Biggest Loser's* scale, in front of all contestants. The following conversation between Kim and trainer Dolvett Quince in episode# 1309 further illustrates this aspect of SDT, as well as the psychological implications, such as, guilt, and shame which in this case were detrimental, negatively impacting Kim's desire and ability to exercise:

Kim: The 18 days did not go as easy for me at home as it did for a lot of people. There was a lot of guilt associated with being away from my kids. So I'll just have to see if that plays into the weight on the scale [Kim loses 7lbs]. I'm not happy about that number at all, it's just so much harder at home than I thought it would be. I felt like I was pulled in every direction when I was at home. I'm a single mom I have 3 kids.

Dolvett: That number is extremely disappointing; I know that she worked hard but she felt completely guilty about not leaving her children behind and focusing on the workout. It was so much going on for Kim these last couple of weeks and it's a shame that you couldn't reach the goal.

Kim: I only lost 7lbs, I didn't get immunity, now I'm facing the fact that I just got back here and I might be turning right around and going right back to the place where I didn't balance, I didn't find solace (Broome et al., 2012, February 28).

By portraying Kim's weight loss as disappointing through her own reaction, and that of her trainer, in one sense, weight loss practices are portrayed as requiring time and commitment to exercising, while also highlighting the need for *The Biggest Loser* Ranch and the opportunities it houses. In this way, media representations of weight loss practices in women remain problematic because the loss of 7lbs in one week is portrayed as upsetting; giving the perception that in order to be successful at losing weight, overweight and obese women must lose upwards of 7lbs per week. Subsequently, the trainer's reaction to Kim's 7lb weight loss while at home adds to the notion that in order to lose weight, women need to sacrifice other parts of their life such as quality time spent with their children (e.g., "That number is extremely disappointing; I know that she worked hard but she felt completely guilty about not leaving her children behind and focusing on the workout. It was so much going on for Kim these last couple of weeks and it's a shame that you couldn't reach the goal").

From an SDT perspective, Kim's motivation is further shown to be regulated by ego-involvement, which along the self-determination continuum is associated with introjected regulation. While SDT, exercise and weight loss research have revealed that ego-involving environments are controlling because they produce social comparisons and create competition

(see Standage & Vallerand, 2007), Kim's unsuccessful achievement of her pre-determined weight loss goal is portrayed as having low self-regulation of her weight loss behaviours. As a result, *The Biggest Loser's* portrayal of women as failures when not reaching weight loss goals is conducive to less adaptive weight loss outcomes (Standage & Vallerand, 2007), such as less concentration, unhappiness and less desire to engage in dietary and exercise behaviours.

In addition to the SDT literature noted above, the foregoing is also in-line with Boero's (2007) work in cultural studies on the emergence of the obesity epidemic through the media. Such work found that obese women are regarded as skillful and dedicated only when they commit themselves to counting every calorie and working out daily, ultimately in the service of consumerism to promote and/or to sell particular goods, services and market certain views about weight loss and women (also see McGannon & Spence, 2012). *The Biggest Loser's* promotion of disordered exercise behaviour, along with the perception that women must commit most of their time to weight loss practices which ultimately are only deemed successful if a certain external number of the scale results, becomes problematic from a SDT standpoint. Research has shown that the media reinforces such problematic ideas, contributing to overweight and obese women's lack of motivation to engage in weight loss practices (e.g., diet and exercise behaviours) (Eriksson, et al., 2008; Fallon, & Hausenblas, 2005; Prichard & Tiggeman, 2008). From a SDT perspective, *The Biggest Loser's* promotion of weight loss in women as requiring time commitments and sacrifices, are viewed as externally regulated motivation due to the sole focus on the amount of weight lost. In turn, the over-arching theme of reaching weight loss goals equals success/not reaching weight loss goals equals failure furthers Vansteenkiste and colleague's (2007) research on intrinsic versus extrinsic goals in relation to individuals' exercise performance, revealing that a focus on extrinsic motives, specifically external regulatory

motives, demoralizes women's performance and women become more concerned with proving their sense of self-worth rather than focusing on an intrinsic goal such as the effort put forth or their overall health. As a result, *The Biggest Loser's* portrayals of weight loss in women as successful when weight loss goals are reached or as failures when weight loss goals have not been achieved may hinder women from participating in weight loss practices such as exercise.

Weight loss as portrayed within *The Biggest Loser*-- as measured by public weigh-ins on the show and specific set-number goals set by each participant-- is ultimately problematic as constructed within this theme because the goal of losing a set amount of weight through diet and exercise becomes unrealistic and unattainable (Markula, 2001; Markula & Kennedy, 2011; McGannon & Spence, 2012). Consequently, the motivation by which women engage in weight loss practices becomes extrinsically linked to external regulation, with a focus on appearance ideals, winning money and prizes, along with praise from others, and the withdrawal of praise and privileges in others. Within the current study, weight loss practices are ultimately promoted in fat women as being extrinsically motivated. As a result, participating in and adhering to weight loss practices such as diet and exercise are more likely to be short-lived (Silva et al., 2011; Van Hiel & Vansteenkiste, 2009; Verstuyf et al., 2012) and health and well-being becomes compromised and a lack of motivation to exercise is more likely over the long term. The foregoing was evidenced in the previous conversation between Kim and her trainer, in which she clearly experienced guilt and shame (e.g., "I only lost 7lbs, I didn't get immunity, now I'm facing the fact that I just got back here and I might be turning right around and going right back to the place where I didn't balance, I didn't find solace"). Interpreted within SDT, extrinsic motivation such as externally regulated that is, a focus on appearance, rewards and praise from others and introjectedly regulated weight loss behaviours such as feelings of guilt and shame

after not losing 5% of her body weight, are associated with controlled motivation.

Further in line with Deci and Ryan's (2000) research on SDT, *The Biggest Loser's* portrayal of Kim and her failure to achieve her pre-set weight loss goals thwarts her three basic psychological needs of autonomy, competence and relatedness, as Kim felt like she did not have a choice between visiting with her family or working out, her feelings of incompetence after not losing her set amount of weight at the weigh-in and her disconnect from other contestants who did reach their weight loss goals, as well as disconnect from her trainer for not "making him proud." Consequently, when all three basic needs are thwarted, women's adherence to dietary and exercise behaviours are hindered (Texiera et al., 2012). As a result, *The Biggest Loser's* promotion of weight loss requiring quick and rapid weight loss as well as pre-determined amounts of weight loss, may undermine women's long-term adherence to weight loss practices.

Within the overarching theme, reaching weight loss goals equals success/not reaching weight loss goals equals failure, the sub-themes: a) fat women's lack of self-control, b) weight loss strategies associated with disordered exercise practices, c) weight loss is promoted as a privilege, and d) weight loss as a new and improved self. All four of these sub-themes fed into the meanings associated with weight loss portrayals as successful vs. unsuccessful, which are outlined and discussed next. The discussion that follows summarizes each of these sub-themes in turn, and further reveals how each fed into the overarching theme of *reaching weight loss goals equals success/not reaching weight loss goals equals failure*.

Fat women's lack of self control.

The subtheme of *fat women's lack of self-control* refers to the notion that overweight and obese women within *The Biggest Loser* have lost control of their lives- all aspects- social, psychological, emotional and behavioural, and thus must rid their body of excess fat by engaging

in weight loss practices (e.g., disordered dietary and exercise behaviours) to “better” their bodies and gain more control. Similar to Murray’s (2005) findings, not only was taking ownership for becoming fat prominent by the four women that were the focus of the present analysis, but successful weight loss (again as indicated by a set scale number from week to week) was also represented by fixing this so-called problem through transformation (e.g., weight loss) practices aimed at correcting their overweight and obesity issue, and ultimately, their “out of control” lives. The fat self, in this way, was portrayed as conforming to the media’s ideas of “normative” behaviour (Murray, 2005). Within *The Biggest Loser*, Chris received a phone call from her husband, after a day spent at The White House working out with Michelle Obama. Chris’s husband Roy (an eliminated contestant on *The Biggest Loser*) informed Chris that he missed her and was finding it very difficult without her back home. Roy then admitted to Chris that he wanted her to leave *The Biggest Loser* and come back home to Middlebury, Indiana. The following quote by Chris, from episode # 1315 further illustrates how she dealt with her husband’s upsetting phone call by engorging on hamburgers, grilled cheese, peanut butter and mayonnaise:

It’s taken an emotional toll on [Roy] for us to be separated for this length of time. It scares me to know how much is on my plate at times. But now I don’t know what to do. I’m having all these urges to just alleviate that pressure on me and I did the only thing I knew I could do to try and find some comfort. And my comfort has always been food. It was literally like these foods were calling my name. You know all the stuff I know I shouldn’t be eating, but I’m just angry, I’m disgusted, and because of that I’m doing all the things that you know a person would do to somebody they didn’t like; except I’m doing it to myself. The old Chris was a very sad person, very unhappy and umm I don’t

want to be that person anymore but umm I'm afraid that the old Chris might have the ability to creep in and take over and it's just something I have to fight. [Chris spreads mayonnaise on a hamburger, and eats grilled cheese and peanut butter] (Broome et al., 2012, April, 17).

Within the context of the subtheme *fat women's lack of self-control*, the above quote further shows the notion regarding the portrayal of fat women as lacking self-control through their repeated engagement in disordered dietary behaviours (e.g., "It was literally like these foods were calling my name. You now all the stuff I know I shouldn't be eating..."). All the while Chris was condemning herself, she was shown to be binge eating on hamburgers, peanut butter, grilled cheese sandwiches and mayonnaise. In this sense, *The Biggest Loser* portrayed maladaptive weight loss practices such as, disordered eating through the perception that Chris had lost control of her life because she engaged in old behaviours such as, over-eating, related to a past and out of control self; behaviours that ultimately led her to being fat in the first place (e.g., "the old Chris was a very sad person, very unhappy and umm I don't want to be that person anymore but umm I'm afraid that the old Chris might have the ability to creep in and take over and it's just something I have to fight"). Additionally, the above quote portrays women who are overweight or obese, through the media, as being angry and disgusted with themselves (e.g., ". . .but I'm just angry, I'm disgusted, and because of that I'm doing all the things that you know a person would do to somebody they didn't like; except I'm doing it to myself"). This point is further supported by Chris's elimination from *The Biggest Loser*, after gaining 2lbs and admitting she felt lousy for gaining weight because of binge eating.

Such portrayals reinforce Shugart's (2011) research, which has shown that the obese self is often characterized as emotionally dysfunctional and thus engages in over-eating to handle

such emotional issues. Chris's disordered eating behaviour also further reinforces Puhl and Huer's (2009) research, implying that the stigma surrounding both the overweight and obese body may impact the dietary and exercise consequences of both overweight and obese women. Although Chris engaged in weight loss practices to transform her fat body, she is ultimately perceived as being weak and having failed because she disobeyed the social and cultural norms surrounding the behaviours for transformation of the self (see Murray, 2005, 2007). Ultimately, the female body is said to be a matter of individual responsibility and women will therefore engage in practices (e.g., weight loss) to ensure the body is aesthetically pleasing (Tischner & Malson, 2012). As a result, the successful woman is supposed to be free and self-regulating, yet still opt for the correct behaviours to improve the self (Rose, 1996).

Consequently, through self-surveillance and by obeying the foregoing self-regulatory regimes, *The Biggest Loser* promotes the engagement in weight loss practices (i.e., dietary behaviours) by fat women as driven by externally regulated (e.g., Chris's aim to please her husband) and introjectedly regulated (e.g., Chris's binge eating behaviours due to feelings of guilt and shame for not being back home with her husband) motives. According to Deci and Ryan (2000), such motives thwart a sense of autonomy, competence and relatedness. Chris's sense of belonging (i.e., relatedness) and control (i.e., competence) is hindered as she feels disconnected from her husband, producing feelings of guilt and shame, in turn, leading to binge eating behaviours in order to try and gain some type of control over her situation. As a result, Chris's sense of autonomy, that is, her free choice in choosing her own behaviour is thwarted because she is engaging in dietary behaviours for external reasons (i.e., her husband).

Furthering *The Biggest Loser's* portrayal of *fat women's lack of self control* through the continued display of disordered eating practices, fat women were also portrayed as tempted, if

not encouraged by *The Biggest Loser* by various practices and contests to engage in binge eating behaviours. For example, temptation challenges were presented on the show as a way for contestants to gain some type of control back, but because many lacked healthful coping strategies, contestants were set up to fail. More specifically, contestants wanted control so they could, in hopes, increase their chances of winning some type of reward (e.g., weight loss advantages on the scale at the final weigh-in, phone calls or video chats from family members, or tangible prizes) or to avoid punishment (e.g., not being eliminated off *The Biggest Loser*). More specifically, when temptation challenges were presented, fat women were promoted as having differing opinions and actions towards engaging in such challenges. While Chris consumed over 1000 calories within minutes (e.g., pepperoni pizza, and six peanut butter cups), Kim only consumed a moderate amount of calories (e.g., two peanut butter cups), and Conda and Emily preferred to not binge eat. In order to understand Chris, Kim, Conda and Emily's decisions and actions whether to binge eat or not binge eat (which will be discussed further on in this section), we first must understand how *The Biggest Loser* prompted women to engage in temptation challenges for a reward of control through the over-consumption of food. For instance, *The Biggest Loser* contestant to win this particular temptation challenge had the opportunity to "stack" the rest of the contestants who have more weight to lose, so the team will have bigger weight loss numbers and less of a chance of being eliminated. *The Biggest Loser's* host, Alison Sweeney gathered all *The Biggest Loser* contestants into one room that displayed a rotating table piled with the contestants' favourite foods-all of which were high fat and high sugar foods consisting of, peanut butter cups, pepperoni pizza, chinese food, donuts, and pasta. In episode #1308, Alison Sweeney presented contestants, individually, with the option to consume or not consume as many calories as the contestants wanted in a matter of three minutes. The following

quote by Alison Sweeney, is an illustration of one of the temptation challenges presented to the contestants by *The Biggest Loser*, encouraging the consumption of unhealthy foods in order for a reward of control:

I hope this looks familiar, because this is everyone's favourite food. . . The rules for this temptation are very simple, the person who eats the most can change the teams however they want. The best part is no one will know it was you; because the winner of today's temptation will remain anonymous. I'll give you three minutes alone in the room, consume as much as you want. I will tell you the winner's decision after everyone has had a turn. Let's get started. (Broome et al., 2012, February 21)

The above example further exemplifies how *The Biggest Loser* not only promotes hypocritical weight loss practices through these temptation challenges, but how they also undermine autonomy and relatedness to self as outlined in SDT (see Deci & Ryan, 2000). In line with Verstuyf et al.'s (2012) research on the motivational dynamics of eating regulation, the thwarting of Chris and Kim's need for autonomy and relatedness leads to disordered eating behaviours (i.e., binge eating). Chris and Kim's sense of autonomy and relatedness is thwarted due to their need to participate in binge eating behaviours in order to avoid any chance of being eliminated by other contestants on *The Biggest Loser*. Chris and Kim's engagement in the temptation challenge for the avoidance of elimination and the pursuit of a reward such as having control over other contestants for the remainder of the week, can be further interpreted through the SDT as having externally regulated motives, which research shows, undermines weight loss practices such as dietary and exercise behaviours over the long-term (Texiera et al., 2012). Consequently, a focus on maladaptive weight loss practices has been shown to decrease diet and exercise adherence rates (Standage & Vallerand, 2007). As a result, *The Biggest Loser's*

portrayal of disordered exercise practices implies that both overweight and obese women's long-term engagement in healthy dietary and exercise behaviours may be hindered if a sense of autonomy and relatedness are not fostered. Overall, *The Biggest Loser's* portrayal of fat women lacking self-control adds to the understanding that that the diet component of weight loss strategies are indeed, motivational within reality television (see Berry, McLeod, Pankratow & Walker, 2013).

It is important to note that not all fat women on *The Biggest Loser* were portrayed as giving into temptation. Approximately half of the female contestants engaged in binge eating behaviours over the course of the season, while the other half were portrayed as choosing not to binge eat. By half of the female contestants choosing not to participate in binge eating behaviours, they were shown to be displaying self-control, which further reinforced those engaging in binge eating as lacking self-control. Ultimately this theme and meaning of personal control was exemplified via these "extreme" and contrasting portrayals of the women. In what follows below, portrayals of Conda, Kim, Chris and Emily from episode # 1308 allow for a better understanding of women's decisions and actions to either participate or not participate in the above temptation challenge and the implications for the role and meaning of control within this theme of fat women's lack of self-control:

Chris: 'I always worry about am I the one who goes home next. I feel like maybe the team feels like I'm expendable. So being able to take control over some element of the house, I have to start thinking about that because I'm here for me now.'

Alison: That's a total of 1009 calories for you Chris (Broome et al., 2012, February 21).

Next, Conda feels confident in her decision to restrain from temptation:

Conda: I think I'm going to roll the dice and see what happens. [Conda doesn't eat anything]

(Broome et al., 2012, February 21).

However, Kim views the temptation challenge as a trade-off; a way to take control over her weight loss success on *The Biggest Loser*:

Kim: I figure I can work off 210 calories later today [laughs and consumes peanut butter cups that total 210 calories] (Broome et al., 2012, February 21).

Similar to Kim and Chris, Emily feels having control over how her journey on *The Biggest Loser* proceeds would be beneficial, however, Emily contains her urge to give into temptation:

Emily: To have that control would be good...[Emily doesn't eat anything] (Broome et al., 2012, February 21).

By depicting Conda, Kim, Chris and Emily's decisions and actions to participate in, or not participate in disordered eating practices (e.g., the temptation challenge), Conda, Kim, Chris and Emily's portrayal further illustrates the divide between the female contestant's motivations for weight loss. Interpreted within SDT, the female contestants who decided to not participate in disordered eating behaviours (e.g., Conda and Emily) did so with identified regulation (i.e., freely choosing to engage in healthy behaviours because of the value in doing it) and integrated regulation (i.e., seeing value in healthy behaviours and thus integrating it as a part of their self). For instance, Conda was portrayed as very resistant to the notion that she would have to consume unhealthy foods from the moment, *The Biggest Loser* host, Alison Sweeney mentioned the temptation challenge. Conda's determination to choose more healthful behaviours compared to unhealthy diet behaviours implies that she was beginning to integrate a healthy lifestyle as a part of her own values (see Deci & Ryan, 2000). By Conda choosing to take control of and direct her own behaviour, she was also satisfying both the needs for autonomy and competence. Further aligning with Verstuyf et al.'s (2012) research on the motivational dynamics of eating

regulation, Conda's autonomous motives, more specifically, her integrated regulation and the satisfaction of autonomy and competence led to higher energy (e.g., Conda stated that she felt she had more energy to play with her daughter) and healthy eating over the long-term (e.g., Conda engaged in healthful eating behaviours over the course of the television program).

Although some women (e.g., Emily and Conda) refrained from engaging in binge eating behaviours—they did so with some reservation. For instance, Emily wanted to consume the high fat, sugar-filled foods, but she was torn between doing something “bad” (binge eating) in order to gain something “good” (an external reward of control) or to do something “good” (not binge eat) and receive something “bad” (possibility of being switched to a different team). From a SDT perspective, Emily is considered to be driven by identified regulation as she freely chose a more healthful behaviour (refraining from binge eating), but did so with some reservation (see Deci & Ryan, 2000). Emily was portrayed as *wanting* to change her former disordered eating behaviours into more healthful eating behaviours, instead of *having* to change her eating behaviours (Pelletier & Dion, 2007; Pelletier, Dion, Slovenic-D'Angelo, & Reid, 2004), thus satisfying her needs for autonomy and competence (Verstuyf et al., 2012). According to SDT and weight loss literature, autonomy oriented individuals such as Emily and Conda engage in more healthful eating behaviours because of personal importance and as a result, are considered to be more self-determined (autonomous). Consequently, Emily and Conda's more self-determined behaviours (e.g., healthful eating) implies that women who engage in more dietary behaviours out of identified and integrated regulation may experience more successful weight control (see Verstuyf et al., 2012).

However, the female contestants who were portrayed as choosing to engage in disordered eating behaviours (e.g., Chris and Kim) were shown to be doing so because some internalized

force (e.g., pressure) was directing their behaviour. In this sense, the female contestants who engaged in temptation challenges (e.g., disordered eating) were driven by controlled motivation (e.g., Chris and Kim regulated their behaviours based on what they were told to do), specifically introjected regulation (e.g., engaging in binge eating behaviours out of guilt). As a consequence, Chris and Kim's basic needs of autonomy and competence became thwarted (see Deci & Ryan, 2000). The psychological implications associated with thwarting of autonomy and competence for women includes feelings of pressure, anxiety and guilt. In turn, the behavioural implications associated with a thwarting of competence and autonomy include the engagement in maladaptive weight loss practices such as disordered eating behaviours (binge eating). The foregoing is further exemplified by Chris when she notes that she feels like she is expendable and therefore puts pressure on herself to try and take control over how her weight loss journey will turn out (e.g., "I feel like maybe the team feels like I'm expendable. So being able to take control over some element of the house, I have to start thinking about that because I'm here for me now"). As a result, Chris ultimately is shown to engage in disordered weight loss practices, which within SDT hinders one's overall health and well-being (see Texiera et al., 2012; Verstuyf et al., 2012).

Emerging from the theme of *fat women's lack of self-control* is the notion that factors such as psychological mechanisms (e.g., binge eating to alleviate pain and stress), external forces (e.g., family members), and internal forces (e.g., pressure to binge eat) also play a large role in the reasons for why some women engage in or disengage in weight loss practices. *The Biggest Loser's* promotion of weight loss practices in fat women due to lack of self-control further adds to exercise psychology researchers' concept of external forces or outside individuals playing a role in weight loss practices within the SDT because women's decisions and actions to engage in weight loss practices such as dietary behaviours are controlled by what the media (i.e., *The*

Biggest Loser) says they should do, even though such decisions and actions are not always the most healthful such as, binge eating for a reward of control. However, exercise psychology research further reveals the support from outside individuals must be autonomous for long-term exercise adherence to occur (Edmunds et al., 2007a; Wilson & Rodgers, 2004). Considering *The Biggest Loser's* promotion of weight loss practices for both overweight and obese women were disordered, and the intent of the temptation challenge was for an extrinsic goal, *The Biggest Loser* failed at promoting autonomy. Consequently, when these external forces are not autonomous and foster extrinsic goals, overweight or obese women may experience psychological mechanisms such as pressure and anxiety, which may play a role in their (non)compliance to a healthy diet, therefore affecting their weight loss success over the long-term (Martins et al., 2008; Silva et al., 2011).

In terms of fat women's internalized pressure to engage in or disengage in disordered eating behaviours such as binge eating, SDT and weight loss research has revealed overweight and obese women who are motivated by introjected regulation (i.e., shame, guilt or pride) to engage in weight loss behaviours will have some success, however, its effects are short-lived (Silva et al., 2011). For instance, Chris initially engaged in more healthful forms of eating while on *The Biggest Loser* Ranch, but after feeling guilty for not being back at home with her husband, Chris engaged in binge eating behaviours to alleviate the stress she felt. Meanwhile, overweight and obese women who are driven by internal motives, for instance, an interest in more healthful eating behaviours, are more likely to foster long-term weight loss and weight maintenance (Silva et al., 2011). In this sense, *The Biggest Loser's* portrayal of both overweight and obese women's weight loss practices due to lack of self-control also emerges differently depending upon women's regulatory styles. When women on *The Biggest Loser* were portrayed

as having self-control and refraining from disordered eating behaviours (as discussed in the temptation challenges), the more self-determined motivations such as identified (i.e., freely choosing a behaviour because of value) and integrated regulations (i.e., choosing a behaviour and integrating as part of who you are) were found to elicit a sense of vitality, implying that women will feel more energized if they engage in eating behaviours that are conducive to their own values and interests.

Weight loss strategies associated with disordered exercise practices.

Over the course of *The Biggest Loser*, trainers Bob Harper and Dolvett Quince occupied much of the on-air time compared to nutritionist, Rachel Beller. As Sender and Sullivan (2008) also revealed in their study of *The Biggest Loser*, the present analysis revealed an emphasis was publically placed on exercise behaviours, while casual appearances by the nutritionist, advertisements for healthier food options and conversations by *The Biggest Loser* contestants drew attention to diet as still being a key component of weight loss success. More prominently, the present study revealed disordered and over-exercising practices were promoted through the portrayal of overweight and obese women's weight loss practices on *The Biggest Loser*. For instance, *The Biggest Loser* portrayed exercising to lose weight as having to participate in strength and endurance challenges such as holding up a 240lb weight, lifting 50lb puzzle pieces, and carrying battering rams through the mud. In addition, *The Biggest Loser* portrayed successful-weight loss as requiring homework each day. For instance, *The Biggest Loser* contestants had to engage in upwards of 5 hours of exercise each day on top of the 2-3 hours already spent with personal trainers. *The Biggest Loser's* portrayal of fat women within the sub-theme weight loss strategies associated with disordered exercise practices can be explained in terms of the behaviours that led such women to lose weight, the trainers' (disordered) techniques

used to motivate women to engage in exercise practices, and the consequences of disordered exercise practices. Together all of these notions show that weight loss strategies associated with disordered exercise practices emerged as ever-present within the promotion of weight loss within the show.

Within the present sub-theme of *weight loss strategies associated with disordered exercise practices*, *The Biggest Loser* portrayed such disordered techniques used by trainers to motivate women's exercise behaviours, along with women's reactions to the trainer's techniques for exercise. More specifically, the techniques used by trainers to motivate women were portrayed as extreme because they were often demanding and strenuous. Consequentially, *The Biggest Loser* portrayed women as being anxious and fearful of new and unfamiliar exercises. This point can be further explained and revealed through Emily's conversation with trainer Dolvett Quince in episode #1310, as Dolvett tries to shock Emily's body by making her participate in a running exercise- an exercise she is new too. While the remainder of Emily's teammates are at a standstill and watching Dolvett motivate Emily, Emily is being forced by Dolvett to run on the treadmill, after already participating in an extensive workout routine, in hopes to eliminate her fear of running. The following quote illustrates this notion and the conversation that was had by Dolvett and Emily:

Emily: Working out with Dolvett really feels like day 1. I just feel like I'm weak. I'm just not used to running that fast.

Dolvett: What it is, you're shocking your body your body's not used to it.

Emily: It's just scary because I don't want to get hurt now.

Dolvett: No, I wouldn't allow that to happen. Tell your mind to get out of your body's way.

Emily: I wish I could do that because my whole life, it's happened. That's, that's me. I get in my own way.

Dolvett: Then lets try something, me and you this week. Lets try blind faith.

Emily: I can try.

Dolvett: Emily's scared; she's scared to push herself. Make no mistake about it. So the method to the madness is simply this, Oh yah you're scared to run, then I'm going to make you run. Emily and Emily only, your speed 10.0-put it there. Jog Emily for 30 seconds. Everybody else rest. Get ready.

Emily: I'm scared.

Dolvett: You have nothing to be afraid of. Look at me, there is no fear ok? You're an athlete, you're not afraid.

Emily: I want to be that person that takes risks and pushes myself out of my comfort zone; I don't want to be so scared anymore. It hurts, but I'm working out of my comfort zone getting into this place (Broome et al., 2012, March 6).

Within the context of the subtheme *weight loss strategies associated with disordered exercise practices*, *The Biggest Loser* portrays Emily as fearful and apprehensive about engaging in an exercise which she is unfamiliar and inexperienced. In doing so, the above quote portrays Emily as scared of becoming injured (e.g., "Working out with Dolvett really feels like day 1. I just feel like I'm weak. I'm just not used to running that fast. . .It's just scary because I don't want to get hurt now"). From a SDT standpoint, Emily's lack of mastery and self-confidence thwarts a sense of competence- one of the basic needs Deci and Ryan (2000) reveal need to be satisfied in order for an individual to experience autonomous motivation. In this sense, Emily was shown to be lacking control and autonomous regulation over running due to her

inexperience and self-doubt. Although Emily voiced her trepidation regarding her ability to run and risk of injury, Emily's trainer, Dolvett Quince pressured her to run an extra 30 seconds on the treadmill (e.g., "Emily's scared; she's scared to push herself. Make no mistake about it. So the method to the madness is simply this, Oh yah you're scared to run, then I'm going to make you run. Emily and Emily only, your speed 10.0-put it there. Jog Emily for 30 seconds. Everybody else rest"). Interpreted within SDT, Dolvett's imposed pressure on Emily, and her motivation to persist because of Dolvett's pressure is extrinsically linked and thus problematic from a long-term exercise standpoint (Deci & Ryan, 2000; Standage & Vallerand, 2007). While Emily was motivated to continue exercising (i.e., running), her motivation was controlled (by Dolvett), and she was portrayed as focusing on proving her self-worth rather than nourishing her health and well-being. *The Biggest Loser's* portrayal of weight loss practices, more specifically, exercise, for fat women as under controlled motivation further adds to exercise psychology researchers work suggesting that both overweight and obese women's persistence with exercise may be hindered over the long term, if the exercise is continually controlled (see Texiera, et al., 2012). Overall, this subtheme of *weight loss strategies associated with disordered exercise practices*, *The Biggest Loser* promoted exercise in the women as physically demanding and emotionally draining. As a result, both overweight and obese women are shown as fearing exercise and experience negative emotions in relation to their exercise, because of the uneasiness attached to unfamiliar or "new" exercises, along with the pressure imposed by trainers to motivate the women's engagement in exercise.

The Biggest Loser's portrayal of (disordered) techniques used by trainers to motivate women's exercise behaviours was further evidenced when trainer Dolvett used the statement, "you're an athlete, you're not afraid" (Broome et al., 2012, March, 6), as a motivational tactic to

push Emily to run and break out of her comfort zone. By Dolvett using this motivational tactic, he is portrayed as tapping into Emily's former athletic self, perhaps implying that she was fearless and able to overcome obstacles prior to her gaining weight. As a result, Emily acknowledged her anxiety/concerns and although she implied that running hurt, she was motivated by Dolvett to overcome her fear of running and being injured (e.g., "I want to be that person that takes risks and pushes myself out of my comfort zone; I don't want to be so scared anymore. It hurts, but I'm working out of my comfort zone getting into this place"). The notion that Emily was able to overcome obstacles in her former athletic self can be further illustrated by Emily's comments regarding her ability to lift weights in episode # 3:

Doing those push presses with that weight, it totally brought me back to when I was training for my Olympic weightlifting competition. What I'm doing now which are basically peanut weights, is hard to forget how strong you used to be and it's hard to swallow seeing where I am now (Broome et al., 2012, January 17).

By promoting weight loss through motivational tactics such as using the term "athlete", the quote above also offers new insight on how weight loss is promoted for women. More specifically, the portrayal of Emily in the above quote also reveals her distaste for her current fat self in relation to her past/former athletic self. Having been a former athlete, Emily is portrayed as priding herself in her strength and ability to lift weights competently. However, her inability to lift the same amount of weight that she lifted as an athlete, ultimately produced guilt and shame (e.g., "What I'm doing now which are basically peanut weights is hard to forget how strong you used to be and it's hard to swallow seeing where I am now"). However, Emily was not the only woman referred to as an athlete on *The Biggest Loser*; both trainers used the term

athlete as motivational techniques for former professional wrestler, Kim Neilson. *The Biggest Loser* portrayed both Emily and Kim as increasing their motivation and effort throughout *The Biggest Loser* workouts after being referred to as athletes, which clearly had a particular meaning in the eyes of the women and the trainers (e.g., strong, fit, skilled). The emphasis in which both trainers placed on the term athlete when referring to Emily and Kim during their workouts, offered the perception that an athletic identity and the associated meanings was in part, a motivational tactic that imposed guilt because of the meanings associated with the women's current selves (e.g., overweight, slow, unfit, fat). Whenever Emily or Kim were displaying signs of fatigue or dissatisfaction with themselves, *The Biggest Loser* trainers would motivate them with the simple mantra, "you're an athlete." From a SDT perspective, Emily and Kim's surge of energy and drive to continue exercising after being referred to as an athlete exemplifies introjected regulation, in the sense that both women felt guilty for being former athletes and as of present, are unable to perform to the same standards compared to when they were athletes.

Additionally, both Kim and Emily were also driven by a sense of pride in that they wanted to show others (i.e., Dolvett, Bob, other contestants and viewers of the program) that they are competent enough to perform tasks to the same standards, with competence and confidence as an athlete. While the majority of women on *The Biggest Loser*, season 13 were not former athletes (only two were), it is worth noting, that the use of "athlete" (which was associated with a particular image and exercise practices) as a motivational tool was implemented by both trainers on *The Biggest Loser*, aimed at encouraging former athletes Emily and Kim to persevere during workouts. Further research in SDT and sport and exercise psychology may consider studying the role of particular identities – past, present and future - specific to individuals (e.g., athlete, mother, exerciser) – and their role/function as motivational tools to foster or hinder exercise

behaviours.

Additional disordered techniques were used by *The Biggest Loser's* trainers to motivate women to exercise, such as *The Biggest Loser's* promotion of unrealistic exercise practices for fat women. More specifically, both overweight and obese women are portrayed as having difficulty withstanding exercise due to signs of pain, fatigue and strain. A specific example of the foregoing comes from episode# 16 when Conda was pressured to pull an SUV, as part of her “last chance workout.” As will be depicted in the following quote, Conda succumbs to this extreme exercise practice in hopes of gaining some type of reward:

Conda: Although I know that this isn't going to be easy, I know that I am going to do this. I have to do this. Coming back and choosing to stay was me totally putting my head in the game and focusing and right now I can't tell him I'm not going to do it

Bob: Pull Conda. If you want to win this new Ford Escape you're going to have to work that hard. Pull Conda, Step. Keep your abs engaged

Conda: It's hard, like my legs are burning because it's like I'm squatted down on the ground and it's a lot of strain on my shoulders

Bob: I love the fact that I get to inflict pain on these contestants. Conda's never going to forget that I made her pull an SUV around campus. The fact that she was pulling it all on her own, I was impressed with her. . .This weigh in Conda, you should not be thinking about anything else but working out, eating, sleeping, and the next day (Broome et al., 2012, April 17).

Within the context of weight loss strategies associated with disordered exercise practices, *The Biggest Loser* further illustrates exercise as unrealistic in weight management because the disordered, extreme and in the case of the above example, punishing exercise techniques, used to

motivate the women cause pain, fatigue, strain and an increased risk of injury (e.g., “If you want to win this new ford escape you’re going to have to work that hard. Pull Conda, Step. Keep your abs engaged”. . . “It’s hard, like my legs are burning because it’s like I’m squatted down on the ground and it’s a lot of strain on my shoulders”). Not only was Conda portrayed as struggling through her workout, but trainer Bob Harper was portrayed as sadistic, even enjoying, the motivational techniques he used on Conda, praising her afterwards for engaging in such exercise (e.g., “I love the fact that I get to inflict pain on these contestants. Conda’s never going to forget that I made her pull an SUV around campus. The fact that she was pulling it all on her own, I was impressed with her”). Furthering exemplifying the concept that *The Biggest Loser* portrayed women’s exercise as disordered and unrealistic, both overweight and obese women are portrayed as having to focus solely on working out, eating and sleeping in order to be successful at losing weight (e.g., “This weigh in Conda, you should not be thinking about anything else but working out, eating, sleeping and the next day”). By adhering to such a disordered promotion of exercise, overweight and obese women are portrayed as skillful and dedicated (Boero, 2006), rather than as lazy and undisciplined in their former overweight self (Jones, 2010; Murray, 2005).

Considering that health promotion messages suggest that previously sedentary women, such as the female contestants on *The Biggest Loser*, should begin exercise at short intervals (e.g., 5-10 minutes/day) and gradually build up to 150 minutes of physical activity per week (Ogden et al., 2012), *The Biggest Loser*’s promotion of extensive hours dedicated to exercising per day for fat women remains detrimental from both a health and long term exercise participation perspective.

Furthering Thomas et al.’s (2007) research, the present analysis and identification of the theme surrounding disordered exercise within *The Biggest Loser* also reveals that such portrayals of both overweight and obese individuals are problematic because women are shown to change

their exercise habits if they are bullied or degraded. Thus, exercising becomes an external motive because it is promoted as a reward (Van Hiel & Vansteenkiste, 2009) on the one hand, but also punishment and shaming overweight individuals is further sanctioned and reinforced (Mansfield, 2011). Interpreted through the lens of SDT, in the previous example, Conda was externally regulated due to the imposed pressure put on her by trainer, Bob Harper, as well as the potential rewards offered if she lost enough weight (the title of *The Biggest Loser* and a grand prize of \$250,000). Edmunds et al. (2007a) reveal that the intent to keep exercising, as well as exercise adherence may diminish over the long-term because overweight and obese women's motivation to participate in exercise, is externally regulated and thus extrinsically driven. In turn, *The Biggest Loser's* promotion of disordered exercise behaviours for fat women does not mean exercise participation and adherence to exercise will not occur, but rather, it may prove to be successful over the short-term as long as the external motives are present (Silva et al., 2011; Standage & Vallerand, 2007; Van Hiel & Vansteenkiste, 2009; Wilson & Rodgers, 2004).

Interpreted further within the cultural studies literature, we can also see that externally regulated exercise, even in the short term, may be problematic for some individuals. According to literature surrounding the portrayals of the fat female body within popular culture, women may have been promoted as mediocre throughout *The Biggest Loser* due to signs of weakness such as pain and fatigue (see Groven et al., 2011) while engaging in exercise challenges and workouts. However, the media's portrayals of fat women's motivation to persevere throughout exercise challenges and exercise workouts, despite trainers disordered exercise techniques and unrealistic exercises, were prominent throughout *The Biggest Loser*. Examples from Kim and Emily have illustrated how extrinsic goals, such as rewards and the internalized pressure to perform in front of family and friends drive their exercise behaviour. At the same time, there

appears to be less intrinsic pleasure derived from the exercise experience, which instead is driven by external competition and the beating of others through performance dominance. This point can be further illustrated by Kim's discussion of competition in relation to her toughest competitor, Emily and the pain experienced while trying to beat others during the at-home rowing challenge in episode # 1305:

There really is a point where you're just like oh my god, is thing ever going to end? My legs are just burning, my hands- I can feel the beginnings of the calluses all over my hands but I have my friends and my family yelling for me and so there is nothing I won't do to get to 10,000metres. . . . I have 1000 metres left to go, there is no way I can fail in front of you know my friends and family. . . .Pulling and pushing with my legs as hard as I can, and I think about Emily just like being right beside me and being neck and neck with me. I have to give it everything that I have right now (Broome et al., 2012, January 31).

As alluded to earlier, *The Biggest Loser* promotes exercise as painful and exhaustive in fat women (e.g., "There really is a point where your just like oh my god, is thing ever going to end, my legs are just burning my hands I can feel the beginnings of the calluses all over my hands. . ."). Within the context of weight loss associated with disordered exercise, the above quote also reveals the internalized pressure that women experienced throughout *The Biggest Loser*. From a SDT standpoint, Kim was driven by introjected regulation that is, an internalized force such as pride (see Deci & Ryan, 2000) to continue rowing because she did not want to give up while her friends and family were surrounding her and cheering her on (e.g., "I have my friends and my family yelling for me and so there is nothing I won't do to get to 10,000 metres. . . . I have 1000 metres left to go, there is no way I can fail in front of you know my friends and

family”). As will be outlined further on, Kim’s pride in succeeding in front of her friends and family is problematic from a SDT perspective, as well as a long-term exercise standpoint.

The above quote also portrays women as rewarded for “working through the pain” or being able to work through pain if they think about beating someone else externally (e.g., “Pulling and pushing with my legs as hard as I can, and I think about Emily just like being right beside me and being neck and neck with me, I have to give it everything that I have right now”). In line with Dworkin and Wach’s (2009) research on the ways in which men and women’s bodies are constructed within Western society, cultural norms such as “no pain, no gain” and “not allowed to give up” are promoted throughout *The Biggest Loser*, as women engage in exercise behaviours, despite any emotional strain and anxiety that may accompany the exercise (e.g., “There really is a point where your just like oh my god, is thing ever going to end, my legs are just burning my hands I can feel the beginnings of the calluses all over my hands. . . I have 1000 metres left to go, there is no way I can fail in front of you know my friends and family”). In addition to the external rewards (e.g., cash prize, beating another contestant), the support Kim received from her family and friends was internalized as pressure to win. Interpreted within SDT, Kim displayed characteristics aimed at showcasing her abilities, rather than focusing on improving her health and well-being and other intrinsic rewards associated with exercise such as enjoyment or pleasure (see Vansteenkiste et al., 2006). *The Biggest Loser*’s promotion of external rewards and internalized pressure to perform in women remains problematic because exercising for the purpose of an external reward such as money is more likely to inhibit exercise particularly over the long term and also result in less positive psychological outcomes. Consequently, women’s lack of motivation to exercise may lead to being less committed to improving their overall health (see Standage & Vallerand, 2007; Van Hiel & Vansteenkiste,

2009; Vansteenkiste et al., 2006).

Weight loss promoted as a privilege.

Throughout season 13 of *The Biggest Loser*, the media representations of fat women further highlighted what is problematic within the overarching theme of *reaching weight loss goals equals success/not reaching weight loss goals equals failure*, by promoting *weight loss as a privilege*. In this sense, to the viewers, *The Biggest Loser Ranch* was portrayed as the “ultimate” place where individuals go to successfully lose weight. In turn, to those who are successful/victorious over their out of control bodies, as noted throughout these subthemes, receive the “spoils” in the form of external rewards. Both men and women were provided with trips to Washington D.C and Hawaii where they visited the White House and Pearl Harbour, where they worked out with Michelle Obama, and surfed with Bethany Hamilton. In addition, the contestants were provided with makeovers by celebrity stylists and given the opportunity to participate in various exercise classes such as ballet and zumba. However, such opportunities were not free from contingencies. In return for the “opportunities” contestants received on the show, *The Biggest Loser* expected contestants to dedicate their time and energy to losing weight – and as was revealed in the previous theme at times, “time” and energy” included engaging in disordered exercise practices/regimes -- in order to inspire viewers to engage in weight loss. The following quote by *The Biggest Loser* host, Alison Sweeney, further illustrates this point:

It’s sort of the deal you make. You can get this opportunity that millions of people want and audition for and you come to this place and you commit your time, your energy and your effort, there’s a crew and there’s food and you get this place to live, and trainers and people that care about you and all this. But the exchange is that you help us inspire people at home. And that’s the trade-out. . . (Broome et al., 2012, April 17).

Within the context of *weight loss promoted as a privilege*, the above quote reveals that weight loss is portrayed as a trade-off or an “exchange” system. In this regard, *The Biggest Loser* offers an exclusive site where overweight or obese individuals are a “chosen” few to stay at, but in order to be granted with more opportunities and remain on site, they must commit themselves to losing weight in order to motivate others (e.g., “You can get this opportunity that millions of people want and audition for and you come to this place and you commit your time, your energy and your effort. . . But the exchange is that you help us inspire people at home”). In this sense, external pressure is put on the contestants to lose weight while on *The Biggest Loser* Ranch, with an underlining pressure to also motivate others to lose weight. In line with the SDT, external pressure aligns with external regulation, fostering an extrinsically driven behaviour. In addition, *The Biggest Loser* is imposing external pressure on people to lose weight and motivate others, eliminating people’s sense of personal control—a concept that Deci and Ryan (2000) revealed, can hinder autonomy and competence. The hindering of autonomy and relatedness remains problematic because as the SDT and weight loss literature suggest, without the satisfaction of autonomy and competence, adherence to weight loss practices is more likely to discontinue (Silva et al., 2011; Van Hiel & Vansteenkiste, 2009).

The subtheme of *weight loss promoted as privilege* is further highlighted through *The Biggest Loser*’s emphasis on women’s reactions and behaviours to the various opportunities they receive to aid in their weight loss. In this sense, viewers may be encouraged to perceive successful weight loss as achievable only when granted opportunities to help them do so. Opportunities on *The Biggest Loser* were portrayed as being a privilege because, as Emily’s story will illustrate, once they are eliminated as a contestant, so too are one’s opportunities connected to weight loss eliminated. The following monologue by Emily in episode# 1311

describes her feelings about the opportunity she was granted on *The Biggest Loser* and the changes she will make to her lifestyle in relation to being eliminated from *The Biggest Loser*.

While Emily was considered a “threat” or tough competition to other contestants on the show, she also was one out of two women to have lost the least amount of weight in week #11. Given Emily’s lack of weight lost and being perceived as a threat, all but Kim voted Emily off of *The Biggest Loser*. The following quote illustrates Emily’s thoughts and feelings regarding her elimination and the opportunities granted on *The Biggest Loser*:

I feel like my time here was cut short, I’m hoping that the lifestyle changes, that’s what’s going to matter in the end. I’m just going to miss all the opportunities we get. This is a great experience. Oh god, I’m going to miss Bob. He knows exactly how to push and I’m not going to lie, I’m a little nervous to go home. But I don’t want to be oh woe is me and wallow in this, I want to create my future, I want to live my life and start my thirties off a clean slate. The excuse I don’t believe in myself has got to be history if this is what I want (Broome et al., 2012, March 13).

In the above quote, Emily is portrayed as having relied upon the opportunities granted from *The Biggest Loser* (e.g., “I’m just going to miss all the opportunities we get. This is a great experience. Oh god, I’m going to miss Bob. He knows exactly how to push and I’m not going to lie, I’m a little nervous to go home”), implying that she may not be as successful losing the remainder of her weight at home on her own, under her own self-regulation. The foregoing quote is important to draw attention to because it reveals further the possible implication that every woman who engages in weight loss practices will be offered numerous opportunities, which may be deceiving. Not only is *The Biggest Loser’s* approach to weight loss portrayed as unrealistic, as noted in the previous theme concerning disordered exercise as well as in the over-

arching theme, reaching weight loss goals equals success/not reaching weight loss goals equals failure, but the techniques and services are inaccessible or unaffordable for most people (Thomas et al., 2007). Research by Texiera et al. (2002) further supplements this point, showing that it is rare for obese women to be helped by a health expert over their lifetime without financial burden. Considering that not all women who are overweight or obese will be provided with opportunities like those on the *Biggest Loser*, women may perceive weight loss practices as only for the “privileged” and the few, and therefore disengage or terminate their participation in diet and exercise behaviours (Mansfield, 2011).

With the many opportunities that were granted on *The Biggest Loser*, Conda, Kim, Emily, and Chris, ultimately emphasized the weight loss strategies that were learned from expert trainers, Bob Harper and Dolvett Quince as well as nutritionist, Rachel Beller. Within the subtheme *weight loss promoted as a privilege*, the portrayal of fat women within the show highlighted the need for experts, trainers and nutritionists in particular, as necessary for successful weight loss. In this regard, *The Biggest Loser* portrayed women as relying heavily on trainers’ advice regarding weight loss practices with little space/suggestion as to how the women will self-regulate their exercise on their own once they leave the show. While many of the women on the show were shown to lose large amounts over one week intervals, it is also important to note that when weight loss was portrayed as smaller than “normal” for some contestants on *The Biggest Loser*, the emphasis on the women’s need for experts help grew. In turn, not only does *The Biggest Loser* promote the women as needing the trainers’ expertise and exercise knowledge, but that they also need the trainers to continually motivate and encourage them throughout their weight loss, if they are to be successful in both the short term and the long term. Aligning with McGannon and Spence’s (2012) research, the foregoing finding in the

present study of *The Biggest Loser* shows that trainers are considered to be “hot commodities” for women who are positioned within media discourse as lacking the knowledge about how to exercise “properly”, but who are also privileged enough to have the time, money and energy to hire them. From an SDT perspective, *The Biggest Loser’s* portrayal of weight loss as needing expert help corresponds with SDT and weight loss literature revealing that exercise behaviours are less adaptive when individuals believe they have support from exercise leaders (Edmunds et al., 2006; Edmunds et al., 2008), thus promoting controlled motivation, and ultimately leading to unsuccessful self-regulation and weight loss over the long-term (See Texiera et al., 2012).

The notion that women rely on personal trainers in order to successfully lose weight is further illustrated by Chris’s experiences in episode # 1307 when she was not chosen by trainer Bob Harper to have one-on-one personal attention and training. At the beginning of this particular episode, we see that Bob Harper and Dolvett Quince were given the opportunity to choose one person from their team to go back home with and provide personal training services. However, the individual chosen from each team was also the only person whose weight loss would be recorded for that week and thus the sole dependent for whether their team has to eliminate a contestant or not at the end of the week. Considering Chris had told Bob at the end of the last weigh-in that she wanted more help from him, in order to increase her chance of not being eliminated, Chris was angry and felt betrayed when Bob chose another contestant instead. The sub theme, weight loss promoted as a privilege emerged through *The Biggest Loser* as there was an urgent need for experts to help female contestants lost a lot of weight quickly so that their opportunities for weight loss on *The Biggest Loser* Ranch were not eliminated (i.e., personal trainers, nutritionists, fitness gyms and fully stocked kitchen with healthy foods). The following monologue by Chris from episode # 1307 reveals her thoughts and feelings towards her trainer

Bob Harper and the lack of security felt on *The Biggest Loser* towards whether or not she would ultimately retain the opportunities or “privileges” granted on *The Biggest Loser* Ranch.:

I whispered in Bob’s ear last night after weigh in, when we were saying our goodbyes that I’m not satisfied with my last 2 weigh ins. We need to go over everything I’m doing, I specifically told him I needed him this week. I feel betrayed. I need him this week, more than I think I’ve needed him any other week and I just don’t have a good feeling about how this is all going to play out. And if we don’t win the weigh in one of us is going home. And who is that going to be? Seriously who’s is that going to be? I needed Bob this week, I think with his help, I could have pulled a good number this week. I’m not ready to do this alone, so I’m pissed and I feel betrayed (Broome et al., 2012, February 14).

Within the context of the subtheme weight loss as a privilege, the above quote reveals a sense of urgency that is placed on the experts, for the use of their knowledge in providing weight loss help and self-regulation and success of individuals. In addition, the importance that Chris puts on the word *need* for Bob’s expert advice implies that she lacks the knowledge and ability to lose weight on her own (e.g., “I need him this week, more than I think I’ve needed him any other week and I just don’t have a good feeling about how this is all going to play out. And if we don’t win the weigh in one of us is going home. And who is that going to be? Seriously who’s is that going to be?”). Consequently, the portrayal of Chris as unsure and unable to successfully lose weight on her own, led to feelings of betrayal and anger towards Bob (e.g., “I’m not ready to do this alone, so I’m pissed and I feel betrayed”). The foregoing is further layered and reinforced by the fact that Chris is worried about losing her privileges on the show and being sent home if she does not reach the external weight loss goal/number that has been set out for her. Interpreted

through a SDT lens, Chris was portrayed as lacking autonomy, competence and relatedness in one's self through her reliance on Bob the trainer and her "need" for his help. In line with SDT and weight management literature, Chris's needs for autonomy, competence, and relatedness became thwarted, leading to feelings of incompetence and thus Chris compensated for such feelings by engaging in disordered weight loss practices such as, excessive and disordered exercise workouts from her trainer in an attempt to feel a sense of belonging to others (see Pelletier et al., 2004; Thogersen-Ntoumani & Ntoumani, 2007; Thogersen-Ntoumani, Ntoumani, Cummings & Chatzisarantis, 2011). According to exercise psychology research, by thwarting women's three basic psychological needs, motivation to engage in weight loss practices is decreased and thus participation in exercise may become short-lived (see Edmunds et al., 2007a; Wilson & Rodgers, 2004).

While various studies in exercise psychology have highlighted the role of autonomy and competence in exercise behaviours (see Edmunds et al., 2007a; Texiera et al., 2012; Wilson, Longley, Muon, Rodgers, & Murray, 2006; Wilson & Rodgers, 2004), the importance for the basic need of relatedness, as a singular factor in relation to health and well-being is salient (Wilson et al., 2006; Gunnell et al., 2014). However, the current study has drawn attention to the role of relatedness in relation to weight loss practices in overweight women within reality television, more specifically, *The Biggest Loser*. Within the context of *weight loss promoted as a privilege*, the above quote elucidates Chris's need to belong to a part of *The Biggest Loser's* group of contestants. Chris is portrayed as though feels she is inferior to that of other contestants because she is not losing as much weight as her competitors, and thus requires the privileges that *The Biggest Loser* has to offer, such as personal trainer, Bob Harper. Chris believes that the expert one-on-one attention and training that Bob Harper could provide her with would advance

her sense of belonging with other contestants on *The Biggest Loser Ranch* (e.g., “And if we don’t win the weigh in one of us is going home. And who is that going to be? Seriously who’s is that going to be? I needed Bob this week, I think with his help, I could have pulled a good number this week.”).

Consequently, Chris’s need for belonging leads to her repeatedly asking for trainer, Bob Harper’s help and continually abiding by his (disordered) exercise regimes (e.g., “We need to go over everything I’m doing, I specifically told him I needed him this week. I feel betrayed. I need him this week, more than I think I’ve needed him any other week”). From a SDT perspective, Chris’s sense of relatedness is thwarted, aligning with Wilson et al.’s (2006) research on perceived psychological need satisfaction and well-being in exercise within women, revealing that when exercise is structured- as are Chris’s workouts with Bob Harper, one’s sense of belonging ties to ill-being. As a result, *The Biggest Loser’s* portrayal of *weight loss promoted as privilege* in fat women has psychological implications for the initiation and persistence in weight loss practices such as feelings of inferiority, incompetence, mockery, and humiliation. In turn, these psychological implications led women to rely on opportunities such as the need of expert help in order to engage in weight loss practices.

Weight loss promoted as a “new and improved” self

Within *The Biggest Loser’s* portrayal of weight loss in fat women, as with previous media research on the overweight and obese female body (e.g., Hall Gallagher & Pecot-Hebert, 2007; Mansfield, 2011; Murray, 2005), the representation of fat women was portrayed as having a “new and improved” self after transforming their previous overweight selves and bodies. The subtheme of *weight loss promoted as a new and improved self* emerged throughout *The Biggest Loser*, as the conversations and illustrations portrayed on the show, may lead to the perception

that overweight or obesity in women is a self-related problem that needs to be fixed. This theme was reinforced through *The Biggest Loser*'s portrayal of the women's weight loss. Each day on *The Biggest Loser*, the women worked to transform their bodies into a slender, more acceptable, version of themselves. Consequently, as each of the women continued to become thinner, as mentioned in the discussion of previous themes, external recognition (e.g., money, rewards and praise) was given. With this constant recognition, and when interpreted within the context of the previous theme of *weight loss as privilege*, the view that a skinnier version of oneself is "better" than the fat self emerged within *The Biggest Loser* discourse. The portrayal of thinner people as "happier" people coincides with *The Biggest Loser Australia*'s claims, which found that transcendence and freedom are promised to women whose bodies are transformed through weight loss (Jones, 2010; Rodan, 2007). As will be discussed further on, from a motivational perspective, the notion that women should engage in weight loss transformations as a way to transform one's self becomes problematic. For now, the theme *weight loss promoted as a new and improved self* can be further explained by exploring *The Biggest Loser*'s portrayal of weight loss as a detoxification and promotion of physical attractiveness in both overweight and obese women.

Aligning with Jones's (2010) research on rhetoric pertaining to *The Biggest Loser*, *The Biggest Loser* is shown to be a site for decontamination. More specifically, within the present study, the show portrays women as participating in weight loss practices to cleanse or rid themselves of fat. In this sense, being "cleansed out" was portrayed on *The Biggest Loser* through Kim's story, and her discussion surrounding her feelings of happiness and success after losing weight. Within episode # 1314, otherwise known as makeover week, Kim was provided with a personal stylist who chose new, form fitting clothes and a hair and make-up artist who

styled her hair and make-up. Throughout Kim's makeover, she emphasized the way her new, thinner body looked, stating multiple times to her personal stylist in the dressing room that she felt happier and more successful. The following conversation between Kim and her makeover stylist in episode #1314 further illustrates Kim's feeling of success and happiness in her new body:

Stylist: I know this is very uncomfortable for you, but you've come a long way and in order for you to actually feel how far you've come I want you to put on your old clothes. Can you do this?

Kim: Yes. As long as they don't fit, I'll try them on. I don't care. As long as they don't button the way they used to, I'll try whatever you want on. . .I tossed that crap [referring to old clothes] to the side and I'm ready to wear new ones; dresses. . .It feels like, success, instead of failure. I'm definitely ready to see the First Lady. I really feel like this opportunity, this makeover, this whole week is really just the icing on the cake just letting us all know that we have changed a tremendous amount and I truly feel like I'm finally succeeding (Broome et al., 2012, April 3).

Within the context of the subtheme *weight loss promoted as a new and improved self*, the above quote portrays Kim shedding her previously fat and undesirable self and happily accepting her "new" self (e.g., "I tossed that crap [referring to old clothes] to the side and I'm ready to wear new ones, dresses"). Kim's acceptance of her current self is further demonstrated by her feelings of success in her new body (e.g., "It feels like, success. Instead of failure. . . this whole week is really just the icing on the cake just letting us all know that we have changed a tremendous amount and I truly feel like I'm finally succeeding"). *The Biggest Loser's* portrayal of Kim's feeling of success and happy acceptance of her new self is portrayed as conforming to

the social and cultural norms (i.e., thinner people are happier people) and rewards that surround fat bodies (see Hall Gallagher & Pecot-Hebert, 2007; Mansfield, 2011; Murray, 2005).

Interpreted within SDT, the promotion of a new and improved self via primarily external rewards (e.g., new clothes, make-overs, less body fat) remains problematic, because *The Biggest Loser's* portrayal of the fat female body's motivation to engage in weight loss practices thwarts a sense of autonomy and competence. As alluded to in the previous subtheme, *weight loss promoted as a privilege*, SDT and weight loss research has revealed that thwarting competency and autonomy hinders the likelihood that weight loss practices will be undertaken out of pure interest and/or intrinsic value (Vansteenkiste et al., 2007; Verstuyf et al., 2012), thus adherence to weight loss behaviours diminishes (Edmunds et al., 2007a; Standage & Vallerand, 2007). As a result, *The Biggest Loser's* portrayal of women's extrinsic motives for engaging in weight loss practices is more likely to prevent and/or terminate diet and exercise behaviours, rather than foster them.

Expanding on the current subtheme of *weight loss promoted as a new and improved self*, Kim's body language and feeling of dislike also revealed what is problematic about reality weight loss television's (i.e., *The Biggest Loser*) promotion of weight loss practices in the foregoing way(s). For instance, Kim was presented with a picture of her former overweight self, which brought about the feeling of being "punched in the gut" (Broome et al., 2012, April 3). In addition, Kim's reaction to her former overweight self was portrayed as having disgust and disdain for her fat body. Aligning with popular culture and media research exploring the representations of overweight and obesity in reality television, *The Biggest Loser* ultimately portrays both overweight and obese women as feeling unworthy and undesirable towards their fat bodies (Hall Gallagher & Pecot-Hebert, 2007). In this sense, fat women are constantly reinforced as having certain stereotypical attributes such as being lazy, lacking self-control and

thus, being inferior compared to thinner women (Jones, 2010; Murray, 2007). The forgoing can be further explained by Kim from episode # 1314, in which Kim discusses how she feels in her new self, compared to her feelings in relation to her former self with her trainer, Dolvett. The discussion between Kim and Dolvett takes place as the trainers witness her makeover while standing inside The White House in Washington, DC, waiting to see First Lady, Michelle Obama:

Kim: Walking onto the Ranch, for the first time you know, I didn't see that feeling beautiful was a possibility for me. You know I was just in this place of despair and depression and just sad about life.

Dolvett: How do you feel right now?

Kim: I feel like my whole life has changed. Everything is different. You know this whole time I've been fighting like every pound to come off. And at the beginning I just wanted to like unzip myself and come out and I feel like I did. . . I do feel like a knockout. I do feel great and that's even more important. Because anyone can look good but actually have your insides and your outsides match, what's better than that (Broome et al., 2012, April 3)?

Within the context of the subtheme *weight loss promoted as a new and improved self*, the above quote further alludes to the previously mentioned portrayals surrounding how both overweight and obese women are depicted as feeling dissatisfied with their self and the implications for their life happiness (e.g., “You know I was just in this place of despair and depression and just sad about life”). Not only did Kim feel as though she was unattractive because she was fat, but she was also portrayed as feeling that she would never have the opportunity to be beautiful because her body did not conform to ideals associated with a fit

female body (e.g., “Walking onto the Ranch, for the first time you know, I didn’t see that feeling beautiful was a possibility for me”). In this sense, fat women are portrayed as only being able to lose weight when given the “opportunity” to do so- a concept connected with the previous sub-theme, *weight loss promoted as a privilege*. However, aligning with Jones’s (2010) work on rhetoric within *The Biggest Loser*, Kim also felt like she was trapped in her overweight body (e.g., “And at the beginning I just wanted to like unzip myself and come out and I feel like I did”) because of the associated negative meanings concerning fatness. These points were further reinforced as the show progressed; once Kim lost weight she was portrayed as being and feeling more attractive, and the importance of feeling beautiful was emphasized within her story. Overall, Kim was portrayed as believing that her weight loss made her more attractive and therefore she was more worthy, and thus felt better about herself (e.g., “I do feel like a knockout. I do feel great and that’s even more important. Because anyone can look good but actually have your insides and your outsides match, what’s better than that?”). Consequently, *The Biggest Loser* portrayed weight loss as conducive to physical attractiveness.

From a SDT standpoint, *The Biggest Loser*’s portrayal of both overweight and obese women’s weight loss, specifically through exercise, remains problematic because *The Biggest Loser* fails at portraying weight loss practices in terms of associated intrinsic motives (i.e., for enjoyment, learning of a new skill, improving one’s mood and overall health and well-being). Instead, in-line with what previous studies on various forms of media have found, the promotion of women’s exercise and its role in weight loss is primarily associated with extrinsic motives, such as physical attractiveness and beauty and overall happiness and other external rewards (e.g., money, getting more dates). Exercise psychology and health researchers have shown that exercise participation is hindered when driven and promoted primarily in terms of extrinsic

motives (Standage & Vallerand, 2007; Wilson & Rodgers, 2004). While women continue to engage in various weight loss practices throughout the season of *The Biggest Loser*, they are consistently portrayed as doing so only because they receive rewards for their weight loss behaviour (e.g., makeovers, physical attractiveness, trips and money). In this sense, *The Biggest Loser* also narrowly portrays weight loss practices as primarily beneficial when fed by an extrinsic goal (e.g., new and improved externally regulated self that looks a particular way). As a result, *The Biggest Loser*'s portrayal of weight loss in women tends to emphasize self-worth as tied to extrinsic values dependent on the approval of others and/or as attainable via the help of others, rather than promoting weight loss and weight loss practices in ways that make it more likely one will form an autonomous and competent self, which will lead to more intrinsically motivated reasons for a healthy lifestyle leading to continued exercise over time.

Silent within *The Biggest Loser*'s portrayal of weight loss practices in overweight and obese women was the question of whether or not fat women continued or discontinued healthy dietary and exercise behaviours once eliminated. The majority of *The Biggest Loser* episodes portrayed the female contestants as focused on their new and improved self, but given that the contestants were not taught autonomous forms of exercise and dietary practices that could lead to more intrinsic participation motives and coping strategies, one has to wonder if the women will adhere to their weight loss over time. Ultimately, aligning with the myth of thinness is equated to a fairy tale life (see Glenn et al., 2013), this form of reality television media representations of the female contestants were portrayed as following their dreams, and conquering their fears because they were happier, and more self-confident. For instance, the following quote demonstrates Emily's feelings, after eliminated in episode # 1311:

When I first started *The Biggest Loser*, I weighed 264lbs; I now weigh 174lbs, so that is a

total of 90lbs lost. I'm not done yet. But the things I've taken away from the Ranch are basically that I haven't been doing what I want to do. One thing America doesn't know is that I have this incredible passion and dream to be a singer. . . I want to start fresh with believing in myself and going out and doing what I've always wanted to do. If I truly want to do the singing career, there is a lot of work but that's what you go through when you're attaining something as big as a dream and I can't wait to see what my future holds for me (Broome et al., 2012, March 13).

In keeping with the subtheme of *weight loss promoted as a new and improved self*, *The Biggest Loser* portrays Emily as seeking out her dream and “fairy tale” happily-ever-after life, and doing so because she has lost weight and thus feels better about stepping out into society (Glenn et al., 2013; Murray, 2005). Rather than being fearful of setting out to accomplish a goal because of being fat, which is the perception that viewers are given, *The Biggest Loser* promotes Emily as accepting her new and improved self and overcoming psychological hurdles such as believing in herself. It is worthy to note that few media representations of fat women on *The Biggest Loser* were portrayed as moving through the self-determination continuum in the ways in which the research and literature suggests are most advantageous for long term exercise participation, thus working towards becoming more intrinsically motivated. Only Chris was portrayed as integrating the weight loss practices that she had learned on *The Biggest Loser* into her daily life. In episode # 1315, Chris was eliminated from *The Biggest Loser* after gaining 2lbs on the scale. Although Chris was not viable for the grand prize of \$250,000 and title as *The Biggest Loser*, once home, Chris discussed how she incorporated more healthful behaviours into her lifestyle. The following quote from Chris further illustrates this point:

After returning home, I've had to learn how to incorporate more activity in my daily life.

Like simply walking out to the mailbox, hopping on my bike to go down to the grocery store, instead of getting in the car. Since being home, Roy and I are continuing to grow together. We're having a good time with it. We do a lot of biking; we plan our workouts at the gym together (Broome et al., 2012, April 10).

The lack of focus on the female contestant's weight loss practices in the long term makes it difficult to determine whether or not the women continue healthy diet and exercise behaviours once eliminated or once the show has completed its season. Considering the lack of attention given to long term follow-up, it is also difficult to determine whether or not the female contestants moved through the self-determination continuum towards becoming intrinsically motivated over time. However, through the above quote, viewers are given the "take away message" that some female contestants' motivations for engaging in weight loss practices have become integrated and potentially shifted whereby the women view weight loss practices as a part of who they are perhaps for intrinsic value, and are thus more likely to maintain exercise and eating healthy (see Deci & Ryan, 2000; Edmunds et al., 2007a; ; Silva et al., 2011; Standage & Vallerand, 2007; Teixeira et al., 2012; Teixeira et al., 2010; Williams et al., 1996).

Chapter Five

Conclusions

The current study explored how weight loss practices in both overweight and obese women are represented within the reality television show *The Biggest Loser* as well as the psychological and behavioral implications of media representations on women's weight loss practices via SDT. By studying these media representations, further insight into the representations of women's participation motives in relation to weight loss was gained. Such research extends and adds to the understanding of overweight and obese women's self-regulation of weight loss practices such as, diet and exercise behaviours, from an exercise psychology perspective. The current study contributes to previous SDT, exercise, and weight loss research, which seeks to conceptualize and study the promotion and self-regulation of exercise and weight loss practices (Hagger & Chatzisarantis, 2008; Teixeira et al., 2012; Wilson et al., 2008). In addition, this research further extends the understanding of the problematic ways in which certain forms of media such as, reality television shows reinforce particular taken for granted social, cultural and behavioural norms concerning the promotion of weight loss practices (e.g., diet and/or exercise) in women (Egbert & Belcher, 2012; Hall Gallagher & Pecot-Hebert, 2007; Markula, 2001; Markula & Kennedy, 2011; McGannon & Spence, 2012; Rodan, 2010). For instance, the current study revealed *The Biggest Loser's* promotion of fat women as caricatures, further adding to reality television literature regarding the portrayals of overweight and obesity (Readdy, 2009).

Ethnographic content analysis (ECA) of weight loss practices in women in reality television allowed for the identification of an over-arching theme prevalent throughout *The Biggest Loser*, which was reaching weight loss goals equals success/not reaching weight loss

goals equals failure. With the identification of this over-arching theme, the complexity of the portrayals of women's weight loss practices with context of certain meanings and implications. These meanings and implications were revealed via the further identification of four sub-themes that fed into the overarching theme of weight loss success vs. weight loss failure: fat women's lack of self-control, weight loss strategies associated with disordered exercise practices, weight loss promoted as a privilege, and weight loss promoted as a new and improved self. In turn, each of these four sub-themes fed into certain portrayals of weight loss practices in relation to the fat body within *The Biggest Loser*, which, according to our study, were problematized in relation to the various ways in which weight loss practices are portrayed in the media as maladaptive. Contextualizing these portrayals using an SDT lens allowed for further attention to be drawn to the (at times problematic) portrayals of women's motivations concerning engagement (or disengagement) in weight loss practices.

Additionally, external and introjected regulations were found to be primarily used in the portrayals of exercise behaviour and its role in the management of women's weight within the present study. Through such a focus, women's sense of competence and autonomy was hindered through problematic and unhealthy weight loss behaviours aimed at detoxifying the body, pressure to inspire others to lose weight, relying primarily on experts for help, engaging in disordered dietary behaviours, and engaging in new and/or unfamiliar exercise practices that were related to discomfort, pain and/or a lack of enjoyment. Additionally, women's sense of relatedness was found to be thwarted through the reliance on trainers expert help and the need to belong to a group. From a long-term exercise participation standpoint, these extrinsically driven weight loss behaviours, such as reliance on trainers, detoxifying the body, disordered exercise practices, and the pressure to inspire others, are problematic because overweight and obesity

rates for women continue to rise (Flegal, et al., 2012; Starky, 2005; Twells, et al., 2014; WHO, 2004, 2010), contributing to an array of health concerns such as type 2 diabetes, cardiovascular disease, breast cancer, stroke, stress and depression (Katzmarzyk, 2006; WHO, 2010, 2012). Aside from obesity, exercise participation rates in general remain low, and portrayals of exercise practices such as those identified in the present study will not contribute positively toward continued exercise participation.

Previous research has shown the media to be a powerful influence in directing how and why weight loss should be completed for overweight and obese women (Berry & Spence, 2009; Gallagher & Pecot-Hebert; 2007; Glenn et al., 2013; Jones, 2010; Mansfield, 2011; Markula & Kennedy, 2011; McGannon & Spence, 2012; Murray, 2005, 2007). However, the media's promotion of extrinsic weight loss goals and practices and so-called health behaviours competes with psychology, exercise psychology, and health promotion researchers' recommendations for intrinsically motivated weight loss and health behaviours (e.g., Deci & Ryan, 2000; Groven et al., 2011; Hagger & Chatzisarantis, 2008; Putterman & Linden, 2004; Standage & Vallerand, 2007; Wilson & Rodgers, 2004; Wilson, et al., 2008). Therefore, *The Biggest Loser's* promotion of extrinsically motivated weight loss practices in both overweight and obese women may be a contributing factor toward broader, taken for granted media narratives that currently circulate, which may result in the hindrance of women's motivation to engage in diet and exercise behaviours.

Limitations and Future Research Recommendations

When discussing the present findings, a number of study limitations can be highlighted. First, while the fat female body was the line of the present inquiry, many of the themes within our study portrayed how weight loss practices are promoted in both men and women. However,

the difference lies in the emphasis *The Biggest Loser* placed on women such as, women's reliance and sense of urgency for expert help, a focus on physical attractiveness and the reactions and behaviours to trainers' weight loss techniques in comparison to men. While men were not explored within this study, future research may want to explore reality television's promotion of weight loss for men, as the media has been shown to construct particular health meanings differently for men (e.g., naïve and vulnerable) (Gough, 2007) compared to women (e.g., lacking self-control, knowledge and motivation) (McGannon & Spence, 2012; Murray, 2005). Additionally, while obesity rates for women are steadily increasing, the prevalence of overweight in men is also on the rise (Shield et al., 2010; Twells et al., 2014). By exploring the media's, more specifically, reality television's promotion of weight loss specifically for men, exercise researchers may gain new insight regarding men's motivations for engaging in, adhering to or disengaging in weight loss behaviours. Second, while *The Biggest Loser* is now in its sixteenth season, the portrayals of weight loss practices in fat women may emerge differently depending on the theme surrounding that particular season. Future studies therefore might wish to explore *The Biggest Loser* and its promotion of weight loss over the course of all 16 seasons. In doing so, researchers could explore how the show has changed throughout time, especially in relation to how weight loss practices are represented, discussed and delivered. Third, *The Biggest Loser* season 13 was used, with the theme titled, No Excuses. In this sense, the perception that contestants would be pushed beyond their existing reasons for being either overweight or obese and not engaging in weight loss practices was pre-conceived.

While the current study only focused on a specific population (i.e., both overweight and obese women) between the ages of 24 and 42 years, researchers may wish to follow Gunnell et al's (2013) future recommendations for exploring women in different age groups (e.g., children,

adolescents, or older adults) or diverse populations such as regular exercisers. In doing so, social, cultural and health researchers may further understand how the media constructs and represents dietary and exercise practices for various populations and the implications for health and well-being.

The present study revealed that through an in-depth and careful examination of the media (i.e., reality television), weight loss practices were associated with psychological mechanisms such as anxiety and distress, internal forces such as, an individual's feeling of guilt, shame, pride and external forces such as, trainer's, nutritionists, and television hosts demands promoted as externally and introjectedly regulated, thus, extrinsically motivating both overweight and obese women. For instance, the use of the term athlete as a motivational tactic by trainers, to motivate former athletes who were fat, illustrated both an external force (i.e., trainers'), as well as an internal force (i.e., individual's guilt) for motivating women to participate in exercise. This finding opens up a new window for exercise researchers to explore the media's promotion of weight loss through the use of trainers' motivational techniques, as the portrayal of trainers within the media, promote exercise as punishment, exercise researcher's may gain further insight regarding why women participate in, adhere to or terminate exercise when aided by personal trainers. Sport and exercise psychology researchers may wish to examine SDT and the role of particular identities (e.g., athlete, exerciser) and their role as motivational tools to foster or hinder exercise behaviours.

While the current study also highlighted the concept that some female contestants on *The Biggest Loser* have more self-determined regulatory styles such as, identified and integrated regulations, for dietary behaviours, future research may consider exploring the more self-determined motives such as identified and integrated regulation in relation to women's weight

loss practices in order to provide further insight for health specialists when developing weight loss programs (i.e., exercise regimes). In addition, considering the current study drew attention to the thwarting of the three basic psychological needs (i.e., autonomy, competence, and relatedness) in relation to women's weight loss practices, future research may also wish to explore the complex nature of need thwarting in overweight or obese women who are just beginning to engage in weight loss practices, as it may have implications from a public health standpoint (see Gunnell et al., 2014). Additionally, future research may also want to explore persistence to dietary and exercise behaviours in overweight and obese women on *The Biggest Loser* once eliminated from or at the completion of the television program. In doing so, exercise psychology and health researchers may gain additional understanding regarding women's move through the self-determination continuum towards intrinsic motivation and the relationship between psychological needs and weight loss adherence. Furthermore, researchers may want to consider the various social contexts in which individuals participate in exercise, in order to highlight the relationship between psychological need satisfaction and health and well-being over the long-term (see Gunnell et al., 2014).

Within the current study, *The Biggest Loser's* promotion of disordered exercise behaviour and the regulations that motivate overweight and obese women to participate in such exercise behaviour was also highlighted. While our study illustrated how exercise was portrayed as disordered in *The Biggest Loser* for both overweight and obese women, the participation and adherence to exercise resulted in success over the short-term (e.g., all female contestants lost large amounts of weight over a short period of time). Considering SDT, exercise and weight loss research predicts that exercise adherence over the long-term will eventually terminate under extrinsic conditions, a prediction cannot be distinguished based on the length of *The Biggest*

Loser's on-air season. Thus highlighting what remains silent throughout *The Biggest Loser's* promotion of weight loss for both overweight and obese women-whether or not overweight and obese women moved through the self-determination continuum towards becoming intrinsically motivated over the long-term. While *The Biggest Loser* portrayed some women continuing to participate in weight loss practices once eliminated from the program, future research may want to explore adherence to weight loss practices in women on *The Biggest Loser* once eliminated from or at the completion of the television program.

As far as we are aware, this is the first study using ECA to explore how weight loss practices in both overweight and obese women are represented and portrayed within reality television from an SDT perspective. While our research only modestly contributes to the reasons for why women may engage in, adhere to or discontinue weight loss practices, future research would benefit from using ECA to study media texts (e.g., magazines, news, film and websites) to learn more about how weight loss practices are represented, discussed and delivered in women, as well as further understanding the psychological and behavioural implications from a motivational standpoint. In doing so, researchers and practitioners can begin to promote weight loss practices (e.g., diet and exercise) in ways that lead to more healthful outcomes for overweight and obese women (Markula & Kennedy, 2011; McGannon & Spence, 2012).

Recommendations for Practice

Throughout the current study, weight loss practices were portrayed as externally and introjectedly regulated (i.e., through lack of self-control, disordered exercise practices, weight loss as a privilege and a new and improved self), which research has shown leads to unsuccessful self-regulation of weight loss over the long-term (Deci & Ryan, 2000; Edmunds et al., 2007a; Haggard & Chatzisarantis, 2007; Silva et al., 2011; Standage & Vallerand, 2007; Texiera et al.,

2012; Wilson & Rodgers, 2004; Wilson et al., 2008). In addition, SDT and exercise literature also revealed that adherence to weight loss practices is more likely to be maintained over time if the behaviours foster integrated, identified and intrinsically motivating acts (Standage & Vallerand, 2007; Wilson & Rodgers, 2004; Wilson et al., 2008). The negative portrayals of weight loss practices in women on *The Biggest Loser* that are ultimately linked to externally regulated motivations on the SDT continuum as well as often thwarting one's basic needs of autonomy, competence and relatedness, may result in lower and/or less motivation for women to participate in or adhere to weight loss practices because the acts were not inherently pleasing. Therefore, health specialists may also want to consider ways in which identified regulations, integrated regulations and intrinsically motivated acts can be implemented into women's weight loss practices. For instance, health specialists and trainers may consider developing exercise programs that are conducive to a woman's busy schedule, and offering the free choice in various exercise activities that are of inherent interest and optimally challenging. Furthermore, because the weight loss practices in relation to the women's stories as portrayed within the show often undermined their basic needs, exercise goals should be set that enhance, not thwart, such needs (see Gunnell et al., 2014).

Considering personal trainers have been shown to reinforce stereotypical ideas surrounding the overweight and obese female body as being lazy, unhealthy and unsuccessful (see Rodan, 2010), change to such stereotypical thinking needs to occur at the micro level, for instance, with personal trainers. In doing so, we as health promoters can begin to challenge the media's problematic representations of weight loss practices for women. The portrayals of weight loss in both overweight and obese women within the present study also highlight the role that autonomy, competence and relatedness play in women's participation in weight loss

practices. Considering the fat women is stigmatized and stereotyped by the media, health promoters may want to consider media promotions that foster more intrinsic, integrated and identified motives for the engagement in weight loss practise. One possible way to achieve this is by developing fun, personally challenging exercises as well as group exercise classes whereby the trainer is autonomously motivating. Within our current study, trainers set up exercise programs that were promoted as a form of punishment- an urgent need to fix the fat body. Exercise activities are beyond the level of many of the women who are participating in the exercises, thus risk of injury is also increased. The trainer's language used to motivate women to exercise is also rude, degrading and a form of mockery, thus controlling and marginalizing women. As a result, women tend to disengage in the exercise behaviour (Edmunds et al., 2007b; Edmunds et al., 2008). Thus, trainers may want to be more reflexive and/or aware of the techniques they use to motivate women to engage in exercise behaviours, and make sure that such techniques are fostering an individual's needs for competence and relatedness, but in ways that promote self-acceptance and self-compassion, rather than guilt, shame and fear (McGannon & Spence, 2012). For instance, trainers may look to fostering a sense of mastery, personal importance and belonging to others, such as fun and optimally challenging exercises (see Gunnell et al., 2014).

Furthermore, television creators, producers and directors may want to consider framing a more adaptive television series such as *The Biggest Loser*, by designing and implementing more realistic and attainable exercise programs wherein various exercise behaviours are of interest to the contestants, yet not beyond their capabilities. Although there was diversity in some of the exercises that contestants on *The Biggest Loser* participated in such as, surfing, biking, hiking, zumba, ballet and obstacle courses, the majority of the exercises promoted on the show were

largely based on running on a treadmill and lifting weights. Additionally, television creators may want to focus on the promotion of diet and exercise behaviours as more intrinsically motivating, fostering integrated and identified regulations such as fun and enjoyable activities, for contestants rather than promoting exercise programs as punishment and hard work.

Furthermore, television producers and directors should also focus on the promotion of trainers as helping to develop contestants' basic needs of autonomy, competence and relatedness rather than promoting trainers as sadistic, evil, rude and degrading. For instance, *The Biggest Loser* could focus on the trainer's encouraging, yet detailed advice given to contestants (relatedness) as they try to accomplish a skill or exercise (competence) that is of interest to them (autonomy). In doing so, the encouraging advice from the trainer fosters a sense of belonging between the individual and trainer, while the individual's participation in a particular exercise that is interesting to them highlights a sense of mastery and autonomy (see Deci & Ryan, 2000). Such a promotion of exercise emphasizes all three of the basic needs which according to Standage & Vallerand (2007) may lead the individual to experience a more adaptive weight loss regime.

Lastly, television creators may want to consider eliminating or refrain from promoting temptation challenges, as portrayed on *The Biggest Loser*. Consequently, *The Biggest Loser's* promotion of temptation challenges undermines individuals' autonomy, competence and relatedness by promoting hypocritical weight loss practices through binge eating behaviours with an external rewards as the goal. Future reality weight loss television series may want to consider promoting more healthful forms of dietary behaviours rather than strict, calorie-counting diets, as portrayed on *The Biggest Loser*. For instance, emphasis should be placed on an individualistic and well-balanced diet, suitable for each individual's lifestyle. With a more healthful promotion of dietary behaviours, individuals may be able to better self-regulate their dietary behaviours in a

more adaptive manner, leading to a healthier, overall lifestyle (see Standage & Vallerand, 2007).

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