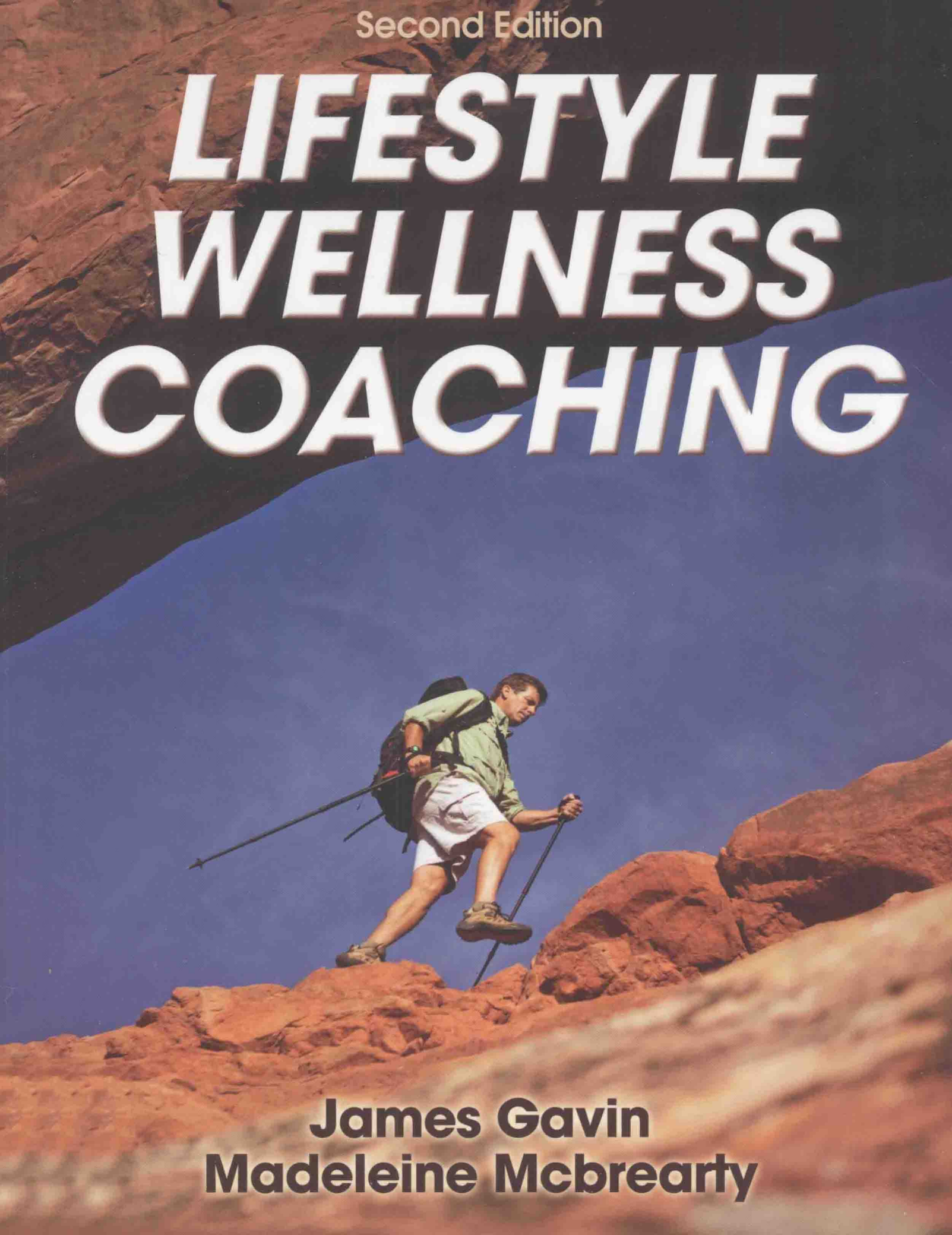
Second Edition

LIFESTYLE WELLNESS COACHING



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LIFESTYLE WELLNESS COACHING

Second Edition

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PREFACE

Anyone affiliated with health, wellness, and fitness professions over the past few decades is not only aware of the exponential growth of career opportunities in these areas but also of the fundamental shifts in the needs and patterns of client populations. Lifestyles have changed dramatically, and along with these changes, profound opportunities and challenges for health, wellness, and fitness professionals have arisen. Clients' work schedules have become increasingly unpredictable with the 24–7 demands characteristic of many careers. Family structures have been affected so much that the concept of the nuclear family is largely anachronistic. Inventions such as smart phones have irreversibly influenced how we communicate and how we live. The ubiquity of Internet access and services has simultaneously simplified and complicated modern life. For instance, it's easier than ever to obtain expert information regarding healthy eating, exercising, or stress reduction, yet the capacity people have for sustaining health-promoting practices appears to be diminishing. A case in point is weight management: Statistical reviews related to obesity and overweight conditions in the Western world are typically prefaced by such terms as *epidemic* and *perilous*.

The adage "Information is power" represents only part of the dynamic influencing human behavior change. In the early 20th century, the reigning paradigm, based in Freudian psychology, was that if people become aware of how they behave and if they begin to appreciate the deleterious consequences of their actions, then they will readily adopt more appropriate behaviors. We now know that this is at best a partial truth. Most Westerners are aware when their weight reaches unhealthy levels. They know when they are insufficiently active, sleeping too little, and eating poorly. They easily identify when they are overly stressed. Moreover, they are also likely to know the steps they need to take to align themselves better with healthy living practices. So, why don't they take action if they know better?

To address this question, social scientists have worked tirelessly to produce practical guides enabling people to move toward healthier and balanced lifestyles. Yet, the portraits drawn by various public health agencies seem to reflect downward trends more than population advances in healthy lifestyle practices. Evidently there is no easy answer, and there doesn't seem to be any single magic bullet.

Within the realm of active living, innumerable initiatives have been implemented with marginal results. Westerners remain stubbornly inactive for the most part. Powerful aids to active living are widely available, and people who take advantage of these tools and services generally note improvements. Take, for instance, the value of personal training. People who hire trainers learn how to exercise properly, and they develop satisfying and effective routines. Nonetheless, it is common to hear trainers lament the fact that their clients exercise only when the trainer is present to babysit them.

Many professionals would argue that modern exercise has been defined too narrowly. As jobs became increasingly sedentary in the second half of the 20th century, the need for programmed physical activity became more apparent. The fitness boom, which began somewhere around 1960, reflected societal concerns about an increasing incidence of heart disease and the positive values of programmed exercise. Yet, in the enthusiasm to get people moving, exercise was most often depicted as running, aerobics classes, and other gym-based activities. Though professionals make clear distinctions among active living, physical exercise, and sport, the popular conception of what it means to exercise may unwittingly exclude millions of people who find gym membership undesirable, unaffordable, or otherwise out of reach.

Similarly, other facets of a healthy lifestyle seem too great a reach for an already overstretched population. Working with a naturopath, consulting a nutritionist, or going to a stress reduction program, among other laudable initiatives, may simply be met with inertia in the face of other life demands.

This isn't a pretty picture, yet it is not overdrawn, either. We seem to be at a tipping point, where the evolving norms for living reveal lowered capacities for health maintenance and disease prevention. Typical are the comments of a seasoned physical

educator in an urban high school, reflecting on the adjustments she has had to make in her curriculum: "I used to be able to ask the kids to run around the gym a dozen times as a warm-up. Now, I tell them to walk around a couple times—they just can't do it anymore."

ALONG COMES THE COACH

It was no accident that in 1995, a new professional field was officially inaugurated through the creation of the International Coach Federation (ICF). Life coaching, in particular, created an immediate media buzz as reports of people transforming their lives through coaching abounded. Unprecedented achievements by ordinary people were attributed to work with coaches. As word spread, increasing numbers of people thought this could, at long last, be the answer to realizing their dreams. Was there a gimmick? What did coaches do that was so different from other helping professionals? And who were the clients who would most benefit from coaching?

In its first decade, the coaching field experienced exponential growth largely fueled by the reported success of clients who hired coaches. Coaching was promoted as a process for people who already had achieved success in their lives and who simply wanted to up their game, grow their life, make a dramatic change, or reach for the stars. It was marketed as a stretch profession—not a rehabilitative, psychotherapeutic, talk-talk-talk process. If you wanted to make dreams come true, you should hire a coach, but be ready to pull out all the stops and get into action. Coaches seemed to have strategies to get beyond your *buts*.

Coaches had a new way of working compared with traditional helpers. They desired proof of change almost as much as their clients did. Each meeting had the quality of facing the music. Clients would codesign challenging tasks to complete between meetings and would be held accountable by their coaches. This was not a soft, empathetic, "Yes, I understand why you couldn't" relationship. Coaches accessed a variety of motivations for client change, including the economic kind. Fees for coaching services tended to be steep. Clients would often take a deep breath before signing their coaching contracts because the bottom line would hit them hard in the pocketbook—and that would be particularly difficult to justify if they were just limping along in their change processes.

Almost 20 years after the official starting point of the coaching profession, some things have changed while others remain much the same. Coaching has broadened its appeal to a variety of populations, with most coaches typically expressing niche specializations. You can find coaches for executives on the rocks or entrepreneurs in training. There are relationship coaches, spiritual coaches, and coaches for people with ADHD. Whatever the specialty, virtually every professional coach subscribes to both the methodologies implicit in the ICF's 11 core competencies and to the ICF's code of ethics. If you walk into an office for coaching and leave without a challenging list of things to do before you meet again, most likely you haven't really been coached. Above all else, the task of forwarding the action remains a hallmark of the coaching field. Coaches may gather historical data and listen to your stories, but their eyes are sharply focused on what actions will best enable you to advance toward your dreams.

COACHING IN THE WORLD OF HEALTH, WELLNESS, AND FITNESS

When the first edition of this book was published in 2005, boundaries around the coaching profession were not as sharply drawn as they are today. The ICF in particular was just gaining momentum as the worldwide governing body for the practice and evolution of coaching. Anyone could call himself a coach, and although that continues to be the case, one's credibility might readily be challenged if a coach is not certified by the ICF. In addition to certification as a professional coach, there are many niches where high-level specialization in the content matter of coaching is required. A case in point is executive coaching, where a coach's knowledge of business and the dynamics surrounding high-level executives is prerequisite to any coaching conversation. A generic "How can I help you reach your dreams?" simply won't cut it in the executive's world of corporate intrigue, buyouts, and hostile takeovers.

Similarly, the domains of health, wellness, and fitness coaching require extensive professional knowledge and practice-based wisdom. Clients who want to lose weight, improve endurance, regain ambulatory capacities, change eating habits, or balance their lives are likely to require some expert input as they move from desire to action. Knowing the current recommendations of federal agencies regarding dietary composition or exercise requirements isn't enough for professionals to help

clients design robust and safe change programs. Unfortunately, many clients may seek out coaches known for their success in promoting change, irrespective of their particular expertise. A coach helps someone finish her long-pursued first novel and a friend thinks, "Maybe this coach can help me run a marathon."

Matters of this sort have ethical implications. How can a coach who has no training in exercise science advise a client on how to run a marathon? An ethical coach wouldn't, but she might forward the action by getting her client to hire a technical specialist in running as part of the overall strategy for goal attainment. The role of coach, then, might be understood as that of a master strategist who coinvestigates and codesigns plans and actions with clients, accessing necessary technical support and advice throughout the process of helping them achieve their desired goals.

BECOMING A COACH VERSUS ADOPTING A COACHING APPROACH

Because you are reading this book, we will assume that you have strong interests in one of the many health, wellness, and fitness careers. We also imagine that you have established some credentials in one or more of these professional domains. However, we do not presume that you are credentialed in the profession of coaching. Coaching can be understood as one of the approaches you use in your work, or it can be the core of your work, that is, your professional specialization. In many health, wellness, and fitness roles, you are expected to be the expert—to tell people what they should do to reach their goals. In coaching there is a place for expertise, yet the manner of bringing expert information into play in the coaching relationship is rarely the primary focus. As much as expertise is required, we believe that coaching currently exists as a prominent new profession partly because expert advice is considered insufficient to bring about lasting behavior change for many clients who are struggling with health, wellness, and fitness issues.

A distinction we wish to make clearly at the outset concerns the difference between a fully certified coach and a professional using a coaching approach. When we set out to write this book, our deepest desire was to offer useful guidance to those who want to embrace coaching as their primary professional service as well as to those whose principal objective is to integrate a coaching approach into their usual ways of working with clients. Whether you want to occasionally apply a coaching approach or become a professional coach, this book will serve you well.

Virtually anyone with education and training in coaching may apply a coaching approach. They might do so in a particular conversation with a friend, family member, associate, or client. Using the methodology of coaching on an ad hoc basis can have significant benefits for the people concerned. This is quite different than contracting with clients for a coaching relationship. In the latter case, we are talking about becoming a coach and making it public that this is one's métier.

We acknowledge that some of you may not be looking for a major reorientation of what you do or how you work with clients. However, keeping abreast of developments in the exciting field of coaching could add value to your efforts. We believe that reading this book will provide you with the necessary knowledge and skills to advance your current practices.

On the other hand, you may want to become a professionally certified coach. Should this be your choice, the material in this book will foster your development. All of the central concepts and theories presented in our book are embedded in the professional coach certification programs that we have offered over the past decade, with the exception of newer material that has only recently been advanced in the field of coaching. Of course, reading this book represents only a portion of the work that you will need to do in order to gain certification through a professional organization such as the ICF. In the early part of the book, we provide you with some practical guidelines for becoming a certified coach.

ABOUT THIS SECOND EDITION

Lifestyle Wellness Coaching, Second Edition, is not a generic coaching book; rather, it is written specifically for those who currently have or are planning for careers in health, wellness, and fitness. The first author, Jim Gavin, has written in the areas of health promotion, exercise, and sport psychology for over 30 years, and he has conducted workshops, seminars, and training programs for health fitness professionals since the early 1980s. The first edition of this book sprang from his passion for and commitment to promoting the careers of health, wellness, and fitness professionals, particularly

because dimensions of their work show parallels with the evolving field of professional coaching. This second edition extends his commitment to the development of health, wellness, and fitness career paths by bringing together the extensive changes in the world of professional coaching since the publication of the first edition with the language, orientation, and concerns of health, wellness, and fitness professionals.

The second author, Madeleine Mcbrearty, also has a passionate interest in the domains encompassed by this book, namely, those concerning the promotion of health and well-being. Her recent and highly acclaimed doctoral dissertation details the experiences of obese women confronting the challenges of owning their bodies and reshaping them accordingly. As a professional coach and researcher, she brings extensive knowledge of the vast literature on coaching to the creation of this book. Both authors have collaborated to offer you the best of their personal and professional wisdom about coaching for your present and future career.

Because the second edition represents a thorough revisioning and rewriting of the original book, we debated long and hard about whether to give this book a new title. Ultimately, we chose to change one word in the title. Thus, *Lifestyle Fitness Coaching* became *Lifestyle Wellness Coaching.* While "fitness" may be understood broadly, there is a possibility of interpreting it solely as it pertains to the domain of exercise, sports, and physical education. Surely, this domain is central to healthy living, but it is not the whole of it. Wellness is a more comprehensive concept that encompasses physical, psychological, social, and spiritual health, among other dimensions. Even when professionals are primarily focused within a specific arena of health and wellness promotion, they are profoundly aware of the interrelationship of all health-related behaviors. A fitness specialist would not ignore a client's dietary habits. A nutritionist would be mindful of a client's social world that influences eating patterns. A wellness practitioner would no doubt explore clients' exercise patterns in a stress management program. The common denominator in the realm of *lifestyle wellness coaching* is that the coach or practitioner comes to her work with professional certifications or degrees that attest to her specialized health-related knowledge and expertise. Unlike generic life coaches, a *lifestyle wellness coach* has a specialized niche in which she has been trained and for which she holds professional credentials. Perhaps more critically, this niche is an expression of her deep interest, if not passionate concern.

The first edition was strongly geared toward people working in sport and fitness, whereas this edition acknowledges the multiplicity of concerns represented in clients' seemingly simple requests for health-related change. "I just want to get back in shape" soon blossoms into a multipronged change process that incorporates aspects of the client's emotional, interpersonal, somatic, mental, and behavioral patterns. We believe that coaching is about the whole person, and consequently we want our book to be relevant to students and practitioners in a wide range of health-related professions.

The framework for this work, *Lifestyle Wellness Coaching,* is not confined to a narrow interpretation of health. Rather, it extends to the boundaries of what it means for modern men and women to experience full-spectrum wellness in their lives. If your profession is based in nutritional or dietary sciences, you will benefit as much from this book as would other health care specialists. If you are a massage therapist or do another kind of bodywork, you will learn important methodologies for your work through these pages. As a wellness professional or professional nurse dealing with clients' adherence to health regimens, life balance, or quality living, you will find that this book can improve your practice as much as it will if you are a health promotion specialist in a clinic or private practice. Of course, this book remains central to all those professionals and students whose expertise is in physical training, sport, and exercise.

Since the first edition's publication in 2005, the ICF has articulated a cogent framework of competencies required for coaching. None of the competencies was entirely new or unexplored, and there were strong similarities between the ICF's presentations and the material described in the first edition. With considerable excitement, we updated and aligned concepts and methods presented in the first edition with the ICF competency template so that readers who wish to go beyond our book into formal coaching coursework can readily make links between our descriptions and those found in the broader literature on coaching. We want our readers to have the most current and accurate map of the coaching field and its terminology. Even for those who only want to incorporate a coaching approach, our intention is to ensure that all readers are conversant with the wider world of coaching and the language that professional coaches employ.

PLAN FOR THE BOOK

For those who wish to become lifestyle wellness coaches, this book describes essential skills and processes for competent engagement with clients. To facilitate your learning, we often complement our discussions with case studies and scenarios. We also offer suggestions for engaging the material through guided reflections. We strongly believe that these moments of self-reflection are essential for any practitioner involved in helping others. We invite you to consider these as essential tools to reinforce your learning journey.

Because it is important to describe coaching within the theoretical frameworks that have influenced its development, we present a broad overview of the field in chapter 2. We then identify characteristics that, taken together, might help you distinguish coaching from other models of helping. Given that the fields of psychology and adult learning are integral to coaching, we introduce some markers that link coaching to its root disciplines. We conclude the second chapter with an outline of core ingredients necessary for engaging in effective health, wellness, and fitness coaching.

Knowing what clients may think and do at various stages of a change process enables coaches to decide which types of interventions or conversations would best empower them to identify and reach their desired goals. In chapter 3, we introduce two models that will help you guide clients' progression through significant changes. First, we discuss the popular transtheoretical model (TTM) of health-related behavior change (Prochaska, Norcross, & DiClemente, 1994), which maps the change process through six stages that occur over time. This model suggests that when people want to adopt a new behavior, they move from precontemplation, where they have no intention to change; to contemplation, where they become conscious that modifications to their daily habits are necessary; to preparation, where engagement is imminent; to action; and finally to maintenance of the desired behavior. In some cases, people achieve the sixth stage, termination, where they are no longer tempted to revert to their former ways of living. Following our discussion of the TTM, we present several strategies that are effective in producing movement through the phases of change.

The second model presented in chapter 3 is the learning-through-change model (Taylor, 1986). Although its phases parallel those of the TTM, this framework reveals the deeper layers beneath the surface of change. Clients who are catapulted into change may express goals without identifying critical dynamics that may have initiated this process of transformation. Except for whimsical decisions to try something new, the desire to change health behaviors is typically fraught with important personal meanings that are thoroughly captured in the learning-through-change model.

Of course, we would be remiss if we did not also include concepts that are pivotal to behavior change processes, namely, those of self-efficacy (Bandura, 1997), self-regulation (Vohs & Baumeister, 2010), and relapse prevention (Dimeff & Marlatt, 1998; Marlatt & Gordon, 1985; Marlatt & Donovan, 2008). As an effective coach, you will want to investigate the level to which clients believe that they have what it takes to accomplish what they plan to achieve (self-efficacy). You will also want to find out if they have the inner resources to deal with impulses and conflicting yearnings that could distract them from achieving their goal (self-regulation). And because people rarely make plans for significant change without faltering, you will want to ensure that your clients have strategies to manage momentary lapses or a full-blown relapse so they can stay the course in the long run (relapse prevention).

In chapter 4, we provide a road map for coaching. We introduce our flow model of coaching, which can be used equally well for navigating the entire coaching relationship or a single session. In this chapter, we consider how you will require a clear and mutual understanding of what your client wants to achieve. Once this is in focus, you and your client can collaboratively explore patterns, resources, skills, and other elements pertinent to the creation of a solid action plan. When this has been achieved, you will assist your client in committing to and engaging in action. This model also enables you to appreciate the need for celebration when clients assiduously put forth effort to break through old patterns, develop new competencies, access unacknowledged resources, and experiment with new behaviors.

The ICF has worked diligently to articulate standards for the coaching profession, and its list of core competencies delineates not only what effective coaches need to do well but also the communication strategies they might find useful in empowering clients to reach their goals. In chapters 5 through 11, we move deliberately and carefully through each of the ICF core coaching competencies. This material

is intended to give you a thorough appreciation for the methodology of coaching and provide practical tools for your emerging practice.

This book brings together the combined wisdom of the old and the new. It encompasses the broader perspectives of the classic helping professions and their teachings in how we have interpreted the field of coaching. As noted, coaching arises from a long lineage of knowledge and practice in assisting human beings as they cope, manage, and grow. To serve readers' evolving careers, we have extracted the most relevant principles and theories and combined them with the new literature on coaching. We have translated ideas that have been applied in other practices, such as counseling and psychotherapy, so they make more sense for coaching clients and their agendas. We have embraced the optimistic, forward-moving slant of coaching while retaining the capacity to delve sufficiently into clients' histories to extract the energy and dynamism for effective change. And we have also acknowledged that, whatever your past work and experiences, your accumulated learning has great relevance to the practice of coaching. We have written this book so you can readily see yourself taking on the manner and methods of a professional coach, and we offer some final reflections on these matters in chapter 12. In the meantime, we wish you profound learning and good progress as you unveil your own unrealized resources, potentialities, and opportunities throughout the upcoming pages.

CONTENTS

CHAPTER

1

INTRODUCTION TO LIFESTYLE WELLNESS COACHING

In this chapter, you will learn how...

- health, wellness, and fitness can be optimized through a coaching approach;
- lifestyle wellness coaching, as an action-centered partnership, empowers clients to achieve goals and bring about a desired future; and
- effective coaches accompany their clients as they navigate the uncertainties and emotionality of a change process toward greater health.

> The living self has one purpose only:
> to come into its own fullness of being.
>
> —*D.H. Lawrence*

The World Health Organization (WHO) suggests that health is something that can be enjoyed by everyone regardless of physical limitations. Being healthy simply means having the energy to do the things we care about on an everyday basis (Hoeger, Turner, & Hafen, 2007). Health, wellness, and fitness professionals are intimately aware of the interrelationships among health-promoting behaviors such as maintaining a nutritious diet, managing stress, sleeping a sufficient number of hours, and avoiding toxic substances and unsafe practices. They also know that a complete sense of well-being moves along a continuum from optimal wellness to debilitating conditions (see figure 1.1). Wellness presupposes that we endeavor to discover and pursue our life purpose, cultivate fulfilling relationships, engage in meaningful work, seek work–life balance, and care for our environment.

Health and Wellness

What Is Health?

In 1946, the WHO defined **health** as "complete physical, mental, and social well-being and not just the absence of disease or infirmity" (p. 1315).

What Is Wellness?

The WHO definition of health implies that it involves more than physical aspects of well-being. Consequently, wellness is often understood as the interaction of seven dimensions: physical, social, emotional, mental, spiritual, occupational, and environmental. To achieve optimal **wellness** and quality of life, a person seeks to move toward the positive side of an illness–wellness continuum on all seven dimensions.

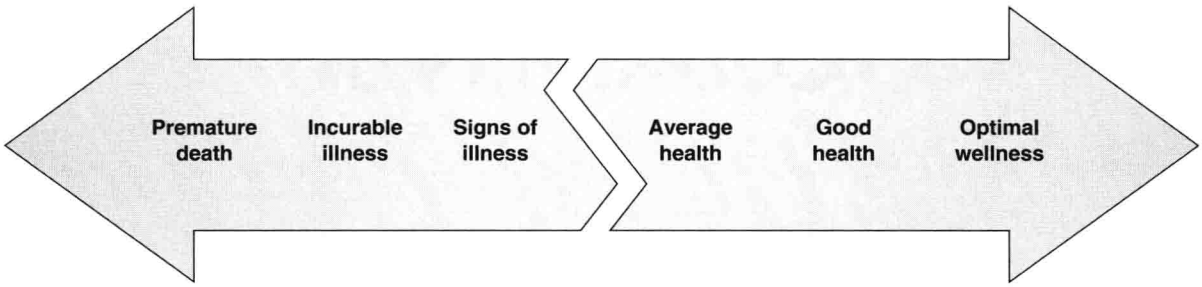

Figure 1.1 The illness–wellness continuum.

MODERN HEALTH ISSUES

Before we embark on a discussion of how difficult it is to change health-related behaviors, let's look at issues that affect the health and wellness of North Americans:

- Life expectancy at birth is 78.5 years in the United States (Centers for Disease Control and Prevention [CDC], 2012b) and 81.1 years in Canada (Statistics Canada, 2012b).
- Heart disease, cancer, and stroke are the top three causes of death in North America (Murphy, Xu, & Kochanek, 2012; Statistics Canada, 2008). According to the National Center for Health Statistics (NCHS), if all forms of major cardiovascular disease were eliminated, life expectancy could rise by almost 7 years in the United States (CDC, 2009a). Each year, about 250,000 potential years of life are lost in Canada due to cardiovascular disease, including heart attacks and other chronic heart-related conditions (Heart and Stroke Foundation, 2011).
- Eating poorly, being physically inactive, smoking, and drinking too much can prematurely age you by up to 12 years (Lynch, Elmore, & Morgan, 2012).
- In 2011 in the United States, 25.8 million children and adults—8.3% of the population—had diabetes (American Diabetes Association, 2011). In the same year in Canada, 1,793,352 people had diabetes and over 5 million experienced high blood pressure (Statistics Canada, 2012c, 2012e).
- Physical inactivity is a risk factor for developing type 2 diabetes and obesity (CDC, 2011b).
- Three-quarters of American visits to doctors concern stress-related ailments (Mental Health America, 2012). Over 20% of all Americans report extreme stress (American Psychological Association [APA], 2012). The National Institute of Mental Health (NIMH) states that in any given year, approximately one-quarter of American adults (26.2%) are diagnosable for one or more mental disorders (NIMH, 2005).
- In 2009, 10.6% of American men and 3.4% of women were heavy alcohol drinkers (i.e., drinking five or more drinks on the same occasion on each of five or more days in a month). In the same year, 20.1% of all high school seniors used tobacco, 20.6% used marijuana, 1.3% used cocaine, and 2.5% used psychotherapeutic drugs for nonmedical purposes (NCHS, 2011). According to Health

Canada (2010), 10.6% of Canadians aged 15 and over use cannabis, 1.2% use cocaine or crack, 0.9% use ecstasy, 0.6% use psychoactive pharmaceutical drugs to get high, 0.4% use speed, and 0.7% use hallucinogenic drugs. In addition, 5.1% of Canadians surveyed by the organization reported frequent heavy drinking as their usual pattern of alcohol consumption (Health Canada, 2009, 2011).

- At least 2.9% of American adults are either problem gamblers or pathological gamblers in any given year. Studies show that problem drinkers are at increased risk of developing an addiction to gambling (Rehab International, 2012).

Most people know that vegetables make healthier snacks than chocolate bars, that smoking is a leading cause of cancer, that excessive alcohol consumption diminishes health, and that unprotected sex with multiple partners puts them at risk of contracting sexually transmitted infections. Why, then, do people continue to engage in these practices? Why is it that even after consulting with professionals to alter unhealthy habits, people fail to change? And, even when they are successful in their efforts, why is long-term maintenance of change less than guaranteed? We might also wonder why we, as professionals, continually offer people who engage in unhealthy practices more and more information when we typically know they already have the facts?

REFLECTION 1.1

Pause for a moment and reflect on your own health behaviors. What things do you do that run counter to your accumulated wisdom about actions required for a health-promoting lifestyle? What might be an unwise behavior or practice that you seem to be ignoring? Where might you stretch the limits of accepted standards for healthy living in order to accommodate your current habits?

PROCESS OF CHANGE

We answer some of the questions just posed through an examination of one component of well-being, namely, participation in **regular physical activity.** Adopting a physically active lifestyle bears strong similarities to other changes that people desire in their pursuit of health and well-being. Such behaviors must be initiated and maintained until one's goals are attained. Then they must be integrated into one's way of life if progress is to be sustained.

Consider for a moment another component of well-being related to healthy weight. If someone resolves to lose weight, he might choose to modify his diet until he reaches a desired weight. During this time, he must initiate new eating habits, self-regulate to stay the course, and use effective strategies to recover from momentary or full-fledged relapses. Once he has reached his target weight, he must continue monitoring food intake to avoid regaining the weight he so painstakingly shed. Unfortunately, as most of us know, our best intentions run an obstacle course in their conversion to desired actions, and they then face other hurdles as we endeavor to make them part of everyday life. Even if the benefits of the positive behaviors are readily apparent, those who have attempted to modify ingrained patterns know that lasting change can be mighty difficult to realize!

Benefits of an Active Lifestyle

Regular physical activity is a foundational practice that supports a continuing sense of health and wellness. The U.S. Department of Health and Human Services offers recommendations for weekly amounts of physical activity. It recommends that adults between the ages of 18 and 64 accumulate at least 150 minutes of moderate to vigorous physical activity every week in order to be considered physically active. In addition, they should perform muscle-strengthening activities that involve all major muscle groups two or more days per week. It is recommended that children and adolescents (aged 6-17) do at least 60 minutes of physical activity every day (HHS, 2008).

For the vast majority of the population, opportunities to be physically active are both plentiful and potentially exciting. And, on the whole, the benefits of an active lifestyle are commonly understood: Habitual involvement in sport, exercise, and physical activity improves psychological well-being (Miles, 2007); it enhances self-concept (Donaldson & Ronan, 2006) and frequently contributes to better social health (Gümüş, Öz, & Kırımoğlu, 2011). An active lifestyle slows the aging process, increasing longevity (Paffenbarger & Lee, 1998; Walker, Walker, & Adam, 2003) and contributing greatly to quality of life (Bize, Johnson, & Plotnikoff, 2007). In addition, increased physical activity is one of the primary ways to achieve an energy deficit to promote weight loss and curb overweight and

obesity (Jakicic, Davis, Garcia, Verba, & Pellegrini, 2010).

Obesity is most often defined as excess weight in relation to a person's height (table 1.1). It has been assessed as a risk factor for conditions such as metabolic syndrome (cluster of insulin resistance, dyslipidemia, and hypertension) (Haslam, 2005; Tjepkema, 2004), cardiovascular disease (Field, Barnoya, & Colditz, 2002; Lofgren, Herron, Zern, West, Patalay, Shachter, et al., 2004; Pi-Sunyer, 2002), type 2 diabetes mellitus (Pi-Sunyer, 2004; Rorive, Letiexhe, Scheen, & Ziegler, 2005), and various forms of cancer (Crespo & Arbesman, 2003; Field et al., 2002). The list of potential diseases is even longer, extending as far as premature death (Allison, Fontaine, Manson, Stevens, & VanItallie, 1999; Muennig, Lubetkin, Jia, & Franks, 2006). According to the WHO (1998), "Overweight and obesity are now so common that they are replacing the more traditional public health concerns such as undernutrition and infectious diseases as some of the most significant contributors to ill health" (p. 17).

In addition to purely physical definitions, obesity is a social construct characterized as body weight beyond the socially accepted norms of attractiveness for specific ethnic and age groups within a given culture (Brownell, 1991; Cooper, 1998). Given the impact of obesity on numerous levels, people who are obese often feel ostracized and discriminated against because of their excess weight (Joanisse & Synnott, 1999; Puhl & Heuer, 2009). They often want to increase their levels of physical activity when they choose to engage in weight-loss efforts.

Worldwide, 1.5 billion adults (20 years and older) were overweight in 2008. Of these, more than 200 million men and nearly 300 million women were obese (WHO, 2012).

In 2009 and 2010, it was estimated that 78 million U.S. adults (35.7%) and 12.5 million adolescents and children (17%) were obese (CDC, 2012a; Ogden, Carroll, Kit, & Flegal, 2012). In Canada, 24% of adults over 18 are obese. Almost 60% of all Canadian adults and 26% of children and adolescents are overweight or obese (Heart and Stroke Foundation, 2011, 2012).

In 2008, the medical costs of obesity in the United States were as high as $147 billion. The average annual medical costs for an obese person were $1,429 more than those of a person of normal weight (CDC, 2012a).

According to the American College of Sports Medicine (ACSM) and the Canadian Medical Association (CMA), between 150 and 250 minutes of moderate-intensity physical activity per week will provide modest weight loss. Greater amounts of physical activity (more than 250 minutes per week) have been associated with clinically significant weight loss. After weight loss, weight maintenance improves with more than 250 minutes per week of physical activity. The CMA also recommends that physical activity and exercise be sustainable and tailored to the individual (Donnelly, Blair, Jakicic, Manore, Rankin, & Smith, 2009; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur, 2007). Less than 20% of obese American adults meet these public health recommendations for physical activity (Young, Jerome, Chen, Laferriere, & Vollmer, 2009).

Table 1.1 Standard Classification of Body Weight According to Body Mass Index (BMI)

	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5-24.9
Overweight	25.0-29.9
Obesity class I	30.0-34.9
Obesity class II	35.0-39.9
Obesity class III	≥40

Barriers to an Active Lifestyle

As is evident, the benefits of being physically active are numerous. Regardless, fitting exercise into modern lifestyles may be as complex as finding the missing piece in a four-dimensional puzzle when you can only envision three dimensions. While

REFLECTION 1.2

Based on your experiences with family, friends, or clients, what are some of the reasons you have heard people give for not exercising regularly? Make a list of them and then reflect on this list, exploring the degree to which they make sense to you. As a second step, imagine someone has just offered one of these reasons. What might you say to her as a way of countering her excuse?

some people simply do it, others only want to or perhaps hope they can get by without it. For most of those who don't exercise, something is out of their awareness or beyond their control, resulting in wishes slipping by unfulfilled. As much as they would like to believe their excuses, the reasons why people are inactive are rarely a matter of time, capacity, or comfort. There is something for most every taste, yet for the chronically inactive (see Who Exercises?), regular physical exercise seems forever elusive, unappetizing, or perhaps just the last choice on a long to-do list.

In the final quarter of the 20th century, social scientists talked about the promised land of the **leisure society**; however, this dream state never materialized. We seem to be busier than ever. In meeting the demands of modern life, people appear to be on a grueling flat-out run every day. However, a closer look reveals that many people spend considerable time in pursuits that are optional. This may not always be the case, but it is accurate enough that the relatively stable rate of exercise participation—persistently hovering around 15% to 20% for adults (Smits, Tart, Presnell, Rosenfield, & Otto, 2010) and 25% for adolescents (Katzmarzyk & Ardern, 2004)—might move up a couple deciles if some of that discretionary time got reprioritized. The time excuse is not entirely valid for many reasons: It is the rare Westerner who is working at the extremes of his physical capacities every day. Most people could walk at times when instead they drive. They could trade labor-saving devices for ones that require effort. They could even do sit-ups while watching the evening news. And they might consider scheduling movement breaks on the hour for standing and stretching. These forms of exercise may seem trivial, but in a world that increasingly structures life as sedentary, small efforts can produce worthwhile benefits.

People offer many reasons other than time for not exercising at levels required for optimal wellness (table 1.2), and these, too, can be deconstructed with relative ease. Reasons such as lack of opportunity, inconvenience, and financial costs, among others, reveal once again a narrow conceptualization of what it means to be physically active. When it comes to transforming a habitual pattern of inactivity, lack of motivation is perhaps an excuse most often viewed as an obstacle. As Prochaska, Norcross, and DiClemente (2002) suggest in their transtheoretical model (TTM), some people have no intention to exercise and seem impervious to the most dramatic inducements to change. Others think about it, try it a few times, and revert to inactivity with an even stronger conviction of their incapacity for or dislike of exercise. **Motivation** (Vallerand, 1997) may well constitute the holy grail for those in health, wellness, and fitness fields (figure 1.2). What can fitness professionals do to help clients discover their internal motivations to pursue enjoyable activities regardless of the benefits they might derive?

In terms of capacity, if someone argues she is physically unable to exercise, you may perceive either a misconception or partial truth. Certainly there are debilitating conditions that preclude much physical exertion, but for most people who have movement restrictions or physically limiting ailments, physiotherapists would strongly argue

Who Exercises?

In 2009, 49.3% of American adults did not engage in 30 or more minutes of moderate physical activity five or more days per week or vigorous physical activity for 20 or more minutes three or more days per week (CDC, 2009c). Only 19.1% of Americans aged 18 and over met the guidelines for both aerobic activity and muscle strengthening (NCHS, 2011). In recent years, approximately 16% of Americans aged 15 and over participated in sport and exercise activities on any given day (Bureau of Labor Statistics, 2008).

(http://www.apa.org/helpcenter/stress-willpower.pdf)

In Canada, men and women are sedentary for approximately 9.5 of their waking hours. Although 52.1% of Canadians were at least moderately active, 47.8% did not meet the guidelines to be considered moderately active during their leisure time (Statistics Canada, 2010). Men are more likely to be moderately active (54.9%) than women (49.4%). Yet, the number of Canadian men who report that they are moderately active is going down (Statistics Canada, 2010)

Higher levels of education and higher personal income are positively correlated with higher levels of participation in leisure-time physical activity (Statistics Canada, 2009).