LIFE COACHING FOR WEIGHT-LOSS AS A DIVISION OF WELLNESS COACHING

by

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The Dissertation of Violet J. McCreary

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This dissertation is dedicated to the profession of coaching.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Abstract of Dissertation Presented to
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Major Department: Professional Coaching & Human Development

Weight-loss coaching as a niche within wellness coaching is an emerging and evolving field. The evolvement is both multifaceted and dynamic. The objective of this paper is to examine the strategies of life coaches who have coached one to three clients during the time the client lost 20 or more pounds and discover the benefits the clients received. Information was obtained through a 33 question survey via Survey Monkey.

The results from the survey suggests that there are 14 significant areas that life coaching for weight-loss facilitates the client in reaching his or her weight-loss goals. These important areas are: The coaches and the clients who were coached demonstrated active communication; a form of the balance wheel assessment was used by all of the coaches using assessments; two clients respectively lost thirty five and forty two pounds while they were being coached to reach another outcome; over eighty percent of clients choose a method of eating rather than a particular diet plan; all the clients routinely

exercised, except one client; Stress reduction occurred by client's implementation of several strategies: a large number of strategies were used to increase weight loss; a large number of strategies were used to increase exercise; coaching reduced set-backs in weight loss: none regained to original weight; coaching reduced the time spent in relapse; support persons as well as coaches were very important to most clients; changing jobs was used as an aid to losing weight for some clients; several clients mentioned a spiritual dimension to their weight-loss process; and other benefits of weight loss were numerous and varied.

CHAPTER 1

PROBLEM FORMULATION

Introduction

Over the past few years there has been an expansion of the health-and-wellness niche of life coaching. There are two main focuses of this coaching niche. The first is to prevent illness and disease before it starts, versus the conventional approach of treating illnesses and diseases after the disease process is evident. The second focus is to preserve the quality of life for those who are already experiencing symptoms of illness. Although the benefits of this approach can be imagined, the approach is in infancy as to how to go about achieving these goals.

Also, during this period of time the question of obesity being a lifestyle or a disease has been the subject of debate. While the Medicare system in the United States proposes that obesity is a disease, *The International Journal of Obesity* published the following statement: "Obesity . . . lacks a universal concomitant group of symptoms or signs and the impairment of function which characterize disease according to traditional definitions" but it does raise the risk of certain diseases (Prettyman, 2011). Viewing obesity as a lifestyle rather than a disease increases the importance of weight-loss coaching as an important niche within health-and-wellness coaching.

Background of the Study

Wellness

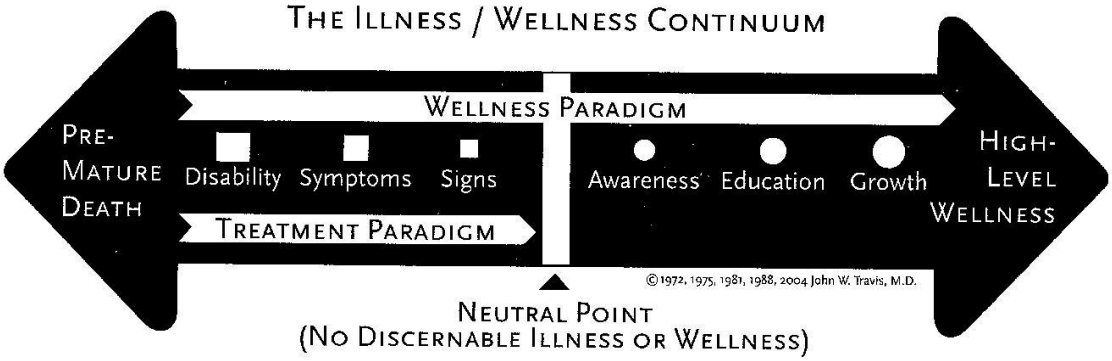
According to the Illness-Wellness Continuum developed by Dr. John Travis, there is a:

> Neutral point in the center of the continuum where neither illness nor wellness is discernable. Moving from the center to the left shows a progressively worsening state of health. Moving to the right of center indicates increasing levels of health and wellbeing. The treatment paradigm (drugs, herbs, surgery, psychotherapy, acupuncture, and so on) can bring you up to the neutral point, where the symptoms of disease have been alleviated. The wellness paradigm, which can be utilized at any point on the continuum, helps you move toward higher levels of wellness. The wellness paradigm directs you beyond neutral and encourages you to move as far to the right as possible. It is not meant to replace the treatment paradigm on the left side of the continuum, but to work in harmony with it. If you are ill, then treatment is important, but don't stop at the neutral point. Use the wellness paradigm to move toward high-level wellness.
>
> This continuum is illustrated in Figure 1:1.(Travis & Ryan, 2004, p. xviii).

Moving outward to the left from the central neutral point, points are located as follows: signs of illness, followed by symptoms of illness, followed by disability from illness, leading to chronic disability, and finally pre-mature death. Moving outward to the right side of the continuum there is an awareness of wellness, learning about wellness, and applying this into a lifestyle which produces high levels of wellness.

Figure 1:1

The Illness/Wellness Continuum



The Illness-Wellness Continuum model gained rapid popularity, but an awareness that wellness involved more than the two extremes projecting out from the neutral point where the individual is neither ill nor well became apparent to Regina Ryan and Dr. Travis. They took the wellness concept a step further into more dimensions by introducing the iceberg model of disease. In this model, the tip of the iceberg that shows above water represents the individual's current state of health. The factors that makeup and sustains the current state of health are under water and not easily seen or realized. The things that are obscured under water are the lifestyle and behaviors, such as the types of foods a person eats, the exercise a person participates in, and how the person handles stress. Hidden under this layer of lifestyles and behaviors, there is another larger area of influence that includes cultural, psychological, and motivational elements. This level reveals how cultural norms, influence, and payoffs are obtained by certain actions (Travis & Ryan, 2004, p. xxi). One example is the amount of food that is eaten by the average person in United States in celebrating the Thanksgiving holiday. According to The Calorie Control Council "the average American consumes more than 4,500 calories"

and “229 grams of fat from snacking and eating a traditional Thanksgiving” (Hubrich, 2006, p. 1). The third level is the spiritual, being, and meaning realm. This level includes the unconscious and the core meaning of life (Travis & Ryan, 2004, p. xxi). They propose these factors influence disease as well.

Obesity as a wellness issue

The World Health Organization (WHO) is an organization of members from the countries who make up the United Nations, along with some additional countries who have applied for membership. In September 2006 the WHO reported on the global status of those weighing more than normal weight; approximately 1.6 billion persons 15 years and older are overweight and 400 million of these are obese. The WHO predicts that by 2015 there will be 2.3 billion overweight people and more than 700 million obese people in the world (World Health Organization, 2006). Overweight is defined as “weighing in excess of the normal for one’s age, height, and build which for adults typically having a body mass index (BMI) of 25 to 29.9” and obesity is “a condition that is characterized by excessive accumulation and storage of fat in the body and that in an adult is typically indicated by BMI of 30 or greater” (Merriam-Webster Medical Dictionary, n.d.a).

Speaking strictly from a physical standpoint, obesity occurs when more calories are consumed for fuel than the body is burning. It seems that an individual should be able to either eat less, be more active, or some combination of the two and obtain the weight-loss results desired. However, our own experience, pop literature, and the success of “The Biggest Loser” on TV to motivate couch potatoes all point to how elusive that change can be.

It does not appear that most of those who are obese are ignoring the problem, nor

are they satisfied with their condition. The sale of weight-loss products and programs has reached 55 billion dollars annually and experts forecast that this market would reach 68.7 billion by 2010 (Marketdata Enterprises, Inc, 2007). Much is written about poor body image, unhappy "fat" people, weight discrimination in employment, etc. The prevalence of obesity continues to rise, and many people have health issues that are linked to obesity. Weight loss is so hard to achieve and sustain for multiple reasons. Many families have found it necessary for both people to be employed to maintain the lifestyle they experienced as children. This makes it difficult for families to find sufficient time for planning meals, shopping for the food items, and preparing the food to be eaten without a definite plan in place. For child safety reasons, many children no longer play in their backyards but are involved in organized play activities. Fast food restaurants are in every neighborhood and the local supermarkets sell already prepared foods. These foods are easy to obtain and reduce food preparation time. Snack foods are normal everyday food for many children and adults. Snack foods and many of the foods we eat are highly processed and contain lots of calories, but very little nutrition. People are under stress to get things done, attend activities, and keep up with their neighbors. Television seems like an inviting way to relax and often takes away from a walk or bicycle ride.

Background of health change research

Much of the health-and-wellness research illuminates disturbing factors regarding the role that overweight and obesity play to prevent individuals from reaching the level of wellness they desire. As early as the 1900s conditions such a coronary heart disease, hypertension, type-two diabetes, osteoarthritis, gall bladder disease, depression, anxiety, and cancer of the colon, breast, and endometrium have been linked with obesity (Colditz,

1999). In November, 2009 the American Institute for Cancer Research added kidney, colorectal, pancreas, and esophagus types of cancer to the list of cancers linked to overweight and obesity (Hellmich, 2009).

The Tufts-New England Medical Center has done the most recent and thorough meta-analysis of weight-loss studies. They analyzed 46 weight-loss diet studies with a total of approximately 1200 participants. Their conclusion was that the average weight loss was 6%, without any significant difference in the diet used, and that a large percentage of those who lost weight regained it within 5 years. However, they reported that even a 6% weight loss that is partially maintained for 5 years may result in health benefits increasing the time before the onset of diabetes (Dansinger, 2007).

Research about Coaching for Health Change

Health-and-wellness coaching is an emerging method to address the health issues of overweight and obesity. Ideally, the coach can work with the person desiring to lose weight to collaborate on a weight-loss goal, plan steps to obtain the goal, and then monitor an action plan to accomplish this goal. Making a commitment and being accountable to someone else increases the probability of completing the goal. A study conducted by the American Society of Training and Development concluded the likelihood of carrying a goal to completion to be 10% when an idea is present, 25% when an idea is adopted, 40% when a decision to made to act on an idea, 50% when a plan of action is present, 65% when a commitment to put the plan into action is made to someone else, and 95% when a definite accountability meeting is made with another person (Eley, 2009). Wellness coaches should, therefore, logically increase success when a client is held accountable to his or her plan.

Two groups that work with people who have diseases linked to obesity have obtained more consistent preliminary results when coaching has been added to the routine care previously available.

One of these programs is COACH, an acronym for Coaching Patients on Achieving Cardiovascular Health, who conducted a multi-centered randomized trial of 792 person who were patients at six university teaching hospitals. The participants were randomly assigned to two separate groups: 398 were assigned to the COACH program, as well as usual care, and 394 were assigned to usual care only. Participants received a software package and telephone coaching sessions. At 6 months the "usual care" group had an average reduction of 14mg/dL, while the group with coaching averaged 21mg/dL in total cholesterol. The conclusion was that the COACH Program is significantly effective and that coaching has potential effectiveness in the whole area of chronic disease management (Vale, Jelinek, Best, Dart, Grigg, Hare & Newman, 2003).

The Pulmonary Transplantation Program at Duke University Medical Center conducted a randomized study on the effects of a telephone-based coaching for patients waiting for a lung transplant. In comparison to those who received standard care. The results showed significant positive results in those who received telephone coaching along with ordinary care over those who received only ordinary care (Napolitano, Babel, Palmer, Tapson, Davis, & Blumenthal, 2002).

If preliminary results show that client coaching can help change chronic health conditions, could life and wellness coaching help address the need to lose weight?

Research about Coaching for Weight Loss

There are a number of different studies to decrease obesity, but to date there are

only two research studies in the coaching literature utilizing weight-loss coaching. The first study was conducted at the University of Western Ontario from June through October, 2007. The study specifically looked at the effect of coaching in the following areas; "waist circumference, BMI, self-esteem, self-efficacy, physical activity, and functional health status" (Newnham-Kanas, Irwin, & Morrow, 2008, p. 1) of obese adults. The study contained 20 men and women with an age-range from 35 to 55 years old with a BMI over 30.

To determine a baseline for participants, consent was obtained. Each participant then had measurements of weight, height, and waist circumference done. A researcher then conducted the following assessments with the participants; Functional Health Status Scale, Rosenberg Self-Esteem Scale, Godin Physical Activity Questionnaire, International Physical Activity Questionnaire, and a nutrition self-efficacy questionnaire, which was designed for this study and similar to the physical activity efficacy surveys. Each participant then met with a researcher for a 20-minute interview to discuss how obesity had affected his or her life. Then each participant met with a coach for an hour where he or she could ask questions about the study and share information with the coach. The participants then participated in six to eight 35-minute coaching sessions completed over the telephone. These sessions could be used to discuss obesity-related subjects or whatever the client wanted to explore.

The results of this study were: statistically significant decrease in waist circumference, statistically significant increase in self-esteem, significant increase in functional health, some increase in physical activity, which was not statistically significant, and no changes in BMI or self-efficacy (Newnham-Kanas, Irwin, & Morrow,

2008, p. 3).

The second qualitative research study contained 5 obese female university students with a BMI over 30. Each was interviewed before and after completing an average of nine weekly sessions of approximately 35 minutes with a certified coach. Before coaching sessions the participants reported: "struggling with barriers and experiencing pressure from family to lose weight; negative relationships with themselves; feeling self-conscious, and remorse for their size and lifestyle choices" (van Zandvoort, Irwin, & Morrow, 2009, p. 104). After completing the study the participants reported: "enhanced self-acceptance; living healthier lifestyles; and making themselves a priority" (p. 104).

Statement of the Problem

This lack of direct research about coaching associated with weight loss in coaching clients has forced coaches to experiment in this important health area. As is clear above, this area is one that can greatly affect the quality of life, as well as actual longevity. Some coaches even advertise weight loss as a specialty, but may not be basing their work on sound coaching science. Even a beginning understanding of what will lead clients to success could assist coaches to be more professional and clients to have better outcomes for their investment of time and funds. Science-based coaching for weight loss will add credibility to the coaching profession, create public confidence and keep government regulations to a minimum.

Purpose of the Study

It is reasonable to assume there are likely some existing life-and-wellness coaches who have assisted clients to achieve successful results with the methods they have used.

Are their methods an art form or are they utilizing strategies that can be used by other coaches? We do not currently know. The goal of this research is to find commonalities in coaching situations where the client had a goal to lose more than 20 pounds and met that goal.

What questions are they asking their clients? Are they using assessments, and if so, which ones? What client and/or accountability strategies worked? Survey questions will be asked to obtain this data, and it will be analyzed for trends. A 33-question survey will be done utilizing Survey Monkey. These survey questions will be completed by coaches who coached adult individuals during the time they lost 20 or more pounds. The survey will be conducted among English speaking coaches in the United States and the survey will include only coaching done with one client at a time. The survey will include no more than three surveys from an individual coach and a separate survey will be completed for each of the three clients.

Research Hypothesis/Questions

Due to the paltry amount of research in this area, the questions that arise are more exploratory in nature than those to test a specific hypothesis. For example, we do not know the following about weight loss in coached clients:

- Are there common demographics of these clients?
- What type of questions are being asked by the coach?
- What type of assessment tools are being used, if any, by the coach?
- What techniques or strategies did the coaching client use to lose weight?
- What accountability was requested/required by the coach, and how was it completed?

Importance of the Study

There are very few empirical studies on weight loss as a result of coaching. Life coaches will benefit from this study because the information will be obtained from coaches in the field who have been successful in coaching on this health-and-wellness topic. This study will provide coaches with evidence-based information about types of questions being asked by other coaches, as well as what types of assessments they may be using. Coaching individuals desiring to lose weight may have numerous facets; collectively, there are more insights and wisdom in a group of coaches than in individual coaches. Coaches who have specialized in specific areas of the weight-loss process, may have developed useful strategies and assessments. It will be useful to know whether weight loss is associated with transitioning from problematic stress management to healthy coping strategies, increasing self-esteem, moving from destructive self-talk to positive self-talk, increasing positive body image, and finding balance between work, family, friends, time alone, activities, exercise, and food preparation.

Scope of the Study

Coaching is a field still developing a researched description of successful "coach" behaviors. In order to produce results applicable to professional coaches, parameters will be set fairly narrowly. The purpose of narrowing differences in methodology is to obtain more robust results.

The coaches studied will be moderately uniform in training and approach, although coaching will be understood not to be a "cook book" approach, but expected to be tailored to each client's needs. For this study, only coaches who have been trained by groups who are "Accredited Coach Training Program" (ACTP's) by the International

Coach Federation will be used. Within that group, only those who have reached the ACC (Associate Credentialed Coach) ranks will be used. These coaches have passed an oral exam and written exams verifying they base their coaching technique on the use of 11 defined "core competencies," or actions taken during coaching such as building rapport, helping the client shape a plan, and asking for accountability. Within those parameters, only coaches who are "successful," here narrowly defined as those where the coaching client lost more than 20 pounds while being coached, will be asked about their approach and the demographics of their clients.

For this study, further parameters will be set in that only United States coaches speaking English and coaching one person at a time will be used. This is also intended to increase uniformity and reduce some confounding effects of group work, culture, dietary variances, and coaching delivery methodology.

Likewise, coaches using telephone delivery of coaching services for the majority of the coaching sessions will be used. As coaching is valuable partly due to its guarantee of confidentiality, there will be no attempt to use coding of taped interviews. Survey methods will be used with the coach.

The coaching clients used in this study will be adult English-speaking persons living in the United States. These clients will have lost 20 pounds or more during the time they were privately coached by the coach completing the survey.

The scope of this study, then, is limited to noticing trends and commonalities in both the "successful clients" (those who have lost more than 20 pounds and kept the weight off for 6 months or more) and the "successful" coaches. Is there something predictable about the demographics of clients who can lose weight using coaching? Was

weight loss the main reason for seeking out coaching, or was it something else? What was the source of payment for coaching? Were they voluntary clients? What techniques are coaches in the field using ? What types of questions are they asking? What assessments are they using? What sort of accountability are they requesting from their clients?

Limitations of the Study

One of the limitations may be discovered to be geographical differences. Will coaches in cities like Chicago answer in the same way as coaches from small towns or rural residences? Will there be some cultural or style differences between groups of coaches based on their own racial or professional backgrounds? This may limit the ability to generalize the data.

Another limitation is subject bias. Will the coach respond the way he or she honestly perceived things are or on the way he or she thinks the researcher expects? Will the coach accurately remember details of client interactions?

Another limitation is client confidentiality, information cannot be gathered that would compromise confidentiality. For example, how long a client had been married, the name of his or her employer, whether he or she was a parent, and the ages of the children, etc. are specific facts that could be used to identify clients and cannot therefore be gathered or analyzed.

Definitions

Assessments: Assessments may also be called questionnaires or scales. The client is either interviewed and asked to rate themselves, or asked to fill out a drawing, or written, or internet quiz rating him or herself on certain life satisfactions or motivations

for behavior. These instruments give the coach a clearer view of where the client is functioning in his or her present situation and allows the client to examine "their own personal strengths and weaknesses, and how they affect their lives and careers" (Coaching assessments.for life coaches, 2010).

BMI (body mass index): "BMI is a tool for indicating weight status in adults. It is a measure of weight to height. For adults over 20 years old, BMI falls into one of these categories: Below 18.5 (underweight), 18.5-24.9 (normal), 25.0-29.9 (overweight) and 30.0 and above (obese). BMI correlates with body fat, BMI does not measure body fat (Healthline, 2010).

Coaching: Coaching is "partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential." (International Coach Federation, n.d.a).

ICF coaches: ICF coaches are "coaches who have been credentialed by the ICF, have received coach-specific training, achieved a designated number of experience hours, and have been coached by a mentor coach." (International Coach Federation, n.d.b).

ICF competencies: These eleven core competencies are: (1) "meeting ethical guidelines and professional standards, (2) establishing the coaching agreement, (3) establishing trust and intimacy with the client, (4) coaching presence, (5) active listening, (6) powerful questioning (7) direct communication, (8) creating awareness, (9) designing actions, (10) planning and goal setting, and (11) managing progress and accountability." (International Coach Federation, n.d.b).

Self-efficacy: Self-efficacy "is a person's belief in his or her ability to succeed in a particular situation." Bandura described these beliefs as determinants of how people think, behave, and feel (Van Wagner, 2009).

Self-esteem: Self-esteem is having "confidence and satisfaction in oneself; self-respect" (Merriam-Webster Medical Dictionary, n.d.b).

CHAPTER 2

REVIEW AND EVALUATION OF THE RELEVANT LITERATURE ON WEIGHT-LOSS COACHING TO OVERCOME OBESITY

Life Coaching for Weight Loss as a Division of Wellness Coaching

As a contributing author in a recently published book, Patrick Williams, described life coaching as "a powerful human relationship where trained coaches assist people to design their future rather than get over their past" (Allen, Wolf, & VandeCreek, 2009, p. 268). The coaching process includes; (1) coaches being aware that the client is capable to make his or her own discoveries when the client is supported, held responsible, and treated with affirmative respect, (2) coaches assisting the clients to obtain a clear mental image of what they want to accomplish in their lives, and (3) coaches helping clients create multiple strategies to obtain their desired outcome (Allen et al, 2009, pp. 261-275). The International Coach Federation (ICF) describes coaching as "partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential" (International Coach Federation, n.d.a)

Coaching has progressed toward a profession for more than 60 years. More individuals are experiencing being coached, a larger number of trained people are entering the field as coaches, and management and human resource personnel are utilizing coaches in greater numbers as coaching grows as a profession (Grant & Cavanagh, 2006). The ICF currently reports more than 16,000 members worldwide (International Coach Federation, n.d.c).

Research on Coaching and Goal Attainment

A study was conducted in an Australian university to determine the impact of life coaching on goal attainment. Twenty postgraduate students from the Faculties of Science, Economics and Business participated in the study. The participants in the study consisted of 15 women and 5 men with a mean age of 35.6 years. Utilizing the "Coach Yourself" program, each participant completed a life inventory of work, health, and relationships and developed three specific and scalable goals to be attained or to have made definite reportable progress on within the 13 weeks the study was conducted. They met in groups of 10 for weekly 50-minute group coaching sessions. "This study concluded that solution-focused, cognitive-behavior life coaching can indeed be an effective approach to creating positive change, enhancing mental health and life experience and facilitating goal attainment" (Grant, 2003, p. 262).

Niches

Thomas Leonard, founder of Coach University and a former leader in the field, recommended that life coaches become masterful by doing something new in the field and finding a better way for clients to reach their goals (Leonard, 1998). As the coaching profession progressed, the idea of a coaching niche, or specialty became more popular. Patrick Williams recommends developing one to three coaching niches to identify yourself in the marketplace (Allen et al, 2009).

The Problem: Obesity May Result in Wellness Concerns as Well as Social Concerns

Obesity in the United States has become prevalent enough that the U.S. Medicare system is calling obesity a disease. However, *The International Journal of Obesity* published the following statement, "Obesity…..lacks a universal concomitant group of

symptoms or signs and the impairment of function which characterize disease according to traditional definitions" but it does raise the risk of certain diseases (Prettyman, 2011).

The problem is more universal than the United States as the WHO reports that the global status of those weighing more that normal weight to be approximately 1.6 billion persons 15 years and older were overweight and 400 million of these were obese. The WHO predicts that by 2015 there will be 2.3 billion overweight and more than 700 million obese adults in the world (World Health Organization, n.d.). Overweight is defined as "weighing in excess of the normal for one's age, height, and build which for adults typically having a body mass index (BMI) of 25 to 29.9" and obesity is "a condition that is characterized by excessive accumulation and storage of fat in the body and that in an adult is typically indicated by BMI of 30 or greater" (Merriam-Webster Medical Dictionary, n.d.a).

Strictly physically speaking, obesity occurs when more calories are consumed for fuel than the body is burning. It seems that an individual should be able to either eat less, be more active, or some combination of the two and obtain the weight-loss results desired, but change seems elusive. Why is weight loss so hard to achieve and sustain? It does not appear that most of those who are obese are ignoring the problem or are satisfied with their condition. The sale of weight-loss products and programs exceeds thirty billion dollars annually (Boohaker, 2004). Much is written about poor body image, unhappy "fat" people, weight discrimination in employment, etc. Could life coaching address this need?

This literature review will look at what is known to date about weight loss in the life-coaching niche and what is prevalent in weight-loss literature and in the general

weight-loss industry. Is coaching effective for weight-loss? If so, what has worked? What model was used? What model(s) might work? What questions are weight-loss coaches asking their clients to facilitate the client finding his or her own answers to losing weight and sustaining change? Are there other methods that work that a coach could use?

Coaching for Weight-Loss Literature

Surprisingly, only two studies appear to be have been published to date, leaving many questions unanswered. A study conducted at the University of Western Ontario from June through October, 2007, was done to evaluate the effect of one-on-one coaching with obese clients in the following six areas: "1) waist circumference, (2) body mass index (BMI), (3) self-esteem, (4) self-efficacy, (5) physical activity, and (6) functional health status." Twenty men and women with a BMI over 30 and between the ages of 35 to 55 years participated in the study. Each participant had six to eight 35-minute coaching sessions to explore their desired outcomes and how to obtain those outcomes.

Each participant phoned his or her coach an average of seven times over 10 to 12 weeks. During these calls the participants determined the agenda for each coaching session that could be directly related to his or her obesity or to other issues in his or her life. During these sessions the coaches predominately asked unscripted questions which were normally open-ended and tailored to the individual. Two people dropped out of the study. The conclusion of the study was: (1) statistically significant decrease in waist circumference, (2) increased self-esteem, and (3) increased functional health. Participants reported an increase in physical activity and healthier eating habits in their exit interviews. No changes were observed in BMI or self-efficacy (Newnham-Kanas, Irwin,

& Morrow, 2008). The small size of the sample, the absence of a control group, and other features of an experimental design limited the impact of this study.

A second qualitative study was conducted by the University of Western Ontario, Canada. The purpose of the study was to look at the result of co-active life coaching on obese female students. Subjects were 5 obese (Body Mass Index over 30) university students who received an average of nine 35-minute one-on-one weekly coaching sessions, as well as comprehensive pre and post interviews. The purpose of the pre-coaching interview was to understand each person's experience of being obese. To obtain this information the following questions were asked: "What is it like being you? What does your weight represent? What would you have to say yes and no to, to make your ideal come true? What is the story you tell yourself about your weight? How would you describe your overall well-being? What is your relationship with yourself?" (van Zandvoort, Irwin, & Morrow, 2009, p 106).

The first coaching session was in person and the rest were over the telephone. The students called the coach and stated what they wanted to explore. The coaches used the premise that clients have their best answers within themselves. Coaches did not give instructions, but asked questions and used common coaching techniques to assist the clients in exploring what they wanted to achieve and how they wanted to achieve these goals.

The five women participating in this study conveyed their appreciation for regular sessions with a coach where they could speak about issues of importance to them and reported the coaching experience helped them adopt healthier lifestyle behaviors. They reported an increase in self-acceptance and being more able to make themselves a priority

(van Zandvoort, Irwin, & Morrow, 2009). This qualitative study may assist to develop theory that self-image and setting the self as a priority may be key factors in weight-loss coaching, but there were no findings on the type, style, or length of effective coaching, nor were there demographic findings that would indicate the client most likely to be successful.

Other Weight-Loss Literature

There are related areas in the literature, however, that can help shape a further study of coaching and weight loss. The literature reveals a number of factors which may affect weight loss and, therefore, may influence the progress of coaching the weight-loss client.

Coaching is often utilized to assist the client to reframe his or her thinking about obstacles that stand in the way of obtaining the client's desired outcome. Some key areas found in literature that encourage reframing thoughts that influence body change are readiness for change based on stages of change theory, motivation for change, efficacy of change, self-esteem of change, and strategies for change.

Readiness for Change

The Trans-Theoretical Model

Dr. James Prochaska undertook original research on how people changed. While attempting to identify the tools people used for successful change, he discovered a consistent pattern. He referred to change as "being spiral" and having "six stages." During the change process a person may move up and down in the stages of change and may go back to precontemplation after a lapse. The stages of change and a description of the stages are found in Table 2:1 (Prochaska, Norcross, & Diclemente, 1994, pp. 40–

44).

Table 2:1

Stages of Change

The Stages of change	**Description of the change stage**
Precontemplation	Not thinking about making a change, may not be aware that a problem exists
Contemplation	Acknowledges that a problem exists, thinks about the possibility of change, may seek information, but is not ready to change behavior
Preparation	Are actively considering change, still somewhat ambivalent, but is preparing to take some small steps toward goal
Action	Behavioral change is taking place and is visible to others, this is the stage where things that have prompted unwanted past behaviors are removed from the person's personal space
Maintenance	The stage where the progress made during the previous stages is strengthened by continuing the newly formed behaviors until they become new behavioral habits
Termination	This stage occurs when old problems or

	addictive behaviors are no longer a problem and a new sense of self emerges

A method for examining thought processes and habits while moving through the stages of change is to ask the client to make a list of benefits (pros) to losing weight and for exercising and barriers (cons) which produce procrastination. The pros and cons chart for losing weight is illustrated in Table 2:2 and the grid for exercising is illustrated in Table 2:3 (Meneffee & Somberg, 2003, p. 13).

Table 2:2:

PROS and CONS for Losing Weight

PROS (benefits of losing weight)	CONS (barriers to losing weight)
What are the benefits of my current eating habits?	What concerns me about not losing weight?
What are the benefits of losing weight?	What concerns me about losing weight?

Table 2:3

PROS and CONS for exercising

PROS (benefits to exercising)	CONS (barriers to exercising)
What are the benefits of not exercising?	What concerns me about not exercising?
What are the benefits of exercising?	What concerns me about exercising?

After the participant fills out the list of pros and cons, the participant is asked to choose the most significant motivation to stay the same and the most significant motivation to change; then to put the most significant pro and con into the following sentence, "On one hand I (insert the best reason for staying the same), but on the other hand, I (insert your best reason for changing)" (Meneffe & Somberg, 2003, p. 14). The purpose of the exercise is that the client become aware of his or her bottom line. The person filling out the graph is then asked to scale these two motivations on a scale of 0 (not important at all) to 100 (exceptionally important). This procedure helps the client to become aware and explore areas of ambivalence (Meneffe & Somberg, 2003, p. 14). This exercise and variations of it are reported in other weight-loss literature (Michaels, 2010). While this exercise sounds productive in theory, this researcher was unable to locate empirical research for weight loss or exercising.

Trans-Theoretical Model Research

Although the trans-theoretical model has become well known and popular, until recently very little was known about the effectiveness of stage-based interventions in the area of health behavior and addiction. As part of this review, 35 electronic databases were searched for terms such as "stage of change, trans-theoretical model, processes of change and readiness for change." Thirty-seven of the 2,168 references focused on trials targeting seven health behaviors as follows: smoking cessation, physical activity, dietary change, multiple lifestyle changes, screening mammography, mental illness treatment adherence, and prevention of use of smoking and alcohol (Bridle, 2005, p. 288).

The smoking cessation studies contained 12 trials with 14 comparisons. Only

4 favored stage-based interventions, 2 were inconclusive, 8 showed no difference between the groups (Bridle, 2005. p. 289).

The six physical activity trials provided eight comparisons. Only one showed an effect with stage-based intervention, three were inconclusive and four showed no difference between the groups (Bridle, 2005, p. 289). The five dietary change trials had six comparisons. Again, results were not helpful, with only two favoring stage-based intervention. Two were inconclusive, and two had no differences in the groups (Bridle, 2005, p. 289).

The three prevention trials were a failure, with all interventions either inconclusive or having no effect (Bridle, 2005, p. 293). The multiple lifestyle changes had six trials with seven comparisons. These showed even fewer effects: one favored stage-based interventions, three were inconclusive, and two showed no differences (p. 289). Only the two screening mammography trials showed stronger effects of the three comparisons: two favored stage-based intervention, with one showing no group differences (p. 293). Finally, the one treatment adherence trial for mental illness showed favorable effects of stage-based intervention (p. 293).

The Generative Model

While the stages of change have been applied for those who are struggling with addictions, a generative model for change was developed by L. Michael Hall and Michelle Duval in 2004 for working with clients who are high performers and desire to create a change in some area of their lives. They called this model the axes of change. The developers of this change model have claimed that "four key variables are involved in change" (Hall & Deval, 2004, pp. 41□45). These are listed in Table 2:4.

Table 2:4

The Axes of Change (Hall & Deval, 2004, pp. 41□45)

Negative emotions that move us away from something	**Positive emotions that move us toward something**
"The negative aversions that move us away from our desired goals may include fear, anger, stress, frustration, distress, pain, unpleasantness, intolerance, having had enough, threshold, necessity, negative emotional tension, etc."	"The positive attractions that move us toward our desired goals may include hope, dreams, values, visions, anticipation, pleasure, inspiration, possibilities, growth, development, positive emotional tension, etc."
Reflective understanding of what needs to change	**Decision or commitment to make change happen**
"Reflective understanding is composed of knowledge, heightened awareness, insight, discovery, and Ah-Ha! Recognition"	"Decision or commitment results from saying no to the old and yes to the new possibilities, the courage to break free to make change, commitment, willingness, etc."
Constructive planning and designing of what to change to (the outcome)	**Beginning experimentation of the action plan to see how it works**
"This is the area of creative design that includes the planning for change,	"This is where action takes place including performance, practice,

the know-how about what to do now, an action plan with a time table and schedule for change, and the strategy for how to do it"	experimentation, trying something out, trial and error learning, implementation, and feed-forward"
Reinforcement of what works well by rewarding it	**Ongoing testing, monitoring and accountability that enables the change to solidify**
"Reinforcement occurs from support, celebration, championing a new practice, reward, partners, etc."	"Testing may include monitoring, feedback, renewed practice, accountability, performance review, re-designing the action or performance plan, etc."

Hall and Deval have proposed, that it takes a number of change variables working together to bring about lasting change. For example, intellectual change can occur, but may not produce results without emotional energy. Or people may know the changes they wish to make, but are not sure what they need to give up or move away from to make this happen. Sometimes a plan is set into motion but has insufficient reinforcement to keep people on track, and they gradually slip back into their old familiar habits. Hall and Deval have designed four change stages as listed in Table 2:5 (Hall & Deval, 2004, p. 41).

Table 2:5

Change Stages in the Axes of Change Model

Change Stage in the Axes of Change Model	**Description of the change**
The Energy Stage	The client creates sufficient emotional energy, motivation, and creative tension to feel both the need and the desire for the change. This produces a propulsion for change; to move away from pain and distasteful things toward pleasure and desirable things
The Decision Stage	During this stage the client has created sufficient understanding and knowledge about what to change, why past behavior did not work, and how to use his or her power to make decisions that lead to readiness for change. In this stage the client is ready to say no to his or her current way of thinking, feeling, and acting and yes to the possibilities of a generative change.
The Creation Stage	During this stage the client creates a specific step-by-step action plan that describes the change and the steps. This plan is put into action by the client.
The Solidifying Stage	Specific rewards and support for the new actions to be celebrated are created in this stage. At the same

	time testing, monitoring, and feedback are used to make the client's to make the client's new habits and way of responding richer, fuller and more integrated.

By utilizing these components of the axes of change we would wonder if the coach is able to explore with the client the client's present situation and the consequences of not making a change, while also exploring the benefits of making a change. Theoretically, it could also aide in assisting the client to explore his or her understanding and meaning of present behaviors and being able to say no to the undesirable behaviors, while saying yes to new possibilities. This could allow the coach and client to co-create a strategy and plan of action with the coach providing support for the client's new behaviors and celebrate victories, observe, provide feedback, hold clients accountable, and assist them in refining their new changes (Hall & Deval, 2004).

Motivation for Change

The Client's Present Reality

Discovery of the potential client's present reality may be done through conversation or the use of assessments. Assessments may consist of standardized questions or may be as simple as an intake form administered in written or oral form with a new client. Intake forms may ask for the client's background information, their needs and expectations, where they are at present and where they would like to be in the future, and any earlier experience in being coached.

Providing client with feedback from the assessment is very important in the coaching process and is often where new insights are obtained. Feedback is more

meaningful to the client when given in behavioral examples, rather than technical terminology. Inquiring if the information seems accurate to the client gives the client the opportunity to agree or to restate how he or she views the information (Williams & Anderson, 2006, pp. 145–150). The balance wheel is a coaching assessment that has the client score where he or she is at the present in several areas of the client's life, such as career, physical self, family and friends, finances, social, relationships, and spirituality. The client scores him or herself on where he or she would like to be (Williams & Anderson, 2006, p. 145–150). This process helps the client become more aware that he or she always has choices (Williams & Thomas, 2005, p. 267).

Motivational Self-Management

To make a change, such as losing weight, takes self-motivation. Self- motivation consists of two parts. "The first is mental: You conceive in your mind where you want to go. The second part is physical: You take action to get there" (Shinn, 1981, pp. 11–12). Both parts are necessary for an individual to experience motivational self-management. Motivational self-management has two important belief aspects, which are that engaging in the process is important and that one has the ability to participate in the necessary behaviors to get the goal accomplished (Shinn, 1981, pp. 11–12).

In the context of weight-loss coaching, what is the client's motivation for change? Is the client ready to do whatever it takes? Does the client want to make the change because of some crisis which has occurred in his or her life? Does the client want to lose weight for some special event? Does the client want to lose weight and not regain the weight after the event is over? What types of exploratory questions is a coach able to ask persons seeking to lose weight?

Dr. Judith Beck, director of the Beck Institute for Cognitive Therapy and Research, has written *The Beck Diet Solution: Train Your Brain to Think like a Thin Person*, which contains a list of 27 reasons for losing weight. She states that most people have several reasons for losing weight, but do not automatically remember these advantages consistently when tempted to eat outside the boundaries of their set goals Beck, 2008). Dr. Beck states that, "One essential technique that helps you control your eating is to continually remind yourself of these reasons, even when you are not tempted, so you'll be motivated to stop yourself when you are tempted" (Beck, 2007, p.32.).

Dr. Beck's assessment on the advantages to losing weight and the level of importance being rated as (1) somewhat important, (2) important, or (3) very important is recorded in Table 2:6 (Beck, 2008, p.57).

Table 2:6

Reasons I Want to Lose Weight (Beck, 2008, p. 57)

Advantages to losing weight	**Importance of advantage**		
	1	2	3
I'll look better.			
I'll be more attractive to others.			
I'll be able to wear a smaller size.			
I'll be able to wear more stylish clothes.			
I'll be happier when I look in the mirror.			
I'll get joy out of shopping for clothes.			

I won't feel so self-conscious.			
I'll get more compliments.			
I'll be in better health.			
I'll be able to exercise without discomfort or embarrassment.			
I'll live longer.			
I'll feel better physically.			
I'll have more energy.			
I'll be more physically fit.			
I'll enjoy sexual intimacy more.			
I'll like myself more.			
I'll feel more in control.			
I'll feel as if I've accomplished something important.			
I'll have more confidence.			
I'll increase self-esteem.			
I'll be less self-critical.			
I'll feel more outgoing.			
I'll do more things (like go to the beach).			
I won't have listen to my family comment about what I'm eating.			
I'll be able to be assertive.			
I won't mind eating in front of others.			
I won't have anyone bugging me.			

Research on Body Change Motivation

Motivational research has been conducted in the area of body change with distorted body image patients. The Eating Disorders Association developed a brief Motivational Enhancement Therapy (MET) group for inpatients with eating disorders. Forty-two consecutive female inpatients were randomly assigned to treatment groups. The drop-out rate, due to not completing the post-treatment assessment and not completing questionnaires, was six in the MET group and eight in the control group. Fifteen subjects completed a four-session MET program plus "usual care" and thirteen completed the control group, which received "usual care" only. There was no significant difference in the groups in overall formal outcome measures, but the MET groups were described as having longer-term motivation and implementation (Dean, Touyz, Rieger, & Thornton, 2008).

The University of Missouri researched the theory of being motivated as a "doer" (here, a dieter and exerciser). Two separate studies showed that people who view themselves as doers obtained greater results in obtaining their goals, even when obstacles were encountered. In one study, the participants were asked to read "The Little Engine That Could" (vs. "Curious George") and then write an essay applying the message of the story to their personal situation. The group that participated in "The Little Engine That Could" study was found to be the most persistent (Houser-Marko & Sheldon, 2006).

Growth Motivation Research

A recent study conducted in the psychology department at the University of

Dayton in Dayton, Ohio examined if growth motivation would attenuate the self-serving attribution. The study gave insight on previous self-esteem research that was foundational in distinguishing between secure and fragile self-esteem, why some individuals had fragile high self-esteem and others had secure high self-esteem, and looked at the reason people with fragile high self-esteem exhibit defensiveness. The university's explanation for this study is as follows:

> On one hand, some people blindly pursue high self-esteem as in the self-esteem movement in 1980's in which children were taught to seek high self-esteem regardless of actual achievement and personal characteristics. On the other hand, other people obtain high self-esteem as a byproduct of genuine growth and improvement (see Kernis, 2003). Since people with fragile high self-esteem do not have positive attributes that correspond to their high self-esteem, they behave in a way to protect their self-image when it is at stake, we posit that effort put into growth and improvement, spurred by growth motivation, may yield the secure basis that self-esteem is built on. Aristotle once said that dignity does not consist in possessing honors, but in deserving them. Now we say; so does self-esteem. (Park, Bauer, & Arbuckle, 2009)

Dr. Raj Persaud, a psychiatrist, refers to the above study as a theory that "growth motivation" makes the difference between those who succeed and those who do not. He explains that many people start a weight-loss program with the expectation that they will feel better about themselves when they have reached their goal. When attempting to do difficult things, such as losing weight, the process is usually lengthy and the person has several encounters with life situations that make staying on track challenging. When an

individual confronts difficulty the person's self esteem level may not have the normally expected results (Persaud, 2010). Persaud's explanation follows:

> The theory is that you have to be interested in personal change, and once you are then you become vigilant for ways in which you are going to need to change in order to achieve your goals. If your number one goal is to preserve high self-esteem then this often leads to what psychologists term "safety behaviors." This means you take no risks. You try to hang on to what you have already so you don't lose it. This refers to not wanting to go to the gym for the first time, or join a weight-loss class, because you don't want to look silly in front of others. If your number one priority is not to feel bad about yourself in the short term, then this can lead to not trying new things.
>
> If, on the other hand, you are motivated to develop and grow and become a better person, then this means you seize opportunities for personal growth, even if they come at the risk of pain and sacrifice. And this means that your self-esteem eventually goes up because you feel good about your personal development. You are interested in the parts of you that need to change and in improving them so you feel better about yourself. (Persaud, 2010)

To accomplish hard tasks in improving oneself, it is important for the high self-esteem that comes from the self-belief that you can improve, rather than that you are already perfect and are not in the need of improvement.

Growth motivation allows us to examine the:

> Difference between fragile and secure high self-esteem. Those with fragile high self-esteem appear confident outwardly, but collapse on the inside when they

> detect the possibility they are not perfect. Those with secure high self-esteem are actually interested in finding out where the need to improve . . . because they are confident they can get better. Persaud, 2010)

Self-Efficacy for Change

Albert Bandura defined self-efficacy as "the belief in one's capabilities to organize and execute the courses of action required to manage a prospective situation" (Van Wagner, 2009). In 1994 he described four major sources of a person's confidence in being able to achieve a particular thing. These were to have previously performed a task well, observing someone else successfully achieving a similar task, receiving verbal encouragement from others, and by learning how to lower stress level about a given situation, while elevating their way of thinking when confronting hard tasks (Van Wagner, 2009).

Research in Self-Efficacy and Weight Loss

Rhonda Anderson, a nursing researcher at Queensland University of Technology in Australia, reports that women's self-efficacy is one of the key answers in controlling weight. Interviews were done with 560 women between the ages of 51 and 66 regarding their exercise and eating habits. The results of the study were that while they were making quality choices in most areas of their lives, they had limited experiential knowledge in the area of controlling weight and exercise. As these women aged they were having difficulty controlling their weight, as demonstrated by two thirds of the participants being overweight or obese. The study concluded that the difficulty in controlling weight was due to biological, social, and educational reasons. Biologically, the body required fewer calories to maintain their present weight. Socially, women had a

tendency to focus on raising a family and working. A woman may have felt that she did not have time to actively pursue the habits necessary for a healthy lifestyle or may have felt guilty about taking the time for herself. Educationally, fewer women with a college education were overweight or obese (Christian, 2008).

Self-Esteem for Change

Self-esteem is a term used to describe how people view their personal value and how they experience their self-worth. In the context of weight-loss coaching, self-esteem involves the client's ability to involve the mind as well as the body in the process of weight -loss. Some of the things to help clients build solid, motivated self-esteem are (1) boldly acknowledging their achievements, (2) making a list of all their successes from small to getting a promotion at work, (3) recounting times when they confronted difficulties and overcame their obstacles, (4) making a list of times or events that caused anxiety and noting how they handled the situation and examining if another way may have given better results, (5) thinking of life's situations as challenges rather than problems, (6) completing the harder tasks first and then the more pleasant tasks, and (7) forgiving completing the harder tasks first and then the more pleasant tasks, and (7) forgiving themselves for negative emotions (Hall, 2005, pp 18−19).

Evidence of Weight Change

Coaching involves the coach asking powerful questions to increase the client's consciousness of his or her present reality. As the client's conscious awareness and skill of using key strengths increases, the client's motivation increases, creating energy and drive. Some of the things that help clients build solid, motivated self-esteem, while creating genuine pleasure and a sense of fulfillment, are the "signature strengths"

from Martin Seligman's positive psychology (Williams & Menendez, 2007).

The literature was researched to locate methods of providing evidence that the client's body-change strategies were working. Five methods were located, with a summary of the pros and cons of each method (Hall, 2005, pp. 30–31). Body change measurement methods are in Table 2:7.

Table 2:7

Body change measurement methods

Body Change Measurement Methods	**PROS**	**CONS**
Bathroom scale	Easy to calculate weight loss	Measures the entire body body, not fat distribution
Body mass index (BMI)	Commonly used	No distinction fat vs. muscle
Waist circumference	Easy, good index of total and intra-abdominal fat mass	Change is slow
Waist to hip ratio	Easy	Measures only abdominal Fat
Percentage of body fat	Client informed	Difficult; water weighing, calipers, or bioelectric scales, dependability varies

Weight Change Recording Method Results

Other evidence of weight-loss success is visible in keeping charts of foods eaten, when eaten, the emotional feeling before eating, what sensations the clients experienced, and the amount of hunger present at time of eating (Beck, 2007).

Setting a Weight-Loss Goal

Weight-loss literature contains copious amounts of information about setting weight-loss goals, including what to eat, how to exercise, how to think, reduce stress, and control emotional eating. Most people have considerable knowledge about eating healthy and exercising regularly and have experienced a succession of good intentions and inadequate carry through to a successful weight loss and maintenance. Most people could give a friend very good advice, but have trouble losing weight themselves. Exercising and losing weight are only two of the things on the person's plate. Other things on their plate are home and work responsibilities, family, social activities, preparing meals, feeling hungry, everyday stress, emotional responses and other everyday activities. Setting a weight-loss goal is only the beginning step (Menefee & Somberg, 2003). How long will it take? What are the probable and possible barriers that may be encountered along the way? How can these barriers be overcome? Does the person have a plan to motivate him or herself toward his or her goal on a daily basis? Life coaching for weight-loss research does not give us specific answers in this area, but life coaches can adapt the principles of life coaching and the strategies learned from other disciplines.

Strategies for Change

Strategies for weight loss are numerous in weight-loss literature. The more frequently used strategies fall into eight main categories, which are journaling/record keeping strategies, eating strategies, exercising strategies, thinking strategies, reducing stress strategies, behavioral strategies, support strategies, and spiritual strategies.

Journaling and Record Keeping Strategies

According to Kaiser Permanente's center for health research news release, keeping a food diary can double weight-loss efforts. Their study shows that those who kept daily food records lost twice the amount of weight as those who did not keep any food intake records (Hollis, 2008).

Rena Wing, founder and researcher for The National Weight Control Registry, reports that recording weight loss routinely in charts or journals has been shown to be effective for many of the 5,000 people who have lost 30 pounds and kept it off at least 1 year, while being tracked by the NWCR. Rena Wing also concluded that there are six ways that the NWCR people are successful in losing weight and maintaining their weight losses; two of these are weighing regularly, at least once a week, and staying on track by taking steps to lose weight whenever a pound or two creeps back on. NWCR studies found that many of the successful weight-loss clients restricted their calories to about 500 calories less than they burn each day while losing weight. Keeping daily food records was important in maintaining this caloric deficit (Wing, 2007).

Eating strategies

The types of food, amount of food, when the food is eaten varies greatly from one person to another. Some basic things to determining the steps to getting to the goal

will fall around the person's eating strategy.

Using a set diet plan or creating a menu plan

Whatever plan is chosen, it is recommended to modify the plan to include what modifications the person can live with long term. Things that may be modified are the number of times to eat daily, amount of junk food and how often, amount of foods with high sugar content reduced to a certain number per week, and so on.

On a positive note, a set diet plan saves planning time. Food decisions are minimal. The plan determines the diet, the amount of food, and how the food is prepared. On the negative side it does not allow for many food choices; it often challenges food choices when eating at a restaurant, and offers foods that may not be enjoyed by the person on the diet.

Creating a menu plan gives the individual more choices. Eating out is easier and the individual can buy foods that are on sale or in season more readily. The negative part to creating a menu is making sure the diet is nutritionally balanced will take time and effort (Beck, 2007). NWCR reported that "98% of Registry participants report that they modified their food intake in some way to lose weight" (National Weight Control Registry, 2011).

To lose weight some sort of methodology needs to be put in place. It may be beneficial to view the process as setting boundaries around eating rather than as dieting. Setting boundaries around eating can be as simple as deciding to eat less. Linda Spangle suggests that we:

> Picture your diet program as a road or a path. You can define the boundaries of your diet road based on the number of calories, points, or other factors you choose

> to follow. As you walk on the road each day, your goal is to stay between the sides of the road. Unlike strict or rigid diet plans, boundaries stay flexible. They provide guidelines, but at the same time they allow for common sense and good judgment . . . Boundaries give you benefits, not punishment. (Spangle, 2006, pp. 8–9)

The importance of eating breakfast

Eating breakfast is important. The National Weight Control Center reports that 78% of registry participants eat breakfast everyday and 90% eat breakfast at least five days a week (National Weight Control Registry, 2011). An analysis completed by a research group on government data of 4,200 adults showed that those who regularly ate breakfast also regularly exercised. The analysis also showed that women who ate breakfast tended to eat fewer calories throughout the day. Eating breakfast keeps the individual from getting over hungry and boosts metabolism (Davis, 2011). According to Elsabette Politi, nutritionist at Duke University Medical School, "When you don't eat breakfast, you're actually fasting for 15 to 20 hours, so you're not producing the enzymes needed to metabolize fat to lose weight" (Davis, 2011).

Using hunger and fullness scales

The literature suggests that hunger and feeling full are two variables that affect weight loss. The criteria which clients use to determine hunger and satiety may have a wide variation, including the following: feeling hungry most of the time, seldom feeling full, eating according to the time determined by the clock, eating because others are eating, and eating because food is visible and available. The use of hunger and fullness level scales raises conscious awareness. A sample hunger/fullness scale and how to

utilize the scale is found in table 2:8 (Spangle, 2006).

Table 2:8

Hunger and Fullness Scales

	HUNGER LEVELS
-3	Starved, way too hungry
-2	Very hungry
-1	A little hungry. Stomach feels hollow. Stomach growls.
0	Neutral, not hungry, not full
+1	Satisfied, comfortable, just right
+2	Too full, a little uncomfortable
+3	Stuffed miserable

To manage hunger, be aware of hunger manifested in physical symptoms such a growling of stomach, fatigue, headache or loss of focus. Eat something within 20 to 30 minutes after reaching hunger level -1.

To avoid overeating, be aware of the point of slight pressure in the stomach area. Soon after that note a feeling of being satisfied and the abdomen being comfortable. Work toward recognizing when you are satisfied. You are at level +1 on the fullness scale. Stop eating at this point, no matter what is still on the plate. (Spangle, 2006, pp. 68–73)

Volumetric eating

Energy density is the amount of calories in a measurable amount of food. Water

has an energy density of zero, while fats and some other foods have a large amount of calories in a small amount of space. Volumetric eating is consuming large amounts of foods that are low in energy density and contain large amounts of water. Table 2:9 below shows the amount of food in a 1,100 calorie diet with a menu showing a regular dinner selection and menu showing a volumetric dinner (Fletcher, 1997, p. 39).

Table 2:9

Comparison of a regular and a volumetric dinner containing 1100 calories

Regular dinner food selections	**Amount of food**	**Calories**	**Fat**
Fried chicken	4 ounces	305	17
French fries	10-12 (2 ounces)	179	9
Coleslaw	½ cup	89	7
Biscuit	One	127	6
Cheesecake	1/12 cake	295	21
Strawberry topping on cheesecake	2 tablespoons	108	0
Totals	14 ounces	1,103	60

Volumetric dinner selections	**Amount of food**	**Calories**	**Fat**
Skinless roasted chicken breast	4 ounces	187	4
Large baked potato	6 ½ ounces	201	0
Fat-free sour cream for baked potato	3 tablespoons	47	0
Steamed peas and carrots	1 cup	77	1
Tossed green salad	2 cups	50	1

Fat-free salad dressing for salad	3 tablespoons	75	0
Dinner rolls	2	170	4
Margarine for rolls	1 teaspoon	34	4
Angel food cake	1/10 cake	183	1
Sliced fresh strawberries served on cake	1 cup	50	1
Light whipped topping served on cake	3 tablespoons	30	2
Totals	40 ounces	1,104	18

Controlling portion size

Two studies confirm that many consumers eat more when served larger portions. A Cornell University study showed that moviegoers who were served popcorn in containers which held slightly more than 8 cups ate 45% more than those who were served half that amount. A Pennsylvania State University study contracted with a restaurant to serve regular-sized servings of baked ziti on certain days and a 50% larger serving on other days, without varying the price of the meal. Diners who were served the larger portion ate 43% more baked ziti and ate the other foods as well. According to the surveys taken after these experiments, the participants thought their serving size was appropriate (Harvard Women's Health Watch, 2007).

Portion control also involves awareness or container size and shape. In a study conducted to determine if people pour different amounts into short, wide glasses than into tall slender ones was done with 198 college students and 86 bartenders. The study

resulted in both the bartenders and students, who planned to pour one and a half ounces of alcohol into a glass, consistently pouring more into short, wide glasses than into tall slender glasses (Wansink, Dyson, & van Ittersum, 2005).

Portion control techniques encourage actively comparing portions eaten out with those typically served at home (Hall, 2005). Use of Charts with serving sizes are another method of portion control. For example, the USDA Food Pyramid Guide found in Table 2:10 has a food guide that contains standard measured amounts and things used in daily living which are easily recognized (Harvard Women's Health Watch, 2007).

Table 2:10

Things From Daily Living That are the Size of a Food Serving

Food groups, servings per day, and examples of serving sizes		
Food groups and Servings per day*	**Examples of one serving**	**Serving size looks like**
Grains 3-6 1-ounce equivalents	1 slice whole grain bread ½ cup cooked cereal, rice, pasta 1 small muffin 1 small pancake ½ English muffin ¼ bagel	1 compact disc case 1 rounded handful 1 large egg 1 compact disc ½ hockey puck ¼ hockey puck
Vegetables 4-5 half-cups or half-cup equivalents	1 cup raw leafy greens ½ cup (cooked or raw) chopped non-leafy vegetables ½ cup vegetable juice small baked potato	2 cupped hands 1 rounded handful 1 computer mouse

Fruits 3-4 half-cups or half-cup equivalents	½ cup (sliced or diced) fresh frozen, or canned fruit ½ cup (4 oz.) 100% fruit juice 1 small banana, orange, peach ¼ cup dried fruit	1 rounded handful 1 baseball 1 golf ball
Dairy 3 cups or 3 1-cup equivalents	1 ½ oz. hard cheese 2 oz. processed cheese 1 cup low-fat milk 8 oz. yogurt	4 dice 6 dice
Meats and beans 5 1-ounce equivalents	3 oz. portion fish = 3 servings 3 oz. meat/poultry = 3 servings ¼ cup cooked dried beans ½ oz. nuts or seeds 1 tablespoon peanut butter	a checkbook a deck of cards a golf ball a walnut in shell ½ walnut in shell
Fats and oils 5 teaspoons	1 teaspoon butter or margarine 1 tablespoon oil = 3 servings	tip of thumb about ½ shot glass
Sources: Food Guide Pyramid, USDA; American Heart Association *Amounts given are for women who get less that 30 minutes per day of physical activity, according to the Food Guide Pyramid. To find out what's right for you, go to www.my pyramid.gov (Harvard Women's Health Watch, 2007).		

Conscious of eating patterns to avoid mindless eating

Two studies were conducted at Cornell University to determine the awareness of individuals in making decisions about food intake and how the environment impacted

their decisions. The first study was done with 139 participants regarding the number of food-related decisions they made. The participants underestimated the number of decisions they made daily by 200. The second study of 192 participants showed that when given larger serving dishes accommodating larger portions, the participants ate 31% more food than they ate from smaller dishes. The participants reacted to this information as follows: 21% denied having eaten more, 75% credited to other reasons such as hunger, and only 4% thought they overate because of the large serving dish (Wansink & Sobal, 2007).

In a 4-week study of 40 adult secretaries and their consumption of chocolate candy left in a candy dish on their desks showed that the proximity and visibility of the chocolates consistently increased the candy consumption (Wansink, Painter, & Lee, 2006).

Exercise Strategies

Exercise is the basic process of energy output. Energy output is the way the body utilizes the calories taken in. Along with the movements of daily routine at work and at home, the human body benefits from three types of exercise to maintain overall wellness. These are: aerobic exercises to strengthen heart and lungs and aide the muscle in utilizing energy and getting rid of waste products; strength or resistance exercises to maintain muscle strength, and stretching exercises to assist with flexibility and fluid movement. Strength or resistance exercises aide in weight loss because they build muscle, which burns more calories than fat (Harvard School of Public Health, n.d.)

The Centers for Disease Control and Prevention recommends that adults participate in 30 minutes of daily or nearly daily moderate intensity cardio or aerobic

exercise, such as walking; and to participate in strength or resistance physical activities no less than two days a week with and exercise plan to complete 6 to 8 exercises with 8 to 12 repetitions per exercise, (Centers for Disease Control and Prevention, 2008). While this is considered to be the minimal amount of exercise for adults; their November 23, 2007 publication, *Morbidity and Mortality Weekly Report*, reported that regular physical activity increased by 8.6% from 2001 through 2005, but still less than 50% of adults exercise regularly (Kruger, Yore & Kohl, 2007).

Exercise research

When the National Weight Control Registry (NWCR) tracked its 5,000 plus successful weight-loss subjects, they discovered that one key element was at least 30 minutes of daily activity (Wing, 2008).

A study to examine the amount of physical activity needed to prevent long-term weight gain was done with 34,079 healthy women from the United States from 1992 to 2007. The mean age of the women was 54.2 years. The women reported their physical activity at the start of the study and at months 36, 72, 96, 120, 144, and 156. The federal government of the United States recommends at least 150 minutes of physical activity per week (7.5 metabolic equivalent (MET) hours per week) of moderately intense physical activity. The activity level of the women in this study was classified as "expending less than 7.5, 7.5 to less than 21, and 21 or more MET hours per week of activity at each week" (Lee, Djousse, Sesso, Wang & Buring, 2010, p. 1173). The amount of physical activity according to classification of MET hours and weight change was recorded over set intervals for 13 years. One of the conclusions of the study was that women who were "successful in maintaining normal weight and gaining fewer than 2.3 kg. over 13 years

averaged approximately 60 minutes a day of moderate-intensity activity throughout the study" (Lee, et al., 2010, p. 1173).

A 2004 study linked total amounts of weekly exercise to weight loss. To determine the amount of exercise necessary for weight loss, researchers at the University of Pittsburgh conducted a comparative study of different durations and intensities of exercise in sedentary, overweight women. The participants ages averaged 37 years, with an average body mass index of 32.6. The women were randomly assigned to an exercise group. The groups were (1) vigorous intensity/high duration, (2) moderate intensity/high duration, (3) vigorous intensity/moderate duration and (4) moderate intensity/moderate duration. All four groups were instructed to reduce their daily caloric intake to between 1,200 and 1,500 calories and limit their fat intake to between 20 and 30%. Ninety-four percent, or 184 women, completed the 12-month study. All four groups experienced significant weight-loss, with no a significant difference among the different groups (La Forge, 2004).

Combining exercise with fun

Doing things that combine physical activity and fun is not as repetitious and boring as using a treadmill. Active sports, hiking, dancing, and so on are enjoyable ways to exercise and burn calories (Rose, 2011).

Thinking Strategies

There are a number of unproductive ways of thinking about dietary intake, which may actually facilitate weight gain, or regain, rather than weight loss. Weight-loss coach, Sheri Zampelli names six of these thinking patterns as "deprivation, negativity, perfectionism, impatience, fear, and protection" (Zampelli, 2008, p. 13).

Deprivation often happens with restrictive diets. At first the individual feels proud of successfully remaining with a restrictive diet, but, as time passes, the longing for familiar foods increases. Sometimes the person does not allow him or herself to enjoy hobbies, trips, and so on until he or she has reached the weight-loss goal. Once the goal is reached, eating a restricted food can turn into an eating frenzy. All-or-nothing thinking can set in, causing an abrupt end to the restrictive diet. Zampelli suggests the following ways to move away from deprivation: eating foods which bring satisfaction, savoring the food and the experience of eating it, and using all the senses (Zampelli, 2008, pp. 14–19).

Zampelli also suggests avoiding negative thinking, as negativity focuses on the problem and, therefore, keeps the mind from seeking solutions. It may also lead to sadness and isolation, with stuffing feelings. She suggests the coach explore what the client is saying to him or herself, and convert those into positive reinforcements. She further suggests confronting perfectionism by asking, "What would be good enough? (Zampelli, 2008, pp. 19–21).

Impatience occurs when the client wants to see immediate results. She suggests looking and acknowledging the small changes that are happening over time (Zampelli, 2008, pp. 21–22).

Fear-based thinking can be both fear of failure, and/or fear of success. She points out that since weight change is usually slow, most fears of clothes not fitting, getting too much attention, etc. are unfounded. Also the use of excess weight as a protection may exist , especially if the client is a sexual crime victim or wants to numb painful memories.

Zampelli points out that a counseling referral may be needed. “Releasing trauma and getting in touch with emotions are important in weight-loss and maintenance” (Zampelli, 2008, pp. 22–26).

Changing Beliefs

No research was located about changing weight-loss beliefs in coaching settings. However, it is reasonable from reading the weight-loss literature to assume that productive ways of thinking about dietary intake, and negative self talk and myths could be powerful inhibitors of weight loss. Myths include that preparing healthy food takes too much time or costs too much. A coach could logically assist the client to become aware of self-talk and encourage thinking change.

Stress Reduction Strategies

The University of Rochester Medical Center has started a study of 2,782 employees at a large manufacturing facility in New York state. Two interesting things have occurred at this point in the study. While obtaining the body mass index of the participants, the researchers noted that the persons working in the “most high-job-strain conditions had almost one BMI unit more of weight than people who worked in more passive areas.” During the study the researchers heard the repeated story that at the end of the work day the workers wanted to escape the stress of meetings, computers, and so on, and were anxiously waiting to get home and “veg out” in front of the TV. The researchers also discovered that during the time when some employees were being laid off, the snacks highest in fats and calories would be the first to go from the vending machines. While the study is still in process, the initial findings are suggestive of a correlation between workplace stress and obesity (Fernandez, 2011).

Deep breathing is often used to reduce stress. Deep breathing raises the oxygen level in the blood, relieves stress, raises energy levels, improves ability to exercise, and promotes weight loss (Schreiber, 2011).

Behavioral Strategies

Many behavioral strategies have already been explored. In addition to these strategies are such things as getting adequate sleep and being aware of eating triggers.

Getting adequate sleep

Weight-loss literature frequently refers to getting adequate sleep while attempting to lose weight, due to the negative effect that sleep deprivation has on metabolism. Much of the literature suggests between seven and nine hours of restful sleep each night. Those suffering from routine sleep deprivation begin operating on low energy and, therefore, are prone to eat more, usually comfort and snack foods, to obtain more energy. When sleep deprivation is at the level of two or more hours a night, the sleep-deprived individual may experience a hormone imbalance. The hormones affected by sleep deprivation are ghrelin and leptin. According to Michael Breus, clinical director of the sleep division for Arrowhead Health in Glendale, Arizona, "Ghrelin is the 'go' hormone that tells you when to eat, and when you re sleep deprived, you have more ghrelin. Leptin is the hormone that tells you to stop eating, and when you are sleep deprived, you have less leptin." Sleep deprivation may cause eating more and having a slower metabolism (Mann, 2009).

Awareness of eating triggers

Eating triggers are the signals that prompt one to eat when they are not hungry and are not planning to eat. The taste, aroma, and sight of some foods may trigger eating.

Seeing pictures of food on TV and billboards may trigger a desire to eat as well. The less apparent triggers are things that have been around food in the past, such as popcorn at the movies, a favorite restaurant, and certain social events (Spangle, 2006).

Support Strategies

Weight Watchers research department states that higher social support increases weight-loss results. Their research proposes that the more social support a participant has, the better the weight-loss results (Weight Watchers Research Department, 2010).

The *European Journal of Clinical Nutrition* published their findings on the importance of social support during weight loss and management participation.
In their review they describe social support as both structural and functional. Structural support or social integration is "the availability of significant others (e.g., spouses, family members, friends, co-workers, social and religious groups) irrespective of the actual exchange of support." Functional support is "a subjective measure of the perception of support, depending on individual characteristics and expectation" (Verheijden, Bakx, van Weel, Koelen, & van Staveren, 2005).

Social support groups are more effective when participants join the group with several of their friends (Verheijden, et al., 2005).

Spiritual Strategies

In Marianne Williamson's book, *A Course in Weight Loss: 21 Spiritual Lessons,* she talks about spiritual intelligence and making the connection between the mind, body, and spirit while evoking the conscious and subconscious mind to work together for weight loss (Williamson, 2010).

While yoga may be utilized for exercise and reducing stress, it is also a "spiritual path that is based on ancient sacred philosophy" that uses the body, mind and spirit in one discipline (Yoga Resource Center, n.d.).

Summary and Research Questions

The literature regarding coaching for weight loss and maintenance is very limited. What we know is so limited that it fuels this researcher's curiosity. This section contains a brief summary about what is known, what is still unknown, and questions that arise to help fill the gap between the two.

The World Health Organization (WHO) predicts that by 2015, overweight adults will have risen to 2.3 billion and obese adults to 700 million worldwide. There are still only two studies published specifically relating to coaching for weight loss, neither of which is helpful to coaches as to what clients might be well-coached, or which coaching approaches might work.

There are a limited number of studies showing coaching in a positive light in the areas of wellness coaching. Coaching often assists the client in viewing life's situations from a different prospective; thus, opening a way for new possibilities. These possibilities include his or her readiness for change, motivation for change, and strategies for change. There are some theories regarding weight-loss coaching, but there is a lack of research in this area. Can coaching be effective in this area?

Because this research was conducted with coaches who have coached persons who have lost 20 or more pounds, the questions and strategies used have focused on such things as the types of questions the coach presented to the individual. How did the coach know the client wanted to lose weight? Did the coach know the strategies the client

wanted to use? What tools or assessments did the coach use to determine the client's commitment? What form of accountability did the coach request of the client? This survey type of research should move us further in developing a theory about the growing niche of weight-loss coaching.

CHAPTER 3

RESEARCH METHODOLOGY

Many persons are charging clients for "weight-loss coaching" without research to verify what techniques are effective. To become credible as a field, coaches need to use researched methods. This study is being conducted to explore what methods, techniques, and strategies a sample group of life couches have utilized while coaching adults who were successful in losing 20 or more pounds of weight while being coached.

Research data was collected through voluntary survey responses from life coaches who had coached one or more, but not exceeding three, persons during the time the client lost weight. The data was obtained and reported by coaches to protect the identity of their clients.

Research Design

Since the study of weight-loss coaching and effectiveness of technique is in its infancy, demographic and theoretical information is needed before a more experimental design can be proposed. There were a limited number of studies showing coaching in a positive light in the area of wellness coaching.

Only two studies appear to be have been published in peer review journals to date that specifically address weight-loss coaching. One study conducted at the University of Western Ontario from June through October, 2007, was done to evaluate the effect of one-on-one coaching with obese clients in the areas of waist circumference, body mass index (BMI), self-esteem, self-efficacy, physical activity, and functional health status" (Newnham-Kanas, Irwin, & Morrow, 2008). Twenty men and women with a

BMI over 30 and between the ages of 35 to 55 years participated in the study. Each participant received six to eight 35-minute coaching sessions to explore his or her desired outcomes and how to obtain those outcomes. Each participant phoned his coach an average of seven times over 10 to 12 weeks. During these calls the participants determined the agenda for each coaching session, which could be directly related to their obesity or to other issues in their lives. During these sessions the coaches predominately asked unscripted questions, which were normally open-ended and tailored to the individual. Two people dropped out of the study. The study resulted in a statistically significant decrease in waist circumference. Participants reported increased self-esteem, improved over-all health, an increase in physical activity, and making healthier eating choices. No changes were observed in BMI or self-efficacy (Newnham-Kanas, Irwin, & Morrow, 2008).

A second qualitative study was conducted by the University of Western Ontario, Canada, that looked at the result of co-active life coaching on obese female students. In this study five obese (basal metabolism index over 30) university students received an average of nine 35-minute, one-on-one, weekly coaching sessions as well as comprehensive pre and post interviews. The purpose of the pre-coaching interview was to understand each person's experience of being obese. To obtain this information the following questions were asked: "What is it like being you? What does your weight represent? What would you have to say yes and no to, to make your ideal come true? What is the story you tell yourself about your weight? How would you describe your overall well-being? What is your relationship with yourself?" (van Zandvoort, Irwin, & Morrow, 2009, p 106).

This researcher considered direct interview of coaching clients who had lost weight while being coached. However, given coaching ethics, which tightly protect client confidentiality and conversation, identification of those clients would be a violation of their privacy as well as a violation of International Coach Federation ethics, jeopardizing all the referring coaches. Therefore, retrospective gathering of information was needed from coaches to provide this baseline theory, and a survey format was the most efficient method to allow for statistical analysis. The design chosen was to survey coaches of participants of a purposive sample of coaches who were "successful" as defined herein with weight-loss coaching.

Research Hypotheses/Questions

This researcher found only a handful of published research articles regarding coaching for weight loss. This is despite several life coaches listing weight-loss coaching as a specialty. The goal of coaching in general is to assist the client to generate goals, explore new ways to view life's situations, and change attitudes and behaviors. This process interacts with the client's readiness for change, motivation for change, and strategies for change. How and when can this traditional life-coaching model, much in contrast to the "Biggest- Loser- I-own-you-and-you-will-work-it-off" model, be effective for weight loss?

Because this research was conducted by coach survey, both data questions and more general questions were used to gather data. There is an assumption that competent professional coaches have a strategy in mind to address client issues, and part of the research questions have to do with those strategies. These questions were chosen as most helpful to future coaches: (1) How does the coach know/learn the client wants to

lose weight? (2) Does the coach know the strategies the client wishes to use? (3) What tools or assessments does the coach use to determine the client's commitment or to motivate change? and (4) What form of accountability does the coach request of the client?

The research hypothesis is that certain client and coaching strategic patterns will emerge. The importance of the survey is that very little research has been done in the area of weight-loss coaching. Increasing this importance is the fact that the number of obese and overweight individuals is increasing. This data will assist life coaches to determine which clients may be candidates for successful weight-loss coaching and which strategies are likely to be needed. This will assist coach trainers to better prepare coaches, and prepare coaches for more professional behavior on this coaching topic.

Subjects

The persons who participated in this study were certified life coaches. All of these life coaches have obtained coach-specific training and 18 of the 21 coaches had been certified by the International Coaches Federation in the process of "partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential." (International Coach Federation, n.d.). Three of the coaches had been working in the field of weight loss and management and had added life coach training with the purpose of giving added value to their weight-loss clients. These three coaches consisted of a personal trainer, a nutritionist, and a psychologist, and each reported on one client.

Surveying certified trained life coaches insures that the individual coaches completing the survey have received coach-specific training, have completed a

designated number of hours of experience, and have been coached by a mentor coach. These 21 credentialed coaches demonstrate the 11 ICF core competencies by meeting ethical guidelines and professional standards; creating coaching agreements; gaining rapport with the client; being present with the client; actively listening to the client; asking powerful questions; keeping communication on the coaching process; creating awareness in the client; designing action steps with the client; planning and setting goals with the client; and were able to manage the coaching process, while keeping the client accountable (International Coach Federation, n.d.).

ICF has three levels of certification, including associate, professional, and master. An associate certification requires 60 hours of coach-specific training, working with a mentor coach for 10 hours, completing 100 hours coaching clients, with 75 of these hours being paid-for coaching, and having 8 clients. The professional certification requires 125 hours coach-specific training, 10 hours with a mentor coach, completing 750 hours of coaching with 675 of the hours being paid-for coaching, and 25 clients. The master coach certification requires 200 hours of coach-specific training, 10 hours with a mentor coach, completing 2,500 hours of coaching with 2,250 of the hours being paid, and having 35 clients. All three require a live oral exam, plus a written exam and a recorded session for both the professional and the master certification (International Coach Federation, n.d.).

A "Google" search for weight-loss coaches was done by using the phrases "weight loss coaches, weight loss, weight management, as well as health-and-wellness coaches." This search located 429 persons fitting into this broad category. After reviewing their individual websites, 57 persons were eliminated from the list. An e-mail message was sent to the remaining 372 persons, inviting qualified coaches that coach

clients who had lost 20 or more pounds while they were being coached to complete a survey regarding weight-loss coaching. The coaches who responded were thanked for their participation or to acknowledge their responses. Those who had not responded in 2 weeks were contacted a second and third time. The persons in charge of 49 coach institutes and training centers were contacted to request names of coaches in their institutions, requesting that former students who may have an interest in weight-loss coaching to be aware of this survey and be invited to participate in this study. Information and invitation to participate in this research was included in five blogs frequented by coaches. As many qualified coaches as this researcher was able to contact were invited to participate in this study. Each coach who had coached a client while they lost 20 or more pounds was asked to complete a survey on one or more clients, not to exceed three, of their specific coaching clients. These coaches were asked to complete a Survey Monkey questionnaire regarding the process they used to help each individual lose weight.

The subjects for this initial study were limited to the United States, to limit the possibility of cultural differences. Coaches volunteered to participate in the survey and were requested to submit information about their coaching experience with his of her personal client or clients. The surveys indicated that the individual survey was for client number one, client number two, and client number three. The life coach was asked to submit no more than three surveys to ensure a varied participation.

Instrumentation

The instrumentation for the data collection was a survey consisting of 33 questions. The first four questions were demographic in nature, asking how long the life coach had been coaching, the age and gender of the person being coached, and if the

client had originally come to coaching for executive or personal coaching. Questions 5 and 6 addressed the issue of how and when weight loss came into the coaching conversation. Did the client initially state a desire for coaching was for weight loss? Was it a secondary gain? Did the client enter coaching for more balance in his or her life, to reduce stress at work or at home, to enhance performance, improve relationships, or a combination of these? Question 7 looks at the point in the coaching process when the client stated a desire to lose weight. Questions 8 and 9 look at the intensity of coaching. Question 10 inquires if assessments were or were not used by the life coach. The question lists some assessments and left room for the coach to add any additional assessments used. Question 11 asked how many pounds the coach's client lost. Question 12 looks at the motivation of the client to lose weight. Questions 13 through 16 assessed the strategies that are common in coaching and weight loss. Question 17 explored changes in the client's attitude. Question 18 examined the client's choice when reaching a point that had produced weight loss, but was no longer effective. Question 19 involved the strategies the coach noted in the client's efforts to lose weight, such as cutting portion size and eating less processed foods. Question 20 was about the strategies the coach was aware of in the client's exercise, such as walking up a flight of stairs rather than taking the elevator. Questions 21 through 23 were about the life coach working with a client while the client returned to old eating habits, regained weight, and returned to the process of losing weight. Questions 24 through 26 was about the homework or accountability agreed on between the coach and client. Question 27 through 28 were about the coach's awareness of other weight-loss support people. Question 29 and 30 inquired about supplemental support like email and reading materials. Questions 31one and 32 were

about additional client benefits of the weight loss and coaching. Question 33 gave the coach an opportunity to add explanations or additional information about the client.

Data Collection Procedures

A request for individual life coaches who have had clients that had lost 20 or more pounds of body weight was sent out to ICF certified coaches through a spider-web approach, beginning with trainers of life coaches. They were asked to notify their former students of the research and the potential of this research to assist all coaches who are doing or desire to add weight-loss niche to their coaching. Because overweight and obesity has such a variety of ways of hindering individuals, the client may come to a coach for one reason and in the coaching process may realize that the extra pounds may be preventing him or her from being able to do the thing they desire the most. This could be to look good in certain types of clothing, being able to play with a child or grandchild, to obtain a certain job, climb the corporate ladder and so on. They were requested to ask if the coaches from their training centers would be willing to share their experience with one to three clients in the form of a 33-question survey. Each coach training center was asked to share information about the research and the how to reach the researcher by phone or by e-mail. Coaching network groups were also contacted in the same manner.

Response from training centers for life coaches and coaching networks was very slow and brought very few responses. The next step taken was to contact individual coaches via a website search engine by using the phrases “weight loss coaches, weight loss, weight management, as well as health-and-wellness coaches.

The responding coaches were asked to complete a survey which was compiled using Survey Monkey.

Data Analysis Procedures

Data was entered into PASW version 18.0 for Windows for analysis. Descriptive statistics were used to describe participants involved in the study. This included a summary of the number of years the life coach had been providing coaching services, the age and gender of their clients who successfully lost 20 pounds or more, and their client's reasons for seeking life coaching (weight loss vs. other). Survey items 1–7 were described using frequencies and percentages to report the number of participants that fit into a certain category and the percent of the sample that coincides with that category. Descriptive statistics are used to present a quantitative descriptive of the data in a sensible manner (Howell, 2010).

Research Question

RQ: What strategies are used by life coaches to assist clients in obtaining successful weight-loss results, and what are clients' responses to the intervention?

To examine the research question, descriptive statistics were conducted on the survey items to report the strategies used by life coaches to assist clients in obtaining successful weight-loss results, and their clients' responses to the intervention. Frequency and percentages were calculated to show the number of participants that endorsed each category of these survey items. Life coach strategies include number of weekly sessions, length of treatment, types of assessments, strategies for diet, exercise, and stress management, homework assignments, charting, supports, education, and correspondence. Survey items 8–16, and 24–30 were examined with descriptive statistics to report the strategies used by life coaches. Two survey items allowed for an open-ended response.

Survey items 19 (*What strategies did your client use to increase the benefits of losing weight?*) and 20 (*What strategies did your client use to increase the benefits of exercise?*) were examined qualitatively, and the frequency counts are reported for each item listed. The clients' responses to the intervention includes attitude change, actions taken, relapse, a return to strategies, and their report of benefits of weight loss and other personal gains. Survey items 17–18, 21–23, and 31–32 will examine the client's response to the intervention.

CHAPTER 4

RESULTS AND ANALYSIS

Characteristics of the Sample

There were 21 life coaches who completed the survey. Some participants did not respond to all of the demographic items, resulting in a varied sample count among the items that described their years of experience (see Table 4:1). Since all life coaches provided data on at least one client, and in some cases on up to three clients, the data for the description of the life coaches' years of experience was obtained from their report for *client 1*. Participants had between 1 and 23 years of experience as a life coach (M = 7.15, SD = 4.55), with the greatest number of life coaches (12, 57.1%) reporting between 6 and 10 years of experience. A large number of coaches were certified at ICF Associate level (11, 52.4%) or Professional level (5, 23.8%), as compared to the Master level (2, 9.5%). The number of years as an ICF Associate Certified Coach ranged between 0 and 7 years (M = 1.17, SD = 1.95), as an ICF Professional Certified Coach ranged between 0 and 7 years as well (M= 1.17, SD= 1.95), and the number of years as an ICF Master Certified Coach ranged between 0 and 12 years (M = 1.00, SD = 3.10).

The frequencies and percentages for years of experience as a life coach are presented in Table 4:1.

Table 4:1

Characteristics of Life Coaches' Years Experience

Years of experience	*n*	%
Years experience as a Life Coach		

1–5 years	7	33.3
6–10 years	12	57.1
11–20 years	1	4.8
21 or more years	1	4.8
Certification Level		
Associate Level	11	52.4
Professional Level	5	23.8
Master Level	2	9.5
Weight-Loss Specialist that added coaching	3	14.3
Years experience as an Associate Level Coach		
None	3	14.3
1–2 years	9	42.9
5 or more years	9	42.9
Years experience as a Professional Level Coach		
None	15	71.4
1–5 years	5	23.8
6 or more years	1	4.8
Years experience as a Master Level Coach		
None	19	90.4
1–5 years	1	4.8
11 or more years	1	4.8

Area of focus of Weight-Loss Specialists before adding coaching	Number of Year in Specialty	Number of Years with coaching
Personal Trainer and Wellness Instructor	20	5
Psychotherapist	34	8
Nutritionist	25	7

The 21 life coaches answered survey questions for one, two, or three clients who lost 20 or more pounds. In total, data was collected on 35 clients. All of the life coaches

completed the survey for at least one client, 7 (20%) completed the survey for a second client, and 7 (20%) completed the survey for a third client. The frequencies and percentages on the number of clients for whom the life coaches provided data are presented in Table 4:2.

Table 4:2

Number of Clients for whom Life Coaches Provided Data

Number of clients for whom the life coaches provided data	*n*	%
One client	21	60.0
Two clients	7	20.0
Three clients	7	20.0

Of the 35 life-coaching clients described in the present study, the majority were female (25, 71.4%), middle-aged (19, 54.3%), and sought personal life coaching (27, 77.1%). The frequencies and percentages for gender, age, and type of coaching sought are presented in Table 4:3.

Table 4:3

Client Characteristics: Age, Gender, and Type of Coaching Sought

Characteristics	*n*	%
Gender		
Female	25	71.4
Male	10	28.6
Age		
Young adult (35 years old and younger)	11	31.4
Middle-aged adult (36 to 59 years old)	19	54.3

Senior adult (60 years and older)	5	14.3
Type of coaching sought		
Executive coaching	6	17.1
Personal life coaching	27	77.1
Combination of executive and personal	2	5.7

Reasons Clients Entered Coaching

Of the 35 clients described, 21 (61.8%) clients entered coaching with the stated desire to lose weight and 13 (38.2%) did not. For those clients that had *not* expressed the stated desire to lose weight, coaches were instructed to select all categories that pertained to the reason(s) a client entered coaching (survey item 6). Performance enrichment (6, 46.2%) received the highest frequency of endorsements, followed by improving relationships (5, 38.5%), and reducing stress at work and at home (4, 30.8%). Two coaches selected "other;" one specified "spiritual coaching for life meaning and relationships," and the other wrote "improve overall health and well-being." Table 4 presents the frequencies and percentages for the reasons clients entered coaching.

Table 4:4

Frequency and Percentages on Reasons Clients Entered Coaching

Reasons	Yes		No	
	n	%	*n*	%
Stated desire to lose weight	22	62.9	13	37.1
Reasons when coaching was not weight-loss driven				
Performance enrichment	6	46.2	7	53.8
Improving relationships	5	38.5	8	61.5
Reducing stress at work or at home	4	30.8	9	69.2

Bringing increased balance into his or her life	2	15.4	11	84.6
Other reason	2	15.4	11	84.6

Research Question

What strategies are used by life coaches to assist clients in obtaining successful weight-loss results, and what are clients' responses to the intervention?

To examine the research question, descriptive statistics were conducted on each of the survey items to report the strategies used by life coaches to assist clients in obtaining successful weight-loss results, and their clients' responses to the intervention. Life coach strategies include number of weekly sessions; length of treatment; types of assessments; strategies for diet, exercise, and stress management; homework assignments; charting; supports; education; and correspondence. The clients' response to the intervention includes attitude change, actions taken, relapse, a return to strategies, and their report of benefits of weight loss and other personal gains.

Coaching Sessions

Survey items 7–9 inquired as to the stage in coaching that the client stated he or she wanted weight-loss coaching (during introductory session, during the first 3 months, etc.), the number of times the client was coached each month, and the length of time (in months) the clients was coached. The majority of clients (22, 62.9%) expressed the desire for weight-loss coaching during their introductory session. The number of monthly coaching sessions varied, with the largest number of clients (13, 37.1%) receiving coaching four times each month, followed closely by clients who received coaching three times each month (11, 31.4%), and then by clients who received coaching two times each month (9, 25.7%). Two coaches reported "other" with regard to the number of sessions;

one specified that "healing sessions were combined with three coaching sessions per month," and the other reported coaching "every week for the first 2 or 3 months, then every two or three weeks." The majority of clients received at least 3 months of coaching, and a large number (13, 37.1%) received coaching for 6 to 9 months, followed by 3 to 5 months (10, 28.6%), and then 9 to 12 months (6, 17.1%). Five coaches selected "other," but only three of those wrote in a response. Their responses showed weight-loss coaching had persisted longer than 12 months, and somewhere between 2 and 4 years' time. Table 4:5 presents the frequencies and percentages for the responses on survey items 7–9 that reflect the stage when the client expressed the desire for weight-loss coaching and the frequency and length of coaching.

Table 4:5

Frequency and Percentages on Stage, Number of Times Coached per Month and Number of Months Coached

Variable	*n*	%
Stage when client expressed desire for weight loss		
During the introductory session	22	62.9
During the first 3 months	4	11.4
During the first 6 months	6	17.1
During the first year	1	2.9
Never stated a desire for weight-loss coaching	2	5.7
Number of times client was coached each month		
Four times each month	13	37.1
Three times each month	11	31.4
Two times each month	9	25.7
One time each month	0	0.0

Other	2	5.7
Number of months client received coaching		
1 to 2 months	1	2.9
3 to 5 months	10	28.6
6 to 9 months	13	37.1
9 to 12 months	6	17.1
Other	5	14.3

Type of Assessment

Survey item 10 inquired as to the types of assessments that life coaches had used with the clients described. Table 4:6 presents the frequencies and percentages for the assessment types, beginning with the assessment used most often. Life coaches reported that a balance wheel was used for 17 (48.6%) clients. Assessments were not used in 7 (20%) cases, and relationship strength was not used in any case (0.0%) among the clients described. "Other" assessments were reported for 14 (40%) clients, but written responses were provided on only 11 of those clients. Of those "other" assessments, personality assessment was reported for 4 clients, Wellness Inventory was reported for 3 clients, and VIA Character Strength assessment was reported for 2 clients. There was also mention of assessments that included the determination of underlying causes and goal achievement assessment. Table 4:6 presents the frequencies and percentages of the types of assessments life coaches used with their clients.

Table 4:6

Frequency and Percentages on Types of Assessment Life Coaches Used with their Clients

Type of assessment	Yes		No	
	n	%	*n*	%

Balance wheel	17	48.6	18	51.4
Other assessment	14	40.0	21	60.0
Did not use assessments	7	20	28	80
Self-awareness	5	14.3	30	85.7
Willingness to change	3	8.6	32	91.4
Stress coping skills	3	8.6	32	91.4
Relationship strength	0	0.0	35	100.0

Estimated Weight Loss and Reasons to Lose Weight

Survey item 11 was used to obtain the life coaches' estimates on the amount of weight loss their client had experienced during the coaching period. A large number of clients lost between 26–50 pounds (15, 44.1%) or between 20–25 pounds (12, 35.3%). Fewer clients lost more than 51 pounds. The frequencies and percentages for pounds lost during coaching are presented in Table 4:7.

Table 4:7

Frequency and Percentages on Pounds Lost During Coaching

Number of pounds lost	*n*	%
20 to 25 pounds	12	34.3
26 to 50 pounds	16	45.7
51 to 75 pounds	4	11.4
76 pounds or more	3	8.6

The primary reasons clients wanted to lose weight (survey item 12) included: to look better (18, 51.4%), to improve health (18, 51.4%), to boost self-esteem (15, 42.9%), and to have more energy (15, 42.9%). Other reasons were provided for 2 clients and

included: “to make her body a temple for God’s presence” and “to look more credible at work.” The frequencies and percentages for the primary reasons clients wanted to lose weight are presented in Table 4:8.

Table 4:8

Frequency and Percentages on Primary Reasons Clients Wanted to Lose Weight

Primary reasons to lose weight	Yes		No	
	n	%	*n*	%
To look better	18	51.4	17	48.6
To improve health	18	51.4	17	48.6
To boost self-esteem	15	42.9	20	57.1
To have more energy	15	42.9	20	57.1
Other	2	5.7	33	94.3

Methods and Strategies Used by Clients

Clients used strategies to reduce food intake, exercise, and reduce stress (survey items 13, 14, and 15). To reduce the amount of food (energy) intake, a large number of clients (23, 65.7%) used the strategy of reducing desserts and/or sugared beverages. Nineteen (54.3%) reduced the amount of snack foods, and 20 (57.1%) reduced their portion sizes. Coaches selected “other” strategies for 9 (25.7%) clients, and of these, hypnosis was identified in 3 cases, and increased awareness of behavior, cognitive changes in thoughts about weight, improved general health care, and avoiding stressed eating were reported for the others. Only 6 (17.1%) clients were reported to follow a particular diet plan.

Most clients increased their amount of energy output through exercise. A large number (20, 57.1%) used a combination of exercises. One (2.9%) client was reported as not routinely exercising and 2 (5.7%) used "other" forms of exercise (specified as yoga).

To reduce stress, coaches reported that 11 (31.4%) clients used deep breathing exercises, 11 (31.4%) clients planned fun things to do with family and/or friends, and that 16 (45.7%) clients used a combination of stress reducing strategies. "Other" stress reduction techniques were identified for 13 (37.1%) clients, and included yoga (2 clients), prayer, and/or meditation (5 clients), hypnosis (2 clients), healing sessions (2 clients), and changes in thoughts or behaviors. The frequencies and percentages for the strategies used by clients to reduce food intake, exercise and reduce stress are presented in Table 4:9.

Table 4:9

Frequency and Percentages on Strategies used by Clients to Reduce Food Intake, Exercise and Reduce Stress

Strategy	Yes		No	
	n	%	*n*	%
To reduce the amount of food (energy) intake				
Reduced desserts and/or sugared beverage	23	65.7	12	34.3
Reduced amount of snack foods	19	54.3	16	45.7
Reduced portion size	20	57.1	15	42.9
Increased vegetable intake	12	34.3	23	65.7
Other strategies	9	25.7	26	74.3
Followed a particular diet intake plan	6	17.1	29	82.9
Type of exercise for energy output				
Combination of exercises	20	57.1	15	42.9
Cardio-vascular exercises	10	28.6	25	71.4

Strength-building exercises	7	20.0	28	80.0
Added to / returned to a sports activity	2	5.7	33	94.3
Other exercise	2	5.7	33	94.3
Did not routinely exercise	1	2.9	34	97.1
To reduce stress				
Other stress reduction techniques	13	37.1	22	68.9
Deep-breathing exercises	11	31.4	24	68.6
Planned some fun thing to do with family and/or	11	31.4	24	68.6
Combination of stress reduction techniques	16	45.7	19	54.3
Changed jobs	4	11.4	31	88.6
Took a walk at lunch time instead of eating at desk	3	8.6	32	91.4

Life coaches were allotted space to write in the strategies their clients used to increase the benefits of losing weight and to increase the benefits of exercise (survey items 19 and 20). The responses were analyzed qualitatively for similarities and then categorized for analysis. The weight-loss strategy that received the highest frequency of responses involved specific diet changes (adhering to a diet plan, reducing calories or portions, and eliminating certain foods, etc.) and accounted for 13 (40.6%) of the clients described. This was followed by goal setting and visualization strategies for 9 (28.1%) clients. Increased awareness, change in attitudes or thoughts, specific behavior strategies to plan meals, and use of prayer and meditation were reported, but less frequently. Three coaches did not respond to the item. The frequencies and percentages for the strategies used by clients to increase weight loss are presented in Table 4:10.

Table 4:10

Frequency and Percentages on Categorized Strategies Clients Used to Increase Benefits of Losing Weight

Strategies used to increase weight-loss	*n*	%
Specific diet changes	13	40.6
Goal setting and visualization	9	28.1
Awareness of stress and emotions impact on	4	12.5
Attitude or thought changes	2	6.3
Behavior strategies to plan meals	2	6.3
Prayer and meditation	2	6.3

The exercise strategy that received the highest frequency of responses involved participating in an exercise or physical activity with other people (family, friends, or group exercise) and accounted for 12 (34.3%) of the clients described. This was followed by the addition of some type of exercise activity to the client's schedule or the increased intensity of exercise for 10 (28.6%) clients. Use of exercise to reduce stress, relax, or change thoughts, visualization of goals and benefits, and the use of personal trainer were reported, but less frequently. One coach reported that his or her client did not use any strategy to increase the benefits of exercise and five coaches did not respond to the item. The frequencies and percentages for the strategies used by clients to increase the benefits of exercise are presented in Table 4:11.

Table 4:11

Frequency and Percentages on Categorized Strategies Clients Used to Increase Benefits of Exercise

Strategies used to increase exercise	*n*	%
Participated in exercise with others	12	40.0
Added a physical activity or increased intensity of activity	10	33.3
Used exercise to reduce stress, relax or change thoughts	3	10.0
Hired a personal trainer	2	6.7
Focused on benefits of exercise and visualized goals	2	6.7
No strategy used	1	3.3

The primary strategy used by clients to obtain weight loss (survey item 16) was becoming aware of the difference between hunger and craving food, reported for 15 (42.9%) clients. Ten (28.6%) clients used a combination of strategies, 6 (17.1%) used journaling, and 3 (8.6%) used progress charts. Seven (20%) clients used "other" strategies, which included a combination of strategies not listed in the questionnaire, such as diets that excluded sugars (2 clients) or increased water intake (2 clients), and reports of changes in self-talk, increased awareness, changes in sleep patterns, use of meditation, hypnosis, or core training. The frequencies and percentages for the primary strategies used by clients to obtain weigh-loss are presented in Table 4:12.

Table 4:12

Primary Strategies used by Clients to Obtain Weight Loss

	Yes		No	
Strategies to obtain weight loss	*n*	%	*n*	%

Awareness of difference between hunger and craving	15	42.9	20	57.1
Combination of listed strategies	10	28.6	25	71.4
More vigorous exercise regime	7	20.0	28	80.0
Other strategies	7	20.0	28	80.0
Journaling	6	17.1	29	82.9
Progress charts	3	8.6	32	91.4

Attitude Change

Clients made attitude changes or other changes during the life-coaching process (survey item 17). A large number of clients (18, 51.4%) increased their ability to visualize their goal, 10 (28.6%) used a combination of the attitude changes listed in the survey, 9 (25.7%) increased their commitment to change, 4 (11.4%) increased their optimism about change, and 2 (5.7%) became more open-minded about the benefits of change. "Other" changes were listed for 5 (14.3%) clients and included a combination of items not listed in the survey: increased self-acceptance (2 clients), recognized eating's emotional undercurrent, recognized weight change is a state of mind, desire for a love interest, took small steps toward goal and increased awareness of sabotages to the process. The frequencies and percentages for the attitude changes or other changes during the life-coaching process are presented in Table 4:13.

Table 4:13

Attitude Changes and Other Changes during the Life-Coaching Process

Attitude changes and other changes	Yes		No	
	n	%	*n*	%
Increased ability to visualize her or her goal	18	51.4	17	48.6
Combination of listed changes	10	28.6	25	71.4

Increased his or her commitment to change	9	25.7	26	74.3
Increased his or her optimism about change	4	11.4	31	88.6
Became more open-minded about the benefits of change	2	5.7	33	94.3

Incidence of Return to Old Eating Habits (Relapse) and Action after Failure

During the time clients were being coached for weight loss, 21 (60%) experienced a relapse, or a time of returning to old eating habits, and 14 (40%) did not (survey item 21). For those who relapsed, weight-gain data was provided on 20 clients and none (0%) of those clients regained their original pre-coaching weight. The frequencies and percentages for experience of relapse are presented in Table 4:14.

Table 4:14

Relapse Experience

Relapse experience	Yes		No	
	n	%	*n*	%
Experience of Relapse	21	60.0	14	40.0
For those who relapsed, regain of pre-coaching weight	0	0.0	21	100.0

Of the 21 clients who relapsed, the majority (14, 73.7%) returned to the process of losing weight within 1 to 2 weeks, 1 (5.3%) returned to the process within 3 to 4 weeks or within 2 to 3 months, and 3 (15.8%) returned to the process in an “other” (unspecified) period of time. Data was not provided for 2 relapsing clients. The frequencies and percentages for the time to return to the process of weight loss after relapse are presented in Table 4:15.

Table 4:15

Time to return to Process of Weight Loss after Relapse

Time to return to process of weight loss after relapse	*n*	%
1 to 2weeks	14	73.7
3 to 4 weeks	1	5.3
2 to 3 months	1	5.3
Other	3	15.8

Tools Used to Increase Client Accountability

Specific tools were used to enhance client accountability, including the use of homework, food and exercise charts, and e-mail communication (survey items 24–26 and 29). Beginning with homework, word of mouth on progress was used by 21 (60%) clients, whereas 9 (25.7%) clients selected a choice of homework assignments, and 9 (25.7%) completed "other" homework assignments. This included weekly progress reports (3 clients), report of daily steps or baby steps (3 clients), meditation/yoga, report of new insights, and used hunger/fullness chart. Food intake charts, weekly weight amounts, and reports of exercise were used less frequently as homework.

The majority of clients (23, 65.7%) did not use a food chart, but for those who did, 6 (17.1%) clients used a chart to show the emotion that was experienced at time of eating, 5 (14.3%) used a combination of food charts, 4 (11.4%) listed the type of food eaten, 2 (5.7%0 listed the time of day, and 1 (2.9%) used another type of food chart (awareness of mindless eating).

The majority of clients (25, 71.4%) did not use an exercise chart, but for those who did, 3 (8.6%) clients used a chart to show the type of exercise, 3 (8.6%) clients used

a combination of exercise charts, 2 (5.7%) recorded the length of time involved in exercise, 2 (5.7%) recorded their body's response to exercise, and 1 (2.9%) recorded the time of day the exercise was done.

Life coaches reported that e-mail communication was used during the process of weight-loss coaching among the majority of clients (22, 62.9%). For those who used e-mail, 14 (40%) clients were encouraged and/or supported with brief e-mails, 9 (25.7%) received progress charts and assignments via e-mail, and 3 (8.6%) clients were provided with information on a specific topic through e-mail correspondence. The frequencies and percentages for the tools used to increase client accountability are presented in Table 4:16.

Table 4:16

Tools Used to Increase Client Accountability

Tool	Yes		No	
	n	%	*n*	%
Homework				
Word of mouth on progress	21	60.0	14	40.0
Client selected choice	9	25.7	26	74.3
Other homework	9	25.7	26	74.3
Food intake chart	6	17.1	29	82.9
Weekly weight amount	5	14.3	30	85.7
Report of exercise chart	5	14.3	30	85.7
Combination of the above	2	5.7	33	94.3
Food chart				
Did not use a food chart	23	65.7	12	34.3
Emotion that was experienced at time of eating	6	17.1	29	82.9

Combination of food charts listed	5	14.3	30	85.7
Type of food eaten	4	11.4	31	88.6
Amount of food eaten	3	8.6	32	91.4
Time of day when food was eaten	2	5.7	33	94.3
Other food chart	1	2.9	34	97.1
Exercise chart				
Did not use an exercise chart	25	71.4	10	28.6
Type of exercise	3	8.6	32	91.4
Combination of the exercise charts listed	3	8.6	32	91.4
Length of time doing this exercise	2	5.7	33	94.3
The body's response to the exercise	2	5.7	33	94.3
Time of day exercise was done	1	2.9	34	97.1
Use of e-mail communication				
Brief e-mails for the encouragement and/or support	14	40.0	21	60.0
Did not use e-mail as part of the weight loss process	13	37.1	22	62.9
For progress charts and assignment completions	9	25.7	26	74.3
For the client to obtain information on a specific topic	3	8.6	32	91.4

In some cases, life coaches provided written material on wellness and weight loss to their clients (survey item 30). The majority of clients (22, 68.8%) were not supplied with reading materials, 6 (18.8%) received reading materials upon request, and 4 (12.5%) had reading materials available to them on a website. The frequencies and percentages for the availability of reading materials on wellness and weight-loss are presented in Table 4:17.

Table 4:17

Availability of Reading Materials on Wellness and Weight-loss

Availability of reading materials on wellness and weight-loss	*n*	%

Written material not supplied	22	68.8
Made available when requested	6	18.8
Available on website	4	12.5

Other Supports Used in Conjunction with Coaching for Weigh Loss

The majority of clients (29, 82.9%) had the support of other persons in conjunction with their weight-loss coaching (survey item 27). Coaches were instructed to check all that apply with regard to support persons (survey item 28), and some did not respond to the item. Eleven (31.4%) clients received support from a spouse/partner, and 8 (22.9%) received other supports, including support from a yoga or meditation instructor (4 clients), accountability partner, marriage counselor, other family members, and Weight Watchers. Five (14.3%) had the support of a sports activity partner, 4 (11.4%) had the support of a nutritionist, 3 (8.6%) had the support of a personal trainer, and 3 (8.6%) had the support of a combination of persons. The frequencies and percentages for the support of other persons in conjunction with weight-loss coaching are presented in Table 4:18.

Table 4:18

Support of Other Persons in Conjunction with Coaching for Weight-Loss

Support of other persons	Yes		No	
	n	%	*n*	%
Received support from other persons during coaching	29	82.9	6	17.1
Persons used for support				
Support of spouse/partner	11	31.4	24	68.6
Other supports	8	22.9	27	77.1
Sports activity partner	5	14.3	30	85.7

Nutritionist	4	11.4	31	88.6
Personal trainer	3	8.6	32	91.4
Combination of support persons	3	8.6	32	91.4

Benefits and Gains Experienced by Clients who Received Life Coaching

Life coaches reported specific benefits their clients obtained from losing 20 pounds or more (survey item 31). The most frequent endorsements were noted among three specific items, including the client has more energy (27, 77.1%), the client looks better in his or her clothes (23, 65.7%) and the client appears more attractive (19, 54.3%). Lesser frequencies were noted for benefits that included an increased credibility at work (9, 25.7%), experience of fewer illnesses (8, 22.9%), and "other" benefits (8, 22.9%). "Other" benefits included increased self-esteem (2 clients) awareness of purpose, spiritual awakening, discontinued prescribed medications (2 clients), and increased physical comfort. The frequencies and percentages for the benefits clients had obtained from losing 20 pounds or more are presented in Table 4:19.

Table 4:19

Benefits Clients Obtained from Losing 20 Pounds or More

Benefits	Yes		No	
	n	%	*n*	%
Has more energy	27	77.1	8	22.9
Looks better in his or her clothes	23	65.7	12	34.3
Appears more attractive	19	54.3	16	45.7
Increased credibility at work	9	25.7	26	74.3
Has fewer illnesses	8	22.9	27	77.1
Other benefits	8	22.9	27	77.1

Life coaches endorsed other gains their clients had made during coaching (survey item 32). The most frequent endorsements were noted among two items, including the client reported increased happiness overall (28, 80%) and the client set or met emotional or spiritual goals (21, 60%). Coaches note that 14 (40%) clients experienced improved relationships, and a lesser frequency (6, 17.1%) experienced gains through job or career changes, or other gains (4, 11.4%). The "other" gains included: retired (2clients), experienced peace and freedom, increased or restructured finances (3 clients) and experienced a better sex life and playtime with children. The frequencies and percentages for other gains clients had had made during coaching are presented in Table 4:20.

Table 4:20

Other Gains Clients Made During Coaching

Gains	Yes		No	
	n	%	*n*	%
Reported increased happiness overall	28	80.0	7	20.0
Set and met emotional or spiritual goals	21	60.0	14	40.0
Relationship(s) improved	14	40.0	21	60.0
Changed jobs or careers	6	17.1	29	82.9
Other gains	4	11.4	31	88.6

CHAPTER 5

SUMMARY, DISCUSSION AND RECOMMENDATIONS

Summary

The Problem

Life coaches explore the benefits of weight-loss coaching as an aid in health and wellness

The World Health Organization reported 1.6 billion person 15 years and older being overweight, and 400 million of these having become obese, and predicts the number will increase another 70% by 2015 (World Health Organization, n.d.). Overweight occurs when an individual weighs more than normal for their age and height and their body mass index (BMI) is in the range of 25 to 29.9, and obesity occurs when an individual has an excessive amount of body fat and their BMI is 30 or greater (Merriam-Webster Medical Dictionary, n.d.).

At the same time, the sale of weight-loss products and programs in the United States continues to climb. A 2007 study showed weight-loss products and programs to have reached $55 billion annually for an estimated 72 million dieters in the United States alone. This number is expected to increase (Marketdata Enterprises, Inc. 2007).

Another concern for professional coaches is that a number of persons are advertising themselves as weight-loss coaches. This research survey attempts to discover what those who have had coach training are doing and allow that research to set a foundation for weight-loss coaching.

The lack of direct research about coaching associated with weight loss

There is a lack of direct research in the area of weight loss and coaching. Weight-loss coaches are in the experimental stages of this very significant health area that affects the quality and longevity of life. As coaches develop the weight-loss niche within the health-and-wellness aspect of coaching, it is important to base the coaching weight-loss model on sound coaching science. The purpose of this survey is to discover what processes and strategies the surveyed coaches and their clients used to accomplish successful weight loss. It seems that exploring what these successful coaching sessions included will facilitate coaches to be more professional and be a starting point in developing a science-based coaching process that will create greater public confidence and allow clients to obtain better outcomes for their investment of time and funds.

Method: Survey of certified or formally trained coaches

A survey of certified (formally trained) coaches was conducted with coaches who had coached one to three individuals while the client(s) lost 20 or more pounds. This method was used to protect the identity of those being coached, while learning what strategies were employed by the coach during the process of coaching. This survey was conducted through Survey Monkey and contained 33 questions. While a few questions inquired about demographics, the remainder contained questions directly involved in the weight-loss coaching process.

Data was collected from the individual coachs of 35 clients who had lost 20 or more pounds during the coaching process. The data gathered from the questions was subjected to statistical analysis with the results tabulated in chapter 4.

Results

The results compiled from this research were obtained from the questionnaire completed by 21 coaches regarding the one, two, or three of their clients who had lost 20 or more pounds while they were being coached. The gender and age of the clients, as well as the type of coaching they sought, are located in Table 4:3. The client sample consisted of 25 females and 10 males; 11 were 35 years old and younger, 19 were 36 to 59 years old, 5 were 60 or more years old. Twenty-seven clients sought personal life coaching, 6 sought executive coaching, and 2 sought a combination of the types.

Reasons Clients Entered Coaching

Coaches reported that 22 of the clients entered into a coaching agreement stating a desire to lose weight and 13 did not verbalize a desire to lose weight. Non-weight-loss reasons for coaching were performance enrichment, improving relationships, reducing stress at work and at home, bringing increased balance into his or her life, spiritual coaching for life meaning and relationships, and to improve overall health and well-being. The rate of occurrence and percentages are recorded in Table 4:4.

The greater part of clients (62.9%) verbalized their desire for weight-loss coaching during the introductory coaching session, 4 more during the first 3 months, 6 more during the first 6 months, 1 during the first year. Two never stated a desire to lose weight and still lost 20 or more pounds. See Table 4:5.

Frequency of Coaching Sessions

The number of coaching sessions per month was four times monthly for 13 clients, three times monthly for 11 clients, two times monthly for 9 clients, and 2 clients who had other arrangements with their coachs, as seen in Table 4:5.

Use of Assessments

Assessments did not seem critical, but may have been useful, as the coaches reported that assessments were not used with 7 clients Table 4:6 shows that the basic balance wheel assessment was used with 17 clients, other assessments with 14 clients, self-awareness assessments with 5 clients, willingness-to-change assessments with 3 clients, and stress coping-skill assessments with 3 clients. The most predominant occurrence with assessments was found in that the 28 clients, completing assessments, completed some form of a balance wheel.

Amount of Weight Loss

Twelve clients lost between 20 and 25 pounds, 16 lost between 26 and 50 pounds, 4 clients between 51 and 75 pounds, and 3 clients lost more the 76 pounds. See Table 4:7.

Primary Reasons for Losing Weight

Boosting esteem, health, and energy were the primary stated motivations for weight loss, with these results: 18 clients wanted to look better, 18 wanted to improve their health, 15 wanted to boost their self-esteem, 15 wanted to have more energy, 1 wanted "to make her body a temple for God's presence," and 1 "to look more credible at work." See Table 4:8.

Strategies Used to Reduce Food Intake, Increase Exercise, and Reduce Stress

Diets were not used by most, but restricting food intake was important. Table 4:9 shows that the coaches reported that only 6 clients followed a particular diet plan, although 23 clients reduced the amount of desserts and/or sugared beverages, 19 clients reduced their amount of snacks, 20 reduced their portion size, and 9 used other strategies, including hypnosis, increasing their awareness of behavior,

changing their thoughts about weight and food, improving their general health care, and avoiding eating to reduce stress.

Exercise seemed to be an important factor. Twenty clients used a combination of exercises to increase energy output, 10 did cardio-vascular exercises, 7 did strength-building exercises, 2 added or returned to a sports activity, 2 did yoga, and 1 client did not routinely exercise.

Stress-coping methods took many forms. Eleven clients did deep-breathing exercises, 11 clients planned some fun things to do with family and/or friends, 16 did a combination of stress reduction techniques, 4 changed jobs, 3 took a walk at lunch time instead of eating at their desk, 13 did other stress reduction techniques that included yoga, prayer, meditation, hypnosis, healing sessions, and changes in thoughts or behaviors.

Strategies Used to Obtain Weight Loss Compiled from a Check-off List

Coaches were asked which methods their clients reported using on a check-off list. The options included an awareness of the difference between hunger and craving food, a more vigorous exercise regime, journaling, progress charts, or a combination of these listed strategies and other strategies. Although responses were as diverse as the likely clients were, the item most frequently selected was an awareness between hunger and craving food for 15 clients, followed by a combination of the listed strategies for 10 clients; 7 clients engaged in a more vigorous exercise regime, 6 in journaling, 3 in the use of progress charts, and 7 in other strategies. The use of "other" strategies included diets that excluded sugars; increased water intake; change in self-talk; increased awareness;

change in sleep patterns; and use of meditation, hypnosis, and core training. These strategies are found in Table 4:12.

Strategies Used to Increase Weight Loss Compiled from a List Supplied by Coaches

The coaches were also asked an open-ended question where they wrote down the strategies their clients used to increase the benefits of losing weight. Their responses grouped into six main categories: specific diet changes, goal setting, steps necessary to reach the goal, awareness of the impact of stress and emotions on eating, attitude or thought changes, behavioral changes, and spiritual connection. These are listed in more detail in Table 4:10.

Strategies Used to Increase Exercise

The coaches were also asked to write down the strategies used to increase the benefits of exercise. Their responses fell into six main categories: participated in exercise with others; added a physical activity or increased the intensity of the exercise; used exercise to reduce stress, relax, or change thoughts; focused on the benefits of exercise; and used expert help. One client did not increase his or her physical activity. These are listed in more detail in Table 4:11.

State-of-Mind Changes

Table 4:13 records the mind-set changes of clients as reported by their life coaches. Visualization and commitment were the top responses. The coaches reported that 18 clients were able to increase their ability to visualize their goal, 9 increased their commitment to change, 4 increased their optimism about changing, 2 became more open-minded about the benefits of change, and 10 clients used a combination of the listed changes.

Weight-Loss Set-backs, Weight Re-gain and the Return to Losing Weight

Weight-gain relapse was common. Table 4:14 shows the coaches reporting that 21 clients experienced a relapse in their weight loss, but that none of the clients returned to their pre-coaching weight. Table 4:15 shows that 15 of these clients returned to the process of losing weight within 2 weeks, 1 more in 4 weeks, 1 or more in 3 months, 3 were marked "other" and 2 had no data supplied.

Coaching Tools to Increase Client Accountability

The majority of clients (21) verbally reported their progress to their coaches. Nine clients chose the type of "homework" they would engage in between coaching sessions, 6 reported with a food intake chart, 5 with a weekly weight amount, 5 with an exercise chart, 2 used a combination of the things listed, and 9 other in "homework" such as progress reports, report of daily steps toward goal, report of new insights, report of eating on hunger/fullness scale, and use of tools such as yoga and meditation.

Table 4:16 also relates that over 65% of clients did not use food charts to report their progress to their coaches. Those who did report with the use of food charts included some of the following: the emotion that was experienced at the time of eating, type of food eaten, amount of food eaten, and the time of day when food was eaten.

The use of exercise charts was not frequent, as 25 clients did not use these for accountability to their coaches. When exercise charts were used, they included some of the following: type of exercise, length of time doing the exercise, the body's response to exercise, and the time of day that exercising took place.

Communication Other than Coaching Sessions

Table 4:17 contains the frequency of use of e-mail communication. E-mail was used for clients to submit progress reports and assignment completions, for the coach to encourage and support clients, and for coaches to supply clients with information on a specific topic. E-mail was not used by 13 coaches and their clients.

The availability of reading material on wellness and weight loss is also tabulated in Table 4:17. Twenty-two of the coaches did not supply written material, six made material available when requested, and four coaches have material available on their websites.

Support from Other Persons in Addition to Coaching

The coaches reported that over 80% of their clients had received support from other persons in addition to their coach. These persons included spouses, friends, sports activity partners, nutritionists, personal trainers, and other support persons.

Benefits and Gains Clients Obtained as a Result of Life Coaching and Weight Loss

The benefits of losing weight were 27 clients had more energy, 23 clients looked better in their clothing, 19 felt more attractive, 9 experienced increased credibility at work, 8 had fewer illnesses, and 8 listed other benefits. These are tabulated in Table 4:19.

Other gains are listed in Table 4:20. There was a strong influence trend on mood and behavior, as 80% reported an increase in their overall happiness, 21 accomplished meeting emotional and spiritual goals they had set for themselves,
14 experienced improvement in their relationships, 6 changed jobs, and 4 experienced other gains.

Discussion

Although there is a substantial amount of literature available from weight-loss disciplines other than life coaching, there is only a limited amount of literature available regarding coaching and weight loss. Much of the literature from all disciplines, including coaching, is more theory than researched data and therefore often contains conflicting information.

This survey suggests that there are 14 significant areas that life coaching for weight-loss facilitates the client in reaching his or her weight-loss goals. These important areas are listed below. A brief discussion of each area follows the list.

- The coaches and their clients demonstrated active communication.
- A form of the balance wheel assessment was used by all of the coaches using assessments.
- Two clients respectively lost 35 and 42 pounds while they were being coached to reach another outcome.
- Over 80% of clients chose a method of eating, rather than a particular diet plan.
- All the clients routinely exercised, except one client.
- Stress reduction occurred by client's implementation of several strategies.
- A large number of strategies were used to increase weight loss.
- A large number of strategies were used to increase exercise.
- Coaching reduced set-backs in weight loss: none regained to original weight.
- Coaching reduced the time spent in relapse.
- Support persons, as well as coaches, were very important to most clients.
- Changing jobs as an aid to losing weight.

- Several clients mentioned a spiritual dimension to their weight-loss process.
- Benefits of weight loss were numerous and varied.

Coaches and Their Clients Demonstrated Active Communication

The survey questions were about the clients the coaches had coached during the time the clients lost 20 or more pounds. Therefore, the survey did not cover coach-client conversations to protect client identity. However, the results of the survey demonstrate that the coaches actively listened until the client's intended meaning was clear to both the client and the coach (Williams & Thomas, 2005). The authenticity of their communication was demonstrated by the client entering coaching for one reason and obtaining additional benefits, such as entering coaching for executive coaching and losing weight and entering for weight loss and changing employment.

A Form of the Balance Wheel was Used by all the Coaches that Used Assessments

Assessments were not used with 7 of the clients (20%). A form of the balance wheel was used with the other 80% of the clients. The balance wheel is a coaching tool that has the client score where he or she is at the present in several areas of his or her life, such as career, physical self, family and friends, finances, social, relationships, and spirituality. The client scores him or herself on where he or she would like to be. This process helps the client become more aware that he or she always has choices (Williams & Thomas, 2005).

Two Clients Respectively Lost 35 and 42 Pounds While They Were Being Coached to Reach Another Outcome (did not Verbalize a Desire to Lose Weight)

One of these two clients requested executive coaching. The client's coach reported asking the client, "How could you better take care of yourself and improve your

current situation?" The client lost 35 pounds after reflecting on this question. Active listening and asking a good question at the moment the client is open to change produced transformative change.

The second client entered coaching to improve her overall health, but did not verbalize a desire to lose weight. As she focused on steps toward improved health and wellness, she lost 42 pounds as well.

A Particular Diet Plan Used by Only 17.1%

Over 80% of the clients chose to select their own food combinations and eating strategies to facilitate losing weight, rather than follow a specific diet plan. Their strategies varied extensively and included some that have been researched and some for which this researcher did not find any empirical studies. Perhaps the most important thing is that they chose strategies that fit their lifestyles and likely gained methods for permanently maintaining their weight loss.

All But One Client Exercised Routinely

Exercise was chosen by the individual clients to fit into their lifestyles. One client did not routinely exercise. Some clients chose to add an element of pleasure and social connection (Verheijden, et al., 2005) to their exercise routine by enlisting support from their families and friends. Some clients added to their accountability by choosing to receive professional assistance from personal trainers and yoga instructors and so on (Eley, 2008).

Many Ways Were Used to Reduce Stress

The two ways of reducing stress that were reported the most frequently were deep breathing and planning fun activities with family and friends. Deep breathing (Schreiber,

2011) and planning fun activities with others (Rose, 2007) were also the more frequently suggested strategies in weight-loss literature.

Strategies Used to Increase Weight Loss Varied

The reported strategies fell into four main categories: specific changes in diet, goal setting and implementing steps to reach that goal, mind-set changes, and behavioral changes. The diet changes were highly individual except in the area of decreasing portion size and reducing some of the higher calorie food.

Strategies Used to Increase Exercise

The strategies used to increase exercise fell into five main categories: exercising with other people; adding or increasing the intensity of exercise; using exercise to reduce stress, relax, or change thoughts; focusing on the benefits of exercise; and enlisting professional help. Having others participate in exercise with them was presented by 51% of the clients (Rose, 2007).

Importance of Support Persons

The coaches reported that over 80% of the clients received structural support (Verheijden, et al., 2005) from spouses, family members, friends, and so on. Also, many of the clients had received functional support (Eley, 2008) by adding the assistance of other professionals; 4 clients received support from a nutritionist, 3 clients received support from a personal trainer, 3 clients from a yoga instructor, 2 clients from a meditation instructor, 1 client from a marriage counselor, and 1 client from a hypnotist.

Coaching Reduced Set-Backs in Weight Loss: None Regained to Original Weight

Forty-four percent of the clients did not experience a relapse in losing weight while being coached. Sixty-six percent did regain weight, but none of them regained to

their original weight before coaching. All were able to get back to the process of losing weight, and most were back on track in 2 to 3 months. This may have been partially due to the accountability factor built into life coaching.

Changing Jobs as an Aid to Losing Weight

A surprising number of clients (11.4%) changed jobs while being coached. Job changes were recorded as an effort to reduce stress. The connection between workplace stress and obesity was recently studied at the University of Rochester Medical Center (Fernandez, 2010).

The Spiritual Aspect of the Mind-Body-Spirit Connection

A spiritual element is mentioned several times. Weight-loss literature talks about a spiritual element in weight loss (Williamson, 2010). A practice of meditation helps the individual to accept what they may have previously viewed as personal flaws as their own unique characteristics, to accept the ones they can not change, and be open to changing those they can change. While yoga may be done as an exercise or to facilitate deep breathing and relieve stress, it is a spiritual discipline based on ancient sacred philosophy (Yoga Resource Center, n.d.).

Benefits of Weight Loss Were Numerous and Varied

Coaches reported a number of benefits experienced by their clients as a result of coaching and weight loss. Table 5:1 shows the benefits mention from 1 28 times.

Table 5:1

Benefits of weight-loss and coaching

Benefits from coaching for weight loss as reported by their coach	**Other benefits gained during coaching process as reported by their coach**

28 Clients have more energy than previous to losing weight	28 Clients reported to their coaches that their overall happiness has increased
23 Clients look better in their clothing than before weight-loss coaching	21 Clients set and met their emotional and/or spiritual goals
20 Clients are more attractive after losing weight	13 Clients experienced improved relationships
10 Clients have increased credibility at work	6 Clients changed jobs or careers
8 Clients have fewer illnesses	2 Clients retired, retirement was not planned at this time prior to the coaching process.
3 Clients have boosted their self-esteem	1 Client made more money while working fewer hours
2 Clients are no longer taking prescription medication after losing weight	1 Client has more time to play with children
2 Clients feel more connected to self and their ability to do what they desire after losing weight	2 Clients began volunteering in their area passion and are doing what they love to do
1 Client is much more physically comfortable after losing weight	1 Client feels at peace and has the freedom to be herself
1 Client has the assurance that he or she is taking care of self and improving his or	1 Client restructured finances to accommodate retirement

her situation in life	
1 Client is more aware of his or her life purpose	
1 Client experienced a spiritual awakening	
1 Client is feeling much better health-wise	

Recommendations

Research on weight-loss coaching has been minimal to present. Hopefully, this study will trigger further research in this very important area. The number of coaches participating in the survey was small, but still revealed some interesting material for future research.

It appears that the various forms of the balance wheel were helpful in increasing client awareness of balance and how balance is beneficial. Future research on a form of a balance wheel specifically for weight-loss clients may be helpful to weight-loss coaches.

The value of support to the client from the coach, other persons such as family and friends, and professional support persons, along with coaching seems to dominate in this survey, but needs additional research.

Some of the tools, such as journaling, food and exercise charts, used by others in the weight-loss industry did not seems to be as important in the coaching process. More research is needed to see if this is consistent in the coaching process.

Spiritual components were mentioned a number of times. Future research into the

spiritual portion of the mind-body-spirit connection is another interesting area for research.

Research is needed into the core values sought by clients when they hire instructors in the areas of meditation, yoga, and so on, as well as the part they play in functional support of the clients.

The limitations of this research include the limited number of participants responding to the survey. The survey was conducted in only one geographical area, and the survey was done with the coaches of clients they had coached in the past and some details may have been forgotten.

Weight-loss coaching as a niche within wellness coaching is an emerging and evolving field. The evolvement is both multifaceted and dynamic. This paper is offered as a contribution to the ongoing growth of coaching for weight loss as a profession and a wellness movement.

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Appendix

Coaches responded to a 33-question survey conducted through Survey Monkey. The questions are contained on the following pages. Each coach was asked to respond to the survey questions for each client they had coached who had lost 20 pounds or more of body weight while being coached; not to exceed a total of three clients. The purpose of not responding more than three times per coach was to keep the sample varied.

Life Coaching for weight loss of twenty or more pounds

1. Default Section

1. What is the length of time in years have you been a life coach?
What length of time in years have you been a ICF Associate Coach?
What length of time in years have you been a ICF Professional Certified Coach?
What length of time in years have you been a ICF Master Certified Coach?

Please round off to the nearest full year. Please place a zero in the areas that you have not attained at this present date.

The number of years I have been a Life Coach.	
The number of years I have been a ICF Associate Certified Coach.	
The number of years I have been a ICF Professional Coach.	
The number of years I have been a ICF Master Certified Coach.	
My name is:	
Please indicate if this survey is refers to client number 1, client number 2 or client number 3. (You may fill out a survey on each of three clients who has lost 20 or more pounds.)	

2. What gender was your client who lost 20 or more pounds?

- ◯ Female
- ◯ Male

3. What age group is your client who lost 20 or more pounds: young adult (35 years old and younger); middle-aged adult 36 to 59 years old); or senior adult (60 years or older)?

***Please check only one catagory.**

- ◯ Young adult (35 years old and younger)
- ◯ Middle-aged adult (36 to 59 years old)
- ◯ Senior adult (60 years or older)

Life Coaching for weight loss of twenty or more pounds

4. What type of coaching was your client seeking at the onset of coaching with you? Was it executive (about their employment) or personal life coaching or a combination of the 2 types?

***Please check only one catagory.**

- ◯ Executive coaching
- ◯ Personal life coaching
- ◯ Combination of executive and personal coaching

5. Did the client initially enter coaching with the stated desire of losing weight?

***Please check only one catagory.**

- ◯ Yes
- ◯ No

6. If you answered "yes" to question 5, please advance to question 7.

What type of coaching was your client seeking initially?
Please check all categories that pertain to your client.

If you checked "other", you may specify what "other" is by going to Question 33, write #6 then recording what your client was seeking initially.

- ☐ Bringing increased balance into his or her life
- ☐ Reducing stress at work or at home
- ☐ Performance enrichment
- ☐ Improving relationships
- ☐ Other

Life Coaching for weight loss of twenty or more pounds

7. At what stage in your coaching this client did he or she state that they wanted weight-loss coaching?

Example: If it was during the first three months, please check during the first three months, NOT during the first year.

- ◯ During the introductory session
- ◯ During the first three months
- ◯ During the first six months
- ◯ During the first year
- ◯ Never stated a desire for weight-loss coaching

8. What number of times did you coach this client each month?

(If you answered "other" you will be asked for your description of "other" in question 33. Mark your answer #8 and then your answer in the dialog box)

- ◯ Four times each month
- ◯ Three times each month
- ◯ Two times each month
- ◯ One time per month
- ◯ Other

9. How long did you coach this client during his or her process of losing twenty of more pounds?

If you answered "other" in this question, you will be asked to specify a length of time, if known, in question 33. Mark your answer # 9 in the dialog box.

- ◯ One to two months
- ◯ Three to five months
- ◯ Six to nine months
- ◯ Nine to twelve months
- ◯ Other

Life Coaching for weight loss of twenty or more pounds

10. What type of assessments did you use with this client?

If your answer included "other", would you mind sharing what other assessments you used in question 33. Mark your answer # 10 along with your answer in the dialog box.

- [ ] Balance wheel
- [ ] Self-awareness
- [ ] Relationship strength
- [ ] Willingness to change
- [ ] Stress coping skills
- [ ] Did not use assessments
- [ ] Other

11. How many pounds did your client lose during coaching?

- ◯ 20 to 25 pounds
- ◯ 26 to 50 pounds
- ◯ 51 to 75 pounds
- ◯ 76 pounds or over

12. What was the primary reason your client wanted to lose weight?

If you answered "other" in your answer, please specify the reason. Go to question 33 and type #12 and your answer in the dialog box.

- [ ] To look better
- [ ] To improve health
- [ ] To boost self-esteem
- [ ] To have more energy
- [ ] Other

Life Coaching for weight loss of twenty or more pounds

13. What methods did your client use to reduce the amount of energy (food) intake?

If you answered "other", please specify in question 33. Please write # 13 and your answer in the dialog box.

- [ ] Reduced portion size
- [ ] Reduced amount of snack foods
- [ ] Reduced desserts and/or sugared beverages
- [ ] Increased vegetable intake
- [ ] Followed a particular diet intake plan
- [ ] Other

14. What type of exercise did your client participate in for energy output?

Please specify what "other" type of exercise your client participated in to lose weight. This may be answered in question 33. Write #14 and your answer in the dialog box.

- [ ] Cardio-vascular exercises
- [ ] Strength-building exercises
- [ ] Added to returned to a sports activity
- [ ] Did not routinely exercise
- [ ] Combination of the above or other

15. What did your client do to reduce stress in his or her life?

If your client did something else to relieve stress, please specify in question 33. Go to the dialog box and write # 15 and your answer in the dialog box.

- [ ] Deep-breathing exercises
- [ ] Took a walk at lunch time instead of eating at desk and continuing to work
- [ ] Planned some fun thing to do with family and/or friends
- [ ] Changed jobs
- [ ] Combination of above or other

Life Coaching for weight loss of twenty or more pounds

16. What was the primary strategy or strategies your client used to obtain weight-loss?

If you answered "other", please specify in question 33 what strategy he or she used. Go to the dialog box in question 33 and write # 16 and your answer.

- [ ] More vigorous exercise regime
- [ ] Became aware of the difference between hunger and craving food
- [ ] Journaling
- [ ] Progress charts
- [ ] Combination of above or other

17. What attitude change or changes did your client make?

Please specify any "other" attitude changes your client made. There is space to record this in question 33 by writing # 17 and your answer in the dialog box.

- [ ] Became more open-minded about the benefits of change
- [ ] Increased his or her optimism about change
- [ ] Increased his or her commitment to change
- [ ] Increased ability to visualize his or her goal
- [ ] Combination of the above or other

18. When your client failed to lose weight for a week or two while continuing with the regime he or she had been using for weight-loss, what action did he or she take?

"Other" actions that your client took may be recorded in question 33. Write # 18 and your answer in the dialog box.

- [ ] Decreased amount of food intake
- [ ] Increased intensity of exercise
- [ ] Continued as he or she had been doing
- [ ] Called his or her coach
- [ ] Got discouraged and did some binge eating
- [ ] Combination of above or other

Life Coaching for weight loss of twenty or more pounds

19. What strategies did your client use to increase the benefits of losing weight? (examples: cutting portion size, eating less processed foods, etc)

20. What strategies did your client use to increase the benefits of exercise? (examples: walking up a flight of steps rather than taking the elevator, playing catch with a child, etc.)

21. Did your client experience times of returning to old eating habits (relapse) during the ime he or she was being coached for weight-loss?

- ◯ Yes
- ◯ No

22. If the answer to question 21 was no. please advance to question 24.

Did your client regain back to his or her origainal pre-coaching weight?

- ◯ Yes
- ◯ No

23. How long did it take your client to return to the process of losing weight after relapsing to his or her old eating habits?

If you answered "other", how long did it take your client to return to the process? You may answer this in question 33 by writing # 23 and your answer in the dialog box.

- ◯ One to two weeks
- ◯ Three to four weeks
- ◯ Two to three months
- ◯ Other

Life Coaching for weight loss of twenty or more pounds

24. What home work (accountability) did you request your client to complete to let you know that he or she was making progress?

"Other" home work may be recorded in question 33 by writing # 24 and your answer in the dialog box.

- [ ] Weekly weight amount
- [ ] Food intake chart
- [ ] Report of exercise chart
- [ ] Word of mouth on progress
- [ ] Client selected choice
- [ ] Combination of the above

25. If your client used a food chart, what did the chart include?

- [ ] Type of food eaten
- [ ] Amount of food eaten
- [ ] Time of day when food was eaten
- [ ] Emotion that was experienced at time of eating
- [ ] Combination of the above
- [ ] Did not use a food chart

26. If your client used an exercise chart or report, what did the chart include?

- [ ] The type of exercise
- [ ] The length of time doing the exercise
- [ ] Time of day the exercise was done
- [ ] The body's response to the exercise
- [ ] Combination of the above
- [ ] Client did not use an exercise chart

27. Were other support persons used in conjunction with coaching for weight-loss?

- ◯ Yes
- ◯ No

Life Coaching for weight loss of twenty or more pounds

28. If the answer to question 27 is no, please advance to question 29.

What other persons did your client use to support his or her weight-loss? Please answer by going to question 33 and writing # 28 and your answer in the dialog box.

- [ ] Persaonl trainer
- [ ] Nutritionist
- [ ] Support of spouse
- [ ] Sports activity partner
- [ ] Combination of the above

29. If email communication from your client part of the weight-loss coaching process; how was email utilized in the coaching process?

Please go to question 33 to specify other email communication was utilized by writing # 29 and your answer in the dialog box.

- [ ] For progress charts and assignment completions
- [ ] For the client to obtain information on a specific topic
- [ ] Brief emails for encouragement and/or support
- [ ] Other
- [ ] Did not use email as part of the weight loss process

30. If you made reading material pertaining to wellness and weight-loss available for your client to read; how was this reading material obtained by the client?

- ◯ Available on website
- ◯ Made available when requested
- ◯ Written material not supplied

Life Coaching for weight loss of twenty or more pounds

31. What were your client's stated benefits of losing twenty or more pounds?

What "other"benefits did your client obtain from losing 20 pounds of more? You may answer by going to Question 33 and writing # 31 and your answer in the dialog box.

- [ ] Has more energy
- [ ] Looks better in his or her clothes
- [ ] Appears more attractive
- [ ] Increased credibility at work
- [ ] Has fewer illnesses
- [ ] Other

32. What other gains did the client make during coaching?

Please record "other" gains your client obtained by going to Question 33 and writing #32 and your answer in the dialog box.

- [ ] Changed jobs or careers
- [ ] Relationship(s) improved
- [ ] Reported increased happiness overall
- [ ] Set and met emotional or spiritual goals
- [ ] Other

Life Coaching for weight loss of twenty or more pounds

33. Please identify the origanal question by using # sign plus the question number for easier identification of your answers.

#6. What other type of coaching was your client seeking initially?

#8. Please explain the frequency of "other" in the number of coaching sessions per month.

#9. If marked other, please specify with a length of time.

#10. What other assessments did you use with your weight-loss client?

#12. What was the "other" primary reason for wanting to lose weight?

#13. What "other" thing did your client to reduce food intake?

#14. What "other" exercise did your client participate in for weight loss?

#15. What other thing did your client do to relieve stress?

#16. What other strategy did your client use for weight-loss?

#17. What other attitude changes did your client make?

#18. What other action did your client take when he or she failed to lose weight for a week or two?

#23. How long did it take your client to return to the process of weight-loss?

#24. What "other" home work did your client do?

#29. What "other" email communication was utilized?

#31. What "other" benefits did your client obtain from losing weight?

#32. What "other" gains did your clietn make during coaching?

BIOGRAPHICAL SKETCH

Violet McCreary studied nursing at Lutheran Deaconess School of Nursing, Chicago, Illinois, and received her RN in medical/surgical nursing. Later she added a BS degree in health care administration. Having married a military chaplain, she moved frequently and worked in various aspects of nursing, including medical patient care, surgical patient care, coronary intensive care, home health nurse, school nurse, and patient instructor for 40 years. During this time, nursing began to focus on teaching patients about health and wellness and things they could do to improve their well being. While documenting these teaching sessions, an awareness that the majority of patients already knew a lot about what to do for better health, but were feeling better and did not put these things into practice.

In 2002 Violet attended coach training and became a certified Meta-coach and began her coaching career. The majority of her clients seemed to seek coaching in the area of wellness and overweight issues. To facilitate coaching these individuals she continued to take coaching classes. Violet became a doctoral candidate at the International University of Professional Studies in the Professional Coaching and Human Development in 2006. By this time her focus had become wellness in the area of weight loss.