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Fantasy-Theme Analysis of Food Documentaries: Contention, Collaboration, and Consultation as Health Promotion Approaches

Vanessa Brandon

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**FANTASY-THEME ANALYSIS OF FOOD
DOCUMENTARIES:
CONTENTION, COLLABORATION, AND CONSULTATION
AS HEALTH PROMOTION APPROACHES**

by

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DISSERTATION

Submitted in Partial Fulfillment of the
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Dedication

This dissertation is dedicated to my loving and supportive family.

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ABSTRACT

In this study, the medium of documentary film is explored as a potential health-promotion tool. Food documentaries have become more popular recently, and the public's awareness of food-related health issues is growing. By analyzing different approaches to documentary films about food, I unpack the many functions and social perceptions of food with regard to health. Using fantasy-theme analysis, I explore the visions of the filmmakers of three food documentaries and the health-promotion strategies employed within them. Three different approaches to motivating health-behavior change emerged from the documentaries—contention, collaboration, and consultation. Each documentary employed a different well-established and effective health-behavior change model. The findings of this study have implications for positioning entertaining sources of health information that are not typically used for health promotion practices as important and useful tools for health information dissemination, increasing knowledge and awareness of food and health issues, and promoting positive health-behavior change.

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Chapter One: Introduction

A societal issue of increased interest among consumers involves health issues related to food (Caplan, 2013; Guine, 2010; Nestle, 2013). There has been demand for more information and facts about health-conscious ways of life and knowledge about food and health (Guine, 2010; Wandel, 1994). Magazines and newspaper articles about how to cook healthily or lose weight are commonplace. Online, advertisements for products geared towards health and fitness are everywhere. Fast food and traditional restaurants have *lighter fare* options listed for their customers. Public interest in health topics and concerns with how diet relates to disease are more popular in the United States, beginning to replace the fast-food mentality.

As people learn more about the effects food products have on bodies and become more health-conscious and open to learning more about such effects, health information needs to be more accessible and delivered in ways that are interesting and persuasive. The topic of this dissertation is focused on health information with regard to food, and how health information can be communicated through documentary films. I will seek to understand the visions or motives of the filmmakers—producers and directors—and explore strategies and approaches that are evident in documentary films that inform the public about food-related health issues and promote change in attitude or behaviors.

My background is in public health and health communication, with an interest in creating and evaluating effective health messages as well as effective delivery methods for those messages. Holding the belief that health information need not be completely entertainment-laden to be effective, I believe that how such information is delivered is

important in terms of getting people to seek out the information, to pay attention to it, and to remember those messages, whether they take action on their own health concerns or not. Knowing of my interest in food and health issues, a colleague suggested I watch a film called *Food, Inc.*, which I viewed with my partner. While I have a public health background and a particular interest in this topic, my partner is almost opposite in terms of his health knowledge and interests. We are on opposite ends of the spectrum in terms of interest in health issues, our health information seeking habits, and our health attitudes and behaviors.

Yet, watching this film, both of us were equally intrigued by and attentive to the film and the material presented. While much of the information presented and discussed in the film was new and presented from a different perspective than I had been exposed to previously, it was also inspirational and encouraged me to learn more about the topics covered and to be more conscientious regarding my own food consumption. Most of this information was completely new to my partner, however, and it definitely opened his eyes to a world of information with which he had not previously been familiar. The film encouraged him to take an interest in health and food production issues, which are two of the key topics in this film. Being on either side of the spectrum, this documentary peaked both our interests and inspired us to rethink our food-consumption habits and our health-related behaviors. I am curious to know if films like *Food, Inc.* and other food-related documentaries serve as an effective medium for people across the spectrum of health-information seekers and health-conscious individuals.

Food, Inc. is one of the more popular and talked about food-related films made recently, but there have been several others focused on food and health issues that have

released since *Food Inc.* Most people to whom I have mentioned this film either know what it is or have seen it. On several occasions, friends have discussed with me their interest in food and health films as well as their increased inspiration and motivation to eat healthier after watching these films. I am motivated by my experience in watching *Food, Inc.* and by the reaction from someone who knew little about the topic to learn more about how these health and food production messages can reach varied audiences, both those who are health conscious and those who are not. My intent in this dissertation is to analyze three food documentaries in order to gain more understanding of what strategies are used in them to promote healthful behaviors.

As with much information, people must be cautious about what they hear and believe, especially with films. Documentary films can be defined as “a movie about real life...they are portraits of real life, using real life as their raw material, constructed by artists and technicians who make myriad decisions about what story to tell to whom, and for what purpose” (Aufderheide, 2007, p. 2). In addition, documentaries are expected to be artistic, to be generally truthful, and to be an “honest representation of somebody’s experience of reality” (Aufderheide, 2007, p. 3); documentaries can shape realities and “make a claim to tell us something worth knowing about” (Aufderheide, 2007, p. 6). Yet, they are put together by the filmmakers with a particular perspective and bias, and are framed in a particular way to get their particular message across, which is important to remember when viewing such productions.

While documentaries have been made for decades, there has been a surge in popularity in the last decade or so, and “the public’s appetite for documentaries has increased” (Coffman, 2009, p. 62). For theatrical releases, documentary revenues

multiplied in the early 21st century, with documentary film rentals, on-demand video, and sales of DVDs (Aufderheide, 2007). Mintz describes this surge in documentaries as “the most stunning development in movies in the early twenty-first century” (2005, p. 1); documentaries grossed over \$170 million in 2004 (Mintz, 2005). Previously, documentaries were not a popular format in theaters, and thus have not been good business for theaters, but the highest grossing ones in history were all made after 2002 (Mintz, 2005). Part of the growth in documentary appeal likely has to do with audiences desiring reality shows and authenticity or more real-life appeal. Also, cable television allowed for more space to screen documentaries and reality shows (Mintz, 2005). The high popularity of Michael Moore films, which are political in nature and tend to reveal truths behind controversial topics, probably has contributed to the rise of documentaries as well (Mintz, 2005). Michael Moore is a key figure in the rise of what is known as *docutainments*, which are those that incorporate such things as graphics, visual effects, animation, and popular music into non-fiction documentaries to add entertainment value. For example, in the documentary *Food, Inc.*, there is an animated scene that shows a kernel of corn that then branches out to several different products many people may not realize are also made of corn. Finally, Mintz speculates that perhaps the rise in documentary films being made and people viewing them may be due to audiences desiring more political and conscious-raising topics that are important in society and need attention (2005).

Many new documentaries seem to have a goal of not just informing but also persuading the audience to take some action on controversial topics. Higgins describes such documentaries as *protest art* (2005). In *Food, Inc.*, in which the filmmakers have a

list of actions the public can do to work against the corporate food system, such as buy organic and local foods, is an example of protest art. Recent popular documentary films such as *Fahrenheit 9/11*, *Supersize Me*, *Sicko*, and *Food, Inc.* “are no longer conventionally perceived as a passive experience intended solely for informal learning or entertainment . . . these films are considered part of a larger effort to spark debate, mold public opinion, shape policy, and build activist networks” (Nisbet & Aufderheide, 2009, p. 450). With their growing appeal and concentration on important social issues, documentaries deserve scholarly investigation. They have been neglected as a medium of study, despite their importance, growing popularity, and influence (Nisbet & Aufderheide, 2009). They are intended to persuade, promote, express, reveal, and also archive historical topics; fictional films are more targeted to entertaining the audience than encouraging learning with a more interesting or pleasurable twist (Renov, 1993). Documentaries therefore can be seen as an important medium for bringing awareness and teaching the public about important issues, such as political, social, and health-related issues.

With the increased production and dissemination of documentary films, the general public can become more aware and interested in viewing these films with regard to important societal issues. Accessibility of these films is important in disseminating them; each of the three food documentaries that I will analyze, among many others, are available on Netflix. Netflix is the largest on-demand Internet streaming media site, accounting for 31.6% of downstream traffic, even more than YouTube (18.6%) (Sandvine, Incorporated, 2013). In the last quarter of 2013, Netflix gained another 2.33

million new subscribers, pushing their paid subscribers to over 30 million in the United States (Carter, 2014).

Description of Films

Three documentaries representing different perspectives about food and different themes were chosen for analysis in this dissertation. The reasons for these choices will be discussed in more detail in the methods chapter, along with the methodology used in these analyses. The three films to be analyzed are: (1) *Food, Inc.*; (2) *Fat, Sick, and Nearly Dead*; and (3) *Hungry for Change*.

Food, Inc., released in 2008 from producer-director Robert Kenner working along with Eric Schlosser (author of *Fast Food Nation*) and Michael Pollan (author of *The Omnivore's Dilemma*), investigates the United States food industry and the effects on the public's health, the safety of farmers and food industry workers, as well as the environment. The focus of this film is to make consumers aware of the mechanized process of food production that is hidden from consumers so that they can better understand the truth about what it is they eat, how it is produced, and how it gets to them. The film is divided into chapters or segments with different plots and themes in each; topics include fast food, mass production of food, lack of diversity in supermarkets, food safety, environmental degradation, and public-health concerns. The filmmakers propose the purchase and consumption of organic foods, growing gardens, and other possible solutions to healthier and safer eating.

Food, Inc. is one of the few food documentaries released in theaters in 2009, making about \$60,000 on its opening weekend in the United States and grossing almost 4.5 million (Internet Movie Database (IMDb), 2010). According to the popular Internet

movie rating system Rotten Tomatoes (2009), it received extremely high critic—96% of those who reviewed the documentary—and audience ratings—86%. It also has received positive reviews by prominent film critics such as Roger Ebert (2009) and news organizations such as *The New York Times* movie reviews (Dargis, 2009). As of 2014, this film can be viewed on the popular on-demand Internet media streaming Netflix site.

The second film to be analyzed is *Fat, Sick, & Nearly Dead*, directed by Joe Cross and Kurt Engfehr (2010). The audience follows the Australian filmmaker Joe Cross through the United States on his journey to lose weight and regain his health through plant-based juicing and the maintenance of a healthful lifestyle. Cross was close to a heart attack because of his obesity and was tired of doctors merely treating symptoms. For 60 days, he put himself on a plan to regain his health by juicing from a generator in his car. As the film progresses, viewers see the marked positive changes his body goes through. He influences others along the way, such as Phil Staples—who is also featured in the documentary—and encourages them on similar journeys. The film then shows how he maintains his health once he loses weight and the discipline that is necessary to make changes. Phil is also featured in the documentary through his juice fast to taking control of his health. This documentary was not released in mainstream theaters, but it has been shown in independent theaters and film festivals. This documentary received several film festival awards (*Fat, Sick & Nearly Dead*, n.d.). It can be viewed on Netflix and for free on the film's website. This documentary has received positive reviews and comments that discuss the appreciation of the personal journey approach and important lessons learned about health and discipline from the film (Nebens & Negrin, 2012; Noh, 2011). Of those

who reviewed the documentary on Rotten Tomatoes, 67% of critics and 87% of audience members liked it (2011).

Hungry for Change, directed by James Colquhoun, Laurentine Ten Bosch, and Carlo Ledesma (2012), is the third documentary chosen for analysis. This documentary is about exposing secrets about the food industry with regard to losing weight. It focuses on dieting, the negative effects of low-calorie and sugar-free products, as well as how to lose weight and lead a healthful lifestyle. In this documentary, a core message is the misappropriation of the word *diet*, which actually means what people consume, not a method of losing weight through what people eat. In the documentary, interviewees discuss how *diets* or weight-loss programs and plans are not necessarily the answer to weight loss and keeping weight off, but that audiences should think more about a lifestyle change in how they eat and what they eat so that they can sustain changes in their dietary patterns. For example, there are numerous weight-loss plans that do help people lose weight, yet it is common for people to gain the weight back because that diet or program does not offer a sustainable lifestyle. The makers of the documentary argue that people have to allow healthful, nutritious food to be the answer to sustained positive health status. The filmmakers interview several people who were once overweight, sick, or on multiple weight-loss plans. They discuss their journeys and how they were able to sustain healthful lifestyles. In the documentary, the interviewees discuss how certain foods affect the body and give recommendations for choosing healthful food choices over unhealthy ones.

This documentary was not released in mainstream theaters but did screen in independent theaters. On the documentary's website, there is a current screenings list.

There are positive reviews and comments concentrating on its success in explaining how food affects humans and how people can use this information to take control of their health (Geary, 2013; Hendrix, 2013). As of 2014, this documentary can also be viewed on Netflix. On Rotten Tomatoes there were no critic ratings as of yet, but 79% of the audience who reviewed it liked the documentary (2012).

Context

The documentaries to be analyzed are set against current trends to increase health consciousness. In addition, health issues related to food are essential to explore because intake of healthful food is crucial for positive health results. Marion Nestle, a food studies academic at New York University (NYU), states that in her lifetime, scholarly interest in what has been termed *food studies* has increased, and “the use of food as a means to examine critical questions about the causes and consequences of production and consumption has grown dramatically,” (2010, p. 162). The author discusses food studies as a vast and necessary field of study because it pertains to so many other disciplines, such as history, cultural studies, biology, behavioral studies, health and sociology. NYU, among other schools, has developed courses and entire academic majors in food studies. Many books and documentaries dedicated to addressing food-related issues have been produced. Food studies have been deemed a movement or even a series of smaller movements “aimed at improving specific aspects of the health of people, farm animals and the environment” (Nestle, 2010, p. 166). Some of the food advocacy movements that have emerged include Slow Food—established in response to fast food to preserve natural, traditional, and local approach to food production—organic food, local food,

locavores—people who eat locally grown or produced food—and anti-obesity movements (Nestle, 2010).

Studies on food and health are an important area to study in response to a growing health-conscious public. These studies can bring awareness to health issues to better equip people to understand causes and effects of food-related behaviors and the desire to be healthier. Health consciousness “assesses the degree of readiness to undertake healthy actions” (Chen, 2009, p. 168). Food and health topics are a growing concern, which indicates more awareness of production, engineering, growing, delivering, and consumption of food (Hughes, 2011). The public is more aware of health issues, nutrition, and quality of food, which therefore influences food-purchase decisions (Chen, 2009; Magnusson, Arvola, Hursti, Aberg, & Sjoden, 2001).

The concern for one’s health is one of the most common motives for consumers to purchase organic foods (Chen, 2009; Magnusson et al., 2003). Organic farming refers to farming that does not use pesticides, additives, chemicals, and synthetic fertilizers that may impact health negatively (Chen, 2009). In the United States, the organic food industry grew by almost 8% in 2010, growing to nearly \$27 billion. There has been consistent growth of the organic food industry; in 2000, the organic food industry sales were about \$6 billion (Organic Trade Association, 2011a), and in 1990 sales were only \$1 billion (Organic Trade Association, 2011b). Sales of organic food outpaced the growth of total food sales and climbed from 1.2% in 2000 to 4% of the food industry in 2010 (Organic Trade Association, 2011a). Fifty-four percent of organic food was sold by mass-market retailers, such as supermarkets (Organic Trade Association, 2011b). The health risks that are associated with food include how people compose their diet or intake of

foods, such as increased intake of fat, and changes in the agricultural system in production of food—environmental pollution, use of chemicals and food additives, growth hormones, genetically modified food, etc. (Wandel, 1994). The documentaries share a theme of promoting the consumption of organic and local foods, which seems to follow the trend of public interest.

The local and organic food movement is a common solution to food and health issues, and the support for local sources of food is apparent with the increased numbers of community gardens and growers' markets globally (Hughes, 2010). Local foods may be positive for health and nutrition of the public because they are less processed and have more nutrients, and local food systems and farming can increase availability of more healthful foods in communities (United States Department of Agriculture (USDA), 2010). Not only is there a trend in purchasing and consuming local foods but also in sustainable food-growing practices (Boyce, 2013). These trends are evident throughout the documentaries as well. This trend has been observed as not just a fad, as “restaurants and farmers' markets alike suggest a shifting paradigm” (Boyce, 2013, p. 892).

There is no consensus in terms of what constitutes *local*, but according to the United States Department of Agriculture, within 400 miles from its origin or within a particular state is considered local (USDA, 2010). There is increased demand for locally produced foods and therefore growth in the local food system (USDA, 2010). In a national survey conducted in 2006, four out of five respondents purchased produce from growers directly (Keeling-Bond, Thilmany, & Bond, 2009) and in another survey, nearly half of the respondents purchased food from local markets, the farmers directly, or through a community-supported agriculture (CSA) program (Zepeda & Li, 2006). Both

of these studies found that people with varied income and education levels were just as likely to purchase local food (Keeling-Bond et al., 2009; Zepeda & Li, 2006). Direct-to-consumer—local food that is transacted between directly farmers and consumers, such as farmer’s markets and CSA’s—sales are growing fast, increasing by about \$400 million from 2002-2007 (USDA, 2010). Farmer’s markets have also increased by about 92% between 1998 and 2009, with over 5,200 markets mostly concentrated in the Northeast, Midwest, and West Coast (USDA, 2010). Direct-to-consumer accounts for about \$1.2 billion sales (.4% of total agricultural sales), with nearly \$5 billion of total local sales in 2007. Direct-to-retail make up most of these sales—food that is sold by farmers to restaurants, stores, or institutions (USDA, 2010).

The term *local* is associated positively with food higher in nutritional value as well as the notion that purchasing local supports the economy of their community (Boyce, 2013; Grebitus, Lusk, & Nayga, 2013). The director of the National Restaurant Association (NRA), Dr. Joy Dubost, said that it is the public’s interest in such foods that is pushing this trend in restaurants; local products are being seen more on menus (Boyce, 2013). In a study conducted by Pelletier and colleagues, findings suggest that even among even young adults, positive attitudes towards sustainable local and organic foods are associated with dietary quality. They suggest that nutrition messaging should be targeted to address the social and environmental implications of food production practices (Pelletier, Laska, Neumark-Sztainer, & Story, 2012). This information supports the premise behind many of the food documentaries available, and they may be useful media for disseminating health information to not only those who are aware but also for those who are less aware or unaware of food-related health issues.

In a time of rising interest in food-related health issues among not only the public, but also among scholars, research around sources of health information with regard to media such as film and documentaries is rather limited. This dissertation will focus on already produced and potentially effective avenues for bringing awareness to food-related health issues with the hopes of promoting healthful behaviors and sustainable practices among members of the public. I will explore the visions of the filmmakers and strategies of positive health promotion practices employed within the documentaries. The research questions are as follows:

RQ1: What are the rhetorical visions evident in the food documentaries *Food, Inc.*; *Fat, Sick, & Nearly Dead*; and *Hungry for Change*?

RQ2: What rhetorical strategies are offered in the food documentaries that are aimed at promoting positive health behaviors?

RQ3: In what ways do the food documentaries connect with health-behavior change models?

Chapter Two: Literature Review

In this chapter I will focus on reviewing key literature that is relevant to understanding health-communication strategies and messages used in documentary food films to effectively bring awareness to the public about food and health. I will begin by discussing health communication as the foundation of this research and then will discuss my interest in food and communication studies, how food has been talked about in health communication, and the limitations and gaps in this body of research. Next, I will describe literature on the importance of the media for informing the public on health issues and incorporate important health-behavior change theoretical models and how these are applicable to my current study. Lastly, I will transition to documentary films and analyses that have been done in communication about food documentaries specifically.

Health Communication

Health communication has been defined as “the study and use of methods to inform and influence individual and community decisions that enhance health” (Freimuth & Quinn, 2004, p. 2053) and “the way we seek, process, and share health information” (Kreps & Thornton, 1992, p. 2). Within health communication, there have been significant contributions to understanding how communication processes and devices impact health-related issues, such as with regard to health information sources, information-seeking behaviors, specific interpersonal relationships’ effects on health, health-promotion campaigns, and health-message design. People are therefore not only receivers of information but also active agents in their health and in communicating and sharing health information through a variety of channels to others (du Pre, 2010). The

more researchers understand about how people obtain their personal health knowledge and awareness, as well as how communication processes can affect behavior, the more researchers and practitioners can cater to these preferences and needs to improve the health of the public. Kreps states, “There is a powerful need to carefully evaluate the use of a broad and evolving range of communication strategies in delivering care and promoting health” (2011a, p. 606). Researchers in the field are studying a wide array of health communication research to inform health-promotion practices, and researchers must continue gaining more understanding of how communication processes influence health, dissemination of health information through strategic promotion, as well as how to best reach large audiences for the improvement of health outcomes (Kreps, 2011a).

There are several aspects to consider with regard to what influences health choices, such as larger structures of policy, the media, and society, as well as other organizational, community, environmental, and interpersonal effects. The Social Ecological Model (SEM), also referred to as the ecological perspective, is an approach to health promotion that is focused on understanding interrelations of various personal, environmental, and societal influences on overall health (Bronfenbrenner, 1977; Golden & Earp, 2012; McLeroy, Bibeau, Steckler, & Glanz, 1988; Stokols, 1996). This model supports a shift from focusing on the individual as responsible for their health to an environmental and community-focused approach to health outcomes (Stokols, 1996). While there are individual and interpersonal influences on health behaviors and health status, it is essential to also consider organizational, community, public policy, and societal factors that contribute to health outcomes (McLeroy et al., 1988). These levels of influence can negatively or positively affect health; therefore, they are also the very

factors that must be tapped into and utilized to promote healthier lifestyles. Health-promotion practices are developed within these levels to impart change at all levels (Golden & Earp, 2012; McLeroy et al., 1988; Stokols, 1996). Media is one such influence that will be considered in this study, which can aid in promoting and influencing negative health behaviors, but can also be used for positive health promotion and prevention practices (Brown & Walsh-Childers, 2002).

It is essential that health-communication researchers continue to unpack how devices of communication like the media are utilized to present health information, how messages are framed, what visual characteristics are used to impact understanding, and what strategies are used to effectively communicate health messages. Communication and health communication are concerned with the understanding and sharing of information and meanings (Kreps & Thornton, 1992; Pearson & Nelson, 1991); therefore, it is important to examine the visions and motivations of those who produce media messages to better understand current social and health issues that are important in the present and are being shared on a large scale with the general public.

There are many reasons to study health communication, and one of the most relevant reasons is to consider the importance of mass media sources as instrumental in educating the public about health (Brown & Walsh-Childers, 2002; Du Pre, 2010). Health-communication research and practice reflect the needs of health promotion efforts in understanding health behaviors to better create and disseminate health information that centers on what is known about behavior to promote awareness and change (Hornik, 2002). Various types of media are common avenues for health information dissemination, such as television programs, advertisements, films, and the Internet. While those who

produce media messages and productions are not always considered health promoters, they still promote negative or positive health behaviors, whether intended or not (Brown & Walsh-Childers, 2002).

The focus of this study is to consider how documentary films about food contribute to health-communication practices and health promotion to the consumer public. Much of health-communication research has concentrated on the negative effects of media messages on health behaviors; many media productions can instill positive messages to their audiences (Brown & Walsh-Childers, 2002). I am interested in the strategies that documentary films focused on food and health-related issues use to promote positive health messages. I want to evaluate how such practices, while not necessarily public-health campaigns, nevertheless can be meaningful vehicles of positive change and awareness among people. As opposed to many health campaigns that utilize a top-down approach of expert-led and instructional transmission of information, these documentaries can be thought of as a bottom-up approach of engaging the audience to be involved and make decisions based on the information provided to them (Wilson & Irvine, 2012). Awareness of food and health issues can diffuse—reach a broader consumer audience—to facilitate increased consciousness-raising of the consumer public on addressing food-related health concerns. The documentaries have the potential to create convergence—coming together on shared interests. This study will be focused on food research in communication, and in the next section I will discuss how food has been addressed in communication generally as well as health communication.

Food and Communication

My interest in health communication, as an interdisciplinary field, is in how people communicate about food and food-related health issues. Some examples include nutrition education, or understanding how food affects the body, as well as understanding how food is produced and the effects on health and the environment. A particular interest is in how to inform the public effectively about food and food-related health issues in order to promote change on an individual and community level, as well as increase shared-group consciousness on important food-related concerns.

With regard to food and communication, scholarly work has been done; a compilation titled *Food As Communication/Communication as Food*, edited by Cramer, Greene, and Walters (2011) provides an engaging introduction to this area of study and what food topics are discussed in communication. Cramer, Greene, and Walters state that food “permeates all other aspects of our lives from the most intimate to the most professional practices. It also is a key factor in how we view ourselves and others, is at the center of social and political issues, and is a mainstay of popular media” (2011, p. viii). The importance of food issues is obvious in society, and there seems to be more attention and awareness given to the importance and significance of food today if people just look around in grocery stores, in restaurants, and on television, to name a few.

Food and communication scholars view food production and consumption as an important form of communication to be studied more thoroughly. If people view communication as a “process by which we understand the world and our attempts to convey that understanding to others through both verbal and nonverbal language” (Greene & Cramer, 2011, p. x), they then can truly view food as communication because

it is one such nonverbal way in which people share meaning. In the introduction of *Food As Communication/Communication as Food*, the authors state “food functions symbolically as a communicative practice by which we create, manage, and share meanings with others” (Greene & Cramer, 2011, p. xi). Documentaries about food convey these meanings that are then shared with the audience they reach. Food and consumption of food is an interpersonal process yet media, or documentaries about food, changing food systems, and affect on health can encourage people to take a more active role in not only understanding what they are eating and where it comes from, but also in taking control of their health. These documentaries offer an appropriate insight into not only how food is produced and consumed, but also how the idea of food has changed from sustenance to more of a commodity to gain profit from.

Cramer, Greene, and Walter’s book incorporates various research studies. Included is scholarly work about environmental issues of food illnesses and hunger; the importance of food in sustaining and reflecting shared meaning in societal and cultural practices; the value of food in relationships; and how food is related to social identities of class, race, and cultural memory as well as how food is symbolized in media and discussed as a communicative practice (Cramer, Greene, & Walters, 2011).

In addition to this look at food and communication studies, other literature around this topic is focused on a few key areas. One area is a concentration on nutrition and health communication, such as nutrition labels (Schuldt, 2013), interactive fast-food menus with nutrition information (Lin, Mou, & Lagoe, 2011), and the appeal of low-fat food brands (Krystallis & Chrysochou, 2011). In addition, one study the authors discussed the importance of understanding food nutrition labels and the inconsistencies

and confusion for both consumers and health professionals (Wills, Dickenson, Short, & Comrie, 2013). Other topics that are visible within food and communication are a concentration on sustainability practices (Reese, 2013) and genetically modified foods (Maesele, 2013; Mather et al., 2012).

There is increased interest in understanding technological advances in food production and consumption practices and risks (Maesele, 2013; Mather et al., 2012). There is also an interest in children and young adults with regard to food and communication. A study by Nabi and Thomas focused on the effects of reality television on exercise motivation and self-efficacy; their findings suggest that if young adults thought the program was real, it influenced them to have more confidence in being healthier (2013). With regard to children, researchers have looked at the influence of media characters or celebrity figures on food choice (Kotler, Schiffman, & Hanson, 2012; Smits & Vandebosch, 2012). Last, in the age of the Internet, research has been conducted on blogging and its influence on the public, both on food (Allue, 2013) and health information written by laypeople (Simunaniemi, Sandberg, Andersson, & Nydahl, 2011). Interestingly, while focusing on finding information on food and communication, most of the research outside of the book discussed above is related to health and nutrition, which emphasizes the need to look at health in relation to food.

Viewing food as communication is important to this study because it is situated in a variety of different lights in documentaries about food. Food is how people sustain their diet. The evolution of food and its impact on people and the environment is a symbol of how society has changed so drastically in the past century. Food and the culture of food are discussed as important aspects of people's identity, as well as how

people are categorized into different socioeconomic classes and environments.

Consumption of food is also one of the most important symbols or indications of people's health status. This study will explore the medium of documentary film, where research is limited, in the field of food and communication, particularly with regard to health. By analyzing different approaches to documentary film about food, I seek to further unpack the many functions and social perceptions of food with regard to health, as represented in recent media productions of documentary film that view these issues of health and food as being in need of recognition and as tools to facilitate positive change. A goal of mine is to move these issues to the forefront to impact individual and society-level change that positively influence health. A review of the literature about how media has been used to promote health follows.

Media and Health Information

In health communication, there has been an important shift from emphasizing treatment of existing disease or health conditions to health promotion and education for the purpose of disease prevention (Rogers, 1996). Media are one such vehicle that has been used to disseminate preventive health messages to broader audiences. Those who consume the media are more likely to be informed about health concerns, and the hope is that they will more actively take part in maintaining their health (Du Pre, 2010; Hornik, 2002; Snyder et al., 2004). In the field of health communication there has been increased attention given to how mass media can be used to not only bring about awareness, but to modify attitudes of the public, help shape behavior, and be used as persuasive devices to promote healthful lifestyles (Cassell, Jackson, & Chevront, 1998; Hornik, 1989). There is a need to consider less traditional mediums of health information—traditional being

such media as newspapers, magazines, and radio, for example—because some of these traditional forms are not as effective or compelling for audiences in influencing behavior change (Backer, Rogers, & Sopory, 1992); these may not be as effective or compelling in the new age of media. An important question to pose for media as a channel of health communication is whether or not it truly influences people to take on positive health behaviors and decrease negative health behaviors. Media often are critiqued as having the “potential to shape both perceptions of important health-related issues and individual behavior” (Morton & Duck, 2001, p. 603), yet support for direct influence on health behavior is lacking.

Media have been found to be useful for raising awareness of health issues to audiences (Rogers & Storey, 1987). While a main goal of health communication and promotion is to impart some level of awareness and behavior change, there is a necessity for education, for acquiring knowledge, and for awareness to promote these changes. Media can be important vehicles of health information, and “when delivered through channels that are perceived to be useful, they may become the starting point for further discussion of health issues and, through this, increase the recognition of personal risk” (Morton & Duck, 2001, p. 620). In other words, change begins with the understanding and awareness level, which then can be influential in the behavior change itself (Wakefield, Loken, & Hornik, 2010).

The media’s influence on shaping people’s health beliefs, attitudes, and behaviors is well documented (Parker & Thorson, 2009; Parrot, 2004). Media have been critiqued as having an impact on the health of individuals, and studies have more often addressed negative effects of media messages (Brown & Walsh-Childers, 2002), such as focusing

on effects of advertising cigarettes or alcohol or TV shows and movies portraying unprotected sex. With regard to the topic of food and nutrition—the concern of this study—media can have negative effects on knowledge and behaviors (Brown & Walsh-Childers, 2002). For example, Harris and Bargh’s study supports the notion that television food advertisements that are targeted at children and adolescent populations contribute to obesity and more unhealthful diets, even into early-adulthood (2009). Concern for the negative effects of advertisements with health and nutrition claims has increased (Nestle, 2013). Food advertisements and commercials have been scrutinized for having health and nutrition related claims for products that have poor nutritional qualities, such as high in sugar, fat, and calories (Choi, Kyunga, Baek, Reid, & Macias, 2013). Examples of this are advertising low-fat products that are still high in sugar, low-fat products that are high in sodium, or cereals made with whole grains that are still high in sugar and fat (Choi et al., 2013). Seventy percent of food commercials aired in 2007 on major television networks —ABC, NBC, CBS, and Fox—made at least one health and nutrition claim (Yoon, Paek, Ahn, & Choi, 2010). Such practices can have negative effects on audiences’ understanding of what foods are healthful and nutritious.

There has also been a focus on health campaigns and evaluation of their influence (Randolph & Viswanath, 2004; Snyder et al., 2004). Health campaigns are considered systematic efforts to promote health-promoting behaviors with some intended outcome of effect, often using several channels of communication to convey the same message over a period of time (Rogers & Storey, 1987). Typically, findings suggest there are relatively small effects on behavior-change outcomes (Snyder et al., 2004). There is much research on theories of persuasion in mass media that focus on how to choose media channels for

dissemination, the sources and design of messages, and the content itself (Salmon & Atkin, 2003; Slater, 1999).

Narratives in health promotion have been one aspect studied extensively in health communication (Banerjee & Greene, 2012; Gray & Harrington, 2011; Houston et al., 2011; Larkey & Hecht, 2010; Lundell, Niederdeppe, & Clarke, 2013). Attention is also on different types of persuasive appeals, such as the success of emotion-based appeals (Lewis, Watson, & White, 2013), empathy- and fear-based appeals (Shen, 2011), gain- and loss-framed messages (Cho & Choi, 2010; Gray & Harrington, 2011), as well as the role of transportation in persuasion (Banerjee & Greene, 2012; Dunlop, Wakefield, & Kashima, 2010; Houston et al., 2011).

Scholars have also tapped into the use of entertainment-based media, which will be discussed further in the next section. In this research, the types of health behaviors, health beliefs, and health attitudes that are shown and promoted on all kinds of media channels need to be considered. There is increased interest in understanding effects of media messages and content on the public and how the media shape personal health choices, but it is also important that researchers study other areas of media and health (Brown & Walsh-Childers, 2002). Entertainment education is a type of media campaign that can be focused on health-related issues and has gained momentum and potential to address these common concerns (Moyer-Guse, 2008).

Entertainment Education

Entertainment education (EE), also called pro-social entertainment, is considered an effective health communication strategy for reaching audiences due to its entertainment value (Johnson, Harrison, & Quick, 2013). Defined as “prosocial messages

that are embedded into popular entertainment media content” (Moyer-Guse, 2008, p. 408), EE can include stories that are intended to influence the audience to change some behavior. The stories are embedded within the entertainment production and add a dramatic appeal to connect the audience with characters or role models modeling positive or negative health behaviors (Moyer-Guse, 2008; Singhal & Rogers, 2002; Slater & Rouner, 2002). A study done to test the effectiveness of EE in reaching audiences through experiential involvement with characters found that it is helpful in involving participants, influencing information recall, and processing of information (Johnson, Harrison, & Quick, 2013).

The food-related documentaries that this study will analyze fall under the EE category because they all have some narrative entertainment value and embed health-related story lines. Social cognitive theory (SCT) is commonly applied to EE because it is based on the idea that people learn vicariously through the stories and can be influenced by modeling behaviors displayed (Bandura, 2002). The extended elaboration likelihood model is also used to theorize about EE due to its persuasive narration. This model is focused on influencing attitudes and behaviors by transporting the audience—getting lost and absorbed in the story (Green & Brock, 2000)—and engaging them so deeply in the narrative that they do not want to argue with the persuasive messages (Slater & Rouner, 2002). EE and these documentaries include narrative involvement with characters or real-life plots, which have been important styles of health message and story development in influencing audience attitudes and behaviors. Narrative communication strategies may hold “promise to be an effective tool for health-behavior change” (Hinyard & Kreuter, 2007, p. 785). Narrative involvement means the viewer is being absorbed or engaged in

the storyline and is responding emotionally to the story, which can more genuinely have an impact on the viewer (Moyer-Guse, 2008). Therefore, “promising intentional ways of reaching the public with positive health messages is to develop entertaining programming for radio, television, movies, or music” (Brown & Walsh-Childers, 2002, p. 458).

Dutta argues that such programs can be useful for reaching segments of the population that are considered less health oriented because they may not be actively seeking health information, but by chance learn health information through such entertainment programs with health messages intertwined (2004). EE programs may therefore be one effective way to reach those audiences that are less health oriented while also reaching segments of the population that are more health oriented because they may seek out such media productions. Dutta critiques EE in a more recent study as not being as productive of an approach among members of marginalized sectors of the world with different health needs, thereby suggesting a move to not only focusing on individual behavior change but also in promoting greater activism among people to facilitate greater access to health resources in order to “transform the structural barriers to good health” (Dutta, 2006, p. 229). This study contributes to the idea that focus has to also be put on addressing the larger issues in place that affect health, in addition to individual-level change. I will discuss three key health-behavior change theoretical models that focus both on the individual as well as larger systematic level issues.

Health-Behavior Change Models

According to Slater (1999), “A central problem in the planning of communication campaigns to change health behaviors is how to identify and apply appropriate communication, persuasion, and behavior change theories to overcome obstacles to

behavior change” (p. 335). I am interested in determining whether the food documentaries I will analyze demonstrate use of well-established health-behavior change models as a theoretical grounding. Typically, health-behavior change models are used by health professionals in designing health messages and programs that are aimed specifically at changing attitudes and behaviors among target audiences. With regard to popular and public media forms, if documentary makers use these models, even unintentionally, they may be viewed as health promotion tools among health professionals.

As researchers look at health and promotion of healthful behaviors, health is not a direct result of simply personal health choices but is influenced by a multitude of factors. As discussed earlier, the Social Ecological Model (SEM) emphasizes the interaction of individual, interpersonal, community, and policy or societal level factors and their collective influence on health. This framework was developed in recognition that “health-related behaviors and conditions are a part of a larger system and can be approached from multiple levels” (McKenzie, Neiger, & Thackeray, 2009, p. 163). This approach recognizes that health issues and challenges must be understood as complex and not the result of just one level of influence; therefore, interventions are conceptualized at each level (McKenzie, Neiger, & Thackeray, 2009; Stokols, 1996). Using a desired behavior change of increasing physical activity as an example, on the individual level, education about the physical benefits of exercise can be provided to a person. On the interpersonal level, a family member could begin a consistent weekly exercise routine with that person. On the community level, access to reasonable, nearby fitness centers could aid in a person’s increase in physical activity; physical education classes in schools would

increase time spent exercising. On the societal and policy level, the United States government public health organizations could develop and disseminate effective media advertisements.

Health improvements can be accomplished utilizing this multilevel model. It has been applied to efforts at improving fruit and vegetable intake (Robinson, 2008), by providing insights into multiple factors and barriers that impact dietary behaviors, and in understanding the role that environmental factors can have in regulating weight and food among women (Hill, Rodeheffer, & DelPriore, 2013). While this larger framework was developed to address the need to look at multi-level factors that determine health, researchers not only must understand the impact of all levels on health but also consider how to effectively promote health and behavior change within these levels (McLeroy et al., 1988). In a systematic review of population-based interventions promoting physical activity among youth, the researchers found that most of the interventions were targeted at individual and/or interpersonal levels, but those targeting several or all of the levels of the Social Ecological Model had the highest potential for preventing obesity among youth (Kellou, Sandalinas, Copin, & Simon, 2014). Another study was done to highlight the need to influence action on all levels of the SEM, rather than just one, and approach them as complementary approaches rather than interdependent to maximize effectiveness (Moore, de Silva-Sanigorski, & Moore, 2013).

Two other health-behavior change models that focus on individual level behavior change will be described next. These two models are foundational in health communication and are still recently being applied and critiqued in research, as they are still widely used as core health promotion theories in program planning (Glanz, Rimer, &

Viswanath, 2008; Noar, 2006; Noar & Zimmerman, 2005; Schiavo, 2007). I am interested in whether these documentaries incorporate such behavior change models to influence individuals on the basis of commonly applied behavior-change models in health communication. I will discuss the Stages of Change model (Prochaska & DiClemente, 1983) and Health Belief Model (Rosenstock, 1990).

The Stages of Change (SOC) model, also called the transtheoretical model, was developed to consider behavior as a process in which individuals move through a series of five stages to change a health behavior: (1) precontemplation is the first stage in which the individual has no intention to take action; (2) the contemplation stage, defines the point at which the individual intends to take action; (3) preparation is the stage in which the individual is taking small steps towards the direction of positive health-behavior change; (4) action is the point where the individual actually has changed the behavior; and (5) maintenance is the phase in which the individual is now maintaining that change (Prochaska, DiClemente, & Norcross, 1992).

There are potential change strategies that can be employed at each stage. Using physical activity as an example, increasing awareness and receiving education about risks of not exercising could be a strategy at the precontemplation and contemplation levels. In the preparation stage, people can make a plan by signing up at a fitness center. The action stage would consist of going to the fitness center regularly. The maintenance would consist of continuing the behavior of being physically active. SOC can be useful to design messages and strategies within stages. SOC has been a successful theoretical framework when applied to promoting behavioral changes for people with type 2 diabetes (Kirk, MacMillan, & Webster, 2010; Lin & Wang, 2013); changing and improving eating

habits (Horwath, Schembre, Motl, Dishman & Nigg, 2013; Kaslia, Poskiparta, Karhila, & Kettunen, 2003); and in adopting, maintaining or increasing physical activity (Dishman, Vandenberg, Motl, & Nigg, 2010; Findorff, Stock, Gross, & Wyman, 2007; Jackson, Asimakopoulout, & Scammell, 2007).

The Health Belief Model (HBM) was developed to help understand what factors discourage and encourage healthful behaviors. A total of six main constructs were isolated that serve to influence whether or not people took action to change a behavior or prevent some illness: (1) perceived susceptibility to contracting a condition; (2) perceived severity or seriousness of the condition; (3) perceived benefits of taking action; (4) perceived barriers or costs of taking action; (5) cues to action, which are factors that activate the individual's readiness to change; and (6) self-efficacy, which is the individual's confidence to take action (Rosenstock, Strecher, & Becker, 1988). Using physical activity as an example again, this theory posits that people are ready to act, or become more physically active, if they believe they are susceptible to conditions such as heart disease or gaining weight; if they perceive a heart condition or gaining weight as having serious consequences; if they believe taking action to be more physically active would reduce their susceptibility to getting a heart condition or help them lose weight, this would be a perceived benefit outweighing the costs of heart disease or weight gain. In addition, if they are exposed to factors that will prompt them to take action, such as a video describing the harms of not being physically active, and if they are confident they can increase their physical activity, they are ready to change their behavior.

The Health Belief Model helps to address negative behaviors that could cause illness by focusing on the risks and benefits of their behaviors. Practitioners and

researchers designing interventions and health-related materials can utilize this theory to try to dispel myths and provide feedback for some of these perceptions and ways to actually address these concerns to improve health choices. The main contribution of this theory is the emphasis on knowledge to influence change and to provide information on health risks and how to minimize risks (Schiavo, 2007). The HBM has been applied to several health topics and found effective in improving physical activity and physical function among older adults (Fitzpatrick et al., 2008), in predicting healthful eating among adults and young adults (Kloeblen & Batish, 1999; Deshpande, Basil & Basil, 2009), and particularly in improving nutrition behaviors (Abood, Black, & Feral, 2003; Chew, Palmer, & Kim, 1998; Tavassoli, Hasanzadeh, Ghiasvand, Tol, & Shojaezadeh, 2010).

These theories have been applied to numerous studies that commonly have to do with planning, implementing, and evaluating health-related interventions and campaigns (Glanz, Rimer, & Viswanath, 2008; Noar, 2006; Noar & Zimmerman, 2005). In this study, I will determine whether the health-behavior change models are utilized in documentary films about food-related health issues, whether intentionally or unintentionally, and evaluate the strategies that are used in alliance with these health-behavior change models with the goal of analyzing such documentaries as devices of positive health promotion. Rather than focus on how interventions can be planned and implemented on the basis of these models, I argue that there are meaningful and potentially effective entertainment and health information outlets of health communication that exist outside of sources that are intentionally developed and evaluated to be used as health-promotion resources among health professionals. These

documentaries may serve as effective means of educating people to at least increase awareness and knowledge to influence behavior and healthful decision-making by modeling healthful behaviors through potentially effective health promotion strategies. There is limited research on documentary films and the potential of such documentaries as health promotion media that are growing in number and popularity.

Documentary film

My interest revolves around the importance of healthful food as key to reducing negative health outcomes in the general public. There has been a recent increase in documentary films that focus on food production and consumption (Lindenfeld, 2011). In this study, I will focus on analyzing and evaluating health communicative strategies that are used and presented in three documentary films about food: *Food, Inc.* (2008); *Fat, Sick, and Nearly Dead* (2010); and *Hungry for Change* (2012). These documentary films are relatively recent productions that provide health information for audiences in an educational manner, yet also are entertaining. In this section of the literature review, I will describe documentary film and its potential as a medium to promote change by way of molding public opinion and building community capacity to impact broader audiences. Then I will discuss how films about food have been addressed in the literature and the importance of furthering research in this area of study.

Documentary film is a significant medium to study because it combines entertainment value with learning experiences. The term *documentary* itself is rooted in the word *document*, which comes from the Latin word for *teach* (Ellis & McLane, 2005). There are two types or forms of documentary: (1) the categorical documentary takes an analytical approach, and (2) the rhetorical documentary makes some argument to ask

audiences to take action on some issue (Murray & Heumann, 2012). Within these two forms are several types, such as using archival footage and combining segments to make a plot. There are also those that rely on interviewing techniques to record the topic and those that record an ongoing event in real-time as it happens with limited interference by the makers themselves. Also, portrait documentaries follow a specific person(s). Often times, documentaries will combine some or all of these types of footage (Murray & Heumann, 2012).

There are characteristics of documentary film that make it a style of film distinct from other types of film. These include (1) subjects; (2) purposes, viewpoints, or approaches; (3) forms; (4) production methods and techniques, and (5) the experiences they offer audiences (Ellis & McLane, 2005). The subjects of documentaries “focus on something other than the general human condition involving individual feelings, relationships, and actions” (Ellis & McLane, 2005, p. 1). An example Ellis and McLane offer is that a documentary film might concentrate on the publishing of newspapers rather than a specific person working in a newspaper press factory. The purpose and viewpoints are the social/cultural phenomena that the filmmakers are saying about the subject itself and what “they consider significant in order to inform us about these people, events, places, institutions, and problems...They may hope that through this means of informal education they will enable us to live our lives a little more fully and intelligently” (Ellis & McLane, 2005, p. 2).

The third component—form—includes the actual images, sounds, words, and such that they use in the film to convey their message. In documentary film, the filmmakers focus on what actually exists about the content; it is less imaginative and

more of a recreation of their real observations. The fourth component of production method and technique comprises “the ways images are shot, sounds recorded, and the two edited together” (Ellis & McLane, p. 2). This involves the actual production and editing of the film. In documentary film, the characters that are in the film are themselves, and scenes are shot on location not on some designed stage or studio. The last characteristic is audience response; in documentary film, the goal is to influence the audience to take action in response to the subject matter. Therefore, “the best way to understand and appreciate the intentions of documentarists is to accept...that art should both please and instruct” (Ellis & McLane, p. 3). This quality of documentary film can be effective for the general public to actually appreciate something while learning something from it (Ellis & McLane, 2005). Films “communicate in a different language—visual language—a language which appeals to the viewer’s unconscious psychological and/or emotional response as well as to the intellect” (O’Connor, 1990).

Scholarly research shows a limited number of health campaigns that have used film or video, especially documentaries, as the medium of health information or intervention. Of particular relevance is an analysis of a documentary series through a communication and persuasive lens. Clarke, Niederdeppe and Lundell conducted a study in which they analyzed characteristics of narratives and images in two health campaigns, one of which was a documentary series called *Unnatural Causes* (2008), produced by California News Reel. The researchers took a quantitative coding approach to identifying features of the messages that focus on social determinants of health and could potentially lead to desirable knowledge and behavioral outcomes (2012). Their analysis revealed important implications for communicating about determinants of health; there was a

focus on determinants of health and solutions for addressing health issues, both on the individual level as well as considering external factors, such as the influence of policy on health.

Another documentary, produced by Kaiser Permanente and the HBO television network, is a documentary series called *The Weight of the Nation* (2012), made to address the obesity epidemic in the United States, but an evaluation of its success or an analysis could not be found to date. A documentary-based preventive intervention in improving support and behaviors toward lesbian, gay, and bisexual children was found to be successful (Huebner, Rullo, Thoma, McGarrity, & MacKenzie, 2013). While not a documentary, a study conducted to improve weight loss outcomes revealed significant results when video lessons about weight loss were coupled with self-monitoring and feedback (Wing, Crane, Thomas, Kumar, & Weinberg, 2010). These are all fairly recent video productions; hopefully, more documentaries will be made or evaluated to add to the literature about how films, videos, or documentaries can be used in health-related contexts.

While the focus of health-behavior change in this study is to inform individuals as viewers of the films, documentaries also can have larger impact on communities and the society as a whole. In other words, they are types of film that can bring attention to important current social issues: “Documentaries are no longer conventionally perceived as a passive experience intended solely for informal learning or entertainment. Instead, with increasing frequency, these films are considered part of a larger effort to spark debate, mold public opinion, shape policy, and build activist networks” (Nisbet & Aufderheide, 2009, p. 450). Documentaries can be a tool for not only influencing

individual viewers but also in encouraging a rising of consciousness among groups and communities on social issues.

These authors make an important point about how documentary films are an increasingly popular style of film with potential to impact audiences, yet are often understudied by researchers in communication and media studies. Particularly, they acknowledge the need to not only understand more about the effects and reach of the films, but also the content itself. The contextual information itself is just as important as who makes the film and when and where the film takes place (Nisbet & Aufderheide, 2009). For example, there is literature on documentary film in communication studies among several countries outside of the United States, showing the growing production internationally (Aufderheide, 2008; Cover, 2013; Leng, 2013). Also, historical accounts provide contextual information about time periods and issues relevant at that time and place, such as racial relations and identity (Martin & Wall, 2014; Weik von Mossner, 2011). These documentaries made across the world offer a view of the time and place that is another important aspect of the role of documentary film. This study will not evaluate effects of the documentaries but the content to determine approaches to informing audiences about health concerns.

As mentioned earlier, documentaries not only can influence individuals, they can also promote advocacy among groups of people who are either already interested in doing their part in the social issue of concern or can influence people to become interested and take action as well. Media in general “can have a far greater impact on lives as a platform for enabling critical discourse among citizens to advance the discussion of the public interest” (Schlachter, 2009, p. 88). This idea is of particular

interest in the field of health communication among the public, as the key word *public* implies that the concern is not with just individuals but with the health of the general public. When it comes to health issues, the goal is generally to err on the side of prevention of health conditions for promoting overall wellbeing. Health promoters and practitioners should mobilize people to be knowledgeable about and to take control of their health as best they can. A public or community is a group of people working together toward some common good or in response to some crisis. Aufderheide states, “We can all be members of any particular public, if we have a way to communicate with each other about the shared problems we face. Communication, therefore, is the soul of the public” (2007, p. 5).

Documentary films are often produced to not only inform but also to create *publics*, which are those that share some common concern for social issues (Nisbet & Aufderheide, 2009). Nisbet and Aufderheide describe this idea well:

These films are often deliberately designed to speak across existing lines of political difference and to go “beyond the choir.” They are open-ended in their expectations while still vested in shaping public conversation and action. They provide tools that make it easier for people to become active citizens, to engage with people who may not already agree with them, and to define with others what collective actions they want to take. (p. 454)

Essentially, documentaries not only provide information about social issues, but they aim to build community and create publics that are interested in similar issues in hopes of calling people to act in whatever way they promote. There is a desire from the

filmmakers to have an effect on viewers or some influence on their attitudes through their visions and motivations for making the documentaries.

When it comes to actual impact on audiences, there is limited research. In one study, LaMarre and Landreville (2009) compared interest and learning outcomes between a feature film and a documentary film about the same topic. Their findings suggest that documentary films can have more impact on viewers in terms of concern for the issue, emotional connection, and level of engagement. They also state “documentaries, as a form of political information, have the potential to strongly influence public opinion” (2009, p. 550). For example, in a study about the impact of the documentary film, *An Inconvenient Truth*, participants supported the distribution of the film and were receptive to the film, especially if it reflected their position on the topic of global warming (Lin, 2013). *Super Size Me* may have influenced McDonald’s to eliminate their super-sized offerings on their menu shortly after the documentary was released (Schlachter, 2009).

Also, the authors discuss the impact documentaries about social issues can have on policy agendas and change (Schiller, 2009; Whiteman, 2009), such as issues brought up in *Food, Inc.*, such as nutrition and genetically modified product labeling. Whiteman conducted two separate studies on the political impact of documentary film and found that the documentary *Yes, In My Backyard* served as a catalyst for recruiting, strengthening, and creating activists networks and helped reframe activist agendas and new policy research (2009). In another study, Whiteman (2004) found that documentaries could have political impact by mobilizing and educating activist groups and altering the political agenda. The media have been and continue to be “a watchdog for the public interest . . . it has significant impact and influence on what citizens deem to be important”

(Schlachter, 2009, p. 91). Other food documentaries can have an influence on audiences and the potential to impact larger systemic issues in positive ways.

Food Documentaries

The surge in food-related documentaries seems to be a response to some common irresponsibility in society in terms of food production (Lindenfeld, 2010; Murray & Heumann, 2012) and the relationship to health concerns (Lindenfeld, 2010). These too can impact not only on the individual level, but also activist networks and policy agendas. Food documentaries are therefore a key medium to study as they become more common and popular.

Ferry (2003) looks at film as a “powerful vehicle of communication” (p. 2) and is “a universal medium with universal reach power” (p. 82). Furthermore, food documentary films “provide insight into the complex ways in which food and eating are entangled with other aspects of social/cultural development. A close observation of food scenes within the narrative framework of film reveals its powerful, coded, cultural meanings that structure the arrangements of social life” (p. 1). This sets the tone for the importance of food in society and culture as well as the time period in which it takes place because these films can bring up issues that need to be addressed by researchers.

In the past few decades, there have been many media productions surrounding food. The popular *Food Network* channel on cable television focuses on numerous cooking and reality shows, and research with regard to food and media is mostly focused on food television (Ketchum, 2005). A few of these popular *Food Network* shows include *Diners, Drive-Ins and Dives*, *Chopped*, *Top Chef*, and *Kitchen Nightmares*. Many entertainment-based movies have been made, such as *Eat, Pray, Love* (2010), *Julie &*

Julia (2009), *Ratatouille* (2007), *Waitress* (2007), and *Chef* (2014), as well as documentaries about food in terms of cooking and chefs, such as *Jiro Dreams of Sushi* (2011) and *A Matter of Taste* (2011). Research has been done on issues dealing with race, culture, and the concepts of culinary tourism with regard to food, but very little scholarly work has been done to the body of documentary films that address important health and social issues (Lindenfeld, 2010). Many of these do not address important food-related issues of production, the environment, or health, yet there is a newer body of documentary films in which filmmakers have looked at important food issues that “disrupt the myths we create about where our food comes from and what implications our consumption has on our health and the health of our planet” (Lindenfeld, 2010, p. 379), which is something entertainment films and television networks have neglected (Lindenfeld, 2010).

Food, Inc. (Kenner, Pearlstein, & Kenner, 2008) is one food documentary that has received considerable attention by scholars due to its popularity and theatrical release, unlike other food documentaries. This documentary is seen as “highly effective due to its high production value and its narrative structure is engaging and entertaining” (Lindenfeld, 2010, p. 381). This documentary not only discusses the food system as a whole by providing a broad perspective on food production issues, but it also incorporates many individual and personal stories that incorporate an emotional appeal. *Food, Inc.* also encourages viewers to take action, even small steps, that may not be realistic for everyone, but nonetheless provide examples and recommendations for people to make to not only improve the food system but to also improve people’s health and the environment. Such films can truly be effective vehicles for communicating important

issues and health information to facilitate change and recommend alternative solutions to these many issues (Lindenfeld, 2010).

Lindenfeld (2011) has offered a strategy to think about documentary food films and their potential for influencing positive change. The author believes that in order for these films to contribute to a systematic-level change, “food films must be radical in the sense that they help us get to the literal roots of problems with food: roots that change how we plant, harvest, distribute, produce, and consume food; and roots that rest in the ways that we talk and think about food” (p. 156). Lindenfeld explains key ways to understand the impact these films can have, such as to evaluate them as filmic texts to understand what they are communicating to their audience (2011). What are the actual messages they are conveying and delivering as well as the stylistic means in which they frame the messages (2011)? These strategies include such things as narrative styles, interviews, personal stories versus news-like reporting, the imagery, and the documentary’s ability to influence cues to action. Lindenfeld suggests that these films can be considered radical because there are limited public spaces in which issues of genetically modified food, federal policies and their negative effects on health and food-borne illnesses, as well as mass production techniques and environmental degradation have been talked about in the media (2011).

Food documentaries constitute one area in the limited research around food and communication studies in general. Literature that addresses this topic is limited to discussing the rise in such documentaries and what they are about, as well as authors’ opinions about what the documentaries capture and how it is presented (Murray & Heumann, 2012). It is assumed that documentaries provide education and encourage

action among viewers, yet they are rarely examined by scholars (Nisbet & Aufderheide, 2009). I hope to shed more light on this topic with particular attention to how these films and other forms of media can influence individuals and the public to make healthful choices in their lives.

In this chapter I have positioned this research in the field of health communication and described media as one important segment or channel of information exchange in the broader field of communication. I have also described my interest in food-related documentaries and their potential as health information mediums. I reviewed literature on documentary film as a potentially rich area of health communication and specifically introduced documentaries about food to narrow my study to focus on how such documentaries can be used as rhetorical devices to inform the public about health issues using different strategies. Now that I have discussed the literature surrounding this topic, the following research questions will guide this study:

RQ1: What are the rhetorical visions evident in the food documentaries *Food, Inc.*; *Fat, Sick, & Nearly Dead*; and *Hungry for Change*?

RQ2: What rhetorical strategies are offered in the food documentaries that are aimed at promoting positive health behaviors?

RQ3: In what ways do these food documentaries connect with health-behavior change models?

Summary

The field of health communication has focused on unpacking how devices for communicating about health, such as media, reach audiences, frame messages, and impact understanding and effectively communicate messages. I aim to add to this body of

knowledge by specifically seeking to determine possible strategies of communicating about health topics related to food from entertainment media. With regard to food and communication studies, there has been attention to topics such as environmental issues related to food illnesses; nutrition of food; and the importance of food in identity, relationships, culture, media, and society. Understanding food production and consumption is an important area of communicating about food; the food documentaries are a form of media that should be studied more, as they communicate about food practices and effects of food on human health.

Media are powerful tools for bringing awareness to health issues as well as influencing attitudes and behaviors both positively and negatively. Often, studies have focused on the negative effects of media on health behaviors. From this study, I hope to add to the literature on positive aspects that could have positive effects. Also, documentary film is a type of media that has not been studied much in terms of effects on health. Media studies on health have focused on large campaigns as well, but often are evaluated as having small effects on change outcomes. In addition, strategies that have been the focus of media studies on health include different persuasive appeals, including the use of narrative. This study is not about health campaigns, but the hope is that food documentaries and other documentaries focused on health be used more widely as a campaign tool that incorporates unique strategies to informing and persuading audiences with a more bottom-up approach.

These documentaries can be considered a form of Entertainment Education (EE) because documentaries are made to bring to light social issues and concerns in an entertaining and artistic manner. Therefore, another gap that can be filled is identifying

and evaluating forms of EE that are not produced specifically for use by health professionals to inform audiences; other people who are not specifically health professionals, such as filmmakers, may have a larger vision of impacting broader audiences through documentary film rather than a typical health information sources.

Well-established and successful health-behavior change models were discussed as possible theories embedded in the documentaries to be analyzed in this current study. These theories have been applied in health program design to motivate change in people, but they can also be embedded in non-traditional forms of health promotion, such as entertainment media, specifically documentaries.

Documentaries in general have been minimally studied, which is surprising due to their educational value and goal of discussing social issues and promoting social change. They can be a powerful tool for informing and influencing audiences on an individual level but also on a larger community and societal level. Other forms of video productions are also minimally used and researched as health promotion tools, which is a gap this study will address.

As more food-related documentaries have been made in the past decade and in the present about the irresponsibility of the food production industry and health effects of food, there is need for more scholarly research on this form of media. As the consumer public is more aware of systemic problems of food production issues and the roots of those problems, they can focus on positive changes that can be made individually and communally to change the system and improve the health of the nation.

This research will be useful to help identify the health communication strategies that are used in the documentary style of film that utilizes entertainment education

approaches to not only gain the attention of a broader audience but also to educate and facilitate capacity building for important social and health issues. Nisbet and Auferheide (2009) state, with regard to film:

Examining and closely mapping norms and practices can further provide clarity on goals and methods. Developing metrics for using film to enhance the quality of civic culture will be more difficult than for activist or entertainment media...none of this will be easy, but these are challenges worthy of the next stage of interdisciplinary scholarship on documentary film, its forms, functions, and impacts. (p. 456)

I hope to add to the health communication scholarship on this topic by contributing to the limited research on food documentaries (Ferry, 2003). Behavior change is a difficult issue to address, but it begins with informing people to influence attitudes and behaviors and providing solutions that are manageable. In this study, I will use a rhetorical criticism approach called fantasy-theme analysis to identify the visions or motivations of the filmmakers through elements of drama—characters, actions, and settings. Ultimately, I hope to discover specific strategies these filmmakers employ to communicate food and health issues to audiences and encourage them to be active agents of change, both on the individual health level and societal level.

Chapter Three: Research Design and Method

In the past decade or so, there has been a surge in documentary films being made and accessible to the public about food. These documentaries range from topics focusing on restaurants and chefs, the evolution of food production, agriculture and negative effects on the environment, the science behind how food is manufactured and processed in the body, the effects of food on health, how people eat, and obesity, to politics with regard to food. In a time when people are eager to learn more about how food is produced and how that affects the environment and health, these documentaries bring to light a scrutiny of current production and manufacturing practices of food, as well as showing how food can negatively and positively influence health status. These documentary films are significant artifacts that shed light on important current societal issues that call audience members' attention not only to problems with the food system and health but also solutions and recommendations for improving both.

Data

I have chosen three documentaries that will serve as the artifacts of this study. I viewed over ten food-related and health-related documentaries made within the past decade to get an idea of the plots and approaches to food films in general. Documentary food films about cooking, chefs, and restaurants were excluded because their focus is not on effects of the changing food industry and health-related issues. These types of food films do not help answer my research questions with regard to health information messages.

There appear to be three approaches or categories of documentary films about food. The first approach is those films that center on describing a systematic

understanding of food production and effects on health. These concentrate on either or both bringing awareness about the food system and the multi-level influences on the health of the nation. Some examples of this type of film are *Food, Inc.* (2008), *Killer at Large: Why Obesity is America's Greatest Threat* (2008), and *King Corn* (2007). These documentaries use a combination of a third-person narrator, interviews, and historical data. The second approach is those documentaries focusing on a specific context or more concentrated topic, such as biology, obesity, or dieting. Examples of this type are *Forks Over Knives* (2011), *Hungry for Change* (2012), *Ingredients* (2009), and *Food Fight* (2008). The third approach is those documentaries that use a personal narrative and show the experience of the person who is the subject of the documentary. *Fat, Sick & Nearly Dead* (2010), *Fat Head* (2009), and *Super Size Me* (2004) are examples of this type. These documentaries are about an individual's journey through weight loss or weight gain. All three categories of documentaries employ interviews and historical data, but the third type uses personal narration compared to third-person narration that characterizes the first two types.

To narrow my data set, three documentaries made within the past five years were chosen for analysis, one from each of the categories just described. I wanted to draw from those made most recently and to choose ones that were entertaining yet also informative and accessible. Some of the food documentaries are popular theatrical releases, while others were not, so I chose one theatrical release and two that were not. They were chosen based on what I consider the best or most effective within each of the three groups or approaches discussed above. My rationale, then, for choosing these particular documentaries was whether they discussed the information in a manner that was

understandable, kept my attention, and covered topics that provide health information and health-promotion tactics. As several other documentaries did this as well, I had to narrow them based on my own preference within each category. My goal is to analyze such public artifacts with food-related health messages to identify key potentially effective strategies of health message design, dissemination, and interpretation.

From the group of documentaries with a systematic approach, the documentary *Food, Inc.*, released in 2008 and directed by Robert Kenner (2008) was selected for analysis. . The second documentary, from the personal narrative category is *Fat, Sick, & Nearly Dead*, directed by Joe Cross and Kurt Engfehr (2010). From the group of documentaries about specific topics, *Hungry for Change*, directed by James Colquhoun, Laurentine Ten Bosch, and Carlo Ledesma (2012), was analyzed.

By analyzing three different documentaries, each from these different categories of food documentaries, I hoped to identify a variety of strategies for promoting positive health messages and behaviors. Since the documentaries range from focusing on more broad food issues, to concentrating on a specific topic of dieting, to more personal accounts of food and health issues, I believe these three documentaries are an appropriate data set to get the most out of this analysis and to discover unique approaches to health messaging in such documentaries. That they are three of the more recent productions within the past five years provides a current look at how documentaries are approaching the topic of food and health.

Rhetorical Criticism

The method used to analyze these documentaries is fantasy-theme analysis, a method of rhetorical criticism. Fantasy-theme analysis was developed by Ernest Bormann

(1972), along with the complementary symbolic convergence theory, to understand shared worldviews of groups. His work is based on Robert Bales's study of small groups, and Bormann applied this theory and method to rhetoric "in which themes function dramatically to connect audiences with messages" (Foss, 2009). I will first discuss rhetoric in general to introduce this method of rhetorical criticism and then transition into describing fantasy-theme analysis and my procedure of analysis.

Rhetoric is the human use of symbols; it is also the study of understanding how people form attitudes towards aspects of human life and persuade others to understand ways of life (Burke, 1969; Foss, 2009). According to Herrick (1997), there are five aspects to explore when analyzing rhetoric: (1) the rhetoric is planned and based on specific messages; (2) it is adapted to a particular audience; (3) it is shaped by the rhetor's—the one responsible for making/creating the artifact—motives and values; (4) it is in response to some situation; (5) it is persuasive in nature. As Wander and Jenkins state (1972), when critics engage in analyzing rhetoric, they want to understand a way of life that is meaningful to someone or a group of people; they want to learn more about some social issue that could have an impact on people. For public health issues, strategies can be discovered through a rhetorical analysis that are helpful as researchers learn more about how communication can impact public health processes (Kreps, 2011b).

My interest in these three food-related documentaries as positive models of documentaries as health promotion tools could potentially be not only important for communities and public health, but also imperative to increasing positive health messages in a society that is full of negative health influences, such as fast-food and processed food advertisements. In other words, I am interested in tapping into a resource that may prove

to be one avenue for improving positive health outcomes, or at least bringing awareness to those who are willing to hear and understand the messages about health and food. I am also interested in how people use rhetoric to effectively improve circumstances, specifically the use of persuasion to invite or encourage people to not necessarily see things the way someone else does but to at least understand that viewpoint. Finally, I am interested in products or artifacts themselves and how they can contribute to increasing knowledge and awareness. Instead of assessing the effects of some intervention or the outcome of what was learned by a piece of media, I want to look at the source itself and at what strategies of health promotion emerge.

Fantasy-theme Analysis

Fantasy-theme analysis is part of a larger rhetorical perspective, called dramatism or a dramaturgical approach (Brock, Scott, & Chesebro, 1990). This perspective is based on Burke's notion of rhetoric. Burke uses the word *drama* to assume something about the world and the language people use to capture symbolic meanings and symbolic action; that is, language elicits some preconceived intentions and ultimately creates identification or division (1969). His dramaturgical approach is based on the idea that all the world is a stage and fantasies/stories are played out like a play with characters, setting, and acts. Fantasy-theme is one such method within this approach. The goal of this approach is to discover and appreciate the rhetoric that is developed by groups of people with shared fantasies or consciousness as a response to a shared situation. This method is therefore an appropriate method of analysis for this study, as the assumptions of this approach align with what I believe is a goal of these documentary films: to raise consciousness about food issues and health and to improve health messages and health promotion to be more

effective and meaningful for broad audiences. Media, including these documentaries, do play an important role in raising and shaping consciousness (Berger, 2014).

Fantasy-theme analysis allows the critic to gain a greater understanding of shared group fantasies that may elicit or employ action as a means to induce cooperation among a larger number of people, in this case, those who already are interested in and knowledgeable of topics about food and health and those who are not. Before discussing more about this method, I will describe Bormann's symbolic convergence theory (SCT) that informs this method (1985). SCT may be a way of understanding how those interested in bringing light to food issues and health have converged on common themes, motives, concerns, and fantasies to create something positive. Fantasies are the sharing of narratives, ideas, and concerns toward some common goal and purpose. Bormann posits that when people have shared meanings and ideas they create a shared consciousness that enables them to take action and potentially create community (1985). Communication is a means by which community is created.

SCT allows for the creation of such community through shared consciousness, and in my research this may help me gain insight into what is being made together by those creating documentaries in response to societal issues that must also be shared or reinforced with audiences. In other words, documentary films about food are a response to what is going on with food and reinforces what the public wants to see but can also bring others into the shared consciousness. SCT may allow me to discover patterns that arise, understand what brought about a shared consciousness, and why such consciousness and fantasies have arisen as a means to impact the audience and produce feelings of dissonance to promote healthier behaviors.

Fantasies are the dreams of past, present, and future events that are shared by a group or community of people, usually with a cohesive consciousness that promotes some action on the part of those sharing the fantasies. Fantasies can be ideas that are in response to some situation that calls for action to make something better (Foss, 2009). Again, fantasies bring together people on a similar interest; they converge on their narratives and goals in hopes of diffusing more to mobilize a larger community (Bormann, 1972). Eventually fantasies can be diffused to a large set of people, which if persuasion is a function or purpose of rhetoric, is an overarching goal. In health communication, the goal is to bring about awareness and to promote health behaviors by way of education and persuasion strategies. With these documentary films becoming more plentiful and popular, it is possible that these documentaries promote better food practices in society.

In fantasy-theme analysis, the critic codes for three particular aspects of the text that get to the dramatistic approaches of language: character, action, and setting themes displayed in the documentaries. Coding will be done on sentences or scenes in the documentaries, which can have different characters, actions, and settings. The characters can be human or nonhuman—people or objects that take action in the documentary—such as a physician or a manufacturing machine. The actions are those activities the characters are enacting, such as eating or running. The settings are the places where actions take place, such as on a farm or in a clinic; these settings inform the viewer about “how the rhetor has set up the world” (Foss, 2009, p. 102). The films will be thoroughly coded for these three components, in both the scripts and the visual production; themes

can be extracted through the critic's interpretations and personal experiences based on such things as saliency and frequency of the characters, actions, and settings.

Themes are the first findings of the analysis, and the second part is the rhetorical vision that can be discovered through the major themes, also by saliency and frequency. The rhetorical vision is the overall or most important motives, visions, meanings, or strategies for group cohesion that can be taken from the text (Foss, 2009). Through the rhetorical visions, I can discover the central narratives or key themes that are the essence of the documentaries and the filmmaker's visions, in efforts to discover shared themes and strategies that are communicated to audiences.

Within these documentaries, important ideas and messages can potentially shape the realities of those who view the documentaries and engage them in a larger movement towards environmental change, access to healthful resources, as well as working against a dominant food system that has de-naturalized food, commodified nourishment, and threatens to negatively impact consumer health. This movement is important to sustaining a healthier and more resourceful public and bringing the focus back to how food should be produced, prepared, and eaten in a natural manner that positively impacts health.

Fantasy-theme method is one appropriate method for discovering how people use messages to converge into groups and consensus about issues with a goal of changing something for the better and persuading others to cooperate as well. Through this research and personal interpretations as the critic, I hope to discover and learn more about what health communication strategies these documentaries employ in hopes of finding positive health strategies that can contribute to rhetorical theory in establishing ways to communicate more effectively about food and health issues, as well as continue the

consciousness-raising and fantasies among larger populations through positive health messages. In the next section I will discuss the process of analysis in which I engaged to accomplish these ends.

Coding Process

To organize my data, I made three codebooks with three columns to code the documentaries by characters, actions, and settings using fantasy-theme analysis. To code the three documentaries, I coded the scripts of the documentaries first. I retrieved the script of *Food, Inc.* from the Internet (Script-o-rama, n.d.), the script of *Fat, Sick, & Nearly Dead* from the Internet (Springfield, Springfield, n.d.), and personally transcribed the script of *Hungry for Change*. I first coded the film scripts sentence by sentence for characters, actions, and settings. I sometimes combined two or more sentences into one code if they were referring to the same characters, actions, and settings. Some sentences did not have characters, actions, or settings, so in those instances I would just leave the missing component blank. I chose to code each sentence or group of sentence because it usually marked the end of a thought or statement. The characters, actions, and settings were coded in relation to each other. For example, if a sentence has a character of farmer, the action and setting then correspond with what that farmer is doing and where it is taking place. Often, there were not specific or obvious settings to go with each character and action so I would leave setting blank in those codes.

In addition to coding the words in the documentary, I also coded the visual elements separately by watching the documentaries and noting each character, action, and setting. I did this separately because the verbal aspect of the script alone may not capture everything that is going on, or the script may describe something while the visual aspect

of the documentary shows an actual setting that is not put into words in the script. For example, as a narrator talks over the documentary, the visual aspect of the documentary may show some character eating in a fast-food restaurant, yet in the script that restaurant is not named or discussed. Therefore, in the script the narrator may use the term *people* and say that they like to eat fried food. *People* would be coded as a character, *eat* would be coded as an action, and the setting is left blank. In the visual coding of this statement, maybe a known character with a name is coded for the character, *eating* French fries is coded as the action, and then viewers can see them sitting in a McDonalds, which is coded as the setting. Because the visual aspects sometimes differed from the script itself, I coded both the script and visual aspects so as to not miss important characters, actions, and settings.

Once I coded each documentary these two separate ways, I combined the two code sheets into one codebook for each of the documentaries. I then surveyed the codes across the three documentaries to identify key similarities or interesting, unusual occurrences or frequent patterns. Thus, frequency and saliency were critical in assessing the importance of character, setting, and action themes across the codes. Since the films are lengthy and were coded two ways, I discarded the characters, actions, and settings that were not salient or occurred infrequently. Those considered important by frequency and saliency were grouped by characters, actions, and settings. I coded to answer the following research questions:

RQ1: What are the rhetorical visions evident in the food documentaries *Food, Inc.*; *Fat, Sick, & Nearly Dead*; and *Hungry for Change*?

RQ2: What rhetorical strategies are offered in the food documentaries that are aimed at promoting positive health behaviors?

RQ3: In what ways do these food documentaries connect to health-behavior change models?

In the next chapter I will discuss the findings that fantasy-theme analysis coding process lead me to by answering the research questions. The last discussion chapter will focus on implications and suggestions for further research.

Chapter 4: Findings

Introduction

Fantasy-theme analysis allows the critic to reveal the overall vision and motives of the filmmakers by examining the drama of the documentaries through analysis of the characters, actions, and settings. The characters—human or non-human—engage in actions—actual or potential—in particular settings—physically visible, descriptive, or imaginative in the scripts. Films and documentaries have plots that make up dramas. The filmmakers go into a documentary project with a particular idea or plan for the documentary. They have a purpose for making the documentary and want the audience to leave with a particular message. My purpose in this dissertation is to analyze what underlying structures are in place in each documentary to reveal what motives or vision the filmmakers are offering their audiences through the plots they construct in their films. Filmmakers invite viewers to watch a documentary so that they ultimately leave with the message or vision offered in it.

The three food documentaries I analyzed—*Food, Inc.*; *Fat, Sick, & Nearly Dead*; and *Hungry for Change*—each have an underlying vision in which the filmmakers incorporate elements that can motivate health-behavior change among viewers. The three documentaries were chosen from the three types of food documentaries I identified: *Food, Inc.* was chosen from the systematic category; *Fat, Sick, & Nearly Dead* was chosen from the personal narrative category; *Hungry for Change* was chosen from the specific topics category.

Each of the documentaries uses unique strategies or approaches that can motivate audiences to change. Using fantasy-theme analysis for each documentary, I found three

approaches to motivating change: *Food, Inc.* employs a contentious approach; *Fat, Sick, & Nearly Dead* has a collaborative approach; *Hungry for Change* utilizes a consultative approach. I will first discuss the primary characters, actions, and settings—these make up the fantasy-theme elements to reveal the rhetorical visions—for each documentary and then discuss how these three components interact and operate to offer different rhetorical strategies or approaches to motivate health-behavior change in each documentary.

Food, Inc.

The characters, actions, and settings in *Food, Inc.*, along with examples of each, are listed in Table 1. In *Food, Inc.*, there were three main characters in the documentary: the food industry, animals, and the camera’s perspective. The actions that were most salient include control/processing and observing. The three key settings were farms, factories, and point-of-sale locations—places in which foods are sold, such as restaurants or supermarkets. I will describe each thoroughly in the following sections.

Table 1

Primary Character, Action, and Setting Elements in Food, Inc.

Elements	Examples
Characters	
Food industry	“Multinational corporations that have very little to do with ranches and farmers”; “system of intensive food production”; food processing workers of an assembly line; farmer tending to outdoor land and animals; chicken farmers; scientists; fast-food restaurant workers set up like an assembly line
Animals	Animals in general raised for human consumption; cows, pigs and chickens shown how they are treated poorly and killed for food
Audience	Camera panning scenes; <i>we</i> is used as a term to describe the general American consumer public
Actions	

Control/Processing	Meat being processed; animals being abused, hung from assembly lines and slaughtered; corporations controlling what we eat; food being engineered and processed; production of food in mass quantities
Observing	Camera panning shots allows audience to view and observe such things as aisles in supermarkets, farms, cropland, nature, or factories.
Settings	
Farm	Small, local produce and animal farms; large-scale corn and other crop farms owned by corporations; large-scale animal feeding lots and chicken houses
Factory	Exteriors and interiors of meat-processing factories; Machinery, assembly lines, and conveyor belts to process meats in large-quantities
Point-of-sale locations	Numerous aisles in a supermarket such as produce aisles, meat aisles, and aisles with processed foods; fast-food restaurants such as McDonald's; specific corporate supermarkets like Wal-Mart; drive-thru windows

Table 1: Fantasy-theme elements of Food, Inc.

Characters. In *Food, Inc.*, the food industry, animals, and audience are the three primary characters. I will describe the three characters and how they function in the documentary.

Food industry. The food-industry characters include people and entities that participate in the growing, processing, producing, engineering, distributing, transporting, and selling of food in the United States. This documentary is focused primarily on the large national corporations that have taken control of most of the food industry. The traditional image of where food comes from in the United States is a farm with a barn, animals in the field, and crops growing abundantly on land cultivated by the farmer. While these farms still do exist, large companies have taken over most of the food industries. An example is Monsanto, a leader in genetically modified crops, and a major

producer of chemicals like the weed killer, Round-Up. Tyson is another company, which is one of the largest meat processing and marketing companies in the world. Michael Pollan, author of *Omnivore's Dilemma* and one of the narrators of *Food, Inc.*, describes the change in our food system in the introduction to the documentary:

You go into the supermarket and you see pictures of farmers, the picket fence, the silo, the '30s farmhouse and the green grass. It's the spinning of this pastoral fantasy...If you follow the food chain back from those shrink-wrapped packages of meat, you find a very different reality. The reality is a factory. It's not a farm. It's a factory. That meat is being processed by huge multinational corporations that have very little to do with ranches and farmers. (Kenner, Pearlstein, & Kenner, 2008)

Much of the focus of *Food, Inc.* is on the practices within such companies, whose main goal is to make as much money as possible; in the process, the integrity of the food supply is sacrificed. In the documentary, company factories are shown, with mechanized conveyor belts and assembly lines; animals are killed and shipped out for selling in as little time as possible. The more animals these companies can process and the more quickly they can do it, the more profit they make. The corporate food industry has found ways to make animals, such as chickens, mature faster, gain more weight, and therefore speed up profits and meet the growing demands of restaurants like McDonald's and supermarkets like Wal-Mart. The film also explains that many supermarkets carry mostly processed products—products that are not natural but man-made—that are typically owned by just a few large companies that, despite different names, still come from the same supplier. According to Troy Roush, a farmer featured in *Food, Inc.*, "You've got a

small group of multinational corporations who control the entire food system. From seed to the supermarket, they're gaining control of food" (Kenner, Pearlstein, & Kenner, 2008). The growing demands that the corporate food industry is catering to affects smaller farms and businesses by taking business away from them.

In addition to these large corporations as characters, there are the workers who operate factories, stores, and restaurants. In *Food, Inc.* there are often scenes showing workers on assembly lines cutting or boxing meat, for example, or scenes showing how McDonald's was the first fast-food restaurant because they mastered the assembly line in a restaurant. Scientists engineering processed foods like high-fructose corn syrup are also part of the food industry character. High-fructose corn syrup is a substance that is made from corn; the fructose is isolated into a highly concentrated sweetener, removing any nutritional value of the corn. Scientists are shown in lab coats creating substances from food products like corn to use them in a variety of ways. This substance is now in many food and drink products made in the United States and contributes to increasing blood sugar content in humans. Corn is used in non-food products such as plastic and batteries. Corn is even being used to feed animals that normally do not eat corn to fatten them up more quickly because corn is a cheaper and more abundant food source for animals.

In addition, farmers who own their land and take care of their own crops and animals are also key food industry characters. In *Food, Inc.*, Joel Salatin and his farm are featured in the documentary. His farm meets expectations of the traditional pastoral idea of animals on open land and grazing outdoors; the killing and cleaning of chickens for meat also occurs outdoors. This is juxtaposed as a positive way of raising, packaging, and

selling meat, as opposed to the highly mechanized, often clandestine, way of the mass production of meat in a factory to gain as much profit as quickly as possible.

Animals. The next main character in *Food, Inc.* is the animals killed and consumed for human nourishment. Cows, pigs, and chickens are the animals featured most often in *Food, Inc.* Typically they are shown in small, dark chicken houses or concentrated animal feeding operations (CAFO), which are used to confine animals to small amounts of land during their growing season, where they are easier to manage by reducing labor through mechanized feeding processes. Often the animals are treated poorly. They are often overfed to make more meat. There are scenes showing pigs before being killed; they scream as they are squished to death. A woman who owns a chicken house and sells her chickens to a large corporation allowed the camera into the chicken house. It was crowded and dark with many already dead chickens lying around. The crowdedness is to give them only a little space so they will be inactive, eat as much as possible, and therefore grow bigger more quickly. Another way they are treated poorly is they become ill from the overabundance of manure in their crowded living area. Sick animals are used for human food. A worker states, “Downer cows—too ill or lame to walk—are being brutalized to get them to their feet for slaughter” (Kenner, Pearlstein, & Kenner, 2008), and therefore still used for human consumption.

Audience. The third main character in *Food, Inc.* is the audience. This includes both the use of the term *we* to describe the general American consumer public as well as the camera’s first-person perspective. Often the term *we* is used to describe the changes American society has made in the food industry. An example of the use of the term is the first line in the documentary: “The way we eat has changed more in the last 50 years than

in the previous 10,000” (Kenner, Pearlstein, & Kenner, 2008). According to the filmmakers, *we* have created this sort of monster of mass production and processed unhealthful foods, and substantially changed the food system in a short amount of time. Humans have created these factories and machines to do much of the labor that used to be done by people. This has allowed humans to create ways to make food last longer—using preservatives and pesticides—and to make more food at a faster rate for higher profit.

In *Food, Inc.*, the camera is used in a first-person perspective. Many times in the documentary there is no obvious character taking action, but the camera does panning shots of landscapes, factories, or farms. Or the camera might fly over or through rows of a cornfield. The most interesting of these camera shots is when the camera is behind a shopping cart, as if it is pushing the moving cart through supermarket aisles. It feels as though the viewers are pushing the cart. Or perhaps this technique positions viewers as active agents with decisions to make about their food. As viewers walk through those aisles with the camera, they can vote to change the system by not purchasing processed foods or meats from these large corporations, and instead purchasing foods that are healthful and shopping at local stores for organic products. The camera is a character because the audience is drawn in through these camera shots to play an active role in making decisions about food and health.

Actions. The most salient actions in *Food, Inc.* are controlling/processing and observing. The two main actions describe what the characters are doing and the interactions of the characters.

Controlling/processing. The controlling/processing actions are typically actions taken by the food industry characters, specifically the major corporations of the industrial

food system. For example, as Troy Roush explained, “You’ve got a small group of multinational corporations who control the entire food system. From seed to the supermarket, they’re gaining control of food” (Kenner, Pearlstein, & Kenner, 2008); just a few corporations are controlling most of the food system because multiple food companies all get their products from the same few sources. The big corporations that control food are controlling the other main characters, both the animals and the audience. Animals are controlled by the companies—put into confined areas, overfed, and slaughtered—and processed into mass-produced meat packages for sale. The food corporations are also controlling the audience; the mass production of food drives prices of these meats and other products down, which means it is cheaper for the public to purchase these products rather than fairly treated animals and naturally grown produce. Michael Pollan describes how the industrial food system takes shortcuts to benefit themselves but hurt consumers in the process. In this example, E. Coli in meat is handled with chemicals rather than naturally, as is everything else in the corporate food industry:

The industrial food system is always looking for greater efficiency, but each new step in efficiency leads to problems. If you take feedlot cattle off their corn diet, give them grass for five days, they will shed 80% of the E. Coli in their gut. But of course that’s not what the industry does. The industry’s approach is—when it has a systematic problem like that—is not to go back and see what’s wrong with the system, it’s to come up with some high-tech fixes that allow the system to survive. (Kenner, Pearlstein, & Kenner, 2008)

The industrial food system is in control of the bulk of food sold in the United States, from how it is grown, how it is processed, and how far it is transported, as well as how many stores worldwide sell its products.

Observing. The observing actions, a second major type of action in *Food, Inc.*, are those of the camera. By panning a landscape, flying over a huge cornfield, or pushing a shopping cart through supermarket aisles, the audience is asked to see what the camera sees. The camera is a lens for viewers into the world of the current food industry. The camera allows viewers to look behind the curtains that have been put in front of them about where food comes from, human's place in the food system, and actions that can be taken to change the system. In the introduction of the documentary, Eric Schlosser, another narrator in *Food, Inc.*, states:

There is this deliberate veil, this curtain, that's dropped between us and where our food is coming from. The industry doesn't want you to know the truth about what you're eating, because if you knew, you might not want to eat it. (Kenner, Pearlstein, & Kenner, 2008)

The audience is positioned in this documentary as synonymous with the viewers. They have direct access to the scenes the filmmaker sees. Viewers are part of the world portrayed in the documentary, and they have agency to make choices that could potentially improve the system and also allow them to be healthier.

Settings. The three main settings in *Food, Inc.* are farms, factories, and point-of-sale locations. In conjunction with the characters and actions, the settings contribute to the vision of the filmmakers.

Farms. The first main setting in *Food, Inc.* is farms and farmland. Two types of farms reappear throughout the documentary. The first is the more traditional type of farm with a barn, a house, and a small plot of land, with animals and/or crops on the land. These farms are depicted as clean, quiet, and natural outdoor spaces, with the farmer running the farm himself. Joel Salatin is one such farmer. The second type of farm depicted in the documentary is large-scale farmlands owned by large corporations. These are miles and miles of rows of crops grown in mass by these companies that use machinery to do most of the labor. Monsanto—leading producer of soybean—is an example of this type of farm

Factories. Factories are another key setting where much of the action takes place in this documentary. There are many scenes showing the outside of the large factories or the interiors of meatpacking factories. Inside these factories, machinery, conveyor belts, and assembly lines of workers tend to the processing of the animals for distribution. These factories feel like stale environments where the workers are all covered in protective clothing and gear as they handle food in close quarters.

Point-of-sale locations. The third setting consists of locations where food is sold. These settings include supermarkets and specific aisles in supermarkets, such as the meat aisle or snack aisles. The only actual supermarket the documentary featured was the Wal-Mart Corporation, particularly when they were discussed as starting to purchase organic products to sell. Fast-food restaurants are settings used throughout the documentary. Drive-thru windows at fast-food restaurants are also shown, such as at the Jack-in-the-Box's pick-up window.

Summary. The three main characters in *Food, Inc.* are the food industry, animals, and the audience. The characters that make up the food industry are, for the most part, the corporate food industry as well as the workers and farmers who work in that industry. Animals are those that humans kill for consumption. The audience is the viewers of the documentary in which the narrators refer to as well as those positioned behind the camera. The two main actions are controlling/processing and observing. The corporate food industry consists of those controlling/processing the animals and audience characters. Observing actions are those taken by the audience, such as standing behind the camera and viewing the action through the lens of the camera. The settings include farms, factories, and locations to purchase food. Farms are often portrayed in contrast to large factories. Locations to purchase food are often those of the corporate food industry.

Behavior-Change Approach in *Food, Inc.*: Contention

I am particularly interested in how documentaries function to motivate audiences to change health behaviors with regard to food choices. An examination of the interaction of the characters, actions, and settings of *Food, Inc.* can reveal the motive of the filmmakers who are behind the overall vision. From my analysis, the vision or approach to elicit health-behavior change is of contention. There is an ongoing sense of contention in this documentary between the filmmakers, those interviewed, and the audience in regard to the industrialized food industry and the corporations controlling what consumers eat.

Food, Inc. reveals to the audience a disharmonious relationship between the main characters. This contentious relationship is displayed in several ways. There is contention between the food industry, the audience—human consumers—and animals. It seems as if

the three characters are in a hierarchy, with the corporate food industry at the top of the hierarchy over the human audience and with animals at the bottom. Yet humans created the corporate food industry of mass production for higher profits. There has been a reversal from earlier times when there was a more harmonious relationship among humans, animals, and food. In the past, humans grew their food; they lived among animals but also used them for nourishment, and were in control of what went into the food they ate. The corporate food industry in large part now controls the food humans eat; the food industry is in control of how it is grown, what additives go into the food to make it ripen fast or last longer, and the meat available for human consumption.

With the corporate food industry at the top of the hierarchy, humans have also changed how they treat animals, particularly those humans that control and maintain the corporate food industry. Workers are subject to take on the unfair treatment of animals in order to earn a living wage. According to this documentary, animals are no longer seen as dignified creatures that make up an important part of the ecosphere; instead, they are a commodity to be used and abused by corporations seeking profits. These corporations and overall industry treat animals as lesser creatures. They put animals in confined spaces and give them food their bodies are not used to in order to fatten them up; from their standpoint, animals are raised to be killed and eaten by humans. An industrialized food system, created to make human life easier and to gain more profit for corporations, has now morphed into the modern industrialized food system. In this system, corporations have taken control of human's basic necessity of food for nourishment and made it unhealthy and processed. This switch has negatively impacted human beings' health, the environment, and the lives of animals.

Another way contention is evident in *Food, Inc.* is how the filmmakers argue that consumers need to be educated and aware of what is going on with their food; the contention present in the documentary suggests they need to unite and fight for their rights and the integrity of human food to alleviate contention. *Food, Inc.* was made to reveal truths about the industry and the current food system to allow consumers to step out of the dark and discover how they can make a difference. The more education the audience receives, the more able they are to understand where they can make changes in their approaches to food. Contention has been created due to the harms of the corporate food industry on humans and animals. Another way contention is present is that it encourages action among the audience in response to it or to build capacity against. At the end of the documentary they list the kinds of solutions the consumer audience can do in response to the contention that has been portrayed throughout the documentary:

You can vote to change this system three times a day. Buy from companies that treat workers, animals, and the environment with respect. When you go to the supermarket, choose foods that are in season; buy foods that are organic; know what's in your food; read labels; know what you buy. The average meal travels 500 miles from the farm to the supermarket. Buy foods that are grown locally. Shop at farmers markets. Plant a garden, even a small one. Cook a meal with your family and eat together. Everyone has a right to healthy food. Make sure your farmer's market takes food stamps. Ask your school board to provide healthy school lunches. The FDA and USDA are supposed to protect you and your family. Tell Congress to enforce safety standards. If you say grace, ask for food

that will keep us and the planet healthy. You can change the world with every bite. Hungry for change? (Kenner, Pearlstein, & Kenner, 2008)

Settings, while not as important as the characters and actions in *Food, Inc.*, do contribute to the overall vision by reinforcing the contentiousness seen between the characters by showing the audience what a traditional farm looks like versus what an enclosed factory looks like. When viewers see what a real farm should look like, such as the one owned by Joel Salatin, they feel a sense of disgust at how the industrialized food system handles food. Instead of being out in the open air in normal clothing cleaning chickens, workers in factory settings are clothed in protective gear and masks as they deal with the meat people are eventually supposed to consume. In addition, places where consumers purchase food, such as fast-food restaurants, add to the contentious feeling because the audience sees how cheap it is to purchase a fast-food meal for four yet they also see that those food items—burgers and fries—probably do not have much nutritional value. The supermarket is full of items that are ideas of food, such as boxed colorful cereals, but are often not grown naturally and made in a lab or factory as well. Viewers are conflicted as they observe the contentious relationship among food producers, food production, and food consumption, which operate for the good of the corporations above all.

In sum, there are several ways contention is approached in *Food, Inc.* One way is the disharmony between the three main characters of food industry, humans or audience, and animals. There is a hierarchy with the food industry above humans and animals—and ultimately in control of them—that is different from how it has been in the past where humans understood the need for animals for food and were respectful of the relationship;

there was more of a balance among humans and animals instead of harsh treatment towards them. Also, contention is felt when the audience understands that the corporate food industry controls so much and mass-produces everything with the goal of making more profits, while sacrificing the health of humans and the lives of animals. Lastly, the differing settings reinforce contention, such as the differing images of traditional farm versus corporate factory. All of these together contribute to the approach of contention that has the ability to motivate the audience to take control of their food back.

Food, Inc. is an attempt to educate the masses to take their power as consumers back. Food is sustenance, and it has literally been incorporated, as the title of the film makes clear; companies know that humans need food, and consumers will buy it, especially if it is cheaper to buy processed food. Food no longer is seen as sustenance among the larger food industry, and human health is often not seen as a right; food is a business. This film provides a bridge between the animals, audience, and the industry so the conversation can happen to break that contention.

Fat, Sick, & Nearly Dead

The characters, actions, and settings in *Fat, Sick, & Nearly Dead*, with examples of each, are listed in Table 2. There are three important characters: Joe Cross, Phil Staples, and the audience. The three main actions in the documentary are focusing, negative health outcomes, and positive health behaviors. The two setting groups are personal space and public space.

Table 2

Primary Character, Action and Setting Elements in Fat, Sick, & Nearly Dead

Elements	Examples
Characters	
Joe Cross	Joe is the main character and narrator of the documentary; his journey of juicing to lose weight and take control of his health is the main plot of this documentary; the term <i>I</i> often refers to himself.
Phil Staples	Phil is another character who Joe helps to get on a juicing and weight loss plan; his lifestyle changes and journey are also depicted in this documentary.
Audience	Joe uses the term <i>you</i> , referring to the audience; Joe also uses the term <i>we</i> to refer to the general consumer public or human beings.
Actions	
Focusing	Joe thinking about and focusing on a plan for getting healthy; Joe is shown changing eating habits; achieving and maintaining a healthful diet and a balanced lifestyle;
Negative health outcomes	Potential of a heart attack described as a possible outcome due to lifestyle; getting sick; being grumpy; having depression; gaining weight; suffering from illness; eating unhealthful food; feeling isolated
Positive health behaviors	Eating healthful foods and juicing; going to the doctor to get check-ups while on a juice fast; exercising by swimming, running, and walking
Settings	
Personal space	In Joe's car on the road; Joe and Phil in doctor's offices; In people homes or hotel rooms; Joe and Phil in community meeting spaces
Public space	Joe in outdoor areas such as on the street while talking to strangers or out in the countryside; Joe in different US cities; Joe in a variety of restaurants

Table 2: Fantasy-theme elements of Fat, Sick, & Nearly Dead

Characters. The three main characters in *Fat, Sick, & Nearly Dead* are Joe Cross, Phil Staples, and the audience. In contrast to *Food, Inc.*, specific people were primary characters, but the audience emerged as an important character again.

Joe Cross. The first important character in *Fat, Sick, & Nearly Dead* is Joe Cross. To recall, Joe is not only the main character and narrator, but also the main director and executive producer of the documentary. Joe is an Australian who takes a road trip across the United States while on a 60-day juice fast. He keeps a generator and juicer in his car so he can juice anywhere in an effort to lose weight and take control of his health. Joe describes his past priorities as being negative. He had been eating unhealthful foods, and drinking too much, living with high amounts of stress, and suffering from an autoimmune disease. Juicing is his way to transition to a healthier lifestyle. In his trip across the United States, he stops and talks to people on the street or in restaurants to ask for their reactions about what he is doing and if they would do it themselves. He also poses questions about what they are eating and why they eat a certain way. He refers to himself as *I* in this film to reinforce the fact that this is his journey and his experience.

Phil Staples. The next main character is Phil Staples, a truck driver who Joe meets at a truck stop. He is obese and is aware of his unhealthful and sedentary lifestyle. Joe tells Phil about his juicing fast and encourages Phil think to about doing something similar and with his assistance. Later in the documentary, Phil calls Joe; he decides to do the same juice fast as Joe after consulting a doctor to see whether it is feasible for him to undertake such a drastic step and to monitor his progress throughout the fast. Joe helps Phil move into a secluded lake house to get away from distractions as he focuses on his health. Phil starts both juicing and exercising and ends up sharing his recipes and doing juicing demonstrations in the community to inspire others to do a fast or a juice cleanse.

Audience. The last important character in this film is the audience. Joe uses the term *you* to connect with the audience in order to make them feel included in the

documentary. As he narrates the documentary, he addresses the audience directly. For example, he says to the audience, “Once you start eating all this fast food stuff, you begin to like it. I’m just being honest, you begin to like it. You’d much rather go get your quick combo, now wouldn’t you” (Offman & Cross, Engfehr, 2010)? When Joe talks to random people on the street or in restaurants, those people are like the viewing audience or people viewers know. He asked a man the question: “What if I told you that I’ve only been juicing, in other words, I’ve been drinking this only for 39 days; what would you say to that” (Offman & Cross, Engfehr, 2010)? The man responded with, “I’d say you’re crazy as hell” (Cross, 2008). Even as he speaks to others in the film, those people are also audience members with whom he is connecting, just as he connects to viewers of the documentary.

In another example, Joe asks another person “If I told you that eating fruits and vegetables really would keep you healthy...would you change your outlook on them” (Offman & Cross, Engfehr, 2010)? The person answered “Probably not” (Offman & Cross, Engfehr, 2010). Again, this is an example of how many people do not want to hear what Joe is telling them; they are not in the same place as Joe, but Joe is trying to reach out to the viewers of the documentary whether interested in improving their health or not, Joe’s language brings viewers into the documentary, and he works with the audience to try to make the audience see the importance of maintaining a balanced and healthful lifestyle.

Joe also uses the term *we* extensively, typically to describe actions of the general consumer public. By using terms like *Americans* or *they*, he refers to the consuming

public, especially those viewing the film. In the following example, Joe moves between Americans generally to a direct address to his audience:

For most Americans, they desire more calories than they require and they gain weight. But they're forced to overeat, it makes them into a food addict and they don't feel well if they don't constantly put food in their mouth. When you fill up your stomach with unprocessed plant foods, it takes up a lot of volume. It satiates you, your body gets full of nutrients and it stops you from craving excess calories. The modern world is eating both too much processed foods and too many animal products. We're suffering cause we're not eating enough natural produce.

(Offman & Cross, Engfehr, 2010)

In this quote, Joe is blunt with his words to describe a major problem Americans have with food. He refers to the audience in hopes that they acknowledge the problem, and he includes himself when he uses the term *we*. After pointing out the problem, he offers a solution rather than leaving viewers with only an understanding of the problem.

Actions. There are three main actions salient in *Fat, Sick, & Nearly Dead*. They include focusing, negative health outcomes, and positive health behaviors. The characters enact or describe these actions throughout the documentary.

Focusing. Focusing is one of the most salient actions throughout this documentary. The focus is on developing a plan for getting healthy and maintaining a healthful and balanced lifestyle. Joe starts by describing his health at the beginning of the documentary and discussed an autoimmune disease for which he had to take steroid medications. A juice fast of fruits and vegetables for 60 days is the plan he chose to improve his health:

Well for starters I had my priorities out of whack. I'd been focusing on my wealth, rather than my health. And look where that got me! And this is only the beginning. Now I'm on a mission to cure myself, which means...no more pills. So I have a plan...What I'm doing is a documentary on health...You know, what we eat. (Offman & Cross, Engfehr, 2010)

By changing his eating habits and losing weight, he became happier and felt not only physically healthier but also mentally healthier. At the end of his juice fast, Joe celebrated in a hot-air balloon ride and renewed his commitment to his new, healthier eating habits and lifestyle:

I renewed my commitment to eat nothing but micronutrient food until I was free of my medication. And then the real test: would I be able to maintain a life with balance...The changes I've made are not only helping my body, they're also making a big difference to my mind. (Offman & Cross, Engfehr, 2010)

After the fast, he described his rejuvenated self and his desire to eat mostly plant-based foods. Joe continued to work on the new him, and about eight weeks after being in that hot-air balloon, he said he was off the medication for a whole week and felt amazing. His focus and determination got him to where he wanted to be, and in the documentary, viewers see him not only triumph but continue to work out, lose weight, maintain his health, and help others along the way.

Phil is another testament to the importance of focus and determination as he started a juice fast himself. Joe helped him get started and brought him an Australian T-shirt in a size extra large; he told Phil that fitting into that shirt was his goal. So Phil began with a 10-day cleanse and ended up doing the 60-day juice fast that Joe had done.

Phil's success and journey inspired him to inspire others: "As the weeks passed, he had more and more energy and his face began to glow, and in this community he has inspired so many people. He felt so good he wanted to spread the word. So he started a community juice fast" (Offman & Cross, Engfehr, 2010). People in the community said they were inspired by his story and wanted to change their own habits. By the end of the documentary, viewers see Phil also maintain his weight loss by working out and still juicing some of his meals while continuing to inspire others. The end scene of the documentary is Phil running down the street wearing that Australian T-shirt, which he finally was able to fit into.

Negative health outcomes. Another key action displayed in *Fat, Sick, & Nearly Dead* are negative health outcomes. Outcomes are also seen as actions because they are attached to action words. They include the possibility of having a heart attack, getting sick, being grumpy, being depressed, gaining weight, always eating unhealthily, as well as feeling isolated. Typically, negative health outcomes were brought up as possible results of engaging in negative health behaviors. There were scenes where negative health behaviors were depicted, such as people eating fried foods and large-portioned meals. But there was much more attention on negative health outcomes as actions, or the possibility of negative outcomes. For instance, Joe asks Phil's doctor at Phil's initial consultation what could potentially happen to Phil if he were to do nothing about his weight and his overall health. The doctor says:

If he doesn't lose weight and keeps going, he'll get diabetes, your blood pressure will continue to rise, which will require numerous medications to keep it under control. With your family history and your high blood pressure, you will be at risk

of having a heart attack. If you have a heart attack and your heart dilates from the heart attack, and from your blood pressure, you will eventually not be able to breathe and go into heart failure. If the sleep apnea that you probably have from the weight continues, you're at risk of heart failure, which means that you're on pills to get rid of the extra fluid. You limit your ability walk any further, and you're at risk of a sudden death because of your weight. You could just not wake up one morning. (Offman & Cross, Engfehr, 2010)

This information is scary for anyone to hear and although not guaranteed outcomes, there is still a high risk of these outcomes occurring. The focus on potential outcomes is important in this documentary to make viewers aware of all of the possible consequences of those negative health behaviors.

Positive health behaviors. Positive health behaviors are essential actions shown in this documentary as well. Positive health behaviors are actions that are good for people or have the potential to prevent health issues and keep bodies healthy. Examples of positive health behaviors in the documentary are purchasing fruits and vegetables, juicing fruits and vegetables, exercising—walking, running, swimming—and going to the doctor for monitoring. Since Joe's and Phil's journeys are juicing fasts, there are many positive health behaviors depicted throughout the documentary, and those behaviors turn into positive health outcomes, such as losing weight, being able to be more active, feeling happier, and helping others.

Settings. The two most frequent types of settings were personal spaces and public spaces. In conjunction with the characters and actions, the settings reinforce the vision of the documentary.

Personal and public spaces. There are two main settings in this documentary, personal spaces and public spaces. Personal spaces are common in this documentary and include spaces like Joe's car as he travels across the country, hotel rooms, the lake house where Phil retreats for his juice fast, the kitchen of a woman Joe helps, the doctor's office, and small community spaces where Phil does intimate juicing demonstrations for local residents. Public spaces in this documentary include streets in neighborhoods and in cities and restaurants full of strangers, all places Joe goes to talk to people about making changes in their eating habits.

Summary. The three main characters in *Fat, Sick, & Nearly Dead* are Joe, Phil, and the audience. Joe is the main character of this documentary and does a juice fast to regain his health. He meets Phil and works with him to do the same. In using terms such as *you* and *we*, Joe makes a connection to his audience; he wants them to understand and be motivated by his story. The three main actions are focusing, negative health outcomes, and positive health behaviors. Focusing is evident through Joe's and Phil's determination and success in following through with their plans to get healthier. Negative health outcomes were described more so than negative behaviors to express the importance of making healthier decisions to prevent such outcomes. Positive health behaviors were shown in the documentary as solutions to negative outcomes and possibilities for change. Last, the settings of personal and public space allow the viewers to see the contrast between more intimate and less intimate spaces.

Behavior-change Approach in *Fat, Sick, & Nearly Dead*: Collaboration

The health-behavior change approach I see functioning in *Fat, Sick, & Nearly Dead* is one of collaboration. Audience members are involved personally in Joe and

Phil's journeys. Joe reaches out to his viewers by telling them about himself and his struggles as well as his path to revitalizing his health. Empathy is a focus here. There are characters throughout the film with whom viewers can identify and understand, whether they themselves are healthy or not. There are those who cannot see themselves doing what he did, and those who want to follow his lead.

Collaboration is constructed from the beginning of the documentary when Joe self-discloses to the audience. Joe got personal with the audience right from the start; he described how he was in poor physical and mental shape, how upset he was with himself, and how sick he was. In a sense, he made himself vulnerable and allowed viewers to judge him and his lifestyle. He disclosed his personal life so viewers could see him for who he was. This can motivate the audience to be an involved partner with Joe as it provides a sense of emotion and empathy. Viewers can see he wants to do something better for himself so the audience can root for him. As he talks to strangers in the documentary, the viewers can see themselves or people they know there with him. Viewers can see the challenge of losing weight and drastically changing their diets; by seeing people in the documentary who are facing these challenges, viewers can learn from them and feel involved in their challenges and successes.

Collaboration can be seen in other ways as well. Joe collaborates or partners with others in the documentary like Phil, and viewers see him work with Phil by walking with him, going to the store with him, and checking up on him when he was not with him physically via phone calls. Not only does Joe collaborate with Phil to help him begin his juice fast and encourage him along the way, but Phil also embodies the collaborative approach himself. The audience can root for Phil just as they rooted for Joe. As viewers

see him change and watch him go from walking to running because he is now in shape to do so, they can feel connected to him and be motivated by him.

Phil is also shown collaborating with community members. Phil makes juice drinks for community members and then inspires others to start juicing. In addition, collaboration is shown between Joe and Phil and their doctors, friends, and strangers they meet. The doctors work with both of them to monitor their progress. Friends and strangers appear in the documentary to support them or to ask for advice. Audience members can identify with and relate to Joe, Phil, and the other characters in the documentary facing health challenges and making positive changes in their lives.

The culmination of a collaborative process is that viewers feel inspired. When Joe starts his journey, viewers are rooting for him. Then, as viewers see him get closer to his goals, there is transference of power. Joe starts to lead viewers to makes changes and succeed. He helps Phil on his journey, and he inspires others to change their health behaviors as well. Watching Joe's progressive change and hearing him talk about the positive outcomes of losing weight, having a clearer mind, and feeling great, viewers then can take that power and use it to fuel them to be healthier. Joe took control of his situation, and knowing the risks he was taking with his poor health he took the time to tell the audience of the risks they take as well by informing them of possible negative health outcomes. This is a great tool to allow viewers to learn what outcomes can occur if they do not make changes. But he also provides solutions and tools to work with, showing him and others take on positive health behaviors so viewers can replicate similar behaviors.

The settings in this documentary are not as important as the characters and actions, yet they are essential in reinforcing the overall approach of collaboration. The

use of personal versus public space is important. Joe's use of personal space is important in allowing the audience to feel closer to him and to feel as though the viewers are there with him on his juice fast. They are on Joe's journey—in his car, at his home, in his hotel rooms, in Phil's kitchen, and on walks with Joe and Phil. This makes the audience feel involved; it is as if they are friends with Joe. Feeling welcomed into personal space, then, contributes to the feeling that viewers know Joe, are friends with him, and can relate to and identify with him.

The use of public space takes viewers out of those personal spaces to still feel part of the world and know that they can take their health in their own hands, even with all the pressures of the outside world. Viewers can feel as if they cannot succeed on a healthful meal plan when they have the temptation of public spaces like restaurants. Joe goes to restaurants and talks to people while they eat but still keeps to his own juices, reinforcing the idea that he does not give into temptation often felt in public spaces. Not only does Joe allow the audience to know him better and feel more connected to him in his personal spaces, but he also shows viewers how he controls himself in public spaces. Those public spaces are also spaces to meet others that viewers can motivate and inspire as well.

Overall, this film offers a collaborative approach to motivating health-behavior change. Whether audience members relate to Joe, Phil, or any other character in the documentary, viewers leave the documentary with a sense of closeness having participated and watched Joe and Phil succeed through the challenges they faced. Viewers also leave proud of them and perhaps inspired and motivated to take their health into their own hands, whether by juicing or by making other healthful choices. Lastly, the settings reinforce the collaborative approach by separating personal from public space to

allow the viewers to enter Joe’s and Phil’s personal space to feel closer to them, and see how they resist temptation in public spaces.

Hungry for Change

In *Hungry for Change* there are four primary characters: experts, audience, an actress, and food products. As for key actions, control was important again, as well as negative health behaviors and positive health behaviors. There were only a few settings in this documentary, but the most important and frequent is the offices or rooms in which interviews with the experts take place. Table 3 shows the characters, actions, and settings along with examples.

Table 3

Primary Character, Action, and Setting Elements in Hungry for Change

Elements	Examples
Characters	
Experts	Most characters in the film were the experts, such as people giving personal testimonies about their path to losing weight, nutritionists, and physicians.
Audience	<i>We</i> and <i>us</i> used as a terms used to describe the general public or audience; <i>you</i> is used to refer to the audience; camera panning scenes
Actress	The actress who depicts an unhappy woman who decides to make healthful life changes
Food products	Man-made food products such as refined sugar and high-fructose corn syrup; food-like products; monosodium glutamate (MSG) (a processed concentrated salt added to foods to enhance flavor); deadly combination of aspartame and caffeine (aspartame is used in artificial sweeteners)
Actions	
Control	People consuming certain foods that make them sick, obese, and miserable; “people are overfed but are starving to death” on a nutritious level; people are “violating our bodies basic survival laws” or natural ability to survive; people are programmed to put on fat; certain food products are addictive, kill off brain cells, causes health issues, and create imbalances

Negative health behaviors	Sitting all day; eating candy bars; drinking soda
Positive health behaviors	Chopping fruits and vegetables, juicing, and drinking the juice; eating fruit
Settings	
Office/Room	Most of the film consists of interviews in the offices or homes of experts

Table 3: Fantasy-theme elements of Hungry for Change

Characters. In *Hungry for Change* there are four main characters including the experts, audience, actress, and food products. In this documentary, the characters include both people and objects. Audience is a recurring character in all three documentaries.

Experts. There are four major characters in *Hungry for Change*. The first is the most common, the experts. The experts who are interviewed include nutritionists, doctors, authors, as well as people who give personal experiences and testimonies of their success stories in losing weight. This documentary is mostly focused on dieting, but specifically about how diets do not work. The audience should adopt and maintain a healthful and balanced lifestyle, not just some diet fads to help them lose 20 pounds just to gain it back when the diet ends. As one expert states, “The first chapter of the first book I ever wrote was called *Diets Don’t Work*, because they are temporary; they have failure built right into them” (Colquhoun, Ten Bosch, & Ledesma, 2012).

The experts are the most important characters in this documentary because they provide the information that informs the audience about how food works in the body, what foods are best for obtaining optimal health, and what foods are harming people. Another expert says that “The problem is that we are not eating food anymore we are eating food-like products, and they are adorned and made to look better and smell better

and be presented as attractive” (Colquhoun, Ten Bosch, & Ledesma, 2012). An example of one of the experts is author Kris Carr, who discusses her challenges and her eventual success with eating healthily:

I was 32 when I realized I don’t know what I’m doing and how to take care of myself I had to go back and learn what I wish I’d known. Step 1 was going back to understand how do I take care of my body. What do I put in my body that is compromised at this point? Ya know? How do I boost my immune system, increase longevity. It comes back to what you think, what you eat and drink. (Colquhoun, Ten Bosch, & Ledesma, 2012)

Audience. The experts are talking to the audience, which constitutes another important character in this documentary. In *Hungry for Change*, terms like *we* or *people* are used to describe the general consumer public or audience. For example, in the documentary, Dr. Alejandro Junger states:

We are barking up the wrong tree; people are looking for a result that is superficial they are looking just to look good and they don’t consider that that could be done from the inside out. People go on diets and fads to lose weight fast. That’s not the way to approach it. (Colquhoun, Ten Bosch, & Ledesma, 2012)

Experts include themselves when they use the term *we* to speak about people in general. In another example, the author and weight-loss expert, Jon Gabriel says, “We are violating bodies’ basic survival laws, over again. The diet system is flawed. It is based on fundamental flaw that every time you force body to lose weight, your body forces you to gain weight” (Colquhoun, Ten Bosch, & Ledesma, 2012). This time, the expert also uses the term *you* to connect to the audience members.

Actress. The next character is an actress the filmmakers employ to demonstrate and depict what is being discussed in the documentary. She serves as a model for how viewers can change their lives by paying attention to what they eat. At first she is portrayed in dingy, grayish blue lighting and as unhappy with herself. She is shown eating unhealthful foods like diet sodas and candy bars and sitting all day at her desk in a cubicle at work. By the end of the documentary, the lighting is more yellow and natural, and she is shown smiling as she looks at herself in the mirror. She juices and eats fruits and vegetables, and she is shown outdoors at a picnic table. Viewers follow this actress as she improves her circumstance, her overall health, and her attitude about herself by implementing the changes the experts discuss.

Food products. The fourth main character in this film is one that is salient because of its uniqueness. Food products are used as characters in this documentary. Experts talk about how a food product works in the body, for example. The products they portray as characters are typically man-made products such as refined sugar, high-fructose corn syrup (HFCS), monosodium glutamate (MSG), and aspartame. Typically, these food products have a negative effect on our bodies. For example, Jon Gabriel describes MSG:

MSG is in 80% of all flavored foods that you get at a restaurant, that you get at the store. It makes you want to eat more, and actually excites part of the brain in charge of the fat programs. The chemical excites the brain and your body activates the fat programs and gets fatter. (Colquhoun, Ten Bosch, & Ledesma, 2012)

In another example, food expert Daniel Vitalis talks about what aspartame can do to the human body:

Aspartame causes formaldehyde build up in the brain, it causes frontal lobe inflammation. Migraines can come, symptoms that mimic multiple sclerosis, there are headaches, seizures, cognitive problems, and can lead to cancers. (Colquhoun, Ten Bosch, & Ledesma, 2012)

In these two examples, the food product acts in the body creating health issues. Food products as a character is interesting because the audience can understand the harms that such products, which are in so many processed food products, can do. These products are portrayed as enemies attacking our bodies.

Actions. The three primary actions salient in *Hungry for Change* are control, negative health behaviors, and positive health behaviors. The actions taken by the characters demonstrate the overall vision of this documentary, as reinforced by the main setting.

Control. The first main actions are those of control in this documentary. Again, control refers to how something is actually dictating people's behavior. In this case, food is controlling humans, but also marketing strategies and companies that are appealing to people's tastes through their processed products. Consuming certain foods is making people sick, obese, and miserable. The control actions are not only referring to what foods can do to people but also what humans are doing to themselves by buying into the current food system of processed foods. An example of this is when someone says that "people are overfed but they are also starving to death" (Colquhoun, Ten Bosch, & Ledesma, 2012), meaning they are starving on a nutritious level. People are also

“violating our bodies basic survival laws” (Colquhoun, Ten Bosch, & Ledesma, 2012).

Dr. Chistine Northrup discusses how humans are controlled by natural forces:

It’s not your fault; this is how we are as mammals, we lived on the earth for millennia. When there was a food shortage, you’re programmed to put on fat whenever there is food available. But now there is a lot of food available but it’s the wrong kind. And so we have been programmed for millennia to store up for the winter, but the winter doesn’t come (Colquhoun, Ten Bosch, & Ledesma, 2012).

Terms like *overfed*, *starving*, *violating*, and *programmed* are good examples of controlling terminology to explain forces that are working against humans.

Negative health behaviors. The other two actions relevant in this documentary are negative health behaviors and positive health behaviors. These health behaviors are mostly evident in watching the actress be inactive and eat and drink unhealthful products as negative health behaviors. Negative health behaviors are also seen in viewing others eating fried foods and at fast-food restaurants.

Positive health behaviors. The actress does positive health behaviors as well, such as chopping up and juicing fruits and vegetables and eating a healthful snack outdoors. Other scenes show people tossing a green salad and cleaning vegetables to be eaten.

Setting. The one primary setting in *Hungry for Change* is the offices or rooms in which the interviews with the experts are taking place.

Office/Room. Since most of this documentary is of those being interviewed, the filmmakers did not get too creative with the settings, and it presents like a traditional

documentary featuring interviewees on some topic. The interview style in the office or rooms adds to the credibility of the experts featured in the documentary. The focus in this documentary is less on visual elements but more on being engaged in the conversations with the experts and learning information through facts and personal experiences.

Summary. There are four main characters in *Hungry for Change*: experts, the audience, the actress, and food products. There are numerous experts featured to inform the audience about nutrition and food and health issues. The audience is referred to by the experts with their use of terms, such as *we* or *people*. The actress is another main character because she appears and reappears throughout the documentary so the viewers can see her change. The food products are also depicted as characters as the experts describe how foods act in the body. The three main actions are control, negative health behaviors, and positive health behaviors. Control is used in this documentary to describe how foods are controlling humans. Negative and positive health behaviors are shown or described in this documentary to show the difference between the two. Last, the only main setting was the offices or rooms in which the experts were talking. The use of the office and room made the documentary feel more like an interview, which contributes to the overall vision or approach that emerges in this documentary

Behavior-Change Approach in *Hungry for Change*: Consultation

The health-behavior change approach that is utilized in *Hungry for Change* is consultation. Whereas *Food, Inc.* demonstrated a contentious relationship, and *Fat, Sick, & Nearly Dead* demonstrated a collaborative relationship, *Hungry for Change* demonstrates a consultative relationship. In the health field, consultations are used to

inform people and to work one-on-one with people to make a plan of action to improve their health.

One of the ways that a consultative relationship is demonstrated is that everyone featured in speaking parts can be considered an expert. The film shows numerous experts, from nutritionists, doctors, to those with personal testimonies and success stories. It is as if they are in front of the viewers and they are in that room with them as they consult with the audience one on one, as if in a nutritionist's office. The audience can see that they are experts because titles appear as captions the first time they speak, and knowing their positions creates trust in them; the audience can assume on the basis of their credentials that they are credible so viewers can pay attention to what they have to say.

The way that these experts are filmed also demonstrates a consultation. Experts are filmed in an environment that would be a natural setting for them in which to consult, such as in an office or in someone's home. When the experts are talking to the camera in the documentary, it is as if the viewer is in the room with them—just as he or she would be in “real life” at a nutritionist's office. By filming the experts from this vantage point, rather than in front of a podium with a large audience, the filmmakers are contributing to the sense of a consultation.

The last reason why *Hungry for Change* demonstrates a consultation is that the experts use different methods to educate and motivate the viewer. Many times evidence is cited, such as when an expert describes what high-fructose corn syrup or aspartame does to the body. However, the experts go beyond just relying on evidence because they know that not all people will learn this way and are not motivated from just information alone. For a consultation to be successful, a consultant must utilize a variety of methods.

Therefore, often times the experts use personal narratives. Those experts that were once overweight, such as weight-loss expert Jon Gabriel, discuss this and even share before-and-after photos; viewers can think of them as experts because not only are they are featured in the documentary, but they too have lived through these experiences. Viewers may not want to always listen when it comes to people telling them that foods they love can negatively impact their health, but experts can still catch their attention, especially if it is information viewers have not heard before. In sum, the experts educate the audience about their bodies and what certain healthful and unhealthful foods do in their bodies and how they affect them using scientific knowledge. They also give the audience their personal stories and experiences while offering advice from those experiences as well as motivation to take the challenge at hand and make it a lifelong healthful lifestyle.

Hungry for Change approaches motivating behavior change as a consultation in several ways. One way is the use of many different types of experts, such as nutritionists and doctors. Another way the documentary feels like a consultation is the actual settings or environments of an office or room where a consultation would take place. Last, different methods are used in this documentary to motivate the audience, including scientific evidence and information in combination with personal experiences.

Three Different Behavior-Change Approaches

In analyzing these three food documentaries, I have found three different approaches that emerged as potential audience motivators for positive health behavior change. Each of the documentaries takes a unique approach, therefore appealing to different styles and audiences. *Food, Inc.* uses contention to make the audience feel a sense of dissonance with the way the current food system works and how that has

affected their health. This contention motivates the audience to makes changes that alleviate that tension so they can take back their power and not only be aware of what they are eating and where it comes from, but be able to control what they eat.

Fat, Sick, & Nearly Dead employs a collaborative approach to motivating behavior change. The audience learns about Joe and Phil and as they discuss personal matters; the audience feels closer to them—as if they are on the road with Joe on this journey to reclaiming health. Joe involves the audience by talking to the viewers and taking them along this trip, hoping to motivate them to eat healthier as well.

Hungry for Change feels like a consultation, as if the viewers are consulting with a nutritionist one-on-one. This approach is very informative, but it is a different kind of informative format from *Food, Inc.*; *Hungry for Change* focuses less on the food system and more on how to become more thoughtful about food choices. A diet is not the way to approach improving health but rather viewers must make lifestyle choices to take care of their bodies long-term. These three approaches to motivating behavior change can be powerful health promotion tools for the public.

Chapter 5: Discussion

Summary

Given my interest in communicating about health with regard to food and nutrition, I wanted to analyze potentially effective documentaries about food and health as useful health promotion tools. Films and documentaries are not often viewed as educational material but more as entertainment. When I go to a health clinic, I still see brochures and websites advertised on health concerns, and while I might take them home with me, I never open them. Brochures are, of course, only one medium of health information out of countless other forms, but what sparked my interest in documentaries about food and health was that they are both enjoyable and informative. I became interested in analyzing the medium of documentary film as a health promotion tool because they intrigued me and not only caught my attention but had a lasting effect on me.

I started to ask others about food documentaries and noticed that many people I know have either watched some or want to watch them. With their growth in popularity and accessibility on Netflix and other online movie-streaming, food documentaries have the potential to reach large audiences—audiences that may never participate in a health campaign or disease-prevention program or may never pick up a brochure and read it.

I wanted to examine strategies evident in food documentaries that communicate health-behavior messages to audiences and to analyze the documentaries for the underlying motives of the filmmakers. Therefore, my purpose for this study was to identify the motives and overall vision of three food documentaries in order to find what health-behavior change strategies emerge in the food documentaries. Ultimately, I believe

that documentaries focused on food and health can be useful tools of health promotion for a variety of audiences.

In order to answer my research questions, I used the fantasy-theme analysis method of rhetorical criticism. I chose to use this method of analysis to identify the fantasies—or the enactment of events or plots that are communicated to the audience—in order to understand the shared group fantasies or consciousness of the filmmakers in response to food issues and health. Shared consciousness comes from individuals interacting with one another to create shared realities as if played out in a drama. To code for the fantasies that produce these shared realities or visions, I coded for character, action, and setting themes to understand the drama or plot that is being enacted in these documentaries. This allowed me to ascertain the underlying visions of the filmmakers that can diffuse out to raise more consciousness about food and health issues with audiences. After coding for the character, action, and settings in the three documentaries, I decided what primary characters, actions, and setting were most important based on frequency or saliency of the themes. The focus of this study is to identify strategies for promoting positive health behaviors by understanding the shared consciousness created in these films with which audiences can identify.

I chose to analyze three documentaries about food and health, one from each category of health documentaries identified earlier: (1) larger, systematic explanations of the current food system; (2) a personal narrative approach; and (3) documentaries focused on a specific topic, such as dieting. After watching about ten documentaries on food and health, I chose *Food, Inc.* as the systematic approach, *Fat, Sick, & Nearly Dead* as the personal narrative approach, and *Hungry for Change* as the specific topic approach. In

each category of approach I chose what I thought were the best, based on the effectiveness of the information they provided and their ability to keep my attention.

I determined that each documentary had a different approach to motivating behavior change. In *Food, Inc.* there was a sense of contention throughout the documentary—contention between the industrial food system, the audience, and the animals that are raised for humans to consume. Contention can motivate the audience to take action and right the wrongs of the current corporate food system. In *Fat, Sick, & Nearly Dead* the approach was of collaboration. Joe Cross decided to change his unhealthy lifestyle and did a juice fast for 60 days to detoxify his body and prepare him for a healthier lifestyle. In doing so, he helped Phil—the other main character who also goes on a juice fast in the documentary—and others along the way to acknowledge their need to take care of their bodies. In going on the journey with Joe, the audience feels invited along the journey with him as he talks to strangers on the street and to the audience about what he is doing in hopes that they may be motivated to make positive changes. In *Hungry for Change*, the approach is a consultative one. The many experts featured in this documentary make this documentary feel like a consultation of audience members with experts on food and nutrition. This can add credibility to the documentary and motivate viewers to take the information presented by the experts, as if in a consultation, and make appropriate changes to their health behaviors.

In this last chapter, I will interpret the findings from chapter four by answering my research questions; I will use the analysis of those findings to discuss the documentaries' use of well-established and effective health behavior change theory models in the documentaries. In addition to discussing theoretical applications, I will

discuss other implications of these documentaries as useful for appealing to a variety of audiences and raising consciousness among audiences.

Applying Health-Behavior Change Models

Since I am interested in the possibility of the three food documentaries to motivate positive changes in food-related health behaviors, the three approaches I have uncovered in my findings—contention, collaboration, and consultation—lend themselves well to popular health-behavior change models used in health communication. Behavior change models have been used to plan and implement health campaigns and programs aimed at educating, raising awareness, and changing attitudes and behaviors with regard to health issues. These theoretical models are intentionally utilized in campaigns and programs to increase effectiveness. What is interesting is that these documentaries, whether intentional or not, each employ a different well-established health behavior change model. In the next sections, I will answer the third research questions and describe how the health-behavior change models are enacted in the documentaries through the three approaches—contention, collaboration, and consultation—I found as a result of my analysis.

Food, Inc. and the Social Ecological Model. The Social Ecological Model (SEM) is a multilevel approach to understanding how health-related behaviors are influenced by the interaction between factors at various levels of influence, from the intrapersonal or individual level influences, interpersonal level, and the community level, which includes institutional and policy influences (Stokols, 1996). *Food, Inc.* captures the explanatory nature of SEM in identifying how these various levels of influence have

impacted consumers. In understanding how these levels influence health-related behaviors, ideas about prevention or changing behaviors related to food and health arise.

An example of the individual-level influence described in *Food, Inc.* occurs when a family, whose father is living with diabetes, is featured during discussion of low socioeconomic status and food choices. The factor of having minimal finances to afford healthful food is an individual level factor that directly affects the father's access to healthier foods. He has to choose between purchasing foods that are often expensive, such as fresh produce, and taking his expensive diabetes medication. On an interpersonal level, this affects the man's children as well, which leads the family to shop for cheaper food that will keep them full, yet often are unhealthful. The family is shown at a fast-food drive-thru restaurant ordering four meals for the family at a very reasonable price.

At the community level, there are a few things shown that influence the health of this family. For example, fast-food restaurants that are accessible to the community serve food that is cheap and filling; therefore, it may be easier and cheaper for families to eat fast food. Also, the local grocery-store prices often go up, and in the documentary, this family is shown shopping for produce while complaining how expensive a head of broccoli is compared to a whole sandwich at a fast-food restaurant that can keep them full for longer. Another example of a larger community-level influence, more on the policy level, is the segment at the end of the documentary that spells out some solutions to the problems presented in the documentary. This is a direct call to action to change the food system. SEM is used to understand how the levels influence individual health, but what it can also be used for is to identify solutions at each level. The documentary's concluding call to action identifies solutions at each level, in line with the SEM model:

You can vote to change this system three times a day. Buy from companies that treat workers, animals, and the environment with respect. When you go to the supermarket, choose foods that are in season; buy foods that are organic; know what's in your food; read labels; know what you buy. The average meal travels 500 miles from the farm to the supermarket. Buy foods that are grown locally. Shop at farmers markets. Plant a garden, even a small one. Cook a meal with your family and eat together. Everyone has a right to healthy food. Make sure your farmer's market takes food stamps. Ask your school board to provide healthy school lunches. The FDA and USDA are supposed to protect you and your family. Tell Congress to enforce safety standards. If you say grace, ask for food that will keep us and the planet healthy. You can change the world with every bite. Hungry for change? (Kenner, Pearlstein, & Kenner, 2008)

On the individual level, one solution is to choose foods that are in season and/or organic. On the interpersonal level, one solution would be to cook and eat a meal at home. On the community level, solutions could be to make sure the farmer's market accepts food stamps or to push Congress to enforce the safety standards created to protect food. The filmmakers provide ideas of small and big solutions to the overall problem with the food system. After viewing the documentary, the audience can feel a powerful sense of dissonance as they learn more about the reality of our food system. The creation of dissonance among audience members is captured in the contentious approach that emerged from my analysis of the film.

The contentious approach used in *Food, Inc.* is the strategy that emerged in the documentary to describe the contention between audience members, the food industry,

and animals. In viewing this documentary, the audience sees how the current food system has taken control of the animals they consume. The audience learns about how food is mass-produced and engineered to be cheaper in cost and processed to have a long shelf life. The audience learns about how animals are seen as commodities and treated poorly. They are overfed to grow faster so they can produce more meat and be sold faster.

As the filmmakers lift the veil to show the audience what goes into the production of the everyday food consumed in the United States, they let the audience see behind the scenes. In doing so, the filmmakers demonstrate to the audience that not only are the main characters described in my analysis in contention, but the levels of the SEM are in contention as well, which can lead to negative health outcomes. For example, going back to the family described earlier, they need quick and cheap food for the family to survive. So they will eat fast-food restaurant meals that have been made cheaper through their production in large corporate facilities that can bring down the cost of food as they decrease the quality. The individuals of this family are in a system of contention.

Because *Food, Inc.* depicts all levels of the SEM and how those levels can affect people and their health, the audience gains access to the big picture. This knowledge can give audience members the ability not only to feel more involved in the story, but to be more involved in their roles as consumers. This documentary can encourage contention in the audience and lead to viewers challenging these practices. Not everyone can make all the changes that are suggested in the film, but they can leave with a sense of hope and ideas that they can try to enact. The documentary illuminates the contention in our food system to arouse contention in the viewer. The filmmakers send the message that their audience can participate in the solutions to the contention demonstrated in this

documentary. People have cooperated and allowed these changes in the food system to happen. Now people need to stop cooperating and start questioning and challenging the system so that they can regain their right to healthful food. The audience can choose to remain contentious or do something with this information and take action.

Fat, Sick, & Nearly Dead and Stages of Change Model. *Fat, Sick, & Nearly Dead* is a film that employs the Stages of Change model (SOC). SOC was developed to describe how people move through stages towards adopting or maintaining some health behavior change (Prochaska, DiClemente, & Norcross, 1992). Both the main characters, Joe and Phil, progress through each of the stages of the SOC. I will describe the stages of change using Joe's progression as an example.

Joe describes the precontemplation stage, where there is no intention to take action, in his discussion of his life before his illness. At the very start of the film, Joe is shown and described as unhealthy; he was overweight, stressed, and fighting an autoimmune disease. He said that if he had never gotten sick, he might not have changed his lifestyle. The contemplation stage, where he decides he wants to change his health behaviors, is evident as he discusses his dissatisfaction with himself. An example of this stage is when he explains his awareness of his unhealthy state and the need to do something about it. An example of contemplation is demonstrated when Joe says, "In the past I've always gone back to my old ways. This time, once I'm done, I'm determined to adopt a healthy lifestyle." (Offman & Cross, Engfehr, 2010). The preparation stage occurs when he discusses his plans to drive across America. He chose America as the perfect place for the following reason:

I also love American food, and if I'm gonna really change the way I live my life, I'm the sort of bloke that likes to tackle my demons head on. So, I couldn't think of a better place to be food free than here in the US, the home of the hamburger.

(Offman & Cross, Engfehr, 2010)

He decides to super-charge his nutrient intake by going on a juice fast for 60 days and then maintaining a healthful lifestyle afterwards.

The action stage is evident when he enacts his plan; this stage encompasses the 60 days of his journey across the United States. An example of this stage is evident when he tells a stranger that he's "only been juicing, in other words, I've been drinking this only for 39 days" (Offman & Cross, Engfehr, 2010). Maintenance is the last stage; Joe has reached his goal of changing his eating behaviors and has it under control by continuing healthier behaviors. In this case, juicing is actually maintained but not as a full fast. Joe is shown in the film keeping his weight off through physical activity, juicing, and eating healthful food.

The SOC model is portrayed clearly in this documentary. The viewers are not going through the model with Joe, but they are invited to join him on his journey as he shows the audience how he works through the stages and achieves his goal. Joe uses this health-behavior change model by enacting it through a collaborative approach. He encourages us to collaborate through his stages of change. Such a journey can be lonely and difficult to do alone, and people do not always go out of their way to help one another with personal health issues. In this documentary, Joe not only shows viewers his journey and challenges, but he also enables viewers to make positive health choices, even if they are not exactly the same changes he has chosen for himself. He walks viewers

through his plan, through the stages, instead of just giving information and asking the viewer to go do it himself/herself. Joe collaborates with Phil and not only helps him get started but also continues to encourage him and check up on him. The audience can collaborate with Joe and Phil with the idea of change and the maintenance of that change. The audience watches Joe and Phil transform their negative health behaviors into positive health behaviors through their ongoing determination and perseverance. The audience can be inspired to set and achieve goals of their own as well.

Hungry for Change and the Health Belief Model. A relevant health behavior change model that the documentary *Hungry for Change* captures is the Health Belief Model (HBM). The HBM was developed to explain how health-related action is determined by a series of factors: perceived susceptibility, perceived severity, perceived benefits of taking action, perceived barriers or costs to overcome, cues to action, and self-efficacy (Rosenstock, Strecher, & Becker, 1988). People are ready to change or act if they believe they are susceptible to some condition, believe that the condition has severe consequences, believe taking action would be beneficial which would overcome the costs, if they have efficient cues to action—such as a family member or physician telling them to eat healthier foods—and last, that they are confident in changing their behavior.

In order for the audience to be motivated to take action, the experts featured in the film have to convince viewers to take action. They serve as the agents of change by explaining these HBM factors to inspire viewers to change. Perceived susceptibility and severity is apparent in this film through the expert's explanations of how not eating healthful foods can affect the body. In the following quote by Daniel Vitalis, both perceived susceptibility and severity are discussed:

So what happens for an average person is their not getting enough vitamin A, C, or D. They are chronically starved of nutrients so they keep eating and eating and eating, but the foods don't have enough nutrients to get what they need, but they have lots of calories, so they start to pack these calories in their body in the form of body fat and the body accumulates too much fat but also pollutants in food supply. We see things like diabetes, blood sugar issues, and we see weight gain, so this is a prevalent problem today because people are overfed but they're also starving to death. (Colquhoun, Ten Bosch, & Ledesma, 2012)

By not eating nutrient-rich foods, one can become susceptible to a variety of health issues and understand the severity of the problem, which could be a multiplicity of health conditions.

In another similar example, the situation in which a person can become susceptible to obesity and its consequences are described by nutrition specialist and author, Mike Adams:

Our bodies were not designed to sit at desks under lights in a cubicle and eat processed food all day long without exercise. If you do one of these it's not bad, but combine both, it's a disaster; you've got too many calories and not enough nutrients. Those particular factors together create an obesity epidemic, and low energy epidemic, create an environment where people lose the will to take self responsibility and turn it to a doctor who prescribes a pill which doesn't address the real problem that is very complex. (Colquhoun, Ten Bosch, & Ledesma, 2012)

There are several examples of perceived benefits of taking action that outweigh the perceived barriers or costs of taking action. One example is when experts discussing

their personal health issues prior to adopting healthier behaviors; perceived benefits are obvious through experts discussing their success in losing weight and showing before and after photos that validate that success. Perceived costs to overcome in order to eat healthier are also discussed with regard to giving ideas on how to limit unhealthful foods and change things in our lives that make the audience unhappy and stressed. Also, in a specific example, the quote by Kris Carr is useful here again to describe the benefit of eating healthily over the costs of health issues. She describes herself as being diagnosed with stage-four cancer. She realized that she needed to eat better to make herself healthier to combat her cancer. She survived and discusses that this is a result of her taking control of her health by overcoming the costs of eating unhealthily to get the benefit of surviving:

I was 31 when I realized I don't know what I'm doing, and I don't know how to take care of myself, and I am sick. I had to go back and learn all the things I wish I'd known as a child, as a teenager, as an adult. Step one was just going back and understanding: how do I take care of myself? What do I put in this body that is compromised at this point? You know? How do I boost my immune system? How do I increase my longevity? And again, it comes back to what you eat and what you drink and what you think. (Colquhoun, Ten Bosch, & Ledesma, 2012)

In another example, author Jason Vale describes benefits of eating healthful food that outweighs the costs in another instance. He focuses on what removing unhealthful foods can do to make the body feel better:

So can you imagine? You remove refined sugars, refined fats, junky type foods, all the wheat, the breads, all the man-made foods that go into your body, and all a sudden, over night, you replace it with pure, high-water content, organic mineral

and vitamin-rich fuel, going into every cell of your body in the most easy to absorb and digest form, with the spectrum of colors, with everything the body requires, what do you think it's [the body] gonna do? It's not going to reject this, it's going to say, OK now I am on board! If you're good to me, let me shine for you! (Colquhoun, Ten Bosch, & Ledesma, 2012)

The next health belief is cue to action. Watching a documentary like this is a cue to action. Cues are evident throughout the film. An example would be when the actress actually turns on and views the documentary *Hungry for Change* and decides to do a juice fast to cleanse her body. The last health belief is self-efficacy, the focus of the end of the film, which describes how to gain confidence to take action and meet health goals. At the end of the documentary, Dr. Christiane Northrup discusses how she tries to encourage confidence and self-efficacy to motivate people. A good example of self-efficacy is when she explains that people should say to themselves, "I accept myself unconditionally right now" so they can move forward with the feeling of self-love. She also explains the importance of staying positive in words and actions to stay motivated:

Kipling said: "I am by nature a dealer in words, and words are the most powerful drug known to humanity." So you are giving yourself different messages, when you start to do that, you begin to have, you develop, like a muscle, this witness self that listens to you talk. And the stronger that witness self gets, the healthier you get. (Colquhoun, Ten Bosch, & Ledesma, 2012)

Each of the health beliefs in the model is present in the film, which enhances its appeal as a health-promotion tool. The HBM not only encourages viewers to change their health beliefs with regard to dieting and eating healthily, but also encourages viewers to

use those beliefs and turn them into potential change strategies or solutions to making behavior changes.

The HBM is demonstrated in this documentary by incorporating the consultative approach to providing health information. Educating the viewers, as if in a consultation, about health beliefs and then providing solutions to promote healthful behaviors that can allow audience members to take any negative health beliefs and turn them into points of action, is a useful approach to motivating change. For example, if a viewer believes s/he is very susceptible to diabetes due to their already high blood sugar count and their being overweight, the experts in the documentary provide some tools and information about how food affects their body and what foods to eat to lose weight and maintain a healthy body. The information is provided and can be powerful enough to motivate behavior changes.

Implications

Three different approaches or strategies to motivating health-behavior change—contention, collaboration, and consultation—were uncovered in these documentaries to connect to health-behavior change models. The filmmakers of the three documentaries featured in this study likely did not intentionally use health behavior change models in their works, yet it is fascinating how well the models aligned with their approaches. Through my analysis, I found these documentaries support inclusion of effective health behavior change models. This is an important contribution to health communication studies, as I hope to shed light on non-traditional forms of health education using approaches that are not only informative but also entertaining.

The three approaches used by the filmmakers are contributions to the health communication field of study as they have demonstrated the successful use of strategies that can be utilized by other health promotion specialists using similar and different media. The three documentaries chosen for this analysis happen to incorporate three distinct health behavior change theories, which demonstrate how media can communicate about health to their audiences in a variety of ways.

The analyses done for this study suggest that all three potential health-behavior change approaches—contention, collaboration, and consultation—were utilized as health communication devices to motivate audiences to change health behaviors with regard to food choices. Contention—as demonstrated in *Food, Inc.*—develops through disharmony between the industry, animals, and audience characters which can create uneasiness among the audience and prompt the audience to consider the truth behind the corporate food industry: that profit comes at a great cost to human health. Contention is presented through the use of the SEM to help consumers realize the need to become better informed and educated about what is actually happening to our food, to lead them to consider making more healthful food choices. Collaboration—as demonstrated in *Fat, Sick, & Nearly Dead*—is utilized to get the audience involved personally in the story through health messages directed at the camera to facilitate inclusion of the audience in the process of health-behavior change, specifically through the SOC. Consultation—as used in *Hungry for Change*—helps to inform audiences about expert views and evidence about food consumption practices. The filmmakers create an environment in which the audience is personally learning about food and nutrition through the messages on health beliefs delivered by the experts.

Each of these approaches add to research in health communication and are beneficial to the field as media pieces that communicate health information in unique ways, which can reach audiences in different ways. The inclusion of health-behavior change models in the documentaries provides more legitimacy to the documentaries as health communication tools.

The results of this study have expanded the field of health communication in that future documentaries about other food and health topics could potentially use these strategies. Such findings are useful in that they encourage practitioners to consult and use these different types of mediums in their health promotion efforts. The findings may also lead other researchers to expand their use of health communication methods and such behavior change theories in their future studies. Having shown that such health behavior change theories are used in health documentary films, health communication and public health researchers can use these and other health behavior change theories in other documentaries and additional types of entertainment media.

There are several other practical implications that can be drawn from these findings. Documentaries have increased in popularity, and a major reason for this rise is that viewers are interested in more consciousness-raising topics important in current society. Documentaries are a minimally investigated area of media studies with regard to health topics. Documentaries are not traditional health information sources. As Backer, Rogers, and Sopory state, nontraditional forms need to be studied because many traditional forms like newspapers and radio are not as effective or interesting (1992). The three approaches health-behavior change approaches I found embedded in these documentaries may have the “potential to shape both perceptions of important health-

related issues and individual behavior” (Morton & Duck, 2011, p. 603), as media have successfully raised awareness of about health issues (Rogers & Storey, 1987). This study contributes to the literature on documentary film and health in several ways.

This study adds to the limited amount of scholarly research on video multimedia use in health campaigns. While documentaries are not intended as a health campaign, they can serve as such because of their purpose to inform the public and persuade some type of action. These documentaries are part of a recent body of documentary films focusing on food issues related to health. While there are limited studies on this area specifically, Lindenfeld (2011) discusses areas of study that need to be considered. When it comes to food documentaries, there is literature on how there has been an increase in these types of documentaries and reviews. Lindenfeld states that as radical films—films that get to the roots of food problems—documentaries need to be evaluated to understand potential impacts of the documentaries, what messages are being conveyed, and what types or styles of messages are being used to facilitate action among viewers. This study offers answers to each of these areas, thereby building the literature on this topic.

Documentary filmmakers can use the findings of this study to plan and develop their documentaries as well if focusing on health issues. The inclusion of health-behavior change models from health-focused disciplines may be effective approaches to promoting positive health behaviors to their audiences. Also, the three approaches that I discovered are three of many more possibilities for approaching health promotion. Documentary filmmakers that cover some health issue can explore other approaches that can reach other audiences.

Another implication of this study is that it is focused on positive health promotion practices and potentially positive effects on audiences, as opposed to commonly researched areas of negative effects of media on health knowledge and behaviors (Brown & Walsh-Childers, 2002). While these documentaries are focused on negative aspects of the food industry, the hope is that they will instill positive effects on health knowledge and behaviors as they reveal negative practices to promote positive solutions.

Food documentaries are a type of entertainment education (EE), which is an effective approach to reach audiences (Moyer-Guse, 2008). Dutta-Bergman discusses how important EE can be for not only for reaching health-oriented audiences but also less health-oriented ones because of its entertainment appeal as well as educational focus (2004). The documentaries I analyzed can all fall under EE because they are an increasingly popular form of entertainment aimed at bringing awareness to social issues to influence attitudes and behaviors among audiences. The three approaches that emerged in my findings—contention, collaboration, and consultation—can be vehicles for engaging audiences as a documentary form of EE, which could add to the existing research on the effectiveness of such techniques as narratives, emotional appeal, and transportation discussed in the literature review.

In addition, another area to which this study contributes is that of nutrition within documentary film studies. Pelletier and colleagues suggested that messages about food and nutrition focus on the larger societal implications of the negative food production practices in our current food system (2012). All three of these documentaries are concerned with these issues. While *Food, Inc.* is specifically about these implications, the other two documentaries are focused on the reaction to those implications. Joe Cross in

Fat, Sick, & Nearly Dead discusses the way Americans eat due to the larger societal food processing issues. In *Hungry for Change*, the experts explain some of the processes that have gone into the production of unnatural products, such as high-fructose corn syrup, and the effects of such products on humans. These documentaries are unique from one another, yet they share a concern for what has become of our food system and the implications of that. The documentaries all promote a healthier diet of organic and local food and encourage people to become more conscious of what is in their food.

There has been growing interest in food and communication studies. This current study adds to the literature in food and communication studies as well. In the literature, there tends to be a focus on such topics as environmental issues and food illnesses related to the environment, cultural meaning of food practices, food consumption in relationship development, and the symbolization of food in media. In addition, with regard to food communication and health studies, there has been more of a focus on specific nutrition topics (Krystallis & Chrysochou, 2011; Lin et al., 2011; Schuldt, 2013; Wills et al., 2013)—nutrition labels, fast food menus, appeals of low-fat brands—and on youth (Kotler et al., 2012; Nabi & Thomas, 2013; Smits & Vandebosch, 2012)—media character influence, reality television effects. This study adds to the topics regarding food and health in terms of focusing on more systematic understanding of what affects human health. In addition, this study contributes to food and health communication studies by offering insights into potential motivating approaches to changing health behaviors.

In summary, this study has both theoretical and practical implications. The theoretical implications are the need to evaluate food documentaries as useful health communication tools through their inclusion of well-established health-behavior change

models. Other documentaries like these may unintentionally include such theoretical models, but they can also be utilized in the documentary medium purposefully to motivate health-behavior change. This study has other implications by contributing to the field of health communication in several capacities, in that it provides useful approaches to communicating about food and health issues through an entertainment medium. This study adds to the limited literature on documentary film with regard to health topics in media studies and the use of video and film in health campaigns, which can further legitimize video media as health promotion resources. In addition, there is also need for more research on nutrition and diet topics addressed in documentary film with its raising popularity. Also, the current study adds to scholarly research on positive health promotion practices in media, where the focus has often been on negative health effects of media. This is an important shift that should be applied to media productions to instill more positive health messages in all forms of media. Food and communication studies represent a growing area of research and this investigation also contributes to existing work in the field by focusing on a topic that combines representation of cultural and societal practices, systematic effects, and solutions to food issues around health.

Lastly, this study incorporates an interdisciplinary approach to research. In combining fields of public health—health-behavior change models—and communication—rhetorical criticism methodology—this study contributes to the literature that can be shared among health education professionals as well as communication scholars. These two fields have much they can learn from each other and by using public health theories and communication methods, this study adds to the

existing literature in health communication studies and contributes a unique approach to research.

Suggestions for Future Research

The findings of this study suggest important possibilities for future research. In this section I will discuss areas for future research based on what can be done next in health communication, given my findings.

There are many other food documentaries that focus on health. Analyzing these additional documentaries to see what other strategies they employ is a logical next step for researchers. In addition, other methods of analysis might be used for these documentaries, which would offer other perspectives on these films and their behavioral impact. In analyzing more documentaries about food and health, additional strategies could be identified for communicating health information and promoting positive health behaviors. This would be important for health communication message design and for considering less traditional media as helpful health communication tools.

Another area that could be researched is audience reactions to these food documentaries. While I discovered that each documentary I analyzed employed a particular health communication theory, an analysis of audience motivators could reveal whether these theories are what actually motivated audience members.

Once analyses have been completed on the growing number of health-related documentaries, an analysis of the analyses could be undertaken to determine which behavior change theories have been commonly utilized. Such information could be utilized by future researchers to determine which theories could be the focus in studies taking the next step—which would be to study the actual effects of such documentaries

on actual participant behaviors. Such studies would have to be based upon solid research coming from a number of confirming studies to measure actual impact of such media on consumer behavior change. Such efforts would eventually be extended to include long-term follow-up to also study whether such efforts produce lasting versus temporary effects on behavior.

It would also be interesting to see how different communities or demographics might respond to the different documentary food films. By showing the food documentaries to a variety of audiences and then using focus groups and interviews to understand how different groups respond to the films and what motivates them more would be interesting to study. In discovering which documentary films reach specific audiences—such as college students versus community members or different age groups—health promoters can more effectively use different documentaries for different audiences.

Another possibility for future directions would be to look more closely at how cognitive dissonance may be used in documentaries to induce change. Once dissonance is created in the documentaries, does it get resolved in the documentary? In other words, a study could be focused on whether the documentary filmmakers leave the audience hanging or if it resolves the dissonance that can be felt in watching the documentaries. It would be interesting to identify which documentaries create dissonance and then resolve it so that audiences feel more empowered to change.

Lastly, another area of study could be to discover whether symbolic convergence truly occurs among viewers in watching the documentaries. This would contribute to the

literature on symbolic convergence and how documentaries might be one tool for diffusing social issues and allowing for people to converge on issues.

Conclusion

Documentaries are unique from other films because they are concerned with the reality of those who made the documentary and are edited and produced to evoke a specific emotion and feeling through the camera techniques and other visual elements employed by the filmmakers. Another element that makes documentaries different from other films is the goal of impacting audiences in some way, to promote action in response to some issue (Ellis & McLane, 2005). There are direct calls to action in all three documentaries, from the ending lines of *Food, Inc.* to take action on the corporate food system to respond to the contention, Joe Cross's collaborative approach to regaining health, to the experts consulting with the audience s to eat healthier and be knowledgeable about what they eat in *Hungry for Change*. Food documentaries have the ability to not only reach a larger audience than perhaps audience-targeted health campaigns or programs among smaller groups of people, but to also reach a wider-variety of audiences with different styles of learning and being motivated.

Documentaries can contribute to the larger efforts of sparking public debates on important issues, changing opinions and raising awareness, and to build networks of people interested in these issues. As Renov (1993) describes, documentaries are designed to promote something, persuade audiences, and to reveal something the audience may not be aware of. As Brown and Walsh-Childers described, often media messages promote different health beliefs and health behaviors even if they did not intend to (2002). Media have the ability mobilize people to converge on food and health issues that impact society

and “the potential to strongly influence public opinion” (LaMarre & Landreville, 2009, p. 550). They can encourage the building of communities because they focus more on the public and systematic influences rather than the individual:

These films are often deliberately designed to speak across existing lines of political difference and to go “beyond the choir.” They are open-ended in their expectations while still vested in shaping public conversation and action. They provide tools that make it easier for people to become active citizens, to engage with people who may not already agree with them, and to define with others what collective actions they want to take. (Nisbet & Aufderheide, p. 454)

As viewers learn the reality of food in the eyes of the filmmakers, they can begin to share in raising consciousness. If they are convinced by their arguments, they can converge on these topics, through the three approaches of contention, collaboration, and consultation. Viewers can be engaged in different ways, just as students learn in a classroom. People learn better from different approaches than others. Going back to the story I told that motivated me to do this study, my partner enjoyed *Food, Inc.* and was changed by it. Yet, when I showed him *Fat, Sick & Nearly Dead*, he felt more of a connection to it because of the journey following Joe. For myself, I find something useful from each of the documentaries; they contribute to my awareness, knowledge, and motivation to change behaviors in different ways.

While each documentary offers a unique perspective and has different plots, there is a sharing of consciousness in all three films. They talk about how some larger system has inevitably been created by humans and this system has ultimately crashed on them. It has taken over our control and our health. As a consumer public, people have to turn it

around. There are factors at large that impact people and they can regain control by making even small changes and good choices about what they eat and where they purchase their food. In each documentary, the audience is a main character; the filmmakers involve us and ask us to do our part, not only for the good of the food system but also for the good of our health. This is quite different from regular films that do not directly involve the audience. Audiences can embrace the rhetorical visions of these documentaries and the health theories to which these documentaries direct them. In constructing characters in the documentaries, the filmmakers brought the audience into the film as characters, which can allow audiences to converge on these issues and to encourage positive food choices.

The three approaches—contention, collaboration, and consultation—are utilized not only as possible ways to motivating change but also ways of positioning and constructing the audiences as active agents in the food system with different modes of changing and engaging in the consciousness raised in the documentaries. As the title of one documentary and the last words of another state: Hungry for change?

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