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“People don’t care as much about their health as they do about their looks”: Personal trainers as intermediaries between aesthetic and health-based discourses of exercise participation and weight management.

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## **Abstract**

Personal trainers hold an important position as intermediaries between their clients and the vast amount of available information regarding health, fitness and body-weight. Research to date has largely neglected to explore how they interpret and respond to their clients' goals. This paper reports interviews with twelve Australian personal trainers to investigate how they view the goals and motivations that their clients bring to training, and explore how they view their role in working with clients toward these goals. The personal trainers reported that their clients primarily came to them with weight loss goals, which the trainers understand as being motivated by aesthetic and social concerns. The only reservations expressed by trainers about their clients' weight loss goals concerned unrealistic timeframes; there were no other concerns expressed about the advisability or achievability of weight loss goals. When prompted, the trainers' did acknowledge biological differences in clients' capacity for weight loss; however this was strongly downplayed relative to the importance of diet, exercise and "mindset". These findings suggest that personal trainers' encourage the view that weight loss is straightforward and achievable for everyone who is sufficiently motivated and self-disciplined, despite the emerging scientific literature that suggests that weight loss goals, especially when motivated by appearance concerns, may undermine sustained exercise participation and other health-enhancing practices.

**Keywords:** Personal trainers; weight loss; Health at Every Size; exercise motivation

## **Personal trainers as intermediaries between aesthetic and health-based discourses of exercise participation and weight management.**

Weight loss is constructed as a key target for improving health in Australian citizens, the majority of whom are considered overweight or obese (Australian Government National Preventative Health Taskforce, 2008). But in addition to its implications for health, body weight is also a key element of contemporary western standards of physical attractiveness. Although the proscriptions for leanness in pursuit of health and attractiveness may appear to be aligned in many ways, growing attention is being paid to the points of tension and even contradiction between these agendas. Health researchers are increasingly attending to the detrimental health effects of repeated, unsuccessful weight loss attempts (e.g., Brownell, 2010; Cooper et al., 2010; Montani, Viecegli, Prevot, & Dulloo, 2006). Body image researchers find that a “health seeking” discourse can be used as a cover for disordered eating and exercise practices that are motivated by a desire for thinness (e.g. Burns & Gavey, 2008; Carey, Donaghue & Broderick, 2011; Prichard & Tiggemann, 2005). Appearance-based motives for exercise have also been associated with a range of negative outcomes including poor body image (e.g., Vartanian, Wharton, & Green, 2012), and self-objectification and disordered eating (e.g., Prichard & Tiggemann, 2008).

Personal trainers occupy a key role at the intersection between the health-promoting and aesthetic social discourses around weight loss. They can be thought of as cultural intermediaries between their clients and both the public health agendas of the health professions and the commercial imperatives of the weight loss industry (Smith Maguire, 2008). Although clients can have goals other than weight loss when seeking personal training, in particular a desire to build muscle and increase fitness, support with weight loss is a central part of the service offered by personal trainers (Rupp, Campbell, Thompson, & Terbizan, 1999). Despite their significant role in the weight loss industry, scant attention has

been paid to personal trainers as key informants in this industry. In this paper, we take a qualitative approach to explore in detail how personal trainers reproduce and respond to the many various elements that comprise weight loss discourse in contemporary Western societies. We also examine how personal trainers construct their own role as intermediaries between their clients' personal body transformation goals, public health agendas, and the commercial weight loss industry. By taking an open-ended, exploratory approach, rather than seeking to simply "measure" the attitudes and/or practices of personal trainers, we aim to make space to show how these trainers negotiate the complexity and sometimes contradictory imperatives of contemporary discourses about the importance of body weight to health, physical attractiveness and psychological well-being.

*Weight loss is a fraught goal*

Information about how to achieve weight loss is widely available in contemporary western societies. In addition to health promotion campaigns prepared by public health agencies, popular magazines, newspapers, television programs and websites present vast volumes of information about diet and exercise that is designed to provide people with knowledge about how to manage their eating and activity. In general, weight loss is constructed in these forums as a straightforward matter of creating an energy imbalance: "calories in versus calories out" (Rich & Evans, 2005). However, the widespread use of weight loss programs and personal trainers reflects the reality that this apparently simple formulation is a source of struggle for many, and that forms of external support and supervision are seen as helpful aids in the quest for weight loss. The truism that weight loss is "simple, but not easy" is in line with the understanding of weight loss as an exercise in self-management and self-discipline, rather than merely an information driven change in physical habits.

Despite its widespread pursuit, weight loss is a fraught goal. The simple prescriptions to "eat less and move more" are becoming complicated by research findings that show how a

wide range of metabolic processes are affected by weight loss and implicated in the weight regain that often follows (e.g., Rosenbaum, Hirsch, Gallagher, & Leibel, 2008; Sumithran et al., 2011). Despite the increasing sophistication of exercise and nutrition programs designed for weight loss, sustained weight loss remains an elusive goal for many people; although the precise success rate for long term maintenance of weight loss is difficult to determine, a recent review suggests that only around 17% of Americans who have ever been overweight or obese have maintained a loss of at least 10% of their body weight for at least one year (Kraschnewski et al., 2010). In addition to the considerable problems with establishing the efficacy of weight loss programs, there is the potential for iatrogenic effects of deliberate weight loss attempts. For example, evidence suggests that the weight-cycling that frequently results from repeated attempts to lose weight is itself more harmful to cardiovascular and metabolic health than maintaining a high body weight (e.g., Lissner et al., 1991; Montani et al., 2006; Strohacker & McFarlin, 2010), and that weight loss and appearance management reasons for exercise are associated with higher levels of self-objectification, disordered eating, and body dissatisfaction than are reasons based on health or enjoyment (e.g., Prichard & Tiggemann, 2005). Research also suggests that although weight loss goals may motivate initial engagement in exercise programs, these same goals can undermine sustained engagement with exercise and physical activity by promoting the conclusion that exercise is “not working” if weight loss does not occur, despite other substantial benefits to health (Robison, 2005; Teixeira, Silva, Mata, Palmeira, & Markland, 2012a).

The high rates of failure of weight loss attempts have led some prominent anti-obesity researchers to seriously question the ethics of continuing to recommend weight loss programs to obese clients (e.g., Brownell, 2010; Cooper et al., 2010; Mann, Tomiyama, Westling, Lew, Samuels, & Chatman, 2007; Rich & Evans, 2005). The Health At Every Size (HAES) movement has developed in response to longstanding concerns about the viability and ethics

of promoting weight loss as a means of improving health (Robison, 2005). HAES practitioners argue that a focus on weight loss can obscure the benefits to health and well-being that follow from a focus on good nutrition and sustainable forms of exercise. HAES-informed programs have been successful in improving key health markers, including blood pressure, and in increasing nutritional quality and physical activity (see Bacon & Aphramor, 2011, for a review). There is also evidence that an HAES-based intervention can increase intrinsic motivations for exercise (Hsu, Buckworth, Focht, & O'Connell, 2013), which are themselves predictive of sustained engagement in exercise programs (Teixeira, Silva, Mata, Palmeira, & Markland, 2013b).

But despite the mounting evidence that sustained weight loss is unlikely to be achieved and may not be essential for good health, weight loss is a difficult goal to give up. Putting together the discourses of health and attractiveness creates a cultural context in which a lean body is a powerful signifier of success (Bordo, 1993; Rich & Evans, 2005) while the fat body is subject to wide ranging social stigmatisation (Puhl & Heuer, 2009). The widespread belief that body weight is a result of eating and exercise habits, and that these are themselves a product of knowledge, motivation and self-discipline produces a situation in which it is taken for granted that these personal qualities can be “read off” the body in straightforward ways. Relinquishing a weight loss goal thus entails giving up much more than a specific aesthetic ideal; it also involves facing up to an often difficult realisation that one will not attain an important badge of successful self-management and the public esteem that is attached to it (Donaghue & Clemitshaw, 2012).

#### *Personal trainers and the quest for a “successful” body*

Personal trainers have an important position in relation to people's pursuit of a “successful” body via weight loss. As cultural intermediaries between health discourse and the general public, personal trainers spend their time right at the intersection of scientific knowledge

about nutrition, exercise and health, and people's personal attempts to manage their own weight, health and attractiveness. Personal trainers are enlisted by their clients to act as interpreters of complex information, to provide technical instruction and as motivators and task-masters, and in addition to these roles, are also witnesses to "successes" and "failures" and the often powerful emotions that attend them. Personal trainers thus have a unique opportunity to help to shape the goals that their clients strive for and the methods by which they pursue them.

Personal training is positioned with the health and fitness industry primarily as a health-enhancing profession (George, 2008; Rupp et al., 1999; Smith Maguire, 2008). However, as Smith Maguire (2008) argues, there is a tension between the disinterested professionalism suggested by the health promotion framework and the commercial realities that personal trainers face in their efforts to make a living by assisting with others' weight loss and fitness projects. In order to attract clients, personal trainers must help construct their clients' goals as achievable, even though increasing evidence suggests that weight loss goals are statistically unlikely to be achieved and are even less likely to be maintained. Like other stakeholders in the fitness industry, personal trainers need to find a way to allow their clients to believe that weight loss is an achievable goal for them, which means that others' lack of success (and indeed the client's own past "failures") must be accounted for. Personal trainers need to strike a balance between attracting clients by projecting confidence they can help them to meet their goals and ensuring that those goals are safe and realistic for the clients (Rupp et al., 1999).

#### *The present study*

Personal trainers occupy a key position in witnessing the efforts of their clients to lose weight. Despite this unique vantage point, very few studies with personal trainers have been published to date. The little research that has been conducted has focussed on the attitudes of personal trainers towards overweight and obese people (e.g. Hare, Price, Flynn & King, 2000;



Robertson & Vohora, 2008) or has explored how personal trainers create a professional persona and manage the emotional labour and other demands of their role (George, 2008). To our knowledge, the study we present here is the first qualitative study with personal trainers in which their beliefs about the factors involved in health improvement and weight modification are investigated. In particular, in this study we explore how personal trainers respond to their clients' goals, especially their weight loss goals. Do they try to ensure that clients' goals are realistic? Do they make an effort to decouple improved health from lost weight? We were interested in personal trainers' spontaneous views about these issues, as well as their responses when specifically asked about whether and how they think about individual differences in the physiological capacity for weight loss among their clients. To explore these questions, we conducted interviews with currently practicing personal trainers.

## **Method**

### *Participants*

Participants were twelve certified personal trainers (all aged 18-25) who were employed in a range of gyms in the suburbs of Perth, Western Australia. Participants were mainly of European-Australian ethnicity, with one indigenous Australian participant. There were six men and six women. Participants were recruited via the gyms in which they worked, and by personal referral from other participants in the study.

### *Materials and procedure.*

All procedures for the study were approved by the Murdoch University Human Research Ethics Committee. All participants provided written consent for their interview to be audio-recorded.

Each participant was interviewed by a young female research student (the second author), using a semi-structured question format. Topics were divided into four broad categories: demographics, qualifications and experience; perceptions of clients' goals and

indicators of success; trainers' views of their role in working with their clients; any concerns or limits to clients goals formulated in terms of weight loss. After these sections of the interview were completed, the interviewer briefly described the HAES perspective and asked each trainer whether they had heard these kinds of arguments before, and for their thoughts about HAES. The elements of HAES that were mentioned included: i) the difficulty that many people have in achieving and maintaining weight loss; ii) the possibility that there might be physiological reasons for this difficulty; iii) the idea that health can be improved via exercise and good nutrition without necessarily resulting in weight loss; and iv) the possibility that weight loss goals might be counterproductive to health for some people by undermining motivation to continue with health-enhancing behaviours in the absence of weight loss. This information was all presented informally – no printed information was given or shown to the trainers, and no scientific evidence was directly cited in support of HAES. Interviews took place at a mutually convenient location, and lasted between 20 and 40 minutes.

#### *Analytic approach*

We analysed the data using an exploratory thematic analysis approach (Braun & Clarke, 2006). Thematic analysis is well suited to the aim of identifying and analysing patterns in a data set that is concerned with the understandings and analyses that participants offer for their own and others' behaviour. We began the analysis by carefully reading the interview transcripts several times, individually taking notes which we discussed over a series of meetings. Across this process we began to identify commonalities among the participants in their answers to our questions, as well as some areas in which different views were expressed. We then selected extracts from the interviews that best illustrated these responses; once we had arrived at our final set of extracts, we each re-read the entire data corpus a final time to ensure that these extracts provided a comprehensive and accurate reflection of the

views expressed by the personal trainers. Our approach can be considered interpretive in that our analysis goes beyond simply collating the common themes discussed in the interviews to also consider how the participants' statements sit in relation to broad social discourses around the meaning and management of body weight (as discussed in the introduction). We present the analysis in sections that correspond to the major questions that motivated the study.

### **Analysis and Discussion**

#### *Personal trainers' perceptions of client goals*

As discussed earlier, a key element of personal training involves working with clients to set the goals against which their progress can be measured. All participants nominated weight loss as the main goal that clients bring to training:

Weight loss in general would be the major one (Participant 2)

The main one is weight loss (Participant 10).

In addition to weight loss as the main goal of personal training, the trainers also described other secondary goals including muscle toning, muscle gain, strength and general fitness:

The other ones are obviously fitness and the muscle gain, but the majority, nearly ninety to ninety five percent are weight loss (Participant 12).

Weight loss, strength, body image and toning (Participant 3)

Weight loss, toning, muscle gain, flexibility and also general fitness (Participant 6).

The majority of them are weight loss but otherwise you have got muscle gain, strength gain and fitness (Participant 4).

A range of motivations underlying their clients' goals were identified by trainers:

To be a good person, to look at themselves better in the mirror I guess. To achieve something they didn't think they could achieve and to help themselves (Participant 8).

Aesthetics, looking good (Participant 2)

Mainly because they don't feel good about themselves or they don't like the way they look (Participant 12)

Some of them lack of confidence I think in themselves (Participant 11)

Self-confidence is probably the biggest one and self-belief as well. (Participant 7).

The trainers described clients' physical weight loss goals as being primarily motivated by a desire to look good and feel more confident, a motivation that they appeared to find self-evident and natural. Across the interviews, trainers primarily accounted for their clients' goals in aesthetic and psychological terms. Clients were seen as wanting to "look good" and feel more self-confident, and weight loss (as well as muscle gain for men) was seen as an obvious means to these ends. There was a seamless equation of physical changes with psychological improvements; no trainer raised any concerns in relation to clients' desire to increase self-esteem and confidence through weight loss. The trainers thus appear to uncritically take on board the assumptions of the wider culture concerning the relationship between body weight, identity, success and emotional satisfaction in life (Bordo, 1993; Rich & Evans, 2005), and saw increased physical attractiveness as an unproblematic path to increased self-confidence for their clients (Thompson & Donaghue, 2014).

Some trainers also mentioned health as a reason given by clients for their weight loss goals; however, when health was mentioned it was generally as a specific motivation of some

particular clients, unlike the aesthetic and psychological considerations that were constructed as broadly applicable:

With certain clients of mine, health issues and stuff like that (Participant 11).

Often for health reasons as well. Doctors would have told them to lose weight.

Otherwise of course high cholesterol, heart issues (Participant 4).

Although the trainers reported that most of their clients began training out of a personal desire to feel better about themselves or to manage health concerns, some clients were seen as having more extrinsic motivations:

Generally it's because of the doctors, but some clients will come in and they have set things like weddings and stuff that they need to attend soon (Participant 3)

I have some person where their husband told her that she needed to lose weight and he was paying for the session so she didn't actually want to [lose weight], she was quite happy (Participant 4).

These kinds of external motivations were presented as unusual exceptions, and thus served to strengthen the general formulation that people are generally motivated to lose weight "for themselves" (Rich & Evans, 2005). Across the interviews, trainers reproduced mainstream social discourses about weight loss as a key means of self-improvement that would allow people to "feel better about themselves".

#### *Personal trainers' assessments of their clients' goals*

Personal trainers were supportive of the clients' weight loss goals and saw them as achievable, provided that clients were willing to sufficiently modify their eating and exercise habits:

Yeah you can definitely alter it [weight] for sure (Participant 10).

Time, diet and just training, so those are the three things (Participant 11).

When asked whether they thought there were limits to the amount of weight a person might realistically be able to lose, the majority of the trainers did not describe a limit, and most trainers expressed that weight was modifiable for everyone:

[weight modification is possible] to any extent you like really, so if you want to put weight on, I'd say put weight on with muscle and if you want to reduce, yeah cut the fat out (Participant 11).

Everyone has the ability to be skinny and everyone has the ability to be overweight. Some people say "I can't lose weight", but if you diet you are going to lose weight eventually (Participant 7).

However some trainers did acknowledge that individual metabolic and psychological factors may influence the extent to which a person can alter their weight:

Depends on the age of the person, gender, what their diet is like, but weight is definitely modifiable (Participant 2).

It's not for everybody, but like if you're a super skinny dude and you're wanting to put on a hundred kilos muscle, it's just not possible, and vice versa if you're a really big lady then you're generally not going to get down to an extremely slim size. It can be possible but not generally speaking (Participant 10).

Yeah definitely [weight is modifiable]. You know I've had a few slim build guys wanting to gain weight, I don't think it would be impossible for them to gain weight, I think it would take a lot more time for their body to go through changes (Participant 6).

Many trainers endorsed a limited role for physiological factors such as metabolism and genetics in weight loss, arguing that these can be offset by determined behavioural changes:

Yes and no, but you can change your metabolic rate in how you eat and how hard you train (Participant 7).

I think genetics can play a very small part, but apart from that, no, I don't really think it makes a difference (Participant 5).

As these extracts show, biological factors such as age and gender were considered by some trainers as imposing some limits on the extent to which people can alter or control their weight. However it was much more common for the personal trainers to attribute limits in weight modification to psychological factors such as mindset and emotional drive:

I think if you think you can do something you can do it. I think it's really hard to get across that negative mindset when you have someone who is just like "Oh I'm not going to lose any weight and I'm not going to do this and I'm not going to do that" compared to someone who is like "I'm going to do this" (Participant 5).

I don't think they believe in themselves that they can actually achieve these goals, and then they always find excuses as to why they can't instead of just doing it (Participant 10).

That depends on their personalities, their emotional drive and I dunno just their general mindset about it. If they are being quite negative then no [they won't lose weight], if they have a negative way of thinking about themselves or what they are trying to do then no it [weight loss] wouldn't be on a large scale, but if we do get a positive perspective about the whole situation and themselves then yes (Participant 9).

Usually it's because they are not willing to make a change (Participant 1).

Dedication, commitment, belief in yourself. If you don't believe you're going to do it [lose weight], you're not going to do it. (Participant 7).

The extracts above came in response to a question about whether there are limits to the amount of weight a person might realistically expect to be able to lose. In their responses, the personal trainers orient very clearly to the possibility that weight loss might not occur, but they attribute this possibility to psychological characteristics of the client. In this way, the difficulty (and relative lack of success) of weight loss goals is acknowledged, but responsibility for it is located firmly within the client, rather than with the nature of the goal itself. The majority of the personal trainers also expressed the view that lifestyle factors such as diet and exercise were the key to achieving weight loss, and that the ability to change these lifestyle factors was due to "mindset". In this way, the personal trainers constructed weight loss as primarily a psychological endeavour; the actual physical effort of exercising and changing eating patterns was seen as relatively straightforward once clients had adopted the correct attitudes of self-belief and self-discipline. These findings are similar to those of Hare et al. (2000) who found that a large majority of fitness professionals believed that lifestyle factors were the main cause of obesity, with only a minority acknowledging some contribution of physiological factors. The attribution of weight loss limitations to psychological states deemed controllable by the individual reflects broader social stereotypes that emphasize, laziness, a lack of motivation and a lack of self-responsibility as major factors accounting for overweight (Puhl & Heuer, 2009).

#### *How personal trainers saw their role in helping clients achieve their goals*

Although the trainers expressed the view that weight loss was an achievable and worthwhile goal for their clients, many of the trainers expressed frustration that clients often have inaccurate understandings about weight loss, particularly about the amount of time and effort it will take to alter their weight:



A lot of people will be unrealistic to how fast they want to see the results. So, much like I said before, not so much that the end result is unachievable but how they want to get there is usually unachievable and it's unrealistic to think they will achieve what they want to be, doing what they are doing. A lot of clients won't realise how much hard work they will need to put in outside of the gym and extra sessions on top of just doing a couple of half hour sessions with a personal trainer a week. (Participant 2).

Throughout the interviews the personal trainers described varying roles and responsibilities in their work with clients around weight loss and management. A major element in starting work with new clients involved transforming their original goals into smaller, more incremental and realistic short term goals, with the aim of achieving the original goal over a longer period of time:

Well I basically help them set smaller goals so they can slowly achieve their larger goal later on (Participant 6)

So then I will set smaller goals towards the bigger goals and then set dates towards those goals (Participant 10).

Another major barrier to weight loss mentioned frequently by the personal trainers was a lack of understanding among clients about the specific kinds of changes to diet and exercise needed to achieve weight loss. The trainers spoke about sharing knowledge with clients to increase their understanding of weight loss and its complexity:

I mean I have a lot of people who come in here and want weight loss but they don't really know how to do it. They don't understand so you've got to let them know what you do basically (Participant 6).

Give them tools to be able to pick up and say you know “Alright well I don’t actually have a training session today but this is what I can do to work towards my goals” (Participant 1).

They don’t understand that it’s not just going to the gym and running on the treadmill for half an hour. People don’t understand the concept of what losing weight is (Participant 3).

The above extracts show that personal trainers see educating clients about how to achieve their goals and the complexity of weight loss as among their primary responsibilities when working with clients. However, this information-based support of clients was described as a relatively straightforward aspect of their role; the trainers spent much more time discussing their role in providing motivation, accountability, and emotional support:

That’s what you need to instil in them, that they can do it. That’s what we are here for; we are motivators (Participant 7).

My niche is mostly women that need you to hold their hand as they go through the initial struggle (Participant 9)

I guess my job is to try and get them to believe in themselves (Participant 10).

It’s not that they can’t do it, the road there is just so long and really tiring that they are almost not motivated just to try it (Participant 8).

We are babysitters, more than anything else. Sometimes like babysitters with knowledge (Participant 4).

These comments reinforce the observation of George (2008) and Smith Maguire (2008) that effective personal training requires the creation of a relationship with the client so that the trainer can bolster the motivation and self-belief that are constructed as being crucial to

the success of clients' weight loss goals. They also work to construct weight loss as a major undertaking, a potentially daunting attempt at self-transformation the success of which requires ongoing support and encouragement, as well as, to a lesser extent, the provision of expert information and guidance. This view of the task of weight loss supports an ongoing role for personal trainers beyond the initial use of their expertise to set up a diet and exercise plan for their clients; according to this view, if they did not also serve as “motivators”, “hand-holders”, and “babysitters” to help weight loss seekers on their path, the expertise of personal trainers would likely be of little use.

### *Weight Acceptance and HAES*

The idea that weight might not always be a reliable indicator of health, nor weight loss the most suitable goal for training, was endorsed by participants only when they were specifically prompted by questions about the Health at Every Size (HAES) approach, towards the end of the interviews. When given a brief overview of HAES, most participants said that they had heard of the approach, and most agreed that it had value in some circumstances:

Well I agree with absolutely everything there [HAES], because we are all different shapes and sizes (Participant 12)

People are built differently, their genetics are different (Participant 3).

I don't have a personal problem with people's weight. Some people are bigger, some people are smaller, your body type sort of determines. I definitely think that some people still think that everybody can be skinny, everybody should be looking healthy, whereas coming from a sports background, there is no way I think it is realistic for everyone to look the same (Participant 2).

There was a sense for several of the trainers that HAES-style factors might be something to consider in cases when a person was adhering to a weight loss program but not seeing any weight loss.

Kind of a bit of both I reckon. But it comes down more to your diet and definitely your training as well, but if that doesn't work then you might want to look at what your genetics are like (Participant 6).

When it comes to the biological factors, it does make it a lot harder. I've had a client whose whole family has been large, and I know the family quite closely, and she could eat well and train well but is much, much harder for her to lose the weight and then to keep it off. (Participant 9).

Yes, definitely with people that want to lose weight and are saying they are doing absolutely everything they can to lose weight and are still not seeing any results (Participant 2).

In these extracts, trainers show a willingness to consider the possibility that it might be sensible to modify weight loss goals for some clients. However, it is notable that this is positioned as a "last resort" option, and one that would require evidence (such as a client doing "absolutely everything" or a trainer "knowing the [client's] family quite closely") to suggest that the first choice diet and exercise method had been genuinely tried without success.

Despite its positive reception by some of the personal trainers, others were much more sceptical. Several trainers expressed the view that invoking individual differences in physiology works as an excuse for people to be lazy in weight management and health:

Hiding behind big bones or "I'm just not that body type" is rubbish; you are lying to yourself (Participant 8).

A lot of people are like “oh, i’ve just got a bad metabolism”, and it’s like “yeah, and you have also just eaten a block of chocolate” (Participant 1).

It’s completely an excuse to be lazy. I personally think everyone should be healthy (Participant 10).

These kinds of comments reflect much of the mainstream discourse around weight, in which the mechanisms of weight gain/loss are seen as a straightforward matter of balancing eating and exercise; in this view the real complexities of weight management involve issues of psychology and character, rather than physiology.

Other trainers positioned themselves as being caught in a dilemma between recognising the values of HAES in some circumstances, while remaining concerned that it might simply be used as a reason for inactivity and poor diet:

I think we should embrace the difference between people’s weights and different body shapes and sizes. But in saying that I don’t think it’s a reason to be lazy, I think you should still be healthy and everyone can be healthy, it’s not the hardest thing in the world (Participant 2).

I think it could be a bit of both, like some people use that as an excuse like “oh I’m happy just being fat”, or you know “I’m happy just eating bad food” and not exercising (Participant 1).

These extracts show that the possibility that many people might be looking for excuses not to “do anything” about their weight was a salient concern for many personal trainers. Although they endorsed the view that it might be a genuinely useful way of understanding why weight loss does not occur despite the best efforts of some clients, these trainers also considered it possible that HAES might act as a “cover” for some people who “should” be doing more to manage their weight.

In addition to the position that weight loss is not possible for everyone, another central tenet of the HAES approach is the belief that weight is a poor indicator of health. Most personal trainers endorsed the view that it is possible for one person to weigh more than another but be healthier or fitter than them:

Someone could be ten kilos heavier than me, they could be more stockier than me but they could be fitter than me, they could have better blood pressure, better cholesterol, everything like that (Participant 3).

Yeah you can be heaps healthier and not get the results somebody else that can come past and do a few exercises and get the results and still be unhealthy (Participant 10).

However, despite endorsing the view that weight does not directly correspond to health, one trainer expressed reservations about the move towards HAES, saying that it misunderstands people's motivations for undertaking a diet and exercise program:

I think that's generally what they are trying to go towards more these days but I think personally, I don't think it works exactly like that cos people don't care as much about their health as they do about their looks. If you focus them on the goals they want and just getting to those goals, you're kinda slipping the healthiness through getting that, outside of just saying yeah just be healthy, they are just going to lose interest. They don't want to be healthy, they want to look good (Participant 10).

Here, this trainer suggests that there is a move in the fitness industry ("they") towards shifting emphasis away from weight loss in favour of other measures of health and well-being. His scepticism that people will be motivated to engage in health promoting behaviours without the promise of improvements in their physical appearance is in line with the way the trainers generally constructed their clients' goals as being motivated by aesthetic concerns. In

this way, he deflects responsibility for the healthfulness of clients' goals away from personal trainers, suggesting that the most that can be expected of trainers in their role as health professionals is that they try to "slip in" some health-enhancing practices alongside the "real" aesthetic concerns of their clients.

Taken together the extracts above show that the HAES approach has a mixed reception among these personal trainers, with varying opinions and levels of acceptance. The physical limits to weight loss described by the trainers when supporting HAES indicate some acceptance amongst trainers of the value of decoupling health from weight. However many the trainers also expressed concern that this approach might be used as an excuse to be lazy, which indicates that personal trainers also view their clients at least partially through the lens of current stereotypes that interpret overweight as a result of individual laziness and a lack of motivation (Puhl & Heuer, 2009).

### **Conclusions**

Across these interviews, it was clear that personal trainers saw their clients as wanting to lose weight primarily for aesthetic and psychological reasons. Although there were some mentions of health as a motivator for weight loss, this was generally put forward as specific motivator of some particular clients, in contrast to the widely applicable motivation to look good and (thereby) increase confidence. The idea that transforming their bodies in these ways would lead their clients to "feel good about themselves" and "feel more confident" was taken for granted by the personal trainers – no trainers expressed concern about these goals, nor any reservations that the physical transformations would deliver the social and psychological benefits that (they believed) their clients sought. Similarly, with the exception of a few cases, which were constructed by the trainers as unusual exceptions, body transformation goals were seen as being motivated by a personal desire to be lean and/or muscular – although

several trainers talked about social aesthetic ideals, none talked about the pursuit of these ideals in terms of sociocultural “pressure” (Stuart & Donaghue, 2012).

The various ways in which the personal trainers constructed the project of weight loss, their clients’ needs and motivations, and their own role in the process substantiate the view of personal trainers as cultural intermediaries between the weight loss industry, nutrition and exercise science, and the general public (Smith Maguire, 2008). The commercial imperatives of their role could be seen in the strong client focus expressed by all of the trainers – they clearly position themselves as providing a service to their clients, and it is the clients’ goals that direct the course of the training. This orientation is also reflected in the dominant emphasis on aesthetic aspects of weight loss. Although all trainers were willing to talk about the possibility of separating health goals from weight loss goals and to discuss individual physiological differences in the ability to lose weight, there was no sense from any of the trainers that these were issues that they would bring up with clients unless specifically asked. As discussed above, no trainers questioned the value of weight loss goals, and constructed the factors that influence goal achievement (the client’s “mindset”) in a way that protected weight loss goals from some of the recent criticism that they have attracted from health researchers (e.g., Brownell, 2010; Cooper et al., 2010). The trainers did talk about their work as helping clients to become healthier, in a way that is consistent with the general positioning of the personal training industry (George, 2008; Rupp et al., 1999; Smith Maguire, 2008), but many of their specific practices with clients showed a prioritisation of (the clients’) aesthetic goals.

Although personal trainers did not express concerns about the feasibility of their clients’ weight loss goals, they did clearly orient to the distinct possibility of failure to meet them. Most trainers emphasised that weight loss goals were only realistic if clients possessed the correct “mindset” in relation to achieving them: a do-what-it-takes attitude and a



willingness to make substantial changes to their eating and exercise habits. The personal trainers saw themselves as having a role in encouraging their clients to set more realistic timelines for weight loss and for providing some specific information about the nutrition and exercise programs that would allow the goals to be achieved. However, these technical factors were presented as being a clear second to the “mindset” factors of determination, self-discipline, and self-belief that were put forward as the crucial elements of success. Although the personal trainers saw themselves as having some role in supporting their clients’ motivation, this was primarily presented as being the responsibility of the clients themselves. In this way, the trainers were able to provide an implicit account of the high rates of failure in pursuit of weight loss goals without undermining the feasibility or desirability of these goals themselves. Additionally, this kind of rhetorical framing locates the “blame” for failure with the insufficient motivation of the client. The personal trainers thus reinforce the wider social discourses that produce the lean body as an emblem of responsible self-management (Bordo, 1993; Rich & Evans, 2005); if body weight is understood as a straightforward consequence of a person’s eating and exercise habits, it creates a sense in which it seems possible to “see” evidence of a person’s mindset by looking at their body.

While personal trainers attributed most of the differences in the ability to lose weight to psychological variables, when asked they did all acknowledge some role for physiological factors in weight loss, and many were enthusiastic in their endorsement of the view that people’s body type shapes the results they can expect from training. This shows that the lack of any spontaneous mention of these kinds of factors cannot be attributed to a lack of information on the part of the trainers. Rather, it appears that trainers simply do not connect their knowledge about individual differences in body composition and responses to diet and exercise to their work with their individual clients, unless prompted to do so by some unusual circumstance. This suggests that there may be opportunities in educational programs for

personal trainers to include more critical sociologically-framed content (in addition to physiological and individualistically-framed psychological content). Such content might emphasise the potential for a sole focus on weight loss as the measure of success in personal training to do more harm than good, given the ways that it feeds into and reinforces culturally dominant assumptions about body weight and responsible self-management. It is one thing to understand that people vary in their capacity for weight loss and to acknowledge that weight is an imperfect measure of health; it is another matter to fully consider that clients may experience better results (in terms of health and psychological well-being) when supported in expanding their view of “success” beyond aesthetically motivated weight loss to include other benefits such as strength and flexibility gains, improved energy, better sleep, lower blood pressure, better stress management, as well as a sense of personal achievement from creating these changes. As personal training depends heavily on client satisfaction (Smith Maguire, 2008), a client-focused framing of the benefits of a broader definition of successful training might be more compelling for trainers than approaches that simply provide information about physiological differences. Such an approach would encourage trainers to use their expertise to take a key role in helping clients to formulate maximally rewarding goals, rather than simply assisting clients in working towards their already existing goals.

However, while attention to potential improvements to the content of education programs for personal trainers is important, it is crucial to recognise that the reluctance to embrace HAES-style approaches to working with clients may also have ideological elements (e.g., Monaghan, 2007). When prompted to discuss the issues raised by the Health At Every Size paradigm, most of the trainers expressed some ambivalence. The dilemma turned on the possibility that while a HAES perspective might be genuinely helpful in relation to some clients who are “really” trying but not losing weight, they also saw potential for HAES style arguments to provide an “excuse” for people who are able to lose weight to simply “be lazy”.

This formulation reinforces the idea that at least some of the motivation to be lean comes from the belief that there is no legitimate “excuse” for being overweight – if such an “excuse” were made available, according to this view, many people would take it. This seems to be somewhat at odds with the view that clients are strongly motivated by aesthetic concerns, and suggests that at least some personal trainers see part of their role as protecting the legitimacy and value of weight loss as a goal.

There are several limitations to this study that need to be taken into account when considering our findings. First, we have a relatively small sample of personal trainers, most of whom had been training clients for less than three years. Although the responses given by the trainers in our study were remarkably consistent, it is possible that more experienced trainers who have worked with a broader range of clients would have different views about both their clients’ goals and their own role in working with clients. The relatively small sample also means that we were unable to explore differences in the responses of trainers in terms of their own gender, age, ethnicity or other demographic characteristics. A second limitation concerns how we introduced the discussion of HAES principles. As noted in the method, we introduced the HAES concepts quite informally, without any accompanying reference material or citing any specific research findings. This was in line with our aim, which was to learn whether the personal trainers were already familiar with these principles, and if so, what they thought about them. However, even though all trainers expressed some familiarity with HAES-style arguments, there may well have been considerable variability in their levels of exposure to it, which we did not capture in these interviews. Future research could usefully extend this work by investigating the responses of practicing personal trainers to a more formal, evidence-based presentation of HAES principles (c.f., Brown, 2009, who found that such a presentation to fitness and health students increased their interest in incorporating HAES into their work with future clients).

In conclusion, although personal training presents itself as a part of the fitness and health promotion sector, our data show that weight loss goals and aesthetic motivations are central to personal trainers' construction of the service that they offer to their clients. This means that, despite growing scepticism about the value of weight loss goals in improving health and awareness of the potential for body dysmorphia and disordered eating in some appearance-motivated high-exercisers, a client presenting for personal training is likely to be reinforced in his or her belief that weight loss is a worthwhile and realistic goal. Furthermore, should weight loss not occur as a result of training, little alternative is likely to be offered to the belief that the "failure" is due to insufficient commitment and self-discipline on the part of the client. Of course, personal trainers are far from alone in holding these views – indeed they reflect widespread public opinion about the nature of body weight and why it is gained and how it is lost. Personal trainers, however, with the added authority of their expertise and their personal witnessing of their clients' efforts to lose weight, have a more powerful voice than most others, and speak from a closer range. The research presented here has begun the project of listening to what they say. More is needed to elaborate how these key players in the weight loss and fitness industry help to shape – and might work to change -- the environment within which people construct and pursue their goals for increased health and well-being.

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