



The “Reality” of Health: Reality Television and the Public Health

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The impact of television on its audience has been documented by decades of research. Some of this impact is negative, but social marketers have long recognized that when television contains positive messages it can also have a positive effect. In other words, it can be used to educate as well as entertain, inspire as well as provide escape.

Television has long served as a source of information for viewers on health-related topics. Television news, clearly, often contains information on personal health and health care policy. But in addition, entertainment shows — including soap operas, dramas and even sitcoms — often include content that, whether intentionally or not, communicates health messages to viewers.

REALITY SHOWS CONSIDERED IN THIS PAPER:	
Shows	Media
<i>The Biggest Loser</i>	NBC
<i>Cold Turkey</i>	iTV (cancelled)
<i>Dr. 90210</i>	E!
<i>Extreme Makeover</i>	ABC/Style Network
<i>Honey We're Killing the Kids</i>	The Learning Channel
<i>Miracle Workers</i>	ABC (cancelled)
<i>Mystery Diagnosis</i>	Discovery Health
<i>Plastic Surgery: Before and After</i>	Discovery Health
<i>Untold Stories of the ER</i>	The Learning Channel
<i>Weighing In</i>	Food Network

In recent years, a new form of television entertainment has exploded onto the scene — “reality TV.” Ten years ago one could find a handful of reality programs — scheduled primarily as specials or appearing on cable networks such as MTV. Today, viewers can choose from literally scores of reality programs on any given day. The unscripted and seemingly spontaneous exploits and tribulations

of “real” people on shows like *American Idol*, *Fear Factor* and *Survivor* obviously hold considerable allure for millions of viewers, to the point where reality shows routinely appear at or near the top of the Nielsen ratings. Importantly, while reality TV draws viewers from virtually all demographic groups, it is disproportionately popular among preteens, adolescents and young adults.

A number of reality shows deal directly with aspects of health and medicine, portraying “real people” and “real health professionals” involved in plastic surgery, weight loss, urgent care, smoking cessation, and so on. The purpose of this paper is to describe the nature of these shows, provide an overview of the messages they convey about health and medicine, and explore some possible implications of these shows for audience awareness and knowledge. In addition to the shows where health is the primary focus, many other reality shows are tangentially related to health issues, or have an occasional focus on a health topic. The implications of these shows are also discussed.

Three basic sources of information are employed: first, articles in the consumer and academic literature; second, direct observation and qualitative analysis of the content of a number of current and recent shows and their associated websites; and finally, interviews with academic experts and TV industry practitioners with important perspectives on the connection between reality TV (RTV) and health. This is not presented as an exhaustive investigation of the topic — indeed, very little systematic research has been done on the impact of reality TV in general, much less its health effects. The goal, rather, is to draw attention to this relatively new but important phenomenon.

WHY REALITY TV MATTERS

Ever since *Survivor*'s huge success in 2000 — the finale pulled over 51 million viewers — reality shows have placed among the top-rated TV shows. The ratings for April 10-16, 2006 are typical. That week six of the top 20 shows were reality, and the two episodes of Fox TV's *American Idol* placed first and second. Critics and academics have lambasted reality shows on a multitude of fronts, from elevating money, fame and beauty above all other human qualities to promoting meanness, casual sex, alcohol abuse, and bad language. One TV critic has written that "Most reality shows would not be allowed to take place as psychology experiments by the powerful Human Subjects Committees that guard volunteers' rights in psychological experiments."¹

On the other side of the coin, TV industry people and fans point out that, at its best, RTV has some positive aspects. It has the potential to provide inspiration for lifestyle changes such as weight loss or smoking cessation. Reality TV also gives a voice to normal, everyday people rather than stars; provides exposure to a broad range of human experiences not available in other programs; and may also provide viewers a sense of personal validation, an awareness that there are "people out there like me with the same kinds of problems I have."

Overall, there are three essential reasons for saying that RTV might exert a special kind of influence on viewers. First, contrivance aside, viewers often perceive RTV as being "real" or "authentic" on some level, certainly more real than scripted drama.² Second, the participants on RTV shows are often "people like me," thus rendering their experiences more relevant to the viewer, who can identify with everyday people much more closely than characters played by actors in a drama. (In an interview for this paper, the *Miracle Workers* Executive Producer

Darryl Frank used the term "incredibly relatable" to describe the show.) Both of these factors — perceived reality and a heightened sense of connection or identification with show participants — are known to increase the likelihood that viewers' knowledge, attitudes, values and behavior will be influenced by exposure to the shows.

Finally, RTV's popularity among young people constitutes a special concern. Pediatrician Victor Strasburger, co-author of a leading book on adolescents and the media, noted in an interview for this paper that RTV poses a particular risk to 8- to 15-year-olds, who are seeking and absorbing guidance for their rapidly evolving sense of personal identity as well as their relationships with family, friends and the opposite sex. Moreover, because children and adolescents may be less likely than adults to see the contrived nature of reality shows, they are more likely to take the messages at face value.³

SHOWS WITH INCIDENTAL HEALTH CONTENT

While recent years have seen the development of a number of reality shows focused specifically on health and medical themes, it is worth noting that many other reality shows have implications for health. For example, shows such as *Jackass* that depict people engaging in potentially dangerous stunts have been alleged to have contributed to injuries when some young viewers tried to copy the activities. Shows such as *Fear Factor*, *Survivor* and *Amazing Race* often place contestants in situations that reward risk-taking behavior. While the real danger posed to contestants is controlled by the producers, some viewers, especially younger ones, may underestimate the risks and try to mimic some of the actions depicted.

Likewise, the importance of being thin, sexy and physically attractive provides the major driving force behind the numerous dating- and beauty-oriented reality shows (*Bachelorette*, *Are You Hot?*, *America's Next Top Model*). Commentators have expressed concern about the impact of such shows, suggesting, for instance, that the obsession with being sexually attractive may contribute to eating disorders among adolescent girls.

It is not unusual to see references to specific health problems affecting participants in reality shows, even those without a primary focus on health topics. For example, MTV's *The Real World*, considered the first "modern" reality show, brought attention to HIV/AIDS in its third season, when participant Pedro Zamora was revealed to have the virus. His openness about his situation was hailed by many for heightening attention to HIV/AIDS and for personalizing and humanizing people with AIDS. Last year, the show once again highlighted an important health issue, when one of the participants admitted struggling with bulimia. The latter show created some controversy,

with one participant saying he felt the young woman was "being exploited" and that producers should "stop the show" because "she was sick." Ultimately, the young woman's cast mates persuaded her to seek professional help, and production staff gave her the number of a clinical psychologist in the area (and filmed two of her sessions).⁴

Other current or recent shows also occasionally address health issues in a significant way. For example, an episode of NBC's *Home Delivery* (in which the production team traveled around America knocking on doors and helping people "transform their lives") provided badly needed and expensive prostheses to lucky recipients. *Extreme Makeover – Home Edition* (which renovates families' homes) has showcased certain medical conditions and the need to make homes accessible to people suffering from them (for example, a 2004 episode on an individual with the genetic disorder osteogenesis imperfecta). NBC's *Three Wishes* has granted wishes to individuals suffering from cerebral palsy, hearing loss and brain tumors, in the process describing such conditions and their impact on people's lives.

Beyond these incidental intrusions of health and medicine into specific episodes, reality shows routinely pursue themes and display behavior with health implications in certain broad areas, of which the following three seem most prominent.

Sexual relationships. The many “dating” shows, including *The Bachelor*, *The Bachelorette*, *Joe Millionaire*, and *Temptation Island* incorporate the portrayal of young adults in sexually titillating situations as a central program element, and embedded themes of sexuality and being physically attractive are used by most other programs to heighten interest in the show. The Parents TV Council conducted a content analysis on reality television programs in 2002-2003 (not limited to those dealing with dating) and found 4.3 instances of sexual content per hour of reality TV programming, which represented a 169% increase from their previous study a year earlier. The study also found the incidence of foul language (often sexually related language) to have increased 48%. In many cases the foul language was “bleeped,” but the researchers deemed that the word could be easily deciphered nonetheless.⁵ A major concern expressed by some groups is that while the participants are all legally adults, the target audience often is much younger, and could well be influenced by such content.

Interpersonal relationships. As mentioned earlier, many have decried the prevalence of cruel and Machiavellian relational behavior in RTV — scheming, backbiting, betrayal, and callousness are often portrayed as ways to get ahead in the world of reality television. Some critics contend that the overall message communicated is that these negative relationship strategies are not only common but acceptable. But in recent years in particular, many reality programs have chosen to highlight positive behaviors. On *The Biggest Loser* (NBC) and *Weighing In* (Food Network), for example, family and team members display empathy and support for one another and celebrate successes with many hugs and “high-fives.” Some shows, such as *Supernanny*,

Nanny 911, *Wife Swap* and *Trading Spouses*, focus on improving family relationships. *Nanny 911* was considered by at least one psychiatrist to have a therapeutic effect by taking “parenting out of the realm of textbooks or parenting courses” and making “the experience real for the viewer.”⁶

Alcohol or substance abuse. There has been some research on the reference to substance abuse in reality television. *The Osbournes* was studied for its depiction of substance abuse and it was concluded that “the juxtaposition of verbal rejection messages and visual endorsement messages, and the depiction of contradictory messages about substance use from show characters, may send mixed messages to viewers about substance use.”⁷ While this study covered just one program, other shows often touch on alcohol and other substances. *The Apprentice*, for example, frequently incorporates alcohol consumption as the normal way of celebrating after a job well done. For years MTV’s *The Real World* has shown its early-20’s cast drinking and smoking cigarettes as a normal, indeed central, part of their lives; but it has also on occasion showcased the consequences of excessive alcohol abuse.

HEALTH-FOCUSED SHOWS

Beyond these examples of reality shows in which health topics are occasionally incorporated, there are a number of shows that are more explicitly and routinely focused on health. For this paper, ten such shows were selected, and two episodes of each show were viewed. These include “lifestyle transformation” shows *The Biggest Loser* (NBC), *Cold Turkey* (iTV), *Honey We’re Killing the Kids* (The Learning Channel), and *Weighing In* (Food Network); “makeover” shows *Dr. 90210* (E!), *Extreme Makeover* (ABC), and *Plastic Surgery: Before and After* (Discovery Health); and “medical miracle” shows *Miracle Workers* (ABC), *Mystery Diagnosis* (Discovery Health), and *Untold Stories of the ER* (The Learning Channel).⁸

In the “lifestyle transformation” category, NBC’s highly popular *The Biggest Loser* follows obese contestants for several weeks as they attempt through diet and exercise to be the most successful weight-loser on the show. As the show progresses they also compete in various contests of strength or endurance, undergo periodic weigh-ins, and are eliminated one by one either because they haven’t met interim weight-loss goals or because they are “voted off” by other contestants. The Food Network has its own version, *Weighing In*, in which a “world-class” chef, a physical trainer and a nutritionist lead a group of overweight men and women in their desperate quest to slim down and shape up for an upcoming special event in their lives. *Honey We’re Killing the Kids* employs similar professionals while chronicling the struggles of sedentary, overweight families to restructure the eating, exercise, TV-viewing, and other lifestyle patterns that are, it is claimed, eventually going to “kill the kids” by the time they reach 60. iTV’s *Cold Turkey* isolated heavy smokers in a San Diego mansion and followed the tension and drama as they lived together and were “forced” to kick the habit.

The various “makeover” shows concentrate on before-and-after transformations in physical attractiveness accomplished primarily through plastic surgery. In ABC’s very successful *Extreme Makeover*, each episode features two candidates whose looks are transformed by a team of medical and beauty experts. *Dr. 90210* “touches up” women who are attractive to begin with, but just not quite attractive enough to meet their personal and professional goals.

The “medical miracle” shows devote their attention to interventions in human health. Several shows over the years have been placed in emergency rooms or hospital settings, providing, as it were, a live version of *ER* (*Untold Stories of the ER*, *Trauma: Life in the ER*). Other shows portray medical personnel diagnosing and treating severe and/or baffling conditions (*Miracle Workers* and *Mystery Diagnosis*).

While the following discussion of the themes and messages embedded in these shows is based on careful observation, it should be noted that it is also decidedly qualitative and subjective. In addition, there are exceptions to nearly all of the “rules” presented — not all shows emphasize physical attractiveness, not all shows present patients as passive recipients of medical advice and treatment, and so on. In some cases, notable exceptions are included, but there are undoubtedly more that haven’t been mentioned here. Finally, this reminder: the purpose of this paper is to speculate on the potential role these shows may play in forming attitudes and providing knowledge about human health issues. As mentioned previously, these shows are not intended as education, but as entertainment. When the following observations imply criticism, it is only in the context of health education, not in the context of entertainment value. For instance, if the tendency of the shows to feature rare or bizarre

conditions places a limit on the usefulness of the information, this tendency is quite understandable and natural in the context of entertainment. With these caveats in mind, the following section discusses the major themes and issues embedded in health and medical reality shows.

You've got to be "hot." This theme is explicit or implicit in most of reality television. For the plastic surgery-based transformation shows, of course, beauty and sexual appeal provide the primary driving force. ABC's very successful *Extreme Makeover* is the prototype: each episode features two candidates whose looks will be dramatically altered by a team including a plastic surgeon, a cosmetic dentist, personal trainers, hair and clothing stylists, and makeup artists. Many of the participants on the show suffer from conditions requiring serious reconstructive surgery (e.g., cleft palate), but not all have problems this severe. After the surgery, the participants recuperate in luxury at "Makeover Mansion" in the Hollywood Hills. Wishes are granted, dreams fulfilled: an aspiring actress is flown to Manhattan to attend New York Fashion Week; a woman makes a splash at her high school reunion; a country fiddler gets to play with her country music idol.

While many of the participants in *Extreme Makeover* have serious physical challenges that are transformed on the show, *Dr. 90210* deals more explicitly with fine-tuning the appearance of people who are already attractive by conventional standards. In one episode, an attractive lingerie model feels her breasts are too small for her job, and thus undergoes radical breast augmentation. After the operation, she offers this testimonial: "One month after the surgery and my breasts are wonderful. I just love them so much. It doesn't feel weird to me. I feel like I've had them forever. Dr. Rey did a great job."

The formula is essentially the same in *Plastic Surgery: Before and After*, although in the episodes reviewed here there was at least some discussion of the limits of plastic surgery and the importance of "reasonable expectations." In one episode a man suffers from a lack of confidence due to his weak chin and the layer of fat around his thighs. In consultation the doctor agrees that "For centuries, a weak chin has meant a weak man, and a strong chin means a strong man." After liposuction and a chin implant, the man feels much better and goes out and gets a job.

James Wells, M.D., former president of the American Society of Plastic Surgeons (ASPS), said in an interview for this paper that the ASPS, which had been consulted in connection with *Extreme Makeover*, was ultimately frustrated in its efforts to tell the "full story" about plastic surgery, including an honest presentation of risks and benefits as well as a focus on reconstructive surgery rather than cosmetic. Eventually, he said, the ASPS lost control of the message. "The public is just interested in the cosmetic side of things."

Even in weight loss shows such as *The Biggest Loser*, the focus is often as much on increased attractiveness as on the health benefits of weight loss. Indeed, the show has been criticized for humiliating overweight participants, for example by having them wear skimpy clothing during public weigh-ins. One obesity researcher commented that he found the show "terribly embarrassing and insensitive to those dealing with the disease of obesity."⁹

Doctors as heroes. The portrayal of the medical profession and of other health care practitioners is almost uniformly positive. Doctors on these shows are intelligent, courageous, decisive, principled, sensitive to the feelings of their patients, and successful in their treatments. (The same pattern holds for the nutritionists, fitness experts, and so on.) This heroism was on display in an episode of ABC's *Miracle Workers*, in which cutting-edge lower back surgery was provided to a woman who had been confined to a wheelchair for years by agonizing pain. The narrator (himself a physician) and the surgeons describe the surgery as risky — one misstep, they say, and she could bleed to death — but afterwards the surgeon announces that “Things went just fine.” Hours after the surgery, the woman is up and walking without pain. “This is a miracle,” her sister says. A few weeks later she is shown tending her garden and laying plans to pursue the dream of owning her own flower shop.

In *Untold Stories of the ER*, emergency room teams reenact in reality style their most dramatic cases. In one, a pregnant woman is rushed to the ER having been shot six times. She is dead on arrival, but the team saves the baby. The doctor says: “This was a desperate struggle, but a hopeful opportunity. Hope died on the table, but then came back to life.” After the successful delivery of the baby, the father arrives at the hospital. He was previously unaware of his wife’s death, and the doctor is shown taking much care to comfort and console him. The story ends with: “You have a son.”

Problems were acknowledged on occasion, even problems with doctors. In an episode of *Untold Stories* the doctor who saves a little girl suggests she might have been cured earlier if there had been better continuity of care. “If she had seen the same doctor, we might have picked up on this earlier,” he says.

The very format of *Mystery Diagnosis* is premised on failures in the medical system. Each episode features, in the words of the narrator, “Three medical mysteries that defied the experts,” the “experts” typically being the primary care physicians who handled the cases initially. In one episode, a dad describes the first time he saw his baby boy: “As soon as Isaac came out, I knew something was wrong.” The child is constantly sick during his first years, but, in the words of the narrator, “Whenever Cathy [Isaac’s mother] would take Isaac to get checked out, the doctors didn’t think there was anything out of the ordinary.” Isaac’s parents say they were referred to various specialists, but the specialists didn’t get the diagnosis right either. Finally, though, Isaac and his parents are linked up with doctors who diagnose his condition and get him proper treatment. The formula is the same with each case: frightened, angry patients or families tell a tale of medical failures over the years and describe the ineffective actions of doctors who either didn’t care, didn’t listen, or didn’t know enough to solve the problem. Then the patients are put together with experts who come up with the correct diagnosis and treatment.

The benefits always outweigh the risks, and there are no bad outcomes. As one might expect based on the highly positive treatment of medical professionals on the shows, the procedures, treatments, and weight loss plans they perform and recommend almost always work. When there are failures, as in weight loss (on *The Biggest Loser*, *Honey We're Killing the Kids*, or *Weighing In*) it is usually due to the failings of the individuals involved, who may be undisciplined or stubborn.

In the episodes reviewed for this paper, there wasn't a single case in which a surgical procedure ultimately failed to meet expectations or in which post-operative pain led patients to question whether it had all been worth it. Nor, for that matter, was there a case where a careful weighing of risks and benefits led to a rejection of a proposed surgery or other treatment. Clearly, this rosy picture does not square with reality. Appearing on the *Today Show* April 25, 2006, medical author Atul Gawande, a surgeon, reported that something either minor or major "goes wrong" in approximately one in 30 surgeries. No doubt disappointing results occur to the doctors who appear on reality shows as frequently as they occur to others, but those failed efforts to save the baby or strengthen the chin simply don't make the shows.

The problem, of course, relates to the need for patients to have reasonable expectations about whatever medical procedure or regimen they might be considering. *The Biggest Loser* has been severely criticized for promoting unrealistic expectations for weight loss and for showing rates of weight loss that are not only unsustainable but potentially dangerous. In the real world of plastic surgery, it is not always "worth it." Yet to some critics, reality TV seems to suggest that it is. According to Dr. Peter B. Fodor,

president of the ASPS, "Reality television shows promote unrealistic expectations, and to get patients to have realistic expectations is one of the hardest things we do in our practice."¹⁰

He and other plastic surgeons have also criticized the shows for their lack of thoroughness in discussing the dangers of the sorts of multiple surgeries that occur so often on plastic surgery shows. For example, a doctor in Rancho Cucamonga, California, said "With the TV shows, we're getting more and more patients who want multiple surgical procedures. I tell them about the risks and they say, 'That's not the way it was on TV.'"¹¹ Concerned with this, the American Medical Association (AMA) recently released this statement from trustee Dr. Ronald Davis: "It is a physician's responsibility to accurately and openly discuss the risks and benefits of any treatment, including surgery. These reality shows need to follow the same ethical principles."¹²

There's information here, much of it useful.

All television conveys information, and reality TV is no exception. Moreover, a good deal of the information is potentially useful to the average viewer. For example, even though it unquestionably dwells primarily on the entertainment generated by its competitive elements, *The Biggest Loser* nonetheless conveys information about the role of diet and different types of exercise in weight loss. Even more information appears in the specialty cable shows *Honey We're Killing the Kids* and *Weighing In*. In *Honey*, a nutritionist convinces overweight, sedentary families to make lifestyle changes designed to make everybody (but especially the kids) healthier. In one episode, as the nutritionist helps the family clear the refrigerator of junk food,

she finds a package of hot dogs and says: “Do you have any idea what’s in these hot dogs? They’re about 80% fat and loaded with salt!” She then talks about the connection of such foods to the father’s Type II diabetes. (In contrast, the episodes of iTV’s smoking-related *Cold Turkey* contained almost no information about the effects of tobacco use.)

On *Weighing In*, people get shaped up for that “special occasion” in their lives. As one might expect given that the show is on the Food Network, most of the information relates to diet and cooking. This show tends to promote reasonable goals and expectations. On *Weighing In* the families are not required to completely forsake their favorite foods. Rather, they are taught how to cook them with less fat and fewer calories — for instance, by baking instead of frying the eggplant slices for eggplant parmigiana. “Don’t deprive yourself; everything in moderation,” preaches the host, chef Juan Carlos Cruz.

The “medical miracles” shows contain a wealth of information, too, although the broad usefulness of the information is limited by the rarity of the conditions often featured. The newest and most ambitiously produced of these shows was last season’s *Miracle Workers* on ABC, in which crack medical professionals diagnose and treat patients with rare diseases and conditions through “breakthrough” medical procedures. The effect, at least according to the show’s promoters, is to heighten awareness of the range of maladies from which people can suffer and the range of treatments available to them. For example, the first episodes featured a last ditch surgical effort to restore a man’s vision and the implantation of a “revolutionary” prosthesis for a toddler with severe scoliosis. The producers have also called for people who may

benefit from cochlear implants, hip replacement, cranio-facial surgery or deep brain stimulation for Parkinson’s disease. There is no competition within the show itself (the patients are solicited via a national network of doctors and hospitals).

Miracle Workers is rich in information of all types — verbal, visual (as when a surgery is shown in process), and graphical (x-rays, MRIs, etc.) Emergency room shows like *Untold Stories of the ER* also incorporate a good deal of medical information — often describing the traumas and the emergency procedures in minute detail — although the nature of the cases (gunshots, auto accidents, and so on) may limit its application in most people’s daily lives. Even the “makeover shows” at times contain useful or inspirational messages: *Extreme Makeover*, for example, has provided exposure to the psychological problems faced by participants, such as the damaged self-esteem that can result from divorce.

There’s more information online. Whatever the limits on the information-carrying capacity of the shows themselves, networks have virtually unlimited capacity through their Internet sites to provide links to information related to the general theme of the program. In addition, whatever the networks provide, viewers have the ability to use the Internet to communicate among themselves — to share their experiences, organize their own health activities, and so on. Accordingly, the Internet websites associated with each of the ten shows discussed in this paper were reviewed.

The amount of information made available through the websites varied widely. At one extreme, the webpage for *Cold Turkey* contained only a synopsis of the show with no links to smoking cessation programs, and the page for *Dr. 90210* devoted most of its space to biographies of the plastic surgeons on the show. At the other end of the spectrum, the pages for *Honey We're Killing the Kids* and *Weighing In* offered a number of internal and external links to a variety of information on diet, exercise, healthy cooking, and fitness. The page for *Honey* allows the visitor to click on internal links entitled "Family Fitness Guide," "Fit Kids Quiz," and "Fit Tools" along with a link called "Online Resource Guide," which leads to articles on a wealth of topics ranging from teen mental health to children's fevers, as well as links to a variety of health-related governmental and nonprofit sites.

The shows on the major networks, which presumably have the resources for a more extensive Internet presence, had a mixed track record with regard to online information. The *Miracle Workers* site, for example, provided very limited links to medical information, instead featuring bios of the doctors on the show. There was a link, however, to the show's main sponsor, CVS pharmacy.

On the other hand, the site for *The Biggest Loser* did provide extensive weight loss information and interactive tools, although some was available only with a paid membership, and advertising and product placements were also featured prominently. Through its online message board the website has also facilitated a significant community of fans who are willing to take the issue of weight loss into their own hands by organizing themselves into local and regional support groups.

For example, here is a recent post from a New Jersey resident:

"Hello all biggest loser contenders, I have been thinking that it would be a great idea for people living in nearby towns to get together say once a week or bi-weekly and have a support group that meets in person. I don't know about everyone else but I am extremely competitive and love challenges. I think that if we formed groups of 20 people and make up challenges we would be more apt to lose weight. We would have teams of 4, so 5 teams in one group. The thing is to motivate one another. I hate losing and if I knew I was in competition with others I would make an extra effort. We would keep one another in check, because we would want to win as a team, that way we have pressure from the team and are more likely to succeed. The way I see it, anything to lose weight! So does anyone have any ideas? I live in Northern NJ, Wayne area if anyone in my area wants to join me? While we are waiting for a call back let's get motivated and do something about it! ALL WE HAVE TO LOSE IS WEIGHT!"

Real people like you can be helped. The transformations, miraculous surgeries and wonder drugs featured on these shows demonstrate what can be done with behavior modification and modern medicine, and the inspirational effect of this message is enhanced by the fact that the people helped tend to be "like us." Through RTV, the viewer can see the social as well as the physical consequences of improved health: romance reappears in people's lives, they can play with their kids again, they can go back to work to support their families, and so on.

Reality shows are probably at their best when they can provide sympathetic role models for conquering health problems. One such role model appeared in a recent run of episodes of *The Biggest Loser*. One of the contestants, Jeff, was a physician; he said

he decided to go on the show in order to inspire his patients. Jeff was not only a nice guy, but he was an extremely successful weight loser (so successful, in fact, that toward the end of the show he was “kicked off” largely because the other competitors saw him as the biggest threat to win the competition). Jeff is an example of a positive role model and possibly a source of inspiration for many viewers.

The absence of policy. Sometimes in media analysis it is as important to note what *isn't* present as much as what is. In the episodes reviewed for this paper, there was no mention of the underlying politics or economics of health care. One can guess, of course, that most of the trauma victims in ER shows arrive at the university hospital emergency room because they are poor and without health insurance. One can guess that at least part of the reason patients need the help of *Miracle Workers* is that they have been failed by the system at some point. But the absence of any reference to the underlying social concerns may “allow viewers to evade pointed questions about the fates of those without angels to provide housing or medical care,” as Professor Robert Kubey has noted. He told the *New York Times* that such programs can create a “false consciousness” that people’s problems are being taken care of.¹³

Miracle Workers was billed by ABC as an opportunity to provide “elite” healthcare to “ordinary people who do not have the network, access to the necessary medical community or in some cases the resources to obtain these procedures.”¹⁴ While this show may remind some viewers of the existence of inequalities in access to health care, neither it nor any of the others reviewed here provided any context for or discussion of the general reasons behind these inequalities, or, for that matter, why Americans need to get on a reality TV show to get needed medical attention.

One TV show that highlighted this irony was aired in 2004, when the Discovery Channel agreed to pay the surgery costs of a Romanian woman with a 175-pound tumor in return for the film rights. Writing in *Scientific American*, Steve Mirsky suggested cynically that the woman’s case suggested a possible remedy for America’s 43 million uninsured: “Uninsured patients, who have not appreciated that their diseases are in fact marketable commodities, could sell their conditions to television programs, who would pay for treatment.”¹⁵

WORKING WITH REALITY TV ON HEALTH MESSAGES

The popularity of reality television and its ability to produce strong audience identification have led to its use by both commercial and social marketers in various health contexts. A nurse recruiting firm has begun a web-based reality program (with hopes of getting it on television) promoting California as an attractive area for nurses to live and work. The state of Washington has produced an online reality show aimed at smoking prevention among teens. Like *Cold Turkey*, the show — *Unfiltered* — documents the struggles and progress of young smokers trying to kick the habit. The American Legacy Foundation used a reality TV format for its acclaimed MaryQuits and BobQuits advertising campaign. News programs have used it as well — *NBC Nightly News* recently followed several people as they quit smoking, and *Dateline NBC* challenged members of a high school class to alter their diets, and tracked their progress as they “shaped up” for a high school reunion.

Some health organizations have been successful in working with reality TV producers to incorporate their messages in programming. For example, the Osteogenesis Imperfecta Foundation successfully proposed an episode of the highly-rated ABC show *Extreme Makeover: Home Edition* in which the show remodeled a home for a family whose son suffered from the debilitating genetic disease. The producers widened hallways to accommodate the son’s wheelchair, and put video cameras throughout the house so the parents could see if their son was in trouble. When the show aired, in November 2004, the Foundation heard from hundreds of individuals affected by or interested in learning more about the disease.¹⁶

Reality shows can also be incorporated as part of a broader media-based public education campaign. The television component of *KNOW HIV/AIDS*, a public education campaign developed by CBS Corporation and Viacom in partnership with the Kaiser Family Foundation, has included public service ads, full-length specials, and messages and information incorporated into both scripted and reality programming. For example, the popular show *America’s Next Top Model* follows a group of young women as they try to become successful models. Through the *KNOW HIV/AIDS* campaign, the Foundation worked with producers to create an episode, broadcast in April 2006, in which the aspiring models meet an HIV positive young woman who talks with them about the importance of being a spokesperson for causes that really matter. She answers their questions about HIV/AIDS and discusses its impact on young women today. During the episode, some of the models take their newfound knowledge and appear in a public service announcement about HIV prevention.

In theory, then, the format may prove to be a useful public communication tool. However, while the social marketing experts interviewed for this project generally acknowledged that the reality format offered intriguing potential, they expressed reservations about how the use of reality programs to promote health messages might work in practice. The major question in their minds was whether, given the inherent unpredictability of reality shows (and broadcasters’ bottom line concern with entertainment), health advocates could exercise enough control over message content to invoke positive change. A good example of this would be the disillusionment of the American Society of Plastic Surgeons in the efficacy of its consulting role on “makeover” shows. Another caveat surrounded the potential risk involved in “partnering” with a highly criticized genre. On one hand, reality shows provide the opportunity to reach a target

audience with interests in specific health issues — for instance, viewers of *The Biggest Loser* may be more interested in losing weight than other viewers. On the other hand, affiliation with such programs was also thought to carry significant risk, including the possibility of a publicity backlash. That is, to the extent shows are viewed as promoting some of the negative values mentioned earlier, responsible weight loss or tobacco cessation organizations fear that they may stand to lose credibility by affiliating with them. The shows with the lowest backlash potential are probably those on the specialty cable channels — The Learning Channel’s *Honey We’re Killing the Kids* or the Food Network’s *Weighing In*, for example — which already contain a good deal of useful and positive information and relatively little of the carnival atmosphere for which RTV is often maligned. Unfortunately, those are also the shows with the smallest audiences, at most in the hundreds of thousands rather than the millions who watch reality shows on the broadcast networks.

Commercial interests such as pharmaceutical companies have also become involved in both creating reality programs, and embedding their products in them. In a related example, an enterprising public relations firm that represents numerous clients in the area of diabetes treatment created a talk show called *dLife: For Your Diabetes Life*, on which all the hosts, guests and audience members had diabetes. The company purchased the air time from cable network CNBC, complete with advertising from their clients featuring products for diabetes patients.

On the major networks, the fitness center chain 24 Hour Fitness is a sponsor of *The Biggest Loser*. Contestants on the show wear t-shirts and hats featuring the company’s logo, and the ranch where they live and work out is named 24 Hour Fitness. On *Miracle Workers*,

patients are seen meeting with CVS pharmacists at the end of the show, and receiving a generous in-kind contribution from the company. And in an odd counterpoint to the notion of product placement, the show *Honey We’re Killing the Kids* actually blurs the images of certain junk foods and other items their experts are encouraging families to get rid of.

The web pages of health-focused reality shows often feature extensive tie-ins with corporate sponsors. For example, on a site for *The Biggest Loser*, a section called “Subway Fresh Facts” says “Changing your lifestyle and opting for a better diet is a matter of getting the right information. Luckily, we’ve enlisted the help of the experts: Subway.” *The Biggest Loser* site also offers viewers paid membership in an online weight loss group affiliated with the show, which includes customized diet and exercise plans, regular email updates, and the opportunity to interact online with the show’s trainers and contestants.

CONCLUSION: BALANCING THE POSITIVE, THE NEGATIVE, AND THE POSSIBLE

The health implications of reality television are obviously quite mixed. On the positive side of the ledger, reality TV can generate awareness and visibility for health issues, some very common — such as smoking or obesity — and others less so. Programs such as *Miracle Workers* can bring attention to the plight of patients with specific, less common conditions, perhaps stimulating research funding, or simply generating compassion for those who suffer. The shows can also educate the public about medical procedures and the latest advances in medicine. This type of reality show can also offer useful role modeling for how to interact with health providers and push for additional information or treatment options.

Shows that focus on common conditions such as obesity and smoking can provide a useful reminder about the important consequences of these behaviors. Many viewers identify with the people they see on reality shows, and this identification may provide the inspiration and motivation individuals need to make changes in their own health behaviors. The additional information and interactive tools available on some web sites is a way to provide customized health information to interested viewers.

On the negative side of the ledger, reality shows may provide inaccurate or unhealthy information to viewers (for example, showcasing multiple plastic surgeries or more rapid weight loss than most experts would recommend). It is one thing to inspire and provide encouragement, yet another to foster the unrealistic expectations implied by many RTV shows. Watching somebody on *The Biggest Loser* drop 100 pounds in weeks may give the impression that it is a realistic and safe goal, when it is in fact neither. Viewers who see people accomplish such dramatic results may become disheartened if they can't duplicate them, and as a result such people

may be less likely to commit to the long-term and much more gradual changes that are recommended by health professionals.

As noted above, there is little research on the impact of reality television in general, much less the impact of these particular sorts of shows. However, given the extent to which viewers — especially adolescents — identify with RTV characters and situations, the messages communicated by reality television are important. Adolescents are trying to understand and fit into the world around them, and media plays a large role in that process. In that context, some reality TV programs spotlight a world rife with sexual situations, focused obsessively on physical attractiveness, and dominated by competition, scheming, humiliation, and voyeurism — clearly not the core values most adults would like to impart to the next generation. Others showcase the challenges of dealing with addictions, and may motivate healthy behavior change.

Health-based reality shows also offer another opportunity for “stealth” marketing, with pharmaceutical companies and others placing messages in programming and on related websites. Some shows may also feed into the notion of a “magical” solution to the public's unmet health needs, by ignoring the sociopolitical context of medicine and health care. Finally, the general portrayal of doctors as all-knowing heroes may be both positive *and* negative. Clearly it is not a good thing if it results in passive patients who never ask questions or take an active role in their own health. At the same time, research has indicated that health care outcomes improve as faith in the doctor goes up, and this may be an important aspect of reality television to consider in the future.

A CLOSING CONUNDRUM

The challenge of understanding the implications of reality TV for health lies in its difference from other television genres, particularly its unique representation of “real” people confronting “real” problems in a (more or less) unscripted context, with the implication of heightened levels of audience involvement and identification. There is no empirical research on the impact of reality TV in the area of human health — indeed, there is little research on reality TV’s impact in any area. Yet we know that “entertainment television” can inform as well as provide diversion. Decades of research have shown that exposure to “mere entertainment” can produce, under the right circumstances and for better or worse, a variety of effects on audience attitudes, knowledge and behavior.

Clearly, reality shows portray a wealth of information relevant to human health. The nature of these messages is both complex and controversial. Doctors are respected — or are they over-glamorized? Patients are inspired — or are they misled into expecting more than is reasonable? The conundrum is perhaps best illustrated by a brief discussion of MTV’s *The Real World*. Though it doesn’t have the highest ratings in the reality world, *The Real World* was the pioneer of the genre, and remains very relevant to young viewers.

The show selects attractive and complicated young adults from around the country and sets them in a communal living situation where they are required to live, work, play, and generally sort out their differences over the course of several weeks. Inevitably, they do all the good, bad, and other things young people do: they drink, smoke, scheme, squabble, “hook up,” break up, and leave the bathroom in shambles, all the while supporting the group through working. These are the central, ongoing themes.

At certain times, however, the rhythm of these “normal” activities has been punctuated by the introduction of characters with very specific and difficult health problems. In the third season, it was a young man with HIV; recently it was a young woman suffering from bulimia. In both cases, it can be argued that the show provided a service by drawing viewers’ attention to an important health issue. Yet such images are set against the tableau of the drinking, smoking, and sex. How are they to be balanced? This is the conundrum of *The Real World*, and by extension that of reality TV in general.

In the end, the health implications of reality television are unlikely to be amenable to a dichotomy between good or bad, positive or negative, helpful or irrelevant. Rather, they will be worked out in future research considering the complex interactions of message, medium, and the other major factor in the equation, audience.

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