

2006

The resonance performance model : applications to exercise adherence and well-being

Amy Chang
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_theses

Recommended Citation

Chang, Amy, "The resonance performance model : applications to exercise adherence and well-being" (2006). *Master's Theses*. 2872.
DOI: <https://doi.org/10.31979/etd.7t5h-ka9p>
https://scholarworks.sjsu.edu/etd_theses/2872

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

THE RESONANCE PERFORMANCE MODEL:
APPLICATIONS TO EXERCISE ADHERENCE AND WELL-BEING

A Thesis

Presented to

The Faculty of the Department of Kinesiology

San José State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Amy Chang

May 2006

UMI Number: 1436897

Copyright 2006 by
Chang, Amy

All rights reserved.

INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

UMI[®]

UMI Microform 1436897

Copyright 2006 by ProQuest Information and Learning Company.

All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.


ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

© 2006

Amy Chang

ALL RIGHTS RESERVED

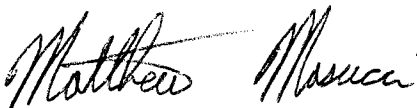
APPROVED FOR THE DEPARTMENT OF KINESIOLOGY



David M. Furst, Ph.D.



Ted M. Butryn, Ph.D.



Matthew A. Masucci, Ph.D.

APPROVED FOR THE UNIVERSITY



ABSTRACT

THE RESONANCE PERFORMANCE MODEL: APPLICATIONS TO EXERCISE ADHERENCE AND WELL-BEING

by Amy Chang

The present study aimed to examine the applicability of the Resonance Performance Model (Newburg, Kimiecik, Durand-Bush, & Doell, 2002) as an intervention to improve exercise adherence and well-being of underactive individuals. Seven underactive, overweight, and obese females (BMI >25 and <39) between the age of 18 to 40 years completed this 24-week study, which consisted of multiple in-depth semi-structured interviews and daily journaling. The participants also completed questionnaires to measure their commitment to exercise and psychological well-being at the beginning, mid-point, and the end of the study. Both qualitative and quantitative findings suggested that all participants were able to apply the Resonance Performance Model and benefited from the intervention. By the end of the study, all participants increased their levels of physical activity, and five of the seven participants met or exceeded the Surgeon General's recommendation for physical activity. Practical implications and recommendations for future research are discussed.

ACKNOWLEDGMENTS

This thesis is the result of much insight, guidance, support, and encouragement I have been so fortunate to receive from many individuals, without whom this research project could not have been completed. First and foremost, I would like to thank my thesis advisor, Dr. David Furst, who has been such a great mentor throughout my academic journey at San José State University. Dr. Furst's experience, knowledge, and commitment to his students have provided me with the support and resources to develop as a student and a researcher. My gratitude also goes to my committee members, Dr. Ted Butryn and Dr. Matt Masucci, for their invaluable insights and expertise in qualitative research. Dr. Butryn introduced me to the concept of resonance, devoted endless hours as my peer reviewer and read through hundreds of pages of my interview transcripts and thesis drafts. Dr. Masucci conducted a bracketing interview with me so I would be prepared for the many in-depth interviews with my research participants.

I would also like to thank Dr. Natalie Durand-Bush and her graduate students at The University of Ottawa for sharing their passion for resonance and research knowledge with me. I will forever be grateful to Dr. Durand-Bush and her family for their hospitality during my visit to Ottawa, who welcomed me, a complete stranger, into their home. I am also indebted to Dr. Doug Newburg, the author of the Resonance Performance Model, for reviewing my thesis proposal and sharing his insights with me throughout my research process.

I am also tremendously thankful to Dr. Rebecca O'Brien at Kaiser Permanente for believing in me and collaborating with me on this study, recruiting her patients as study

participants, and provided me with access to her office where many of my interviews were conducted. Most importantly, this study would not have come to fruition without my participants, who generously allowed me into their lives and dedicated much of their time and effort to complete the study.

Lastly, I would like to thank my family and friends for their support, patience, and encouragement in completing this new chapter of my life. They gave me the courage and confidence to find resonance in my own life.

TABLE OF CONTENTS

CHAPTER	
I	INTRODUCTION..... 1
	Statement of the Problem 4
	Statement of the Purpose..... 5
	Delimitations..... 6
	Limitations..... 6
	Definitions 7
	Summary..... 7
II	REVIEW OF LITERATURE..... 9
	Exercise Adherence 9
	<i>Theories</i> 9
	<i>Interventions</i> 12
	<i>Methodological Issues</i> 14
	Well-being..... 16
	Resonance Performance Model..... 18
	<i>The Dream Feeling</i> 20
	<i>Preparation</i> 21
	<i>Obstacles</i> 21
	<i>Revisiting the Dream Feeling</i> 22
	Summary 23
III	METHODOLGY 24

Recruitment Method and Description of Participants	24
Instruments	25
<i>Interview Guide to Assess Resonance</i>	25
<i>Questionnaires</i>	27
<i>Psychological Well-Being (PWB)</i>	27
<i>The Commitment to Exercise Scale</i>	27
<i>Journals</i>	28
<i>Book on Resonance</i>	28
Data Collection Procedures.....	29
<i>Preparation of the Researcher</i>	29
<i>Interviews and Progress Sessions</i>	29
<i>Data Analysis Procedures</i>	31
<i>Qualitative Analysis</i>	31
<i>Quantitative Analysis</i>	32
<i>Trustworthiness</i>	32
Summary	33
IV RESULTS AND DISCUSSION	35
Participant Profiles	35
<i>Elena</i>	35
<i>Chandra</i>	36
<i>Rachael</i>	37
<i>Marissa</i>	38

<i>Lynne</i>	39
<i>Brandi</i>	40
<i>Benisha</i>	41
Qualitative Findings	42
<i>Dream Feeling</i>	42
<i>Physical Dream Feelings</i>	43
<i>Mental Dream Feelings</i>	44
<i>Emotional Dream Feelings</i>	47
<i>Social Dream Feelings</i>	49
<i>Spiritual Dream Feelings</i>	51
<i>Participants' Experiences of Dream Feelings</i>	51
<i>Preparation</i>	52
<i>Physical Preparation</i>	53
<i>Physical activity and exercise</i>	53
<i>Diet and nutrition</i>	54
<i>Other health maintenance and enhancement behaviors</i>	56
<i>Mental Preparation</i>	58
<i>Emotional Preparation</i>	62
<i>Social Preparation</i>	64
<i>Environmental Preparation</i>	65
<i>Spiritual Preparation</i>	69
<i>Summary of Preparation Strategies</i>	70

<i>Obstacles</i>	70
<i>Internal Obstacles</i>	71
<i>Physical obstacles</i>	71
<i>Mental obstacles</i>	76
<i>Emotional obstacles</i>	79
<i>External Obstacles</i>	84
<i>Relational obstacles</i>	84
<i>Sociocultural obstacles</i>	86
<i>Environmental obstacles</i>	89
<i>Summary of Obstacles</i>	92
<i>Revisiting the Dream Feeling</i>	93
<i>Mental Revisiting Strategies</i>	93
<i>Physical Revisiting Strategies</i>	96
<i>Social Revisiting Strategies</i>	99
<i>Spiritual Revisiting Strategies</i>	101
<i>Other Individual Revisiting Strategies</i>	101
<i>Summary of Revisiting Strategies</i>	103
<i>Progression of Participants in Applying the RPM</i>	104
<i>Dream Feeling</i>	104
<i>Preparation</i>	106
<i>Obstacles</i>	108
<i>Revisiting the Dream Feelings</i>	112

	<i>Overall Experience of the Resonance Process</i>	115
	<i>Self-reported Physical Activity Trend</i>	117
	Quantitative Findings.....	119
V	GENERAL DISCUSSION AND CONCLUSION	122
	References.....	128
	Appendices.....	138
	A Agreement to Participate in Research	138
	B Interview Guide Based on the RPM	140
	C Psychological Well-Being Scale [PWB].....	142
	D Commitment to Exercise Scale.....	149
	E Journal Form.....	150
	F Thematic Analysis Based on the RPM.....	153
	G Individual Resonance Models from First Interview and Progress Session 6.....	157

LIST OF TABLES

1.	<i>Self-reported Physical Activity Trend</i>	118
2.	<i>Results from Commitment to Exercise Scale</i>	121
3.	<i>Results from PWB Scale</i>	121

LIST OF FIGURES

1.	The resonance performance model.....	20
----	--------------------------------------	----

CHAPTER I

INTRODUCTION

According to The U.S. Department of Health and Human Services [USDHHS] (2001), an estimated 61% of U.S. adults were overweight or obese, and 13% of children and adolescents were overweight. Further, approximately 300,000 deaths a year in the U.S. were associated with overweight and obesity. In order to reverse this alarming trend, professionals from across several health-related disciplines have recommended regular physical activity as a crucial part of the solution. Sadly, less than one third of U.S. adults engage in the recommended amounts of physical activity and 40% of U.S. adults do not participate in any leisure time physical activity (USDHHS, 2001). Further, among those who do start to participate in physical activity programs, about 50% drop out within 6 months (Dishman, 1990). Therefore, there is an urgent need to continue existing research efforts on the subject of exercise adherence, from both basic and applied research perspectives.

The benefits of regular exercise have been well documented. Studies have shown that regular physical exercise helps lower cholesterol, decreases the percentage of body fat, mediates the effects of diabetes, reduces weight, and lowers blood pressure (Paffenbarger, 1994; Pate et al., 1995). Evidence also supports the hypothesis that individuals who exercise regularly and maintain a high level of physical fitness should be less susceptible to the negative effects of life stress (Brown, 1991; Fox, 1999). An active lifestyle may then be regarded as a positive quality for individuals to build upon. Based on this idea, the study of exercise adherence appears to be well aligned with the field of

positive psychology, which has been gaining significant momentum in the recent years. The field of positive psychology focuses on positive subjective experience and development of positive individual traits to improve quality of life and prevent pathologies that stem from a life lack of meaning and purpose (Seligman & Csikszentmihalyi, 2000). Instead of treating sedentary lifestyle as a pathology, positive psychology may be a more appropriate framework for the study of exercise adherence.

Within the framework of positive psychology, Newburg, Kimiecik, Durand-Bush and Doell (2002) had introduced a heuristic model, named the Resonance Performance Model (RPM), aimed at optimizing performance and enhancing well-being. The RPM was based on research interviews and consulting practice with high-level performers from all walks of life. The RPM is described as follows:

The process of resonance is simple: A person chooses or recognizes a dream, prepares to experience that dream, deals with obstacles along the way, and revisits the dream as a way to deal with the obstacles and make the subsequent preparation more engaging (p. 265).

The dream, according to Newburg et al., “represents the feelings that individuals seek when they engage in a particular activity” (p. 252). This feeling serves as a source of motivation for people to continue participating in the chosen activity. In this article, the authors asked, “Is it purely a coincidence that so few people live healthy lives when they are constantly told or reminded to fix so much of what is wrong with them instead of finding and building on what is right?” (p. 250). This question appears to ring true with the recent media portrayal of the “obesity epidemic.” Physicians are now encouraged to

prescribe exercise as a treatment for obesity and other health risk factors such as hypertension and high cholesterol. The whole notion of exercise and physical activity as an enjoyable leisure pastime has somehow adopted a clinical image. Is this fear-based approach to initiate the adoption of regular exercise effective? Will the effect be long lasting? The RPM takes a completely different approach by focusing on the positive feelings people seek and experience when they engage in a meaningful and fulfilling activity. It would therefore be useful to examine whether, and to what degree, the RPM could help underactive individuals identify these feelings and ultimately motivate them to adopt and adhere to an active lifestyle. The details of the RPM will be explained further in the second chapter.

Despite growing evidence that supports the effectiveness of exercise on the improvement of mental health or well-being, most studies had focused only on the relationship between exercise and subjective well-being and moods (Fox, 1999; Gauvin, 1989; Gauvin & Szabo, 1992). Ryan and Deci (2001) argued that the concept of well-being extends beyond elements that encompass subjective well-being and positive moods. Instead, the authors suggest that well-being be defined by two different perspectives. The first perspective is “the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance” (p. 141). The second perspective is the eudaimonic view, which suggests that “well-being consists of more than just happiness, it lies instead in the actualization of human potentials” (p. 143). Previous studies that attempted to relate the benefits of sports and exercise to well-being had adopted the hedonic perspective (Gauvin, 1989; Gauvin & Szabo, 1992). While

exercise and sport enthusiasts may agree that living a physically active life is pleasurable, the current sedentary or underactive population may not hold the same hedonistic view towards exercising. In fact, the sedentary population may remain inactive in order to avoid the physical pain that are often times experienced by de-conditioned individuals attempting to begin an activity program. Eudaimonia, on the other hand, “is more associated with being challenged and exerting effort” (Ryan & Deci, 2001, p. 146). It is an engaging experience of personal expressiveness that is related to intrinsic motivation, flow and peak experiences (Waterman, 1993). The concepts of intrinsic motivation, flow and peak experiences are closely linked to that of resonance (Newburg et al., 2002). To initiate and maintain an active lifestyle can be considered quite a challenge for underactive individuals in most cases due to the physical requirements of exercise and other conflicting demands in life. Significant motivation and effort is required for these individuals to embrace an active lifestyle consistently. Therefore, exploring the possible relationships between resonance, exercise and well-being from a eudaimonic perspective is important.

Statement of the Problem

Extensive research has been undertaken to study personal, interpersonal and socio-environmental factors related to exercise adherence (McGannon & Mauws, 2002). Despite such efforts, physical inactivity remains pervasive (McGannon & Mauws, 2002). The authors suggest that in addition to furthering research within leading exercise adherence approaches, it is time for researchers to consider alternative approaches “that

have the potential to make significant advances as opposed to marginal gains” (p. 68). In addition, according to Newburg et al. (2002):

Very little research has focused on identifying concrete or practical approaches to help individuals engage in meaningful action and achieve enjoyment in sport and physical activity. The RPM is oriented toward making such heightened, ideal experiences more available to people (p. 259).

So far, the RPM has mainly been applied to competitive athletes and has not been used in an exercise setting. There is, therefore, a need to investigate the applicability of the RPM as an intervention to enhance exercise adherence.

Also, there appeared to have been only one quantitative attempt to link the RPM and its effect on well-being (Soulard, 2003). While the qualitative data showed that the RPM did in fact help the subjects improve their well-being, the quantitative data did not support the qualitative results. The author proposed that it would be important to incorporate the eudaimonic perspective in the measurement of well-being in future research. This study attempted to address this gap in the research literature.

Statement of the Purpose

The present study aimed to explore the applicability of the RPM (Newburg et al., 2002) as an intervention to improve exercise adherence and well-being of underactive individuals. This study attempted to answer the following specific research questions: (a) Can overweight and obese underactive adults identify all four components of the RPM in their attempts to adopt a more active lifestyle? (b) Does a 12-week resonance-based psychological intervention result in higher level of commitment to exercise,

psychological well-being and increased activity levels in these overweight and obese underactive adults? and (c) Can these adults maintain any changes in psychological well-being, commitment to exercise and actual activity levels that might have been acquired during the resonance-based intervention 12 weeks following the end of the intervention?

Delimitations

This study was delimited to the following participants:

1. Participants who took part in some physical activity but did not meet the Surgeon General's recommendation (i.e. at least 30 minutes of moderate physical activity most days of the week) prior to the start of the intervention.
2. Overweight or obese females between the ages of 18 and 40 with a BMI greater than 25 and less than 39.

Limitations

Potential limitations of this study include:

1. Sample size was limited due to nature of the intervention, which required significant time investment, both from the researcher and participant perspective.
2. Potential participant attrition.
3. Questionnaires and journal entries still may not capture participants' true level of resonance, commitment to exercise and well-being due to the complex nature of these concepts. This may affect the outcomes of the quantitative analyses.

Definitions

The key terms used in this study were defined as follow:

1. Exercise: “any bodily movement produced by skeletal muscles that results in energy expenditure” (Eyler et al., 1998, p. 641).
3. Member checking: “Sharing interview transcripts, analytical thoughts, and/or drafts of the final report with research participants to make sure” they and their ideas are being represented accurately (Glesne, 1999, p. 32).
2. Physical activity: synonymous with physical activity in this study.
4. Resonance: “A seamless fit between how people want to feel (internal) each day and the environment (external) in which they live” (Newburg et al., 2002, p. 252).
5. Triangulation: “Use of multiple data-collection methods, multiple data sources, multiple investigators, and/or multiple theoretical perspectives” (Glesne, 1999, p. 32).
6. Trustworthiness: Research validity in qualitative research (Glesne, 1999).
7. Underactive: individuals who participate in some physical activity but do not meet the Surgeon General’s recommended amount [i.e., at least 30 minutes of moderate physical activity most days of the week] (USDHHS, 2001).
8. Well-being: “Optimal psychological functioning and experience” (Ryan & Deci, 2001, p. 142).

Summary

While extensive research has been conducted on exercise adherence, physical inactivity remains pervasive. A new, alternative approach to the study of exercise

adherence may contribute to current body of literature and the nationwide fight against obesity. The Resonance Performance Model (RPM), a heuristic model developed from the positive psychology framework, has potential applicability in helping underactive individuals adhere to an active lifestyle. The RPM has mainly been applied to competitive elite and recreational athletes and has not been studied in an exercise setting. There is a need to explore the use of RPM as an intervention to enhance exercise adherence. In addition, based on previous literature, little has been done to study the relationship between RPM and well-being from a eudaimonic perspective. The current study also intended to address this gap in research literature.

CHAPTER II

REVIEW OF LITERATURE

The following literature review presents the main concepts of exercise adherence, well-being, resonance, and the RPM. Gaps in the current literature are also highlighted.

Exercise Adherence

In this portion of the literature review, several existing theoretical models of physical activity and exercise behavior will be discussed. This will be followed by a review of several intervention approaches previously applied to foster an increase in physical activity in the population. To conclude this section, methodological issues in exercise adherence research will be examined.

Theories

The Health Belief Model [HBM] (King et al., 1992) proposes that:

Adherence with a recommendation for a risk-avoiding health behavior change depends on the perceived severity of the illness threat, the person's perception of vulnerability to illness/disability if no action is taken, and belief that the health effectiveness of the behavior outweighs barriers to making the change (p. S225).

The HBM has, to date, found relatively little application in attempts to augment physical activity among sedentary individuals. One study (Mirotznik, Speedling, Stein, & Bronz, 1985) compared recruits in a cardiovascular-fitness program with individuals who had chosen not to join the program. Those recruited were more concerned about their health and more likely to see an improvement in health as benefiting other areas of their lives. However, most other studies showed weak or negative associations between the HBM

variables and exercise behavior. A study by Slenker, Price, Roberts, and Jurs (1984) showed that perceived susceptibility to health problems was a relatively weak factor in discriminating between the physical-activity patterns of regular joggers and of those who chose not to exercise. Another cross-sectional study of factors influencing recruitment in an employee fitness program also found that many workers had firm beliefs about heart attacks and their relationship to lack of physical activity. Such beliefs, however, were unrelated to the regular practice of exercise or to the fitness status of individuals entering the program (Shephard, Morgan, Finucane, & Schimmelfing, 1980). Hence, it is unclear if HBM is an appropriate model for understanding exercise behavior and the effectiveness of interventions based on this model is also questionable.

Another theory applied to the study of exercise behavior is Bandura's (1977) Self-Efficacy Theory (SET). According to SET, all behavioral changes are mediated by a common cognitive mechanism termed self-efficacy. When applied to exercise behavior, SET suggests that attempts to increase exercise behavior would be influenced by self-judgment of the expected benefits of regular exercise and perceived ability to exercise regularly. A study by Dzewaltoski (1989) supported the SET. In this study, individuals who were confident they could adhere to an exercise program, despite possible barriers, exercised more days per week. In spite of some success in the application of the SET towards explaining exercise behavior, there does not seem to be a practical model on how the SET can be applied as an exercise adherence intervention.

The Theory of Planned Behavior (TPB) proposes that the proximate determinants of the intent to adopt a given behavior are the individual's personal attitude toward

performing the behavior in question, the influence of social factors toward the performance of the behavior, and the perceived behavioral control (Ajzen, 1985). Studies examining the relevance of the TPB to exercise adherence provided partial support for the usefulness of the TPB in initiating exercise behavior. Godin, Valois and Lepage (1993) found that for adults in the general population and pregnant women, TPB contributed to the prediction of intention to exercise but not to the prediction of exercise behavior. The TPB alone may not be able to bridge the gap between research and practice in the field of exercise adherence.

Another approach in the study of exercise adherence is the Social Cognitive Theory (SCT). SCT “proposes that personal, environmental, and behavioral factors operate as reciprocal interacting determinants of each other” (Dzewaltowski, 1994, p. 1395). The focus of the SCT in exercise adherence research is on the cognitive processes individuals use to control physical activity determinants, whether they are personal, behavioral or environmental. The author proposed that “knowledge of cognitive processes, plans and strategies to exercise be labelled physical activity intelligence” (p. 1398). This intelligence can then be used to develop intervention and strategies to educate novice exercise participants on how to become experts in self-regulating their exercise behaviors (Dzewaltowski, 1994). This approach has made salient gains in the understanding of individual exercise behaviors but the behaviors are typically explained in terms of cognitive structures of individuals that cannot be easily controlled (McGannon & Mauws, 2002). Also, the physical activity intelligence developed by researchers or health professionals may or may not match unique individuals’ needs.

The final model that will be discussed is the Transtheoretical Model (Prochaska & DiClemente, 1986). This model has received considerable attention in the exercise adherence research community over the years. This model suggests that individuals adopting a new behavior generally move through stages of precontemplation, contemplation, preparation, action and maintenance (Marcus & Simkin, 1994). This model takes into consideration individual readiness to change and hence stage matched interventions can be designed to help individuals move through the stages and eventually arrive at the maintenance stage. It has been used quite extensively in attempting to change chronic behavioral risk factors such as smoking, alcohol abuse, sedentary lifestyles etc. Nonetheless, the Transtheoretical Model appears to stem from a psychopathology approach to changing exercise behavior. Instead of focusing on the positive and enjoyable aspects of physical activity, the model conceptualizes the adoption of physical activity as a cessation of sedentary lifestyle. The present study desired to focus on the study of exercise adherence from a positive psychology framework.

Interventions

An intervention is “a set of targeted activities designed to foster increased physical activity in a population” (King et al., 1992, p. S227). Although interventions can occur on multiple levels (i.e., personal and interpersonal level, organizational/environmental level, and institutional/societal levels), the scope of the current review will focus on personal and interpersonal approaches.

One of the most common interventions is health risk appraisal and fitness testing. It has been found that although fitness testing and knowledge of results may initially

increase intentions to exercise, the effect is not long lasting and will not likely take the target population from a sedentary lifestyle to action and maintenance of an exercise regime (King et al., 1992). It appears that other strategies are required to help ongoing motivation of individuals to continue exercise and overcome obstacles and set backs along the way.

Many studies have used behavioral strategies as the intervention approach. These include written agreements, behavioral contracts, contingency management and stimulus control strategies, etc. (King et al., 1992). These interventions have been used successfully in case studies and quasi-experimental investigations. However, long-term effectiveness and generalizability of these interventions have been challenged due to limited follow-up studies to track post intervention exercise behaviors and lack of diversity in population samples (King et al., 1992). The present study included women participants from diverse ethnic and socio-economic backgrounds, as well as a post intervention follow-up interview to address these gaps in research literature.

In light of the obesity epidemic, physicians are being drawn upon more and more to encourage their patients to adopt an active lifestyle in combination with healthy eating. However, available data suggest that most physicians do not discuss exercise practice with their patients despite having positive attitudes regarding the importance of prevention-oriented behaviors (King et al., 1992). Successes in increased physical activity have resulted in a physician/office-based group and individual behavioral interventions in patients with cardiac disease (Fraser et al., 1988). However, these results

may not be generalized to apparently healthy population and the long-term effectiveness of such fear-based approach is unclear.

Methodological Issues

Several studies have indicated a need to explore alternative approaches to the study of exercise adherence, as the current body of knowledge has not been successful in reversing the alarming trend of obesity and inactivity in the population.

McGannon and Mauws (2002) wrote:

In addition to addressing and trying to resolve problems within leading exercise adherence approaches, researchers also need to consider what alternative approaches and perspectives and, more specifically, those with the potential to make significant advances as opposed to marginal gains (p. 68).

The authors further suggest that:

We need to focus upon the specific taken-for-granted terms people employ in their everyday talk as they account for their exercise or non-exercise behavior Rather, these terms or regularities of speech need to be focused upon in the context of identity construction, particularly as this relates to exercise and non-exercise behavior (p. 76).

In other words, to truly understand why someone does or does not exercise, one needs to focus not simply on the accounts individuals provide, but also the discourses within which each individual is constructed. A mode of research that can account for the sedimentation of history both within and around us is required to advance and solve the exercise adherence problem (McGannon & Mauws, 2002). The RPM, which will be

discussed in detail later, is a process that takes into account the unique history and identity of each individual. This study sought to contribute to this missing piece in current literature.

Also, Dishman (1994) recommended that:

Understanding the process of personal motivation for maintaining physical activity remains a high priority. the absence of validated measure of periodic physical activity, processes, and strategies used by people who successfully resume activity and intrinsic reinforcement limit advances in these areas. More studies using qualitative methods are encouraged in this area (p. 1388).

The present study included in-depth interviews that were designed to address this research gap.

Furthermore, women have been understudied in past physical activity research (Eyler et al., 1997). The authors suggest that despite Title IX of the 1972 Education Act that provided increased athletic opportunities for women, many women who were born in the 1970s or 1980s still do not participate in regular physical activity. Women athletes are still sometimes being stereotyped as “unladylike” and “masculine.” Women who are middle-aged or older were discouraged from being physically active in their youth, and therefore often lack experience and skills to begin an exercise program. Available data has also suggested that young mothers are most at risk for not exercising (Verhoef, Love & Rose, 1992). There is therefore a need to develop behavioral strategies that is effective in encouraging women to begin or maintain physical activity (Eyler et al., 1997). This

study wished to add to the limited exercise adherence literature focusing on women participants.

Finally, Dishman (1994) also suggest “there is a need to develop valid measures for assessing the rewarding experiences and outcomes of physical activity that can reinforce participation and minimize relapse” (p. 1388). This study was based on the concept of resonance, which focuses on “the feelings that individuals seek when they engage in a particular activity” (Newburg et al, 2002, p. 252). The RPM therefore appears to be well aligned with the above research need.

Well-being

The study of well-being, a concept of optimal psychological functioning and experience, has become a prominent field in current empirical psychology (Ryan & Deci, 2001). Ryan and Deci suggested that this renewed interest in the area of positive psychology could have been driven by a culture of surplus, where “the economically advantaged have found that material security and luxury do not, in themselves, secure happiness” (p. 142). The research on well-being has lead to the formation of two concepts or philosophies of what it means to be psychologically well.

The first approach is the hedonic view, which equates well-being to pleasure attainment and pain avoidance. The most commonly used measure of hedonic wellness is subjective well-being (SWB) (Diener, 2000). SWB is comprised of three components: life satisfaction, presence of positive mood, and the absence of negative mood. SWB is considered synonymous with the more commonly used term of happiness. Despite philosophical arguments on whether hedonic principles should be the path to well-being,

SWB has been the most widely used index of well-being in recent research history (Ryan & Deci, 2001).

The other less commonly measured form of well-being is eudaimonism. From the eudaimonic perspective, subjective well-being or happiness cannot be equated with well-being. According to Waterman (1993), eudaimonism equates well-being to living in accordance with the daimon or “true self.” The daimon provides meaning and direction to one’s life. In striving towards realizing one’s potentials, the efforts put forth is a form of personal expressiveness. Waterman (1993) stated that:

Experiences of an activity as personally expressive occur when there is (a) an unusually intense involvement in an undertaking, (b) a feeling of a special fit or meshing with an activity that is not characteristic of most daily tasks, (c) a feeling of intensely being alive, (d) a feeling of being complete or fulfilled while engaged in an activity, (e) an impression that this is what the person was meant to do, and (f) a feeling that this is who one really is (p. 679).

Personal expressiveness therefore seems to be conceptually linked with intrinsic motivation, flow, and peak experiences (Waterman, 1993). Personal expressiveness also appears to be remarkably similar to the concept of resonance. Soulard (2003) suggested that the RPM is considered to be a holistic model of intervention that can be linked to both hedonic and eudaimonic perspectives. Based on the definitions and descriptions of the two perspectives of well-being discussed previously, RPM appears to be better aligned with the eudaimonic perspective of well-being. Besides, previous quantitative attempts to link well-being to exercise (Gauvin, 1989; Gauvin & Szabo, 1992) and well-

being to resonance (Soulard, 2003) from a hedonic perspective have not been successful. An alternative approach to study such potential relationships is warranted. Ryff and Keyes (1995) presented a multidimensional approach to the measure of well-being, which appears to capture the essence of eudaimonism. They termed the measure psychological well-being (PWB). PWB is comprised of six distinct aspects of human actualization: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness. Evidence has shown that eudaimonic well-being, in the form of PWB, is related to health and immune system functioning (Ryff & Singer, 1998). Also, improvement in PWB has been shown to protect against relapse and recurrence of depression by not simply bringing the person out of negative function, but by engendering the positive (Fava & Ruini, 2003). The use of PWB as the measure of well-being therefore seemed appropriate for the current study.

Resonance Performance Model

The Resonance Performance Model (RPM) is a process designed to help people perform better and live more fulfilling lives (Newburg et al., 2002). Developed by Doug Newburg, the RPM was based on research interviews and consulting practice with over 300 high-level performers from all walks of life. Consistent with work of well-known authors in the field of positive psychology such as Csikzentmihalyi (1990), Newburg et al. (2002) have shown that:

- (a) Engagement in an activity leads to enhanced performance, (b) engagement can be designed into people's performances and lives, (c) engagement occurs when people express themselves authentically through their chosen activity, and (d)

engagement leads to the creation of sustainable energy in the pursuit of goals (p. 251).

This positive feeling and experience of engagement is termed “resonance.”

The RPM was built with a grounded theory-approach, which evolved inductively from Newburg’s interviews with hundreds of outstanding performers. During the interviews, the method of story telling was used (Denison, 1996). The interviews began with the main question of “Tell me how you arrived to this point in your life.” To maximize trustworthiness of data, triangulation and member checking techniques were used. The most remarkable theme that emerged from these interviews was how these performers built their lives and careers based on how they want to feel on a daily basis. This is why dream feelings became the core of resonance. A brief description of the common process these performers followed:

They had a dream, which represented how they wanted to feel in their daily pursuits. They also engaged in extensive preparation, which included activities that enabled them to live their dream. To overcome obstacles, they developed strategies to revisit their dream before they actually engaged in more preparation (Newburg et al., 2002, p.251).

The RPM is a heuristic model that can be used to guide consultants in their work with performers or anyone seeking to improve their performance or live more fulfilling lives. Each component of the model will be illustrated in more details and key findings from recent research conducted with the RPM will be discussed in the following section.

The four main components of the RPM are: dream feeling, preparation, obstacles,

and revisit the dream feeling. These four components form a circular, dynamic, and ongoing process (see Figure 1).

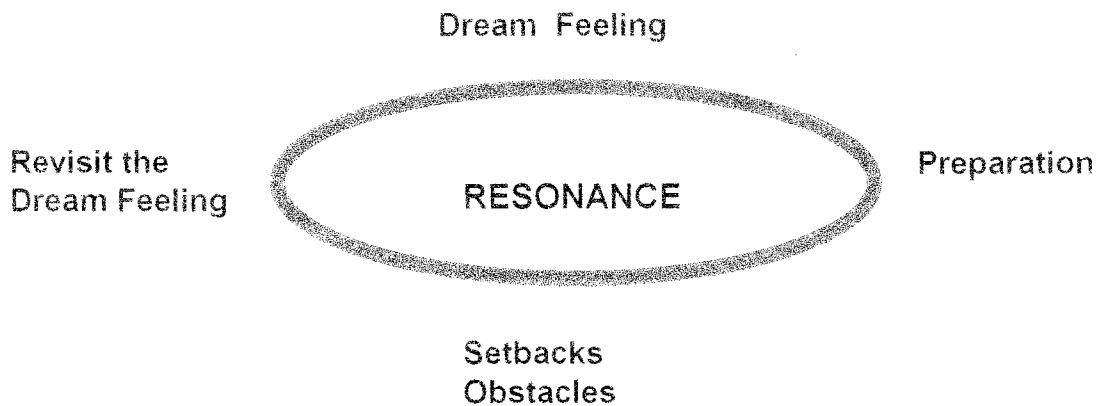


Figure 1. The resonance performance model (Newburg et al., 2002)

The Dream Feeling

The dream feeling component forms the core of the RPM. It is “the feelings that individual seek when they engage in a particular activity” (Newburg et al., 2002, p.252). It is important to distinguish between the dream feelings versus outcome goals that most people are familiar with. In the RPM, the dream feeling drives the goals and provides the intrinsic motivation required to continue to perform the activity of choice. For example, one of the interviews conducted by Newburg with a professional basketball player indicated that her dream feeling was “the experience or feeling of playing to win.” Winning the gold medal, on the other hand, was her goal. The dream feeling of “playing to win” was something she lives for everyday and that’s when she experienced resonance, not when she actually won the medal. Other examples of dream feelings identified by athletes include “on fire”, “intensity”, “fluidity”, “harmony in movement” (Soulard, 2003). As the dream feeling drives the rest of the components in the RPM, it is therefore important for consultants to help their clients clearly identify how they want to feel on a

daily basis prior to moving to the preparation step.

Preparation

The next component of the RPM is preparation. It includes all the actions individuals perform in order to experience their dream feelings. The preparation can be physical, mental, or emotional. People who are successful in living their dream feelings are proud and excited about the preparation, as they tend to experience resonance in the process of working towards their goals and their dreams. These performers are clear on how they want to feel on a daily basis and are willing to accept the responsibilities associated with the freedom they acquire from living their lives in resonance. It is important to note that to live in resonance, substantial amount of time, effort and self-awareness are required in the preparatory phase. Nonetheless, if individuals have a clear and unambiguous dream feeling, the preparation can be enjoyable, engaging and intrinsically motivating.

As previously mentioned, preparation can be physical, mental, or emotional. Some of the preparation strategies used by athletes and other performers include deliberate practice, visualization, self-talk, goal-setting, relaxation, positive attitude, having a balanced life and support from teammates and coaches (Doell, Durand-Bush, & Newburg, 2003).

Obstacles

Setbacks and obstacles are inherent disruptions despite every effort put forth to experience resonance on a daily basis. According to Newburg et al. (2002), these obstacles can be either “external – such as rejection, losses, injuries, and even success – or internal, such as fear, self-doubt, and anxiety” (p. 255). It was intriguing that while most people will revert back to the preparation phase and attempt to work harder and end up getting caught back and forth in this “obstacle-preparation loop”; the participants who

live their lives according to the RPM embrace the obstacles and consider them as part of the process. The downside of getting caught in the vicious cycle of the obstacle-preparation loop is that people often became disconnected from their dream feelings. As a result, they can no longer experience the feelings they seek from participating in the endeavour in the first place. Resonating individuals, on the other hand, attempt to reconnect with the feelings they seek in their chosen activity and remind themselves of why they were motivated by it in the first place prior to engaging in more preparation after coming across an obstacle. This forms the last component of the RPM – “revisiting the dream feeling.”

Revisiting the Dream Feeling

In this fast-paced world, it is often easy to get so caught up in life’s responsibilities and other outcome goals while losing the connection with how we truly want to live our lives in the first place. Therefore, Newburg et al. (2002) emphasized the importance of reconnecting with one’s dream feelings. This is a way to reenergize and reawaken the motivation that is required to sustain the resonance experience. This component of the RPM is especially critical as one encounters obstacles and setbacks. The reflective period of revisiting the dream feelings allows one to derive meaningful lessons from the obstacles and reengage in the preparation when ready. Each individual has a unique way of reconnecting with his or her dream feelings. Some strategies shared by participants in recent studies using the RPM include looking at pictures, watching videos, reading, reflective thinking, participating in other hobbies, socializing with friends and families (Soulard, 2003). In fact, the participants in Doell et al.’s (2003) study indicated that the interviews they participated in during the intervention period served as a revisiting experience. That the strategies vary from momentary versus delayed and performance versus non-performance related is noteworthy (Doell et al.,

2003; Soulard, 2003).

In sum, the RPM is a holistic process that can be personalized to match the uniqueness of each individual. It takes into account the many discourses within which individuals are constructed. The continuous, cyclical and dynamic process resembles the complex nature of life as a whole. On the other hand, it provides a simple to understand framework to guide individuals on how to let their dream feelings drive their goals and how to embrace obstacles and setbacks along the way. As discussed previously in the exercise adherence section of the literature review, the perplexed nature of the exercise adherence requires an alternative research approach. The applicability of RPM to exercise adherence in this study aimed to contribute to this important gap in research literature.

Summary

This review of literature demonstrated that exercise adherence and well-being are complex constructs that will benefit from further research using alternative and holistic approaches (Dishman, 1994; McGannon & Mauws, 2002). In addition, there has been limited research literature on exercise adherence interventions focusing on women participants (Eyler et al., 1997). The RPM shows promise as an innovative framework to help individuals adopt and maintain an active lifestyle and improve well-being as a whole. The key gaps in literature that needs to be addressed are: (a) qualitative and holistic literature on exercise adherence is limited; (b) more studies and interventions targeting exercise adherence in women are warranted; (c) the applicability of the RPM to enhance exercise adherence needs to be explored; (d) the relationship between resonance and well-being from a eudaimonic perspective needs to be investigated. These gaps have guided the purpose of this study.

CHAPTER III

METHODOLOGY

This chapter details the methods and instruments that were used to collect and interpret data to answer the proposed research questions. A mixed methods approach, combining qualitative and quantitative techniques was used. Much of the methodology was leveraged from Soulard (2003). Once again, the present study aimed to explore the applicability of the RPM (Newburg et al., 2002) as an intervention to improve exercise adherence and well-being of underactive females.

Recruitment Method and Description of Participants

Participants were recruited from a large health care organization focused on preventive care in the East Bay Area of Northern California. Overweight and obese females (BMI >25 and <39) between the age of 18 to 40 years who participated in some physical activity but did not meet the Surgeon General's recommendation (i.e. at least 30 minutes of moderate physical activity most days of the week) were requested to volunteer for the intervention. Potential participants were given a consent form approved by the Institutional Review Board of San José State University (see Appendix A) outlining the purpose of the study and the participant role requirements. Ten willing participants were asked to sign the consent form prior to the scheduling of their initial interview. In addition to the consent form, the participants were also verbally reassured that all information provided would remain strictly confidential. Two of the 10 participants dropped out and another participant never started the intervention. The remaining seven participants completed the intervention. The following section describes the instruments

that were used.

Instruments

Several variables were examined in this study, including resonance, psychological well-being (PWB), commitment to exercise and physical activity level. Following Soulard (2003), a combination of qualitative and quantitative methods and a deductive approach based on the RPM (Newburg et al., 2002) were used to gather and interpret the data. Resonance, perceptions of well-being, commitment to exercise, and physical activity levels were examined through the use of qualitative interviews and journals. In addition, PWB and commitment to exercise were assessed via established scales and questionnaires.

Interview Guide to Assess Resonance

Durand-Bush, Trudel, Doell, Soulard and Newburg (2001) developed an interview guide to assess the four components of resonance: (a) dream feeling, (b) preparation, (c) obstacles, and (d) revisit the dream feeling. The guide was developed based upon the conceptual framework of the RPM. Interview questions for this study were modified to match the exercise focus instead of sport. The interview guide is provided in Appendix B. In addition to the main questions, probing questions were also included in order to be able to expand on or clarify certain points if needed. The interview began with general context questions such as: (a) “Tell me about yourself and your exercise history,” and (b) “Why do you exercise?” were asked to let the participants get acquainted with the interview process and develop rapport with the researcher. Drawing from past studies on resonance (Doell et al., 2003), certain questions were found to be very effective in helping participants to identify their dream feelings. For instance, the question of, “Why do you engage in your sport?” generally lead the participants to say that a reason or intrinsic motive for participating is to feel good about themselves

(Soulard, 2003). This provided an excellent opportunity for the researcher to further explore the details of their dream feelings.

Once the dream feeling had been identified, the researcher then began to discuss the second component of the RPM, “preparation,” with the participants. Participants were asked to identify what allowed them to experience their dream feeling. The answers could be related to personal thoughts and behaviors, environmental factors, strategies, goals, etc. (Soulard, 2003). The third component of the RPM is “obstacles.” The participants were asked the key question of: “What prevents you from experiencing your dream feeling?” From the responses, valuable information on the obstacles perceived by the participants was identified. Finally, to assess the last component of the RPM, “revisit the dream,” participants were asked: “What do you do when you face obstacles?” “Do you do anything to reconnect with your dream feeling?” “If you do not do anything, what could you do in the future in similar situations?”

To conclude the interview, general questions related to the participants’ perceptions of any potential effects resonance had on their well-being were asked. Their levels of commitment to adhering to an active lifestyle were also explored. Examples of questions in this segment of the interview include: “Does this feeling that you seek during exercise or activity affect your commitment to an active lifestyle? Explain why and how.” “Does this feeling affect your overall well-being? Explain why and how.”

Overall, the interviews were semi-structured in which the researcher covered all the content in the interview guide in no specific order. The researcher followed the lead of the participants and moved to the most relevant topic as the conversation unfolded in order to allow a better flow in the conversation and thought process of the participants (Soulard, 2003). The researcher practiced this format of interviewing in the pilot study.

The interview approach used by Durand-Bush et al. (2001) and Soulard (2003)

was a collaboration of “cultural interviews” and “topical interviews.” This approach allowed the researcher to take into consideration social rules, norms, or influences in different cultures when applying the RPM to unique individuals. This proved to be important in the current study as the population and culture in the San Francisco Bay Area is quite diverse.

Questionnaires

Psychological Well-Being (PWB)

The overall well-being of the participants was assessed with the multidimensional model of well-being, PWB, developed by Ryff (1989a). This model was developed based upon the concern that other frequently used indicators of well-being lack theoretical foundations and neglect key aspects of positive functioning emphasized in theories of health and well-being (Ryff, 1989b; Ryff & Keyes, 1995). The PWB consists of six dimensions of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance (see Appendix C for detailed definitions). Each dimension was measured by a 14-item scale that showed high internal consistency and test-retest reliability, as well as convergent and discriminant validity with other measures (Ryff & Keyes, 1995). Each scale included both positively and negatively phrased items on a 6-point continuum response scale, ranging from completely disagree to completely agree. The interpretations of the scores are detailed in Appendix C.

The Commitment to Exercise Scale

To assess the participants’ dedication to exercise, the Commitment to Exercise Scale (Gauvin & Szabo, 1992) was used. This scale was modified by the authors from Carmack and Martens’ (1979) Commitment to Running Scale. The Cronbach alpha of the Commitment to Exercise Scale was 0.89, which was slightly lower than the original

Commitment to Running Scale with Cronbach alpha of 0.93. The Cronbach alpha is considered sufficiently high to indicate internal consistency. The scale is provided in Appendix D.

Journals

A journal was designed by Doell et al. (2003) to monitor participants' experiences of resonance over time. The objective of the journal was to allow participants to reflect on their emotions and feelings, which might help increase self-awareness. This study utilized a modified version of the journal which included: (a) a scale where participants can rate the level of resonance they experienced throughout the day, both in terms of their exercise experience and general experience in daily living, (b) blank space where they can write about any reflections or lessons learned during the day, and (c) a space where they can record their actual daily activity levels (see Appendix E). Participants were expected to submit their journal entries each week over the 12-week intervention period for the researcher to interpret the data and use the findings to guide discussions in the progress sessions.

Book on Resonance

An unpublished book written by Dr. Doug Newburg titled "The most important lesson no one ever taught me" (1998) was provided to participants as a learning tool to enhance their understanding of the RPM. The book contains stories of several high level performers Newburg had worked with over the years. Their processes of resonance are detailed in the book. It is an interesting and easy read, free of technical jargon and could be an excellent medium to bridge the gap between research and practice and allow participants to gain a deeper knowledge of the RPM. Participants were encouraged to read the book at their own pace and write down any thoughts, questions or lessons learned and discuss them with the researcher during the progress sessions.

Data Collection Procedures

A description of the data collection procedures will be outlined in this section. Preparation of the researcher, process of the interviews, data analysis procedure and the techniques to establish credibility and trustworthiness of the data interpretation are discussed.

Preparation of the Researcher

A 2-week pilot study with two participants was conducted to allow the researcher to become familiarized with the RPM and the interviewing process (Soulard, 2003) and to make appropriate modifications to the interview guide prior to the actual study. Also, the researcher visited Dr. Natalie Durand-Bush at the University of Ottawa in August 2004 to gain more in-depth understanding and knowledge of the use of RPM. Further, the researcher participated in a bracketing interview with an experienced qualitative researcher from her thesis committee prior to the start of the intervention in order to help sensitize her to conceptual biases that might influence her interpretation of the interview data (Thomas & Pollio, 2002). The key purpose of this bracketing interview was to establish an awareness of the researcher's own experience with resonance and exercise, as well as their effect on her well-being.

Interviews and Progress Sessions

The resonance-based intervention was 12 weeks in duration with a post-intervention follow up 12 weeks after the intervention. Participants took part in a total of two individual interviews lasting approximately 1 to 2 hours in length at the beginning of the intervention and 12 weeks following the end of the intervention period (i.e., week 24).

In addition, there were six individual 1-hour progress sessions approximately every 2 weeks during the intervention period. The interviews and progress sessions were scheduled based on mutual availability of the researcher and participants. All interviews and progress sessions were audio taped and the researcher used the data to generate field notes to help guide subsequent sessions.

The first interview focused on establishing an individualized RPM and physical activity preference with each participant. At the start of the interview, the participants were asked to fill out the two questionnaires (PWB, Commitment to Exercise Scale). All four components of the RPM were then covered, using the aforementioned modified version of interview guide developed by Soulard (2003). Once all the components were identified, the participants were given a diagram of the RPM model along with the journal (see Appendix E) they would be using for the next 12 weeks, as well as a book on resonance written by Dr. Doug Newburg. In addition, participants were asked to identify their preferred mode(s) of physical activity and were requested to log their daily activities in the journal to keep track of their activity levels. Follow-up progress sessions were scheduled at the end of the interview.

The progress sessions provided an opportunity for the researcher to further explore participants' experiences with resonance and the potential effects the RPM had on their well-being, their commitment to exercise, and actual levels of physical activity. Questions such as: "How have you been feeling in the past couple weeks?", "Describe your most resonating experience and tell me why it was a high" were posed to the participants during these sessions. At the last progress session (week 12), the participants

were asked to complete the PWB and Commitment to exercise scale a second time to note any changes that might have taken place over the 12 weeks.

The last interview was conducted in week 24 to sum up the participants' overall experiences of resonance, commitment to exercise and any changes in activity levels during and after the intervention. Another intention of this interview was to assess if participants had continued to apply the RPM and the journaling process to help them stay physically active and enhance their well-being. The participants were asked to complete the questionnaires (PWB, Commitment to Exercise Scale) one final time.

Data Analysis Procedures

The qualitative data were collected from the transcribed interviews, researcher field notes, and journals while the quantitative data were compiled from the questionnaires.

Qualitative Analysis

All initial interviews were transcribed verbatim. Using the components of the RPM as a guide, transcripts from the initial interviews, audiotapes and journal entries from each progress session were then analyzed deductively by the researcher to categorize the participants' responses. On the other hand, an inductive approach was also used to develop new themes and sub-categories within each component of the RPM (Côté, Salmela, Baria, & Russell, 1993; Doell et al., 2003). Using the categories, sub-categories, and the meaning units produced from the data analysis, the researcher created individual RPMs (see Appendix G) after the initial interview and each subsequent progress session. The transcripts were given to the participants for authentication and the

researcher went over the individual RPMs with each participant as a form of member check during the progress sessions (Glesne, 1999). At the end of each progress session, participants were asked to verify the authenticity of their individual RPMs and if any changes were necessary. All participants expressed that their individual RPMs accurately represented their experiences and that no changes were necessary. In addition, peer review and debriefing with an experienced qualitative researcher from her thesis committee was done approximately every 2 weeks, between 1 to 2 hours each time, during the data collection and analysis period.

Quantitative Analysis

Due to the small number of participants, the quantitative data from the questionnaires (i.e. PWB, Commitment to Exercise Scale) were analyzed by descriptive statistics such as means and medians (Thomas & Nelson, 2001). From the results, participants' change in well-being and commitment to exercise during the 12-week intervention period were assessed.

Trustworthiness

Trustworthiness of the data and interpretation were established several ways. First, the researcher interacted in person with the participants regularly over the 12-week period to develop trust and rapport (Glesne, 1999). Second, multiple data collection methods were used (i.e. interviews, progress sessions, journals, questionnaires) which served as a form of triangulation (Glesne, 1999). Third, following the member checking procedure (Glesne, 1999), interview transcripts and individual RPM's (see Appendix G) were provided to participants for authentication to make sure their ideas were represented

accurately. Further, rich, thick descriptions were used to allow the reader to enter the research context to assess the appropriateness of generalizing the results to their own settings (Glesne, 1999; Soulard, 2003). In addition, the researcher participated in a bracketing interview to become more aware of her subjectivity and bias on the topic under investigation (Thomas & Pollio, 2002). Finally, peer review and debriefing with an experienced qualitative researcher from the researcher's thesis committee was done on a weekly basis during the data collection and analysis period. This served as a way to obtain external reflection and input on the researcher's work (Côté et al., 1993; Glesne, 1999). From a quantitative perspective, as discussed previously, all of the instruments and questionnaires used were valid and reliable.

Summary

The pervasiveness of physical inactivity and the increase in obesity rates, despite extensive research literature on exercise adherence, has yielded calls for new and alternative approaches in research and interventions (Dishman, 1994; McGannon & Mauws, 2002). Also, women, in particular, have been understudied in past physical activity research (Eyler et al., 1997). In addition, little has been done to study the relationship between resonance and well-being from a eudaimonic perspective. The Resonance Performance Model (RPM) (Newburg et al., 2002) has potential applications as an effective intervention model to enhance exercise adherence and well-being of individuals. It is a holistic process that can be personalized to match the uniqueness of each individual. It takes into account the many discourses within which individuals are constructed but at the same time, the RPM provides a simple to understand framework to

guide individuals on how to let their dream feelings drive their goals and how to embrace obstacles and setbacks along the way. Therefore, the purpose of this study was to explore the applicability of the RPM as an intervention to improve exercise adherence and well-being of underactive individuals.

CHAPTER IV

RESULTS AND DISCUSSION

The results of this study are presented in four sections. The first section provides a brief profile of each participant. The second section focuses on the qualitative findings from the interviews and the journals. The third section presents the participants' self-reported physical activity trend. Lastly, the fourth section illustrates the quantitative results from the questionnaires.

Participant Profiles

In this section, a brief profile of each participant's demographic data and physical activity history are represented. These profiles also provide insight into their motivation for participation in this study, and where applicable, their current challenges. Pseudonyms are used for all participants, their family members, friends, and associates.

Elena

Elena is a second-generation Mexican American woman in her early thirties. She is married to her husband Federico and has a daughter in preschool named Isabel. After being laid off from her job last year, Elena is currently pursuing her Associate's degree in the field of healthcare.

As a woman growing up in a primarily Mexican culture, sports and extracurricular activities were not considered important. As a result, Elena did not get involved in sports or play with neighborhood kids after school. Her childhood physical activities consisted of "whatever was required in PE." Like many other teenage girls,

Elena was interested in “more of the girl stuff like the hair and the make up, watching TV, and listening to music.”

One of the struggles Elena faced throughout her life is her weight. In her teenage years, walking to school everyday was her main source of physical activity and she felt that had helped keep her weight under control. After high school, Elena no longer walked but she got hooked in to doing Tae-Bo fitness videos until she got married. In the process of adjusting to her married life, physical activity fell off Elena’s priority list. Soon after, Elena was pregnant with Isabel. During her pregnancy, Elena suffered severe complications that resulted in chronic health issues that she had to cope with daily through medications and a restricted diet. At the first interview, Elena expressed her frustrations with her current weight and body image and would like to find the “motivation”, “incentive”, and “push” to help her accomplish her weight loss goal through her participation in this study.

Chandra

Chandra is a Caucasian in her mid-thirties. She has three children, with ages ranging from preschool to high school. Together with her long time partner, Rocco, they live in a modular home in the same neighborhood where she was born and raised. Besides being a mother and holding a full-time job for the past several years, Chandra’s absolute favorite pastime is riding her motorcycle.

Revisiting Chandra’s childhood, she was a rather athletic kid all the way through junior high. Even though she did not participate in any organized sports, she played football in the streets, which she described as “pretty rough stuff.” After junior high,

Chandra's life took an unexpected turn when she developed an addiction to drugs. Fortunately, Chandra's story did not end there. She was one who defied the grim statistics and successfully rehabilitated from her addiction.

When Chandra started to put her life back together, she began her career working in jobs that required quite a bit of physical labor. As she got older, Chandra decided that she did not want to stay in physically demanding jobs and found a stable desk job where she had to sit all day. During her adult life, Chandra's main physical activities include playing on a company softball league for about a year, and working out regularly at the gym with a coworker a couple years ago. However, Chandra's participation in the softball league ended due to company closure, and her gym workouts also ceased after her coworker moved out of the area. At the first interview, Chandra expressed her concerns about her weight gain over the years, which contributed to her hypertension and the high fasting blood glucose results. Chandra felt that her past attempts in adhering to regular exercise and proper nutrition had been a challenge, and she would like to find ways to make and adhere to these changes through her participation in this study.

Rachael

Rachael is a Caucasian high school English and Drama teacher in her early thirties. She lives with her fiancé Craig, whom she recently got engaged to, along with their roommate, Emily. Rachael's passion for the theater has led her from performer to director and producer roles.

Rachael had an extremely active childhood. As she described, "Two days a week was ballet class, 1 day a week was jazz class, another day was tap dancing, also girl

scouts, bowling, softball... basically a LOT of activities.” Overwhelmed with all the activities and stress from school, Rachael developed erratic eating behaviors and stomach ulcers by the time she was a teenager. During that time, Rachael started to take a serious look at her workload and stress and started to simplify her life by focusing her attention on dancing and school.

After high school, Rachael went to a musical theater school in the East Coast and continued to dance about three times a week as her leisure activity. During this time, she struggled with disordered eating behaviors under the influence of her two roommates, who both suffered from severe eating disorders. In fact, one of them was eventually hospitalized for treatment. As a result of Rachael’s disordered eating, she experienced frequent weight fluctuations throughout her adult life. In the past few years, Rachael worked out at the gym spontaneously, and one of her favorite gym activities was attending water aerobics classes. Through her participation in this study, Rachael hoped to re-examine the issues that influenced her eating behaviors, her physical activity patterns, and her body image.

Marissa

Marissa is a Caucasian mother of three in her mid-thirties. Her eldest daughter Vanessa is in her early twenties, her son Leo is a high school senior, and her youngest son Julio is in grade school. Together with her husband Fernando, who is Mexican American, her mother-in-law Felice, and her two sons, they live in home that is within walking distance from Marissa’s work. In addition to her roles as a mother and a wife, Marissa is a full-time nursing manager at a health maintenance organization.

Marissa had an active childhood and took part in a variety of activities including dancing, gymnastics, and horseback riding up until her teenage years. She became a teenage mom and was “fairly inactive for a long time” due to being “caught up in trying to juggle being a teenage mom with school and work.” About 4 years ago, Marissa started exercising regularly with weights and walking on the treadmill. As a result, she lost a significant amount of weight, so much to the point where she had to undergo abdominoplasty. After the surgery and the recovery period, Marissa got out of her workout routine and remained relatively inactive for the past couple years. During the first interview, Marissa felt that she had lost her motivation after her significant weight loss, and she believed that her strong desire for “instant gratification” or quick weight loss results had prevented her from adhering to regular exercise, especially when she did not notice results within a short period of time. However, at the end of the interview, Marissa expressed that she could be very determined if she made up her mind about accomplishing a goal and that she would typically see it through.

Lynne

Lynne is a 40-year-old Caucasian mother of two, married to her husband Randy. Both her daughter Angelica and her son Aaron are in grade school. Lynne’s love for children led her to become a preschool teacher, which allows her to work part-time and be able to care for her own children.

Lynne was very active all through her childhood. She rode her bike, climbed trees, and “played around the neighborhood.” She felt lucky that she never had a weight problem as a child, attributing it partly to “genetics.” During high school, her favorite

leisure physical activity was going dancing on the weekends. Lynne continued to take care of herself in her twenties by eating healthy and working out regularly at the gym.

When she had Angelica, her priority and focus shifted to her role as a mother. While she still ate healthy, her physical activity had reduced to mainly walks around the neighborhood or jogging around the block on the weekends.

During the first interview, Lynne expressed that while she valued her health and enjoyed being physically active on a regular basis, her love for her children made it difficult to take extra time out of her schedule to exercise instead of spending quality time with her kids and her husband. She also expressed that her main challenge was getting exercise to fit into her current lifestyle. Lynne believed that if she was able to fit exercise into her regular routine, then she would “fight to the nail” to keep it.

Brandi

Brandi is a second generation Filipina Asian American in her mid-thirties. She is married to her husband Jeremy, and they have two sons, Matthias and Ethan, who are currently in grade school and preschool respectively. Brandi recently finished her internship in the healthcare industry and has secured a full-time job while she continued to finish school and board exams.

As a child, Brandi was very active and described herself as “one of the most athletic kids during [her] time.” She was on the basketball team and played a variety of other sports. Life changed for Brandi when she moved to the Philippines during part of her high school years because her father wanted Brandi and her brother to truly learn the Filipino culture. Brandi considered the move a traumatic experience due to the

discrimination she faced as a “foreigner”, despite having a Filipino ancestry. She could not adapt to the hot and humid weather, as well as the poor living conditions, and got sick frequently as a result. While no longer “athletic”, Brandi still got plenty of exercise from activities of daily living in the Philippines. After returning to the United States, Brandi continued her education and got married soon after. With her hectic schedule at home, school, work, and the internship, Brandi was only getting 3 to 4 hours of sleep every night. Over the years, Brandi gained weight from her pregnancies as well as not being able to take care of herself through adequate sleep, regular exercise and healthy eating. During the first interview, Brandi had just completed her internship and expressed her determination to focus on her health once and for all.

Benisha

Benisha is a first generation Asian American from India in her mid-thirties. She is married to her husband Vishwas and they have two boys, Amit and Manju, who are in grade school and preschool respectively. Aside from family responsibilities, Benisha works full-time as a project manager in a software company.

Growing up in India, Benisha’s physical activities included physical education classes at school, playing with neighborhood kids, and “things at home” such as cleaning and gardening. In college, Benisha’s played table tennis for several years and once she started working full-time, the work hours were so long that she no longer had time for any regular physical activity. After moving to the United States, Benisha joined a gym and started working out regularly for about a year prior to giving birth to Amit and continued for another year or so before she quit the gym mainly due to time constraints of

being a working mother with a long commute to and from work. Instead, she would try to take walks during her lunch hour at work. At the first interview, Benisha had temporarily ceased her lunch hour walking routine because she had recently started a new job and was not familiar with the area's walking routes. She hoped to find a good time and place to resume her walking routine in the coming weeks.

Qualitative Findings

In this section, a summary of the initial assessment and progression of participants' experience with and the application of the RPM in their efforts towards improving exercise adherence and overall well-being are presented. In addition, Appendix F provides a summary of the categories and sub-categories of the RPM components identified by the participants over the period of the study.

Dream Feeling

While all seven participants were able to identify their dream feelings during the first interview, additional dream feelings were recognized over the course of the study and confirmed with each participant through their individual RPM diagrams created and updated by the researcher after the first interview and subsequent progress sessions (see Appendix G). Bianco, Malo, and Orlick (1999) used a similar method to “make explicit the associative, causal, and temporal relationships among themes” (Data Analysis section, para. 4). Also, these idiographic diagrams were used as a form of member check (Glesne, 1999) to “verify the appropriateness of [the] category labels generated” (Bianco et al., 1999, Data Analysis section, para. 4) by the researcher after each interview or progress session.

It is noteworthy that participants' dream feelings were often multidimensional, which could be divided into the following sub-categories: (a) physical dream feelings, (b) mental dream feelings, (c) emotional dream feelings, (d) social dream feelings, and (e) spiritual dream feelings. This finding supported the rationale of using Ryff's (1989a) multidimensional model of well-being, PWB, in assessing participants' overall well-being throughout the duration of the study; as the PWB was designed to capture the diverse aspects of positive functioning (Ryff, 1989b; Ryff & Keyes, 1995). However, the one missing dimension in the PWB was the physical aspect of well-being, which was depicted in participants' physical dream feelings. At this time, there does not appear to be specific measurement tool to assess general feelings of physical well-being. Specifically related to positive mood states as a result of exercise, Gauvin and Rejeski's (1993) Exercise-Induced Feeling Inventory that measures participants' levels of revitalization, tranquility, physical exhaustion, and positive engagement could be a viable physical well-being assessment tool in future studies. Despite a lack of quantitative measure of participants' physical well-being in the current study, the qualitative results provided a rich and comprehensive portrait of how each participant's physical well-being progressed throughout the study. The sub-categories of dream feelings are discussed in detail next.

Physical Dream Feelings

The participants used a wide range of adjectives to describe their physical dream feelings. One of the most frequently used terms was "relaxed," which was mentioned by six participants, followed by five participants who mentioned "energy" or feeling "energized." Examples of other terms or phrases used to depict participants' physical

dream feelings include “relief”, “rested”, “healthy”, “clothes fit better/nicely”, and “muscle loosened” (See Appendix F for complete list). In the following quote, Lynne elaborated on her physical dream feelings:

I want to feel energized. When I wake up in the morning, I don't want to feel tired, I don't want my pants to ever feel tight. I want to be able to run at a moment's notice and chase something and not pass out. I am a preschool teacher, [so] I'd like to be able to play with the kids, chase them, pick them up...you know stuff like that. I'd like to feel my body working and that I can jump and run and...that's what I want to feel.

Mental Dream Feelings

There were very few commonalities in the actual adjectives and phrases used to describe participants' mental dream feelings, but there were similarities in the meaning of the descriptions. Within the sub-category of mental dream feeling, it could be further divided into (1) self-realization, (2) optimism, (3) self-confidence/self-efficacy, (4) self-acceptance, and (5) mental clarity/focus.

Within the category of self-realization, five participants mentioned the desire to feel “accomplished”; whereas examples of other terms and phrases used include “self-satisfaction”, “satisfaction of doing something that is useful to others”, “making a difference to others” and “making a difference for myself.” This finding demonstrated consistency with the eudaimonic perspective of well-being, which suggested that “well-being consists of more than just happiness; it lies instead in the actualization of human potentials” (Ryan & Deci, 2001, p. 143). These dream feelings of self-realization also

aligned with the personal growth dimension of the PWB that emphasized feelings of continued development and the sense of realizing one's potential (Ryff & Singer, 1996). In the following quotation, Marissa illustrated her desire to feel "accomplished" and to feel like she was "making a difference to others":

I volunteer at a free clinic every once in a while...I find a lot of value in doing that work. I feel that I'm accomplishing something, I'm doing something for somebody else and I'm not getting paid for it, I'm not asking for recognition, it's just because I enjoy doing it. I feel like I benefit from that...I don't have the ability to go to a third world country or anything like that but this is my own little piece of giving back.

The mental dream feelings of optimism were reflected by terms and phrases such as "excited", "hope", "motivated", "have something to look forward to", and "feel good about life." These mental dream feelings coincided with the purpose in life dimension of the PWB; which suggested that a high scorer in this dimension felt a sense of directedness and meaning in life (Ryff & Singer, 1996). The following quotation by Chandra illustrated her wish to feel "excited" about the future:

I like to feel excited, I like to have something to look forward to. Being excited about something is always a good day. I like to feel like I am going somewhere and got something to do, the feeling of moving toward something you know?

In the category of self-confidence and self-efficacy, participants used terms and phrases like "confidence", "proud", "in control", and "feel like I could do anything" in depicting their dream feelings. The association between self-efficacy and participation in

physical activity had been demonstrated in past literature. McAuley, Courneya and Lettunich (1991) contended that individuals' high self-efficacy stemmed from their previous success in physical activity. In the following excerpt, Elena recalled the feelings of self-confidence and efficacy she experienced when she was doing the Tae-Bo fitness video on a regular basis:

If you've ever seen the Tae-Bo videos, [their kicks] go way up! When I first started, I was like at the knee level, [then] I got up to the waist level... and I felt good. I mean I had the energy and I felt like I could do anything, like you know I can achieve what I wanted, wear the clothes I wanted, and just be happy.

As for self-acceptance, some of the participants wanted to feel "at ease with myself", "at peace with myself", "happy being who I am", and "feel good about myself." These dream feelings clearly represented the self-acceptance dimension of the PWB, which focused on possessing a positive attitude toward oneself (Ryff & Singer, 1996). In the following quote, Brandi explained how she would like to increase her feelings of self-acceptance further through exercising:

Generally I would like to feel good about myself ... I mean mentally I'm okay there...if people don't like the way I look, I'm happy with who I am ...I believe I'm positive now, but I feel that I'll be more positive [by] exercising or going into an exercise regimen.

Finally, the terms "mentally clear", "clarity", "focused" and "absorbed" were used by participants to describe their dream feelings of mental clarity. Specifically related to physical activity, many rhythmic aerobic exercises that involved repetitive

motion (e.g. walking, running, or swimming) are believed to be a form of physical meditation, which allowed participants to experience a meditative state characterized by increased concentration and awareness, as well a clear and uncluttered mind (Seaward, 2002). Marissa discussed how exercise provided her with mental clarity and stated, “When I do exercise...I have more energy, I feel like I’m even able to think a little clearer you know...during my day, I have more clarity.”

Emotional Dream Feelings

The sub-category of emotional dream feelings could be further divided into: (1) positive mood, (2) absence of or reduced negative mood, and (3) peak experiences.

Six of the participants used the word “fun” to depict their emotional dream feeling of positive mood, and four of the participants also chose the word “enjoyment.” Examples of other terms used that represented a positive mood state include “happy”, “upbeat”, “perky”, “cheerful”, “joy” and “content.” These positive mood states could best be represented by the hedonic perspective of well-being, which emphasized pleasure, satisfaction, and happiness (Ryan & Deci, 2001). To evaluate hedonic well-being, measures of satisfaction (i.e., Satisfaction With Life Scale; Pavot & Diener, 1993) and affect (i.e., The Positive Affect and Negative Affect Schedule scales; Watson, Clark, & Tellegen, 1988) had previously been used in literature (Faubert, 2004; Gauvin, Rejeski & Norris, 1996; Soulard, 2003). A quantitative measure of participants’ hedonic well-being was not part of the scope of the current study. From a qualitative perspective, Chandra shared her experience of planting a vegetable garden with her kids, where she experienced a positive mood state:

That was fun, me and the kids...I turned the dirt over, worked up a sweat and it felt good. We bought these little plants and my daughter would put it in and throw the dirt on it...I said no no you've got to treat it like it's a baby! It's very delicate and fragile so you have to treat it very nicely or it's going to die. So she did. My niece, my daughter, and my son all helped me and they all put a plant in the ground so it's kind of neat. There's something about it that makes me feel good about life you know? To have moments like that...it's just small stuff but to me it's good and I'm glad I get to do stuff like that. Hopefully we'll get some good vegetables from it.

The absence or reductions of negative affect were illustrated by phrases like "less stress", "less worries", "less anxiety", "less tense" and "not pressured." The following quote illustrated Rachael's hopes of feeling less stressed on a daily basis:

I want to have less stress here at work...that's a big one. I'd like to feel a little more at ease with what's going on here so I can focus more on myself.

It is important to note that negative moods are not fundamentally the same as their opposing positive counterparts, and as Ryff and Singer (1996) argued, well-being does not equate to a lack of distress. Butryn and Furst (2003) also noted that decreases in negative affect do not necessarily equate with increases in positive affect. Thus, while interventions that bring a person out of negative functioning is one form of success, the facilitation in his or her progression toward the restoration and enhancement of positive functioning is a separate and worthwhile goal. In fact, an increase in psychological well-

being could potentially act as a protective buffer against life stressors (Ryff & Singer, 1998; 2000).

Finally, participants used the terms “euphoric high”, “rush”, “free”, “let go”, and “liberated” to describe their emotional dream feeling of peak experiences. In the following excerpt, Rachael conveyed the euphoric feelings that she encountered as a producer and director of a student musical:

[On the day of the show], [I love the] relief [of giving] it up and truly let go of it entirely. [It's] a great feeling! It's a euphoric high. I guess some people say it's like giving birth, because you see this vision that you've worked on, that you've wanted to put on for so long, in this case for 4 years, that you see it come to fruition and you know that you've done all you can and now you've got to put your trust on your kids and let them do it. It's like [a coach] seeing your team win the Super Bowl, win the World Series.

The euphoric feelings that Rachael experienced were similar to the experiences of flow found in theater actors (Martin & Cutler, 2002). Despite the challenging nature of theater, Rachael was motivated to continue her involvement because of the stimulating environment and the sense of accomplishment she derived from successfully putting together an optimal performance.

Social Dream Feelings

The social dream feelings participants seek included “help”, “support”, “security”, “acceptance”, “encouragement”, “cheer”, “appreciated”, “closeness and affection”, and “loved.” These dream feelings were directly associated with the positive

relations dimension of the PWB, which stated that a high scorer in this dimension experienced “warm, satisfying, trusting relationships with others” (Ryff & Singer, 1996, p. 17). In the following excerpt, Benisha told a story of how she felt loved and appreciated by her husband:

Last Sunday was our anniversary, so my husband surprised me with a big bouquet. He was in India and I was here so he surprised me with a big flower bouquet. I was very happy and it smelled really nice. Whenever I see that, it kind of gives me more happiness.

On the contrary, Chandra shared her frustrations of not getting the “help” and “support” she desired from her partner:

In the first week I was getting off the psych med, my boyfriend totally made me mad. He didn't support me at all, didn't help out with anything. I was a total stress case the whole time. Maybe I shouldn't expect anything but I don't expect him to make it harder on me. I'm trying to do things for myself, trying to care about my health, trying to make changes. I expect people who care about me to support me and maybe even help a little and he didn't. I totally treated him the same way for a week and just now I said, “Okay I'm going to let it go now.” I told him how I felt, that I felt like [he's] taking advantage of me, like [he doesn't] care...but I can't hang on to things like that forever. So I just kind of tried to give him a taste of his own medicine and now I'm trying to just let it go but it's hard, because you know, to feel like somebody who's supposed to love you is treating you that way, that's not cool. It's not a good feeling at all.

Spiritual Dream Feelings

The terms used to describe spiritual dream feelings include “spiritually centered”, “peace/peacefulness”, “harmony”, and “gratitude.” In the following quote, Lynne talked about how her spirituality and prayers allowed her to experience her dream feeling of “peace” despite facing financial hardship:

My husband got laid off, and it’s right when I’m done with my job. So there is no income...but I feel really peaceful, calm and I think it’s just from praying, and talking to God, talking to God for that peace.

Participants’ Experiences of Dream Feelings

Even though all seven participants were able to identify their respective dream feelings during the first interview, the actual degree to which they experienced their dream feelings differed widely. For instance, during the first interview, Elena believed that the meaning of happiness to her was “feeling at ease with [herself], being comfortable with [herself], and feeling at peace with [herself].” Reflecting upon the meaning of happiness, Elena felt an overwhelming sense of sadness as she expressed her frustrations with her current body image:

I’m not happy (sobs). I’m disappointed in myself. I tried and I can’t lose the weight. I don’t like to see myself in the mirror. I don’t like seeing my new body. It’s been almost 3 years and compared to when I had Isabel, I’ve lost 10 pounds and that’s about it. I sometimes pray at night to have God help me lose the weight, to give me the courage to do it. I’ll try and then something happens and I get discouraged and I stop and I try again, on and off. So when I was here last

week, Dr. O'Connor told me about this study and I thought well maybe this is it! Maybe this is what God is trying to help me with you know? I really would like help to at least learn what I can do to change my attitude I guess, or something.

Moving along the spectrum, Brandi appeared to be able to experience her dream feelings of “feeling good about herself” and “feeling positive” most of the time, as illustrated in the following dialogue:

Amy: So right now how often do you think you feel the way you described, you talked about feeling good about yourself, feeling positive...

Brandi: Um, most of the time I do...because of my kids, I want them to see that. I mean once in a while I'll have my moments where the situation comes and I'll be a little bit antsy and a little negative but I [stop and] think to myself, “Wait, you know this will pass and you just got to do it.” But you know it's not often...because I think that being depressed is just a waste of time really.

Regardless of the initial level of resonance or the degree to which participants were experiencing their dream feelings at the beginning of the study, they all expressed the desire to improve upon their current levels. Over the course of the study, participants were able to use the RPM as a guide to increase their overall level of resonance. This will be discussed in detail in a subsequent section.

Preparation

The participants developed and engaged in a broad range of preparation strategies, which were divided into the following sub-categories: (a) physical preparation, (b) mental

preparation, (c) emotional preparation, (d) social preparation, (e) environmental preparation, and (f) spiritual preparation.

Physical Preparation

The physical preparation participants engaged in could be further divided into: (1) physical activity and exercise, (2) diet and nutrition, and (3) other health maintenance and enhancement behaviors.

Physical activity and exercise. All of the participants engaged in some form of physical activity during the period of the study. The most common forms of activity adopted by all seven of the participants were walking and housework, followed by stretching that was practiced by six of the participants. Other examples of physical activities the participants engaged in during the study period include playing with kids, weights, dancing, gardening / yard work, bicycling, swimming, stair climbing, home improvement, fitness videos, and jogging (See Appendix F for the complete list of participants' past and present physical activities).

During the first interview, none of the participants met the Surgeon General's recommendation of at least 30 minutes of moderate physical activity most days of the week (USDHHS, 2001). Based on participants' self-reported levels of physical activity, five of the seven participants had met or exceeded the Surgeon General's recommendation by the end of the study. The remaining two participants were slightly short of the recommended level of physical activity but had become much more active overall. In the process of becoming more physically active, all participants increased their frequency and/or duration of their chosen activity. Four of the participants also

increased the variety of their activities (See Table 1 for self-reported physical activity trends). For instance, in the following quote, Chandra reported her efforts in increasing the variety and overall level of physical activity:

I've done good. I've been doing [step] aerobics. I've gone at least twice a week last week and this week. And that's good and I sweat A LOT...so I'm sore but it's really cool. It feels good, and I can still feel it from today...like it loosens my muscles, the stress... I just feel it loosen up and I feel so much better...feels good. Even if I do that, I still walk to my car too you know...and stairs...I'm just trying to keep stepping it up and keep going.

In general, participants felt that being more active had improved their overall well-being. Some participants focused on the stress relief benefits of exercise, while others felt that exercise provided them with more energy, more restful sleep, or improved self-confidence and self-efficacy. This finding aligned with previous literature that suggested individuals who exercise regularly were less susceptible to the negative effects of life stress (Brown, 1991; Fox, 1999). In a subsequent section on revisiting the dream feeling, details on how participants derived motivation from reconnecting with the positive feelings they experienced from being physically active will be presented.

Diet and nutrition. Although no interview questions were directly related to diet or nutrition, all of the participants initiated the subject as a topic of discussion throughout the period of the study. Diet and nutrition preparation strategies were used by all participants, with six participants reporting attempts to “increase fruit and vegetable intake” as well as efforts to gain nutrition knowledge through “reading books, magazines,

and/or looking up nutrition websites.” The next most common preparation strategies used by four of the participants were “healthy cooking”, “portion control”, and “adequate hydration.” These were then followed by “dietary restrictions”, “meeting with a nutritionist”, “earlier dinner”, and “minimizing junk foods in the house to reduce temptations”, which were practiced by three of the participants. Other less commonly used strategies include “keeping a food log”, “frequent small meals”, “healthier food substitutes”, “popular diets”, “nutritionist prescribed diets”, “reducing caloric intake”, “slowing down meals”, “shopping for healthy foods”, “eating less caloric dense foods”, and “taking nutrition supplements.” In the following quotation, Lynne reflected on the changes she had made to her diet since the beginning of the study:

It’s really changed the way I eat. I eat a lot healthier on a regular basis and when I’m going to have an ice-cream, I don’t over indulge. I’m much much better at eating healthy and it’s a lot easier for me to eat healthy. I have not let my family deter me from that because my husband doesn’t like to eat that healthy and his taste is pretty limited...so I’ll always have to make them something separate or have some options. My daughter has actually started to eat healthier, because she sees the results...she actually saw that my clothes fit better and that I wasn’t dieting, [that] I was still eating food and having an ice-cream once in a while. I [just changed] the way I ate and exercised more...it [made] a really big difference, [but] you can’t just do it one day, you do it everyday.

In this next quotation, Chandra reported on a healthier food choice she made from the knowledge she gained from attending a “Metabolic class” offered by her healthcare provider:

[The nutritionist] taught us that one substitute is instead of ice-cream, put a yogurt in the freezer, like a Yoplait yogurt and it tastes so good! It’s so easy and it’s already in a serving so that’s working.

Other health maintenance and enhancement behaviors. Participants periodically brought up other behaviours that they felt helped maintain or enhance their current health status. For instance, five of the participants had visited their physicians one or more times during the period of the study. The purposes of their physician visits ranged from routine physical examinations to addressing various health concerns (i.e. hypertension, cold / flu, sinus infections, injuries, getting on or off medications).

While weight loss was not listed as one of the objectives of this study, five of the participants had reported attempts to lose weight as a means to improve their health and body image. In the following quote, Elena reported on her weight loss accomplished through diet and exercise 2 weeks after our first meeting:

I’ve been trying to watch my caloric intake and maintain it at 1600 so I’m adding and subtracting constantly. I also started to have dinner earlier. Usually I would wait for my daughter and husband to arrive and have dinner at 6:30 or 7 pm, now I’m trying to have dinner at 5, 5:30 pm so I can still do my walk or my exercise videos and hopefully burn more calories that way. I’m assuming it has helped because I have lost a total of three pounds since we met.

In their attempts to lose weight, three of the participants also revealed that they had either previously joined a commercial weight loss program (i.e. Weight Watchers, Body for Life) or had enrolled in one during the period of the study. Despite a strong focus on weight loss at the onset of the study, with five participants expressing their desire to lose weight, this focus was later shifted to health, energy, and well-being for at least four out of the five participants. In other words, participants no longer saw exercise merely as a means to an end (i.e. weight loss). Instead, they focused and motivated themselves to continue by the energy, the sense of well-being, and the stress relief they obtained through their respective physical activities. They chose to exercise for the pleasure and satisfaction they derived from being physically active. This finding indicated a shift in the participants' motivation orientation from extrinsic toward intrinsic in their physical activity participation (Deci, 1975). These results also supported previous studies on resonance that reported a positive effect on participants' intrinsic motivation through the practice of RPM in their sport and daily lives (Doell et al., 2003; Faubert, 2004; Soulard, 2003). In the following quote, Chandra expressed a change in her viewpoint on weight loss at the final interview:

I have been feeling less stressed about the weight thing and more focused on getting moving and my blood flowing. I've been educated more I think and [that's why] I've been able to do that (focus on being physically active) so that's real good...[and] less stress just makes for a healthier life too, so I guess I've been feeling pretty good.

Lastly, other health maintenance and enhancement behaviors participants engaged in during the study include “improving sleep pattern”, “taking doctor prescribed medication”, and “attempts to get off prescribed medications.”

Mental Preparation

The most common mental preparation strategy used by all seven participants was self-reflection. This was done through reflective thinking and keeping a reflective journal that the researcher provided to each participant at the beginning of the study. Three of the seven participants were consistent with their journaling and the other four participants were intermittent in their journaling. Most participants believed in the benefits of journaling but some were unable or unwilling to do it on a regular basis due to time constraints, lack of privacy, or a feeling that they were not good writers. In the following excerpts, Marissa, Chandra, and Elena shared their experiences of journaling:

To be honest with you, I think what I've kind of done is I kind of journal in my head, and although I know it's not as valuable as journaling because there were [times] after you (the researcher) read through [my journals] and hit key marks of what I [wrote], it was like “Wow! I said that?” So, I know that it's very valuable but I'm just not a writer...you know give me something to read, like you do with the printouts (individual RPM). It's like really valuable for me and I keep them and I read over them every once in a while and say, “I need to work on this a little bit more”, especially since we haven't been meeting. So, I think I'm better when I don't have to do the writing (laughs). (Marissa)

I know a few times it really helped me because I got to see what I was doing on paper. Instead of just having life pass me by, I was getting to see it on paper and see what I'm doing and feel good about myself for it. Sometimes it's like you need that...but then again, it takes time to be writing down stuff, it's taking time from other things...it's kind of a time management thing. I think writing is good but I just don't get to do it as much as I want because of the time. (Chandra)

[Journaling] definitely has helped me to reflect or just when I'm frustrated to write down this is what's going wrong. [There] may not be a comment or anything else but just put down what was bugging me or what was going on with me. When I accomplished something or done something that I feel good about myself, that I'm in a good mood or something that made me feel happy, I write about that too...not just the negative [but] the positive too. (Elena)

The benefits that both Chandra and Elena experienced in their journaling process echoed the finding in Bianco et al.'s (1999) study on elite skiers' experiences in overcoming sport injuries and illness. By recording or journaling about the positive aspects of performance and accomplishments, it served as "confidence-building steps" that made participants "feel good" about themselves. This approach is also similar to Fava and Ruini's (2003) well-being therapy, in which therapy patients were asked to record their "episodes of well-being" in a structured diary.

Another tool that was used by five of the participants to aid self-reflection and learning was Newburg's (1998) book, "The Most Important Lesson No One Ever Taught Me." This method was supported by literature in which sport psychology consultants

were urged to help their clients take responsibility in enhancing self-awareness, self-reflection and finding personal meaning through reading of psychology, philosophy, or theology related literature (Miller & Kerr, 2002; Nesti, 2004; Watson & Nesti, 2005). In the following excerpts, some of the participants' thoughts about the book are presented:

It's a great book. It's really given me a lot of insight into myself, and [brought] things that I [was] aware of on a subconscious level to the conscious level, [the] surface. [It] has definitely been enlightening. (Rachael)

I think reading part of the book has made me realize that everyone does go through the same things, doubting yourself, having your dreams and changing your dreams from what you once thought you would be doing. (Elena)

[When I read the part about] "How I feel matters", I think we all intrinsically know that...but to read it and write it (in the journal), that makes it true. It was important for me to get that. It's a powerful statement. (Marissa)

The character [in the book] said he has a good job, a family, but he's not happy. He lost himself along the way and didn't know what he liked to do anymore. I can relate to that after my daughter was born. I felt that way, [like] you lose who you are, you lose your needs...when you realize that, you have to re-carve a life [because] you have different priorities, you have to rewrite what you like to do. (Lynne)

In addition, six participants "contemplated new or additional physical activities" as part of their mental preparation, which may ultimately lead them to change or increase

their current levels of physical activity. For example, Marissa was in the process of contemplating an increase to her current walking routine:

[It's getting to a point where] I don't feel as worked. There's a certain way I feel when I first started. When I got to Starbucks, I was like "Whew!" And now when I get to Starbucks, I feel like I should be walking another mile or should walk around the block one more time. I know that when I start feeling like that, that's when I have to do something a little bit more, extra, or different. So, hopefully, before my kids start school, I'll try to experiment with taking a little bit different route to work.

Brandi also considered adding weight training to her activity routine:

I was thinking of aside from the steps, I want to start doing some light weights for my arms because I noticed that when I was trying to braid my hair, my arms were just so tired...and I think I was cleaning the ceiling, my arms were so tired...and I said, "You know what? My arms must be really weak." So I'm thinking of going forward with the weight lifting.

McKenna and Francis (2003) argued that exercise contemplators vary greatly in their actual potential for changing exercise behaviors due to the diversity in their use of change processes as well as the employment of delay tactics that often counteracted the likelihood of change. Therefore, one could only be cautiously optimistic toward participants actually turning their contemplations into action.

Finally, other lesser used, yet potentially effective mental strategies participants used consisted of "making the commitment to self", "making the decision", "focusing on

clothing fit and / or energy levels versus weight loss”, “self-discipline”, and “overcoming fears.”

Emotional Preparation

Throughout the duration of the study, participants utilized a wide variety of emotional preparation strategies. Among them, “taking time for self” and “engaging in hobbies” were the most common emotional preparation strategies used by six of the participants. In Fava and Ruini’s (2003) discussion of well-being therapy, one of the techniques used to develop psychological well-being was scheduling of mastery and pleasure activities; participants’ attempts to take time for their hobbies in the current study therefore demonstrated a form of self-initiative in enhancing their well-being.

When participants were able to take time for themselves, they engaged in a wide range of hobbies that include hairstyling, music, performing, motorcycle riding, traveling, interior design and computer games. Four of the participants also spent their free time volunteering at free clinics, Meals on Wheels and at their children’s school or sport events. In the following two excerpts, Elena and Chandra spoke about their respective hobbies, hairstyling and motorcycle riding:

When I do hair, I don’t say I’m doing it for the money, I do it more for myself because I enjoy it. So for me, that’s something that has always been part of me. It’s something I’ve always enjoyed doing, and it’s something that I can always go back to. Actually, I’m looking forward to going to this hair show in April. I’ve kept myself informed of the latest trends and products. [Elena]

I feel a little bit guilty for not being there with them (the kids) but I have to do things for myself sometimes too. That was really really fun riding the motorcycle for like 6 to 8 hours, total of 2 days and I loved it, I want to go some more! It's a BEAUTIFUL bike. I sold my old motorcycle so I'm going to put some money into my new one for a custom paint job. I'm like yay! Too bad that's not good exercise though (laughs). (Chandra)

Another emotional preparation strategy used by four of the participants was to "express their emotions and feelings." After Marissa took to heart what she read in Newburg's book that how she felt matters, she became more open to expressing her feelings. This change was captured from one of her journal entries:

I had my monthly module meeting for work today. I felt like maybe I was getting my message across. I feel less inhibited to share my feelings. Maybe I have allowed myself to open up because I have made some commitments to myself. Because "what I feel matters."

Also, at the end of the first interview, Elena articulated the cathartic release she felt by expressing her feelings and emotions:

It feels good to tell people. I mean I don't know you [and] I broke down and cried. I guess expressing myself more helped. I guess it made me realize I do have to maybe not hold in so much emotion.

Other emotional preparation strategies employed by participants throughout the study period included stress management relaxation techniques (i.e. diaphragmatic breathing, imagery, aromatherapy, etc.), leisure reading, shopping, vacations,

forgiveness, and humor (see Appendix F for complete list of participants' emotional preparation strategies).

Social Preparation

The social preparation strategy all participants engaged in was spending time with family, friends and significant others. This strategy could serve to enhance participants PWB, specifically within the dimension of positive relations with others (Ryff & Singer, 1996). In the following quote, Brandi reflected on a night at the beach where she spent some quality time with her husband and the kids:

It was beautiful because it was a full moon, and we can just see the moonlight all over the beach, the waves, the light reflecting...but it's not just the ambience, what I found beautiful was being together with the family and the kids enjoying it and realizing these are the moments when I think this is how you live your life rich and to the fullest... even if it compromises your time and you lose a little sleep, it's worth it because you see the joy and the happiness in your kids.

Another social preparation strategy all of the participants used was social support. The importance of social support in determining physical activity had been well documented (Hawkes & Holm, 1993; King, Taylor, Haskell, & DeBusk, 1990; Sallis, Hovell, & Hofstetter, 1992). The types of social support participants preferred varied from having someone to walk with, to information and advice, to emotional encouragement. For example, Brandi elaborated on how the researcher in this study was an effective form of social support for her to get started on her path towards a more physically active lifestyle:

I've been able to [do it on my own], but I think it'll be more effective for me to start exercising regularly if there's someone to start me off, like a partner, like this [meeting with the researcher]... you know how you are having me write a journal, and by doing that it'll help me to have a commitment to it.

From a psychological well-being perspective, social support could potentially help individuals improve their level of self-acceptance. For instance, Rachael was appreciative of her fiancé's support towards her body image struggles:

I am getting to the point where I hate looking at my body in the mirror, but my fiancé is wonderful. He's wonderful in a lot of ways, and one of the best ways he is wonderful is that every time he sees me naked in front of him, he goes, "Wow! Woohoo! That's mine" and stuff. He's very supportive of me and there are times I look at him and say, "What are you nuts? I'm overweight, I got a pouch like a big belly here, I got a big butt sometimes..." and he goes, "Yeah but you look beautiful to me", and it helps. I have to admit, it really does.

Lastly, participants reported other social preparation strategies such as taking care of their families, parenting, and staying around positive people as means to help them experience their dream feelings.

Environmental Preparation

Environmental preparation consisted of any strategies employed by participants that helped them create or improve their surrounding contexts that would allow them more opportunities to experience their dream feelings. These strategies demonstrated participants' efforts in cultivating a "sense of mastery and competence in managing the

environment” and the ability to “control complex array of external activities” (Ryff & Singer, 1996, p. 17). The number one strategy utilized by all participants was time management. In the following excerpt, Elena shared how she reprioritized her time spent from doing household chores to exercising:

I haven't done as much of the chores... that kind of bother me but at the same time, exercise is more of a priority now.

Rachael also reported on how she rearranged her work schedule to allow time for her workouts, and seemed to have less of an issue with fitting them in as a result:

I kind of adjusted my schedule now and it's working better for me and the students. We are now having rehearsals from 5 to 7 in the evenings, which we just started last week...and from 3 to 5, I'm now finishing stuff up and I'm working out. So I'm finding a little more time in my schedule to workout, which is good. I'm happier that way.

The second most common environmental preparation strategy was career education. This was accomplished by taking classes at community colleges, attending career seminars or training courses. Also related to employment and career, four participants searched for jobs during the study either due to financial needs or desiring more job satisfaction. Three participants started new jobs within the study period and four participants shared the rewarding aspects of their jobs that allowed them to experience their respective dream feelings. As an example, Benisha shared the rewarding aspects of her job as a project manager in a technology company:

I enjoy [work] because I'm used to that... the coordination of the people, making them finish their work, [and] seeing that we are getting what we planned.

In this next quote, Brandi shared her passion for her new career as a clinical lab scientist:

It's like a growth map of discovery. Everyday is a different day, that's what makes it interesting. I never thought I would like any type of work. [I always thought that my purpose was to] support the family [and] earn the money. I never had this feeling with a job; I actually look forward to going to work.

Other lesser-used work-related environmental strategies include entrepreneurship consideration, hard work, taking responsibility, developing a more effective management style, and credential renewal.

In addition, four participants used goal setting as an environmental strategy, mainly in the context of increasing or maintaining their participation in physical activity. Chandra, for instance, realized that her activity levels tended to drop in the winter, and therefore set herself a goal to plan ahead for activities that she could still participate in throughout the winter:

I think I need to set some kind of a goal for myself to get into some type of a sport... softball, or bowling or something for after summer, because that's when I always stop and I don't want to stop, I don't want to end up unhealthy and I will.

Lynne also set herself some activity goals for the summer:

Today I went and jogged /walked and felt good. So, I plan on doing that in the mornings, that's my plan and I'm looking forward to it.

Further, four participants expressed their need to be more assertive in order for them to be treated with respect and receive the support they desire from their partners, coworkers, or relatives. According to Fava and Ruini (2003), a lack of autonomy and self-acceptance could influence one's ability to be assertive. In light of this, assertiveness training was one of the techniques taught in well-being therapy to help individuals overcome these impairments in their psychological well-being. The saliency in the current study's results resided in the fact that participants were able to create their own repertoire of strategies that closely mimicked that of expert developed strategies used in psychotherapy. In the following excerpt, Elena recounted her attempt to be more assertive towards her husband's critique while she was doing her Tae-Bo fitness video:

He wants me to lose weight but like I told you before, I'll cook healthy and he'll complain. So, when he said, "You're not doing it the way the video is", I got upset and I was like "Why don't you do it then? If you can do it, then I'll try to see if I can do it that way. I'm trying my best to do it as best I can so that's it, don't say anything more." Instead of saying, "Hey that's great, you're doing something", he criticized me. I felt mad but I went on and did my exercise. He didn't say a word after that. Next time he complains about my cooking again, I think I'm going to tell him the same thing, "Why don't you cook then?"

Also, Marissa reported on her success with being more assertive in dealing with a difficult work situation:

With the work stuff, I've really taken to heart that what I feel matters. So I've let people know that I'm done being the nice person...I mean I try to be nice and

stuff but I'm done being the person like an ostrich with my head in the sand. I'm here to do a job, I'm going to make sure it gets done and it's working.

Other environmental strategies mentioned by fewer participants included financial planning, simplifying life, parking far away to get more activity, persistence, forming a habit of exercise, and acculturation.

Spiritual Preparation

In terms of spiritual preparation, four participants reported using prayers as a preparation strategy towards experiencing their dream feelings. Going to church or the temple was also viewed as a spiritual preparation. Watson and Nesti (2005) illustrated the potentially important role spirituality plays in sport psychology research and practice. Based on the results of this study, the importance of spirituality could be further extended into the research and application of exercise psychology. As illustrated in an earlier example, Lynne shared her viewpoint on how praying allowed her to feel calm and peaceful despite facing financial difficulties. In the following excerpt, Elena found that praying helped her feel more relaxed:

[Praying] makes me feel more relaxed, more calm. Every night I pray [for God] to give me strength to go on and help me lose the weight.

This strategy was further supported by Butryn and Furst's (2003) study of female runners; in which participants reported feeling "more vigorous, positive, revitalized, and tranquil" (p. 344) as a result of increased spiritual reflection.

Summary of Preparation Strategies

This section illustrated a diverse range of preparation strategies utilized by participants in order to experience their respective dream feelings. The most often used physical preparation strategies were regular participation in physical activities and healthy eating. It is notable that most participants who initially focused on losing weight through diet and exercise were later motivated to remain active by the energy, the sense of well-being, and the stress relief they experienced from being physically active. The main mental preparation strategies used were self-reflection and contemplation of new or additional physical activities. Emotionally, participants prepared themselves to experience their dream feelings by taking time for themselves and engaging in their hobbies of choice. The social preparation strategy widely adopted by all participants was spending time with family, friends and significant other plus obtaining social support. To create environments that were more conducive to experiencing their dream feelings, all participants engaged in the art of time management. Finally, participants also relied on prayers and religious institutions as a spiritual preparation strategy towards experiencing their dream feelings.

Obstacles

To understand the complex web of factors that prevent participants from changing sedentary lifestyles and improving overall well-being, the everyday accounts of obstacles participants face throughout their change process are crucial. McKenna and Francis (2003) stated that “the lack of literature about clients’ unsuccessful change experiences makes it difficult for professionals to learn about how to meet these clients’ needs” (p.

41). The following presentation of the obstacles encountered by participants during their change process aimed at contributing to this gap in current literature. Throughout the period of the study, all participants faced numerous obstacles, both internal and external.

Internal Obstacles

The internal obstacles participants faced could be further divided into the following sub-categories: (a) physical obstacles, (b) mental obstacles, and (c) emotional obstacles. While participants used a variety of terms and phrases to depict their obstacles, there were similarities in the meaning of these depictions.

Physical obstacles. The most common physical obstacle cited by all participants was fatigue or tiredness. This is not surprising as all but one of the participants were mothers with young children. Verhoef, Love and Rose (1992) found that women with children were less likely to exercise than women without children because of a lack of energy. One interesting distinction made by two of the participants was the difference between mental and physical fatigue, as illustrated in the following quote by Chandra:

When I first started working, it was all so physical and I enjoyed that, but I knew that I wouldn't want to continue doing physical labor. So [for the past 6 years], I've been at this job where I'm at a desk all day, and at the end of the day, I'm mentally tired. It kind of gets confusing [whether I'm] physically tired [or] mentally tired. Then I have three kids and they keep me busy [with] housework stuff like that, so I pretty much haven't been able to do much except for walking.

Facing a similar dilemma, Marissa learned to question herself to distinguish between the two:

I keep in mind “Am I physically tired or am I mentally tired?” and tell myself there is a huge difference between the two even though I don’t believe it sometimes. I know there is now. I’ve never thought about it that way until we talked about it one time and ever since I’ve kind of really latched onto that...that I need to really really be honest [with] myself and say, “Can you squeeze out one more thing or [not]?”

The next physical obstacle faced by six of the participants was problematic eating behaviors, which include stress-related hunger, overeating, having a sweet tooth, past anorexia tendencies, withdrawal symptoms, and diet limitations due to medical condition. In the following quotation, Chandra revealed her overeating tendencies:

There’s hardly ever a day where I don’t overeat. I’m just so used to overeating everyday. It’s bad, it’s a bad thing. So, I don’t know what to do. It’s hard to get out of that habit, it’s like a bad habit now. If I stop doing that, then I’ll probably start doing something else (laughs). It’s like always something.

In this next excerpt, Rachael talked about how her past experience of living with a roommate who was anorexic had affected her own body image and eating behaviors:

At the time, the movie “Schindler’s List” had come out. I remember watching it after my roommate had been hospitalized for the anorexia and all I could think was those people in the movie were not skinny enough; they were not thin enough as they should be for this role. I couldn’t believe what I was thinking and I realized at that point that I had a problem. I noticed that I was eating very thin, flimsy meals.

Throughout the period of the study, five participants suffered from injuries that limited their physical activities to various extents. Examples of injuries were plantar faciitis, patella femoral syndrome, back injury, shin splints, and pain from past foot fracture. Elena gave an account of her struggles with chronic plantar faciitis:

There are days I want to do it (walk) but my feet hurt so bad that I just kind of say, “Oh well, forget it!” [With] the plantar faciitis, it always hurts but there’re times when it just flares up [to the point] where the pain is really bad and they’ve been pretty bad these last two months. So, I don’t know...I don’t want to get the cortisone shots...I don’t want to deal with more medication than I have to. I always do the stretches because if [I don’t], about half way [through my 20-minute walk], I’ll have this sharp cramp. So I always have to stretch it out.

From Elena’s example and others who suffered illness or injuries during the study period, it can be seen that at times, the link between physical activity and health are bi-directional. This supports MacDougall’s (2003) argument that while “physical activity improves some aspects of health (for example social or mental health), at other times, improvements in physical health are needed before increasing physical activity” (p. 392). It is therefore crucial that health practitioners take into consideration different aspects of clients’ life situations when designing the most appropriate intervention to enhance clients’ health and overall quality of life.

In addition, five participants cited “lack of sleep” or “sleeping problem” as one of the obstacles in experiencing their dream feelings. For instance, in the beginning of the

study, Brandi noted lack of sleep due to her extremely busy schedule as one of her biggest obstacles:

As the years went on after having the kids, my schedule got busier. I've decided to go back to graduate school recently and [I had] absolutely no time at all. In the past two and a half years, [I was going] through 20-hour shifts or schedule and [getting] probably from 3 to 4 hours of sleep. So I would just be too exhausted.

Next, five participants mentioned "inconsistent" or "inadequate" exercise as another obstacle. Rachael, for example, went through cycles of activity and inactivity along with the fluctuations of her demands at work and of her relationship:

[My physical activity] definitely has decreased from the time that we went into heavy production mode around here. That's actually the norm, that's very normal for me. The closer I get to the show, the less time I really have for myself... definitely less time for the fiancé and that's a new element I'm struggling with, with how to balance everything. I have a hard enough time struggling to balance my time for me versus my time with my job and the production that I'm doing. Now I've got to balance those two elements AND the third for the fiancé. The first thing that loses out in the middle of this is me, and I know that. My exercise program becomes non-existent.

Further, four participants cited physical illness and/or chronic health conditions as another physical obstacle. For instance, Lynne suffered from several bouts of illnesses throughout the study period. In the following excerpt, she expressed her frustrations with her health status:

It's been a series of healthcare issues. I've never been to the doctor this much since [my pregnancy] because then you had to go to the doctor's a lot. So it's just frustrating. It's like a setback, it's like an obstacle. I have good days where I feel energetic and think that I'm actually getting better and I feel healthy and I get really excited and then I'll have a coughing attack or cough up a bunch of phlegm and then I go, "I guess not." So, it's kind of discouraging.

From Lynne's example, it can be seen that despite good intentions, efforts to increase physical activity and enhance well-being can be interrupted by short to long-term health problems. This is consistent with Thurston and Green's (2004) assertion that the amount of time required to establish a particular pattern of behavior are often confounded by everyday life occurrences such as encountering a bout of flu or other health problems. The authors proposed that longer interventions (i.e. > 20 weeks), as well as continued social contact with participants throughout these life situation interruptions, be made to allow participants adequate time to develop and reinforce the newly adopted behaviors. The 24-week duration of this study and the regular meetings between researcher and participants were therefore in alignment with Thurston and Green's recommendations.

Another physical obstacle that four participants cited was weight gain or weight fluctuations over the years. In the following excerpt, Rachael elaborated on her disappointment with her weight fluctuations:

Within a 3-week period, I've had a big weight fluctuation. The week after I got back [from New York], I was at 219. The following week I got down to 214

[and] I was really happy about that. [But then] it was back up at 220 this morning. I don't know what's going on...it's frustrating. This is the most frustrating thing seeing the weight fluctuate so much, basically losing 5 pounds [one week] and then gaining 6 the next week. I don't get it; I don't understand why it's happening. I haven't been doing the sweets, the most sweets I've been doing is fruit so I just don't understand.

Lastly, examples of other lesser-mentioned physical obstacles include “feeling out of shape/feeling fat”, “slow metabolism”, “being overweight since childhood”, and “soreness/lead legs” (see Appendix F for complete list of physical obstacles).

Mental obstacles. The most common mental obstacle faced by five of the participants was “impatience” or “the desire for instant gratification” as it relates to the rate of weight loss. This finding is significant as at this time, there does not appear to be a body of knowledge that specifically addresses how living in a fast-paced society that highly values speed and convenience in turn affects individuals' perspective on how soon they could expect their return (i.e. weight loss) on investment (i.e. exercise). As an illustration, Marissa recalled one of the reasons she stopped exercising in the past:

I am an instant gratification type person. I want it to work right away (laughs). I want results...you know I want it to do something. Just to give you an example, I did Curves for about 3 months and nothing happened so I just stopped going.

In the following excerpt, Chandra also expressed mixed emotions with her weight:

I feel good even if I don't see results with the weight. I feel good so that's a good thing. At the same time, I'm like I'm not losing weight and sometimes I get bummed out and I wish I could just get surgery. It's back and forth for me I guess.

Another mental obstacle shared by five participants was the "pressure" they felt from juggling with work and family demands. For example, Benisha shared her challenges in adapting to her new leadership role at work:

I was very busy [in the] last 2 weeks. I was telling you [that] they had given me a new lead position and there were a lot of problems that I had to coordinate. I don't even have enough time to think about other things. Frankly, I didn't even really think about this program at all, how my [resonance] level goes up or down. There was a lot of pressure, all the things you need to get done immediately and a lot of pressure on me. [So], I put in a lot of effort and time and with taking care of my family, that's where it gets very challenging.

As well, three participants cited being "unmotivated" as one of their mental obstacles. This supported the findings from a previous physical activity study conducted on minority women (Eyler et al., 1998). In the next quote, Chandra shared her mental struggles with motivation:

I just wish I could lose a bunch of weight. I get worried because it's like a chain reaction. I mean I don't want to go downward, I want to go upward. It's like I feel so unmotivated sometimes, so sluggish and tired and I know it's because I have this weight. But if I don't get moving, it's going to keep getting worse.

Also, Elena elaborated on the concept of mind-body connection and her observation that she could not motivate herself mentally when she did not feel good physically:

I haven't felt the way I want to feel in these last 3 weeks. It's just been going to school, going home, cooking, cleaning, laundry. I haven't really treated myself to personal time because I haven't been feeling well. If I'm not feeling good physically, I put all my emotional stuff on hold. The exercise part has been bad also. It's like I don't care about other things because I don't feel good.

Another three participants mentioned "feeling stuck / feeling lost" as another mental obstacle they faced. This mental state of "feeling stuck / feeling lost" was often encountered by participants who repeatedly failed to change an undesirable situation or environment in their lives, which resembled the "obstacle-preparation" loop depicted by Newburg et al. (2002). In the following quote, Rachael elaborated on how she felt lost from falling into the pattern of giving herself up to her job over and over again:

I feel kind of lost...like I've lost myself. [It reminds me of] the story of "The giving tree", which was read to me by a person years ago and I often think back at the story about the tree that gave every leave she's got for the boy she loved and then it got to the point where there was no tree. I feel like that sometimes. I see how it hurts Craig (her fiancé), I see how it hurts my friends, I see how it affects other aspects of my life, my social life.

In the following journal entry, Marissa wrote about feeling lost and stuck after having to deal with multiple traumatic family incidents:

I am definitely not feeling any resonance. If I had the scale, it would probably range between 20 to 40 percent. I guess I feel like I'm supposed to be doing something but I don't know what. (May 4, 2005)

Other mental obstacles less often cited by participants include "lack of willpower/discipline", "apathy/don't care attitude", "difficulty with change", "poor self and/or body image", "put others needs before self", "self-consciousness/intimidation", and "mental exhaustion" (see Appendix F for complete list).

Emotional obstacles. The main emotional obstacle mentioned by six of the participants was "feeling stressed." Often times, the stress that participants felt was related to the multiple roles they assumed and the demands associated with each of the roles. For instance, in the following excerpt, Elena explained how the added stress of caring for her sick daughter, among other responsibilities, affected her physically and emotionally:

The stress, or nerves I felt this time was different from when my grandmother was in the hospital. That time I was stressed and hungry. But this time when Isabel got sick, I lost my appetite. I don't know, perhaps it's hormonal or something. It was emotionally draining. I wasn't getting sleep because I was getting up in the middle of the night trying to comfort her. On top of that, I had to get things ready for school, cook, and all that. It was a lot of tension for me. So, I haven't been feeling all that great this week, I was a wreck.

In this next quote, Rachael described the stress she felt from working in an isolated classroom environment:

It is very stressful in a situation where if you need help, in a heartbeat, you don't have it. If for some reason one of those kids go berserk on you, if they start yelling, if they start harassing other students, I have no backup out here. I don't feel that there is support, so I broke down and cried in front of my principal. [It] definitely has been an emotional roller coaster.

In the two previous examples, Elena and Rachael demonstrated a low level of environmental mastery in which they felt overwhelmed with the demands in their lives and that they were unable to ameliorate their respective situations (Ryff & Singer, 1996).

The next emotional obstacle five participants mentioned was feelings of disappointment and discouragement. The feelings of disappointment typically stemmed from a lack of weight loss or the perception that any positive results or changes were fleeting. For instance, Brandi recalled how she used to get disappointed when she focused on weight loss:

I don't look at the scale because I noticed that in the past when I looked at the scale, I get disappointed. So I said [to myself], "No, I'm not going to look at it." [Now], I just go by how I feel and how my clothes are fitting. I haven't weighed myself since then.

In this next quote, Chandra explained her hesitancy in her attempts to become more physically active due to past discouragements:

I'm kind of discouraged because of the times when I tried to exercise regularly, like the way me and my friend did, I can't seem to stick with it. And when I stop, I'm even worse off than when I started. Just like when you start a diet, you'd do

good on it, and then you stop and you end up fatter than when you started. I feel the same way with exercise you know, so that's kind of why I haven't done anything for the last year. It's discouraging.

This finding is salient as it contributes to the gap in the literature about change experiences of individuals who tried to become physically active in the past but were unsuccessful (McKenna & Francis, 2003). To date, there does not appear to be a body of literature that explored in depth the feelings of discouragement and disappointment associated with relapse in physical activity participation.

Also, another four participants brought up “fear” as another emotional obstacle preventing them from experiencing their dream feelings. Notably, participants had different types of fear, ranging from “fear of failure”, to “fear of the unknown”, to “fear of the effort required to achieve success.” Often, these obstacles of fears prevented participants from taking action or adopting a positive mindset that would allow them to experience their dream feelings. In the following story, Elena provided a potent illustration of her “fear of the unknown” related to her future health:

I was watching Oprah. This guy on the show was diagnosed with this kidney disease and he was about to die. He needed dialysis, a transplant or he's a goner. He was describing his experience and asking himself, “Why is this happening to me?” As I was listening to him, I thought, “He knows what I'm feeling! It's like why me?” So tears came pouring out of my eyes, and Federico (Elena's husband) was like, “Why are you crying?” I said to him, “Well, what do you expect? It's something I'm dealing with everyday! When I'm taking that pill, it's a reminder

that I'm NOT fine. It's a reminder that something's wrong with me (sobs)." I don't know if I'll be okay 5 years from now. It's something that you're not secure about. It's hard to deal with because physically you look fine, but internally sometimes you don't feel fine. It's an everyday kind of thing. He (Federico) was like, "If you need a kidney, I'll give you a kidney." I said, "It doesn't matter! I know you will give me a kidney, but it's the FEARS that I have to go through." I mean this guy was drinking a hundred medications just to not reject the kidney! They showed all the medications he had to take and it's scary to think that I might be in that situation later on because I don't have a clear diagnosis of what my condition is. All I know is that my kidneys spill protein, but I don't have a name for the disease or nothing. I don't have a name like glomerulonephritis or something. I don't know what can happen down the road. I mean if you have a specific diagnosis like cancer, then you know you need to do this or that and what might happen down the road. You know what I mean? I just still feel that there're a lot of ifs because we don't know. Dr. O'Connor said we'll play with the medications and see what works. That's how medication is, it's a gamble. You don't know if it's going to work or not. So I feel that I'm not sure, I'm not secure about what's going to happen to me.

Next, four participants mentioned "feeling depressed" or "in a funk" as another emotional obstacle. There were a variety of reasons that lead the participants to feel that way. For instance, in Elena's case, she felt depressed because the daily medications she had to take served as a reminder that she was not well. In Marissa's case, she felt like she

was “in a funk” because of several traumatic family incidences that happened one after another over a short period of time. Regardless of the cause of the depressed feelings, participants were not able to experience their dream feelings while they were in a depressed emotional state.

Further, feelings of “guilt” were also cited by three participants as an emotional obstacle. As an example, Rachael believed that guilt might have prevented her from taking more time away from work to care for herself:

There are times I feel guilty when I do [take time away from the classroom and the students]. I think a lot of this job is meant to see how much guilt you can impact on yourself, how much you are willing to stress out and take on your body before you crack.

Two more related emotional obstacles listed by three participants were anger and resentment. In the following excerpt, Chandra expressed her anger and resentment toward her partner’s pending absence that would not allow him to fulfill his parental role:

Sometimes I just get really pissed about it and I tell him (Rocco), “How are you going to leave us out here? You’re not going to be able to take care of the kids and it’s not fair. They (the kids) didn’t do the crime” and all this stuff. It makes me feel better just being open about it. It’s probably not nice for him but sometimes I just have to vent and get it out you know?

Other equally noteworthy emotional obstacles cited by participants include frustration, worry, anxiety, overwhelmed, insecurity, boredom, and isolation (see Appendix F for complete list). The aforementioned emotional obstacles participants

faced were complex and numerous. These emotional obstacles were often linked and could lead to a state of depression if left unresolved (Seaward, 2002). In a subsequent section, how participants were able to overcome emotional obstacles through revisiting their dream feelings and through exercise will be discussed.

External Obstacles

The external obstacles participants faced could be further divided into the following sub-categories: (a) relational obstacles, (b) sociocultural obstacles, and (c) environmental obstacles.

Relational obstacles. Six participants cited “parenting challenges” as one of the relational obstacles they often face. These challenges included disciplining, babysitting, caring for sick kids, and missing seeing and spending time with kids due to work commitments. In the below excerpt, Chandra expressed her remorse over an incident where she lost her temper and yelled at her kids:

When I was a kid I was bad, so who am I to expect my kids to be perfect? I really had to put myself in check. That was my low point and I’ve beaten myself up over it. I’ve moved on but I’m trying to remember that it doesn’t matter what anybody does around me, the way I react is on me. I’m responsible for that and I’m responsible to act better.

In this next example, Brandi expressed the impact her kids’ health had on her physical and emotional well-being:

The kids were sick so that prevented me from exercising for about 3 days. I was miserable. I mean they felt miserable...[and] because they were feeling miserable

I was frantic about the both of them being sick. So it was hard. [At the time], I was having slight problems with my [health] benefits so the kids weren't covered. The only thing that I was allowed to do was to call an advice nurse and I followed what they were saying but I was concerned about it.

Brandi's experience supported Verhoef and Love's (1994) assertion that motherhood in itself could be a barrier to women's participation in physical activities.

The next relational obstacle four participants faced was "negative comments/lack of support" from their respective partners. The importance of social support in determining physical activity has been widely cited (Hawkes & Holm, 1993; King et al., 1990; Sallis, Hovell, & Hofstetter, 1992). While family, friends and partners can help participants reinforce their exercise behaviors and eliminate barriers; they can also act as an impediment to participants' efforts. McKenna and Francis (2003) found that sedentary family or friends often reacted negatively to participants' attempts at becoming more physically active. In the following example, Rachael felt that while her fiancé was supportive of her desire to lose weight and go to the gym, she did not feel that she was getting the tangible support that she needed from him:

Two weeks ago on Sunday, Craig decided that he's going to take a lazy day. I did errands, worked around the house, and in the evening I said I wanted to go for a nice little walk outside, I couldn't pry the boy out of the sofa! So I went for a walk on my own and called all my friends on my phone and he just sat there. As much as I have a good support system, [sometimes] I wonder how well is it really? [Craig] knows how frustrated I am [and] he wants to help me but when I

would like him to do stuff with me that would help me get motivated in going, he's very resistant.

In this next excerpt, Marissa discussed the lack of support from her husband in her past weight loss effort:

Well, my husband is very insecure... so part of it is he likes me heavy. When I lost the weight he was okay, I mean he didn't put me down or anything but he was one of the ones that would say, "You look fine the way you are, you don't need to lose any weight."

In addition, other less frequently mentioned relational obstacles consisted of "communication problems with partner", "care-taking responsibilities", "relationship problems with parents and/or extended family", "lack of confidant", "lost workout partner", and "friendship challenges."

Sociocultural obstacles. One of the main sociocultural obstacles cited by five participants was their family health history. Most of the participants expressed a fear or a reluctance to follow in their family members' footsteps in terms of the health problems they encountered. Despite the hereditary disadvantage, some participants demonstrated an internal locus of control (Rotter, 1966) in their responses toward their health risk factors. For instance, Rachael voiced her resolve in managing her weight despite coming from an obese family background:

I want to drop it (weight) for my own health. I'm the small one in the family, I'm the petite one. My father is grossly obese, my younger sister who is married is now pregnant, for Christmas I gave her a pair of 3X maternity pants and she is

just about to grow out of them. She's my little sister, big girl, and my mom's had the same weight issues and she struggled a lot too. She's now going to Curves, and kind of watches what she eats but not really. She and my father do a lot of take out, a lot of restaurant eating which is always dangerous. Seeing the health problems with them, I don't want that for myself. A lot of what [I'm trying to do] is prevention. I know that's in my family, I know there's been habits that I picked up over the years, and I want to break them, I want to be done.

Chandra's family health history also serves as a somber, but powerful reminder:

I mean I want to exercise to get in shape, not just on the outside but the inside...my heart, my veins, my vessels, all that stuff in there. My mom had a stroke, my grandfather had diabetes, and on my dad's side there's heart disease. My mom died when she was 52 years old. I enjoy life, so I just don't want that to happen to me you know?

Another sociocultural obstacle mentioned by three participants was related to their ethnicity and culture. For example, despite growing up in the United States, Elena was brought up by very traditional Mexican parents. She felt that her culture and upbringing had limited some of her life dreams and goals. As an illustration, she recounted a career dream that she gave up in order to seek her parents' approval:

When I was in high school, I was looking into careers and I thought maybe I could be a flight attendant because I like the idea of traveling. I made a comment to my mom about that and the idea was shot down right away. She was like, "That's not the kind of lifestyle you want! You want to get married?" I said,

“Yes.” Then she said, “You want to have kids?” I said, “Yes.” [She went on and said], “Then that’s not good, you’ll be flying and you won’t be with your family!”

I knew she had a point, so I didn’t go for that dream. But I really did want to travel and be a flight attendant. I have done things for my parents’ acceptance, not for myself.

Elena’s example illustrated an interesting conflict between the PWB dimensions of autonomy and personal growth versus the dimension of positive relations with others (Ryff & Singer, 1996). In order to sustain positive relationship with her parents, Elena compromised her needs for autonomy and personal growth in her career decision. Future studies on the applicability of the PWB and the variations of scores in the six PWB dimensions across different cultures would provide a more global picture of the meaning of positive functioning.

In this next example, Benisha shared the acculturation challenges she faced when she moved to the United States from India 7 years ago:

Initially it was kind of difficult leaving the friends and family in India, otherwise it’s okay. I mean you have to do everything by yourself here. Over there (India) you have a maid. So here you have to do everything by yourself...cooking, washing, cleaning and everything (laughs). [Also], you have to drive [here]...if you don’t know the driving, then it’s difficult to move around.

The above example echoed Johnson’s (2000) argument that subtle differences exist between particular communities of minority population groups. While one migrant group might find their lifestyle more physically demanding “back home” (Johnson, 2000,

p. 61), someone like Benisha could experience the opposite due to her family background.

Aside from family health history, most of the sociocultural obstacles participants faced were unique. Some of the other examples participants cited include value conflicts with family, single-parent upbringing, and resistance to change (see Appendix F for complete list).

Environmental obstacles. Environmental obstacles consisted of any contextual factors that prevented participants from taking the necessary steps to experience their dream feelings. Not surprisingly, the number one environmental obstacle all participants brought up was “lack of time.” The barrier of “lack of time” has been cited in numerous studies on physical activity determinants (Eyler et al., 1998; Johnson, 2000; King et al., 1992). To put this obstacle in context, this “lack of time” was essentially a result of “role strain”, or “role overload.” Most of the participants juggled multiple roles in their lives and found it challenging to find time to take care of their own health and well-being. Barnett and Baruch (1987) suggested that women’s non-workplace roles, in particularly their role as a mother, were often “low in control and high in demands”, which increased the likelihood of undesirable stress-related outcomes. The focus group participants in Eyler et al.’s (1998) study also suggested that traditional gender roles were related to their lack of time for physical activities. Adding work and other demands in participants’ lives, the role strains experienced by the participants were further magnified. As an illustration, Chandra expressed her frustrations of trying to fit more physical activity into her life:

I've learned that sometimes I'm too busy to actually fit more things into my life where I can get more exercise. Like on a daily basis, I don't always have time every single day. That's kind of frustrating a little bit. I have a lot of things going on. Like if I have a busy day at work I can only walk for a little while, I can't go walk as long. I have three kids and a full time job and I work my 12-step program. So, I have a lot of stuff on my plate. But this (being more physically active) is important to me also. So I'm going to have to try to figure out a way. It's really hard to juggle everything and sometimes I get frustrated.

The next environmental obstacle participants mentioned was "getting into a workout routine." This form of "initial barrier" (p. 43) was also cited as one of the negative aspects about exercise in McKenna and Francis' (2003) study of exercise contemplators. For instance, in Marissa's case, she was initially hesitant to start working out again because of the additional effort in getting her routine and tracking process set up:

When I lost all the weight [in the past], I had my forms that I checked off each day [to keep track of] how much I was doing, and I had my clock set up so I knew how long I was supposed to take to do it. It was a regimen...and I've totally gotten out of that...and maybe it's just the thought of having to do all that again because it was time consuming. It did take me a while to get all that set.

In the following excerpt, Lynne also found the initial effort of getting into a workout routine challenging:

If I were already doing exercise on a regular basis that fit into my lifestyle, I would fight to the nail to keep it. It would be like so important, [but] because it was not already set up, it's like so hard to get it in there.

In addition, five participants thought that “weather” was another obstacle they encountered that affected their mood or motivation to be more physically active. This finding supported previous studies that discovered an association between poor weather and lower levels of physical activity (Stetson et al., 2005; Thomas, Alder, & Leese, 2004). For example, Chandra expressed the need to plan ahead for the winter because of her tendency to be more sedentary after summer is over:

I think I need to set myself some kind of a goal to get into some type of a sport, like softball or bowling or something for after summer is over because that's when I always stop and I don't want to stop.

Further, five participants cited additional work demands, such as overtime work and meetings, as another environmental obstacle they faced. Then, four participants listed “tight finances” as one of their major environmental obstacles. As an illustration, Elena voiced her frustrations of feeling dependent on her mother for financial support:

It's a challenge and I get frustrated and nervous. I just feel like I'm depending on people and I don't like that feeling. Like right now my mom helped me out, I don't know, it just feels awkward (sobs). It's a situation I don't like to be in. I never used to be in debt before I got married, so that has been a challenge.

Other lesser mentioned environmental obstacles include “access to junk foods, processed foods, or high fat foods”, “lack of or confusion about nutrition knowledge and

info”, “lack of privacy when journaling”, “lack of interest or enjoyment in certain activities”, and “other life events and hassles” such as traveling, moving, and running errands.

Summary of Obstacles

This section highlighted various internal and external obstacles participants faced that potentially prevented them from experiencing their respective dream feelings. The most common physical obstacles participants faced were “tiredness/fatigue”, and “problematic eating behaviors.” The main mental obstacles were “impatience” and a “desire for instant gratification” related to rate of weight loss, along with the “pressure” they felt from juggling work and family demands. Emotionally, participants often faced feelings of “stress” and “disappointment.” From a relational perspective, participants cited “parenting challenges” and “negative comments/lack of support from partner” as their major obstacles. Socioculturally, many of the participants felt that their “family health history” was an obstacle. Finally, the main environmental obstacles participants cited were “lack of time” that stemmed from “role overload”, as well as the challenge of “getting into a workout routine.” It is important to note that these obstacles are often intricately linked. For instance, participants could be tired from stress and role overload, which then caused them to experience stress-related hunger and resulting in problematic eating behaviors. Also, discouragement from past failed attempts in adhering to exercise or losing weight might create a fear of failure that could paralyze participants’ self-efficacy in future attempts. Therefore, *how* participants choose to cope with one obstacle could send a ripple effect across the entire obstacle spectrum.

Revisiting the Dream Feeling

Strategies for revisiting the dream feeling were divided into: (a) mental revisiting strategies, (b) physical revisiting strategies, (c) social revisiting strategies, (d) spiritual revisiting strategies, and (e) other individual revisiting strategies that did not fit within the above categories. It is noteworthy that throughout the study, participants showed an increase in awareness and ability in applying various revisiting strategies to help them cope with their obstacles or to keep themselves motivated to continue their path toward improving their physical activity levels and overall well-being. This progression will be further discussed in a subsequent section.

Mental Revisiting Strategies

All seven participants used “self-reflection” and “self-reminder” as part of their mental revisiting strategies. The importance of self-reflection was also emphasized in previous studies on resonance (Doell et al., 2003; Faubert, 2004; Soulard, 2003). In addition, the structure of Fava and Ruini’s (2003) well-being therapy was also based on self-observation through the use of a structured diary as well as patient-therapist interaction. Even though self-reflection was also used by participants in the preparation phase, the self-reflection participants engaged in the revisiting phase was typically used as a coping mechanism in dealing with obstacles, as well as deriving potential lessons from the obstacles encountered. For example, in the following quote, Elena talked about how she used self-reflection as a way to learn from her obstacles:

I started questioning myself about the feelings, and that was something I didn’t do before. I used to just shove it aside and now I’m analyzing why I’m feeling it,

focusing on why I get so frustrated and overwhelmed with everything. Why do I feel pity for myself? Why do I feel a sense of hopelessness? Why am I not overcoming it or dealing with it? Why do I let the feeling of depression or stress take over?

In this next excerpt, through “self-reflection”, Chandra realized the importance of her decision to become more physically active:

I’ve realized that the importance of making this change (becoming more physically active) in my life is just as big of a decision as not using any more drugs. That’s a big thing. It’s like a big light bulb going off in my head saying, “Hey, this is a big deal! It’s a very important thing.”

The mental revisiting strategy of “self-reminder” was used by participants to remind themselves of the insights they gained through self-reflection or the lessons they learned from previous obstacles. For instance, to cope with the obstacle of “always taking care of others before herself”, Marissa was able to prioritize her needs by constantly using these self-reminders - “How I feel matters” and “I’m just as important as anybody else here.”

The next mental revisiting strategy used by six participants was “positive thinking and self-talk.” According to Zinsser, Bunker, and Williams (2001), self-talk could be used to change bad habits, create and change mood, control effort, build self-efficacy, as well as increase adoption and maintenance of exercise behavior; it was therefore natural that participants gravitated toward this strategy. Rachael, for example, used this strategy to cope with her weight frustrations by telling herself, “At least I’m getting out there and

exercising...taking action.” Through this positive self-talk, Rachael was able to revisit her dream feelings of “self-satisfaction,” “motivation,” as well as the “feeling [of] getting out of the gym.” Brandi also used this strategy to help herself get out of any negative mood state. As she put it, “I try not to cling on to negativity...I [try to] think about [the] feeling of being happy, positive.”

In addition, five participants engaged in “self-empowerment” as another mental revisiting strategy. This strategy involved participants empowering themselves to take control or take action towards experiencing their dream feelings. For instance, Chandra used her goal of getting off her medications to empower herself to lead a healthier lifestyle. As she stated, “I have a better chance if I keep moving, exercising, eating right...then maybe I can get off of all my meds and that’s what I want to do.” Elena also talked about the positive effect of self-empowerment, “I think that being more in control of my emotions makes a difference. By actually taking action, taking control of the situation makes me feel better than not trying.” The actions and mindsets that Rachael and Elena undertook demonstrated an internal locus of control (Rotter, 1966), which gave them a sense of autonomy and power over their current life situations.

Lastly, four participants used “cognitive-restructuring” as a mental revisiting strategy to positively alter their frame of mind and changed their perspectives on some of their obstacles. Again, this technique was also used in Fava and Ruini’s (2003) well-being therapy to help patients modify “automatic or irrational thoughts” (p.53). As an example, Marissa shared how she found a way to turn housework from an energy-draining chore to something that she embraced:

[I try] to find energy in things that I thought were draining before. For example, housework always has been a challenge [for me]. It's just really hard for me to get the motivation to sweep and mop and do that kind of stuff, [but] I kind of embraced that when I took the time off [from work]...just the mundane things that I probably have to do for the rest of my life you know? And I found the energy in that, so now I know that just like exercise, if I start doing that, I can do more. If I sweep then I'll mop, if I clear the table then I'll wash the dishes...it's not such a challenge anymore. It's not so draining because I used to look at it as draining. I used to say to myself, "I'm so tired, I worked all day, I can't possibly have enough energy to do housework", and now it's the opposite.

Physical Revisiting Strategies

Six participants stated that they reconnected themselves to the feelings they experienced from being physically active as a physical revisiting strategy. By picturing how they felt when they were active and healthy, they were often able to motivate themselves to continue to stay active. This finding is consistent with a qualitative study on high frequency exercisers, in which participants used the positive "pay offs" of health and psychological well-being to reinforce their exercising as well as to justify their continued involvement (Cox & Orford, 2004). In the following quotes, participants illustrated how they motivated themselves to stay physically active by revisiting the feelings they derived from their exercise:

I don't drink coffee and this (exercise) is in a way my coffee. [It] just keeps my body going. (Brandi)

I feel the fresh air, so that time I really feel, “Okay, walking is very good and I have to continue.” (Benisha)

I always feel good about myself by the time I’m out [of the gym], by the time I’m done. I feel great that I’ve worked out, I feel good that I’ve kind of let that stress go for the day. (Rachael)

I am noticing if I get my exercise in everyday, I sleep better at night and I feel better. I’m less likely to overeat or anything because I feel better. One day this week, I didn’t feel very good, so I didn’t exercise and I ate too much. I just felt like crap. [Chandra]

What I need to do is try to revisit that feeling even when I don’t have it, meaning when I sit on the couch tonight when I get home and go, “Ah, I’m so tired! Alright but if I did something, if I walked around the block or whatever... would I feel like this when I’m done walking around the block? Of course not!” I have to convince myself that’s true, that it’s true that I won’t feel so exhausted once I did it. So I guess that’s what makes some people able to do that. It’s because they can convince themselves that’s true. [Marissa]

I love walking and jogging once around the block without stopping...it kept my metabolism going. I wasn’t hungry, I felt good, I slept better, had more energy and the whole works. So it’s like I’m psyched about getting back into that.

[Lynne]

The act of reconnecting to the positive feelings participants experienced from being physically active showed promise as a salient tool in helping participants maintain

their motivation to be physically active. This premise is supported by McKenna and Francis (2003), who discovered that although the beneficial influence of exercise on feelings and moods were commonly cited, none of the participants in their study understood that just an individual activity bout could be effective in replacing negative feelings with positive ones.

In addition to revisiting the physical feelings related to exercise, three participants also revisited the physical feelings they experienced when they practiced healthy eating. For instance, Lynne talked about using her body's feedback to help her make healthy food choices in proper portions. As she put it, "My body's feedback (fullness) encourages me to eat sensible portions and eating healthy foods, and to turn down candies and cookies."

It is also interesting to note that some participants made a connection between their exercise and eating behaviors. For example, Marissa stated, "I make better food choices when I'm active. It's like, why waste the walk?" In the next quote, Chandra also believed that the improvement in her physical symptoms was due to a combination of her diet and exercise:

I feel better. I mean my legs and feet haven't been tingling and hurting. I was feeling it and I'm sure that's (high blood sugar) why because that's one of the symptoms. And now, since I'm not taking in too much sugar and I'm exercising, it doesn't hurt anymore and I'm not thirsty anymore. So I feel better and that's a good incentive for me to keep doing what I'm doing and to even pump it up more if I can.

In the above excerpts, both Marissa and Chandra felt that exercise and diet interact with each other to bring about their visions of optimal health. This interaction between exercise and diet behaviors could potentially be explained by past literature that suggested psychological factors like self-esteem, confidence, and control cultivated through exercise served to promote more sensible energy intake in physically active individuals (Biddle & Fox, 1998).

Social Revisiting Strategies

All seven participants utilized social support as one of their revisiting strategies. This strategy aligned with Soulard's (2003) and Faubert's (2004) findings. Again, even though seeking social support was one of the preparation strategies as well, the social support obtained in the revisiting phase was typically used as a "buffer" to help participants cope with obstacles or as a "sounding board" to help them derive meaningful lessons from their obstacles. The social support sources participants cited include their partners, kids, friends, researcher, coworkers, family (parents and siblings), and mentor. In the following excerpt, Elena was encouraged by her brother's comments on the positive changes he noted in her attempts toward a healthier diet:

I was at my mom's on Monday. We were having dinner and my brother made a comment, "Since you've been watching what you're eating, it seems like you have more energy, like more upbeat. You are not as sad." That kind of made me think, "Maybe there are differences happening already!" That was a definite high point for me.

In this next dialogue, Rachael shared how she was pleased about the fact that her fiancé Craig was opening up to the idea of eating healthier as a couple.

Amy: How do you feel about Craig being more conscious with his food choices?

Rachael: I love it! It's making me really happy. It's making it easier to make food choices. It was a really big high point taking salad to work. So that's good, feels great having that kind of support. That's helping a lot.

During the study, three participants mentioned that meeting with the researcher was a form of social support for them. This finding is supported by previous studies in resonance (Doell et al., 2003; Newburg et al., 2002). For example, Marissa and Elena illustrated the facilitative and supportive role of the researcher in the following quotes:

Meeting with you (the researcher) helped me discover strength I didn't know I had. This helps me because when I talk things out with you, then I realize stuff...that you know maybe I'm doing better than I think I am, or seeing stuff that I wouldn't see if I didn't talk it out. [Marissa]

I think knowing that you're (the researcher) going to listen to me has helped me to be able to express all the things that I have been feeling because I haven't really expressed my feelings to no one else. This is like my time you know? It's about me. [Elena]

While the supportive role played by the researcher often involved long, semi-structured interviews that required considerable time and resource investments, the trust and rapport developed between the researcher and participant could potentially elicit a “multiplier effect”, where the researcher-participant relationship transcend any existing power

structures through the sustained dialogues in which the participant and the researcher collaborate in the development of new discourses about well-being and physical activity that are specific to the participant's needs and situational context (MacDougall, 2003). As evidenced from the participants' experiences, the benefits of allowing more consultation time and meaningful dialogues between health practitioners and their clients and patients are warranted.

Spiritual Revisiting Strategies

Five participants mentioned using their faith or prayers as a spiritual revisiting strategy when they faced obstacles or setbacks. Rowe and Allen (2004) found a significant positive correlation between individuals' spirituality and their ability to cope. In this study, participants' spirituality appeared to help them in a similar way as that of social support. Through their prayers, participants were able to receive the emotional support, the strength, and the confidence they needed to cope with their obstacles. For example, Lynne used the phrase, "God's got my back", multiple times throughout the study when she faced financial and health obstacles. She also talked about the effect of praying on her emotional state, "I feel really positive, peaceful, calm...and I think it's just from praying." Benisha also felt that visiting the temple gave her a feeling of peace. As she described, "When I go [to the temple], my mind will be like very peaceful and I won't think about any problems."

Other Individual Revisiting Strategies

Throughout the course of the study, participants also used a variety of individual strategies to revisit their dream feelings. Examples include listening to favorite music,

use of relaxation techniques, going over individual resonance models, reading, appreciating nature, volunteering, attending career conference, work, and also time away from work. In the following excerpt, Elena rediscovered her passion for music and how music reconnected her with her youthful, carefree self:

I was lying in bed thinking about our conversation of what I did to reconnect with myself. So I thought back to when I was younger, what I used to like to do. Music, dance to the music...I used to just close myself in the room so nobody can see me. That was like ME! (laughs) I guess that's one other thing I've been doing and I haven't even thought about it. I have been playing my music, my CDs a lot more. Before, I haven't been doing that. I just had them all stored away and I actually have taken them out, listening to them when I'm on the computer. I don't feel as uptight, more youthful maybe, listening to the music I enjoyed as a single person. That was like my time.

At each progress session with participants, the researcher prepared and updated each participant's individual resonance model as a form of member check (Glesne, 1999) and a way to capture participants' experience throughout the study. Interestingly, this individual resonance model served as a tool for some of the participants as a revisiting strategy. In the following quotes, Chandra and Marissa explained how they felt that they benefited from these models:

I like this (individual resonance model) a lot. It just makes me feel good to see everything in front of me. (Chandra)

The printouts (individual resonance model) you [gave me] is like really valuable for me and I keep them and I read over them every once in a while and say you know I need to work on this a little bit more, especially since we haven't been meeting. (Marissa)

Lastly, two participants mentioned that reading was one of their revisiting strategies. In the following excerpts, Rachael and Marissa discussed how reading Newburg's book helped them with revisiting their dream feelings:

I enjoyed the story of *Easy Speed* (in Newburg's book). [I can definitely identify with] the feeling of freedom that he experienced, that he focused so much on just going back to what he loved and it just freed him to do what he wanted to do. It reminds me of how much I miss doing theater. I love doing theater and I miss performing. [Reading that story and being on the New York trip], it encourages me so much to want to go back and perform again... (Rachael)

Whenever I'm reading it (Newburg's book), it always applies to my situation at the time. That's why I need to [pull it back out and get to reading it again], maybe there's something motivating in there. (Marissa)

Summary of Revisiting Strategies

This section detailed the variety of strategies participants used to revisit their respective dream feelings. The most common mental revisiting strategies participants used were self-reflection and self-reminder. Participants also used physical revisiting strategies to reconnect themselves to the feelings they experienced from being physically

active. In addition, participants used social revisiting strategies to gain the social support they needed to overcome and learn from their obstacles. Further, some of the participants prayed and visited religious institutions as a form of spiritual revisiting. Finally, participants also engaged in various individual strategies such as listening to favorite music and reading.

Progression of Participants in Applying the RPM

Aside from examining whether participants experienced each component of the RPM, it is also crucial to understand how the context of each RPM component changed for the participants throughout the 24-week period. One salient observation was that the process of resonance for each participant was extremely unique. Therefore, the temporal elements of when changes happened for each participant as a result of the intervention could not be generalized. Also, due to the dynamic and cyclical nature of the RPM, which represented the unpredictable nature of life circumstances, participants' progression in their learning and application of the RPM were not generally linear. Participants often took detours, or had to take a step back before they were able to move forward in their path toward improving their well-being and becoming more physically active. These intricate changes and experiences of the participants are discussed next.

Dream Feeling

Overall, the dream feelings that participants desired did not change throughout the intervention. Often times, participants added to their list of dream feelings initially identified during the first interview. For instance, Elena added “fun”, “enjoyment”, “relaxed”, “security”, “acceptance”, “confidence”, “in control”, and others to her original

list of dream feelings. The additional dream feelings typically originated from experiences she had during the period of the study or from the increasing self-awareness she developed from engaging in self-reflection throughout the study. Although the additional dream feelings for the other participants differed from Elena's, the process of how they developed theirs were similar.

It is of interest to note that there was one exception where Marissa, who initially desired the dream feeling of "instant gratification", no longer considered that as her dream feeling toward the end of the study. In the following quote, Marissa explained how she came to this conclusion:

I think that in the beginning I thought I had all the answers because of my background in healthcare. I thought I knew everything I needed to know about exercise, diet and stuff like that and I probably do, but the piece I was missing was how to take in all the other factors in my life, you know family, work, stress, and all those other things that make you who you are. So, I think that I've realized that there is no quick fix, which I always knew but I always wanted that. I wanted to exercise for 3 days and lose 50 pounds (laughs).

Another interesting phenomenon that emerged during the study was the metaphors, "resonance" and "easy speed", that some participants used as a catchall phrase in describing their dream feelings. The phrase "easy speed" was used by Jeff Rouse (1996 Olympic Gold Medalist swimmer) to describe his dream feeling in Newburg's book. At times, the participants who read Newburg's book during the study started referring to their own dream feelings as "easy speed", or simply "resonance",

perhaps as a simple way to put their dream feelings into words. This phenomenon could also be an indication that these participants had begun to embrace the concept of resonance and had integrated the RPM into their lives. As an illustration, during the last interview, Lynne discussed the role of resonance in her life:

I know how to get the resonance back. I see that I will keep the resonance longer because I know what things cause it to stop. When it does get stopped by one of those things, I know what I need to do to get it back. So, I don't think I'll be down as much. I think I'll be more in the resonance point, more in the easy speed point...and easier to get back there. I think that'll make a difference overall and I think it'll keep me more positive and the whole effect. When you are more positive, things go easier and it just builds on it. I feel like I've become healthier physically and mentally and I think that's going to carry over because when I see myself start to lose it and the resonance going away, then I reconnect and get back up there. So I think that's a very positive thing for me to go through.

Preparation

During the first interview, participants mainly discussed past and present preparation strategies related to diet and exercise. Overall, participants all increased the frequency of their physical activities throughout the study; five participants also increased the duration of their activity, and two participants increased the intensity and variety of their activities. For instance, Brandi started out with walking for 30 minutes three to four times a week. After a few weeks, she started walking up to 40 minutes at a time and later added stair climbing to increase the intensity of her exercise. While Brandi

followed almost a linear progression in her physical activities, not all of the participants followed the same path. Marissa's first attempt in getting back into an exercise routine abruptly ceased after 3 days due to a back injury she sustained from moving furniture one day. When she began to recover from her injury, she took walks intermittently for several weeks. Marissa then faced a serious family problem in which her youngest son developed severe depression. Along with a stressful work situation, Marissa felt a significant strain on her well-being. During this time, she continued to learn from and apply the RPM as a coping mechanism but her physical activity essentially took a backseat. Finally, during the last 6 weeks of the intervention, Marissa was able to get into a regular physical activity routine of walking to and from work (40-minute roundtrip) three to four times a week. The contrast between Brandi and Marissa's journeys toward a more physically active lifestyle was salient because it illustrated the potential complexity of making a seemingly simple lifestyle change. The rest of the participants also had their own unique journeys and timeframes in becoming more physically active over the course of the study. It is therefore recommended that future research and interventions in the field of exercise adherence and well-being provide more flexibility in the time frame of the studies and interventions in order to accommodate the unique needs of the participants that stemmed from unpredictable life circumstances.

After a couple meetings with the researcher, all participants started sharing other types of preparation strategies that also enabled them to experience their dream feelings in addition to exercise and diet related preparation strategies. For example, Chandra shared with the researcher her involvement in a 12-step program that played a

monumental role in her personal growth and her choice to remain drug-free. Another participant, Lynne, shared her aspirations of turning one of her ideas for children's toys into a marketable product. This was perhaps due to a development in rapport between the participants and the researcher that resulted in a higher level of trust and openness, which allowed the participants to share other intimate details of their lives with the researcher. According to Glesne (1999), "rapport is tantamount to trust, and trust is the foundation for facilitating full and detailed answers to your questions" (p. 83). It was therefore not unexpected that it took a couple interviews before most participants felt more at ease with sharing more details about their lives. This finding supported the rationale of conducting multiple interviews in order to gain a rich and in depth understanding of participants' experiences. Another possibility for participants' tendencies to get in touch with other areas of their lives in addition to exercise and diet could be due to participants' recognition of the holistic nature of the RPM, which addressed participants' lives as a whole, and not as separated compartments that could be dealt with in isolation. Elena illustrated this recognition in the following quote:

I can see the vision of the physical plus the emotional now, where before I started the program (the present study), I was like, "Focus on the psychological? Yeah right!" But now, I realize that my emotion does matter, it does make a difference.

Obstacles

While there were many similarities in the obstacles participants faced throughout the period of the study (i.e. fatigue, stress, problematic eating behaviors, illness and injury, poor family health history, etc.), the cause of these obstacles and participants'

perception and response to them varied widely. For example, even though both Brandi and Marissa had a family history of diabetes, and also cancer in Marissa's case, they held very different viewpoints on the subject:

I told myself after [my internship] was over, I would get back on track with exercising and taking [the pounds] off because you know I'm really concerned with my health and plus... I don't know if you've seen my record or not, my family has history of diabetes, and I believe on [my father's] side, [there's a history of] hypertension, so that is a concern to me. I am highly concerned.

(Brandi)

With the health thing, for years my GYN doctor said [I] have a high breast cancer [risk], the fat holds onto the estrogen, blah blah and I know all that and I should be afraid of that because my father has diabetes and my mother died of breast cancer and all these things but [I'm not]. (Marissa)

Given the differences in viewpoints, Brandi's concern about her health was enough of a motivator for her to make the decision to become more physically active whereas Marissa needed other forms of motivation. As she elaborated in the following quotes:

The way I feel does [motivate me], I feel better and I sleep better.

I'm more motivated now because my daughter is getting married and I don't want to look like a sausage in my dress (laughs). And I'm going on a trip in November and I want to be in shape for that. I want to be able to walk all day and see all the sights because we are not going to be there for a long time. I don't have to be thin

but I need to be conditioned again to be able to walk all day. So, those are my motivators right now. I need to do something so I can enjoy these things that are coming up.

In a study that looked at the differences between ordinary and expert theories of health and physical activity, Macdougall (2003) found that the health-related benefits of physical activity only played a small role in ordinary people's theories about health and physical activity. A significant portion of the ordinary theory tied physical activity to social connections, enjoyment of movement and the general feel good sensation of being physically active. Therefore, in order for participants to take preventive action towards their obstacle of poor family health histories, vastly different motivational strategies might be required in addition to the illness prevention benefits of exercise.

Also, it was important to note that some participants appeared to have experienced significantly more obstacles than others during the period of the study. For instance, Benisha's main obstacle that prevented her from taking her daily walks was her unfamiliarity of the neighborhood at her new workplace. Two weeks later, she found herself a new walking route and was able to take daily walks every since. Elena, on the other hand, made significant improvement in her diet and exercise during the first 2 weeks of the study but then faced a series of obstacles, including a lack of sleep due to caring for sick daughter, chronic lightheadedness, several bouts of cold/flu, toe infection, worsening symptoms of her plantar faciitis, numerous cancellations of her nutrition consultation appointments, and her chronic kidney condition that she didn't have a clear diagnosis of. These examples clearly illustrated that in order to help sedentary

individuals become more active, researchers and practitioners must take into consideration the unique and dynamic contextual factors each individual might face during the change process.

Another notable trend in participants' experience throughout the study was the way they dealt with their obstacles. For some participants, instead of getting trapped in the obstacle-preparation loop, they had learned to cope with their obstacles in a more positive and productive manner. Chandra, for example, demonstrated a significant change in the way she dealt with discouragement. In the beginning of the study, she expressed that her past failed attempts in adhering to exercise had discouraged her to a point where she was hesitant to try again as she feared further failures. As she stated:

I'm tired a lot and I'm kind of discouraged because of the times when I tried to exercise regularly, like the way me and my friend did, I can't seem to stick with it. And when I stop, I'm even worse off than when I started. Just like when you start a diet, you'd do good on it, and then you stop and you end up fatter than when you started. I feel the same way with exercise you know, so that's kind of why I haven't done anything for the last year. It's discouraging. I would like to figure out a way to keep doing it. I've hesitated to start again because I kind of feel like I'm going to fail.

At the fourth progress session, Chandra felt that her priority of taking care of herself and taking the time to exercise was starting to fall by the wayside again. However, the way she approached a similar obstacle this time changed. She was determined not to allow the setback to discourage her the way it did in the past. As she put it:

I can just get back into it now and start over again. I think I was doing really good for a while so I can't just let one bad week or a couple days totally discourage me like that. It's ok to mess up once in a while as long as I keep going right? I need to push it so that the base of my life has to be my [12-step] program and my health. That just really makes a lot of sense to me.

Lastly, most participants developed the ability to learn from and revisit the obstacles that they were able to overcome as a way to help them cope with future obstacles. Rachael gave a clear illustration of this point:

That feeling of getting over obstacles helps keep me going in a lot of ways, it's keeping a lot of stress down. When I get into a situation like close to a show, when I know I'm so close to either losing it or getting over it, I know that I'm going to get over it and I know it's going to be well when I'm done. That keeps me going and that's definitely translated into my personal life. It translates in a big way because here comes an obstacle, I can either butt my head against it or I can realize I'm going to get over it and do it and get on with my life, which has helped a lot.

Revisiting the Dream Feelings

The most salient finding in the context of revisiting strategies was the overall increase of strategies participants developed over the course of the study. This change was demonstrated in the individual resonance models updated by the researcher after each progress session (See Appendix G). As an illustration, the following quotes are examples of revisiting strategies Marissa developed throughout the study:

Life is too short, don't sit back and let things happen. (First interview)

Remember how good it feels when I feel healthy. (First progress session)

How I feel matters. I don't hurt anybody but myself. (Second progress session)

Making the commitment makes it easier for me to do it (being assertive at work).

I can apply that to just about anything. (Third progress session)

The journaling has helped me keep track of what's going on, keep track of my time. It's really important that I feel like I have accomplished something everyday, and the journal helps me realize that I have accomplished [a lot].

(Fourth progress session)

Maybe taking that time off [from work] really made me see what I'm missing, and what I'm missing is that time [with my kids]. (Fifth progress session)

What I need to do is try to revisit that feeling even when I don't have it, meaning when I sit on the couch tonight when I get home and go, "Ah, I'm so tired!

Alright but if I did something, if I walked around the block or whatever... would I feel like this when I'm done walking around the block? Of course not!" I have to convince myself that's true, that it's true that I won't feel so exhausted once I did it. So I guess that's what makes some people able to do that. It's because they can convince themselves that's true. (Sixth progress session)

It is important to note that not only did Marissa develop additional revisiting strategies throughout the duration of the study; the revisiting strategies became more specific, more targeted toward particular obstacles that she faced as well as toward particular dream feelings that she desired. Instead of a general statement like "Life is too short, don't sit

back and let things happen”, she found specific revisiting strategies that allowed her to confront her obstacles at work, in her relationship with her children, in her need for self-realization, as well as the feelings she desired from being physically active. It is reasonable to argue that the aforementioned transition Marissa made was due to her progressive mastery of the RPM and the active incorporation of it in her daily life.

Despite an overall increase in revisiting strategies developed by participants during the period of the study, it is important to note that there were differences in the quantity and the frequency of usage of these strategies among the participants. One of the possible determinants of this observation was the quantity and frequency of obstacles each participant encountered during the study. In other words, the more frequently and the more obstacles a participant encountered, the more frequently she had to develop and apply revisiting strategies in order to cope with the obstacles. For instance, in the previous example that contrasted the obstacles Elena and Benisha faced, Elena would more likely have to tap into her reservoir of revisiting strategies in order to successfully cope with her obstacles.

In summary, the progressions of each participant in their learning and application of the RPM were extremely varied. This finding emphasized the importance of individualized approaches, like the RPM, in assisting individuals in their unique processes of making lifestyle changes that could ultimately enhance their overall well-being. In the next section, the overall experiences of the participants in their involvement in this study are discussed.

Overall Experience of the Resonance Process

At the final interview, all participants were asked to summarize their experiences of the whole process (i.e. interviews, journaling, reading, physical activity). They all reported that the experience was beneficial and positive in many ways. Following are citations from each of the participants:

It's been a great experience for me personally. At first, I was really skeptical. Even though I'm not on a weight loss kind of thing where I'm like, "Oh I lost 20 lbs", at least I'm more conscious about myself and how I feel, that has been a major plus and has helped me be able to be happier I guess, more at peace with myself than what I used to be. Yeah I feel better, thank you. I really appreciate it...without the guidance I wouldn't have gotten where I am. (Elena)

I keep thinking about where I want to be, how I want to feel and all that stuff [to] try [and] stay motivated, and that helps get me motivated again. Also I don't know if this is good or bad but I've just been kind of like going with the flow, and my schedule is hectic sometimes and I get thrown off and I can't do what I would like to do. But I keep thinking about that feeling that I want to get to and that I want to be at and it helps a lot to keep me motivated you know? (Chandra)

It's becoming more aware that food is part of the issue but it's not the entire issue; that there are a lot of things that do affect what I do eat and how my attitude is and what things lead me to where I go, so the resonance has [allowed me to become] more aware of it. Also connecting with the dreams, connecting with what I would like to be, the happy feelings had definitely helped. (Rachael)

I think the role that [resonance] plays is [to] identify the roadblocks that come up and dealing with them as they come along and not using them as excuses. [For example], instead of saying, “My husband doesn’t want me to”, since he was one of my roadblocks and he’ll say, “Oh you don’t need to lose weight, it’s dangerous for you to walk to work by yourself”, and taking those and seeing the value in that but seeing it for what it is and making kind of a stand for myself [and] know that it’s going to make me feel better to take care of myself and say, “I understand that you’re uncomfortable with me doing this but I need to do it for myself.” (Marissa)

I know how to get the resonance back. I see that I will keep the resonance longer because I know what things cause it to stop. When it does get stopped by one of those things, I know what I need to do to get it back. So, I don’t think I’ll be down as much. I think I’ll be more in the resonance point, more in the easy speed point...and easier to get back there. I think that’ll make a difference overall and I think it’ll keep me more positive and the whole effect. When you are more positive, things go easier and it just builds on it. I feel like I’ve become healthier physically and mentally and I think that’s going to carry over because when I see myself start to lose it and the resonance going away, then I reconnect and get back up there. So I think that’s a very positive thing for me to go through. (Lynne)

I know that resonance for me is going back to certain moments of my life where I think back [to] what I would do to make sure that I would go and finish out what I started. [For example], I would remember an exercise regimen I went through, like we joined this gym and I was good for one month and I started to say, “Okay,

I didn't manage my time right, I'll do it tomorrow." And it became a week, and it just ended. I would think back to that period of time and say, "You know what, you've procrastinated enough. Think back to when you let a day pass, what happened?" Plus I also think about my body, "How did your body feel yesterday when you did it?" In that sense, I would go back to a moment and make myself do a certain task or to make myself feel better. (Brandi)

Whenever I face a failure, I'm thinking, I'm reconnecting to my successes, to what I did, and then I come out of that failure by thinking about the success. I feel that's a very good thing I learned from this... that I'll be able to reconnect. (Benisha)

The above citations illustrated the different ways in which participants benefited from the process. While some participants valued the self-awareness they gained from the process, others derived motivation from revisiting their dream feelings. Also, the process helped some participants deal with their obstacles and prompted others to adopt a more positive attitude. In summary, the qualitative results of this study demonstrated that the RPM showed promise in its effectiveness in helping participants become more physically active and in improving their psychological well-being. In the next section, participants' self-reported activity trends are presented.

Self-reported Physical Activity Trend

Participants self-reported physical activity trends were captured during the initial interview, the subsequent progress sessions, and the final interview by asking the

question, “Tell me about your exercise and activity pattern in the past ___ weeks.” The results are presented in the following table:

Table 1

Self-reported Physical Activity Trend

Participant	Initial	Mid (12th week)	End (24th week)
Elena	No regular activity; parking far away	30 to 90-min walk 3-4x per week	20 to 30-min walk, 2-3x per week; longer walks up to 5 mi over school quarter breaks
Chandra	20-min round trip to and from car, 2-3x per week	Mod to vigorous activity most days of the week; avg. 1hr/day (Walking, stair climbing, Step aerobics)	Mod to vigorous activity most days of the week; avg. 1hr/day (Walking, Step aerobics), except during 1-week vacation
Rachael	Gym workouts on and off approx. 2 months prior to start of study	Gym workouts or walking approx. 3x per week, but inconsistent due to show prep	Daily 20 to 30-min gym workouts during the week and walking on weekends
Marissa	No regular activity; inconsistent walks at lunch	No regular activity; inconsistent walks at lunch; getting ready to start walking to and from work	40-min round trip walk to and from work, 3-4x per week
Lynne	20-min round trip walk to pick up kids 2-3x per week	Started walk/jog (twice around block 0.6 mi each loop) approx. 2x/week around neighborhood	Daily walk/jog (3x around block 0.6 mi each loop) all through summer; need to start new schedule after summer
Brandi	No regular activity	Daily 30 to 40-min walk + Stair climbing	Daily stair climbing (2-3x, 9-flights each) + walking during work shift (approx. 10-12K steps based on pedometer estimate)
Benisha	No regular activity since starting of new job approx a month prior to start of study	Daily 20-min walk at lunch	No regular activity for about a month due to vacation in India; resumed daily 20-min walk at lunch upon return

As discussed previously under physical preparation strategies, none of the participants met the Surgeon General’s recommendation of at least 30 minutes of moderate physical activity most days of the week at the start of the study. At the 12th

week mark, three of the participants (Elena, Chandra, Brandi) had met or exceeded the recommendation. At the end of the study, five of the seven participants (Chandra, Rachael, Marissa, Lynne, Brandi) had met or exceeded the recommendation. The remaining two participants (Elena, Benisha) were slightly short of the recommended level of physical activity but had become much more active overall. In the process of becoming more physically active, all participants increased their frequency and/or duration of their chosen activity. Four of the participants (Chandra, Rachael, Lynne, Brandi) also increased the variety of their activities. In the following section, quantitative findings are presented.

Quantitative Findings

In this section, results from the Commitment to Exercise Scale (Gauvin & Szabo, 1992) and the Psychological Well-Being Scale (Ryff, 1989a) are presented. As can be seen in Table 2, all participants increased their commitment to exercise. The overall mean increase was 6% and the overall median increase was 9% among all of the participants. It is significant to note that the absolute percent increase in commitment to exercise did not necessarily correspond to the magnitude of increase in self-reported physical activity. For instance, even though Marissa only increased her commitment to exercise by 1% pre and post study, she increased her activity level from no regular activity to walking 40 minutes three to four times a week. In Brandi's case, she increased her activity level from no regular activity to exceeding the Surgeon General's activity recommendation despite showing a 16% percent decrease in her commitment to exercise. This discrepancy could potentially be explained by a mistake made in reading the scale.

On the day of the final interview, Brandi had just finished a graveyard shift at work as a result of a new work schedule change and expressed her fatigue and difficulty in adjusting to the new schedule. This could have affected Brandi's concentration and accuracy in her responses to the questionnaire. In general, the increase in participants' commitment to exercise matched the increasing trend of participants' self-reported physical activity levels.

From Table 3, the results based on the PWB were mixed. Overall, there was a mean increase of 6% and a median increase of 3% in the group PWB. However, there were a couple cases of anomalies where participants' qualitative descriptions in the change of their well-being did not corroborate the quantitative results. In Chandra's case, her PWB increased by 6% at the mid-point of the study, but then fell by 8% between the 12th and 24th week, resulting in an overall decrease in her PWB by 2%. The surprising results could be explained by the presence of negative life situations that influenced Chandra at the time she completed the questionnaire. At the last interview, despite doing well in her physical activity, Chandra temporarily became a single mother due to her partner being away for 18 months. During this period of time, Chandra faced additional parenting challenges as well as financial stress. Given the circumstance, it was understandable that Chandra might have felt a toll on her PWB.

Also, the PWB is a complex construct consisted of six elements including: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. It is therefore possible that a participant experienced an improvement in one area, such as autonomy, but decreased in another

area like positive relations with others. While it was beyond the scope of this study to analyze the change in each element of the PWB by participant, it was encouraging to note that the majority of the participants showed a positive trend in their overall PWB.

Table 2

Results from Commitment to Exercise Scale

Participant	Initial	Mid	End	Overall Change
Elena	47%	58%	62%	15%
Chandra	57%	75%	73%	16%
Rachael	78%	77%	87%	9%
Marissa	67%	65%	68%	1%
Lynne	67%	75%	77%	10%
Brandi	78%	80%	62%	-16%*
Benisha	68%	N/A	72%	4%

Table 3

Results from PWB Scale

Participant	Initial	Mid	End	Overall Change
Elena	77%	72%	80%	3%
Chandra	73%	79%	71%	-2%*
Rachael	71%	74%	83%	12%
Marissa	74%	76%	74%	0%
Lynne	77%	89%	90%	13%
Brandi	88%	88%	89%	1%
Benisha	57%	N/A	72%	15%

*See written section for discussion of these results

CHAPTER V

GENERAL DISCUSSION AND CONCLUSION

The present study explored the applicability of the Resonance Performance Model (Newburg et al., 2002) as an intervention to improve exercise adherence and well-being of underactive individuals. This study made a first attempt in applying the RPM on non-athletes in an exercise-related context, which added a different dimension to previous studies on resonance that focused on competitive athletes from the recreational to elite levels (Doell et al., 2003; Faubert, 2004; Soulard, 2003).

From an exercise adherence perspective, the results from this study showed promise in the effectiveness of the RPM in helping participants become more physically active. Five of the seven participants had met or exceeded the Surgeon General's recommendation on physical activity (USDHHS, 2001) by the end of the study period; while the remaining two participants also became much more active despite falling slightly short of the recommendation (see Table 1). Participants' overall commitment to exercise also increased, as illustrated in the quantitative findings. The potential efficacy of the RPM in exercise adherence research and application stemmed from the holistic nature of the model, which allowed participants, researchers, and practitioners to gain a close-looped view of the journeys individuals traveled through in their attempts to experience their dream feelings of health and vitality. For instance, the RPM provided information on how a participant might envision what life would be like if she were to become an avid exerciser, what she did in order to get there, the obstacles and setbacks she faced along the way, how she coped with the obstacles, and lastly, how she reminded

herself of why she was motivated to get active in the first place. As seen from the results discussed in the previous chapter and the individual RPM diagrams in Appendix G, each individual participant's RPM process was largely idiographic, despite some similarities in the words and phrases used to describe a certain feeling or obstacle or strategy. This finding supported McGannon and Mauws' (2002) assertion that in order to advance and solve the exercise adherence problem, one needs to account for the sedimentation of history within and around us; in other words, the discourse within which each individual is constructed. In applying the RPM in the present study, the unique history and identity of each individual formed the foundation of their individual processes and journeys towards more physically active lives.

From a well-being perspective, the person-centered approach of the RPM, as opposed to a problem-centered approach emphasized in most mental health research (Ryff & Singer, 1996), helped participants not only to focus on rectifying their problems of excess body weight or other health risk factors, but also to flourish in other domains of their lives. This approach paralleled that of the well-being therapy developed by Fava and Ruini (2002), which aimed at facilitating a client's progression toward engendering elements of positive functioning such as purpose in life, environmental mastery, and self-acceptance. From both the qualitative and quantitative results of this study, the RPM again demonstrated potential effectiveness in enhancing participants' overall psychological well-being. Based on the aforementioned results, replication of this study in future research is warranted.

From a methodological standpoint, the combination of qualitative and quantitative methods provided both rich, contextual accounts from each individual participant, as well as numerical support to some extent. Due to the small sample size, generalizability of the results was not possible, nor was it the intent of the study. It was salient to note that some participants considered filling out quantitative questionnaires multiple times throughout the intervention a tedious task. This attitude could potentially affect the quality and accuracy of the quantitative results. With the mixed methods approach, in cases where the quantitative results did not match that of the qualitative, the researcher was still given an opportunity to make sense of the data by taking into consideration any extraordinary life circumstances participants might have been experiencing at the time. This was illustrated in the case of Chandra's PWB as discussed in the previous chapter. In addition, the longitudinal approach of this study that comprise multiple interviews over a 24-week period allowed an adequate amount of time for the researcher and participants to develop the trust and rapport that served as a crucial foundation where meaningful dialogues between the researcher and participants were built upon (Glesne, 1999). The ongoing contacts between the researcher and the participants also provided the researcher with information on unique circumstances participants might have experienced (i.e., illness, personal or family problems) that caused them to temporarily cease their participation in physical activity or to postpone their progress sessions with the researcher. The design of this study allowed participants more flexibility in pursuing an active lifestyle and improved mental health in the midst of inherent life situation interruptions. In summary, due to the complex and interactive nature of the concepts of

resonance, exercise adherence, and well-being, it is recommended that future research in this area continue to adopt a qualitative or mixed methods approach, along with a longitudinal design in order to enhance in-depth understandings of participants' experiences.

The target group of this study comprised adult women between 18 and 40 years of age. This group was chosen based on the premise that women had been understudied in past physical activity research (Eyler et al., 1997). Also, as suggested by Verhoef et al. (1992), young mothers are most at risk for not exercising; therefore, the results from this study could potentially contribute to literature on this high-risk group as all but one of the participants in this study fit within this category. Further, Eyler et al. (1998) pointed to a noticeable disparity in the amount of physical activity research conducted with minority women. The diverse racial ethnic backgrounds of the participants in this study could serve to narrow this gap in literature. Last but not least, Yeager, Macera, and Merritt (1993) found that women in low-income groups were more likely to exhibit sedentary behaviors. Despite not having gathered annual household income data from each participant, there appeared to be significant variations amongst the participants' socio-economic status based on their self-described living environment and financial concerns. Hence, this study provided a glimpse of unique obstacles faced by participants from different socio-economic class, especially those who were from a lower socio-economic background. Also, it is important to note that since all the participants were recruited through physician referral from a health maintenance organization, participants were at least in a position to afford healthcare insurance. According to the U.S. Census Bureau

report (2004), the percentage of the nation's population without health insurance coverage was 15.6 percent in 2003. There is therefore a significant population of women that are most likely at even higher risk of physical inactivity and poor mental health that have never been studied. In summary, there continues to be a call for further research on physical activity and mental health experiences of women, mothers, minority women, women of lower socio-economic status, or women that fit within several of the aforementioned categories.

In conclusion, the present study demonstrated the potential efficacy of a resonance-based intervention among underactive women. Participating in a 24-week resonance-based intervention composed of interviews, reflective journaling, and reading could help women from diverse backgrounds increase their levels of physical activity and overall well-being. As realized by many of the participants in this study, the pursuit of health and wellness is a life long process, and not a short-term success story of some miracle weight loss. Living in a fast-paced society and culture that highly value quick results and immediate gratification, individuals often lose sight of the autotelic nature of movement and physical activity and view it as a means to an end, with the end being quick weight loss. Even researchers and healthcare practitioners often adopt a problem-centered approach to the nation's obesity epidemic as well as equating well-being to an absence of distress (Fava & Ruini, 2003). Researchers and healthcare practitioners are therefore encouraged to bring sedentary individuals back in touch with the intrinsic value of physical movement and activity, as potently articulated in the following quote by medical doctor, writer, and established runner George Sheehan:

And that perhaps is the essence of running for me... the lack of anxiety, the complete acceptance, the letting go and the faith that all will be well. In running, I feel free. I have no other goal, no other reward. The running is its own reason for being. And I run with no threat of failure... I am secure whatever happens. And in that security I reach a wholeness that I find nowhere else (Anderson, 2001, p. 145).

References

- Ajzen, I. (1985). From intention to actions: A theory of planned behavior. In J. Kuhl & J. Beckmann (Eds.) *Action control: From cognition to behavior* (pp. 11-39). Heidelberg: Springer.
- Anderson, D. (2001). Recovering humanity: Movement, sport, and nature. *Journal of the Philosophy of Sport*, 28, 140-150.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- Barnett, R.C., & Baruch, G.K. (1987). Social roles, gender, and psychological distress. In R.C. Barnett, L. Biener & G.K. Baruch (Eds.), *Gender and stress* (p. 122-143). New York: The Free Press.
- Bianco, T., Malo, S., & Orlick, T.D. (1999). Sport injury and illness: Elite skiers describe their experiences. *Research Quarterly for Exercise and Sport*, 70, 157-170.
- Biddle, S.J.H., & Fox, K.R. (1998). Motivation for physical activity and weight management. *International Journal of Obesity*, 22(S2), 39-47.
- Brown, J. D. (1991). Staying fit and staying well: Physical fitness as a moderator of life stress. *Journal of Personality and Social Psychology*, 60, 555-561.
- Butryn, T.M., & Furst, D.M. (2003). The effects of park and urban settings on the moods and cognitive strategies of female runners. *Journal of Sport Behavior*, 26, 335-355.

- Carmack, M.A., & Martens, R. (1979). Measuring commitment to running: A survey of runners' attitudes and mental states. *Journal of Sport Psychology, 1*, 25-42.
- Côté, J., Salmela, J. H., Baria, A., & Russell, S. J. (1993). Organizing and interpreting unstructured qualitative data. *The Sport Psychologist, 7*, 127-137.
- Cox, R., & Orford, J. (2004). A qualitative study of the meaning of exercise for people who could be labeled as 'addicted' to exercise – can 'addiction' be applied to high frequency exercising? *Addiction Research and Theory, 12*, 167-188.
- Deci, E. L. (1975). *Intrinsic motivation*. New York: Plenum.
- Denison, J. (1996). Sport narratives. *Qualitative Inquiry, 2*, 351-362.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55(1)*, 34-43.
- Dishman, R.K. (1990). Determinants of participation in physical activity. In C. Bourchard, R.J. Shephard, T. Stephens, J.R. Sutton, & B.D. McPherson (Eds.). *Exercise, fitness and health* (pp. 75-102). Champaign, IL: Human Kinetics.
- Dishman, R.K. (1994). The measurement conundrum in exercise adherence research. *Medicine and Science in Sports and Exercise, 26*, 1382-1390.
- Doell, K., Durand-Bush, N., & Newburg, D. (2003). *The process of resonance of four track athletes*. Unpublished Manuscript.
- Durand-Bush, N., Trudel, P., Doell, K., Soulard, A., & Newburg, D. (2001, October). *Developing an empirically-based educational program to help sport participants experience enjoyment and resonance on a daily basis*. Poster session presented at

the 16th annual meeting of the Association for the Advancement of Applied Sport Psychology (AAASP), Orlando, FL.

Eyler, A.A., Brownson, R.C., King, A.C., Brown, D., Donatelle, R.J., & Heath, G.

(1997). Physical activity and women in the United States: An overview of health benefits, prevalence, and intervention opportunities. *Women & Health, 26*(3), 27-49.

Eyler, A.A., Baker, E., Cromer, L., King, A.C., Brownson, R.C., & Donatelle, R.J.

(1998). Physical activity and minority women: A qualitative study. *Health Education & Behavior, 25*, 640-652.

Faubert, C. (2004). *The impact of a resonance-based intervention on the cycling performance, well-being, and intrinsic motivation of endurance athletes.*

Unpublished master's thesis, University of Ottawa, Canada.

Fava, G.A., & Ruini, C. (2003). Development and characteristics of a well-being

enhancing psychotherapeutic strategy: well-being therapy. *Journal of Behavior Therapy & Experimental Psychiatry, 34*, 45-63.

Fox, K.R. (1999). The influence of physical activity on mental well-being. *Public*

Health Nutrition, 2, 411-418.

Fraser, G.E., Schneider, L.E., Mattison, S., Kubo, C., LaClair, L., & Johnson, K. et al.

(1988). Behavioral interventions from an office setting in patients with cardiac disease. *Journal of Cardiopulmonary Rehabilitation, 8*, 50-57.

Gauvin, L. (1989). The relationship between regular physical activity and subjective

well-being. *Journal of Sport Behavior, 11*, 107-114.

- Gauvin, L., & Szabo, A. (1992). Application of the experience sampling method to the study of the effects of exercise withdrawal on well-being. *Journal of Sport & Exercise Psychology, 14*, 361-374.
- Gauvin, L., & Rejeski, W.J. (1993). The exercised-induced feeling inventory: Development and initial validation. *Journal of Sport & Exercise Psychology, 15*, 403-423.
- Gauvin, L., Rejeski, W.J., & Norris, J.L. (1996). A naturalistic study of the impact of acute physical activity on feeling states and affect in women. *Health Psychology, 15*, 391-397.
- Glesne, C. (1999). *Becoming qualitative researchers: An introduction* (2nd ed.). New York: Addison Wesley Longman.
- Godin, G., Valois, P., & Lepage, L. (1993). The pattern of influence of perceived behavioral control upon exercising behavior: An application of Ajzen's theory of planned behavior. *Journal of Behavioral Medicine, 16*, 81-102.
- Hawkes, J.M., Holm, K. (1993). Gender differences in exercise determinants. *Nursing Research, 42*, 166-171.
- Johnson, M.R.D. (2000). Perceptions of barriers to healthy physical activity among Asian communities. *Sport, Education and Society, 5*, 51-70.
- King, A.C., Taylor, C.B., Haskell, W.L., & DeBusk, R.F. (1990). Identifying strategies for increasing employee physical activity levels: Findings from the Stanford/Lockheed exercise survey. *Health Education Quarterly, 17*, 269-285.

- King, A.C., Blair, S.N., Bild, D.E., Dishman, R.K., Dubbert, P.M., & Marcus, B.H. et al. (1992). Determinants of physical activity and interventions in adults. *Medicine and Science in Sports and Exercise*, 24, S221-S236.
- Marcus, B.H., & Simkin, L.R. (1994). The transtheoretical model: Applications to exercise behavior. *Medicine and Science in Sports and Exercise*, 26, 1400-1404.
- Martin, J.J., & Cutler, K. (2002). An exploratory study of flow and motivation in theater actors. *Journal of Applied Sport Psychology*, 14, 344-352.
- McAuley E., Courneya, K.S., & Lettunich, J. (1991). Effects of acute and long-term exercise on self-efficacy responses in sedentary, middle-aged males and females. *The Gerontologist*, 31, 534-542.
- MacDougall, C. (2003). Learning from differences between ordinary and expert theories of health and physical activity. *Critical Public Health*, 13, 381-397.
- McGannon, K., & Mauws, M. (2002). Exploring the exercise adherence problem: An integration of ethnomethodological and poststructuralist perspectives. *Sociology of Sport Journal*, 19, 67-89.
- McKenna, J., & Francis, C. (2002). Exercise contemplators: Unraveling the processes of change. *Health Education*, 103(1), 41-53.
- Miller, P.S., & Kerr, G.A. (2002). Conceptualizing excellence: Past, present, and future. *Journal of Applied Sport Psychology*, 14, 140-153.
- Mirotnik, J., Speedling, E., Stein, R., & Bronz, C. (1985). Cardiovascular fitness program: Factors associated with participation and adherence. *Public Health Reports*, 100, 13-18.

- Newburg, D. (1998). *The most important lesson no one ever taught me*. Unpublished manuscript.
- Newburg, D., Kimiecik, J., Durand-Bush, N., & Doell, K. (2002). The role of resonance in performance excellence and life engagement. *Journal of Applied Sport Psychology, 14*, 249-267.
- Nesti, M. (2004). *Existential psychology and sport: Implications for research and practice*. London: Routledge.
- Paffenbarger, R.S. (1994). 40 years of progress: Physical activity, health and fitness. In *40th anniversary lectures* (pp. 93-109). Indianapolis, IN: American College of Sports Medicine.
- Pate, R.R., Pratt, M., Blair, S.N., Haskell, W.L., Macera, C.A., Bourchard, C. et al. (1995). Physical activity and public health. *Journal of the American Medical Association, 273*, 402-407.
- Pavot, W., & Diener, E. (1993). Reviews of the Satisfaction with Life Scale. *Psychological Assessment, 5*(2), 164-172.
- Prochaska, J.O., & DiClemente, C. C. (1986). Toward a comprehensive model of change. In W.E. Miller & N. Heather (Eds.), *Treating addictive behaviors* (pp. 3-27). London: Plenum.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs, 80*, 1-27.
- Rowe, M.M., & Allen, R.G. (2004). Spirituality as a means of coping with chronic illness. *American Journal of Health Studies, 19*(1), 62-67.

- Ryan, M.R., & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166.
- Ryff, C.D. (1989a). *Scales of psychological well-being*. Unpublished scale.
- Ryff, C.D. (1989b). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069-1081.
- Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719-727.
- Ryff, C.D., & Singer, B.H. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 65, 14-23.
- Ryff, C.D., & Singer, B.H. (1998). The contours of positive human health. *Psychological Inquiry*, 9, 1-28.
- Ryff, C.D., & Singer, B. H. (2000). Biopsychosocial challenges of the new millennium. *Psychotherapy and Psychosomatics*, 69, 170-177.
- Sallis, J.F., Hovell, M.F., & Hofstetter, C.R. (1992). Predictors of adoption and maintenance of vigorous physical activity in men and women. *Preventive Medicine*, 11, 413-420.
- Seaward, B.L. (2002). *Managing stress: Principles and strategies for health and wellbeing* (3rd ed.). Sudbury, MA: Jones & Bartlett.

- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology. *American Psychologist*, *55*(1), 5-14.
- Shephard, R.J., Morgan, P.P., Finucane, R., & Schimmelfing, L. (1980). Factors influencing recruitment to an occupational fitness program. *Journal of Occupational Medicine*, *22*, 389-398.
- Slenker, S.E., Price, J.H., Roberts, S.M., & Jurs, S.G. (1984). Joggers versus nonexercisers: An analysis of knowledge, attitudes, and beliefs about jogging. *Research Quarterly for Exercise and Sport*, *55*, 371-378.
- Soulard, A.D. (2003). *A cross-cultural exploration of the resonance performance model*. Unpublished master's thesis, University of Ottawa, Canada.
- Stetson, B.A., Beacham, A.O., Frommelt, S.J., Boutelle, K.N., Cole, J.D., & Ziegler, C.H. et al. (2005). Exercise slips in high-risk situations and activity patterns in long-term exercisers: An application of the relapse prevention model. *Annals of Behavioral Medicine*, *30*(1), 25-35.
- Thomas, N., Alder, E., & Leese, G.P. (2004). Barriers to physical activity in patients with diabetes. *Postgraduate Medical Journal*, *80*, 287-291.
- Thomas, J.R., & Nelson, J.K. (2001). *Research methods in physical activity* (4th ed.). Champaign, IL: Human Kinetics.
- Thomas, S.P., & Pollio, H.R. (2002). *Listening to patients: a phenomenological approach to nursing research and practice*. New York: Springer.

- Thurston, M., & Green, K. (2004). Adherence to exercise later in life: How can exercise on prescription programmes be made more effective? *Health Promotion International, 19*, 379-387.
- Verhoef, M.J., Love, E.J., & Rose, M.S. (1992). Women's social roles and their exercise participation. *Women and Health, 19*(4), 15-29.
- Verhoef, M.J., & Love, E.J. (1994). Women and exercise participation: The mixed blessing of motherhood. *Health Care Women International, 15*, 297-306.
- U.S. Census Bureau (2004). *Income Stable, Poverty Up, Numbers of Americans With and Without Health Insurance Rise, Census Bureau Reports*. Retrieved October 15, 2005, from the website: http://www.census.gov/Press-Release/www/releases/archives/income_wealth/002484.html
- U.S. Department of Health and Human Services (2001). *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Public Health Service, Office of the Surgeon General, Rockville, MD. Retrieved March 20, 2004, from the website: <http://www.surgeongeneral.gov/library>
- Waterman, A.S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64*, 678-691.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54*, 1063-1070.

- Watson, N. J., & Nesti, M. (2005). The role of spirituality in sport psychology. *Journal of Applied Sport Psychology, 17*, 228-239.
- Yeager, K.K., Macera, C.A., & Merritt, R.K. (1993). Socioeconomic influences on leisure-time sedentary behavior among women. *Health Values, 17*, 50-57.
- Zinsser, N., Bunker, L., & Williams, J.M. (2001). Cognitive techniques for building confidence and enhancing performance. In J.M. Williams (Ed.), *Applied sport psychology: Personal growth to peak performance* (p. 284-311). Mountain View, CA: Mayfield.

Appendix A

Agreement to Participate in Research

Name of researcher: Amy Chang, M.A. Candidate, Department of Human Performance,
San José State University

Title of Protocol: Resonance Performance Model Training

I have been asked to participate in a research study investigating how exercise and physical activity participants experience resonance during their activity. In this research, 'resonance' means being passionately engaged in an activity, thoroughly enjoying oneself, feeling alive, connected, and fulfilled, or experiencing harmony between one's interior self and external environment.

My participation will be solicited for a period of 12 weeks and will essentially consist of:

1. Attending 8 sessions:

- (a) Initial interview (approximately 1-2 hours including the completion of two questionnaires, which should take between 15-20 minutes)
- (b) Progress session 1 (approximately 30-90 minutes)
- (c) Progress session 2 (approximately 30-90 minutes)
- (d) Progress session 3 (approximately 30-90 minutes)
- (e) Progress session 4 (approximately 30-90 minutes)
- (f) Progress session 5 (approximately 30-90 minutes)
- (g) Progress session 6 (approximately 1-2 hours including the completion of two questionnaires, which should take between 15-20 minutes)
- (h) Final interview (approximately 1-2 hours including the completion of two questionnaires, which should take between 15-20 minutes)

2. Completing a journal on a daily basis for a period of 12 weeks. I will submit my journal entries at the end of each week. The researcher will pick them up at a pre-arranged location.

The interview sessions will be audio taped and scheduled at my convenience and that of the researcher.

I understand that this activity deals primarily with personal information about my exercise and physical activity experience and that the research does not pose any risks. The goal of the researcher is not to evaluate my abilities but to gain information on how exercise and physical activity participants experience resonance. I also understand that

the mid- and long-term goals of the researcher is to use the information from many exercise and physical activity participants to develop and validate an educational program that wellness coaches and mental training consultants could use while working with individuals who are interested in a process to help them adhere to an active lifestyle.

I understand that the information I provide will be anonymous. I give the researcher my permission and consent to use my information for the study, understanding that if the study is published, I will in no way be identified by the information I provide.

I am free to withdraw from the project at any time, before or during the interviews and journaling period. I can also refuse to participate and refuse to answer verbal or written questions without any prejudice.

If I have any questions regarding the study, I may contact the researcher, Amy Chang at (408) 829-6441 or Dr. David Furst, Thesis Chair at (408) 924-3039. Complaints about the research may be directed to Dr. Greg Payne, Department Chair, Department of Human Performance, at (408) 924-3028. Questions about research subjects' rights, or research-related injury may be presented to Pamela Stacks, Ph.D., Interim Associate Vice President, Graduate Studies and Research, at (408) 924-7029.

I have received two copies of this consent form, and understand that I am to sign both, one to keep for my records, and the other to return with my survey materials to the researcher.

"I have read the above statements, and by signing and dating my name above the researcher's name and date, I am giving my consent for the researcher to use my information for the benefit of the study."

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

I wish to receive a summary of the findings of this research, which will be available around September 2005:

Yes _____ No _____

Address: _____

Appendix B

Interview Guide Based on the RPM (Durand-Bush et al, 2001; Newburg et al., 2002)

A) First InterviewGeneral opening questions

- Tell me about yourself and your history of exercise and physical activity (provide participant with definition of exercise and physical activity, where both terms are synonymous in this study).
- Why do you exercise?

Main questions and probes*Dream feeling.*

- How do you want to feel on a daily basis?
- How do you like to feel when you exercise? Describe this feeling to the best of your ability.
- Is this feeling the same in exercising, and in your daily life? Explain why and how if it is different.
- Can you summarize this feeling in a few words or sentences?

Preparation.

- What allows you to feel this way (i.e., personal thoughts/behaviours, environmental factors, strategies, goals, etc.)?
- Tell me more about those situations where you experience this feeling while exercising.
- How often do you experience this feeling?
- What do you need to do to experience this feeling more often?
 - Are there specific types of exercise or activity that allow you to feel this way more often than others?
 - Are there activities that you have never tried but had always wanted to?
 - Would you be willing to use _____ as the main activity to help your reach the recommended level of physical activity of at least 30 min of moderate activity, most days of the week?

Obstacles.

- What prevents you from experiencing this feeling on a daily basis?
- How often does this happen?
- Tell me about some of the obstacles that you have faced in the past.
- How did these obstacles affect (a) the your exercise behavior, (b) well-being?
- Do negative feelings carry over in other aspects of your life? If so, how?

Revisiting the dream feeling.

- What do you do when you face an obstacle or setback?
- Do you do anything to reconnect with the feeling you previously described? Explain.
- Did an obstacle ever get so big that you dropped out of your exercise routine or at least considered it? Describe why and what you did or did not do.

Effect on exercise adherence and well-being.

- Does this feeling that you seek while exercising affect your commitment to an active lifestyle? Explain why and how.
- Does this feeling affect your overall well-being? Explain why and how.
- Tell me how else this feeling affects your exercise behavior and daily life (i.e., motivation, enjoyment, satisfaction, affect).

Summary

- What is your feeling now that we are approaching the end of the interview? Have you learned anything so far?
- Is there anything you would like to add?

B) Progress Sessions

- Tell me about the last 2 weeks. How have you been feeling?
- Tell me about your exercise and activity patterns in the last 2 weeks.
- What have you learned in the last 2 weeks?
- Describe your most resonating experience and tell me why it was a high.
- Describe your least resonating experience and tell me why it was a low.
- Tell me about the journaling process.
- Did you get a chance to read the book chapter? Tell me your thoughts about it.

C) Final Interview

- Tell me about your experience since the beginning of the study. How are you feeling?
- Tell me about resonance in your (a) exercise sessions, and (b) life in general.
- Tell me about the journaling process. Have you been continuing it on your own?
- Tell me about your exercise and activity patterns in the past 12 weeks.
- Tell me your thoughts about the book on resonance.
- What are your overall impressions of the last 12 weeks? What are the biggest lessons?
- Is there anything you would like to add?

Appendix C

Psychological Well-Being Scale [PWB] (Ryff, 1989a)

Psychometric Properties. Attached are items for six 14-item scales of psychological well-being constructed to measure the dimensions of **autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance**. Internal consistency (alpha) coefficients are indicated on each scale. Correlations of each scale with its own 20-item parent scale are also provided. Reliability and validity assessments of the 20-item parent scales are detailed in Ryff (1989) -- Journal of Personality and Social Psychology, *57*, 1069-1081. Psychometric properties of the 3-item scales are detailed in Ryff & Keyes (1995) -- Journal of Personality and Social Psychology, *69*, 719-727. The 3-item scales were developed for national telephone surveys. They have low internal consistency and are not recommended for high quality assessment of well-being.

Presentation Format/Scoring. Items from the separate scales are **mixed** (by taking one item from each scale successively into one continuous self-report instrument). Participants respond using a six-point format: strongly disagree (1), moderately disagree (2), slightly disagree (3), slightly agree (4), moderately agree (5), strongly agree (6). Responses to negatively scored items (-) are reversed in the final scoring procedures so that high scores indicate high self-ratings on the dimension assessed.

Length Options. The **14-item scales**, shown on the attached pages are what we currently employ in our own studies (see Reference List).

The **9-item scales**, indicated by brackets around the item number [#], are currently in use in the Wisconsin Longitudinal Study. The specific items for the 9-item scales include Autonomy 2, 3, 4, 5, 6, 9, 10, 11, 14; Environmental Mastery 1, 2, 3, 4, 5, 7, 9, 13, 14; Personal Growth 1, 4, 5, 6, 9, 10, 11, 13, 14; Positive Relations With Others 1, 2, 3, 4, 6, 8, 9, 10, 12; Purpose In Life 2, 3, 5, 6, 7, 8, 9, 10, 11; Self-Acceptance 1, 2, 3, 5, 6, 7, 10, 12, 13.

The **3-item scales**, shown in *bold and italics*, are currently in use in various large-scale national and international surveys. The specific items for the 3-item scales include Autonomy 6, 9, 14; Environmental Mastery 1, 2, 4; Personal Growth 5, 11, 13; Positive Relations With Others 2, 9, 10; Purpose In Life 2, 10, 11; Self-Acceptance 1, 5, 7

AUTONOMY

Definition: High Scorer: Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.
Low Scorer: Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.

- (-) 1. Sometimes I change the way I act or think to be more like those around me.
- (+) [2.] I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
- (+) [3.] My decisions are not usually influenced by what everyone else is doing.
- (-) [4.] I tend to worry about what other people think of me.
- (+) [5.] Being happy with myself is more important to me than having others approve of me.
- (-) [6.] *I tend to be influenced by people with strong opinions.*
- (+) 7. People rarely talk me into doing things I don't want to do.
- (-) 8. It is more important to me to "fit in" with others than to stand alone on my principles.
- (+) [9.] *I have confidence in my opinions, even if they are contrary to the general consensus.*
- (-) [10.] It's difficult for me to voice my own opinions on controversial matters.
- (-) [11.] I often change my mind about decisions if my friends or family disagree.
- (+) 12. I am not the kind of person who gives in to social pressures to think or act in certain ways.
- (-) 13. I am concerned about how other people evaluate the choices I have made in my life.
- (+) [14.] *I judge myself by what I think is important, not by the values of what others think is important.*

(+) indicates positively scored items
 Internal consistency (coefficient alpha) = .83

(-) indicates negatively scored items
 Correlation with 20-item parent scale = .97

ENVIRONMENTAL MASTERY

Definition: High Scorer: Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

Low Scorer: Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.

- (+) [1.] *In general, I feel I am in charge of the situation in which I live.*
- (-) [2.] *The demands of everyday life often get me down.*
- (-) [3.] I do not fit very well with the people and the community around me.
- (+) [4.] *I am quite good at managing the many responsibilities of my daily life.*
- (-) [5.] I often feel overwhelmed by my responsibilities.
- (+) 6. If I were unhappy with my living situation, I would take effective steps to change it.
- (+) [7.] I generally do a good job of taking care of my personal finances and affairs.
- (-) 8. I find it stressful that I can't keep up with all of the things I have to do each day.
- (+) [9.] I am good at juggling my time so that I can fit everything in that needs to get done.
- (+) 10. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.
- (-) 11. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.
- (+) 12. My efforts to find the kinds of activities and relationships that I need have been quite successful.
- (-) [13.] I have difficulty arranging my life in a way that is satisfying to me.
- (+) [14.] I have been able to build a home and a lifestyle for myself that is much to my liking.

(+) indicates positively scored items
Internal consistency (coefficient alpha) = .86

(-) indicates negatively scored items
Correlation with 20-item parent scale = .98

PERSONAL GROWTH

Definition: High Scorer: Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self knowledge and effectiveness.

Low Scorer: Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors.

- (-) [1.] I am not interested in activities that will expand my horizons.
- (+) 2. In general, I feel that I continue to learn more about myself as time goes by.
- (+) 3. I am the kind of person who likes to give new things a try.
- (-) [4.] I don't want to try new ways of doing things--my life is fine the way it is.
- (+) [5.] *I think it is important to have new experiences that challenge how you think about yourself and the world.*
- (-) [6.] When I think about it, I haven't really improved much as a person over the years.
- (+) 7. In my view, people of every age are able to continue growing and developing.
- (+) 8. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.
- (+) [9.] I have the sense that I have developed a lot as a person over time.
- (-) [10.] I do not enjoy being in new situations that require me to change my old familiar ways of doing things.
- (+) [11.] *For me, life has been a continuous process of learning, changing, and growth.*
- (+) 12. I enjoy seeing how my views have changed and matured over the years.
- (-) [13.] *I gave up trying to make big improvements or changes in my life a long time ago.*
- (-) [14.] There is truth to the saying you can't teach an old dog new tricks.

(+) indicates positively scored items
Internal consistency (coefficient alpha) = .85

(-) indicates negatively scored items
Correlation with 20-item parent scale = .97

POSITIVE RELATIONS WITH OTHERS

Definition: High Scorer: Has warm satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships. Low Scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.

- (+) [1.] Most people see me as loving and affectionate.
- (-) [2.] *Maintaining close relationships has been difficult and frustrating for me*
- (-) [3.] I often feel lonely because I have few close friends with whom to share my concerns.
- (+) [4.] I enjoy personal and mutual conversations with family members or friends.
- (+) 5. It is important to me to be a good listener when close friends talk to me about their problems.
- (-) [6.] I don't have many people who want to listen when I need to talk.
- (+) 7. I feel like I get a lot out of my friendships.
- (-) [8.] It seems to me that most other people have more friends than I do.
- (+) [9.] *People would describe me as a giving person, willing to share my time with others.*
- (-) [10.] *I have not experienced many warm and trusting relationships with others.*
- (-) 11. I often feel like I'm on the outside looking in when it comes to friendships.
- (+) [12.] I know that I can trust my friends, and they know they can trust me.
- (-) 13. I find it difficult to really open up when I talk with others.
- (+) 14. My friends and I sympathize with each other's problems.

(+) indicates positively scored items
Internal consistency (coefficient alpha) = .88

(-) indicates negatively scored items
Correlation with 20-item parent scale = .98

PURPOSE IN LIFE

Definition: High Scorer: Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.

Low Scorer: Lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

- (+) 1. I feel good when I think of what I've done in the past and what I hope to do in the future.
- (-) [2.] *I live life one day at a time and don't really think about the future.*
- (-) [3.] I tend to focus on the present, because the future nearly always brings me problems.
- (+) 4. I have a sense of direction and purpose in life.
- (-) [5.] My daily activities often seem trivial and unimportant to me.
- (-) [6.] I don't have a good sense of what it is I'm trying to accomplish in life.
- (-) [7.] I used to set goals for myself, but that now seems like a waste of time.
- (+) [8.] I enjoy making plans for the future and working to make them a reality.
- (+) [9.] I am an active person in carrying out the plans I set for myself.
- (+) [10.] *Some people wander aimlessly through life, but I am not one of them.*
- (-) [11.] *I sometimes feel as if I've done all there is to do in life.*
- (+) 12. My aims in life have been more a source of satisfaction than frustration to me.
- (+) 13. I find it satisfying to think about what I have accomplished in life.
- (-) 14. In the final analysis, I'm not so sure that my life adds up to much.

(+) indicates positively scored items
Internal consistency (coefficient alpha) = .88

(-) indicates negatively scored items
Correlation with 20-item parent scale = .98

SELF-ACCEPTANCE

Definition: High Scorer: Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self including good and bad qualities; feels positive about past life.
Low Scorer: Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is.

- (+) [1.] *When I look at the story of my life, I am pleased with how things have turned out.*
- (+) [2.] In general, I feel confident and positive about myself.
- (-) [3.] I feel like many of the people I know have gotten more out of life than I have.
- (-) 4. Given the opportunity, there are many things about myself that I would change.
- (+) [5.] *I like most aspects of my personality.*
- (+) [6.] I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
- (-) [7.] *In many ways, I feel disappointed about my achievements in life.*
- (+) 8. For the most part, I am proud of who I am and the life I lead.
- (-) 9. I envy many people for the lives they lead.
- (-) [10.] My attitude about myself is probably not as positive as most people feel about themselves.
- (-) 11. Many days I wake up feeling discouraged about how I have lived my life.
- (+) [12.] The past had its ups and downs, but in general, I wouldn't want to change it.
- (+) [13.] When I compare myself to friends and acquaintances, it makes me feel good about who I am.
- (-) 14. Everyone has their weaknesses, but I seem to have more than my share.

(+) indicates positively scored items
 internal consistency (coefficient alpha) = .91

(-) indicates negatively scored items
 Correlation with 20-item parent scale = .99

Appendix D

Commitment to Exercise Scale (Carmack & Martens, 1979; Gauvin & Szabo, 1992)

Feelings About Exercising*

The following statements may or may not describe your feelings about exercising. Read each statement and then circle the appropriate number to indicate how well the statement describes *your feelings most of the time*. There are no right or wrong answers. Do not spend too much time on any one item, but give the answers which seem to describe how you *generally feel* about exercising.

	strongly disagree	disagree	uncertain	agree	strongly agree
1. I look forward to exercising.	1	2	3	4	5
2. I wish there were a more enjoyable way to stay fit.	1	2	3	4	5
3. Exercising is drudgery.	1	2	3	4	5
4. I do not enjoy exercising.	1	2	3	4	5
5. Exercising is vitally important to me.	1	2	3	4	5
6. Life is so much richer as a result of exercising.	1	2	3	4	5
7. Exercising is pleasant.	1	2	3	4	5
8. I dread the thought of exercising.	1	2	3	4	5
9. I would arrange or change my schedule to meet the need to exercise.	1	2	3	4	5
10. I have to force myself to exercise.	1	2	3	4	5
11. To miss a day's exercise is sheer relief.	1	2	3	4	5
12. Exercising is the high point of my day.	1	2	3	4	5

* This title was used on the questionnaire to minimize possible response bias.

** Items 2,3,4,8,10,11 are scored in reverse.

Appendix E Journal Form

My Personal Resonance Performance Model

Definitions



Resonance

Occurs when there is a connection or harmony between you and your environment; it is a process that allows you to fully engage in your activities and experience enjoyment, satisfaction, and an overall sense of well-being.

Dream feeling

Your chosen feeling when you engage in a particular activity.

Preparation

Activities in which you engage to experience your dream feeling.

Obstacles

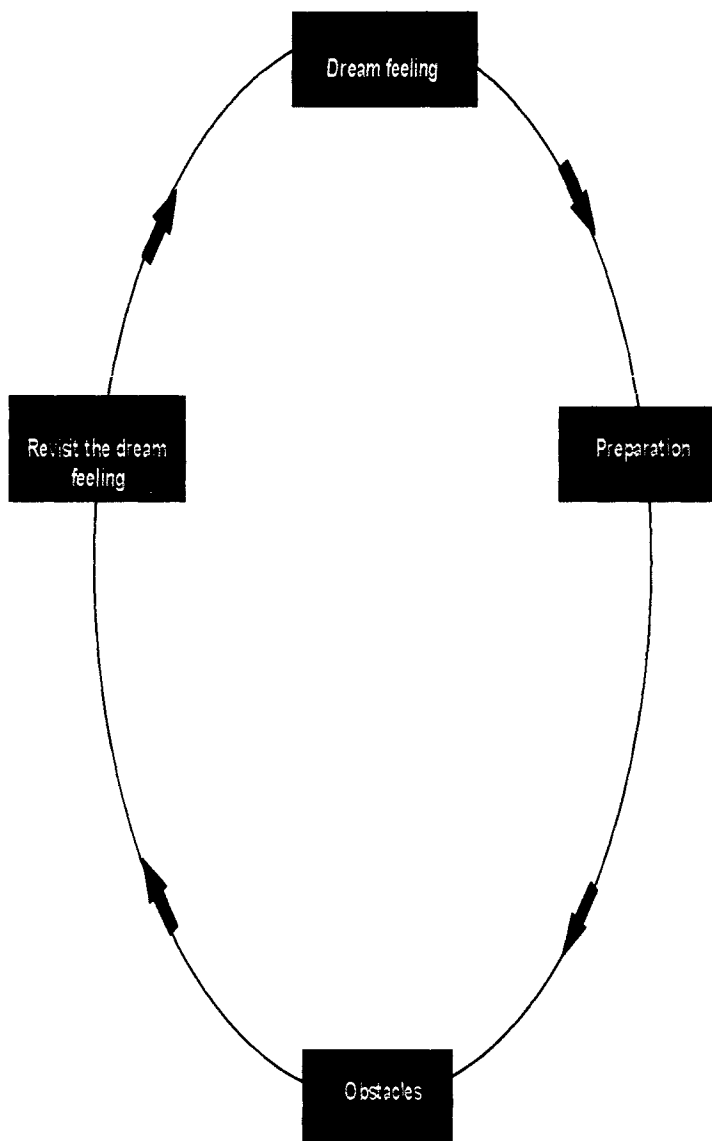
Obstacles or setbacks that prevent you from experiencing your dream feeling.

Revisit the dream feeling

Strategies or activities that allow you to reconnect with your dream feeling.

Subjective well-being

What you think or feel about your own life.



For more info, contact:

Natalie Durand-Bush, Ph.D.
School of Human Kinetics
University of Ottawa
125 University St., Ottawa, ON K1N 6N5
Telephone: (613) 562-5800 ext. 4281
E-mail: ndbush@uottawa.ca

Rate your overall level for the day:

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

Resonance _____% (ex. 85%)

Motivation _____%

Well-being _____%

If you exercised or participated in physical activity today, rate your overall level for the activity session:

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

Resonance _____%

Motivation _____%

Well-Being _____%

Type of activity: _____

Duration: _____

Appendix F
Thematic Analysis Based on the RPM

RPM Components	Categories	Sub-categories
Dream Feeling	Physical	Relaxed (6), Energy/Energized (5), Relief (4), Rested (4), Healthy (3), Clothes fit better/nicely (3), Lighter/Lightness of body (2), Muscle loosened/rid of tension (2), Fitter (1), Have the wind (1), Strong (1), Refreshed (1), Rejuvenated (1), "Good" tired (1)
	Mental	Self-realization (6) – accomplished, satisfied, self-satisfaction, satisfaction of doing something that is useful to others, making a difference to others, making a difference for myself, fulfill something for myself, seeing my vision come to life; Optimism (6) – Excited, motivated, psyched, have something to look forward to, moving toward something, looking forward to doing stuff, fresh outlook, hope/hopeful, optimistic, feel good about life, like where I am in life, enthusiastic; Self-confidence/self-efficacy (5) – Feel like I could do anything, feel like I could achieve what I wanted, being able to do things I want to do, that I feel like I should be able to do, confidence, adaptable, in control, proud, determination; Self-acceptance (4) – At ease with self, at peace with self, happy with self, happy being who I am, comfortable with self, positive, feel good about myself, special, worthy, feel better about appearance; Mental clarity/focus (3) – mentally clear, clarity, focused, absorbed
	Emotional	Positive mood (7) – fun, enjoyment, had a blast, upbeat, perky, cheerful, positive, happy, joy, laughter, pleased, pleasurable, content, instant gratification; Neutral mood (3) – calm, tranquility; Absence/reduced negative mood (2) – Less stressed, less tense, less worries, less anxiety, not pressured, less weight on the shoulders, weight off my back; Peak experience (2) – euphoric high, rush, liberated, free, let go
	Spiritual	Peace (3), Spiritually centered (1), Harmony (1), gratitude (1)
	Social	Help/support (2), Cheer/Encouragement (2), Security (2), Acceptance (2), Closeness/affection/love (2), Appreciated/needed (1)

RPM Components	Categories	Sub-categories
Preparation	Physical	Physical activity & exercise: Walking (7), Housework (7), Stretching (6), Weights (3/3*), Play with kids (5), Cardio machines (1/4*), Dancing (3/2*), Swimming (2/2*), Gardening/yard work (3), Home improvement (3), bicycling (2/1*), Jogging (1/2*), Fitness videos (2), Stair climbing (2), Basketball (2*), Skiing (2*), Tennis (2*), Baseball (2*), Softball (2*), Soccer (1/1*), Swings (1/1*), Pilates (2*), Rollerskating/rollerblading (2*), Boxing (1), Water aerobics (1), bowling (1*), Gymnastics (1*), Horseback riding (1*), Jazzercise/step aerobics (1*), Volleyball (1*), Rubberband high jump (1*), Table tennis (1*), Trampoline (1*), Tree climbing (1*), Jet skiing (1), Water ski (1*), Active video game (1*), Sports events (1)
		Diet/Nutrition: Increase fruit and vegetable intake (6), Reading [nutrition books, magazines, websites] (6), Portion control (4), Adequate hydration (4), Healthy cooking (4), Dietary restrictions (3), Minimize junk food in the house to reduce temptations (3), Earlier dinner (3), Meeting with nutritionist (1/2*), Food log (2), Frequent small meals (2), Healthier food substitutes (2), Popular diets (2*), Nutritionist prescribed diet (2), Reduced calorie diet (1), Slow down meals (1), Eat less calorie dense foods (1), Grocery shop for healthy foods (1), Supplements (1)
		Other health maintenance/enhancing behaviors: Physician visits (5), Attempts to lose weight (5), Weigh loss programs (1/2*), Improve sleep patterns (3), Medication (3), Proper footwear (2), Attempts to get off medication (1), Quit smoking (1*), Quit drugs (1*), Take care of physical appearance (1)
	Mental	Self-reflection (7), self-reflective journal (7), Contemplation of new or additional activities (6), Reading [Newburg's book] (5), Making the commitment to self (2), Making the decision (2), Focus on clothing fit and/or energy level vs. weight loss (2), Self-discipline (1), overcoming fears (1)
	Emotional	Hobbies (6), Taking time for self (6), Volunteering (4), Expressing emotions/feelings (4), Stress

		management /relaxation (3), Leisure reading (3), Shopping (3), Vacations (3), Take responsibility for how I respond to a situation (2), Be real and honest with self (1), letting things go/forgiveness (1), Use resonance as a foundation to help reflect on and manage emotions (1), Do fun things in life/explore (1), Take time off work (1), Humor (1)
	Social	Spend time with family, friends, & significant others (7), Get social support (7), Take care of family (6), Parenting (5), Party planning (3), Stay around positive people (1)
	Environmental	Time management (6), Goal setting (4), Assertiveness (4), Education [career] (4), Rewarding work (4), Look for new walking route (4), Job search (4), Financial planning (3), Entrepreneurship consideration (3), Start new job (3), Park far away to increase activity (2), Simplify life (2), Forming a habit of exercise (1), Persistence (1), Hard work (1), Acculturation (1), Taking responsibility (1), Taking care of problems immediately (1), More effective management style (1), Credential renewal (1)
	Spiritual	Praying (4), Going to church/temple (3)
Obstacles (Internal)	Physical	Fatigue/Tiredness (7), Problematic eating behaviors (6), Injuries (5), Lack of sleep/sleeping problems (5), Physical illness (4), Weight gain or weight fluctuations over the years (4), Feeling out of shape/feeling fat (3), Metabolism/Overweight since childhood (3), Soreness/Lead legs (2), Pregnancy complications (1*), Not seeing results, not feeling results (1), Tempted to purchase diet pills (1), Dehydration (1), Don't feel good about grey showing (1), Concerns about weight training technique and getting "bulky" (1)
	Mental	Impatience/desire for instant gratification (5), Pressure (4), Unmotivated (3), Feeling stuck/lost (3), Lack willpower/discipline (2), Apathy/don't care attitude (2), difficulty with change (2), poor self and body image (2), Put others needs before self (2), Self-consciousness/intimidation (2), Mental exhaustion (2), Self pity (1), low self-worth (1), Pessimism (1), Negative self-talk (1), All or nothing attitude toward exercise (1), lack of incentive to exercise (1)
	Emotional	Feeling stressed (6),

		Disappointment/discouragement (5), Fear (4), Depression/in a funk (4), Guilt (3), Resentment (3), Anger (3), Frustration (3), Worry (3), Anxiety (3), Overwhelmed with negative emotions (1), Insecurity (1), Boredom (1), Isolation (1), Hiding emotions/feeling (1), Helpless (1), Bad morale (1), Feeling emotional (1), Upset (1)
Obstacles (External)	Relational	Parenting challenges (4), Care-taking responsibilities (4), Negative comments/lack of support from partner (4), Communication problem with parents or extended family (2), Lack confidant (2), Lost workout partner (1), Friendship challenges (1)
	Sociocultural	Family health history (5), Mexican culture (1), Traumatic childhood experience in the Philippines (1), Acculturation (1), Value conflicts with family (1), Single-parent upbringing (1), Codependent personality (1), Avoid confrontation (1), Don't like asking for help (1), Resistant to change (1)
	Environmental	Lack of time (7), Role strain/overload (7), Weather (5), Getting into workout routine (5), Additional work demands (5), Access to junk foods/high fat foods (4), Tight finances (4), Lack of/confused about nutrition knowledge/information (2), Lack of privacy [journaling] (2), Don't enjoy certain activities (1), Life events [travel, move] (2), Hassles [complaints, errands] (2)
Revisit the dream feeling	Physical	Feelings related to exercise (6), feelings related to proper/improper nutrition (3)
	Mental	Self-reflection (7), Self-reminder (7), Positive thinking/self-talk (6), Journaling (5), Self-empowerment (5), Cognitive restructuring (4)
	Social	Support from: partner (3), children (3), friends (3), researcher (3), coworkers (3), family (1), mentor/sponsor (1)
	Spiritual	Prayers (4), Faith (2)
	Other individual strategies	Music (2), Relaxation techniques (2), Fun (2), Individual RPM (2), Reading (2), Work (2), Career conference (1), Volunteering (1), Time away from work (1), Nature (1)

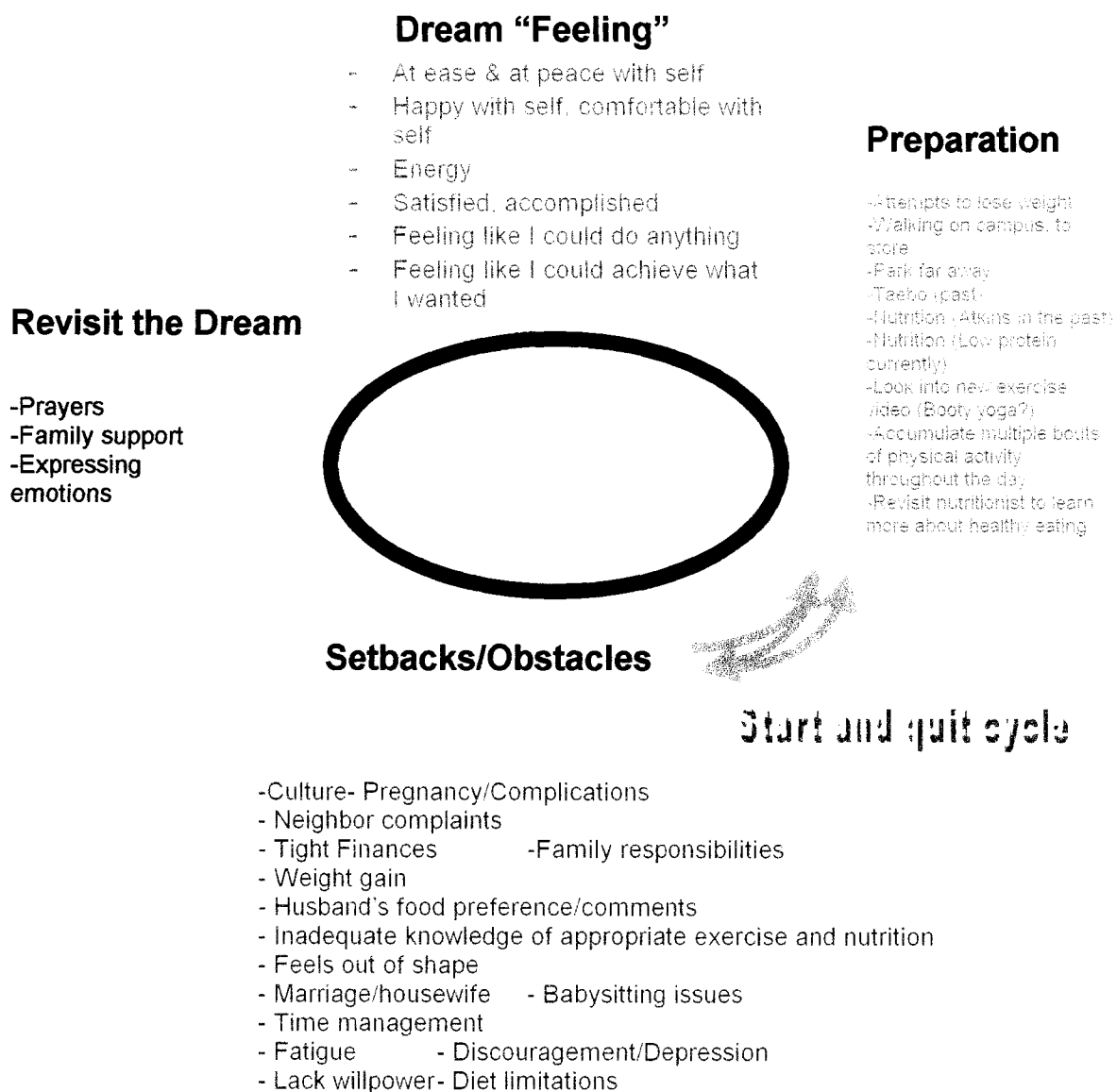
() – indicates number of participants

* - indicates a past experience or strategy experience or used by participants

Appendix G

Individual Resonance Models from First Interview and Progress Session 6 (Week 12)

Elena's Initial Resonance Model 022505



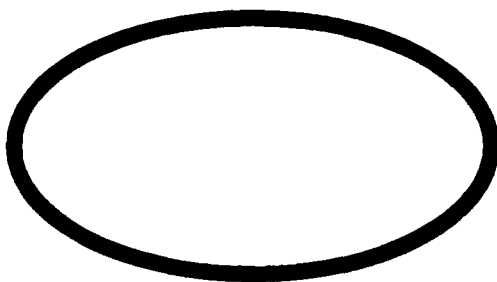
Elena's Final Resonance Model 052705

Revisit the Dream

- Expressing emotions
- Social support (researcher, others)
- I really enjoyed the talks that we had, it's a way to express what I feel w/o being judged, no preconceived ideas. It has been a challenge...I think I'm finally getting to a payoff, I think it's changed my attitude quite a bit...as you can see I'm pretty energetic today and feel pretty good
- Getting back to dream feeling of relaxation, peace through mental imagery
- I try to be in control of my exercise...and not let it be overwhelming...it will take me a while...changing my mentality; if I lose a pound, I lose it...if not, well at least I'm still doing something...not putting pressure on myself and not thinking that if I don't lose it, then I've failed and give up...
- Mentality wise I've improved...made me realize there are a lot of ways I've been thinking of things beforehand...I wasn't happy and I didn't know how to reconnect ... basically it's made me think about me and give myself time, so I think that has been a major improvement on myself...
- I think being more in control of my emotions makes a difference, that actually by doing an action, taking control of it makes me feel better than just not trying...yes I haven't done as much of the chores, that kind of bother me but at the same time, this (exercise) is more of a priority now
- Being in control of how I feel (at peace) is being in control of the actions that I do
- The model is something that you do need to learn...because we do forget our dreams and goals...it opened my eyes, helped me understand that I had a lot of emotional issues that I wasn't facing...that I wasn't facing my emotional dilemmas or setbacks & the mentality of the way I was thinking...

Dream "Feeling"

- At ease & at peace with self
- Less stressed, less tense
- Happy with self, comfortable with self
- Energy (upbeat); more perky mood, cheerful
- In control -Confidence
- Satisfied, accomplished (increased physical activities; doing well in school)
- Feeling like I could do anything
- Less worries & anxiety
- Feeling like I could achieve what I wanted
- Feel better about appearance
- Fun, enjoyment, relaxed
- Not pressured, less weight on the shoulders
- Security (Flat tire incidence); acceptance
- Determination (to walk) -Positive



Preparation

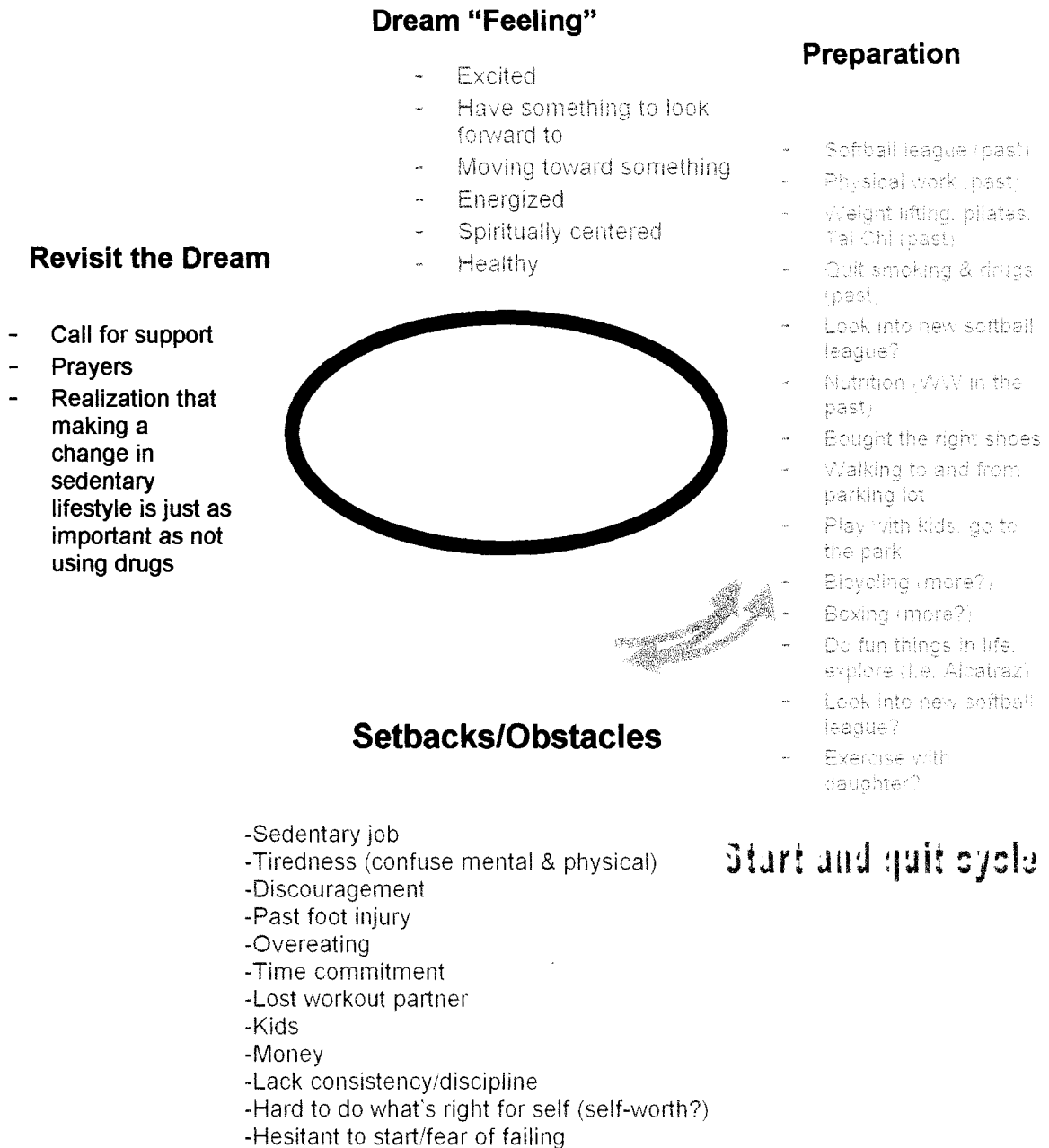
- Pay attention to calorie intake
- More fruit intake
- More walking (BART, grocery store, church, to daughter, to husband)
- Take control and do more physical activity, setting that as an app't, everyday kind of thing
- Play with daughter @ park, slides)
- Spending time with family (walks, visits, haircuts, etc.)
- Prepared cover letter for resume
- Prepared for and attended Kaiser recruitment event
- Use of relaxation CD, visualization and imagery
- Express feelings to researcher & through journaling
- Taking control of own emotions
- Positive thinking
- Checkwork
- Got help from classmate on excel
- Housework (husband helped out)
- Face wax, makeup
- Took meds for cough & blood pressure

Setbacks/Obstacles

- Difficulty with access & medical manager class
- Lightheaded & dizzy
- Cough & congestion
- Flat tire
- Achy feet
- Slight disappointment about not being offered a job on the spot (but did not let it get me down like I used to)
- Tight financials (re: relaxation CD)
- Concerned about safety of aunt & uncle due to cousin's mental health problem



Chandra's Initial Resonance Model 030405



Chandra's Final Resonance Model R6 060305 + 060905

Dream "Feeling"

- Excited -Rested
- Help. support. cheer
- Have something to look forward to
- Motivated
- Moving toward something
- Muscles loosened, tension relief
- Energized -Fun -Hope *Clarity
- Spiritually centered

Revisit the Dream

*On physical activity: Keep stepping it up, keep going...and I feel good, even if I don't see results with the weight, I feel good and that's a good thing

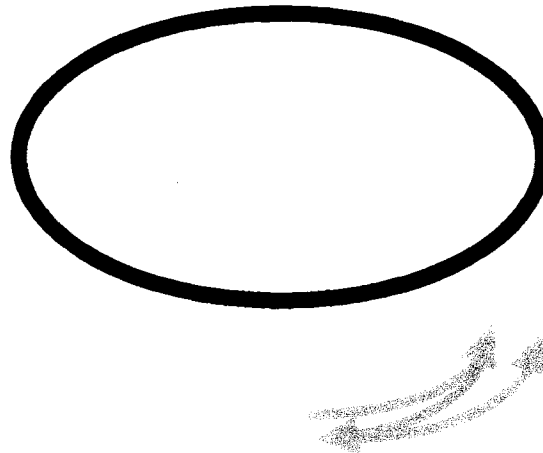
*If I don't exercise, I don't feel very good all day...I'm noticing that I don't sleep as good...When I do exercise, I sleep better at night and I feel better, I'm less likely to overeat because I feel better...

*On step class: That's exciting to me, I'm glad I started doing that

*On portion size: Man I like to eat, what am I going to do? But I do like vegetables, I do like some of the things that I can eat, like popcorn...

*On lifestyle: I just really can't do that anymore...like I've don't in the past...I didn't have all these bad levels before"

*This (the resonance program) has been good for me, it opened my eyes to a lot of things...I like this (the resonance model diagram) a lot, it's good to see everything in front of me...



Start and quit cycle

Setbacks/Obstacles

- Sick (Strep throat) -Overeating
- Financial and emotional stress
- Impatience about rate of weight loss ("...at the same time I'm like I'm not losing weight...you know sometimes I get bummed out and I wish I could just get surgery...it's back and forth for me I guess")
- Portion control
- Hectic schedule and too lazy to journal
- Upset/Anger/Depressed about partner's situation
- Concerned about lack of support for kids
- Potential blood pressure problems due to stress

Preparation

- Trying to step it up on activity level + increase variety (approx. 1hr/day)
- Stair climbing
- Walking
- Step aerobics w/ coworkers @ gym
- Swimming (not as much)
- Getting social support as reminder to workout in addition to calendar reminders ("I know I can do it with them and they're not going to stop")
- Reduced BP meds
- Food log (more conscious), continue to do this?
- Eat frequent small meals; still have to improve on dinner
- Healthier food substitutes (e.g. frozen yogurt vs. ice cream, low fat yogurt)
- Learned about portion sizes and the differences between white flour and whole grains
- Eat more food that are less calorie dense (i.e. vegetables)
- Signed up for follow up call from Metabolic class (reminder, checkup)
- Lost 2 lbs last week
- Use Calcnutrition.com to look up nutrition info
- Vent about situation
- Support from friends & family
- Budget planning

Rachael's Initial Resonance Model 030805

Dream "Feeling"

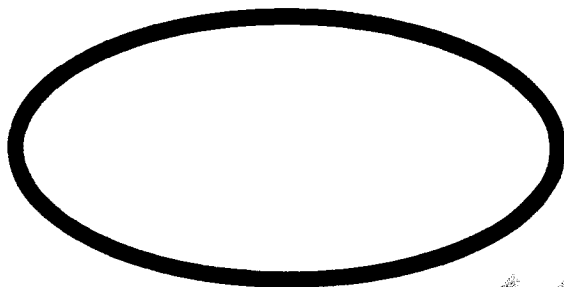
- Lighter
- Structure
- At ease at work
- Support
- Feeling when getting out the gym: happy, pleasurable, relief, relaxed

Preparation

- Dance: ballet, jazz, tap, swing (past)
- Softball (past)
- Bowling (past)
- Free trials @ health clubs (past)
- Women's only gym w/ spa (past)
- New membership @ Bally's: treadmill, elliptical bike, rowing, weights, water aerobics
- Healthy cooking with e-diet recipes
- Self-exam through this study
- Have past knee injury looked at?
- Sleep clinic?

Revisit the Dream

- Talking w/ friends (learned to start caring again)
- Support from fiancée
- Health problems w/ family members as reminder
- Being in the water: swimming, taking a bath



Setbacks/Obstacles

- Role overload
- Stress /pressure
- Ulcer (past?)
- Lack of time
- Past eating problems
- Roommates w/ eating disorders (past)
- Past knee injury- Weight fluctuations
- Money for health club fees & trainer
- lack of regular schedule
- Intimidation
- Self consciousness
- sick or having period
- put self aside
- poor working conditions
- Lack of support @ work
- Relationship problems affected self & body image (past)

Start and quit cycle

Rachael's Final Resonance Model R6 053105

Dream "Feeling"

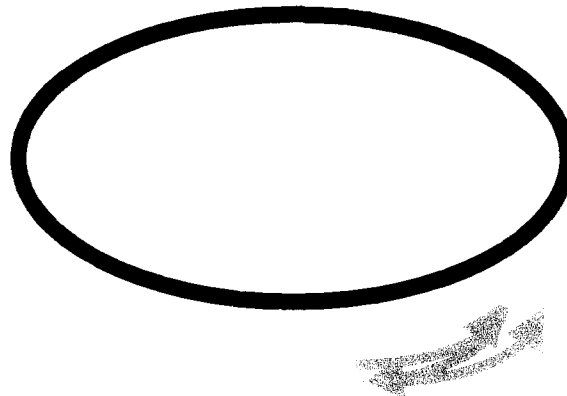
- Lighter -Focused
- Seeing my vision come to life
- Structure -Enthusiastic -Free
- Self-satisfaction -At ease at work
- Calm -Rush/high -Support
- Euphoric high, relief, let go (i.e. giving birth)
- Motivated -Fun
- Less stress & anxiety, feel like life is starting to get normal for once
- Feeling when getting out the gym: happy, pleasurable, relief, relaxed
- I enjoyed the feeling of sitting down and eating without the pressure of doing what I need to get done..."

Revisit the Dream

-On body image: Carl has been very supportive, he whistles at me every time he sees me, and that helps...

-It's great having that kind of support...(Carl being more conscious about food choices)

-On exercise: If I want to go out and exercise, if he (Carl) doesn't want to go with me, he doesn't have to... it's getting easier to just go out and exercise...



Start and quit cycle

Setbacks/Obstacles

- End of school year activities (shows, parties, getting for NY trip etc.) -> no time for gym
- Workouts at gym temporarily ceased
- No time or energy to journal
- Poor body image (don't want to get near a mirror, don't want to get on a scale, not happy about clothing fit)
- Schedule conflicts (summer school, DC workshop, Craig's daughter's visit)
- Don't want to workout at school gym or track with students there
- Teaching credential grad ceremony – parents won't be there: anger & resentment
- Craig's reluctant to join me on walks due to nature or his job and sedentary lifestyle
- Craig's not much of a cook, prepares mostly processed foods

Preparation

- Reading (French women don't get fat)
- Mad conversation with Craig re: exercise & diet; Craig bought into healthier eating plan
- More grilling and cooking over the summer; get Craig to learn to cook
- Found healthier beverage (i.e. unsweetened ice tea)
- Smart water bottle encourages hydration (goals to work towards)
- Slow down meals, enjoy the food
- More time with Craig in the summer
- Walking in Philadelphia & NY
- Walk with researcher during interview
- Get back to the gym this week?
- Spamelot in NYC
- Use pool at school next week?
- Cholesterol w/in healthy range
- Teaching summer school
- Workshop in DC
- Cleaning
- Grad ceremony w/ Craig & his parents
- Performance in S. Lake Tahoe
- Spend time with Craig's daughter during her visit

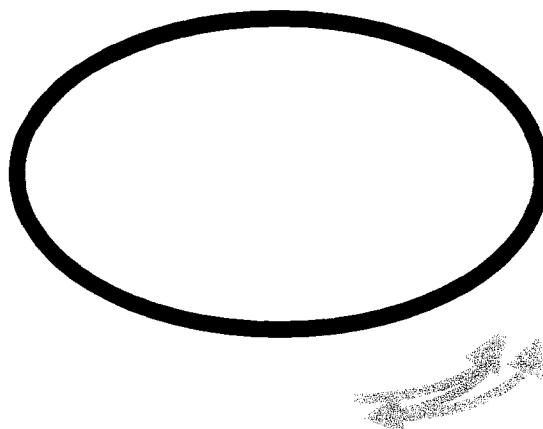
Marissa's Initial Resonance Model 031105

Dream "Feeling"

- Accomplishment
- Mastery
- Energy -Clarity -Security
- Strong - Making a difference
- Instant gratification
- Speed/"Rush"
- Being able to do things I want to do, that I feel like I should be able to do

Revisit the Dream

- Mantra: Healthy Fat Chick
- Positive self talk and encouragement
- Fight for what I think is what I need or the way I think it should be
- Life is too short, don't sit back and let things happen
- Social support, positive reinforcement



Preparation

- Dance / Acrobatics (past)
- Gymnastics (past)
- Horseback riding (past)
- Rubberband high jump (past)
- Skiing (past)
- Weight lifting/Treadmill (past)
- Body for Life – exercise & nutrition (past)
- Curves (past)
- South Beach Diet (past)
- Pilates (past)
- Swimming (past)
- Trampoline (past)
- Tennis/Baseball (past)
- Walking @ lunch

Start and quit cycle

Setbacks/Obstacles

- Kids (young mom)
- School / Work
- Stress
- Fatigue after work
- Heavy since childhood
- Loss motivation after accomplishing weight loss goal
- Upbringing (Single parent)
- Desire for instant gratification
- Lack of time
- Insecurity of husband
- Feeling of let down/ disappointment
- Injury from skiing
- Negative comments / lack of support
- Taking care of others before self
- Inconsistent exercise & diet
- Do not enjoy cooking, prep & planning
- Overweight kids
- Codependent personality
- Negative self-talk
- Family resist lifestyle change

Marissa's Final Resonance Model 070505

Revisit the Dream

-On exercise/walking:

Feels good, and I know it does... I'm sleeping better, it does make a big difference...

I haven't lost any more weight... it's ok b/c I feel better, I feel like I'm really conscious about what I'm eating... I know I've said that before, but I really am... you know I've actually started when I'm eating thinking about ok, am I chewing this up really good? ...stuff like that... b/c I'm more motivated now b/c my daughter is getting married you know... and I don't want to be a sausage in my dress (laughs)... I don't want to look like a sausage and I'm going on a trip in Nov and I want to be in shape for that... I want to be able to walk all day and see all the sights b/c we are not going to be there for a long time... I don't have to be thin but I need to be conditioned again to be able to walk all day... so those are my motivators right now... I need to do something so I can enjoy these things that are coming up...

The way I feel does motivate me, I feel better and I sleep better...

Once I get started, I'm fine... it's just getting to that point where it's a routine to do it... so far so good If I put my mind to something, I can do it... like walking to work in the morning... I just have to be more aware of it I guess... If I turn them off I don't have to take care of it... I know I can do things when I focused, and I feel like there's some outcome for me that I want... this is something that's important to me you know... to be able to be in those pictures forever, and look decent and have my daughter be proud to have the pictures with me...

First of all, I have to get to September and be still walking in the mornings and I think I can do that b/c it just feel so good, even though it's only 20 min each way... I get home and I don't sit on the couch... and I always think about you saying are you mentally exhausted or are you physically exhausted... that's the feeling I've always liked, is having that energy... but it's just getting there... making it keep happening, keep reminding myself that it felt good yesterday, it'll feel good today...

What I need to do is try to revisit that feeling even when I don't have it... meaning when I sit on the couch tonight when I get home and go ahh I'm so tired... alright but if I did something, if I walked around the block or whatever... would I feel like this when I'm done walking around the block? Of course not! But I have to convince myself that's true... that it's true that I won't feel so exhausted once I did it... so I guess that's what makes some people able to do that... it's b/c they can convince themselves that's true...

On relationship with sister/nephew:

I've been burned so many times that I don't help them anymore

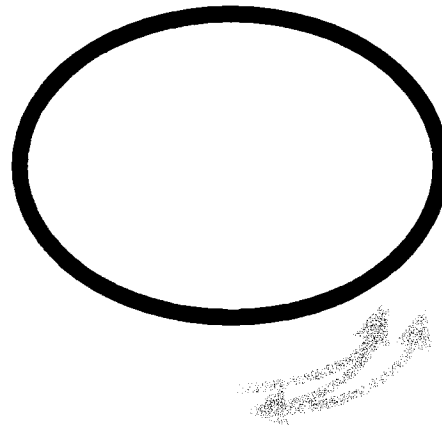
I always feel bad... you know I always feel like there's something I should be able to do but I've tried to do it all already and I know that it's not good for me, it's not healthy for me to ... it's more unhealthy for me to help them and get burned than it is for me to say I'm really sorry that this happened...

-On learning:

Hopefully I'll get to pull it (Newburg's book) back out and get to reading it again because it does... whenever I'm reading it, it always applies to my situation at the time... that's why I need to... maybe there's something motivating in there...

Dream "Feeling"

- Accomplishment
- Wake up feeling great, ready to go
- Energy
- Clarity
- Security
- Mastery
- Appreciated
- Fun/enjoyment
- Excited/Things to look forward to
- Strong - Making a difference
- Proud - Needed
- Instant gratification



Preparation

- Help daughter with wedding discussions – instead of putting it on her, I'd say it's me, it's important to me...
- Culture of chipping in, sponsoring wedding
- Walking to work (3x/week)
- Play active video game with son (dance dance revolution)?
- Conscious about food intake
- Sleeping better
- Take kids to swim lessons
- Worked on bathroom
- Thought about potential activity options after the summer, haven't processed it yet
- Helping the "troop" at work

Setbacks/Obstacles

- Uncle's killer brownies: chips (but conscious about food intake overall)
- Shorthanded at work (chose to help the "troops" and set own work aside)
- Husband reluctant to spend money on daughter's wedding: negative comments: being put "in the middle"
- Stress - Family health history not an adequate motivator to get or stay active
- Re: exercise: In the past, there was nothing there to go towards
- Hard to get started and get to a point where it's a routine
- Sad about grandfather's ill health despite not having a close relationship
- Sad about sister's assault – feel bad, feel like there's something I should be able to do but I've tried to do it all already...
- Difference in opinion from husband's re: moving out of the Bay Area
- Youngest son's weight gain

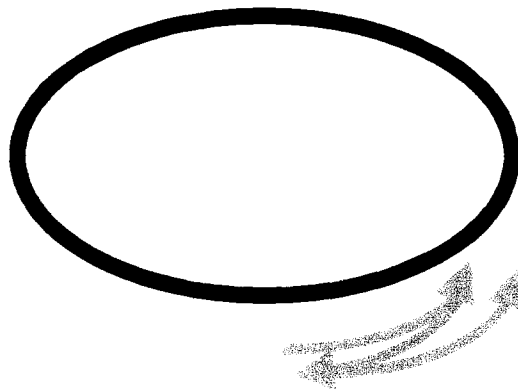
Lynne's Initial Resonance Model 031805

Dream "Feeling"

- Healthy -Happy
- Content -Energized
- Joy/Laughter (nature & relationships)
- Have the wind - Clothes fit nicely
- Rested - Like where I am in life
- Accomplishment
- Happy being who I am

Revisit the Dream

- Faith, childhood
- Relationships
- "Realize you are not all those things, how can I get to be those things?"
- Analyze situation
- Think about effect of obstacle on life, relationships



Start and quit cycle

Setbacks/Obstacles

- Love for kids
- Wanting to spend time with kids
- Hates rushing
- Didn't enjoy pushing stroller
- Didn't want to take kids to gym
- Work
- Scheduling
- Finances
- Early bed time
- Baby sitting issues
- Son does not enjoy bike riding
- Don't like exercise videos
- Logistics of working out and showering
- Situation has to be really bad or upsetting before taking necessary steps

Preparation

- Active childhood: Climbing trees, biking, rollerskating, rope swing
- PE: jogging, swimming, soccer ("built into school schedule")
- Dancing (Late teens/early 20's)
- Gym workouts 3-5x/wk (20's-30): Jazzercise, weights, stairmaster
- Water ski (20's)
- Weight lifting/Treadmill (past)
- Step Class 2x/wk (2 yrs ago)
- Healthy Eating
- Walking to pick up kids
- Jogging around block weekends
- Reading (nutrition)
- Jog around block weekdays?
- Play tag with kids (more?)
- Walk around lake (more?)
- Volleyball league?
- Back to step class in future?
- Set aside 2 nights/week?

Lynne's Final Resonance Model 061705

Revisit the Dream

*On faith & spirituality:

God's got my back

Keep giving it to God

I know God will take care of us

I feel really positive, peaceful, calm... and I think it's just from praying...

I truly believe that I need to do all the things I need to do, and then I need to trust...

*On bad sheet rock experience:

Self reflection: Wish I had gone with my cousin, but how do I get over it now that it is done?

Didn't really want to go around block (walk/jog) b/c of buyers' remorse but knew I must because I got to shake this...

Maybe I need to rent a movie?

My jeans fit very well this morning... so that was a big plus... maybe if I focus on that I can get over the dry wall quicker...

He didn't do what we expected him to do, but we didn't specifically ask if he was going to put on 2 coats of mud and ... lesson learned.

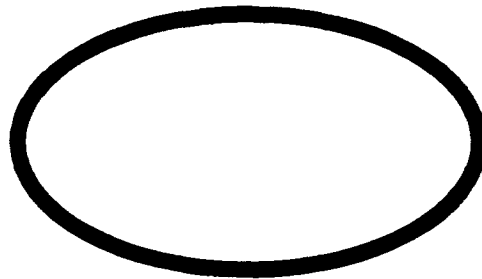
*On life:

Traffic jam: I put in a jazz CD and didn't get bummed at all...

I'm really happy @ work... when I come home, I'm in a good mood... stress free job... good mood... I like that portion of my life... I like my home life... still working out the financial thing and you know ... exercising regularly... My family's emotional well-being affects my emotional well-being...

Dream "Feeling"

- Healthy -Happy
- Optimistic -Accepted
- Energized -Patience
- Joy/Laughter (nature & relationships)
- Have the wind
- Clothes fit nicely
- Proud of self-Positive
- Rested
- Like where I am in life
- Therapeutic -Content
- Accomplishment -Fitter
- Happy being who I am
- Body working well
- Felt good like I was taking care of my body
- Worthy -Weight off my back
- Tranquility -Had a blast
- Hopefully... I can laugh, read, and sing in the voice I remember having...
- Excited, Psyched -Hopeful
- Peace & harmony, calm



Start and quit cycle



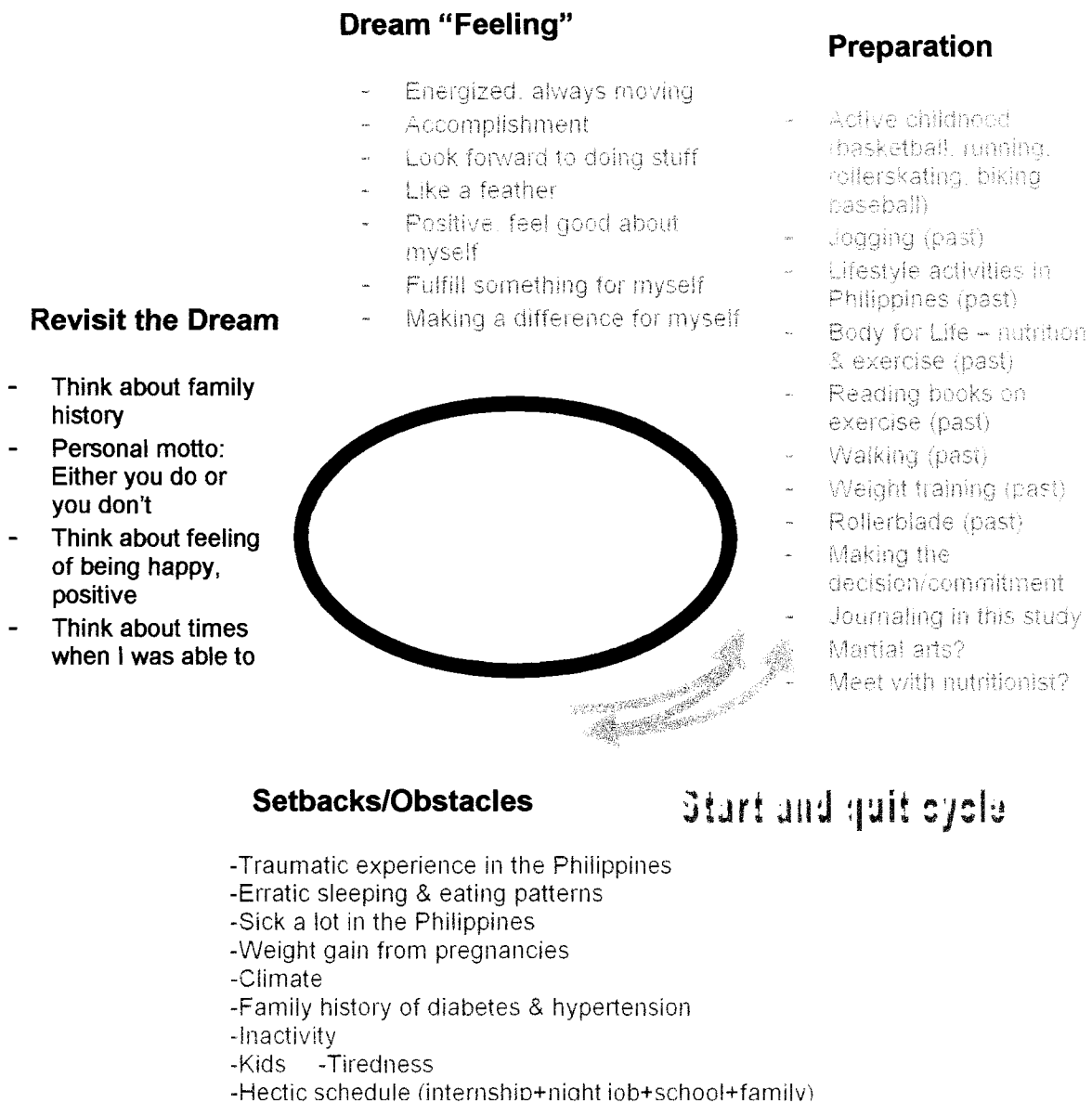
Setbacks/Obstacles

- Relationship with mom, hard to be patient
- Traffic jam
- "Too much good food... should not have had that piece of cake... too much sitting" (@ party)
- Husband exhausted due to breathing issues*Husband got laid off
- Buyer's remorse on dry wall contractor's work
- Hunger, sweet tooth
- Worries about husband not being able to get surgery
- Bad dreams (stress from dry wall?)
- Sad (daughter's physical fitness)
- Tension with husband after phone conversation with friends

Preparation

- Jog/Walk/Stretch/Leg lifts/Pulldowns (Jogged with daughter one day)
- Conscious about portion size & what I put into me
- Housework
- Reading
- Sleeping in
- Bathroom remodel -- decided on sheet rock contractor
- Call sheet rock guy to fix the job?
- Applied for summer work
- Working overtime
- Spend time with family (bday party, have mom over for dinner, watch videos)
- Took kids to health appts
- Anniversary celebration
- Parenting -- teach kids to be more independent, make better food choices, sex education
- Upcoming vacation
- Simpler dinners 1x/week -> more quality time with kids
- Go to Martel this summer and visit Sunnyvale library re: parent information on playground ideas

Brandi's Initial Resonance Model 032505



Brandi's Final Resonance Model 070205

Revisit the Dream

*On walking:

-Since doing the staircase, it seems like the walking has been getting a lot easier... I've noticed the difference since these 3 weeks have passed....walking the staircases...

-It felt good... because that (party) was looming forward... fitting in the exercise along with that... I need to make sure that I can't use that as an excuse... it's only 30min... I was able to fit it in

-I have to do it, this is the only way I'll have energy...

-I have to do it... there's the obvious (being overweight)... really it's my well-being... I mean I know how to manage my stress level but I feel more relaxed with walking and I've noticed that difference

-I don't drink coffee and this is in a way my coffee... just keeps my body going

-It allows my stress to dissipate completely

-Coworker's comment changed from "you look so tired" to "your face is glowing, you don't look tired"

-Exercise helps me meet the physical demands at work

-Setting a good example for the kids on the importance of health

*On work:

-It depends on how you make it, how you decide to make your time there, how you deal with people is up to you

-I love it. It's as if I just left home b/c time flies there... I don't even look at the clock... I have to be reminded about lunch... I'm grateful for this type of work

-It pays off when you just keep yourself busy b/c you keep yourself out of trouble

*On family/life:

-She (mother) was glowing and that was the point of the whole party... I mean we had our expenses... it was a headache just to prepare for that moment but it was worth it because she was happy and that was what mattered...

-When we visited my father and my brother at the cemetery, I realized how short time is... I was just thinking as that party was going on... and the whole 3 weeks... I was just thinking time was going by too quick... there's so much stuff I want to do... with my family... I hope I don't ever have to regret that... you know bad things have happened in my life... I hope I don't have to say to myself I wish I could have, should have, would have... and I'm just making a point that doesn't happen...

-It's what you put into it, you might put in a lot more than other people but that doesn't make you dumb... (re: school)

-If you keep dreaming that you're going to do it, you won't ever get there... I mean you'll dream but no effort...

-My upbringing has made me older than I really am... my attitude is older beyond my years... I tell you these stories not to make you sad, but stronger... I wouldn't be here without those experiences... you have to find it in yourself to try... if you've tried your best and you can't do it, do something else, look for something else... just don't sit there and wallow because that won't help you... and I know it's scary when you fear something but you have to overcome it... I've had to teach myself to try to face it and as hard as it seems, it's such a relief in the end...

-My kids see how hard I studied, and they are seeing that now with my husband... and the thing is it really helps them because they see what it means to really think about school... I don't see it (school) as suffering, I see it as a way for my kids to see how hard it is, so they learn from us...

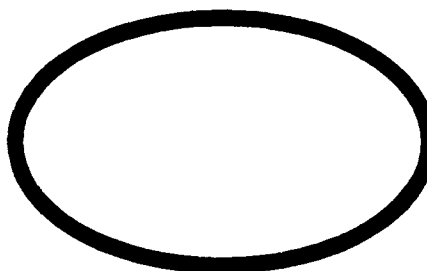
-I still smile when I think about it (son's dance performance @ party)

Dream "Feeling"

- Energized: always moving
- Accomplishment
- Happy pleased
- Look forward to doing stuff
- Like a feather -Enjoyment fun
- Positive: feel good about myself
- Excited -Clothes fit better
- Fulfill something for myself
- Rested
- Relaxed
- Making a difference for myself
- Tired (good tired)
- Absorbed
- Excited about what is to come (being healthy)
- Interest
- Great feeling to sleep through the night -Rejuvenated
- Mentally clear
- Hustle & bustle @ work
- Confidence

Preparation

- Walking (everyday): 30min to 40+ min; sometimes with coworkers at lunch time
- Stair Climbing
- Pedometer
- Want to start doing weights: read the weight training part of Body for Life book
- Folk dancing
- More physical work compared to past
- Planning Structure Organization: Prioritization Time management
- Goal setting (realistic, safe pacing)
- Developed flow: multitasking @ work
- Stay away from gossips/personal discussions @ work
- Encourage husband to pursue nursing school
- Worked on dance routine with son
- Prepare for Mom's 55th birthday party
- Good evaluation at work



Start and quit cycle



Setbacks/Obstacles

- Tiredness/exhaustion
- Hectic schedule (work & prep for mom's party + trying to fit in exercise)
- Fearing the unknown (how things might turn out @ mom's party)
- Personnel issues @ work (conflicts, gossips, sabotage)
- Embarrassed by coworker (but gave her benefit of the doubt)

Benisha's Initial Resonance Model 032605

Dream "Feeling"

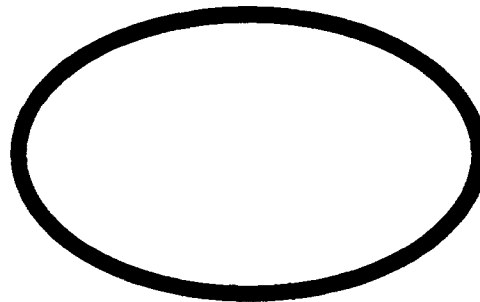
- Happy (satisfaction of doing something that is useful to others)
- Accomplished (work, home, parenting)
- Peacefulness -Tension relief
- Relaxed
- Refreshed/Fresh outlook
- Openness -Confidence
- Lightness of body -Adaptable

Preparation

- Childhood activities in India (playing, gardening, cleaning, walk to school)
- PE (basketball, tennis, running, volleyball)
- Table tennis (past)
- 24-hr fitness (stepper, treadmill, cycling, weight machines) (past)
- Walk @ lunch (temporarily stopped)
- Cleaning
- Gardening
- Go to park with kids (more?)
- Tennis, Basketball?
- Buy Table tennis equipment?
- Change routine?
- Look for new walking routes?
- Increase fruit & vegetable consumption?

Revisit the Dream

- Focus on the present, and worry after (i.e. work situation)
- "It's a matter of accepting it and make it happen"
- "I feel the fresh air, so that time I really feel ok, walking is very good and I have to continue"
- Think about alternatives to



Setbacks/Obstacles

- Time limits/management
- New job, new schedule
- Kids -Unfamiliar with area
- Travel (India) -Weather
- Long work hours (India)
- Getting kids up and ready in the morning
- Sedentary job
- Not fully satisfied with work
- Long commute
- Certain exercises (Abdominal machine, cycling for long duration)

Start and quit cycle

Benisha's Final Resonance Model 062105

Dream "Feeling"

- Happy (satisfaction of doing something that is useful to others)
- Accomplished (work, home, parenting)
- Motivated -Loved
- Peacefulness -Tension relief
- Refreshed/Fresh outlook
- Openness -Confidence
- Lightness of body-Adaptable
- Fun & enjoyment -Relaxed
- Excited -Encouraging

Revisit the Dream

*On work:

I like the project, I'm having fun with the project...I like to resolve the problems to make it smooth...

*On religion:

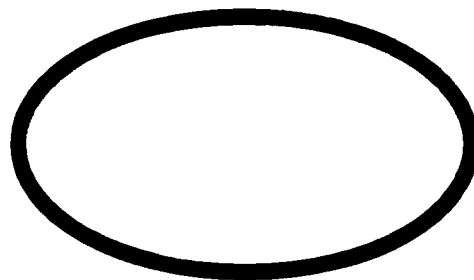
I met one priest there, really I like the peacefulness, and the happiness and the service they do...that was really good
When I go there (the temple), my mind will be like very peaceful and I won't think about any problems...

It's not a must...it's not a must, but if you do, it's good for you...we believe in God, we believe that God will give good things and wishes and luck...

On marriage:

Re: anniversary surprise:

Very happy, very good smell...really nice...whenever I see that (the bouquet), it kind of gives more happiness



Start and quit cycle



Preparation

- Walk @ lunch (20-30min per day)
- Gardening
- New project @ work
- Put in a lot of effort and time @ work
- Spend time with friends (Visit temple, shopping, sleepover, dinner, movie)
- Reading to update technical knowledge
- Call India more frequently (Husband & kids visiting India)
- Meditation (@ temple)
- Living in Fremont (one thing is since it's Fremont...here you can see more Indian people...so that way it's like our place)

Setbacks/Obstacles

- More pressure at work with new leadership role: lots of problems
- Hectic work schedule, worked from home & long hours
- Past obstacles:

Emigrate to US 7 years ago: Initially it was kind of difficult leaving friends and family in India and then...otherwise it's ok...

You have to do everything by yourself here...there (in India) you have a maid, here you have to do everything by yourself...cooking, washing, cleaning, everything...

All the systems are different...car you have to drive, if you don't know the driving, then it's very difficult to move around...and the new people