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Help Me Be Healthy: Perceptions of Social Support in an Online Weight Loss Program

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HELP ME BE HEALTHY:
PERCEPTIONS OF SOCIAL SUPPORT IN
AN ONLINE WEIGHT LOSS PROGRAM

by

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ABSTRACT

As technology changes, so do the ways in which we receive information, provide information and interact with one another. The exchange of social support is increasingly mediated by technology in the realm of health, nutrition, and fitness (Dahl, et al 2015; Wright et al 2011). Commercial weight loss and healthy lifestyle initiatives such as the Beachbody programs incorporate social media and web applications to reach a broader consumer base with individualized programming options. The present study, guided by optimal matching theory and the helper theory principle, employed online participant-observation and in-depth, semi-structured interviews with Beachbody coaches and participants to investigate how these individuals perceived social support to be enacted in these programs as well as the perceived benefits and challenges of participating in these online groups. The interview transcripts were coded using thematic analysis to identify significant topics based on Owen's (1984) process of identifying recurrence, repetition, and forcefulness. Major benefits for participants included accountability, around the clock access to feedback, and access to a wide range of information. Noted challenges included the lack of personal connection and a need to maintain face-to-face relationships, difficulty sustaining motivation, and financial concerns. Cultivating a genuine feeling of community to facilitate open discussion and sharing was often inconsistent and a challenge to maintain throughout the duration of the program. This study aims to expand our understanding of social support in the context of online fitness and nutrition programs with potential to guide further research in technology-mediated support and how it may affect health. By broadening our understanding of the benefits of online support and how individuals have

overcome its challenges in this context, it may help provide direction for the development of future research and similar online health initiatives.

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CHAPTER ONE: INTRODUCTION

As technology changes, so do the ways in which we receive information, provide information and interact with one another. In addition to sending and receiving messages and information, aspects of social relationships such as the provision of social support also often transpire online. Traditional methods of support must be adapted to an online setting as interactions online become more prevalent. The exchange of social support is increasingly mediated by technology in the realm of health, nutrition, and fitness (Dahl, Hales, & Turner-McGrievy, 2015; Wright et al 2011). As more people look online for information and social connection, understanding how these resources are procured in an online context could inform health professionals and others as they utilize these tools.

Individuals seek support online for a variety of reasons, such as finding others that have a shared experience (Gray, 2014; Lehman, Ellard, & Wortman, 1986), interest (O'Connor, et al., 2015) or particular knowledge or skillset (Wright, et al., 2011). However, the success of a supportive interaction lies more in the perception than the intention, and not all actions intended to be supportive are helpful (Holmstrom, Burleson, & Jones, 2005; Lehman, Ellard, & Wortman, 1986; Wortman & Dunkel-Schetter, 1987; Wright, et al., 2011). Social support is often context-dependent and the outcome can be affected by attributes of the provider as well as the receiver in addition to the method in which the support is delivered (Lehman, Ellard, & Wortman, 1986; Holmstrom, Burleson, & Jones, 2005; Trepte, 2014; Wortman & Dunkel-Schetter, 1987). Although much attention has been given to successful supportive interactions, it is also important to examine unsuccessful attempts at social support, sometimes referred to as “cold comfort” (Holmstrom, Burleson, & Jones, 2005). It might also be most beneficial at times for an

individual to receive uncomfortable support, most commonly in the context of transformation or extreme behavioral or lifestyle change (Sass & Mattson, 1999). The transformational process of losing weight and developing a healthier lifestyle has become a goal for many individuals, especially in the United States.

As technology advances, the environment and lifestyle of Americans often contributes to unhealthy behaviors and a greater risk of obesity (Bouchard, 2010; Choquet & Meyre, 2011; Guthrie, Lin, & Frazao, 2002; Lin, 2014; Story, et al., 2008). As the population seeks ways to stave off obesity and the associated health issues, commercial weight loss programs, diets, and devices have gained popularity (Johnston, Rost, & Miller-Kovach, 2014). From food journals and mobile applications (Aizawa, et al., 2013, Burke, et al., 2005; Fukuo, et al., 2009; Higgins, et al., 2009; Zepeda & Deal, 2008) to diet and weight-loss programs or regimes (Dahl, Hales, & Turner-McGrievy, 2015; Gudzane, et al., 2015), individuals are seeking help both online and offline to develop or maintain a healthy lifestyle. Commercial weight loss and healthy lifestyle initiatives such as the Beachbody programs incorporate social media and web applications to reach a broader consumer base with individualized programming options. The social aspect of the program can be both a benefit and a challenge to its users (Dahl, Hales, & Turner-McGrievy, 2015; Vaterlaus, et al., 2015). Online support systems offer a unique opportunity to provide resources to those that may not have access to offline support networks (Dahl, Hales, & Turnery-McGrievy, 2015; Vaterlaus et al., 2015). However, the presence of a social support network does not guarantee success in achieving weight loss or lifestyle goals (Johnston, Rost, & Miller-Kovach, 2014).

Exploring the experiences of participants and coaches (group facilitators experienced in the Beachbody programs) may expand our understanding of social support in the context of online fitness and nutrition programs with potential to guide further research in technology-mediated support and how it may affect health. By broadening our understanding of the benefits and pitfalls of online support and how individuals have overcome its challenges in this context, it may help provide direction for the development of future research and similar online health initiatives.

CHAPTER TWO: LITERATURE REVIEW

As an increasing population uses social media and web applications to communicate and exchange information, researchers have begun to assess how these platforms might be used to improve health (Dahl, Hales, & Turner-McGrievy, 2015). With advancements in technology, social support, believed to be an important factor in health and wellbeing (Cobb, 1976), is more widely available. Easier access to a broader range of information may lead to knowledge provision that could help develop a sense of control over an individual's health behaviors, be an important resource for obtaining tips for coping with health barriers, as well as a source of emotional support, encouragement, advice and accountability (Dahl, Hales, & Turner-McGrievy, 2015; Hwang, et al., 2011).

Many aspects of today's lifestyle in the United States contribute to a growing risk of obesity and its related health concerns such as developing cardiovascular or metabolic problems including heart disease or diabetes (Skinner, 2015; West, et al., 2016). In order to combat this problem, several approaches have been developed including the use of diet journals, photo-diet journals, multimedia applications and online social network based programs. With an online community readily available at any given time, online social networks hold vast potential for weight loss or healthy lifestyle initiatives, providing access to social support systems that may otherwise be unattainable (Dahl, Hales, & Turner-McGrievy, 2015). However, the presence of a social support network does not guarantee success (Johnston, Rost, & Miller-Kovach, 2014). Due to the complexity and often context-based nature of social support, the success of supportive interactions is often mitigated by a variety of factors such as gender, life experience or timing (Holmstrom, Burleson, & Jones, 2005; Trepte, Dienlin, & Reinecke, 2014; Wortman & Dunkel-

Schetter, 1987). Commercial weight loss or healthy lifestyle programs have capitalized on the inclusion of a readily available support system, although with varying levels of success (Dahl, Hales, & Turner-McGrievy, 2015; Johnston, Rost, & Miller-Kovach, 2014). Exploring the ways in which supportive communication is enacted and perceived in online healthy lifestyle programs may illuminate the benefits and challenges participants face. A deeper understanding of these outcomes may allow for the development of programs that could better serve those seeking a healthier lifestyle.

Social support

From its beginnings, social support research has been intertwined with health communication. Since the 1970s, scholars have formally recognized the important influence of having a supportive social network, recognizing supportive communication “as a necessary condition for the quality of life and for healthful living” (Goldsmith & Albrecht, 2011, pg. 335). In nearly a half-century of research, social communication or social support has been shown to lead to numerous positive outcomes (Branscum, Ling, & Xiaogian, 2014; Cohen & Wills, 1985; Goldsmith & Albrecht, 2011; O’Connor, et al., 2015; Wright, et al., 2011). Benefits include serving as a buffer against the deleterious effects of stress as well as promoting positive effects on health issues ranging from cancer, cardiovascular disease, and diabetes to pregnancy, bereavement, and lifestyle change (Branscum, Ling, & Xiaogian, 2014; Cohen & Wills, 1985; Goldsmith & Albrecht, 2011; O’Connor, et al., 2015; Wright, et al., 2011).

In 1976, physician Sydney Cobb noted that social support encouraged the belief that an individual is cared for and loved, is valued, and is part of a larger network of communication in

which individuals within the network are mutually beholden to one another (Goldsmith & Albrecht, 2011). Subsequent studies further strengthened the link between social support and health outcomes. Cohen and Wills (1985) proposed the stress-buffering effects of perceived social support, and Albrecht and Adelman (1987) highlighted social support as diminishing uncertainty and enhancing feelings of control in stressful situations. Since its foundational years, the construct and processes of social support have been expounded upon in a variety of contexts and from diverse perspectives.

Definitions of social support vary from “the resources that people are able to call on through the relationships they have with others” (O’Conner et al., 2015, pg. 462) to “the provision of resources (including both psycho-social and material) that assists individuals in their ability to cope with stress and demands in life” (Branscum, Ling, & Wang, 2014, pg. 24). Burleson, Albrecht, Goldsmith, and Sarason (1994) posit that messages, interactions and relationships that are characterized as supportive comprise the core concerns of social support research. Social support is a multifaceted and complex topic that is both widely relevant and often context-dependent (Trepte, Dienlin, & Reinecke, 2014). Although scholars have examined much about the processes of social support, there is still a great deal to learn, especially as cultures and communication media continue to evolve. Social support, for the purpose of this study, will be defined as communicative acts that assist an individual in achieving a particular goal through the perceived offering of emotional, instrumental, and/or informational resources.

Structural support

Within the broad umbrella of social support research, the construct is often operationalized into either structural or functional characteristics of support. Structural support refers to the level of social integration and social network properties available, such as living arrangements and marital status, involvement in community organizations, and frequency of social contact (Wortman & Dunkel-Schetter, 1987). These are the social resources from which support is derived. Often viewed in terms of quantity, a great deal of evidence exists linking the number of social relationships an individual may draw from with health outcomes. For example, studies have shown that those with few social relationships have double or higher risk of mortality as those with broader social networks (House, Robbins, & Metzner, 1982; Branscum, Ling & Wang, 2014).

Functional support

Functional support includes different types of enacted support. Traditionally, functional dimensions of support have been divided into three categories: emotional, instrumental (also referred to as tangible or material), and informational resources, although some terms differ while referring to the same concepts (Cohen & Wills, 1985). Some scholars include network support or friendship support as a separate fourth category (Sass & Mattson, 1999; Wortman & Dunkel-Schetter, 1987).

Emotional support

Emotional support refers to empathy and an expression of positive feelings toward others. Sometimes this dimension is referred to as nurturing support or esteem support (Gray, 2014). Expressions of emotional support include providing an opportunity to discuss feelings and talking about emotions with others (Trepte, Dienlin, & Reinecke, 2014), expressions of affirmation and/or positive affect (Wortman & Dunkel-Schetter, 1987), and fostering a psychological sense of community (O'Connor, et al, 2015). These interactions generally depend on a level of intimacy and the disclosure of personal information (Trepte, Dienlin, & Reinecke, 2014). Through effective methods of giving emotional support, such as the use of highly person-centered (HPC) messages, benefits of emotional support may include: increased resilience to psychological illnesses and developing a psychological sense of community (O'Connor, et al, 2015; Trepte, Dienlin, & Reinecke, 2014).

Instrumental support

Sometimes overlapping with emotional support as it can be considered an expression of positive affect, instrumental or tangible support includes the transaction of material goods and/or services (Trepte, Dienlin, & Reinecke, 2014).

Informational support

Informational support, sometimes referred to as action support (Gray, 2014), includes giving advice and sharing information (Goldsmith & Albrecht, 2011). Depending on the circumstances, either small, close networks or broad networks with weak ties may be more

beneficial (Wortman & Dunkel-Schetter, 1987). Small networks comprised of close relationships are generally regarded as most supportive in moments of crisis (Wortman & Dunkel-Schetter, 1987). In some situations, small, dense networks may be less beneficial due to limited variety of norms, information, and social contacts, while weaker ties hold the potential to impart diverse and novel sources of information (Wortman & Dunkel-Schetter, 1987; Wright, et al., 2011).

Optimal-matching theory

Cutrona and Russell (1990) noted that particular types of support might be best matched to particular contexts. Their optimal matching theory posits that specific kinds of stressful events are best matched with certain types of support. For example, uncontrollable circumstances may be best paired with coping-oriented forms of support such as emotional support (Cutrona & Russell, 1990). In the context of health and weight loss, individuals who struggle with motivation might be best matched to emotional support while individuals who are motivated but uninformed as to where to start might benefit more from instructional support in the form of demonstrations of how to do certain exercises or instrumental support in the form of recipes or workout plans.

Helper theory principle

Social support has not only been shown to be beneficial to the recipient, but also may benefit the support provider. Reissman (1965) discussed the helper theory principle in which individuals whom have experienced and are recovering from certain stressful circumstances, for example drug or alcohol addiction, provide support to individuals currently experiencing the

same circumstance in order to “transform recipients of help into dispensers of help” (pg. 28). By giving support, an individual might persuade the self through persuading others with the idea that ‘I must be well if I help others’ (Reissman, 1965). This principle has been observed in a variety of contexts, age groups, and relationships including classrooms, rehabilitation centers, and the workplace (Reissman, 1965; Wright, et al., 2011).

Mitigating factors of support transactions

Several factors can contribute to the success of an act of social support including characteristics of the source and the receiver, such as experience with the stressor (Lehman, Ellard, & Wortman, 1986), gender (Holmstrom, Burleson, & Jones, 2005, Burleson, et al. 2009), the context in which the support is being given, and issues of timing. As Wortman and Dunkel-Schetter (1987) describe, “a supportive transaction involves the intent of a person to be supportive to another, a behavior that expresses that intent, and a supportive effect” (pg. 81). Much attention is given to successful supportive transactions. However, the level of success may be affected by innumerable variables potentially rendering the intended support to ultimately be unhelpful (Wortman & Dunkel-Schetter, 1987; Holmstrom, Burleson, & Jones, 2005; Burleson, et al., 2009). These unsuccessful attempts at providing social support can be detrimental and are sometimes referred to as “cold comfort” (Holmstrom, Burleson, & Jones, 2005).

Lehman, Ellard, and Wortman (1986) found that individuals offering support that have not experienced a comparable situation may be perceived as unhelpful. The well-meaning, but often insensitive attempts at providing support from inexperienced others may come across as “cold comfort” (Holmstrom, Burleson, & Jones, 2005). Just because an individual has a network

of strong ties in place does not necessarily mean he or she will always receive helpful support (Wright, et al., 2011). For example, chronic illness may change the social dynamics between family members or close friends causing these individuals to minimize the illness, refrain from talking about the illness, or offer unwanted advice, all of which may be deemed by the receiver as unhelpful or even harmful to his or her wellbeing (Holmstrom, Burleson, & Jones, 2005; Wright, et al., 2011).

The efficacy of support may also be affected by the gender of the provider and receiver (Holmstrom, Burleson, & Jones, 2005; Burleson, et al., 2009), as well as his or her proficiency with high person centered (HPC) messages (Burleson, et al., 2009). HPC messages place focus on the other, acknowledging and verifying his or her feelings and helping the individual articulate those feelings, recognize the source of the feelings, and see how those feelings fit into the larger context (Holmstrom, Burleson, & Jones, 2005). HPC messages are considered an effective method of emotional support as opposed to low person centered (LPC) messages, which ignore or challenge the authenticity of another's feelings or try to tell another how he or she should act or feel. This "cold comfort" can affect both the support receiver and the sender. Although both males and females respond more favorably to HPC messages than LPC messages, the gender of the sender has been shown to interact with liking and evaluation of the messages (Holmstrom, Burleson, & Jones, 2005). HPC messages are often perceived as feminine, while LPC messages are generally seen as masculine. The results of two experiments by Holmstrom, Burleson, and Jones (2005) "indicate that there are negative consequences for women who utilize 'masculine' messages: these messages were viewed as less supportive and less effective by

women when they were used by female helpers” (pg. 167). Women must be particularly conscious of messaging when attempting to support other women.

Some mitigating factors in the success of social support lie within the individual in need of support. Personal characteristics and circumstances such as motivation, ability, expressiveness, and instrumentality may each play a role in the success of supportive interactions (Wortman & Dunkel-Schetter, 1987). For example, feelings of obligation to loved ones may increase motivation to act or keep a positive attitude when struggling with developing a healthier lifestyle or dealing with an illness. Support may also encourage enhanced mood, self-esteem, and coping mechanisms, although access to these benefits may be dependent upon the individual having the social skills necessary to mobilize them (Wortman & Dunkel-Schetter, 1987). Therefore, individuals with less social competence, such as the ability to express his or her thoughts and feelings, or a limited network from which to draw support are more likely to miss out on opportunities for support. An individual’s social network can either enhance or harm his or her quality of life, depending on the level and types of support given or received. Christakis and Fowler (2007) found that obesity clusters of up to three degrees of separation within an individual’s social network increased the likelihood of that individual being overweight. A network that enables harmful behaviors, provides inaccurate information, or is neglectful in attending to an individual’s emotional needs could severely damage a person’s health.

Uncomfortable support

Differing from unhelpful support, some support may be uncomfortable to the receiver (and perhaps to the sender), but ultimately beneficial to the recipient. Support can be

“accomplished and constructed through an interaction of comfort and discomfort” (Sass & Mattson, 1999, pg. 527). In addition to traditional forms of support intended to comfort, advise, or provide tangible assistance, Sass and Mattson (1999) include a confrontational form of support as observed in their study of youth and adult interactions in a youth intervention program. Sass and Mattson (1999) describe coaching in the youth intervention program setting as involving “the adaptive, goal-oriented use of both comfortable support and uncomfortable support...A coach had permission to provide multifaceted support for an individual” (pg. 530). Experiencing confrontational communication as supportive is most often seen in transformational situations, “in which the supportee was explicitly seeking to be changed through participation” (Sass & Mattson, 1999, pg. 538). Although the circumstances evaluated in Sass and Mattson (1999) involved a deep investment of one’s identity into an organization and a separation from everyday life, important aspects of support that may appear in the transformational process of weight loss and health intervention programs can be gleaned from their research.

Timing may also affect support availability and access. The type of support needed may not be available at the time in which it would be most effective. However, as social networks transition to include online interactions, timing may become less of an issue for certain types of support (Trepte, Dienlin, & Reinecke, 2014). For those seeking informational support or advice, access to online social networks allows for a wide array of opportunities for novel information (Trepte, Dienlin, & Reinecke, 2014) as well as round the clock access to a network. However, it is often difficult to develop and maintain strong bonds in online settings, potentially minimizing opportunities for emotional support (Trepte, Dienlin, & Reinecke, 2014).

Online support networks

Social media sites, some argue, “thrive on the creation and maintenance of social relationships” in addition to providing benefits such as the “potential for less embarrassment about sensitive topics, the reduction of logistical constraints, and potential access to new and many varied sources of support” (Hether, Murphy, & Valente, 2014, pg. 1425). Social support in an online context, particularly in the realm of health, opens up a thriving area of study for communication scholars, as well as potential improvements in resources available for those looking for support in developing a healthier lifestyle. Social media has become an important information source for both youth and adult populations (Vaterlaus, 2015). In the online context, information-seeking may lead to knowledge provision that could help develop a sense of control over an individual’s health behaviors (Dahl, Hales, & Turner-McGrievy, 2015). Online support networks can also be an important resource to obtain tips for coping with barriers (Dahl, Hales, & Turner-McGrievy, 2015). Emotional support, encouragement, advice, and accountability can also be gained from participation in an online social support network (Dahl, Hales, & Turner-McGrievy, 2015; Hwang, et al., 2011) and allows the opportunity to expand an individual’s network beyond what is possible in the offline world (Wright, et al., 2011). By providing different types of support from the right sources as needed, informational, emotional, and tangible needs can be fulfilled resulting in improved health and wellbeing.

Social support in health and fitness

One area where social support may be an important consideration is in health, especially in the context of weight loss or developing and maintaining a healthy lifestyle. Although there

are many factors that contribute to weight gain and overall health, social support may play a key role in increasing the chances of maintaining positive results. With approximately one-third of the United States' adult population considered obese (Ogden, et al., 2014), the increase in weight-related conditions such as a higher likelihood of cardiovascular disease or metabolic problems such as heart disease or diabetes (Skinner, 2015; West, et al., 2016) results in a rise in healthcare costs (Finkelstein, et al., 2009). In addition to biological disposition, many aspects of today's lifestyle in the U.S. contribute to growing obesity risk (Bouchard, 2010; Choquet & Meyre, 2011). With advancements in technology has come an increase in the availability of processed foods as well as a greater amount of time spent engaging in passive forms of entertainment (Guthrie, Lin, & Frazao, 2002; Lin, 2014; Story, et al., 2008). Additionally, adults are working longer hours than in previous years, leaving fewer opportunities to eat meals at home as well as less time to exercise (Lin, 2014). Larger environmental factors also contribute to the growing number of obese and overweight individuals in the United States (Story, et al., 2008). The wide availability of high calorie foods in large portions at relatively low prices at fast food establishments, as well as loosely regulated food marketing, coupled with confusing, outdated, and biased food and agricultural system policies create an environment in which it has become difficult for many to maintain a healthy lifestyle (Lin, 2014; Ogden, et al., 2010; Story, et al., 2008; Vaterlaus, et al., 2015).

Significant differences in weight have been found related to demographic factors such as age, gender, ethnicity, socioeconomic status, and level of education. Obesity is highest among middle-aged adults, 40-59 years, with increasing prevalence in adults over 60 years of age, particularly for women (Ogden, et al., 2014). Although, obesity prevalence is higher in older

adults, it is important for children and youth as well as young adults, 20-39 years, to develop healthy lifestyle habits and behaviors (Story, et al., 2008. Vaterlaus, et al., 2015). Females are at a higher risk of developing morbid obesity than males (Choquet & Meyre, 2011), and gender and race/ethnicity intersect with socioeconomic status and level of education to influence obesity risk. Non-Hispanic blacks have the highest rates of obesity, adjusted for age, at 47.8% with Hispanics holding the second highest rate at 42.5% (Ogden, et al., 2010). For non-Hispanic black and Mexican-American men, obesity prevalence decreases as income decreases, while no significant difference in obesity has been observed by poverty level for non-Hispanic white men (Ogden, et al., 2010). Conversely, among women, obesity prevalence increases as income decreases with similar trends for non-Hispanic white, non-Hispanic black, and Mexican-American women (Ogden, et al., 2010). While a significant trend between education level and obesity has not been observed in men, among women, obesity prevalence increases as education decreases (Ogden, et al., 2010). A threshold effect exists for both men and women with the prevalence of obesity being significantly lower among those with college degrees than those with some college or less education (Ogden, et al., 2010). Although there are some significant trends identified between different gender and ethnic groups, between 1988-1994 and 2007-2008, the prevalence of obesity among adults increased at all income levels despite gender, ethnic group, or level of education (Ogden, et al., 2010). Based on these findings, it is clear that obesity continues to be a growing issue in the United States with low-income Hispanic women of middle age holding the highest risk. These data highlight some reasons why weight loss interventions and programs are largely marketed toward women. However, social factors may also contribute to the prevalence of obesity.

In a longitudinal study spanning 30 years, Christakis and Fowler (2008) found that obesity spread through social networks of family, friends, and even work colleagues, extended to three degrees of separation. Examining familial bonds including sibling relationships, friendships, spousal relationships, and neighbors, significant relationships were found for all except immediate neighbors (Christakis & Fowler, 2008). In pairs of sibling adults, one sibling's chance of becoming obese increased by 40% if the other became obese, with the effect higher for same-sex siblings at 55% than for opposite sex siblings at 27% (Christakis & Fowler, 2008). For brothers, the chances of obesity increased by 44% and sisters by 67% (Christakis & Fowler, 2008). A same-sex effect was also observed in friendships, with a male having a 100% increase of becoming obese if his male friend became obese (Christakis & Fowler, 2008). Interestingly, the effect related to friendships was observed to be directional with three different types of friendships evaluated: "ego perceived friendship" where the subject of the research identifies an individual as a friend, "alter perceived friendship" where an individual not being analyzed identifies a study subject as a friend, and a "mutual friendship" where the identification is reciprocal (Christakis & Fowler, 2008). Likely due to holding the other individual in esteem, those in a mutual friendship saw an increased chance of becoming obese by 171% if the friend became obese, and if the subject, or ego, perceived an individual as a friend, his or her chance of becoming obese increased by 57% if the perceived friend became obese (Christakis & Fowler, 2008). There was no significant effect observed if an individual perceived a study subject as a friend, but the subject did not identify the person as a friend (Christakis & Fowler, 2008). Within spousal relationships, if one partner became obese, the other's likelihood of becoming obese rose by 37% (Christakis & Fowler, 2008). Finally, social distance diminished the effect where

increased geographic distance did not. These findings, particularly those related to friendship, are critical to understanding the social influence on the spread of obesity and the information could be used to slow the spread of weight gain through supportive systems addressing social norms and networks.

With a significant portion of the population, 34.9% or 78.6 million (Ogden, et al., 2010), falling into the category of overweight to obese, it is unsurprising that the weight loss industry is flourishing. Approaches to address weight gain have been developed, from clinician proctored interventions such as behavioral therapy to self-administered, guided practices such as the use of diet journals, photo-diet journals, multimedia applications, and online social network based programs. The weight loss industry has developed commercial weight loss programs incorporating many or all of these techniques. Food diaries (written records of the food consumed by an individual throughout the day over a set period of time) have been shown to influence healthier eating habits in those who have used them (Burke et al, 2005). Food diaries incorporating multimedia such as photographs have shown an even further increase in healthier eating habits in participants (Zepeda & Deal, 2008). Research suggests that utilizing technology platforms such as social media could further increase healthy eating habits in participants, preventing the physical effects and repercussions by addressing some of the social determinants of weight gain (Dahl, Hales, & Turner-McGrievy, 2015; Higgins, et al., 2009; Patrick, et al., 2013; Vaterlaus, et al., 2015; Zepeda & Deal, 2008). Because young adulthood is marked with increased independence and transition, it is considered an important time period for the development of lasting health behaviors (Vaterlaus et al., 2015). The reliance of this age group

on social media networks makes the investigation of online weight loss programs a prime area for research.

As an increasing population uses social media platforms to communicate and exchange information, researchers have begun to assess how these platforms might be used to improve health (Dahl, Hales, & Turner-McGrievy, 2015). Dahl and colleagues (2015) noted that a review of 22 weight loss interventions using social media revealed most research combined social media with other methods such as one-on-one coaching, group education sessions, and/or print materials. Through these social media channels, users can simultaneously receive health information and social support (Dahl, Hales, & Turner-McGrievy, 2015). Like all methods, the incorporation of social media into weight loss interventions comes with pros and cons. For example, using social media increases access to participants' support networks, although it could be distracting from exercising or food preparation (Vaterlaus et al. 2015). When sharing images, recipes, or fitness-related posts, users must be careful to not cross the line from motivational to annoying (Vaterlaus et al. 2015). The incorporation of social media channels in weight loss interventions is relatively new, with only a handful of studies examining the method (Dahl, Hales, & Turner-McGrievy, 2015). Most of the research so far has focused on the Facebook and Twitter platforms with college-age participants (Dahl, Hales, & Turner-McGrievy, 2015). Health communication research could benefit from studies probing into the use of other social media platforms or web applications and widening the participant demographics beyond college students.

With an online community readily available at any moment throughout the day or night, social media holds vast potential for weight loss interventions because of its unique ability to

provide access to social support systems that may otherwise be unattainable (Dahl, Hales, & Turner-McGrievy, 2015; Vaterlaus et al., 2015). This is one reason why many commercial weight loss programs have incorporated an online social network element.

Online weight loss intervention

Diet and exercise plans, diary-like entries in the form of posts, photographs, and a multimedia approach including an online social network, combine as elements of an Internet-based weight loss or healthy lifestyle program. Bringing these elements together, all having been shown to encourage healthy behaviors (Burke, et al., 2005; Dahl, Hales, & Turner-McGrievy, 2015; Gudzone, et al. 2015; Higgins, et al., 2009; Patrick et al., 2013; Vaterlaus, et al., 2015; Zepeda & Deal, 2008), has been capitalized on by commercial weight loss programs with varying levels of success, both financially and in the health outcomes of their participants. Commercial weight loss programs such as Weight Watchers, Jenny Craig, and Nutrisystem have previously dominated the weight loss services industry (Gudzone et al. 2015), and some have begun to incorporate internet-based support. In a weight loss program, support may appear as information about the physiology of weight loss (calories in, calories out), motivation during a workout from an exercise partner, or a friend sharing a favorite nutritious recipe. Several weight loss programs such as Weight Watchers and the Beachbody programs incorporate social support networks as an important element for success. Some programs require face-to-face meetings, while others transpire partially or entirely online. Engaging in social comparison might also motivate individuals toward healthier behaviors by evaluating their current habits compared to those seen on their Facebook feeds (Dahl, Hales, & Turner-McGrievy, 2015; Vaterlaus, et al.

2015). Previous research has shown the beneficial influence of the use of food diaries in weight loss interventions, despite some limitations (Burke, et al., 2005). Strong evidence also exists supporting the inclusion of photographs in addition to food diaries, adding a visual element prior to food consumption, which provides an opportunity to see the portion sizes and content of what an individual is about to eat (Higgins, et al., 2009; Zepeda & Deal, 2008). Social support is a key additional factor available for participants in online weight loss programs hosted on social media.

The Beachbody conglomerate of exercise programs and diet regimes has joined the ranks of well-known commercial weight loss programs, partially due to its many online components. Founded by professional marketers Carl Daikeler and Jon Congdon in 1998, the Beachbody company has logged over 20 million customers and in 2014, reached \$1 billion in sales (Beachbody.com). The best known programs include Insanity by Shaun T and Tony Horton's P90X, but others like Focus 25 (also by Shaun T), 21-Day Fix clean eating program, PiYo and Hip Hop Abs are growing in popularity. To supplement the trainer created workout and eating programs, the company encourages its clients to purchase and consume Shakeology, a nutrient-dense weight loss shake. The programs are promoted and sold in a multi-level marketing system by independent distributors that the program refers to as coaches. Beachbody coaches are former participants in Beachbody programs that have chosen to take on the additional responsibility of recruiting new participants, leading online challenges, and promoting Beachbody products.

In addition to their trainer created programs and nutrition supplements, Beachbody offers participants access to various online support networks including blogs, message boards, and coach-led challenge groups hosted on Facebook or the official Beachbody MyChallenge application (Beachbody.com). The challenge groups vary in timespan and focus, ranging from a

few days to several weeks. These completely online groups often use private groups to host clean eating, portion control, and/or exercise-focused challenges. The groups are facilitated by a Beachbody coach, joined by invitation, voluntary, and occasionally, free of charge. From a business standpoint, these free online challenge groups are a way for potential customers to try before they buy the program. However, participants may reap the benefits of these online groups without making a purchase, widening the accessibility to those of varying incomes.

Utilizing the Facebook platform and/or the MyChallenge application is beneficial in several ways by combining the most beneficial elements of the aforementioned weight loss intervention strategies (Vaterlaus, 2015). Daily posts serve as a dietary journal, often incorporate photographs, include time and date stamps, and allow connections to a social support network at almost any time of day, eliminating the need for face-to-face meetings or check ins. Johnston and colleagues (2014) found that frequent contact, including online, corresponds to weight loss. Thanks to smart phone technology, the Facebook and MyChallenge applications are available in a mobile version that can be accessed anywhere with an Internet connection. Participants in weight loss programs with frequent access to an online social support network reported an “ease of communicating with other users and collecting health related information from experts or peers, and the ability to develop strong community connections with other individuals like themselves” (Branscum, Ling, & Wang, 2014). This access to a social support network of individuals that are also working toward health goals is a key element of these programs.

The Beachbody online support challenge groups utilize coaches as program facilitators. This follows the “basic interaction mechanism” in which “more experienced individuals or experts offer expressive or instrumental information to those who have less or no experience

managing the situation” (Tung-Ching, et al., 2015). Coaches generally consist of former program participants, who share experiences with new program participants. Because their role involves assisting participants in changing habits and behavior, coaches in weight loss or health interventions are likely to find themselves needing to provide both comfortable and uncomfortable support in order for their participants to complete the program.

This research explores the ways in which supportive communication is enacted and perceived by examining participants with different roles (participant or coach) in an online health program. By gaining a deeper understanding of these processes, beneficial elements of the program may be illuminated that could be developed to better serve individuals seeking a healthier lifestyle. The preceding research has led to the following research questions:

Research questions

1. A) How do participants in the Beachbody online challenge groups perceive social support processes?
B) How do coaches in the Beachbody online challenge groups perceive social support processes?
2. Which, if any, elements of these programs are perceived as most effective in developing a healthy lifestyle?
3. How do the experiences of participants and coaches differ in relation to social support?

CHAPTER THREE: METHOD

Hundreds of studies have examined factors contributing to obesity (Bouchard, 2010; Christakis & Fowler, 2007; Choquet & Meyre, 2011; Lin, 2014; Ogden, et al., 2010; Ogden, et al., 2014), and dozens more have attempted to discover how to alleviate this epidemic from a variety of methods and angles (Aizawa, et al., 2013; Burke, et al., 2005; Fukuo, et al., 2009; Higgins, et al., 2009; Patrick, et al., 2013; Story, et al., 2008; Zepeda & Deal, 2008). However, few have incorporated social media and web applications in their research, although recent studies have begun to move in this direction (Dahl, Hales, & Turner-McGrievy, 2015; Vaterlaus, et al., 2015). While looking at broad and generalizable data is essential, there is much knowledge to be gleaned by striving to understand a phenomenon from the perspective of those participating within it.

Qualitative analysis allows an opportunity for researchers to gain depth of understanding of the participants' experiences. By using qualitative methods, researchers can access data that might be extremely difficult if not impossible to quantify, such as a participant's past experiences or complex interactions within a particular social and cultural context (Opdenakker, 2006). Qualitative research can also verify and fortify quantitative findings, and vice versa, while adding a depth of understanding of the topic that is inaccessible with quantitative research alone (Opdenakker, 2006).

This study lends itself to qualitative methods because it largely examines participants' perspectives, observations, and experiences within an online weight loss and healthy lifestyle program. The process of in-depth interviewing is particularly suited for this research because it enables the researcher to gain a depth of understanding of the participants' experiences in their

own words. Qualitative methods expose nuances and layers of meaning that are often undetectable using a quantitative approach (Opdenakker, 2006).

This study employed semi-structured interviews, both face-to-face and computer-mediated in the form of synchronous video conferencing using Skype or FaceTime. Face-to-face interviews were facilitated at the convenience of local interviewees. Computer-mediated synchronous video conferencing was used to conduct interviews with participants in various geographic areas or at the request of the interviewee. This project was approved by the appropriate Institutional Review Board prior to the recruitment of participants.

Participants and program

The Beachbody programs were chosen for this study because of the similarities to long-standing programs such as Weight Watchers in purpose and format as well as for its aim toward both male and female participants. Most similar weight loss programs target mainly women (e.g. Weight Watchers, Nutrisystem, Jenny Craig). Beachbody includes programs such as P90X and Insanity that are marketed strongly toward men. Advocare also targets advertising toward both sexes but lacks many of the social and online elements that exist under the Beachbody umbrella. Beachbody includes programs and online challenges that focus on workout regimes, healthy eating or both with a variety of workout styles from the lower intensity PiYo to higher intensity HIIT style workouts like T-25 in addition to the healthy eating programs like 21-Day Fix. Finally, unlike other programs, aspects of the content can be accessed without paying a fee for membership or the obligation to purchase their products.

The Beachbody program consists of both products (workout DVDs, nutritional shakes, online informational resources) and an accountability coach who, in this case, has used the products and provides guidance and advice to new and fellow participants. Beachbody stands out in its high volume of online resources. These resources include on-demand workout programs, motivation boards and success stories, message boards to communicate with other participants, recipes and fitness tips, and a network of coaches to lead online challenges such as those that are the focus of this study.

Participants for this study include members of private online healthy eating and exercise support groups administered by a Beachbody coach. Interview participants were recruited using a snowball sample stemming from current and former Beachbody coaches and participants known to the researcher with a total of 14 participants. Thirteen of the participants were female with one participant being male. Thirteen participants identified as Caucasian and one participant identified as Hispanic. The average age of participants was approximately 33 years old with ages ranging from 22 to 48 years old.

Process

In the first phase of the study, the researcher acted as a participant observer in an online healthy eating and exercise support group hosted by a Beachbody coach on the Facebook social media platform and Beachbody mobile MyChallenge application. She observed and participated as a member of the group with the purpose of observing the process and familiarizing herself with terminology and group norms. This included participating in daily workouts and healthy eating throughout the duration of the 30 day program and participating in the group by adding

posts to the page consisting of meals and recipes, fitness successes and shortcomings, challenges, motivation, and support for other participants.

In the second phase of the study, the researcher conducted semi-structured interviews in person or via video-conferencing programs Skype or FaceTime if face-to-face meetings were unavailable, with current and former coaches and participants in the Beachbody online support groups hosted by a Beachbody coach either on Facebook or the MyChallenge application. The interviews averaged approximately 35 minutes. Sample questions included: What do you find beneficial about the online support groups?, What were some of the offline challenges you faced that may have impacted your experience with the group?, and What is an example of supportive feedback you received? There were additional questions for those who currently or have previously coached an online Beachbody group. (e.g. How do you decide what to post in the group?, What challenges, if any, have you faced as a coach in an online group?, and How do you support your participants in the groups?) The full interview protocol can be viewed in Appendix B.

Following the interviews, the researcher transcribed the raw data collected from Skype or face-to-face interviews from a voice recorder, resulting in 86 pages of single-spaced typed data. The researcher used open coding and thematic analysis in order to identify consistencies, discrepancies, and key topics from the interviews, relying on Owen's (1984) method of identifying themes in discourse with the criteria of recurrence, repetition, and forcefulness. After identifying major themes, the researcher coded the transcripts in order to identify nuances and address the proposed research questions.

CHAPTER FOUR: ANALYSIS

Over the course of the interviews, several themes emerged as the participants discussed the benefits and challenges of participating in the groups. Despite highlighting the availability of the social network as a benefit, many participants discussed the difficulty in building and maintaining an open and genuine community. Although coaches experienced high levels of accountability, program participants frequently observed a lack of ongoing accountability and a tapering off in motivation. The social pressure of making themselves vulnerable by either sharing shortcomings or showing progress photographs in a sports bra as well as obligations to and expectations from friends and family members proved challenging for coaches as well as participants. Participant attrition and the challenges of maintaining a work-life balance led to increased stress and burn out for many coaches. While discussing the benefits and challenges of the online programs, strategies used by the participants and/or the coaches for enhancing the benefits and minimizing the challenges emerged. For example, one coach embraced providing uncomfortable support while others avoided it. Although inherent challenges with the online platform, such as a lack of personal interaction, detracted from participants' overall perception of success, most benefitted from sharing healthy recipes and gaining knowledge of nutrition and exercise techniques.

Participant goals and motivation for joining the program

Although participants came from a variety of experience levels, most reported initially choosing to participate in Beachbody programs with the goal of losing weight. Several participants began Beachbody after having children or medical issues that had caused them to

gain weight. The second most cited reason for joining Beachbody was to learn portion control or to improve eating habits. Every participant reported having one or both of these goals when beginning the program. Other frequently mentioned reasons included trying to find a balance between self-care and family or work responsibilities, supporting a friend in their weight loss or business endeavors, and to improve self-esteem and body image. Beachbody participant and coach Amy described some of the “whys” her participants used as motivation to start or continue with the programs:

So a lot of them are to be able to keep up with their children, grow old and have grandchildren, things like that...they're not being intimate with their husbands because of their weight or they're just, you know, super moody with their kids because they feel terrible or they won't go to the pool or the beach because they don't want to get into a bathing suit, you know, it really does hold them back.

These goals are often referred back to throughout the program to motivate and re-energize participants when they encounter difficulties in keeping up with the workouts or eating plans.

Overall perceptions of the program experience

Despite a few participants “jumping in” to the Beachbody programs without hesitation, most reported skepticism and/or repeated attempts from friends or acquaintances to get them to join before finally signing up. Although none of the participants found the programs to be a complete failure, only about half of participants (all current or recent coaches at the time of the interviews) found the programs to be overall successful. The other half, including mostly former

coaches and those who had never coached, found some benefits to the programs, but overall considered them only partially successful in helping them to achieve their goals in the long term.

Both participants and coaches in the Beachbody programs benefited from a community of support, increased accountability, diminished feelings of loneliness, and being motivated by seeing others succeed and struggle along their journeys. Coaches often perceived even higher levels of accountability than their participants because of the awareness that they were being watched or looked up to. While coaches focused on emotional support in the form of accountability and motivation, participants highlighted informational and instrumental support such as sharing recipes, learning portion control, and having the ability to complete the programs from anywhere with 24/7 access to support and materials to be major benefits of the experience.

By volume of text, participants spent nearly three times longer discussing challenges they faced than they did the benefits they received. Many of the same challenges were faced by participants and coaches, although the coaches faced several additional challenges. All of the participants faced challenges with time management, balancing home and work schedules, or major life changes such as moving into a new home, becoming engaged, or having children. Half of the participants interviewed are mothers and mentioned difficulty finding time to dedicate to themselves or making themselves a priority along with their families. A few participants shared that dealing with physical and mental health issues including polycystic ovary syndrome, asthma, eating disorders, and depression, along with the accompanying side effects, became challenges in the participants' desires to become healthier.

While discussing the individuals' experiences with the programs, five main themes continued to resurface: 1) creating and maintaining an open and genuine support system, 2)

achieving true accountability and long-term motivation, 3) dealing with issues deriving from comparing the self to others and social pressures from being a member of or leader of the group including stress and burn out, 4) sharing and learning as an important take-away and 5) challenges with the Beachbody product and online platform.

Building an open and genuine community

One of the most frequently mentioned draws of the Beachbody program was the availability of support and sense of community. Having a group of individuals working toward similar goals was motivating for many. However, several participants had difficulty with the perceived authenticity of the groups.

Benefits of the social network

Although many participants did not consider the programs to be entirely successful, they often noted several benefits that helped them feel supported. The most frequently mentioned emotional benefit was community and connection. Every participant highlighted the community of support, daily connection, and knowing that there was always someone available as positive factors in their experience. This reflects definitions of social support by Cobb (1976) and Goldsmith and Albrecht (2011) in which an individual is cared for and valued as part of a larger network. In addition to these emotional benefits that come from the social element of these groups, most participants mentioned intrinsic benefits such as increased confidence, becoming more comfortable performing physical activity outside the home or in general, improved discipline, and a better relationship with her body. Enhanced self-esteem and confidence reflect

the outcomes of social support put forth in the health context by Cohen and Wills (1985) and Albrecht and Adelman (1987) in which support acts as a buffer to stress and enhances feelings of control in stressful situations.

Challenges with group authenticity

Despite acknowledging these benefits, several participants doubted the authenticity of the community they experienced. Participant and former coach, Renee, was turned off to Beachbody after having an inconsistent experience between two groups. Renee loved her experience in the first group but found the second group “was very much just the coaches that were doing things and it felt a little forced trying to get people to participate...and it just wasn’t as open and encouraging as the first group [she] was in.” Participant, Chris, struggled throughout both of his experiences with Beachbody due to a perceived lack of authenticity. Chris recalled:

It felt like being genuine seemed to be an issue...I feel like I couldn’t match their level of enthusiasm, if it was actually genuine enthusiasm, because I feel like some people were kind of over-inflating their sense of motivation sometimes to try and get other people into it and it showed in some ways.

Some participants acknowledged that as naturally reserved individuals, it was often difficult to share as openly as others or divulge personal thoughts or feelings during their experience.

Participant, Jasmin, reflected:

I think as a person I’m a little more private and so I didn’t want to delve into my thoughts and my feelings like oh, I didn’t work out today because I’m feeling really down and blah blah blah...I kinda wanted to keep that to myself and maybe

that's a downfall and maybe that's why they didn't help me was because I wasn't as open as I could've been.

Chris echoed Jasmin's sentiment, "I feel like I kind of internalized it, so I didn't really get any help from anybody." While some participants recognized their reserved nature as a potential barrier to receiving support, others discussed navigating being honest and open with potentially over-sharing and sacrificing the trust and confidence between herself and her husband, her friends, or her family. Amy, explained, "you want to be careful because you're talking about your marriage, so it's bringing someone else into the story." Participants also mentioned not knowing the other members of the group, being embarrassed by making mistakes, and distancing themselves when facing difficulty to be barriers to open communication and authenticity within the forums.

Strategies for building an open and genuine community

While discussing the benefits and challenges participants and coaches experienced within their support groups, strategies for enhancing benefits and minimizing challenges emerged. In describing their experiences, participants and coaches revealed their personal strategies for overcoming the difficulties they encountered. Several coaches hoped to encourage open communication and build a genuine environment by letting the participants know how the coach communicates and asking how they would like to be communicated with during the process. Coach Jaime explains, "I let all my clients know up front that I do not sugar coat because that does not help whatsoever." Jaime also uses "#RealPosts" to show people how she turns her mistakes into opportunities to educate while showing that everyone struggles, even the coach.

Michelle and Valerie advocate sharing their own personal struggles and celebrations as well. Valerie uses what she calls a “girl next door” approach. She said, “I’m very much unapologetically me with people, meaning that I have flaws and I will share them with you. I have strengths and I will share them with you. I want to have a relationship with you and I want you to do the same with me.” When Valerie needed to share something deep and personal, she recommended using Facebook live so the participants could see her face and hear her voice.

Participants often found the emotional support to be lacking in authenticity while coaches benefited most from the support of other coaches and felt a sense of community. On the participant side, Chris and participant and former coach, Christi, both recalled responding to private messages that were inquisitive and individual to them. Individualized or high person centered (HPC) messages were considered the most successful. HPC messages place focus on the other, verify his or her feelings, and help the individual see how those feelings fit into the larger context (Holmstrom, Burleson, & Jones, 2005). Christi recalled that she felt most supported when her coach:

would reach out to me personally, like not necessarily in the group, but like a Facebook message or a text message...Like, my goodness, I saw that you posted that you fit into a size pair of pants that you haven’t ever fit into or it’s been awhile. Congratulations, good job! Those little things were, the more personal ones were always the ones I appreciated the most.

By focusing on Christi’s individual progress and verifying her success, her coach was engaging in HPC messaging. This further supports the findings in Burleson and colleagues (1994, 1997, 1999, 2005, 2009) line of research investigating differences in gender, experiencing cold

comfort, and types of messages in providing emotional support. The data from this study supports that “highly person centered comforting messages are perceived as doing a good job of providing sensitive, effective emotional support” (Holmstrom, Burleson & Jones, 2005). Because the majority of Beachbody program users are female, it is particularly important to utilize HPC messaging in order to cultivate a genuine atmosphere of support.

Participants and coaches differed in their experiences with social support in the types of support that they most needed or provided. Participants struggled most with maintaining motivation as well as being open and honest within the groups. Several of the participants revealed that they are more reserved by nature and found it difficult to be open or vulnerable with other members of the group. Some were skeptical of the authenticity of others in their groups, especially when coaches attempted to reinvigorate participation with daily challenges or motivational phrases. In response, several reported withdrawing further from the groups. This withdrawal diminished their motivation and in turn, minimized their results and some of the positive long-term outcomes of the programs.

Achieving true accountability

Although many of the perceived benefits overlapped between participants and coaches, there were some notable differences between the two groups. One of the starkest differences between the groups was the perception of accountability within the groups. Coaches reported a much higher sense of accountability than program participants due to a feeling of being looked up to as a guide and example.

Differences in accountability for coaches and participants

Participants frequently mentioned the accountability of having these networks of individuals and seeing one another work toward the same goals to be motivating and inspiring. Accountability and motivation were still at the top of the list of emotional benefits for coaches, although many noted they felt even more accountable as a coach because others were looking up to them. Valerie described the increased accountability she felt as a coach, “I know that people are watching what I’m doing. So, if I don’t show up, that looks really bad. And if I don’t show up, why would they show up?” Coaches also mentioned an additional benefit of being motivated by helping others.

Maintaining motivation

Participants and coaches alike noted that one of the most difficult challenges they faced during their experience was to achieve true accountability and to maintain their motivation for the long term. Despite many interviewees praising accountability as a benefit of the program, there were some flaws in the system. Many participants noted either noticing or experiencing themselves being motivated for a week before losing momentum and eventually falling off or quitting the program. Jasmin was aware of the lack of repercussions:

There’s nobody there to be like come on, like no one there to work out with you. My sister’s in Michigan and I live here, so we would never work out together and so I would be my own motivation. I could be at home and just sit on the couch and she would never know. I could pretend that I actually worked out and never did.

Participant, Erica, noticed the pattern in herself and others as well:

I would do okay like week one and then I would quit because I went on vacation or something...I think the group just kind of fizzled out and she didn't push hard enough to keep us in the group. People come up with a lot of excuses too, you know. Anything they do they can find an excuse to not have stuck to something. So the support group was fun when you're excited about it, then when it gets old, somebody's gotta do something to keep everyone interested and motivated and I don't think that was happening.

Explanations for this included that it was easy to withdraw or slide under the radar and that there would be little or no progress without some level of self-discipline or internal motivation.

Strategies to maintain accountability and motivation

In order to establish true accountability and maintain motivation over the long term, coaches like Taylor provided structure by having a set process:

Before the start date (3 days before), I make the private group, add them all in, and download the files to help give them an idea of what recipes they can whip up. I go LIVE, share with them what they need to do before Monday, let them know how it's going to work and what I expect to see from them and lastly I share about the giveaway that will be rewarded to the one who receives the most posts at the end of the 21 days.

Participants like Chris and Jasmin noted the importance of establishing a routine and setting aside time to workout and meal prep as well as engage in social support. Michelle encouraged

participants to set aside a specific time, “and if I need to be that coach that says plot your day out, show me what you’re actually doing, then I will.” Renee found a way to keep herself accountable to the group before going on vacation:

If I was going on vacation and I knew I was leaving at 8 o’clock in the morning to go on vacation, and if I got up at 6, I could get that workout in, I would post like, hey, I really, I’m going to get up and workout before I leave for vacation and I’m going to post a picture on here when I’m done just so I’m holding myself accountable and the group knows as well.

Coach Katrina recognized that not everything is meant for everybody:

So I’ll always do a little bit of research and try and come up with a plan that may fit somebody. I had a lady who’s 71 that wanted to be in the group and I was like sure and we went with 21 Day Fix and I modified everything for her. Even though there’s a modifier on the actual video, it was still a bit much for her and again, since I work in the sports and fitness industry, it was easy for me to say, right, this is what you’re going to do. We would Skype together when she was doing it and you know, I would be there like Wooo!

Just as Katrina joined her participant via Skype for workouts, Erica found an at home workout partner in her husband and made sure her workouts were fun so she wouldn’t feel tortured.

Achieving accountability was most successful when participants were willing to meet the group and the coaches halfway by setting a routine that worked for them or finding external motivation in a face-to-face workout partner.

When mistakes inevitably happened, there were some strategies that came up that helped participants from falling off the rails completely. Amy started off her groups with having participants dig deep and find their “why,” the reason they are on this journey and the thing that keeps them moving forward. When a workout is missed or eating habits get out of control, Amy has her participants go back and read their whys. Valerie often shares her “egg story:”

So I use the example of dropping eggs, getting into your refrigerator, you pull out your egg carton, we’ve all had an experience where we’ve accidentally dropped an egg and it makes a complete mess. I mean, it really does. But would you take the rest of the eggs and just start throwing them on the floor like, pfft, can’t use the rest of the carton anymore, you know? No, you wouldn’t do that because the mess would just be massive and huge and that is the same as the journey we’re on. We’re gonna occasionally drop eggs on the floor and that’s gonna happen, but we don’t just start throwing the rest of them. Instead, we’re conscientious the next time you get the eggs out, you’re a lot more careful once you’ve dropped an egg, you just are, you’re a lot more careful. So often that’s the one I’ll come out with when I see nutrition issues. Guys, we gotta talk about eggs again.

As mistakes happened, motivation waned, and participants started to disappear from the discussions. Coaches tried to find ways to reach out to their groups and reignite the participation. Katrina and Michelle noted the importance of paying attention when people started to go missing and made a point to reach out to them privately to find out what was going on. Michelle and Taylor made adjustments to fit their audiences to try to make sure there was specific content that was relevant, interesting, and tailored to their groups.

Coaches noted that using a similar approach to optimal matching theory, they could be more successful in staving off participant attrition by getting to know the participants as individuals, tailoring content to fit the groups, and making adjustments when necessary. Michelle described tailoring her strategy working with other mothers:

If it's a bunch of moms who are doing it, which often I relate to, you now, maybe it's a video of me working out with the kids, and showing them that hey, you don't have to close the door and be stressed out that they're coloring on your walls in the living room. Get them to join in. Sometimes it's just like hey, I'm a human and here I am on my way to work. So, it's just, it's the constant connection. I learned early on that people did not want to see my sweaty selfies all the time.

By recognizing the best type of support for each group or individual participant and making adjustments to match the optimal style, both participants and coaches benefit. Participants receive the support in the style that best suits them and coaches suffer less stress from dealing with participant attrition.

Social pressure, uncomfortable support and burn out

Social pressure deriving from comparing oneself to others, having an unstable body image, and the fear of failure also posed a significant challenge for many participants. Coaches struggled with additional stress from trying to encourage participation and avoid participant attrition, accommodate participant needs and maintain a work-life balance while trying to run a business.

Body image

Although it manifested in different ways, issues with body image and social expectations cropped up during most interviews. Some mentioned comparing themselves to other participants or even to models in magazines or on television, while others feared failure in maintaining their progress, failure in reaching their expectations, or fear of disappointing a friend or family member. One third of participants specifically mentioned discomfort and hesitation in sharing photos of themselves for their transformation or before and after photos. Participant and coach, Michelle, shared, “That’s scary. Putting yourself in a sports bra and shorts, that is not an easy thing, especially for someone who has not been comfortable with their weight.”

Coaching stress and benefits

Additional frustrations for coaches came from trying to get people to participate. Participant and coach, Ryan, expressed her irritation, “People are lazy and they don’t follow the rules!” Participant and former coach, Tracy, explained that posts had to be simple and easy, “If it was something that was asking people to do like a lot, like I don’t know, post your grocery list or something, people didn’t want to take the time to do that.” Taylor notes, “most of the time, it takes a day or two for some to feel comfortable in sharing” so coaches have to find ways to communicate effectively and encourage others to feel comfortable sharing within the group. Then there are the groups when nobody talks or as coach, Jaime, described “others end up throwing me a thousand excuses and quit and go back to doing what they did before and wonder why they’re still stuck.” Many coaches acknowledged higher stress and eventually burn out due to dealing with difficult clients from those who complain the entire time to those who give up

and disappear. As Valerie explained, it comes down to “wanting it more for others than they want it for themselves.” Ultimately, many coaches agreed, the amount of time and effort devoted to coaching was not always worth the reward of making extra money or helping others to achieve their goals.

Adding to the stress of trying to get people to participate and the frustration when many would quit, the challenges of running a business wore on those who were coaching as well. Some noted strains in family relationships, trying to explain to the kids why Mommy was spending so much time on Facebook or arguing with a husband who says his wife is on the phone too much. Some coaches disagreed with the guidelines set forth by the company, such as not being able to add participants who did not buy Shakeology or expecting coaches to reach out to a certain number of people each day to try to sell the products.

Coaches received benefits and struggled with the role of a helper or guide, dealing with increased stress and for a few, eventual burn out. Fitting with the helper theory principle (Reissman, 1965), coaches developed leadership skills, noticed increased accountability and motivation, and an improved self-image and confidence in their ability to lead and to succeed within the programs. Tracy recalled, “I learned to find more confidence in myself and my ability to, I guess, lead a little more, encourage, and my confidence in my ability to actually do some of the workout programs.”

However, the desire to help others could also become a burden to the coaches. Watching participants disappear without reaching their goals or having to provide uncomfortable support or “tough love” often proved to be stressful and diminishing for coaches. Amy said the most challenging aspect of coaching was “when you see people disappear. They don’t show up for

themselves and when you reach out and they still stay quiet, you're like I know that you want to do this, you know, but you can't, you can not pull anyway. You can't hold their hand. You just have to hope they come back around, you know." Several other coaches echoed Amy's remarks. Ryan and Valerie both voiced frustrations with not being able to hold their hand or do it for them, saying that if someone is not motivated or doesn't have the focus, they are not going to get results and cannot be forced to continue the program.

Providing uncomfortable support

While some coaches adopted a "grace and release" approach, others had fewer qualms about delivering "tough love." Katrina recalled one participant who required her to deliver support that was uncomfortable for both individuals involved:

...a large lady and she's negative, complains about everything, you know. And I find that really sad because she's actually, she's a good person...Anyway, she will just throw her money at anything. She thinks that by throwing money and buying stuff and doing this will solve everything. And she wanted to buy all of this Beachbody stuff and I just said to her, no. No, we're not going to do that and she says, why not? And I said because you're not going to do it, you're not going to complete it and I'm not having you spend that money and you're not going to do it.

So Katrina and her participant came up with an alternative to try a short, free program. The participant made it two days in before falling off and continuing to complain. Katrina continued:

So I actually went to see her...she was like, oh, I'm scared. I says, you know, you're kind of lying to yourself and I said, you know, until we sort out whatever is going on with you, we're not going to make headway, you're not going to stick at this, and you know, you talk like you want to make change and I know you do want to make change, but there's something stopping you. I went and saw her every day for a week, and I had to sit with her and she cried, and I think initially I kind of offended her...I didn't know really how to fully help her, so I'm like, right, well, I'm just going to spend time with her...She just wanted somebody to spend time with her.

Katrina and her participant started another short, free program. This time the participant made it to day five before falling off and becoming negative again. Katrina then found out that the participant had reached out to someone else to try to buy a weight loss pill. Katrina asked her not to and instead make a diet plan with her and meal prep together. Katrina continued:

I said, right, I'm going to come around on Sunday and we're going to prepare meals for a week, and we did and she said she stuck to it. She was pretty good. I think I've just realized that you can't hold somebody up, you can't do it for them. It was causing me a lot of stress as well, you know, because I know what she's going through. So, we both sat down and she said I just don't think I'm in the right spot, and I said you're not. I said, but you will be. You just need to keep believing and keep doing those little things that you're doing and maybe things will change. So that was really hard for me to do because I knew that it, ultimately

I was hurting her, well, I wasn't hurting her, but I was kind of making something kind of, I was kind of putting it on the table so we could talk about it, you know.

Katrina adopted a confrontational approach for this participant that required her to provide both comfortable and uncomfortable support in order for the participant to progress. Sass and Mattson (1999) note that uncomfortable support is often seen in transformational processes, such as rehabilitation or correctional centers, and often involves a deep investment of one's identity into an organization as well as a separation from everyday life. Although the Beachbody programs do not require these criteria, the process of confrontational or uncomfortable support may be beneficial to some participants if the coach or support provider is adept at delivering this type of support. For those inexperienced at delivering uncomfortable support, the consequences could be harmful to the support provider as well as the support recipient. Katrina expressed suffering a great deal of stress trying to support her participant in the ways she needed, ultimately not knowing whether or not her efforts would lead to her participant's success.

Coach burn out

The investment in others' success took a toll on Tracy as well, ultimately contributing to her quitting coaching and Beachbody completely. Tracy said, "People will be all gung-ho to go at first, and then they get into it and you find out, oh, it is hard to work out, it is hard to follow the meal plan. It's really hard and people decide they don't want to change and they just drop off the face of the earth." Investing her time into coaching and trying to keep her participants on track resulted in a strained relationship at home and feeling overwhelmed. "We would argue about me being online, on the phone too much, and so then I felt like I couldn't be on there as

much as I maybe should be, which that contributed I guess a lot to just going ahead and cancelling because I felt like it was time to not, like I really needed a break from it.” It can be even more stressful for a coach that has other coaches looking up to her. Tracy added, “that’s the thing I felt the worst about was when I cancelled, like I felt like I abandoned” the coaches that were under her.

Sharing, learning and challenges with the online platform

Along with the successes and pitfalls of attempted emotional support, participants benefited from instrumental and informational support that could be carried with them beyond the length of the program.

Sharing recipes

Participants frequently and emphatically shared the importance of sharing and learning new recipes during their experience, making it the most prevalent example of instrumental support. Multiple participants stated, “Recipes were really helpful.” In addition to being able to try new recipes, participants liked the consistency of the programs and the ability to perform the activities from anywhere, whether they preferred to work out at home or while traveling.

Lasting knowledge

The most lasting support was informational with the majority of participants discussing their improved knowledge of portion control and nutrition as their main takeaways from participation in the programs. Participant and coach, Taylor, “learned to enjoy comfort foods the

healthy way” while Jasmin, discovered “not all fat is bad.” The most common program mentioned throughout the interviews was 21-Day Fix where participants used color-coded containers to learn portion control and how to balance meals throughout a 21-day time period. Christi said, “I still know off the top of my head what my container count is.” Participants most often referred back to informational and instrumental support being the most beneficial to them long term. In this case, a broad network with weak ties may be more beneficial due to the potential to impart diverse and novel sources of information (Wortman & Dunkel-Schetter, 1987). Sharing and receiving nutritious recipes and learning portion control were the most commonly mentioned long term benefits of participation in the Beachbody programs.

Benefits of coaching

Coaches diverged the most from the participant experience in instrumental and informational support. Receiving discounts on Beachbody products and the ability to make extra money as a coach were mentioned most frequently, in addition to being able to run their businesses from anywhere and having templates, forums, recognition from corporate, and “regimented ways for coaches to be successful.” Most coaches drew informational support from personal development, which includes books, podcasts and other materials that aim to develop leadership, communication, or entrepreneurial skills.

Challenges with the Beachbody product and online platform

Challenges with the Beachbody product itself and the online platform did not come up as frequently, but were either spoken about in depth or with great emotion, including the lack of a

personal or face-to-face connection, lack of offline support or negativity within the support group, financial challenges, and preconceptions or issues with the Beachbody product.

Lack of personal connection

The most frequently mentioned issue with the online platform and the way the Beachbody resources were delivered was the lack of personal connection. Limited by the online platform, Valerie lamented the inability to have a face-to-face connection with some of her team:

I can't physically show up at their door and be like, girl, you can't ignore me anymore. I've messaged you several times, let's go work out together. I think, you can't get that physical connection like you could if you were meeting and showing up...that personal one on one connection, no matter how hard you try, it's not there. But you can get pretty daggone close.

Although attaining that feeling of a personal connection could be extremely difficult, the use of video calls, phone calls, voice messages, Facebook Live, Skype, private messages, and texting could all help build an individualized, personal relationship. It came down to keeping lines of communication open and varying forms of communication to have the best chance of reaching everyone in the way that works best for them. Several participants alluded to the idea that if there had been an opportunity for a face-to-face or in person opportunity to connect or work out together, they may have had more success.

Offline barriers

For some, friends, family and other participants were barriers to success, from offline friends that did not understand or were not aware of the diet or workout schedule to encountering negativity in the online forums or within the individual's social media networks. As in Christakis and Fowler (2007), offline networks can affect a person's health. A network that enables unhealthy behaviors, such as friends who encourage eating out frequently, or is neglectful in attending to an individual's emotional needs, like a friend who ignores, complains about, or does not understand an individual's goals, can be damaging to a person's emotional and physical health (Christakis & Fowler, 2007).

Financial challenges

Another deterrent for some to continue with the programs was the financial cost and even some shaming that came from other Beachbody participants or coaches as explained by Jasmin:

Sometimes people will post, oh, if you can afford McDonald's every day it's this much money, but Shakeology is this much money every day and if you can afford that, you can afford Shakeology. And I'm like, that's not how life works. I don't go to McDonald's every day. I don't go to Starbucks every day, because I can't afford it every day.

To address financial concerns and challenges for those who want to learn to live healthier but can not or do not want to spend the money, multiple coaches advocated hosting free groups or sharing materials for free whenever possible. Taylor's niche market was college students who

often struggled finding the funds to eat clean. She ran groups to teach them how to follow these programs with a low budget and how to meal prep with minimal cooking.

Issues with Beachbody products

Several participants encountered skepticism about the Beachbody program or issues with the products themselves. Many were initially skeptical of the program because of the perceived pyramid scheme of the company. Multiple participants commented on the drastic lifestyle changes required to complete the programs and the difficulty in maintaining those changes. As Erica says, “there’s no wiggle room.” Participant, Meghan, expressed frustration in uncertainty of how to perform some of the movements and a fear of injuring herself by trying to perform them without guidance. The most forceful statement against the program came from Renee:

I really, really, really hate the Beachbody On Demand program that they have. I think that’s completely, I think that’s a horrible, I really hate that program. And that made me also lose some respect for Beachbody. If I’m spending like \$60, I want to have the physical copy. I want to know that 20 years from now, I’m going to have a way to do those workouts if I want to do them...If that streaming service ever goes away, all of that money that you put into it is gone and like I think if you’re trying to be a healthy conscious company and you’re trying to say that you care about people that are losing weight and trying to make healthy decisions and stuff, I think it’s unfair of you to deprive people of those tools that they could use to continue to move forward in their life.

Erica expressed major issues with the program set up being disorganized and inconvenient. Having been a previous Weight Watchers user, she was not impressed with the time and effort it took to navigate between Facebook to chat and get support, a third party app to track her 21-Day Fix containers, and a third website to access the Beachbody materials.

In addition to the challenges faced by participants, those who became coaches faced even more challenges including misconceptions about the product or their motives, taking on stress from dealing with difficult participants and working more than the reward was worth, as well as the difficulty in getting people to participate within the groups. The name Beachbody can be deceiving on its own as Amy explained, “A lot of people...they think [Beachbody] must just be for 21 year olds in a bathing suit or whatever, and the name kind of does, your first thought is somebody on the beach, but it’s so, I mean there’s 75 year old women doing these workouts.” Many participants expressed skepticism from potential clients as well as their own discomfort with pushing for sales and fearing that people would think she was just trying to sell them something. Some coaches mentioned frustration in people seeking a quick fix or instant gratification and would quit the program or never even start when they realized the time, money and effort it would take to achieve their goals.

These misconceptions and the skepticism many people seem to have before even beginning the program could hinder the ability to establish the open and authentic environment that participants felt is the best atmosphere to foster support. This critical mindset may also diminish the participants’ investment in the programs and minimize their motivation and accountability as well. Despite having elements shown to facilitate success in developing a healthy lifestyle, such as food diaries (Burke, et al., 2005), photographs (Zepeda & Deal, 2008)

and social media (Dahl, et al., 2015), Beachbody seems to lack the ability to establish and maintain a consistent support experience for its coaches and participants. Participants in this study perceived less success with the overall program when they did not perceive a genuine support system. Perceived authenticity within the group seemed to be a critical factor for most participants in their decisions to complete or continue the programs along with individual motivation and offline support environment.

CHAPTER FIVE: CONCLUSION

As individuals continue to struggle with issues of weight, fitness, and nutrition, social support has become a critical aspect of success. However, finding the right type of support can be challenging, even from a company who vows to provide all of the resources needed to become healthy and happy. The Beachbody programs are just one example of the many commercial weight loss and healthy lifestyle initiatives on the market that tout elements of social support, from personal coaches to social media and web applications with 24-hour access. The findings in this study explored four main themes that contributed to the participants' social support experiences: creating and maintaining an open and genuine support system, achieving true accountability and long-term motivation, dealing with social pressure and the stresses of coaching, and challenges with the product and online platform.

Participants and coaches differed in the way they most benefitted from their experiences. Participants valued the instructional and informational support of recipe sharing and the ability to access resources from anywhere 24 hours a day as well as enhanced knowledge about portion control, fitness and nutrition. Coaches drew motivation and accountability from their roles as leaders, knowing that they were being looked up to or scrutinized by the rest of their team. Coaches were also most likely to feel a sense of community and connectedness from other coaches.

The most critical aspect of developing an open and genuine atmosphere of community was the use of individualized or highly person-centered messages. When HPC messages were used, participants felt most supported. This further supports the success of utilizing HPC messages to achieve positive feelings of support and connectedness. In addition to incorporating

HPC messages when providing support, participants found the most success when he or she developed a routine and/or found an in person point of contact to keep him or her accountable. An individual's offline support network played a role in the overall level of success for most participants, whether it was increased accountability by having a designated workout partner or a husband concerned with his wife spending too much time online, ultimately influencing her to withdraw from the program. The support was perceived to be most successful when both online and offline providers were on the same page.

Coaches often dealt with the stress of participant attrition while leading their groups. By again utilizing HPC messaging and paying attention to the individuals as well as tailoring content to fit the group's needs, coaches could minimize attrition along with a major contributor of stress. While some stress is inherent in transformational processes, coaches adept at employing uncomfortable support when necessary could benefit their participants. However, coaches adopting this style of support should be aware that it might increase stress for both the provider and the recipient despite having potentially positive overall results.

Limitations and directions for future research

While exploring the ways in which participants and coaches perceived support and differed in their experiences, new potential paths of research expanding on these findings could continue to deepen our understanding of the processes of social support, especially in an online context. As reliance on and access to technology increases, understanding the opportunities and downfalls of social support in an online context will become increasingly important.

This study included a small sample of mostly Caucasian women in the United States. Expanding the size, gender diversity, ethnic background and geographic range of participants and/or exploring programs in addition to Beachbody could further solidify the findings presented above and/or illuminate additional nuances in the process of online social support in this context. As touched upon in this study, offline social networks play a role in the overall success of participants in these programs. Examining how offline and online support systems affect one another could provide a deeper understanding of how to best configure support for individuals in this context.

A surprising finding in this study was the high value of recipe sharing for many participants. Further research might explore why having recipes tested and reviewed by others was such a valuable take-away from these programs and how the act of sharing may contribute to overall feelings of support. Longitudinal research following participants' perceptions of support over time within the program, through multiple programs (as a participant or a coach), and overall success (perceived and physical) after participation in the programs could further advance knowledge of social support processes in online settings and their relation to developing a healthy lifestyle.

By broadening our understanding of the benefits and pitfalls of online support and how individuals have overcome its challenges in this context, it may help provide direction for the development of future research and similar online health initiatives. Understanding how participants in these and similar programs create and feel a genuine sense of community and the strategies used to do so could serve as a building block to developing programs with higher levels of engagement and lower levels of participant attrition, potentially resulting in higher

levels of success for participants and less stress for coaches. Identifying the types of support that were most effective could also inform program developers and healthcare providers of the needs of those seeking these types of groups. Harnessing the information provided by the experiences of these Beachbody coaches and participants could serve as a foundation for future research in the realm of technology-mediated support and nutrition and/or fitness programs to better serve those seeking a healthier lifestyle.

APPENDIX A: UCF IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1
FWA00000351, IRB00001138**

To: **Brittany Lynn Davies**

Date: **August 16, 2017**

Dear Researcher:

On 08/16/2017, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	Perceptions of social support in an online weight loss group: A qualitative study
Investigator:	Brittany Lynn Davies
IRB Number:	SBE-17-13292
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

A handwritten signature in blue ink that reads "Renea C Carver".

Signature applied by Renea C Carver on 08/16/2017 02:21:50 PM EDT

IRB Coordinator

APPENDIX B: INTERVIEW GUIDE

Interview Guide

Thank you so much for agreeing to chat with me about your experience in the Beachbody challenge groups. I'm really interested in understanding more about communication in these types of programs and participant's perspectives of useful and challenging messages. You will be assigned a pseudonym if you do not have a preference. Do you mind if I record our conversation so I can accurately transcribe your comments?

With Participant

Demographics:

1. Gender
2. Age
3. Race/ethnicity

Introductory questions:

1. Would you please briefly describe which types of Beachbody challenge groups you have participated in?
2. Is this your first time participating in an online program?
 - a. If not, how many online programs have you participated in? Which one(s)?
3. What do you find beneficial about the online support groups?
4. What do you find challenging about the online support groups?
5. What were/are your goals in participating in this/these program(s)?
 - a. Were these methods more or less successful in achieving your goals with this program? Why or why not?

I want to explore your experience with the online support group...

1. How engaged were you in the online support group piece of the program?
2. How did participation in the online group affect your experience?
3. What kind of posts did you share?
 - a. How did you decide what to share in your posts?
 - i. Follow up: Were you hesitant to share anything within the group? Why or why not?

4. What kind of posts did you find most helpful/unhelpful? Why or why not?
 - a. Can you think of examples
5. What is an example of tough feedback you received?
6. What is an example of tough feedback you gave?
7. What is an example of supportive feedback you received?
8. What is an example of supportive feedback you gave?

Offline experiences

1. What offline challenges did you face that affected your experience with the group?
 - a. Did you choose to share these with the other members of the group?
 - b. Why or why not?
2. What did you learn from participating in this/these group(s)?
3. Where did you find you received the most helpful support: online or offline? Why?
4. Where do you think you were more effective in providing support: online or offline? Why?
5. Is there anything you would change about the groups? If so, what would you change?

Overall impact

1. How has participation in this online support group shaped your participation in other online communication?
2. How has this program impacted your relationship with food?
3. How has this program impacted your relationship with your body?

Anything else you think is important for me to know about your experience?

Specifically other thoughts about support giving in this setting you would like to share?

Coach

Demographics:

4. Gender
5. Age
6. Race/ethnicity

Introductory questions

6. Would you please briefly describe which types of Beachbody challenge groups you have participated in?
7. Is this your first time participating in an online program?
 - a. If not, how many online programs have you participated in? Which one(s)?
8. Why did you choose this/these program(s)?
 - a. What other methods have you tried in order to develop the habits you were/are pursuing with the Beachbody group? (e.g. diet changes, activity level)
9. Are you currently a coach?
 - a. If not, why did you choose to stop coaching?
 - b. How many groups have you coached?

Coaching questions

1. How would you describe your approach to coaching?
2. What are your goals as a beachbody coach?
3. How do you decide how to approach communication with your participants?
4. How do you communicate support to your participants? What is an example of supportive feedback or communication you've provided?
5. What is an example of tough feedback you have provided? How have your participants responded?

I want to talk a little bit about the online aspects of the program...

1. Would you please give an example of a post you might share in the group?

2. Where do you get information to include in your posts?
3. What kind of post do find is most successful?
4. What kind of things were you hesitant to share or post?
5. What do you find beneficial about the online support groups?
6. What do you find challenging about the online support groups?

Offline experiences

6. What offline challenges did you face that affected your experience with the group?
 - a. Did you choose to share these with the other members of the group?
 - b. Why or why not?
7. Is there anything you would change about the groups? If so, what would you change?
8. What did you learn from participating in/coaching this/these group(s)?

Final reflections:

1. How has coaching shaped your view of the Beachbody program (this approach to health/fitness goal achieving)?
2. What would you do differently as a coach in the future (online and offline)?
 - a. Note: follow up to focus on communication elements of this

Anything else you think is important for me to know about your experience?

Specifically any additional thoughts on this support giving setting you'd like to share?

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