The Biggest Loser is the nanny-state
The hit reality TV show demonstrates why government isn’t the answer to our obesity ‘crisis’, says Louise Staley.

The recently concluded reality TV show, The Biggest Loser, contains some surprising lessons for public policy. Of all the reality television shows bombarding us, The Biggest Loser best combines entertainment with the spectacle of social stratification. Particularly this season, where families compete in teams, we, the viewers, get the chance to confirm commonly held views about obese people. And those views are scathing and overwhelmingly directed at the actions (or inaction) of individual fat people. We believe fat people are that way through lack of control, through the poor choices they make, through their own fault.

And The Biggest Loser contestants fulfil our expectations.

Out of sixteen contestants, all of working age, only five appear to be in full-time employment: two hairdressers, a truckie in the mines, a teacher and a shop manager. The remaining eleven claim no job or only a part-time one: at KFC, doing the grounds for a bowling club, marriage celebrant, DJ. From the limited biographical information made available, only one, teacher Jodie Moon, has tertiary qualifications.

Moreover, only two contestants live in a capital city—in the very southern suburbs of Sydney—and everybody else lives in regional NSW and Queensland, overwhelmingly in the cheaper end of the housing market.

These are average Australians, doing average sorts of jobs, extraordinary only for agreeing to participate in The Biggest Loser.

Yet, because of their ordinariness, The Biggest Loser contestants confirm the general community stereotype of

Louise Staley is a Research Fellow at the Institute of Public Affairs.

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The academic literature from both Australia and any other industrialised country you can name highlights this relationship. Similarly, an extensive body of research documents a lack of impulse control across a wide range of indicators from those in the lowest SES groupings. The poor and disadvantaged are more likely to smoke, to experience violence, to gamble. They are less likely to postpone immediate consumption for greater consumption later, in other words, they do not save. From health research, to economics, from education to family studies, the academic literature is clear: the poor engage in a range of behaviours that hurt them.

What is less clear is what, if anything, we can do about it. The Biggest Loser approach is to offer a massive financial incentive in the form of $100,000 of prize money to lose weight, plus substantial amounts of personal training and a fair dose of new-age group therapy support. And for the contestants, it works. Nine weeks into the competition, the competition leader lost 47.5kg, or 37 per cent of his starting body weight. Even the relative laggard of the competition lost 39.1kg, or 26 per cent of her starting body weight. It is even possible that the biggest contestant, Damien, will have lost over 100kg in four months by the time of the finale. These are life-changing weight losses. Damien cried in the third week when he was able to do up his shoelaces for the first time in years.

Locking every obese person up in a reality TV show for months on end is not a public policy option, even if it is one of the very few approaches that clearly works. For this is one of the dirty secrets of obesity—there is little evidence that most of the usual solutions to the ‘obesity epidemic’ will result in a reduction in obesity. And answering the ‘what works’ question presupposes that government has either a responsibility or a desire to act on obesity. And that debate is far from clear-cut either.

The first episode of The Biggest Loser took the cameras into the homes of the contestants. We saw what they ate in a typical week and viewers saw the results when the personal trainers had to live with ‘their’ families and eat their food. All four ultra-fit and lean trainers gained weight, with Karate expert Tiffany gaining 4.6kg in seven days eating and drinking her way with the Duncans. No viewer could walk away thinking the lifestyles of the contestants was anything other than destructive to their health, and as became clear, their
relationships and every aspect of their lives.

Anti-obesity campaigners have in recent years stepped up their calls for ever-increasing regulatory interventions to address the impending calamity of obesity. Their solutions—increased urban density and less cars, taxes on fast food and soft drink, banning TV ads for some foods for children, more and different labeling of packaged goods—are presented in the abstract and are often theoretically rather than experientially based. To the limited extent that these interventions have been tried, the results are less than encouraging. Finland banned TV advertising of food to children but had no appreciable change in childhood obesity, New York requires extensive fast food labelling, again without a change in either obesity rates or average portion size.

The Biggest Loser brings alive, in graphic detail, what it takes to become morbidly obese. The contestants eat and drink a monumental amount. They rarely move off their couches. What becomes apparent though is how aware they are of their behaviour. They know they are overweight, they know they are unhealthy. They have the information, but they make poor choices. What The Biggest Loser might have to teach us is why the fashionable coercive policy positions put forward by anti-obesity campaigners are seldom effective.

Poverty—The Challenors

The Challenors are big blokes, the biggest, Damien, weighed in at 234.4kg, while the smallest Joe, still tipped the scales at 139.8kg. Their combined starting weight was 698.4kg, a colossal weight for just four people. Of all the families, the Challenors best personify the public’s perception of fat people. None of the four has a full-time job and the youngest member, Nathaniel (142kg at only 18 years of age) works at KFC. They live in regional Australia. The Challenors appear to fit most of the characteristics of a family from Australia’s underclass—poor, obese, and dysfunctional.

Yet their wives and kids are not noticeably overweight. Moreover, while the three brothers and their nephew are presented as a family in the unreal world of reality TV, in actuality, they do not live near each other and they are the only one in their domestic families who is obese. The rest of their families manage to live in the same suburb, eat the same family meals—though not the same volume—and face the same socioeconomic challenges, yet they do not get fat.

This flies in the face of much of the obesity industry’s proposed solutions to Australia’s supposed weight problem. The built environment could have as many bike paths, footpaths and neighbourhood shops, yet Damien would still heave himself into his van and drive to the bakery for a mid-morning snack. And boy can the Challenors eat. We are shown the vast portions and sheer volume of food consumed by these men. Damien’s daily bakery run resulted in sausage rolls, buns and slice—all for him and every day. At a family barbeque the enormous plates cannot even hold the steaks and pasta salads Damien serves himself. Meanwhile, at home, there are bars of chocolate to while away the hours in front of the TV and video games, Damien’s nominated hobbies.

The Challenors inhabit the regions described as an obesogenic environment, with supposedly poor access to fresh food, a plethora of chain fast-food outlets and limited outdoor recreation. This is regional Australia where there is no alternative to running one car per adult and no option to ride a bike to a local shop. Inner city experts decry this sort of suburbia as inherently unhealthy and in need of bike paths and farmers markets and council planning bans on fast food outlets. Yet the Challenors get most of their...
calories from the local small business bakery, supermarket confectionery and alcohol. What it took to change the lifestyles of Challenors evicted from the house was a change in their attitude, not a change in the built environment. In a later episode, we see Damien at the beach with his kids, a beach that has always been nearby yet never previously used, and we see Nathaniel working out with a personal trainer in the park.

Diet—The Moons

The diets of the women in the Moon family are characterised by emotional eating, including lots of chocolate and Tim Tams. Their stories involve failing relationships, overcoming breast cancer, and turning to food for comfort. As a result, these mothers are unable to play actively with their children.

The obesity campaigners have clear prescriptions for such women. For example, the Obesity Policy Coalition asserted in its submission to the National Preventative Health Taskforce that ‘the restriction of marketing of junk food to children is a powerful, cost effective strategy.’ This implicitly assumes that mothers must be unable to raise their children without such interventions.

Moves to introduce traffic-light labelling, where some foods are designated as ‘unhealthy’ and receive a red light because of their nutritional profile, are targeted at women like the Moons, who are the primary food shoppers for their families.

Yet Kellie Moon knows what she is doing when she adds a carton of cream to a pre-packaged creamy pasta sauce. And Jodie Moon carefully decants her kilos of chocolate and sweets to glass jars to hide the number of packets and the nutrition information. Additional labeling of packaged goods has not been effective in any jurisdiction it has been introduced. As the Moon women prove, people know exactly what they are eating, they know they are making bad choices and they make them anyway.

Alcohol—The Duncans

The Duncan family admit to being heavy drinkers. Meg Duncan, a truck driver in the underground mines shows us her life of getting home from a shift, plopping down on the sofa in front of the TV, three steps away from the beer fridge she has set up in the living room. In a normal week, Meg drinks five stubbies on workdays and 24 on the weekend. Sister Sarah-Jayne reckons food is only ‘good for soaking up the alcohol before the next bottle’ as she downs up to 25 shots to fall asleep. All four Duncans consume alcohol at levels in excess of healthy guidelines.

Moreover, when the Duncans aren’t drinking to excess they are lubricating themselves with soft drinks and flavoured milk, both extremely high in calories. This is a family who would pay heavily were higher alcohol and soft drink taxes to be introduced. Many would argue this would be a good thing, with recent reports suggesting two thirds of Australians think something needs to be done to curtail our alcohol-soaked culture.

Yet of the four families, the Duncans also had the greatest workforce attachment. The three sisters hold full-time jobs and Jarrod’s greenskeeper role is regular, if not full-time, employment. Moreover, the Duncans displayed none of the anti-social behaviour or violence that is often at the root of calls for higher taxes to curb alcohol consumption.

Portion Sizes - The Westrens

The Westrens, from the NSW central coast, appear relatively affluent, with a history of family sailing. Yet mid fifties parents Craig and Sharlene, and their son Leigh and his girlfriend Lara, are clearly overweight. While Leigh and Lara have moved out of home and
consume vast quantities of fast food, ice-cream and chocolate, parents Craig and Charlene have home-cooked roasts with old favourite desserts such as golden syrup dumplings (a family favourite when I was growing up too). At a family barbeque, we see Craig eating a massive platter including a mashed-potato sandwich, while breakfast is mountains of bacon.

And Craig is up-front about his dislike of vegetables, even though he knows they are good for him. In fact, when he is eliminated from the house he is thankful because he gets to stop being force fed huge amounts of greenery.

The Westrens have portion control issues—they just eat too much. However, there is no public policy intervention that could improve their diets. They do not eat large amounts of processed food; instead, it is high fat food, home-cooked from scratch.

If taxes and labels and bans will not solve obesity then what actions will be effective, and should government care? Answering these questions is not merely a question of which side of the prism of reality TV, is the counselling, the dieticians, the medics and the support that transforms most, but not all, of the contestants into people who believe they can be successful, in weight loss and in other areas of their life.

Yet, increasingly, the medical research shows that once a person becomes morbidly obese, the range of co-morbidities diminishes the likelihood of successful weight loss. Diabetes, high cholesterol, circulatory problems, the list is long. The morbidly obese are ill. But they are not, in a lifetime healthcare sense, expensive. The little publicised truth is the obese, like smokers, are cheaper on the budget than the healthy-weight non-smokers. Healthy-weight people live longer so they have more old-age health problems, draw pensions for longer and live in aged care facilities for longer. It is true that obesity, like smoking, is correlated with a range of cancers and other diseases, however, these diseases tend to kill the obese before they have the opportunity to require the usual expensive medical interventions of old age such as ophthalmology, hip replacements and post-stroke care.

So, if the obese are not the cause of higher taxes or health insurance premiums, what is the rationale for public policy interventions? It is no more rational to attempt to ‘solve’ obesity on the grounds of self-harm, than it is to refuse to treat sports injuries. Both groups engage in behaviours that caused harm, both need medical intervention, yet there are no calls to ban middle-aged men from riding bicycles despite clear evidence it results in accidents, heart attacks, sprains and breaks.

What we can see from The Biggest Loser is that obesity is not caused by the absence of traffic light labelling but is the result of personal choices. What is required to tackle it, therefore, is behaviour modification, not nanny-state regulation.

There may be another reason to intervene though, and it is far more complex and controversial than justifying coercive action for misplaced financial reasons. As the contestants in The Biggest Loser show, and research supports, there is a group of low income, poorly educated, socially excluded people, sometimes with mental health problems, who engage in a range of destructive behaviours, of which obesity and particularly morbid obesity is one. For the group at the bottom, who in multiple ways find contemporary society beyond their skills to manage, early intervention to deliver robust life skills and educational attainment is the necessary intervention, not ill-founded coercive headline grabbers.