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"But you still have the same insecurities"—Navigating Personal Trainer and Client Body Image through Emotional and Aesthetic Labor

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Abstract

While research on personal trainers' emotional (controlling the portrayal of own emotions to produce an emotional response in another person) and aesthetic ("looking the part") labor has been conducted, no research currently exists on personal trainer body image. Research demonstrates that body image concerns of athletes and exercising populations may differ from that of the general population. This is an important area to examine due to the personal trainer's "quasi-professional" role as "cultural intermediaries" between healthcare and exercise science professionals and the average consumer and their provision of "expert service work" to clients, combining emotional labor through service work and provision of expert information. This position and rapport that personal trainers develop with clients creates the potential to be a major influencer on client body image. This project examines personal trainer body image in terms of the effects of emotional and aesthetic labor on perceived job performance and aspects of job satisfaction through individual interviews. Interviews were conducted in the summer and fall of 2017. Personal trainers were recruited through announcements by the primary researcher at personal trainer staff meetings from one upscale health club in Central Virginia. Interviews lasted between 45 and 100 minutes. A total of three male and three female personal trainers were interviewed. Interviews were transcribed and coded by the primary researcher using a Grounded Theory framework. Results suggest that personal trainers' body image was shaped by previous experiences with their own behavior change process, particularly through their ability to identify distorted or disordered views or behaviors. Further, these experiences have influenced how personal trainers perceive and perform emotional and aesthetic labor in their jobs and how these factors have also shaped their client training philosophies, including a focus on health and body function as

opposed to weight. Philosophies and training style were also influenced by unique factors of the personal trainers' personality and qualities of their work environment. Personal trainers also shared experiences of job satisfaction although it does not appear from this research that there is a relational connection between personal trainer body image and job satisfaction. The results of this study reflect the narrative of six personal trainers from one upscale health club located in Central Virginia, so caution should be considered when generalizing results.

Introduction

Due to the combination of professional and service work involved in personal training, research has been conducted to examine certain novel types of labor in this intersectional career. Maguire deemed personal trainers "cultural intermediaries," while George considered the labor of personal trainers as "expert service work" (1, 2). Both authors here refer to the liminal space occupied by personal trainers in their role of conveying the academic knowledge of kinesiology, anatomy, and exercise physiology through service to their clients, a career that's not quite a profession like a physician and not quite service work like a store clerk. Hence, personal trainers are expected to perform types of labor such as aesthetic ("looking the part" of a fitness expert) and emotional (controlling one's own emotions to produce an emotional response in others) labor, often required for retail work. Furthermore, personal trainers are required to maintain a level of knowledge and are expected to convey this knowledge directly to the consumer, similar to other healthcare professionals such as physicians, dietitians, physical therapists, and nurses (1, 2).

Research has been conducted on the aesthetic labor expected of personal trainers and suggests that they feel they must "look the part" of a health and fitness expert in order to attract clients. Hutson indicates that trainers often use physical stereotypes to subvert expectations involving interactions with clients. Frew and McGillivray suggest that the physical capital trainers possess may in fact reinforce the client's negative experiences of their own bodies (3, 4). Maguire found that due to trainers' role in a "quasi-profession," they use their own bodies and lifestyles as capital to prove legitimacy

of their knowledge to clients. Harvey et al. examined this concept in regards to trainers' clothing, physical capacity, and physique, finding that trainers used adornment to reflect the types of clients they wished to attract, but also avoided excessive physical capital to avoid scaring away potential clients or subverting their need to be seen as human by clients (5, 6).

For the individual performing emotional labor, they are required to control and manipulate the portrayal of their own emotions to produce a certain emotional response in another individual or consumer. In regards to emotional labor, Melton et al. found that while trainers perceived physical capital as important to attracting clients, they perceived rapport or their emotional bond with the client as more important to retention (7). Maguire related this performance of emotional labor to management style, showing that the responsibilities on trainers in the roles of motivating clients, building their business as an entrepreneur, representing the club where they are employed, and being intermediaries between clients and the fitness industry as a whole involve varying levels of emotional labor, varying levels of flexibility in how they will perform these roles, and variability in the level of involvement of their managers. This mixture of freedom and control placed on trainers by management creates a system of emotional pressures on trainers beyond those placed on them through client interactions (1). George found that trainers saw their role as service providers and the involved emotional labor as important in gaining and maintaining clients as their level of knowledge, education, and certifications (2). Donaghue and Allen examined the role of trainers in helping clients to see their goals as achievable by helping clients to break down their goals, despite knowledge that weight loss goals are not always reasonable or achievable, in order to maintain their livelihoods.

They found that this emotional labor of shaping clients' expectations was seen as important by trainers, despite knowledge that suggests that these client goals might not be realistic (8).

While emotional labor clearly involves the trainers' overall emotional state, and aesthetic labor can affect a trainers' emotions by suggesting that they should look a certain way in order to be successful, possibly altering how a trainer looks or feels about their bodies, no research has been conducted examining personal trainers' own body images in relation to these types of labor or personal trainers' body images in general. Much research, however, has been done to examine the role of exercise in body image for both athletes and exercising populations. Many studies have found that, while overall exercising populations have more positive body image than non-exercising populations (9, 10, 11, 12, 13), they may have body image issues that are more linked to perceptions of weight's influence on performance (14, 15) or body image issues that are associated with adherence to healthy lifestyle habits (16, 17, 18). These differences in aspects of body image that concern the individual in athlete or exercising populations may provide a model for issues faced by personal trainers.

Due to research that suggests that workers in other health careers feel that their appearance may affect their perceived competence (19, 20), it is the aim of this study to examine aspects of body image in personal trainers. This research will not only fill a gap in the current literature but also will aim link together the current research on the highly emotional and physique-centered types of labor that may often be performed by personal trainers and body image concerns in athletic and exercising populations. Specifically, the purpose of this study is to determine aspects of personal trainers' body image that may be

affected by aspects of their job, such as emotional or aesthetic labor, or may affect aspects of their job satisfaction and perceived performance, including performance of these types of labor.

Review of Literature

Introduction

Abstract concepts like the politics of privilege and oppression can be conceptualized by the physical realities faced by human bodies; privileged bodies are given access to spaces, goods, and services that oppressed bodies are denied. One of the most obvious examples of such is how our cities and buildings are designed with able bodies in mind, which often has the effect of denying accessibility to disabled bodies through lack of planning for sufficient access for various bodies and abilities. Privileged bodies are valorized as, at the same time, beautiful and normal, and all other bodies are compared to this "ideal" or normative standard. The politics of race, gender, sexual orientation, class, ableism, and many other categories used to stratify power can be conceptualized through the physical realties and barriers faced by the bodies of individuals. Yet within these categories of bodies, even the most privileged bodies of white, upper class, cisgender, heterosexual, able-bodied males are compared to norms and ideals, both through the media and through everyday interactions. Hence, within the category of white, upper class, cisgender, heterosexual, able-bodied females, these women are still compared to certain norms of acceptable dress and presentation as well as "ideal" images of airbrushed bodies that permeate our media. As such, with this groups' assumed relatively easy access to medical care, assumed leisure time in which to develop

concern over weight and looks, and the social acceptability of women worrying about appearance, eating disorders and body image disorders were largely first diagnosed and first researched as a problem of white, affluent females (6).

Over time, however, medical and psychiatric diagnoses, as well as research has changed to reflect that many groups are oppressed through their corporal existence. While females are expected to live up to a thin and feminine ideal, males are expected to live up to a thin yet muscular and masculine ideal (4). A queer person of color is expected to live up to these ideals that are shaped around white, heteronormative culture, ideals denying the existence and livability of their own lives as "other" (6). While the internet and social media has often been praised as a place where those who do not meet or conform to dominant social norms can go to find camaraderie, it has also been blamed for proliferating exposure to unhealthy images and ideals leading to body image issues, to the point where exposure to these images has become omnipresent in everyday life (6). With this, as social media and Internet use continue to become a bigger part of the average American's day, and as the obesity epidemic continues to grow waistlines across the county, increasing concern on body image's interrelationship with physical and mental health is increasingly apparent in the media and in research (2, 5). On a daily basis, individuals are inundated with media images of bodies that conform to the "thin ideal" and yet are statistically less and less likely to conform to that ideal image (1, 3, 4, 5). Though eating disorders have been underreported in men in the past due to stereotypes associated with masculinity, emotionality, and concerns with looks, the inundation with the thin and muscular ideal through the media is increasing recognition of the effects of the media and idealized bodies on masculine bodies as well (39, 40).

Along with the rise of social media, the fitness industry has risen alongside and deeply intertwined in the weight loss industry. While both, on the surface, aim to promote health, I explore ways in which this is not always the case. Indeed, fitness advertising not only impacts the way general public views their bodies and their health, but individuals who work in the fitness industry may also be affected by those same messages. Not only may fitness workers feel this top down pressure from the media and also through the organizations certifying them, aesthetically biased hiring practices, and supervisors, but they may also feel these pressures from the bottom up from their clients with whom they work on a daily basis. Thus they may both feel a pressure to represent their industry as well as their own personal competency by "looking the part" and also have interactions with customers, patients, and clients that reinforce the idea that an overweight, weak, or lazy fitness worker is not seen as reputable, no matter the level of knowledge they possess (7-9, 14-15).

In examining the ways in which body image issues are experienced up close and personal by workers in the fitness and health industries, specifically personal trainers, I will first explore the current state of body image, examining factors that are seen to have an effect on individuals' body image and also exploring the populations at the center of research concerning body image. Next, I will look at the factors that may particularly affect the emotional experience of being a personal trainer, specifically, aesthetic labor ("looking the part") and emotional labor (creating an emotional response in the client/customer by controlling ones own emotions). Both of these types of labor are heavily intertwined with a personal trainer's own body and emotional state, yet research has not been done concerning the body image of personal trainers themselves. I will next

explore the body image issues seen in athletes or exercising populations in comparison to a sedentary or control population, as well as examining weight bias among physicians that may be similarly experienced in other health and fitness careers. This research on body image in exercising populations and athletes can highlight some of the areas in which personal trainers' body image issues may differ from the general population, while the research on work will highlight the ways in which this unique body image may be affected and affect their labor. This qualitative study examines how aspects of body image in personal trainers may be affected by aspects of their job in ways that may impact job satisfaction and perceived performance.

Body Image, Self-efficacy, and Self-esteem

The terms body image, body-satisfaction, self-confidence, self-efficacy, self-esteem, and self-concept, among others, will be used to describe individuals' feelings concerning their body and self-evaluation of competence in various areas related to their bodies. For the purposes of this research, body image is the main concept of concern, however, research on these other terms has been included for multiple reasons. The first is the literature on body image often overlaps with the research on these other concepts; so many studies examine measures of body image alongside other measures such as self-efficacy, etc. Second, much of the literature shows these concepts are often highly inter-related; for example, a positive body image may affect an individual's self-efficacy in other areas of life related to their body, and high self-efficacy for physical activity may positively affect an individual's body image. Finally, because the purpose of this research is to examine personal trainers' body image in relation to their jobs, both their

satisfaction and their perceived competency, the concepts of confidence and self-efficacy are also highly relevant to this project.

Current State of Body Image

Body image, or the subjective perception an individual has of their own body, is not only a growing area of interest for research, as the obesity pandemic raises questions of negative perceptions of large bodies, disordered eating, and how diet and exercise may affect both body weight and self efficacy, but it is also a growing area of interest in our media. It is not only concern for the health of our country's growing waistlines that fills our media with discussions of diet, exercise, and "fitness;" there is also a growing market profiting off our society's obsession with looks, with a largely white, thin, heterosexual, cisgender, and able-bodied ideal. On one side, there is a large sector of the fitness and diet industries profiting off of new diets, exercise regimes, and "quick fixes" that feed on the insecurities of a nation faced with rising rates of overweight and obesity. On the other side of the fitness and health industries, we have a rising movement of fighting against and speaking out against the unrealistic expectations the media and the fitness and diet industries have placed on our diverse human bodies. While profits continue to rise for these new and ever-changing "cures" for obesity, many companies are responding to consumers' cries for a more realistic representation of our everyday bodies, for a more accurate depiction of what average really is, by using more "plus-sized" models in media campaigns, by limiting or eliminating the excessive retouching done on photos of models before publication, by starting campaigns to celebrate diverse body types that are more true to how the average American might really look. This creates a complex climate for the current state of body image and the way the average individual may view the issue.

For example, regarding an idea that individuals are often exposed to concerning weight and health, Rodgers (2016) found that the "Healthy Weight" discourse, instead of promoting achievement of a more ideal BMI for health promotion, actually promotes individuals internalizing a bias against overweight individuals and an unrealistic idea of the relationship between diet, exercise, and weight loss. This ideal gave individuals unrealistic expectations of their ability to lose weight easily and placed the focus on weight loss and not on healthier lifestyle habits (1).

Building off of this, despite the idea that perhaps low body satisfaction would prompt individuals to seek out behaviors to promote healthy weight loss or maintenance, Neumark-Sztainer et al. (2006) found that those with lower body satisfaction at baseline testing were more likely to adopt unhealthy weight control behaviors and less likely to adopt healthy habits like physical activity and intake of fruits and vegetables at follow-up testing. This shows that body image isn't just important for psychological health and preventing eating disorders, but it is also important to overall health promotion behaviors and avoidance of less severe disordered eating behaviors (2).

Examining the role of aesthetic labor on health, Frew and McGillivray (2005) explored, through field research, interviews with trainers, and focus groups with members in three health and fitness facilities, the ways in which the valorization of physical capital in fitness facilities serves, not to push members towards more optimal health, but instead to perpetuate their knowledge of their flaws and their continual feelings of failing to reach their goals of physical capital. Frew and McGillivray concluded that what goes on in fitness and health facilities is actually far from mentally healthy, and that the images

presented both by advertisements for and employees in health facilities perpetuate the same unhealthy bodily ideals as seen in mainstream media (3).

Concerning the media's effect on adoption of healthy behaviors, Bazzini et al. (2015) found that none of the covers of prominent men's and women's "health" magazines promoted ideas related to health but instead perpetuated ideas associated with stereotyped gender-roles and bodily ideals. These magazines were more likely to promote content focused on achieving a certain body type than content aimed at improving overall health. This not only gives readers an idea that health is all about looking a certain way but that health cannot be achieved at different weights or body types (4).

In relation to this negative perception of fatness, Hutson (2017) details techniques used in his classroom to challenge the bias against overweight or obese people as inherently unhealthy and immoral by discussing the pro-ana community and bodybuilders. He discussed how overweight and obesity are often lumped together by the media, when the two conditions carry very different health implications, giving the impression that any increase in weight is unhealthy. He then discusses the ways in which bodybuilders use many unhealthy weight control techniques, just like pro-ana communities, and yet the mesomorphic body of the bodybuilder is valorized in society. He uses this as an illustration that health should not be assumed merely by looking at someone because preferences for body shape and size are more culturally relative than they are absolute measures of morality or health (5).

Moving towards the potential for a more positive role of the media on body image and health, Sastre (2014) examined the growing community of the online "body positive movement," looking at both the increase in websites dedicated to body acceptance but

also the celebrities and companies that are jumping in on this trend. She also examines the body positive community's relationship and overlap with the fat acceptance movement. Looking at three body positive websites, she finds that these communities often replicate the societal ideal by continuing to focus on images of bodies and by largely reflecting only "normal" bodies, reinforcing white, heterosexual, cisgender, and able-bodied ideals. Yet, she says that this community shows us a model for what a body positive community and movement could be if the conceptions of bodies presented in these websites were more inclusive (6).

Yet, through this research, it is not just of concern that fitness advertising may range from problematic and harmful to empowering and realistic, but that the individuals who work in the fitness industry may also be affected by the same messages as the general population. This not only means that even those considered to be "close to the ideal" may also be affected by these messages, but it means that a personal trainers' body image may have the chance to affect their clients and many other individuals' body image. Since there is no research available on personal trainers' body image, I will next explore the types of highly emotional and body-related labor personal trainers must perform that affect the way in which they interact with their clients and the public. Then I will continue with research on body image in athletes or exercising populations as a proxy for the highly active job of personal training.

Personal Training: Labor, Biases, and Education

The different types of labor required of personal trainers may have an effect on their body image as well as their experience of their job. These types of labor are both highly emotional, leading to the potential for impacting personal trainers' personal mental

well being and highly focused on the body of the trainer, leading to the potential for a personal trainer to conceptualize presenting their body as an important aspect of job performance and marketing. These types of labor show why the body image of personal trainers may be of concern and highly involved with their experiences of their jobs.

Personal Trainers and Aesthetic Labor

Aesthetic labor is defined as labor requiring workers to embody a certain aesthetic or "look the part" in order to please their managers and/or appeal to customers by selling both their looks and their style to portray a certain lifestyle image to consumers in order to sell products (7-9). This is seen often in retail where workers are required to not only wear clothes from their brand or store but also have a certain look that compliments the company's image. This is seen in the fitness industry, where workers such as trainers or fitness instructors are expected to epitomize the ideal "fit" body in order to both obtain their job and maintain success by attracting clients. This "ideal" aesthetic for personal trainers is highly gendered, ageist, ablest, classist, and racially defined (7).

In addition to just the physical bodies, knowledge, and ideologies of personal trainers, Harvey et al. (2014) examined aesthetic labor through the lenses of adornment (aka what trainers wear), capacity (aka trainers' physical ability), and physique (aka the size and composition of trainers' bodies) by using participant observation in two fitness clubs, as well as informal interviews with trainers, and 17 in-depth interviews with trainers. They found that there is a more nuanced relationship between physical capital and success, where excessive physical capital may be seen as intimidating to potential clients, scaring them away. They also found that trainers often used adornment to reflect the types of clients they wished to attract and to showcase parts of their body. For

example, one trainer said that he intentionally dressed messily and showcased only the features he considered worst at the moment to attract clients who were serious about their workouts and were not at the gym to show off. Additionally, another trainer said that he dressed in tight clothes to show off his best features and to showcase his expertise to potential clients. This research shows, that like in retail work, personal trainers may also experience pressures on their style of dress, in addition to the pressures on their physique (9).

Looking at the role of stereotypes in the client-trainer relationship, Hutson (2016), through interviews with 26 trainers, 25 clients, and 1 year of participant observation conducted while employing a trainer for himself and taking notes in one of the fitness clubs in his study, found that trainers and clients may use body capital to resist stereotypes based on their gender and age. For example, a young female trainer may gain the trust of an older male client's –of a higher socioeconomic status— trust in her knowledge and abilities by showing how she can complete more pushups than the client, or an older female client may defy the stereotype that older people are feeble by doing more weight or repetitions than asked by the trainer to showcase her physical abilities during a training session. Yet, this challenging of stereotypes, while helping individuals to successfully negotiate power dynamics to complete their jobs as a trainer or their role as a capable client, still works to reinforce the hegemony of the thin bodily ideal often associated with a white middle to upper class identity by giving credence to these stereotypes. This ideal assumes that health, knowledge, and career competence can be assessed simply by taking a look at a trainer's physique (7).

In order to investigate the role of personal trainers in connecting clients to research and knowledge on fitness and the fitness industry itself, Maguire (2008) conducted a study examining the requirements of personal training as a career from both the American Council on Exercise's manual for personal trainers as well as issues of the IDEA Personal Trainer magazine. She examined the idea that personal trainers are cultural intermediaries because they form the connection between the consumer (their clients) and the fitness industry at large. Maguire argued that because personal training is only a quasi-profession, trainers must glean the legitimacy of their authority and knowledge by using their own appearances, attitudes, and lifestyles to showcase their product/services. This puts trainers in a tricky situation because while they must show that they walk their own talk, clients also want to see trainers as human and not completely obsessed with health but living a balanced life, showing that gaining a great physique or optimum health takes time. Additionally, some trainers may use this influence to challenge the dominant ideas of "the perfect body" by taking a more holistic approach to the body and empowering their clients to ignore societal pressures to look a certain way and instead aim for health and physical ability as markers of success (8).

Through these nuances in bodily performance and perception, trainers felt both empowered by the expertise their bodies showcased as well as pressured to "look the part." This aspect of labor appears to be heavily linked to and a large potential influence on personal trainers' body image, yet this body of research did not specifically interrogate this relationship.

Personal Trainers and Emotional Labor

Emotional labor is defined as labor that involves workers controlling their own emotions in order to create a certain emotional outcome in the consumers (10-13). This type of labor can be both heavily mentally and emotionally taxing and has historically been a greater burden on female instead of male employees at many workplaces, due to a view of women as more emotional than men (7). This research also requires trainers to convey a certain image to clients and also shows potential to be an influencer of trainers' emotional evaluations of their job satisfaction and performance.

Relating back to Maguire's concept of personal trainers as "cultural intermediaries," George (2008) looked into the types of interactions involved in what she termed "expert service work," where workers utilized both knowledge work associated with more prestigious professions, as well as service work associated with less prestigious careers. George found that there were certain strategies that trainers utilized in order to assert their authority and knowledge because of the lack of standardization of training as a career. Many trainers felt that their service work (including emotional labor) was just as important to gaining and maintaining clients as their knowledge, certifications, and education (10). This study highlights a need for more standardization across personal training that other studies noted (11).

Similarly, in a study by Melton et al. (2008) conducting focus groups with 11 personal trainers, they found while trainers believed clients to select trainers based on superficial characteristics such as gender, race, and physique, they also used more informed techniques such as considering a trainer's niche and referrals; yet client loyalty was related to more interpersonal aspects such as trainers' abilities to motivate, treat the

client as an individual, empathize with the client, and exhibit proper social skills. This highlights the importance of conveying oneself as knowledgeable in a specific area, as well as the perceived greater importance of developing rapport with clients. This study also relates back to the concept of aesthetic labor by highlighting the perceived importance of superficial characteristics like gender, race, and physique in initial selection of a trainer (11).

Examining the relationship between trainers' performance of emotional labor and the environment created by management, Maguire (2001), looked at the interaction of emotional labor within personal training as well as the level of flexibility given to trainers in managing themselves, asserting that there is more flexibility in trainers' roles as client motivators and entrepreneurs, and there is more emotional labor in motivating clients and representing the club at which they work, finding that there is the least emotional labor and flexibility in their role as intermediaries between clients and the rest of the fitness industry. This interaction between job roles and responsibilities is mediated by the pressures management places on their trainers to convey certain values (12).

Beginning with a discussion of the ways in which unhealthy body image is a prominent link to eating disorders, Donaghue and Allen (2016) laid out the emerging research that multiple attempts to lose fat followed by subsequent and repeated weight regain could be more detrimental to health than simply carrying excess weight from body fat. In response to this body of research, they then conducted interviews with 12 Australian personal trainers on the ways in which they negotiate interactions with clients with goals of weight loss, with trainers as cultural intermediaries between their clients and both public health agendas for weight loss and the for-profit weight-loss industry.

Donaghue and Allen highlight the way in which personal trainers need to help clients see their weight loss goals as achievable in order to remain in business, though increasing research may show the difficulty and near impossibility of weight loss for some. They found that weight loss was the number one goal that personal trainers heard from clients, and that the main issue trainers saw with this goal was the psychological change and motivation needed to achieve it, not that the goal may be unachievable or unhealthy in and of itself, or that there may be physiological or lifestyle barriers that held greater importance. They also found that trainers saw their main role in motivating clients and helping them to set smaller goals to reach the bigger end goal, as clients often came in with unrealistic expectations for the timeframe of their weight loss goals. When asked about HAES (Healthy at Every Size), trainers agreed with the viewpoints, but only once prompted by the interviewer. This may be because trainers' livelihoods depends on helping clients to believe that their weight loss goals are achievable and that the trainer is needed to motivate clients to reach their goals. Additionally, some trainers said that people hiding behind their current size "just being their body type" was a lazy excuse, perpetuating cultural stigma and demoralization of overweight and obese individuals, despite a more knowledgeable background concerning the difficulties of weight loss (13).

In addition to these two major types of labor, biases held by clients and other personal trainers may have an effect on the emotional experience of being a personal trainer and its effect on body image. As there is no research specifically on client bias towards personal trainers' physiques, the literature on weight bias among physicians will be explored below.

Aesthetic Bias in Other Health Professions: Weight Bias Among Physicians

This same type of aesthetic bias seen in personal trainers' engagement in aesthetic labor, may also be present in other fitness and healthcare professions, due to the pressure on the practitioner to exemplify the healthy lifestyle suggested for clients and patients. While this type of bias could be imagined to apply to dietitians, nurses, fitness instructors, and a number of other fitness or health professions, there is a small body of research examining this phenomenon in physicians, which will be explored here.

Bleich (2012) conducted a national survey among 500 primary care physicians across the country looking at differences in obesity diagnosis recording, initiation of weight loss discussions, self-efficacy for providing weight counseling, and self-efficacy for prescribing weight loss medications based on physician self-reported BMI; this study also examined differences in physician attitudes by BMI concerning physicians as role models for health behaviors related to weight and whether they believed there was a difference in patient trust of weight loss advice from overweight or obese physicians. They found that physicians with a "normal" BMI were more likely to engage in weight loss discussions with their patients, had higher confidence in their ability to counsel patients on diet and exercise, were more likely to believe that patients would trust weight loss advice from an overweight physician less, and were more likely to feel that physicians should model healthy weight and lifestyles for their patients. They also found that all physicians were more likely to record an obesity diagnosis or initiate a weight loss discussions if the patient's weight was at or above their own weight (14).

Part one and two of Monaghan's (2010) article ""Physician Heal Thyself,': Debating clinicians' bodyweight," examine postings on a *Medscape* forum in response to

a call from Dansinger in 2006 imploring physicians to set an example for their patients by achieving and maintaining weight loss through the "simple" practice of physical activity and limiting caloric intake. In part one, Monaghan discusses three reasons participants in the forum acquiesced to Dansinger's call to action. In the second part of Monaghan's article, he discusses the three different ways in which participants posted responses that challenged Dansinger's argument. "Acquiescent arguments" fell into three categories, the first of which focused on ensuring the credibility of clinicians by arguing that clinicians should maintain a "healthy" weight in order to maintain patient trust. The second group of "acquiescent arguments" used the "health rationale" to suggest that clinicians should maintain an "ideal" BMI in order to promote health through their own example. The final group of "acquiescent arguments" focused on rejecting the excuses that other clinicians gave for their "overweight" BMI as lazy or just like the excuses given by uninformed patients (15).

In the second part of the article, Monaghan detailed the three forms of resistance exemplified in the forum. The first of which he termed "the excusable," which were those who maintained that weight loss would be beneficial for "overweight" clinicians but suggested that the blame for not losing weight did not lie solely with the individual but with the underlying societal structures that promote weight gain and make losing weight difficult if not nearly impossible. The second group was termed the "critically compliant" that, again, maintained that weight loss was positive but gave points of contention with the "acquiescent arguments." The final group was termed the "justifiably resistant," who did not suggest that weight loss or an "ideal" BMI was necessary for health and held major points of contention with the arguments and mindset of the acquiescent but often

still used medicalized language like "obesity" and "overweight" to describe the biologically diverse fat bodies (15).

Overall Bleich and Monaghan's articles exemplify an environment and culture that may be inhospitable to overweight physicians, and, like the wealth of recent research on physician bias against overweight patients shows, it may produce an inhospitable environment for their patients struggling with weight as well. However, both authors note that some physicians believed that a doctor who had struggled with weight and healthy lifestyle themselves may actually be more capable of dealing empathetically and helpfully with patients also struggling. This relates to one of the primary research questions of this study, under the umbrella of ways personal trainers' body image affects their job satisfaction and perceived performance, which is: How do trainers' own struggles with weight and body image influence their feeling more or less competent in helping clients with their struggles?

While these emotional aspects of labor were often emphasized as one of the most important aspects of success as a personal trainer in the above literature, education/knowledge and other aspects of work environment likely play a large role in the job experience of personal trainers.

Body Image in Exercising Populations

As noted by some of the above research (1, 2, 3) there is some concern that there may be negative and unhealthy consequences of the fitness and health industry's focus on physique and weight loss goals, possibly resulting in a promotion of negative body image. Research on body image in athletes and exercising populations can be relevant to this conversation by highlighting certain issues not examined in the larger literature on

body image. Athletes and frequent exercisers bring a specific perspective to the table because of the increased bodily awareness that comes along with exercise as well as the high prevalence of physique-related goals behind exercise adoption. The studies outlined below examine potentially unique facets of body image in athletes or those who may already be in exceptional physical shape, as well as other populations engaged in regular physical activity. This information can be used in this research to lay the groundwork for evaluating the specific body image issues that may be faced by personal trainers in relation to their work and daily immersion in the world of exercise.

Exercise Intervention and Body Image

In a meta-analysis on exercise interventions' effects on body image, Campbell and Hausenblas (2009) found that exercise intervention groups experienced improved body image in comparison to control groups and that these effects were mediated by age of participants and intervention design (21).

To determine if interventions that promote healthy lifestyle changes might be harmful to future body image in adolescents, Huang et al. (2007) looked at the effects of the yearlong PACE+ dietary and physical activity intervention in 657 adolescents on body image. This was examined due to concern that interventions that emphasize healthy eating and exercise behaviors might harm adolescents' self-esteem or make them aware of restrictive behaviors for eating and exercise that may lead to eating disorders. They found no adverse effects on self-esteem or body satisfaction, however they found that those who lost or maintained weight during the PACE+ program had lower baseline measures of body image and self-esteem than those who gained weight. This suggests

that negative body image and low self-esteem may actually affect future weight loss behaviors (22).

In examining the effects of a circuit weight training program on body image in college students, Williams and Cash (2001) found that regardless of current aerobic activities and motivations for exercise, those on the weight training program had improved appearance evaluations, body satisfaction, reduced social physique anxiety, and improved physical self-efficacy than the control group with no exercise intervention (23).

Looking at men and women enrolled in a 12-week strength-training program, Ginis et al. (2005) found that the intervention resulted in body image improvements among both men and women. They also found that women's body image improved in response to subjective physical changes, whereas men's body image improved in response to both subjective physical changes and objective measures of strength (24).

Henry et al. (2007) examined changes in body image in women who underwent either a circuit training intervention, aerobic training intervention, or no exercise intervention and found that all participants in an exercise intervention experienced improved body image but that women involved in a circuit training intervention experienced the highest changes in body image in overall appearance evaluation, health/fitness evaluation, and reduced negative affect (25).

These results show that there may be little reason for concern that exercise intervention will negatively harm self-esteem or body image in individuals of all ages. In fact, especially in strength-based exercise interventions, exercise may result in improvements in these factors. In addition to these examples of "involuntary exercisers,"

the following research will highlight specific differences in body image between athletes and voluntary exercisers verses non-exercisers.

Athletes

Athletes are specifically of interest here due to the fact that there is a tangible outside pressure on their exercise habits and fitness, much like the spotlight that personal trainers may experience due to the nature of their jobs. Here, I will explore studies specifically on the differences between athletes, exercisers, and non-athletes, as well as differences between different groups of athletes before moving on to research on exercisers in general.

Due to the equivocal nature of the conclusions of studies examining the differences between body image in athlete and non-athlete populations, Hausenblas and Downs (2001) conducted a meta-analytic review of 78 studies concerning body image in athletes in comparison to controls. They found that athletes, in fact, have more positive body image than non-athlete controls, and they concluded that this might be due to body types that are more similar to the cultural ideal as well as the positive psychological effects of physical activity (26).

In response to concern that athletes may be more prone to eating disorders than the general population due to the additional pressures on their bodies, McLester et al. (2014) conducted an online survey with D1-D3 colleges' athletes. They found that 6.8% of athletes were susceptible to anorexia, while 1.8% of athletes were susceptible to bulimia. They also found that 61% of athletes had normal self-esteem, while 29.4% had high self-esteem, and 64.5% of athletes were satisfied and 23% very satisfied with their body image. They concluded that there was a low risk for eating disorders among these

athletes, though perhaps there should be more educational resources for athletes concerning disordered eating and exercise habits. They also noted that few schools required athletes to take courses on eating disorder prevention, though most schools had resources for helping athletes once diagnosed with an eating disorder (27).

Concerning the effects of specific sport types on body image, Ziegler et al. (1997) examined body image in elite junior figure skaters, and they found that these athletes, while relatively satisfied with their body images, often dieted and had inadequate caloric intakes (28). Additionally, in a study by Costarelli and Stamou (2009), they found that Taekwondo and Judo athletes had overall higher measures of emotional intelligence and healthy body image than a comparison group of non-athletes (29).

From this research, athletes, in general, appear to be at no higher risk than the general population for disordered eating or body image disorders. However, I will now explore specific concerns for female and male athletes separately.

Female Athletes

In a study conducted in 1975 by Snyder and Kivlin, they originally hypothesized that female athletes would score lower than non-athletes on measures of well-being and body image; they also hypothesized that women involved in more feminine sports such as gymnastics would have better well being than women in more masculine sports like basketball because they better conformed to societal gender expectations. Both of these hypotheses were incorrect, as all athletes not only scored higher in well being and body image than non-athletes, but there was no significant difference between gymnasts and basketball players for overall body image. This study highlights the stereotypes that female athletes once had to face and certainly may still experience, yet it also represents

what has continued to be replicated in more current studies: that female athletes may be overall better off than non-athletes because of the positive psychological effects of physical activity (30).

In a study where 21 female college athletes participated in focus groups concerning body image, muscularity, and femininity, Krane et al. (2004) found that these women were empowered by and proud of the strength and capability of their bodies. Yet, they also conceptualized their bodies as "other" in comparison to "normal" women and felt that their athletic bodies contrasted with typical femininity. Therefore, these women often expressed being less satisfied with their bodies in social situations than they were with their body in sports. This highlights an interesting dynamic between body image in sport and body image in relation to everyday life. Similar parallels may also be found to exist among personal trainers between the body at work and in the personal life (31).

In another study, Krane, et al. (2001) conducted focus groups with 18 females, 8 D1 athletes and 10 college-aged exercisers, concerning body image, exercise and eating patterns, their coaches, performance, and their uniforms. Among many other important findings, they found that body image was presented more as a state than as a trait, as it is often studied. Additionally, in these exercising populations, body image appeared to be more related to compliance with certain behaviors (exercise and diet for exercisers and just diet for athletes, as exercise was a scheduled part of their daily routine), than it was related to an actual evaluation of their bodies or parts of their bodies. These women, while relatively happy with their bodies overall, stressed that there was always room for improvement; the authors suggested that this was because while their bodies were similar to the cultural ideal, the societal pressure for perfection made the women feel that they

should not be satisfied. Again, this relation of body image to adherence to certain behaviors could also potentially be a factor in the body images of personal trainers (32).

Examining the motivations behind fitness, a study by Davis (1992) surveyed 99 international or national level Canadian female athletes and found that 71% of athletes surveyed reported wanting to lose weight, with one third of those already below a BMI of 20, while 74% of controls wanted to lose weight with just 9.2% having a BMI below 20. Additionally, 27% of athletes reported "always dieting," while only 9% of controls reported this, and 15.2% of athletes could be categorized as "excessively weight preoccupied," while only 4.5% of controls fell into this category. The authors concluded that not only was the desire to lose weight more closely related to perceived weight than actual body weight, but also physical activity gave athletes a heightened sense of their bodies, which might lead to them overthinking their body satisfaction (33). Other research has linked the desire to lose weight in athletes to the perceived performance advantages of lower weight in some sports (35). This study was one of the few studies that reported an overall negative effect on body image in athletes or exercisers (35, 52, 53, 56).

Abbott and Barber (2009) found that among adolescent girls, those who participated in sports reported higher functional value, higher functional behavioral-investment, and higher functional satisfaction than physically active or inactive girls. They also found difference in body image among different sports, where sports participants had a higher overall functional body image than non-participants, and girls in non-aesthetic or mixed sports valued the functionality of their bodies more than non-participants (34).

In another study looking at female gymnasts and comparing elite and non-elite female gymnasts to non-athlete control females (like Snyder and Kivlin's 1975 study examining female gymnasts in comparison to basketball players), A.P. de Bruin et al. (2007) found that while elite gymnasts dieted more often than controls, sometimes utilizing pathogenic weight control strategies, they were not more negative about their bodies than controls, and in fact, non-elite gymnasts had more positive body image than controls, while dieting a similar amount. This supports theories that dieting and weight control among athletes may not be as related to their perceived appearance as they are for the general population. They surmised that this may be because in athletes, weight is more associated with success or physical ability, while they feel that their appearances are sufficient outside of their sport (35).

Steinfeldt et al. (2011) found that female student-athletes were no different than non-athletes in their conformity to feminine norms but that they were more likely to report higher levels of conformity to masculine norms associated with sport performance. They also found that participation in sports did not predict body esteem in women but that conformity to gender norms and self-perceptions of being overweight accounted for a majority of the variance in body image (36).

Krane et al. (2002) found that body dissatisfaction, drive for thinness, bulimia, and social physique anxiety did not differ by uniform type (revealing, baggy, mixed) among athletes. Exercisers also had lower perfectionism compared to athletes in baggy or mixed uniforms, and body dissatisfaction and drive for thinness were the strongest predictors for social physique anxiety in athletes and exercisers (37).

Overall, these studies show that athletics may have a positive effect on female's body image and self-esteem, despite most variations in sport type, uniform type, and coaches' influence. However, there are specific concerns when female athletes participate in sports where aesthetics or weight have a great deal of influence on performance; yet, even these athletes appear to have more positive body image than controls, despite the risks of low body weight and high incidence of dieting.

Male Athletes

In line with much of the research on the pressures exhibited on male athletes and exercisers' bodies, a study by Philips and Drummond (2001) looked into body image in male "fitness leaders" and found that these men had high levels of body satisfaction that was related to the ability to perform physical activities. They were found to desire a lean and defined body (not a hypermasucline physique), and they exhibited a preoccupation with low body fat and commitment to high levels of physical activity (38). On the same note, Galli and Reel (2009) examined body image in male athletes in the context of the ideal male figure and hegemonic masculinity. They found that comparisons to professional athletes or teammates, motivation for fitness and training from their sport, pressure from coaches, comments from teammates, pressure from wearing a uniform, and sociocultural pressures all had an effect in athletes' expressions of body dissatisfaction and positive feelings about their bodies (39). Yet, despite these pressures, Asci et al. (1997) found that among high school males, athletes had higher measure of athletic competence, physical appearance, and social acceptance than non-athletes (40).

Similar to other (28, 29, 30) hypotheses that there would be a difference between athletes' body images based on the requirements of their sport, Parks and Read (1997)

conducted a study in which they compared the body images of male cross country runners to football players. They found that while football players were more likely to desire changes to their weight, they also had better body satisfaction as well as better scores on eating and weight control behaviors than cross country runners. They concluded that this might be due to the fact that football players, who were higher in weight than the cross country runners, may have been closer to the mesomorphic (muscular) ideal male body type, and that men who perceive themselves as thinner than average tend to have lower ratings of self-esteem. This study exemplifies that while men are often subject to many issues with body image, like women, the ideals which they strive to live up to may be more based on muscularity's association with masculinity than the desire for thinness seen in women (much like 39) (41).

Again, comparing athletes in different sports (29, 34-37, 43), Huddy et al. (1993) looked at university simmers, football players, and non-athletes concerning percent body fat and body image and found that for the combined groups the measure of percent body fat had a significant inverse relationship with body image, but that in the separate groups, this correlation was only seen with non-athletes. Therefore body image was only seen to be inversely related with adiposity in non-athlete university males (42). In comparing body builders to runners and martial artists, concerning body image and eating attitudes, as well as steroid use, Blouin and Goldfield (1994) found that bodybuilders had higher body dissatisfaction, drive for bulk, drive for thinness, measures of perfectionism, ineffectiveness, lower self esteem, and elevated bulimic tendencies than the other two athletic groups. Bodybuilders also had the highest use of anabolic steroids as well as the most liberal attitudes towards steroids. Steroid users also reported a higher drive to put on

mass, greater fears of aging, and higher bulimic tendencies than non-users, and the most common reason for steroid use was to improve looks (43).

These studies suggest that muscularity and conformity to the "ideal" male body may play a large part in body image in male athletes. The results of the studies in males were much more diverse and equivocal, likely due to the relative lack of research in body image in males in comparison to the large body of research in females. More conclusive results on male athletes will be possible once there is a greater body of research in this population.

Overall, studies examining body image in athletes suggest that the context in which physical activity is performed as well as the context in which athletes' bodies are being evaluated may be very important to the conception of their bodies at that moment in time. This suggests that athletes' body image may be conceptualized as more of a state than an overarching trait, allowing their conceptions of their bodies to shift with social context, as well as with performance requirements and results. Yet, overall athletes have more positive body image than regular exercisers and non-exercisers, despite some concerns specific to this population.

Exercising Adults

Much like the research in athletes, there is a large body of research on body image in exercising females and a relatively smaller body of literature on males and females together, as well as just males. This research is of interest here in order to determine which aspects of body image in athletes may apply to regular exercisers and differ from the general population. This is of importance because personal trainers likely engage in

exercise regularly and also work with clients who may be similar to the individuals examined in the following research.

In a meta-analysis on the relationship between body image and exercise, Hausenblas and Fallon (2007) found that exercisers had better body image than non-exercisers, that exercise intervention participants reported a more positive body image after the intervention than non-exercising controls, and that exercisers had a significant improvement in body image following an exercise intervention (see also 21-25) (44).

In a study examining exercising males and females, Davis and Cowles (1991) suggested that men and women were both equally dissatisfied with their weight, though women wanted to lose weight and men were split between wanting to lose and gain weight. Yet, women were overall most dissatisfied with their bodies and placed more importance on their appearance and stated that it affected their feelings of well being more than among men. Women and men were equivalent in their level of physical activity, though women were more likely to exercise to try to lose weight (45). Looking specifically at college students, a study by Lowery et al. (2005) examined the relationship between self-esteem, body image, and health behaviors in first year college students. In women, self-esteem was closely related to body image, and women consistently held a more negative body image than men, even among consistent exercisers. However, more physical fitness and health-related behaviors correlated to more positive self-esteem and body image in both women and men. This shows that while exercise may improve body image in both men and women, that the reasons behind the change may be different (46).

In a study examining exercising motivation and body image satisfaction in college students, Smith et al. (1998) found that only health and fitness motivations were

predictive of women's exercise frequency and that women's bodily dissatisfaction was not related to any specific reasons for exercising. However, those women who experienced more situational body dissatisfaction exercised for weight control and appearance. Men and women had similar bodily satisfaction with specific bodily attributes (47). Through in-depth interviews with 12 experienced gym-goers, Neville and Gorman (2016) examined the meaning of fitness and what the experience of attending the gym was like for these participants. They found that while these individuals identified as "fit," their reasons for going to the gym were more related to a mindset of gym-going as a habit that produced good feelings, than it was to being concerned with appearance (48). Similarly, McDonald and Thompson (1990) assessed physically active males and females for eating disturbance, body dissatisfaction, self-esteem, and reasons for exercise. They found that in both genders, exercising for weight, tone, and attractiveness was highly correlated with measure of body image disturbance, but exercising for health reasons was associated with self-esteem. Also overall activity level was related to greater eating disturbances for women and less body dissatisfaction for men. For men, exercising for fitness was related to lower levels of eating disturbance and higher self esteem, while they found that the reasons for women exercising were more often related to weight and tone than in men (49).

Segar et al. (2012) examined overweight and obese women and men's reactions to three different approaches to framing physical activity: health-promotion, weight loss, or daily well being. They found that framing physical activity as an approach for increased mood, quality of life, and daily well being was a more effective strategy for promoting physical activity in middle-age, overweight women. This strategy improved participants'

perceptions of being physically active and also enhanced their body image (50). These results can be related to those of Neville and Gorman's (2016) findings that regular gym-goers motivations were linked more to a mindset of gym-going as a habit that produced good feelings, than it was to being concerned with appearance (48).

Pila et al. (2016) found that in women and men between the ages of 18 to 26 years, daily body-related upward social comparisons were related with exercise behavior for that day. Namely, men with more BUSCs in a given day were more likely to report also engaging in exercise that day, while women with more BUSCs on a given day were less likely to engage in exercise that day. They suggested that this relationship in men and women was likely bidirectional, in that men both exercised more because they had compared themselves to more men they perceived as more attractive in that day and also compared themselves more to other men while exercising. For women, women both exercised less because they had compared themselves to more women they perceived as more attractive/fit but also that they had made more comparisons because they had exercised less in that day. They found that this relationship was not seen in those with highly positive appearance evaluations of themselves (51).

This research shows that there may be a considerable amount of nuance in the reasons behind exercise for men and women, and that the same reasons behind exercise may have a very different effect on body image in men verses in women. This could be key in examining body image in personal trainers, as well as looking into trainers' interactions with motivating clients. There is the potential for trainers' motivations for exercise to affect their clients or the types of clients they work with, as well as client

motivations affecting their trainer emotionally, the trainer they select, or the clients that a specific trainer works with most often.

Adult and Older Exercising Women

Looking specifically at exercising women and the nuances in their motivations for exercise and body image in response to exercise, Davis (1990) examined body image and weight preoccupation among women. She found that BMI was more linked to weight preoccupation in non-exercisers while body shape perception was more linked to weight preoccupation in exercisers. They also found that exercisers reported that their physical appearance was important to their self-esteem more so than non-exercisers, yet there was no difference in weight preoccupation among groups (52).

Examining the reasons behind exercise, Prichard and Tiggemann (2007) found that time spent in participation of cardio workouts was positively correlated with self-objectification, disordered eating behaviors, and appearance-related reasons for exercise and negatively related to body esteem, while time spent in participation of yoga-based fitness classes was positively correlated with lower self-objectification and exercising for health and fitness. Overall, exercising for appearance was related to lower body esteem (53).

Koyuncu et al. (2010) found that self-efficacy, body image dissatisfaction, and social physique anxiety are all interrelated in women between ages 18 and 60. They found that regular exercisers had lower social physique anxiety than non-exercisers, higher self-efficacy than non-exercisers, and lower body image dissatisfaction than non-exercisers. They suggested that this link may be bi-directional in that women may be more likely to exercise if they have higher self-efficacy, high body image satisfaction,

and low social physique anxiety, but also that exercise might positively influence these factors as well (54). Also, in a study examining older women from ages 53-84 who were physically active, Woodgate et al. (2003) found that social physique anxiety was related to self-presentation efficacy, or the confidence women had in presenting themselves as competent exercisers. This was such that, women with higher social physique anxiety were less likely to exercise as often as women with low social physique anxiety, but that higher self-presentation efficacy led to an increase in women's exercising frequency. This means that an increase in older women's confidence to present themselves as competent exercisers may be linked to an increased participation in physical activity, linked to decreased social physique anxiety and improved body image (55).

Hallinan and Schuler (1993) found that in female exercisers between the ages of 66-88, there was a greater gap between current body and ideal body evaluations than in control non-exercisers. They suggested that this relationship was both bi-directional and evidence of the thin ideals' continued prevalence in a population of older women (56).

In examining body image's link to psychological well being in pregnant women, Goodwin et al. (2000) found that there was no difference in body image between exercising and non-exercising pregnant women, while Boscaglia et al. (2003) found that high exercisers had more positive body image in response to the changes to their bodies in early pregnancy than low exercisers (57, 58).

This body of research shows that exercise has a positive effect on women's body image and self-efficacy, as long as the motivation behind exercise is not related to weight loss or aesthetics. In situations where the motivation for exercise is weight loss or

aesthetic goals, the research is equivocal on whether exercise has positive or negative effects on psychological and health markers.

Adult and Older Exercising Men

Much of the only specific research on exercising non-athlete males is concerning body image in weightlifting men or non-competitive bodybuilders. For example, through administration of an online survey to nonclinical weight-lifting 648 men, examining muscle satisfaction, body dysmorphic disorder risk, and eating attitudes, Nieuwoudt et al. (2015) found that there were associations between risk for muscle dysmorphia and body dysmorphic disorder and muscle dysmorphia and eating disorders. Because of the lack of evidence on the prevalence of muscle dysmorphia in the general population, and due to its recent establishment as a distinct condition, they could not conclude if the prevalence of muscle dysmorphia was higher in male weight lifters than in the general population (59). Examining body satisfaction in a group of 176 Polish male weight lifters between ages 18 and 31, with between one and fourteen years of experience with resistance training, Guszkowska and MaziarCzyk (2015) found that approximately 62% of the males desired being more muscular and that men tended to rate the figure they would like to have, the figure they think women would find most attractive, and the figure they think other men find as ideal as larger than how they rated their own current figure (60). This research is similar to findings in male athletes (39, 40) that links body satisfaction to conformity to a muscular masculine ideal body.

Looking at the effects of exercise status and sexual orientation in males, Boroughs and Thompson (2001) found that there were few differences in body image disturbance and eating disorders between differing exercise statuses and sexual orientations in males.

They did however find that bodybuilders were more satisfied in regards to global body image and had a higher ideal and actual upper torso rating, whereas gay men had a smaller actual upper torso rating but the same ideal upper torso size as heterosexual men (61).

Examining research on body image in older men, Hervik and Fasting (2016) and Liechty et al. (2014) both found that older men discussed their bodies more in terms of their functionality than they did in terms of aesthetics. The authors suggested that this could be because functionality becomes more important to everyday life as it may decline with age and begin to affect, not just leisure pursuits, but activities of daily living, but also that this may because hegemonic masculinity makes men feel unconformable and un-masculine for discussing their body's aesthetics (62, 63).

This small body of research, again, supports the findings of Parks and Read (1997) and Galli and Reel (2009) in athletes, that body image in males is highly linked to conformity to a monomorphic ideal for the masculine body (41, 39). More conclusions can be drawn once there is a larger body of research specifically on body image in exercising men and men in general.

Overall, concerning exercise and body image, studies show that while exercising is unlikely to have any negative effects on body image, people may often choose to exercise because of negative body image and aesthetic concerns. So, while the evidence may point to athletes and exercisers as being at least as well off as general society, if not better, as far as body image, it appears the issues they face may be more complex and nuanced than that of the general population. While better than average body image was seen in athletes, more weight control behaviors were also observed, that were more

linked with weight's effect on their performance than body dissatisfaction. These issues may be dependent on not only type of sport but also the level of sport participation. Similar results were seen in exercisers, in that they both had better perceptions of their bodies but that they may be more aware of both aesthetic and functional lacking of their bodies.

While none of these articles directly examine the body image of personal trainers themselves, they do examine both populations that may be similar to the clients that trainers serve, as well as individuals engaged in high levels of physical activity or athletes who depend heavily upon their bodies in their daily lives similar to trainers. The above body of research, therefore, may be helpful to set the groundwork of examining not only unique interpersonal as well as physical challenges faced by personal trainers but the issues they may face with their clients. Therefore, personal trainers may also exhibit this enhanced body image awareness from high levels of physical activity participation that is complicated by aspects of their careers and their social lives. While trainers may exhibit higher than average body image, they may also participate in more manipulations of weight, diet, exercise, and body composition due to their increased knowledge of the areas as well as pressures from their career.

Conclusions

In turn, with this background on emotional labor, aesthetic pressures documented in health and fitness workers, and the specific body image concerns experienced by athlete and exercising populations, personal trainers inhabit a place with a number of factors that may affect their body image. These factors suggest research on the body image of personal trainers, both how their careers affect aspects of their body image and

how their aspects of their body image affect their perceived job performance and satisfaction, should be conducted. This research will not only give further insight into the body image of personal trainers, but it may also suggest changes that may benefits the body image of personal trainers and the way in which trainers interact with their clients concerning body image. Specifically, personal trainers occupy a liminal space where their own body image is vulnerable and where, with the right training and perspective, they stand to help clients with their own body images. Through this positioning of trainers, research that examines trainers' body image and research that may suggest changes, whether in the structure of personal training as a job or in continuing education for personal trainers, may stand to benefit not only a small group of trainers but the larger web of clients working with trainers.

There are also likely other factors that play a role in personal trainers' body images that were not discussed in relation to the body image of athletes and exercisers; in addition to these two major types of labor, education/knowledge, and other aspects of work environment could potentially play a large role in the job experience of personal trainers. Through the basis of this research, I hope to examine the ways in which personal trainers' body image is shaped by their jobs and the ways in which their own body image shapes the ways in which they perform their jobs. My primary research objective is to delve deep into the body image of a group of personal trainers to not only add to the research on the challenges faced by trainers and the body images of exercising populations but to also lay the groundwork for further research into how continuing education and work environments might be shaped to better help trainers deal with their own body image issues as well as those of their clients.

Methods

This study utilized semi-structured one-on-one interviews to study the phenomena of interest. Full time Certified Personal Trainers (CPTs) who are employed at an upscale fitness and wellness facility in Charlottesville, VA were interviewed concerning aspects of their body image, the inputs which affect their body image, and how their body image may impact their role as a CPT. Interviews were conducted 2017 by the primary researcher, who is a personal trainer employed at this facility, between August and November 2017.

Participants:

CPTs were eligible to participate in this study if they considered personal training to be their current primary career or position at this facility. Personal Trainers at this facility are required to be certified by an accredited organization such as the American College of Sports Medicine (ACSM), American Council on Exercise (ACE), National Academy of Sports Medicine (NASM), among others. This study consisted of 6 total interviews lasting between 45 and 100 minutes in length, including 3 male and 3 female participants. CPTs were between 30 and 70 years of age, 4 identified as Caucasian/Non-Hispanic, two participants identified as Black/African-American, and one identified as biracial including Black/African-American.

Procedure:

       CPTs were recruited through announcements at personal training team meetings by the primary researcher. Those interested in participating completed an Informed Consent document and demographic questionnaire. Both the Informed Consent and Demographic Questionnaire were administered through Qualtrics, where giving consent in the first part lead on to the questionnaire, and refusing consent ended the survey. Following submission of this demographic questionnaire, the primary researched scheduled an interview during a time and at a place that was convenient and comfortable for the participant.

       Data were collected through semi-structured individual interviews conducted by the primary researcher. The interview guide was largely followed in asking interviewees questions but was deviated from when participants had already answered a question previously in the interview before it came up in the interview guide. Probing questions were used to get additional information from a participant on a specific topic or to redirect an interviewee to the interview question when they went off on a tangent. Probing questions were also used by repeating or summarizing information back to the interviewee to check for understanding.

       Individual interviews were selected for this research for two primary reasons. First, discussing body image, for some, can be a sensitive topic. Participants may be more inclined to provide honest and open responses in a more intimate setting. Second, due to the nature of a personal trainer's schedule and the variability in working hours between individual trainers at this facility, individual interviews were seen as ideal for reducing scheduling inconvenience among participants.

Through graduate course work, the primary researcher received training on interview and probing tactics prior to the start of the research process. A moderator guide was utilized for interview structure, to establish an interviewer/interviewee dynamic, and ensure interviews were conducted uniformly. All interview questions were pretested for comprehensibility and accuracy with CPTs who work at the facility, but do not currently recognize personal training as their primary profession. Three pretest interviews were conducted before the interview guide and questions were deemed to be suitable to begin formal interviews. The interview began with icebreaker questions asking CPTs to discuss their personal journey with physical activity and eating habits. Following these introductory questions, the participants responded to the interview questions. Questions can be found in the Appendix A of this manuscript. Interviews lasted form 40-100 minutes. All interviews were audio recorded and transcribed by the primary researcher. Field notes were taken by the primary researcher during the interview process to note participant body language, important points of the discussion, and other relevant details.

Due to the primary researcher's preexisting relationship with the interview participants as their coworker, friend, and a fellow personal trainer, there is a chance for bias in the results of the interviews. This bias has been controlled for and minimized by pretesting of interview questions with other employees at this facility, use of a moderator guide in the interviewing process, and use of grounded theory techniques in data coding (23-25). This bias has been minimized and the possible positive effects of the primary researcher's insider position have also been maximized through the use of feminist research tactics such as reflexivity concerning the researcher's dual position as both an insider in some ways and an outsider in others (21, 22). This positionality has also been

considered in the development of the interview guide. This close proximity could possibly aid in making interview responses more open and thorough because of the preexisting rapport between subject and interviewer, allowing the interviewee to relax (21, 22). However, this could also serve to make interview participants feel uncomfortable divulging personal information to a professional colleague, or it could inject bias into their answers due to their preexisting perceptions of the interviewer's own personal views on the subject (21, 22). This possibility of bias should be kept in mind when reading and interpreting the results and analysis of this study.

All study procedures were approved by the James Madison University's Institutional Review Board prior to the start of interviews. Site permission was acquired from the fitness and wellness club from which interviewees were recruited.

Data Analysis:

Grounded theory is a systematic approach to data collection, interpretation and theory development and utilizes participants' words to create codes and produce an emerging theory (25). Principles of this methodology were applied to the collection and analysis of data that emerged from this study. Transcription of recorded data and coding of the interviews began once the first interview was completed. Then, utilizing the constant comparative method of grounded theory, –where the researcher is continually reading interview transcripts and coding and recoding as these interviews are collected-the researcher utilized previously gathered data to shape data collection in subsequent interviews. This was done through the use of probing questions to examine emerging themes, though the interview guide as a whole was not altered throughout this process. This continual cycle of interviewing, coding and interviewing allowed the researcher to

form a theory around the phenomenon of interest. This comparative process and scheduling of further interviews concluded when there was significant repetition in participant responses, such that it was felt that the responses represented a range of trainer experiences at this facility and a theory for how these trainers experienced their bodies in relationship to their jobs could be developed. A total of 6 interviews were conducted, each lasting between 45-100 minutes.

Coding:

The coding process began with a primary sweep of the data, where distinct ideas were identified to fracture the data into individual codes, specifically using participants' own words when possible to ensure a non-biased interpretation of the data. Codes were identified by the researcher as new ideas emerged from the data.

Once all interviews had been transcribed and coded, the researcher reviewed all coded transcripts and began to collapse and reorganize these codes to reduce unnecessary repetition. After this recoding process was complete, a codebook that defines the context of each code used in the analysis was developed. The codebook can be found in Appendix B. In the final coding process, 106 codes were generated.

Codes were arranged into seven major themes, from which the analysis of this data has been shaped. Organization of these seven major codes into visual models was used to understand the interrelationship between these themes through axial coding. These axially coded themes were then built into a theory, which can was then linked to other theories or patterns in the literature. While this process is described linearly, the process is iterative in nature.

Results and Discussion

In qualitative research, we learn the meaning of our data through the iterative process of reading our transcripts, reading other research in the area, and writing for inquiry. For the personal trainers interviewed in this study, it was through their own backgrounds that they learned how to train clients physically but also deal with their very real human emotions and ideas concerning exercise, body function and body image. Yet, it was also through their experiences training clients that they conceptualized their own experiences of their bodies.

The data presented here lay out the environment in and strategies with which personal trainers attempt to affect client mindset on health, fitness, and body image. This includes both factors of the external environment, such as the workplace and societal stereotypes of personal trainers they may face when working in this career. This also includes the personality traits and unique background each trainer brings to the table when they train their clients. Even when trainers discussed not sharing much about themselves with clients, they described ways in which they used their own experiences to help clients in their fitness journeys. And because of these unique backgrounds, trainers described distinct but often similar strategies for dealing with client body image through emotional labor. Where apparent in the data, links between performance of emotional and aesthetic labor in the workplace and effects on trainer body image are also highlighted in the narrative below.

Qualities of Trainers and Work Environment

Numerous contextual features shaped the personal trainers narratives of their experiences working with clients and the manner in which they performed aesthetic and emotional labor. Contextual features included the organizational culture, the visibility and performance of their own workouts at the health club, and perhaps most importantly, the cultural contexts and stereotypes of personal trainers that situate their identities beyond their individual relationships with clients and coworkers.

Organizational Culture

Organizational culture was mentioned by a small subset of the participants as shaping their experiences working with clients and their overall experience of themselves through performing their jobs. These trainers discussed ways in which their current workplace, including interactions with coworkers and overall organizational culture, differed from health clubs at which they had previously been members or employees. Two trainers in particular discussed their current work environment as integral to their current career success and overall positive experience of being a personal trainer in relation to their own body image. One trainer discussed if he had never become a member at this health club, saying,

> *Yeah, it never would have occurred to be a personal trainer. It was that softer side of meeting the people and just seeing how different people are here and how there's just a general happiness that who work out have that other people don't, and that's void if you're not ever seeing that; it would never have been a reason to do it. I don't think it would have happened anywhere but here from what I've seen.*

Another trainer discussed how his experiences training at other gyms differed from his experiences at this health club, saying

> *Actually I feel like around here we're all pretty good about positive body image and making sure that when we're having conversations with clients, we're not focusing specifically on the weight.*

He also expressed how he did not feel pressured or intimidated by the other personal trainers in this work environment in the way that he had at other clubs. Describing his experiences of comparing himself to other trainers or an "ideal" in his current work environment,

> *Not so much here, we have a good crew here, I mean we have a whole lot of moms, a whole lot of older crowd… so we have a good crew here in that way; I've been in gyms, like when I first became a trainer, like I said when I met my wife, I'd been about ten pounds lighter than I am now, but I looked heavier, and because I didn't have the look that I have now, the other personal trainers were like 'what's he doing here?' and that was tough to deal with. But here, you know, not so much. There have been instances where it's kind of like… a bunch of stuff that I had to do because one guy was giving me major shit, and I did something, and he was like alright, I'll leave you alone. I did something, and he was like absolutely shocked, and he was like, I'll leave you alone, and he left me alone after that.*

This shows how, though it was not mentioned as a current issue for any trainers at this health club, that hazing and pressure from other personal trainers has the potential to be a big issue for trainers who feel that they do not look the part of a stereotypical personal

trainer. This also highlights a point many trainers tried to emphasize to their clients, that looks do not signify physical capacities.

Visibility of Workouts

Trainers discussed the visibility of their own workouts and shared varying responses. Some trainers embraced the visibility of their own exercise habits when working out in the gym in which they work. They identified this as a way to connect with clients and show that they too had to work hard and weren't always perfect at everything. Some trainers, on the other hand, expressed that they prefer to not work out at the gym in which they are employed to avoid being in the spotlight and to be able to focus on their workout without distractions from members and clients.

One trainer discussed doing his workouts at his home gym because he felt too on display or "on stage" when he trained at the club,

When I train at [health club], it's just stressful; I just couldn't do it. "Hey good to see you working out." You know, and I'm very selfish with my time. Very selfish when it comes to me and my workout, the most sacred thing, my body.

This concept of being "on stage" was also described when in the community; there was this perpetual feeling of being on display as the trainer is the product they are selling to clients.

Especially in… a small town. You have a good name or a bad name, certainly with training, so you're always quote on quote 'on stage.' When you're out, I'm always advertising. I'm advertising all the time.

In this statement, the trainer describes the importance of aesthetic labor by acknowledging that his image is important for business success.

Trainers also discussed ways in which they tried to humanize themselves to clients to reduce intimidation. One trainer embraced the chance that teaching group exercise classes gave her to humanize herself in front of clients and members by making mistakes in front of them. Here she states,

> *Oh yeah. The only time that it really shows that I'm more human, is when I'm teaching. And usually it's balance class because you know, we're all human, and we're not perfect, and I'm doing things that I want them to do because they're watching me, not just listening to me. I had somebody say 'you just do that to make us feel better,' and I said '[ha ha] oh you're so wrong about that. I do not do this to make you feel better.' I have good days and bad days when it comes to balance, and when you're the teacher, and you have a bad balance day, it is what it is [ha ha]. So that's probably the only time I've seen it because people don't normally see me otherwise when I'm working out. Um I mean, in classes they see me. And I've fallen a couple times in class, not in the last 5 years, but in step class I've gone down. You're just like 'oh crap!'*

She discussed these experiences of messing up or falling in front of clients or members as embarrassing experiences, yet as experiences she felt brought her closer to clients by building rapport and decreasing intimidation. This relates back to the idea that trainers experience many of the same concerns with their image and their bodies experienced by clients. This attempt to humanize themselves is also a strategy for dealing with the "intimidating" stereotype of personal trainers and using aesthetic labor to try to forage a more genuine relationship with clients as well as a more approachable view of trainers.

Stereotypes of Personal Trainers and Clients

Multiple trainers also discussed feelings of inadequacy in their role as a trainer. The expressions ranged from comparisons to other trainers at their workplace, comparisons to stereotypes of what trainers should look like or the types and ways trainers should train clients, and feelings that they had to clarify their job duties when describing their work to those outside the work place.

Two female trainers discussed the perceived stereotypes of trainers, for example the image of trainers working with fit individuals and pushing them to their limits. Yet as indicated, this image is far from their everyday experience. One way trainers appear to address stereotypes on working with fit individuals was to describe to others the client base they work with. One trainer felt a need to clarify that she worked with older clients, so her work reality was far from what one might picture. Another trainer felt the need to emphasize to people that training is for everyone, including populations of older adults and clients with special needs. To potentially overcome the stereotype of a trainer pushing her client to their limits, several trainers discussed client interactions. Trainers discussed that they would not yell at clients and that if they pushed them to a truly uncomfortable place, it was more likely to be emotional rather than physical. Trainers discussed a careful balance of knowing their clients' physical limits and not pushing them further than their capabilities. One female trainer asserted,

> *I would say my specialty is understanding my client, adapting to my client, and*
>
> *taking them right to that level between comfortable and uncomfortable and riding*
>
> *that line. So I really like to push people past what they think they're capable of,*

but not to a point where they think they're going to fail. And so I always try to get

to know my clients as best as I can to get at that point.

Another trainer discussed her experience in disclosing to people outside of her workplace
her role as a personal trainer, saying,

I can tell medical people when they find out what I do, you know because, I can

just tell by their comments that they think I'm judging them, and it's so not the

case. Well yeah, that's probably the least favorite thing about this occupation as a

personal trainer, is people only know what they think they know about personal

training, and it could be from the Biggest Loser, where you're sitting and

screaming at people, and I tell people I have 4 clients with strokes, 1 with a head

injury who is confined to a wheelchair, and an Alzheimer's patient. So that's my

group of folks, and then all of a sudden they get it. For one thing, they're

probably thinking, I didn't even know those people used personal trainers. But

I've definitely had that happen, actually fairly recently, I could see somebody all

of a sudden go, oh, yeah, got it. It's not just for fit, lycra it up, fancy people, you

know it's for people who can't walk in the gym or whatever.

Multiple trainers emphasized that their day to day life, their clients, the workouts that
they do with clients, and their own bodies and workouts may differ greatly from the
stereotype of personal trainers. Again, trainers showed here how they both felt pressure to
perform typical aesthetic labor but also saw and actively worked against the flaws in this
aesthetic focus.

Becoming a Personal Trainer

In addition to the contextual and cultural features of their job, trainers personal journey to the profession played an important role in shaping their approach to their work and their own sensemaking processes. Trainers took varying stances on how they came into personal training as a profession as well as their current lifestyle in relation to health and fitness. Some trainers had always seen themselves as lifelong exercisers, so the transition into being a trainer seemed somewhat natural. However, others came from very different careers and mindsets and became trainers through their many failed attempts to find balance with exercise, which allowed them to help clients with similar experiences.

When discussing his transition from working in the software industry to personal training after a personally transforming weight loss, one trainer said about his previous perceptions of exercise,

> *Um, what it looked like before was that I think we see this with a lot of people; it's such a very simple, simple-sounding wrong, but I felt that people who exercised did so because they were good at exercising... I thought that you worked out because you were in shape, and if like I'd said it in those terms, I would have obviously realized that that wasn't true. But that's the best I can retroactively analyze my how I saw exercise and fitness; it was you know, I did computer stuff because I was into computers, and fit people were into fitness and exercise stuff.*

When discussing the process of taking his experiences in his weight loss journey and turning it into a career change, he stated,

I think what, why, I think the reason why I wanted to do it was to demonstrate what it was that system that I kind of thought I had put together, from other people, and from research, and from myself. And I thought I saw [pause] a system, a system, is the best word, and it's funny because that's my whole life; it's been about systems, and it was like this is this is algorithmic. This is, this is kind of and the thing about me and the thing about my past, was that software is algorithmic, it's very procedural, but in order to be really good at it, software, it's an art form, it's very much the people who are good software developers, are like good artists. You can teach anybody to paint those brushstrokes and understand a little bit about lighting, but there is a thing that really good artists have, and that combination of creativity and algorithm, is something that I'm good at, so I saw another purpose for that [ha], outside of this industry that is absolutely collapsed that I despise now. Here, I can do this again; you know I can start a completely different career late in life, doing something that is completely diametrically the opposite and yet the same. Artistic application of methodology.

This commentary shows one perspective on how a trainer brought their own life experiences to better relate to their personal training clients and skillsets from other areas of life to develop success as a personal trainer.

The previous example given referred to a trainer whose weight loss experience has shaped his approach toward working with clients. Providing an alternative perspective, another trainer described how she had been active her whole life, whether directly for exercise or as simply a natural part of her daily activities, saying:

I've always been active, I mean from day one, I don't ever remember a day in my

life where I've not been active, um growing up. As an adult though where I had to

make priority decisions about activity, I've always made it a priority, um, from

the time I graduated from college probably working out at least 5 days a week,

until now. Which is a long time, (laughter), 35 years… The priorities have

definitely changed.

There appears to be several constructs that emerge as to why trainers chose their field. Several trainers shared their perspectives of having past issues with body image, weight, or with going about becoming active to achieve health in the wrong ways. Other trainers described having grown up with an identity tied to exercise or just generally being physically active in their everyday lives. Experiences such as these show that trainers come into the profession with varying backgrounds and varying identities, which may impact the ways in which trainers relate to clients and address body image issues.

Processes of Change: Trainer (Self) and Client (Other): Navigating the Discourses of Distortion and Disorder & Moving Towards a Focus on Health and Function

Trainers' narratives of coming to the field inform how they talk about "healthy bodies" and tackle discourses of distortion and disorder. Specifically, "processes of change" describes how trainers' own experiences with health, eating, physical activity, and behavior change allow them to relate to the physical characteristics of their body in terms of health and function. This process also involves trainers' ability to identify and label unhelpful and harmful thoughts and behaviors concerning their bodies as distortions and disorders. Disorder is characterized by a range of behaviors from disordered eating to

behavior that would reflect a clinical eating disorder. Distortion is characterized by attributes such as seeing the body in unrealistically critical ways that are not grounded in reality and even clinical body dysmorphic disorders. These personalized experiences with behavior and lifestyle change were reflected in the ways trainers discussed helping their clients to work through these same issues when setting goals and going about achieving them. Trainers used discussions on processes of change to describe the difficulty but also the rewards involved with behavior change aligned with a healthier lifestyle, while they used the words of distortion and disorder to describe maladaptive behaviors and attitudes exhibited by themselves and their clients towards diet, exercise, and body image. Therefore, through trainer's own ability to identify distortion and disorder and adopt a mindset focused on health and function, they were able to use personalized strategies to influence clients to also work towards adopting this mindset.

Trainers also discussed their own body image in ways that were tied to their jobs and their level of fitness. However, in the opening questions of the interviews, prior to discussion on body image, some trainers openly shared their past and current body image issues while discussing their diet and exercise history. Four of six trainers interviewed shared personal fitness journeys that were linked to issues with body image; two male trainers coped with an altered body image after experiencing a significant weight loss journey. Two female trainers described their experiences with distorted body image, disordered eating behaviors, and body image issues related to pregnancy throughout their teenage, young adult, and adult years.

When discussing her personal journey, one trainer described:

Now looking back at it, I kind of had some disordered eating behaviors growing up, just not eating, [or] eating an apple a day. I think just trying to stay skinny; that was in high school [and] college, I kind of did that. [I] had some bulimia through college; that was connected with like, this is so unhealthy but, with drinking, drinking at night, and then trying to like maintain my body so that I could like keep up with my friends and keep my body looking the way I want it to, and it kind of spiraled into a lot of not great eating patterns and the running on top of that. Um and then, kind of in and out of that in my 20s, and then when I had my kids; I have 2 girls, so I knew once I got pregnant and I knew once I was having girls, it's time to get this under control. I knew I had to figure out what eating healthy means, and so it's kind of, that kind of catapulted me into all of this.

This quotation emphasizes how her past experience with distorted body image and disordered eating helped to shape her path into the career of personal training. She also continued to discuss how she tries "*to not even worry about food as much at all*" and to focus on eating foods that make her feel good and avoid foods that make her feel bad. Her transformative process consisted of using her own experience of going about health in the "wrong" ways and turning this experience around in order to learn a healthier way to go about her lifestyle. Later in her interview, she discusses how this has become a way in which she teaches and encourages behavior change in clients, which will be discussed more in depth below.

However, other trainers' body image issues were less a part of the way they told their fitness, health, and personal training stories. For these trainers, educational or

familial backgrounds involving mindsets about physical activity and health may be a larger part of the ways in which they convey "processes of change" to their clients. One trainer who worked with a number of athletes, some of whom dealt with eating and body dysmorphic disorders, did not mention his own body image until the end of the interview. He admitted,

> *Uhhh, like I just said, I think, you know, I don't look at my body image in order to train a client because my body image is um, and my clients definitely know this, but I'm probably a little bit umm… distorted. I think I'm in exceptional shape, but I'm very embarrassed about my body. You know, I would never go to [fitness club's] pool. I'll go to someone's private pool, but I won't go take my shirt off and jump in the pool. I perfect my body for me.*

He also described how not only does he work out at home instead of at the club in order to not feel "on stage" and swim only at private pools, but he also dresses strategically for work in polos that are looser than the spandex shirts traditionally worn by personal trainers in the club. When discussing how he feels when clients or members comment on his body, he said,

> *I don't want people saying, oh, you know, look at you, you're so fit, you're so thin. I don't like that. A compliment probably has the opposite effect on me, you know, so, it's why I hardly wear the personal training shirts we have, you know, to me, that's a little bit too close. That is not me. I feel very uncomfortable with my body, I do baggy stuff that, yeah, I don't like being complimented on my body. I don't like it. It has a negative effect on me, you know, for me.*

In these quotations, it is seen how trainers are able to label their own behaviors and views as distorted and/or disordered. These two trainers' interviews also show the range of focus on body image trainers have with clients. Some trainers were much more quick to share their own body image experiences with the interviewer, as well as discuss ways in which they shared their personal experiences with clients. Others trainers were much more apt to identify body image issues in clients but deal with them in much more covert ways, often without directly discussing body image. Yet both of these strategies are shaped by personality qualities of the trainer as well as their backgrounds with their own health behavior changes. These varying strategies of dealing with client body image will be fleshed out fully below in the section on dealing with client body image as emotional labor, however, another pertinent way in which trainers were able to label their own distortion or disorders and move towards a focus on health and function was through the discussion of some trainers' past struggles with weight and weight loss.

Trainers' Own Weight Issues

Trainers who described past issues with weight often used these experiences to relate to clients dealing with weight issues or insecurities. In discussing his weight loss journey before becoming a trainer, one trainer said:

> *My wife kind of had to break this; even though I had lost 100 pounds, even though I was physically doing things without issue… but um, I viewed myself as a bigger guy. I've always, and, you know, that's hard. Even, there are moments where that's hard for me to shake, um, and even now, there, I'll get more into like my current, well it's not current, it's ongoing, but you know, going from 300 pounds to 200 pounds, it didn't dawn on me for a while, and it literally, my wife had to*

take me to a store and go no, we're going to buy clothes that fit you; we're going

to buy these clothes that fit you, and we're not going to put those other clothes,

she made me get rid of my fat clothes. I do not have too many of those anymore.

This quotation shows how trainers, like clients struggling with body image issues, have times where their self-image does not reflect reality, and this relates to another quotation by another male trainer who has dealt with a significant personal weight loss and the way that he coaches his clients to keep their goals and expectations of their body grounded in reality. This trainer went on to say of his current feelings about his body since his significant weight loss,

Um, and then, the other problem with my image is, I'm extremely strong and

physically capable, and this is kind of my own weird, for lack of a better term,

body dysmorphia; I think that I'm… awkward looking, like, I understand that I

look like every guy in my family, I basically tall and stocky, and that makes me,

like I have weird body images about that; like I'm always worried, like as much

as I try not to, and I try to tell other people not to, I worry about my midsection,

and um, nobody sees this because I don't do it here, but I'll always check out my

midsection, and I'm like oh… and I always think that because of the way that I'm

built, that while I'm extremely strong and capable and functional, and I can do

whatever the hell I want, I hate thinking the word, because it's the extreme, and

it's not even remotely true, but I have this weird feeling that I'm almost like

deformed, like I'm not put together right, like my legs are, my arms are aren't

long enough or big enough, and my whole trunk is huge, and I feel weird, and

that's always been like a weird, a weird thing, and that's not something that

happened because of the weight gain; that's always the way that I've felt, even

when I was active as a kid, and that's always stuck with me, and I don't know

how to shake that.

Here, similar to sentiments expressed by other trainers, even though he knows that these worries are a distorted view of his body, it is still an issue that he struggles with. This was a sentiment that was expressed across the board by trainers, an emphasis that even with the scientific knowledge to understand what is and is not a reality about their bodies, that trainers also struggle with distorted self-images like those that plague clients. This is important, as many trainers expressed a worry that other people find their role as a trainer intimidating. This could relate to possible ways in which trainers can deal with their own body images as well as help with the body images of their clients by a greater understanding of the omnipresence of these unrealistic body views and expectations.

One female trainer discussed her concerns of how clients would view her and her credibility were she to gain weight and no longer be "thin," saying:

Uh, but you always kind of wonder though in the back of your head, if I were to

weigh 50lbs more, would that change how people see me or would talk to me, and

I do worry about that.

Almost all trainers interviewed mentioned trying to take clients' focus off of the number on the scale as both an unreliable indicator of health and progress, as well as a mentally and emotionally unhealthy focus, yet as shown in this quotation, multiple trainers expressed feeling concerns or pressures at moments in time that perhaps they should lose some weight to gain creditability or that they should be more concerned about how they look given the extreme levels of concern for aesthetics expressed by their clients.

One trainer shares his personal mentalities toward his body, which appears to blur the lines between health and distortion.

> *So I don't change what I do. Mentally, if I don't uh, when I graduated from high school, I weighed around 156 pounds, so I weigh 158 today [ha ha]. So you know, and mentally I know my body, I'm very in tune with my body; I know what goes in. I put the best, whatever it is; it's always the best. I know whether I gain a pound; I know whether I gain a half a pound. If I don't, I don't weight myself, but I know my body. It affects me, emotionally, if I miss a week without training. Definitely affects me emotionally. Definitely does that, so that's why I work from home.*

This quotation appears to describe a hyper-awareness of body; knowing when a pound has been gained or lost. He also discusses the emotional aspect of missing a work out. This quotation shows the most extreme version of bodily awareness, workout adherence, and precision described by this trainer. This quotation is not by any means inherently distorted, however, it potentially demonstrates how a focus on health and function can begin to push the boundaries and lean towards a level of distortion by becoming more caught up in and emotionally tied to details.

"Looking like a Trainer" – Trainer Body Image and Aesthetic Labor

In addition to past struggles with weight loss, trainers discussed personally dealing with many of the same issues with body image and past attempts to exercise that they discussed their clients as having. Like the "processes of change" described above, these personal perspectives on body image and performance of aesthetic labor shaped the

ways in which trainers performed their jobs. Trainers also mentioned that their clients often assumed that they did not deal with body image issues, weight issues, or physical limitations of their own. Multiple trainers discussed personal histories that included failed attempts to stick to exercise, failed attempts to lose weight, and disordered relationships with food and exercise.

One trainer discussed his struggles with feeling that he did not "look like a trainer" due to consequences of past weight loss,

I still suffer some of the effects of having been obese, that are very difficult, the little, the bits that are not going to go away, the loose skin and the things like that, is still hard for me. It makes me kind of frustrated that I didn't kind of figure this stuff out 20 years ago and don't look like, you know, a completely buff guy. And, I do in fact struggle with this; I still struggle with this image. I feel like I should look better as a personal trainer, even than I do, and it kind of motivates me to do my own working out.

While he discusses the harm that these negative self-images have on him emotionally, he also notes that for him, this is motivating. The pressures of "looking like a trainer" and knowing that his behavior should model what he expects of clients motivates him to complete his own workouts, push himself, and stay dedicated to a life centered around physical activity.

Another female trainer said of her experience with disclosing her occupation as a trainer to other people,

I sometimes just when I tell people that I am a personal trainer, I feel like in their

head, they, like I should look different when I say that, I should look different, and

I kind of internalize that.

And when discussing her concerns about her own body image in relation to her

credibility as a trainer, she said,

Um, I guess sometimes since I'm not like overly muscular or overly strong, and

I'm not really running that much any more, there are sometimes I feel like, well

what do I, what am I really good at as far as personal training goes? And there

are sometimes, I'm bigger in the chest area and around my midsection, so there's

times where I'm not in the best shape of my life, and there are times when I think,

oh my gosh, I'm a frog, who's going to come to me for personal training, um, I've

gained 5 pounds since, you know, who's going to come to me for personal

training, but then I know that my body is so much healthier than it was, and I'm

not as worried about it because it's just, my muscles are strong, my posture is a

whole lot better, um, I can lift a whole lot heavier than I was able to before, so my

weight doesn't mean anything, but it's a constant, it's still a battle in my head,

just because it's my job, and now I'm a certified Health Coach, um, but you still

have the same insecurities…

Here, she discusses feeling that her lack of a niche in personal fitness gives her a lack of

credibility as a trainer. She also discusses her fears of not living up to the look of a

personal trainer; that she is not strong, in shape, or thin enough. It appears that she has

difficulty moving past her feelings of inadequacy despite recognizing that her body is

stronger and healthier than before. She also makes a point, which was evident in other

interviews, that trainers have the same insecurities about their bodies as clients. Just because they are trainers doesn't mean they are above feeling inadequate about their body. It is possible that the job as a trainer may enhance these insecurities, at times, due to the perceived pressure to "look like a trainer" and despite knowledge that aesthetics have little to do with health of the body.

One female trainer discussed how hearing about clients body image concerns affects her own feelings about her body, saying:

> *I want people to stop beating themselves up; I mean, you only have one life, why you're beating yourselves up, it's so horrible, you only have one body, god, you're wasting your whole life, it's just… that's so frustrating, so it's just been eye-opening for me about what's out there, and it's not just women, it's men too. Uhhh, and so I guess I spend more time thinking about my body, really just in how much time people spend worrying about their bodies, and so sometimes I think, should I be more worried?*

Another female trainer discussed her client's comments on others' bodies and how this made her feel, saying

> *It just kind of reminded me that people are, people are looking, and I do have a client that looks at other trainers, and um, I would never train with him, why would anyone train with someone who was fat!? Why would anyone train with this person, and that client will do that, and so I feel like there are probably people doing that about me, but it's okay because I really think once people stay with you, stay with you for more than what you, the workout you put them through or your own body for that matter, so…*

These two quotations highlight the way that client body image and client discussions of body image can not only affect trainers but also bring emphasis on their own pointed lack of focus on aesthetics. Theses behaviors appear to make trainers question whether they should place more emphasis on improving their own physique to "look like a trainer." This idea of "looking like a trainer" in order to try to appear credible demonstrates ways in which trainers performed aesthetic labor in both conformist and coercive ways.

Gendered Bodies and Issues Concerning Pregnancy

One salient body image concern for female trainers was surrounding pregnancy. One trainer discussed how being pregnant and becoming a mother was the one period in her life in which her relationship with her body changed drastically.

> *Probably the biggest struggle, or the time in my life where I've had the biggest struggle, was after having children, going through my 30s, and all of a sudden, your whole world changes… I actually didn't have extra weight; I was weight appropriate; I was still active but mindset was definitely a little different.*

Two other trainers discussed times when clients and members had mistaken them for being pregnant (when they were not) and described these as some of their most troubling experiences with their body image in relation to their jobs. One trainer stated,

> *I had a member in the club ask me if I was pregnant the other day, um, and so, I get bloated a lot, and I've actually had two people at the club at separate times ask me if I was pregnant… I don't want people thinking that, um, or well then if they, if I'm not pregnant, maybe they think I'm fat.*

This concern among female trainers with being mistaken for being pregnant relates to the concerns that two male trainers who had previously been overweight expressed about

their midsection, both that they still did not appear as slim in their midsection as they might desire and that there were seemingly irreversible effects of having previously been overweight that were obvious in this area of their body, even though they felt they were in exceptional shape and worked as hard as other men in the gym who did not have these issues. One trainer described, concerning a client mistaking her as pregnant,

I did have a client ask me if I'm pregnant, and I'm not, it was a couple weeks ago,

so I was like well [expletive], um, that's just my body; that's just where I gain

weight. If I gain weight, it's gonna be right in the midsection; that's how I am and

the boobs; that's just where it goes. Um, so I don't know, it just kind of reminded

me that people are, people are looking.

In relation to these stories of being mistaken as pregnant, female trainers also seemed to exhibit these mid-center-focused body image concerns that male trainers with a history of significant weight loss described.

Aesthetic Labor

In addition to the struggles trainers described in dealing with the stereotypes of personal trainers described above, trainers also described ways in which they used aesthetic labor in personalized and strategic ways to portray confidence and set an example for their clients with their own lifestyle behaviors, both to attract and retain clients. So despite personal trainers emphasis on the emotional bonds they build with clients as more important than appearance, trainers here describe ways in which this blend of emotional and aesthetic labor is important to success. One female trainer stated,

I come across as being very confident, and I know that, and that's my body image,

body image, like my posture, uh, how I present myself physically, and I think

that's a huge, huge, huge part of my success. People want to train with you if

you're happy, excited, open, and you feel good about yourself; people want to be

around people that are confident, so I try to come across as feeling confident

about myself, and most of the times I do. Oh yeah I have bad days, for sure. I

think that's a huge, huge thing.

Another trainer discussed setting a good example for clients with her own actions but also being realistic about what that process looks like, saying,

I think that we should practice what we preach. You can't ask people to do stuff

that you're not going to do, but at the same time, I think we're all on a health

journey our whole lives, and our health journey looks very different, and we need

to recognize that, um, so I don't do certain things just to put on a certain

appearance to clients, but at the same time, I do want to trust people, and then the

other interesting thing is that I don't really talk to a lot of my clients about that I

was fat at one time, unless it somehow comes up in a conversation, and every time

it has come up, they're always shocked because people will refer to me as skinny,

first of all I'm not skinny, I'm normal, average, and second of all, no this is my

body right now, but this has not always been my body, um and I always think it's

interesting. And so you wonder because sometimes I think some clients would

prefer if I was fat, it would make them more comfortable, um, so you can't, you

can't do things just to please them, you just gotta. The other thing I worry about

actually is that I work with a lot of older gentlemen, and I don't think about this

too much, I think they, I think they think I'm pretty, and I think they like that, and

you know, what if I wasn't pretty anymore? And I don't have a problem using that

to my advantage, but I think well in another 10 years, is this going to limit me

from my clients because I like working with older gentlemen.

Here this trainer discusses the mixture of pressures she faces with her performance of aesthetic labor. She both feels that her own actions should reflect her advice to clients and that these actions should be a genuine representation of where the trainer is in their own unique health journey, not just an act put on to impress clients. She also expresses that she sometimes feels competing desires for what clients would prefer she look like; while she feels that some clients might find her less intimidating if she were "fat," she also enjoys the population of older male clients that she feels her current looks allow her to work with more easily. We can see through these examples the ways in which aesthetic labor plays a role in trainers' perceived job performance. Like the above quotation, trainers here described using their own lifestyles as aesthetic labor by "practicing what they preach" to set a good example for clients and enhance their credibility, as discussed in the literature on aesthetic labor.

Dealing with Client Body Image as Emotional Labor

In contrast to aesthetic labor, emotional labor deals with both the development of rapport with long term clients, as well as the navigation of specific conversations and situations with clients where a trainer must portray their own emotions in a specific way in order to create a positive customer service interaction with a member or client. As far as the approaches of the trainers in this study, the concepts of distortion and disorder, both in trainers' own experiences with their bodies, as well as their experiences in working with clients, were used in contrast to the ideas of health and function. Trainers discussed this focus on health and function as their preferred personal focus as well as

their focus with clients. One trainer described her focus on functionality and health with clients as a mutual goal of "moving for life" by "build[ing] strength so that they could move through their lives as easily as they could… functionality has always been key… building key muscle groups."

When trainers began to discuss their experiences addressing body image with clients, there were clear similarities in the trainer mindset. There was agreement that having distortions and disorders were problematic for client wellbeing and success and that moving clients toward a mindsets consistent with health and functionality were preferred. Yet, the ways in which trainers went about dealing with these issues appeared to differ. For example:

> *I think the people who get the idea that everything we do is about the tiniest tiniest little step of progression, that we're not ever actually interested in goals, that you do a little bit to change a little bit, and then you move that around. And my personal philosophy has always been to hit on the weak spots, whatever it is that you're doing that looks like it's the limiting factor, we're going to do a lot more of it. And some people don't enjoy that because that means you're doing the things they're not good at. Some people only want to do the things they're good at.*

Another trainer, when discussing mindset change with clients, expressed frustration when clients could not alter their perspective to look at the big picture of health:

> *I wouldn't call it dissatisfaction, but just, I just, I know for her, she could not change anything if she just shifted her mindset around her stress. If she didn't even change any of her life circumstances, and she just looked at that stress differently, it would make a complete difference.*

We can see here how trainers use difference strategies to deal with client-oriented issues with body image. Some trainers choose to change the subject to focusing on health and functionality; some trainers hyper-analyze how realistic and scientifically grounded their clients goals and expectations are, and some trainers look to get to the root of body image disorders by looking at the client's emotional baggage as well as social issues at play. For example, one male trainer, when describing a time when he had discussed body image with a client, asserted,

> *She definitely has a cognitive distortion about her body image. And my approach*
> *to all cognitive distortions is to hyper-analyze the truth, and not say well you*
> *know, you look good anyway, you have some weight on you that you do not want,*
> *therefore we will get rid of that, that doesn't mean you should feel bad about it.*

This trainer continued on to say that there is distortion in both wanting to achieve an unrealistic image, but also pointedly not striving for healthy changes as this forces clients to be complacent in their current image. This trainer emphasized keeping goals and expectations very realistic and logical in order to avoid falling into distortion. He went on to say,

> *You have to break that attachment between people's number and the sensations.*
> *And I try, I try to do it personally, very, very scientifically. I tell them, I explain to*
> *them that... There's a certain amount of energy that's going to be stored, and if*
> *you're taking more than that energy in, you're going to store it, and if you're*
> *taking in less than that amount of energy, you'll lose it. And um, just try and*
> *decouple, try and get rid of that attachment to that number. And change it to how*

do I want to feel. I want to feel like I think I would feel if I weighed this weight,

without the weight actually mattering.

This trainer also discussed how he is up front with clients about his own weight loss journey. He shared,

I make absolutely no secret of [my personal history with weight loss]. I bring this

stuff up almost every time, during the first session, make sure they know that you

know, I'm not a trainer [ha ha]. You know I was the big fat guy, who did all this

because I can imagine that sensation, you know, and I think one of the things why

people don't train, is because they think about the trainer being like the boot

camp instructor, so I'm extremely open with this stuff... Um, but, that has seemed

to work. People seem to connect very will with just, when you pour it out there.

Sometimes I feel like I overdo it, but...

This was a large part of how he relates to and motivates clients using personal experience. In fact, even though he emphasized not talking about personal matters with clients multiple times throughout his interview, discussing his personal weight loss experience was one of his major strategies for helping clients to be realistically motivated for their own lifestyle change goals.

Highlighting another similar but distinct approach, when discussing how she deals with goal setting with clients, one trainer said:

After that, I would kind of progress on that, depending on what their goals are.

There's usually, I can usually pinpoint some sort of um, how do I want to say this,

some sort of misinformation that's in their head, sort of like a false belief or

something that I'm like, I've pinpointed, and then I subtly, whether they know it or

not -some clients do know it- try to help them get out of that mindset. Sometimes it

works, sometimes it doesn't (laughs).

Contextualizing the discussion, this trainer emphasizes how she both overtly and covertly works to deal with these thought distortions clients have by logically and emotionally disentangling these false beliefs. Another trainer emphasized how she works to get to the emotional reason behind why a client wants to lose weight so that she can begin to work with these internalized beliefs, saying,

I think just being a lot more aware of getting at the heart of why people want to

lose weight. I don't think I really thought too much about the depth that that goes

to. I was having a conversation with this woman, not that long ago, she was

definitely, in my mind she didn't need to lose weight, and I said what are your

goals. She said I want to lose weight, and I said, I just looked her in the face, and

I said, you know, why? What makes you think that? And, I said do you have any

medical reasons why you need to lose weight? And I could just tell that she didn't,

like she was expected to say that. She felt like she needed to lose weight, she just,

and I don't, I'm just continually, continually shocked with the conversation of...

how to get people to dig deeper into why. Um, and it's hard sometimes because

sometimes we just don't have the time, or, you're scared of pushing someone

away because you're getting too deep with them.

She discusses how a limitation to this approach for her is that she sometimes doesn't know how to have this conversation with clients, especially new clients. She also discusses being afraid of pushing clients away by digging too deep or challenging ingrained societal beliefs about weight that people are not yet ready to reconsider.

Another trainer discusses how he uses his language when talking to clients along with certain key facts to get people to focus less on weight when going about their goals, saying,

> *The one thing I want people to, you know when I walk up to people, because I don't want people to measure themselves by weight loss, I want them to feel stronger and fitter, things are looking, you know, the closest I'll say is trimmer, or I'll say you look like you're in a better fighting trim, you know, like those are the types of things that I would say in terms of body image to a member, you know, and as far as to clients, you know, same sort of thing, like I'll talk to them about how I always try to steer them away from weight because, you know, they'll be like, I'm not losing any weight, and I'll be like, how do your clothes fit, oh they're great, and I'm like great, things are just falling off me, yeah, you're good; yeah but I'm not taking off any weight [gesturing to forearm and fist] 5 pounds of fat, 5 pounds of muscle, it's the same weight, and it's just yeah, you know, it's just one of those things.*

Moving on from clients' focus on weight, he went on to say, concerning clients' focus on aesthetics,

> *And the other thing is, in terms of body image, when people are like, I want to take this off, and I want to take this off, and I'm like, you can do what you want with your day, if you have the drive, the energy, the physical ability, what I get that vanity is a certain thing because we've been conditioned that way, but what does it matter at the end of the day because you know, whatever, who cares what you look like in a bathing suit. If somebody puts that on you, that's on them, if you*

can do out, I tell people all the time, if you can go out in a bathing suit and feel comfortable in a bathing suit, and you can do what you want, and you're able to rock that bathing suit, and somebody says something to you about that, that's them, that's you; in fact, what's happening is you're holding a mirror up to them and making them feel bad because you're making them look bad. So, you know, don't let anybody, I'm very big on making people realize, you know, making people feel better about those sort of things because we've really [explicative] that up.

Another trainer discussed how one of her biggest feelings of success and accomplishment with her job happens when she gets a client to stop focusing on weight, saying,

I think, and I don't know if I have a specific incident in my head, but whenever I can get them to stop caring about the number on the scale and start caring about other things, the other things about how this is affecting their life positively, like how they feel physically… so just myth-busting those people.

This quotation shows the feeling of satisfaction trainers experience when their emotional labor to try to shift client mindset in dealing with misconceptions about health and body image finally works.

Some trainers took a different approach to body image discussions, choosing pointedly to not discuss it and to shift the focus elsewhere. One trainer expressed that her desires to get clients to focus on function and not even consider aesthetics was described as a "revolt against society" and the expectations put on women. [This varies from my own experience and strategies to hyper-focus on body image in order to point out the

ways in which society places warped expectations and ideologies on the bodies of women. This difference in strategies of dealing with the same societal expectations on the bodies of women highlights the ways in which trainers may use differing strategies that match their own personalities and philosophies to accomplish similar goals.] She described,

> *I think some of it is kind of my revolt against society and the terrible pressure that people put on women their body image, and the whole discussion about it. So I guess for some, it's kind of my revolt against, you know, we're not even going to do that [focus on/discuss body image/looks]. You know, you need to be healthy, and healthy looks different on everyone.*

For this trainer, her lack of focus on body image was a pointed revolt to the expectation that aesthetics should be an important motivation to working out for individuals. Another trainer, on the other hand, did not have this discussion with clients because he felt his job was to focus specifically on the workout at hand, stating,

> *I talk about that, my clients know that you know, we whistle and work; we'll talk about whatever you want, but we're going to get this workout done. Period. Yeah, we whistle and we work, client first. Make sure of that, client is first.*

In this example, his not discussing body image was less to make a specific point on body image and more to make a point of the importance of the workout and the client in front of him.

These examples show the way in which for many trainers, the emotional labor of the job was often one of the most satisfying parts of the job but also the most draining. Trainers also discussed keeping the focus on clients, and while trainers' descriptions of

their relationships with clients ranged from a strictly business relationship to being true friends with clients, even trainers who said they did not talk about themselves to clients to keep the focus strictly on clients during their sessions discussed using their own personal experience to help clients tackle their own issues.

Aspects of Job Satisfaction through Emotional Labor

In general, trainers most often discussed job satisfaction in terms of helping a client to achieve a mental change that resulted in an alteration to their lifestyle. One of these changes was in focusing less on the number, but also helping a client to think differently about stress or health or exercise were also mentioned multiple times by trainers. One trainer described a dissatisfying experience with a client where she could not get her to change her mindset, saying,

> *I have a client who she's got a very stressful life. She wants to lose weight, and she's so great but, she, and I've got this with several people where they're, I know they just need to change their perspective and their mindset around things, but I can't get them there, and that is frustrating for me. So for her, for example, we talked about the food thing, and she said with the workouts I'm doing and the way that I'm eating, is there any reason why I'm not losing weight, and I said well, look at your stress, um, maybe there's hormonal reasons you're not losing weight… I know for her, she could not change anything if she just shifted her mindset around her stress. If she didn't even change any of her life circumstances and she just looked at that stress differently, it would make a complete difference. Or I have another client, desperately want to lose weight, talked about it and talked about it, really needs to focus on her lifestyle and not focus on her weight.*

And that it's all about, it all goes back to a relationship with her mother, there's

so much baggage there, and I suggested she go to therapy and all these things,

and she knows, she knows that that's what's holding her back, and I think if she

just would say screw it mom, this is my body, this is me, um, and just be proud of

herself and happy with what's she's doing, that she would lose the weight. She

just can't let it go. It's the people that you think you get them there, they're so

close, and the next week they come back and they're like, oh, I was on the scale,

like oh really?

Here, this trainer discusses how when her strategy of trying to get clients to work through the emotional issues behind their body image is thwarted because the client is not yet ready for that change, and she describes it as one of the more dissatisfying experiences of her job. However, when trainers were able to help clients make a mental change in perspective, it was described as one of the most satisfying aspects of their job.

In dealing with client body image, one trainer stated something that surprised her when working with clients was,

I think, I had no idea coming into this job that people hate their bodies so much. I

mean I knew, but I didn't get the extent of how bad it was.

This links back to another female trainer's earlier comment that when hearing about people's body image concerns through her job, it made her feel that maybe she should be more concerned about her weight and how she looks.

Conclusion

The original purpose of this research was to determine aspects of personal trainers' body image that may be affected by aspects of their job, such as emotional or aesthetic labor, or may affect aspects of their job satisfaction and perceived performance, including performance of these types of labor. While personal trainers shared experiences of job satisfaction related to emotional labor and body image, there were no implications that personal trainer body image and job satisfaction were connected. The results of this study reflect the narrative of six personal trainers from one upscale health club located in Central Virginia, so caution should be considered when generalizing results.

Through this research, I have examined ways in which personal trainers' body images are shaped by their jobs, including interactions with clients and others, but also ways in which the body image experiences of trainers affects how they perform emotional and aesthetic labor through dealing with client body image. It was found, in relation to the pre-existing body of literature concerning aesthetic labor, that trainers participating in these interviews may use their bodies to subvert stereotypes of personal trainers by humanizing themselves in front of clients and members (3, 6). In contrast to the research by Harvey et al. on trainers' adornment, only one trainer in this study mentioned any significant feelings about their work uniform of a black dry-fit tee, black bottoms, and their nametag, and this trainer simply chose to wear a black polo with the health club's logo and khakis instead of the standard personal trainer shirt he deemed too tight worn by other trainers. Looking at the body of research on body image in athletes and exercising populations, this study found that female trainers did discuss their muscularity and strength in terms of their fitness as a personal trainer, like female athletes

saw their strength and muscularity as important for success in their sports (15). However, female trainers interviewed here did not mention any negative aspects of their strength or muscularity in relation to feminine ideals. In relation to research on emotional labor, trainers in this study also felt that emotional labor was more important to gaining and retaining clients than aesthetic labor (7). Trainers expressed their own issues with body image, described the distorted and disordered views of their body, and detailed their process for changing their mindset. These personal experiences have influenced how personal trainers perceive and perform emotional (dealing with client emotions, preconceived notions, and body image) and aesthetic labor (by embracing their own bodies, subverting norms of "looking like a trainer," or drawing attention away from their own bodies to focus on their clients') in their jobs. Furthermore, trainers detail how their personal body image experiences have influenced their job performance by shaping training philosophies that emphasize health and function as opposed to weight. Philosophies and training style were also influenced additional factors including their personality and quality of their work environment. Factors like their performance of aesthetic (by embracing their own bodies, subverting norms of "looking like a trainer," or drawing attention away from their own bodies to focus on their clients') and emotional (such as dealing with client emotions, preconceived notions, and body image) labor appear to impact how trainers perceive their own job performance and how they perceive satisfying aspects of their job. Some trainers described situations in which they were able to move a client from a harmful or unrealistic mindset to a more positive and productive one as some of their most satisfying experiences at their job.

Upon examination of the themes and patterns that emerged from the coding of this interview data, it was seen that the findings of this study could be interpreted through the social ecological model. The pressures placed on trainers' body images were as broad as the societal standards placed on all bodies, which suggest that thinner and younger bodies are more desirable. Though this was not a specific focus of this research, one trainer even mentioned that the way she approaches body image with clients is influenced by these societal expectations, especially in rejecting the expectations placed on women's bodies. The pressures on trainers' bodies were also based in the community; both the community of their family and friends and the community of trainers and other health club employees with whom they work; To support this, two trainers mentioned specific qualities of their work environment that were integral to their current mindset and approach to training. Likewise, interpersonal factors such as relationships with friends, family, coworkers, clients, and club members were also discussed in relationship to trainers' body images; here I have largely explored the effects of their relationships with clients and touched on interactions with coworkers, club members, and family that may have some significance to this topic. Some intrapersonal factors such as qualities of the trainer like their specific personality traits, their specific training styles, and the experiences they bring to their work are also discussed here in terms of the trainers' own body images as well as their approach to dealing with client body image.

For myself and my own journeys with body image and personal training, I developed a more disordered relationship with food and distorted view of my body around the time I started focusing more on healthy eating and exercising regularly. It was once I was able to overcome this mindset to develop a more healthy relationship with

food and exercise, where I had an opportunity to become a personal trainer through my university's student recreation center. As an organization the student recreation center held a focus on positive body image and mental health as an important part of physical health. Through this and my own experiences in altering my mindset around food and exercise, I was able to move through a stagnant phase in my relationship with health. This allowed me to begin to share parts of my journey with others to help them become both more active but also learn to love their bodies (and not be more critical of them, as I had at the start of my health journey) at the same time. It is through these experiences and my experience double majoring in Gender, Sexuality, & Women's Studies alongside Kinesiology & Health Sciences that has shaped my research interest in body image and led me to conduct this study as a part of my graduate studies in Nutrition & Physical Activity.

Based upon the findings of this research as well as other research cited here, it is important to continue our examination of personal trainers as "cultural intermediaries," "expert service workers," or "quasi-professionals" between knowledge about health and the average consumer, and an important area of this research is on body image, considering the cultural and research relevance of the subject (1, 2, 5). Quantitative research into the body images of personal trainers and the body images of personal training clients in comparison to the general population, as well as continued research into the qualitative experience of trainers in other settings concerning their jobs and body image is necessary.

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APPENDIX A.

Interview Guide

INTRODUCTION

My name is Ellen Penn Berry, and I am conducting this research as a graduate student in the Nutrition & Physical Activity masters program at James Madison University. I will be your interviewer today. First, I want to take the time to talk about what you can expect from this interview today. Interviews are used in research to help gather information about people's opinions and experiences about a particular topic, much like they are used by personal trainers to get to know new clients. This interview will be semi-structured in nature; that means that I may ask further questions at times to make sure I am fully understanding you or to get more information on one of your responses. Our conversations will be audio taped today, and I will be taking some notes of our conversations. There are no right or wrong answers; my asking additional questions or taking notes does not reflect on the answers you are giving. I'm here today to learn from you and your experiences; you are the expert here.

Today, I will be asking you a series of questions concerning your feelings about your body and how that relates to your job as a personal trainer.

Since you are a personal trainer at acac, you may have heard supervisors, peers, clients, friends, and family discuss certain feelings about their bodies or certain expectations of a personal trainers' body. However, when answering the questions today, I want to know what you think and what your opinions are. Like I said before, you are the expert on your own lived experiences. I look forward to hearing about what you have to say. There are no wrong answers to any question, and everything you say today is fully confidential,

similar to HIPAA. I will not discuss anything you say in this room with anyone else at

acac, and all of your responses will be de-identified with any of your information when

working with my research advisor at JMU. In fact, I will not even discuss the contents of

this interview with you outside of this room unless you specifically mention it to me.

Like in the Informed Consent document you signed, this interview is completely on your

terms. You may choose not to answer any of my questions, and you may halt this

interview at any time. I want you to feel comfortable. Speak to me openly and honestly,

and understand that your responses are safe in this room.

QUESTIONS

- My first questions to you will be ones to get to know your experience with
  personal training a little better.

  1. Since you've become a personal trainer, describe your journey with physical
     activity and eating habits.

     - Probes: What were some transforming moments for you in the way you
       think about health?

  2. Walk me through a typical session with a client from beginning to end. What
     are the types of things you will talk about and do with your client?

     - Probes: What are the things you enjoy the most and the least about your
       job?

- Now we're going to segway into a discussion of body image.

  3. Describe to me a time when you discussed body image with a client,
     colleague, or friend. How did that conversation make you feel?

4. What would you describe as the top challenges, if any, you have faced with your body and/or appearance? How do you most often deal with those challenges?

   • Possible follow-up: What are some ways, if any, you have used your own challenges to help your clients?

5. Describe a recent interaction with a client in which you found yourself focusing your attention on your body or appearance.

   • Probes: What were some things that you said in that interaction? What were some things that your client said in that interaction? How did you feel during and after the interaction?

6. How about a conversation with a colleague, manager, or friend/family?

7. Describe a recent interaction with a colleague or client that you found very satisfying.

   • Probes: What kinds of things did they say or do? How did you respond? What do you think made that interaction so satisfying? What were some feelings you had as a result of that interaction?

8. Describe a recent interaction with a colleague or client that you found dissatisfying.

   • Probes: What kinds of things did they say or do? How did you respond? What do you think made that interaction so dissatisfying? What were some feelings you had as a result of that interaction?

9. Describe your ideal relationship with a client (or colleague). How would you describe the qualities of that relationship? How would you characterize your

best self in that interaction? What would you say and do? How would you

describe your appearance in that interaction?

- Now I want you to use these final questions to think about the examples we have

  discussed today.

  10. Overall, what aspects of your job affect how you feel about your body?

  11. How do you think these aspects of your body image affect your ability to

  perform your job and your satisfaction with your job?

  12. Do you feel that there are differences in the personal, social, and job-related

  pressures on your body?

  13. How do you feel about the uniforms for work?

  a. <u>Probes</u>: Do you feel a particular way about yourself or your body when

  you wear the uniform verses when you wear other workout clothing or

  other clothing outside of work?

- Is there anything else you would like to share on this topic that I did not ask

  today? What do you think was the most important item we discussed today?

APPENDIX B.

Primary Order Codes	Second Order Codes	Second Order Coes Revised/Collapsed	Definintions	Theoretical/Axial Coding
Interview 1:		transformation	Trainer discusses processes of change, whether physical or mental; ex. Changes in weight, changes in training philosophies	emotional labor
transformation	transformation	inciting incident	Trainer describes an event that caused them to alter their way of life or thinking; ex. Hitting rock bottom, meeting someone who changed their perspective, moving to a new environment	aesthetic labor
inciting incident	inciting incident	training oneself as an analytic art	Trainer discusses the scientific and artistic process of training themselves; trainer may also discuss how training themselves relates to training clients, but this is not necessary; ex. Trainer describes how there is a scientific best way to do everything but applying this is an artistic endeavor to make it work for the individual	qualities of trainers (personalities/philosophies)
training oneself as an analytic art	training oneself as an analytic art	failed attempts to exercise	Trainer discusses their own attempts to adopt exercise that were unsucessful	processes of change/transformation
mispercetions of exercise		my nature	Trainer discusses qualities about themselves that they see as innate	body image -self
benefits of exercise		training as an analytic art	Trainer describes the scienfitic and creative balance that makes a good personal trainer	body image -clients
enjoyment		getting personal with clients	Trainer describes ways in which they dilvulge personal information to clients and ways in which clients open up to them	body image
physical limitations to exercise		business approach	Trainer discusses approaching their job like any other business by not involving their own personal lives too much in their work	