ABSTRACT

THE WELL-BEING WAY PROCESS: RE-CLAIMING WELLNESS

Patrick J. Lewis

This paper is an evaluation of the Well-Being Way process as a means to enhance wellness. Using literature to re-claim wellness; personal growth, subjective vitality, self-determination and life engagement were used as potential indicators of the engaged pursuit of optimal well-being. Employees from a Midwestern University comprised three different Well-Being Way groups: new, experienced, and comparison. New Well-Being Way participants engaged in an 8-week process designed to enable participants to find and grow personal vitality. New Well-Being Way and Comparison group participants were measured at three time points over the course of the study. The main study analyses, a 2x3 group by time mixed model ANOVA, and follow-up analyses found significant results for several of the potential well-being indicators. Furthermore, the Well-Being Way process was found to have a significant and positive impact on Trait Subjective Vitality. The implications of these results and recommended future research directions are also presented.
THE WELL-BEING WAY PROCESS: RE-CLAIMING WELLNESS

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CHAPTER ONE

INTRODUCTION

Wellness is a popular term that continues to capture the imagination of many from personal, financial, and academic standpoints. Most notably, Seligman and colleagues’ Positive Psychology, which began as a reactionary movement seeking to shift the focus from the negative to the positive in life, aided to a nearly $2.5 billion a year boom in self-help literature and related industry (Held, 2002; Seligman 2002). Positive Psychology, Seligman (2002) writes, “points the way toward a secular approach to noble purpose and transcendent meaning…” (p. 14). Admittedly, a positive focus should be considered a ‘positive’ development for no reason other than simply raising social consciousness. The explosion and growth of the wellness concept, however, goes beyond that of Positive Psychology and raises some concerning implications involving both the meaning of wellness and the resultant interventions that get blanketed by this avalanche of material. Held (2002) describes the current approach of the self-help industry literature and tools that offer “sure-fire prescriptions for a carefree existence, including advice about how to find happiness, how to find bliss, how to save your inner child, how to be rich, how to be thin, and how to be perfect… these prescriptions are often based on the promotion of some form of positive thinking” (p. 968). Fahlberg & Fahlberg (1997) refer to this as the ‘co-option’ of wellness and has led to its loose application to many varied concepts ranging from personal health, to quality of life, to life satisfaction, and even well-being. Re-claiming the integrity and coming to consensus on what is wellness requires a great deal of synthesizing (Rapley, 2003), therefore, looking to literature for a definitive description of a fully functioning individual may not be possible. This has not, however,
stopped the quest to determine what constitutes wellness, well-being, quality of life, life satisfaction, psychological well-being, or even positive human health. Nor has there been any dearth of interventions attempting to address and service wellness.

According to Fahlberg & Fahlberg (1997) when wellness is defined in the confines of personal health, wellness is considered no more than the relief of symptoms with the end goal of health neutral. Interventions consistent with this philosophy include blood pressure monitoring, smoking cessation, nutrition, and similar programs designed to detect and treat socially agreed upon health ‘problems’ (Fahlberg & Fahlberg, 1997). Interestingly, despite this intense attention, these health ‘problems’ do not make up the largest proportion of medical costs at a workplace, where more holistic factors like stress, depression and how workers feel contribute most to work place medical claims (Robinson, 2004). Wellness is much more than just the abatement of symptoms, and the World Health Organization in 1948 suggested as much, defining health as the “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Ryff & Singer, 1998). Accordingly, based on Dunn’s 1961 work, Fahlberg and Fahlberg (1997) define wellness as “a dynamic process in which people can grow toward their own greater potential, rather than only a passive state of absence of disease… wellness is an integrated method of functioning involving body, mind, and spirit in a positive progression” (p.2).

Connecting theory to practice consistent with this approach to wellness, Kimiecik’s Well-Being Way is a process (intervention) for individuals to explore how they want to feel. Participants in the Well-Being Way engage in activities designed to aid in collecting personal data on how they want to feel, and then make their own
connections on how feel impacts mind, body and spirit and ultimately optimal well-being.

This study is an evaluation of the Well-Being Way and the effectiveness of the Well-Being Way process to enhance wellness. Current theories and constructs have been used to help measure this organic process. The following review of literature attempts to connect various wellness dots of the dynamic wellness process.
CHAPTER II
REVIEW OF LITERATURE

Awareness of the connection between wellness, the pursuit of optimal well-being, and physical health is growing. Robinson (2004) in his call for a shift to a more holistic approach to health promotion, identifies meaning in life, relationships, and support as primary determinants of health status. Exploring various health measures, Ryff, Singer, and Love (2004) studied older adults to examine the correlations of health measures with eudaimonic and hedonic well-being. They found significant positive effects for eudaimonic dimensions (e.g. personal growth, positive relations with others, purpose in life, environmental mastery, and self-acceptance) and cardiovascular measures. The predicted direction suggested individuals with higher well-being would have lower cardiovascular risk. The only positive effect, Ryff and colleagues found for hedonic well-being (e.g. positive affect) was increased HDL (good) cholesterol. Miquelon and Vallernad in 2006 expanded upon the work by Ryff, Love, and Singer, studying undergraduate students, and found self-realization to be positively associated with health improvement, going as far as to say that self-realization predicts health improvement over time. Consistent with Ryff and colleagues, Miquelon and Vallerand (2006) found eudaimonic well-being, not hedonic well-being to impact physical health symptoms.

Hedonic well-being, according to Ryff, “is rooted in ideas of pleasure, happiness and satisfaction of human appetites… it is what makes life experiences pleasant and unpleasant” (Ryff, Singer, & Love, 2004, p. 1384). The hedonic goal of life is to maximize pleasure and pursue pleasurable sensations. Happiness is seen by hedonic psychologists as the overall measurement of moments of pleasure satisfaction. Hedonic-
focused interventions have a clear objective; maximize pleasure and reduce pain, in other words, maximize happiness. The hedonic perspective of well-being follows an expectancy value approach where, well-being hinges on the expectancy that a behavior will be pleasurable, and that will result in a valued outcome - happiness (Ryan & Deci, 2001).

Hedonic well-being often uses subjective well-being assessments which can be defined in three components: life satisfaction, the presence of positive affect, and the absence of negative affect. Subjective well-being is concerned with how and why people experience their lives in positive ways, including both cognitive judgments and affective reactions (Diener, 1984). Influences include expectations, goals and the comparisons process (Ryff et al., 2004).

Conversely, “Eudaimonic well-being is the realization of ones true potential. Each individual comes to life with unique capacities. The central task in life is to recognize and realize these talents” (Ryff et al., 2004, p. 1383). Aristotle is credited with suggesting that true happiness is found through engagement in activities one believes are worth doing. Happiness and eudaimonic well-being are not equal, as the pursuit of some pleasurable activities can be in conflict with one’s wellness. Eudaimonic living is the meshing of one’s true self with life activities leading to authentic self-expression that results in feeling alive (Ryan & Deci, 2001). Eudaimonic living is consistent with Fahlberg and Fahlberg’s (1997) definition of wellness as the dynamic process one engages in to grow toward their own greater potential.

Psychological Well-Being: Personal Growth
Ryff identifies personal growth as a core dimension of psychological well-being, which is closest to Aristotle’s notion of Eudaimonia. Ryff’s (1989) full multidimensional model of well-being incorporates many features of existing theories on positive psychological functioning. Ryff’s multidimensional definition of psychological well-being draws from many perspectives with varying concepts of well-being. These concepts share many common features and the intersection of these similarities constitutes the core dimensions of Ryff’s concept of psychological well-being.

Ryff’s (1989) core dimensions of psychological well-being (Figure 1) are self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Self-acceptance involves accepting all of one’s qualities both good and bad, and having positive self-regard, a quality that Maslow (1968), Rogers (1961), and Allport (1961) all view as a central feature to well-being in their models of self-actualization, the fully functioning individual, and conception of maturity, respectively (Ryff, 1989b; Ryff & Keyes, 1995). Positive relations with others is another core dimension of psychological well-being, which can include trusting, loving, empathetic, affectionate, and intimate relationships with others. A third core dimension of psychological well-being includes qualities like self-determination, independence, and internal regulation of behavior, which Ryff refers to as Autonomy. Autonomy includes a sense of control involving self-determining, independent behavior (Ryff, 1989b). Environmental mastery is a fourth core dimension of Ryff’s psychological well-being and pertains to the ability to choose or create environments suitable to one’s needs. As Diener (1984) suggests, well-being involves matching the situation with the individual’s personality. Ryff’s fifth core dimension of psychological well-being is purpose in life,
which involves the feeling a purpose in and meaning to life. This can include goals, intentions, and a sense of direction. Finally, personal growth is the core dimension of psychological well-being most closely aligned with eudaimonic well-being and Fahlberg and Fahlberg’s (1997) concept of wellness. Personal growth involves the belief that one continues to develop his or her potential to grow and expand as a person (Ryff, 1989). Most important, though, is the process of engagement in life to enable a sense of personal growth.

Life Engagement

Well-Being, and the connection between mind and body, accordingly, is a dynamic process. Well-Being is not something to be achieved, but rather a pursuit to be engaged in everyday. Therefore, as Ryff (1989) suggests, well-being is about engagement in living. Much investigation of positive human health has lead to central key goods (Ryff & Singer, 1998). These goods extend Ryff’s multidimensional model and are consistent with Robinson’s (2004) primary determinants of health status. The goods involve having purpose in life, and quality connections to others as well as possessing self-regard and mastery. Taken together, these critical goods highlight the need for active engagement in living and the pursuit of meaning and purpose. More importantly, as Ryff and Singer (1998) suggest, these experiences from engaged living and purposeful pursuits facilitate optimal functioning. Thus, health-promoting behaviors may be done by those who demonstrate high levels of life purpose and quality connections to others. They add, “it is individuals with positive purpose who are likely to sustain practices of taking care of themselves as well as maintaining investments in meaningful life pursuits and social ties. Taking good care of yourself presupposes that
your life is worth taking care of” (Ryff & Singer, 1998, pg. 22). Newburg, Kimiecik, Durard-Bush, and Doell (2002) also address motivated behavior with their Resonance metaphor where, “Individuals who engage in the process of resonance actively pursue interesting activities that allow them to live their dreams… identifying what motivates (them) to pursue their activities and what they will do to remain energized through both successes and obstacles” (Newburg et al., 2002, p. 256). As Miquelon and Vallerand (2006) point out, this self-realization is the key ingredient within well-being that promotes health.

Self-realization results from the autonomous engagement in living and is the true expression of one’s self (Miquelon & Vallerand, 2006). Consistent with eudaimonic well-being, this form of authentic self-expression emanates from the self and by definition is an intrinsically motivated behavior. Intrinsically motivated behaviors are behaviors that are actively engaged in for the inherent enjoyment they provide (Vallerand & Rousseau, 2001). Ryan and Deci (2000) have offered that intrinsic motivation represents the positive potential of human nature, and Ryan and Frederick (1997) add that the experience of oneself as an effective origin action is a basic psychological need. Intrinsic motivation involves actively seeking new challenges, exploring, and learning (Ryan & Deci, 2000). This process, according to Csikszentmihalyi (1997) leads to personal growth, the core dimension Ryff (1989) identifies as most closely related to eudaimonic well-being.

Self-Determination

Much of human behavior, however, is not purely intrinsically motivated and can range from amotivation through extrinsic motivation to intrinsic motivation (Ryan &
Deci, 2000). Amotivation is a complete lack of motivation to perform an activity (Vallerand & Rousseau, 2001). Amotivated behavior is non-intentional, non-valued, and may result from perceived incompetence, and a perceived lack of control (Ryan & Deci, 2000). Csikszentmihalyi (1997) identifies amotivation as the least desireable motivational, and a state that can usurp valuable mental energy.

In general, extrinsic motivation refers to engaging in an activity not for its own sake and is contingent on some reward (Vallerand & Rousseau, 2001). Deci and Ryan (2000) discuss four types of extrinsic motivation: external regulation, introjected regulation, identified regulation, and integrated regulation. Externally regulated behavior is the least autonomous extrinsically motivated behavior. When individuals engage in a behavior out of compliance or to receive external rewards or even to avoid punishment they are engaged in an externally regulated behavior. Accordingly, this behavior is accompanied by decreased interest, value and effort. Further, when failure is confronted, externally regulated individuals blame others for the negative outcomes. Introjected regulation, a second form of extrinsic motivation, is also externally controlled, where an individual behaves to avoid guilt and enhance one’s ego. The introjected individual is motivated to demonstrate ability and avoid failure (Ryan & Deci, 2000). Ultimately, health behaviors employing these motivation orientations will not be effective for the sustained pursuit of one’s well-being.

Ryan and Deci (2000) suggest that the more internalized and integrated a behavior becomes the more autonomous it becomes, and thereby the more intrinsic it can become and the closer it becomes to reflecting one’s positive potential. Identified regulation, a
third type of extrinsic motivation, “reflects a conscious valuing of a behavior or regulation, such that the action is accepted or owned as personally important” (Ryan & Deci, 2000, p. 72). The fourth and final type of extrinsic motivation, and the most autonomous, is integrated regulation. Integrated behaviors are personally important and consistent with one’s values and needs, and are associated with increased interest, enjoyment and effort. Integration of a behavior pertains to transforming behavior so that it is controlled by and emanates from the self. Integration occurs when an individual understands the meaning of an activity and how it relates to their goals and values. The process of internalization helps transition a behavior from externally regulated to fully integrated. The following example illustrates the integration process from external regulation to fully integrated: an individual must take up running per doctors orders. The individual has not and does not like to run, but to comply with doctors orders they start. Initially, this behavior is boring and unenjoyable. Over time, the individual begins to internalize and accept running as part of their life and who they are. Eventually, running is apart of the individual’s life, is an activity they value, and need. The individual enjoys running.

According to Ryan and Deci (2000), internalization involves taking in a value or an action and is aided by the elements of Basic Needs Theory (BNT): relatedness, competency and autonomy. Feeling connected to and supported by others allows individuals to begin to internalize behaviors that were originally adopted because they were prompted, modeled, or valued by others. Self-efficacy, or confidence in one’s ability to perform an action or activity also facilitates internalization. Internalization, integration, and assimilation of a behavior allows for great autonomy in one’s action
(Ryan & Deci, 2000). Ultimately, the process of internalization must be autonomous for true sustainability to occur. Autonomy, according to Ryan and Deci (2000), facilitates internalization through the active transformation of values into one’s own.

Ryan and Deci (2000) define autonomy in the context of Self-Determination Theory as a feeling of volitional control that can accompany any act. Deci and Ryan’s Self-determination theory is, “an approach to human motivation and personality… that involves the investigation of people’s inherent growth tendencies and innate psychological needs that are the basis for their self-motivation and personality integration, as well as for the conditions that foster those positive processes” (Ryan & Deci, 2000, pp. 68). According to Ryan and Deci (2000), three basic psychological needs are essential for optimal growth, social development and personal well-being; they are competence, relatedness, and autonomy. Satisfying these needs provides an energizing state that facilitates health and well-being (Ryan & Deci, 2000). Reinboth and Duda (2005) found that the satisfaction of these basic needs under internal perceived locus of causality conditions was most effective for increasing subjective vitality. Ryan and Frederick (1997) refer to this energized state as Subjective Vitality, defined as the energy that is both available to oneself and perceived to be one’s own. Subjective Vitality has been associated with better mental health and fewer physical symptoms, and is associated with high levels of self-reported self-determination.

Subjective Vitality

Subjective Vitality is significantly correlated to intrinsic motivation (Ryan & Frederick, 1997) and is consistent with eudaimonic well-being (Nix, Ryan, Manly, & Deci, 1999; Ryan & Frederick, 1997). Subjective vitality is the conscious experience of
possessing energy and aliveness. It is the feeling of having energy available to oneself and is experienced when one feels healthy, free of conflict and external controls, and believes oneself to be an effective origin of action. As with self-realization and autonomous engagement in living, vitality occurs when one feels his/her own energy emanates from him/herself. Subjective vitality is not just energy, it is energy felt to be one’s own (Ryan & Frederick, 1997).

Nix et al. (1999) highlight the restorative and regenerative quality of subjective vitality in contrast to the hedonic pursuit of happiness. Happiness can be achieved from the satisfaction of a goal or getting what one wants and may not involve the autonomous pursuit of a goal or result in any self-realization. Nix et al. (1999) define happiness as a state of contentment or satisfaction, which can result from the attainment of desired outcomes, regardless of the underlying motivation. In a series of experiments involving undergraduate students, Nix and colleagues (1999) found that an internal perceived locus of causality versus external locus of causality leads to increases in vitality but not to increases in happiness. Furthermore, success through task-involved (autonomously controlled) activities, led to greater increases in vitality compared to ego-involved (externally controlled and/or internally pressured) activities. They found no differences in changes in happiness between successful task-involved and ego-involved activities (Nix et al., 1999). As Csikszentmihalyi (1997) warns, “… if one wants to improve the quality of everyday life, happiness may be the wrong place to start” (p.21).

Subjective vitality’s strong association with self-realization and personal growth suggest its possible use as an indicator of well-being. Ryan and Frederick’s (1997) work found the connections between high levels of subjective vitality and health symptoms
include reported better body functioning, physical self-efficacy, and fewer physical symptoms. As Ryff and Singer (1998) mention, individuals with positive purpose are more likely to take care of themselves, and Ryan and Frederick (1997) accordingly suggest, “It might be plausible to think that people high in subjective vitality may be more able to mobilize their resources to stave off disease processes or to more actively participate in health-relevant activities than those lacking vitality” (p. 560).

Ryan and Frederick (1997) found that subjective vitality is correlated with higher self-reported program attendance following an exercise intervention. These internal reasons for continued participation and adherence to program guidelines support Henderson, Glancy, and Little (1999) who add that one’s attendance at aerobics classes must involve more than the belief that participation is ‘good for you’. Henderson and colleagues suggest a less rational motivation for sustained participation: fun. Bray, Millen, Eidgness, Leuzinger (2004) examined enjoyment and intention to exercise and found that enjoyment was positively related to physical activity participation. Exploring factors that contribute to enjoyment could be difficult given the varied and subjective meaning of enjoyment to individuals. Enjoyment has been defined on one hand as a product, an outcome based affective state, and on the other hand as a process (Kimiecik & Harris, 1996). Kimiecik and Harris (1996) suggest enjoyment is, “an optimal psychological state (i.e. flow) that leads to performing an activity primarily for its own sake and is associated with positive feeling states” (p. 256). To experience the process of enjoyment allows for an individual to locate and replicate these situations, experience it more often and ultimately enhance perceptions of competence and self-determination.
(Kimiecik & Harris, 1996). Considering enjoyment as a process is in line with Csikszentmihalyi’s concept of Flow (1975).

Flow

Csikszentmihalyi’s (1975) Flow can connect enjoyment, subjective vitality, and intrinsic participation. As Vallerand and Rousseau (2001) note, intrinsically motivated behaviors are behaviors that are actively engaged in for the inherent enjoyment they provide which can enhance the likelihood of a flow experience (Henderson et al., 1999; Deci & Ryan, 1985 in Kimiecik & Harris, 1996). Kimiecik and Harris (1996) proposed that fostering enjoyment/flow could enhance intrinsic motivation. Flow is “the holistic sensation that people feel when they act with total involvement” (Csikszentmihalyi, 1975 pp. 36). Flow is the merging of action and awareness and corresponds with subjective vitality (Csikszentmihalyi, 1975; Nix et al., 1999). Flow is characterized by a balance of ability and challenge, complete focused attention on the task at hand, a loss of self-consciousness, a loss of sense of time, the ability to quickly process feedback accurately, and a sense of being in control of one’s actions and environment. Finally, flow is characterized by its autotelic nature - an individual in flow participates for the sake of the activity, pure intrinsic motives. According to Csikszentmihalyi (1975), flow is an “inner state, which is so enjoyable that people are sometimes willing to forsake a comfortable life for its sake” (pp. 37). In flow, the emphasis is on action and doing, as goals or rationale for initial participation serve only as a means to allow an individual to participate in their chosen activity (Csikszentmihalyi, 1975).

According to Csikszentmihalyi, everyone has the tools necessary to achieve flow and suggests a universal process to achieve flow that involves defining reality,
controlling an aspect of it, focusing and engaging in an activity with enough effort that would provide immediate and accurate processing of feedback (Csikszentmihalyi, 1975). The attainment of Flow can be infrequent (Csikszentmihalyi, 1997) perhaps due to an inability to engage in an activity with enough energy to achieve flow. As Csikszentmihalyi (1997) writes, “It takes energy to achieve optimal experiences, and all too often we are unable, or unwilling, to put out the initial effort” (p. 33). Therefore, as Ryan and Frederick (1997) advocate, fostering the energy necessary to achieve flow appears an appropriate agenda for intervention research. Specifically, interventions that explore subjective vitality through the autonomous self-determined pursuit of self-realization that result in the development of optimal well-being. This process is an attempt to expand from Flow moments in everyday life, to life as the lived Flow experience.

Csikszentmihalyi (1997) recommends an individual do their best to satisfy the necessary conditions to achieve Flow in order to increase the likelihood of living Flow. However, in everyday life, clear goals may not be apparent, feedback not immediate, and challenges too difficult or easy. Furthermore, returning to Fahlberg and Fahlberg’s (1997) definition of wellness as a dynamic process for individuals to engage in to strive for their own optimal well-being leads to questions concerning the specific nature of the dynamic process and ultimately the real world implications of this pursuit of optimal well-being. Robinson (2004) identified meaning in life, relationships and support, while Ryff (2004) noted personal growth, positive relations with others, purpose in life, environmental mastery and self-acceptance as possible areas of focus for this dynamic process. Miquelon and Vallerand (2006) recommend a focus on self-realization to
enhance the pursuit of optimal well-being. Additionally, Ryan and Deci (2000) highlight competence, relatedness and autonomy as the key indicators of personal well-being, which when satisfied provide an energizing state that in turn facilitates health and well-being (Ryan & Deci, 2000).

Clearly a ‘sure-fire prescription’ for optimal well-being would inevitably violate some of the aforementioned theories. However, as Ryff’s (1989) multidimensional model of Psychological Well-Being demonstrates, the areas of similarity are worthy of exploration. Specifically, it appears the autonomous self-selected engagement in inherently pleasing activities that lead to self-realization and personal growth may be a key to sustainable wellness and optimal well-being. Three intervention approaches that attempt to incorporate these principals include Fava and Ruini’s (2003) Well-Being Therapy, Newburg, Kimiecik, Durand-Bush, & Doell’s (2002) Resonance Performance Model, and Kimiecik’s (2006) Well-Being Way.

Well-Being Therapy

Fava and Ruini (2003) propose Well-Being Therapy, an encouraging potential therapy to enhance psychological well-being and improve health. Fava and Ruini consider well-being therapy necessary for a clinical population given the remission rates of pharmacological treatment as high as 70% for patients suffering from mental disorders. According to Fava and Ruini, interventions often stop with the abatement of symptoms but long before wellness is enhanced. Well-Being therapy attempts to combat relapse and reoccurrence of psychological ill-being symptoms by enhancing psychological well-being. Well-Being therapy is an 8-session intervention that emphasizes self-observation with the use of a journal and interactions with the therapist.

The initial sessions of Well-Being therapy are concerned with identifying periods of well-being for patients through a structured diary. Patients rank episodes of well-being on a scale from 0 to 100, 0 being the absence of well-being and 100 represents the most well-being they could possibly experience. The initial phase typically lasts a couple sessions as patients take time to learn to recognize episodes of well-being. The intermediate phase, which occurs once well-being can be recognized, encourages the discovery of thoughts and behaviors that prematurely prevent well-being from taking place. The key to the intermediate phase is to self-monitor moments and feelings of well-being, as therapists often encourage patients to engage in pleasurable activities each day. The intermediate phase can last two to three sessions and leads to specific strategies for enhancing well-being. The final sessions focus on the specific elements of well-being from Ryff’s (1989) model that are impaired. Using a structured diary, Ryff’s (1989) model of well-being is introduced to the patient pointing out errors in thinking and recommended alternate interpretations are discussed (Fava & Ruini, 2003).

Fava and Ruini believe there are three major differences between well-being therapy and traditional cognitive therapies (Fava & Ruini, 2003). The first, and main difference Fava and Ruini state, “is the focus… well-being therapy (places) on instances of emotional well-being, whereas in cognitive therapy (the focus) is on psychological distress” (Fava & Ruini, 2003, p. 54). The second major difference is the end goal. Traditional cognitive therapy seeks to eradicate distress through thought control. Well-
Being therapy, on the other hand, attempts to promote well-being according to Ryff’s (1989) six dimensions (self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth). Finally, well-being therapy does not define a destination or goals of therapy for the patient; rather, well-being therapy allows positive appraisals of the positive self to lead the course of treatment (Fava & Ruini, 2003).

The self-lead course of treatment incorporates some principals of self-determined action and is consistent with Newburg et al.’s (2002) Resonance Performance Model, which offers the following: “Resonance focuses on the positive lived feelings of individuals and assumes that most individuals have a desire to experience positive feelings, can access these feelings with or without help of others, and seek and experience these feelings in unique and personalized ways” (Newburg et al., 2002, p. 257).

**Resonance Performance Model**

Similar to well-being therapy, but not focused on a clinical population, Newburg and colleagues (2002) developed the Resonance Performance Model (RPM). Resonance’s origins are based on Newburg’s research, consulting practice, and extensive interviews of peak performers, and therefore the Resonance process is not for any population group exclusively (i.e. clinical, athletic, elderly etc.). Newburg (2002) and Newburg and Clawson (1997), define resonance as “a process that can help people perform better and live more fulfilling lives” (Newburg et al., 2002, p. 250). Similar to Aristotle’s Eudaimonia and Ryff’s (1989; Ryff & Singer, 1998) idea of personal growth and psychological well-being, the RPM is about helping people find meaning and
engagement in what they do that will help lead to achieving potential and improved performance (Newburg et al., 2002).

While conducting hundreds of interviews with “outstanding performers of all walks of life” Newburg found their stories demonstrated that these individuals “modeled their lives and careers based on how they felt in the moment of action” (Newburg et al., 2002, p. 251). This engagement in the moment of action has led to four findings: engagement leads to enhanced performance, engagement can be incorporated into one’s life, engagement occurs through authentic expression of a self-selected activity, and engagement leads to sustainable energy source in pursuit of one’s chosen activity (Newburg et al., 2002).

Newburg et al. developed the Resonance Performance Model (RPM) as a metaphor to demonstrate this dynamic process. The RPM has four main components, all centering on the lived experience. There is no starting point or end point to Resonance and there are not distinct stages, as model components overlap and interact (Newburg et al. 2002). The four components of the Resonance Performance Model are the Dream, Preparation, Obstacles, and Revisiting the Dream (Newburg et al., 2002). The Dream pertains to how an individual wants to feel. This is the central idea and core belief that drives this process. “The Dream represents the feelings that individuals seek when they engage in a particular activity… it is an internal feeling that keeps individuals playing… people often confuse dreams with goals… in RPM the dream drives the goals” (Newburg et al., 2002, p. 252-253).

Preparation is the next component of the RPM; it is during this stage that the individual engages in the lived experience. Preparation is the dream in action; it is the
engagement in the activity that is going to allow an individual to feel the way they want to feel. When Preparation and the Dream are aligned, Flow-like experiences can take place, which could include becoming completely absorbed in the task, exceptional focus, loss of self-consciousness, clarity of purpose, transformation of time, and the autotelic experience are possible during Preparation. Since the Dream drives the goal, Preparation, or the journey towards a goal is as ‘resonating’ as the achievement of the goal itself (Newburg et al., 2002).

When Obstacles impede Resonance and the lived-dream experience, Newburg et al. found a potential trap to occur. The performance/obstacle trap occurs when individuals encounter an obstacle and decide to simply try harder, returning immediately to the Preparation phase to overcome the obstacle. This cycle can prevent the individual from fully experiencing Resonance as they are mired in only two phases of the Resonance process (Newburg et al., 2002).

To avoid this performance obstacle trap, Newburg and colleagues found expert performers revisiting or refueling their dream. Revisiting the Dream is the final component to the RPM. Revisiting the Dream can involve imagery and various other techniques (journaling, music, pictures etc.) to recall the feel you want to have and the activities in which to engage to elicit the feel (Newburg et al., 2002).

Resonance as a tool can be applied to any and all individuals; however, Newburg et al. caution that finding your feel can be a difficult task as it is not common to think about how you want to feel each day. While locating your dream can be easier for some, the Dream can remain the same or evolve as people improve their introspection and increase self-awareness. Individuals are able to find their Dream by paying attention and
articulating their specific desired feel. The Resonance process typically begins through asking clients to tell their story of how they arrived at this point in their lives. Stories place a dilemma or desire into context, and typically begin when the client was young (Newburg et al., 2002). The storytelling process brings information to light, highlighting decisions that were made and rationale for the decisions that were made. This process allows the individual to see where they came from and how that helped to shape where they are and how they want to feel in the present. Ultimately, resonance is about empowering individuals to gain control of their lives (Newburg et al., 2002).

The Well-Being Way evolved out of the Resonance approach asking each participant to describe how he or she got to this point in his or her lives. The Well-Being Way is a process to empower people to explore how they want to feel (Kimiecik & Newburg, 2006). An organic experience, the Well-Being Way (WBW) process is both an individual and group experience that attempts to aid participants in making a self-determined connection between their own well-being and healthy living. The WBW, much like Fahlberg and Fahlberg’s (1997) definition of wellness, is a dynamic process, and according to Kimiecik is not a structured program. Similar to Ryff’s (1989) concept of well-being as a process to be engaged in everyday, the WBW is a dynamic lifestyle. The introduction of this lifestyle remains unique to each individual and group, however, the WBW process considered in this evaluation is an 8-week group experience.

The Well-Being Way

Feel is the central construct behind each WBW session. Kimiecik and Newburg write, “the essence of the WBW is to help people be more aware of and experience how they want to feel” (Kimiecik & Newburg, 2006). Feel is closely aligned with
eudaimonia, vitality and the pursuit of optimal well-being, yet Kimiecik and Newburg avoid any narrow definitional confines that might guide or impede the true discovery of one’s feel.

Group activities during the WBW serve as a way to get individuals interested in collecting their own experiential data on who they are and how they want to feel. The WBW uses interplay between collecting ‘data’ from one’s own experiences and debriefing those experiences with the group. Debriefing is a vital component to the activities involved during the WBW experience and helps individuals discover their own feel. The WBW emphasizes each individual’s unique strengths and is not guided by nor directed to a predefined status of well-being.

The WBW uses various activities to help individuals engage in their own well-being process and help the participants become experts on themselves (Kimiecik & Newburg, 2006). Sessions are used to help participants tell their story along with debriefing to enhance self-revelation and self-discovery (Kimiecik & Newburg, 2006).

The first week of the 8-week WBW process (“Priming the Feel”) is when participants are “introduced to the idea that how they feel matters, how and when they might experience the feel that is right for them, and how feel and well-being guide the quality of their lives” (Kimiecik & Newburg, 2006). During the second week (“Paying attention to Feel”) participants explore what it means to pay attention to their lives and how to become an expert on their own feel. The third week, “Healthy Living and Feel” a connection is proposed between healthy living ideas and how those connect to each participant’s own well-being and how they want to feel. In the fourth week, “Embracing the Feel”, participants “experience how self-judgment, statements, and other societal
pressures can undermine their own experiences of well-being” (Kimiecik & Newburg, 2006). The Game of Feel is the fifth week of the WBW where participants invent a new game or sport as a way to express their feel. The sixth week, “Senses and Feel” participants connect their senses to well-being and serves to emphasize paying attention and how feel impacts their daily lives. “A Product of Feel” is the seventh week where “participants create and design themselves as a new product and share that with the group” (Kimiecik & Newburg, 2006). The eighth and final week, “Refueling the Feel” asks the participants to share personally meaningful examples of how they will “refuel or reenergize their feel when obstacles in life get in the way of how they want to feel” (Kimiecik & Newburg, 2006).

The WBW’s organic nature and process is necessary to allow each individual to discover their own feel, their own dream, their own eudaimonia, their own well-being. As Ryff and Singer (1998), Ryan and Deci (2000), Ryan and Frederick (1997), Csikszentmihalyi (1975), and others have demonstrated, autonomous active engagement in life through inherently pleasing activities leads to a feeling of vitality. Vitality is a feeling of energy that emanates from the self, the WBW simply empowers individuals to discover and utilize this on their own.

Overview

The proposed evaluation of the WBW begins with an earnest attempt to avoid a hypocritical pontification of a smoking gun solution to wellness. The very definition of wellness, as a dynamic process clearly implies the absurdity and futility of achieving optimal well-being. The dynamic process, as Ryff (1989) discusses with eudaimonic living, is ultimately about engaging in ones life. Miquelon and Vallerand (2006) extend
this further, suggesting that this form of engaged living leads to self-realization, the key ingredient in well-being that promotes health.

A central element of this evaluation, and a gap in the literature identified by Vallerand and Rousseau (2001) is the underlying motivation with which one engages in life. Intrinsic motivation represents the positive potential of human nature, which involves actively seeking new challenges, exploring, and learning, ultimately leading to personal growth and a feeling of energy and aliveness (Csikszentmihalyi, 1997; Ryan & Deci, 2000; Ryan and Frederick, 1997). Again, as Csikszentmihalyi (1997) writes, “It takes energy to achieve optimal experiences, and all too often we are unable, or unwilling, to put out the initial effort” (p. 33). Therefore, as Ryan and Frederick (1997) advocate, fostering the energy necessary to achieve flow appears an appropriate agenda for intervention research. Specifically, interventions that explore subjective vitality and the self-determined autonomous pursuit of self-realization for the development of optimal well-being, the expansion of Flow moments in everyday life to life as the lived Flow experience. Accordingly, considering flow an intensely enjoyable state, Bray, Millen, Eidgness, and Leuzinger (2004) recommend that future research explore factors that contribute to enjoyment.

developed from Newburg’s research, consulting practice, and extensive interviews of peak performers. Similar to Aristotle’s Eudaimonia and Ryff’s idea of personal growth and psychological well-being, the RPM is about helping people find meaning and engagement in what they do, helping to lead to achieving one’s potential and improved performance (Newburg et al., 2002). The WBW evolved out of the Resonance approach asking each participant to describe how he or she got to this point in his or her lives. The WBW is a process to empower people to explore how they want to feel (Kimiecik & Newburg, 2006).

**Study Purpose**

As, Fava and Ruini (2003), advise, “True wellness and healthy living, thus, can be promoted by realizing one’s true potential, being fully engaged with other people and giving meaning to everyday activities, in a process of self-realization” (p. 60). The WBW is one approach theorized to achieve this, but lacks any formal evaluation of its effectiveness to enhance wellness. Therefore, the purpose of this current study is to evaluate the WBW process in enhancing wellness through the promotion of eudaimonic well-being, life engagement, subjective vitality and self-determination. The secondary aim of this study is to explore the connection between wellness and health, specifically the health protective behavior of physical activity. The primary hypothesis of this research study is that the WBW intervention will enhance an individual’s eudaimonic well-being enabling an individual to know who they are and what they want from life. The connection between well-being (feel) and health is the final gap in literature that Miquelon and Vallerand (2006) identify as in need of further research and is the aim of the secondary hypothesis of this research study. The secondary hypothesis is that the
WBW will lead to increased health protective behaviors, specifically intrinsically motivated physical activity.
CHAPTER THREE

METHODS

The primary purpose of this current study was to evaluate the Well-Being Way process in enhancing wellness through the promotion of eudaimonic well-being, life engagement, subjective vitality and self-determination. The secondary purpose of this study was to explore the connection between wellness and health, specifically the health protective behavior physical activity. This research study was guided by these research questions:

- To what degree did the Well-Being Way increase the realization of one’s true potential (personal growth)?
- To what degree did the Well-Being Way enhance life engagement?
- To what degree did the Well-Being Way enhance one’s subjective vitality?
- To what degree did the Well-Being Way increase one’s self-determination?
- And finally, to what degree did the Well-Being Way increase one’s health protective behaviors, specifically physical activity?

Overview of Study Design

This research study was an evaluation of a process, seeking to determine whether individuals who participate in the WBW show positive changes in wellness (eudaimonic well-being, life engagement, subjective vitality, self-determination) and physical activity compared to individuals who do not participate in the WBW process. To evaluate wellness, participants were administered a questionnaire packet at three different time points (see Figure 2), which included the Psychological Well-Being Scale Personal Growth Dimension (Ryff, 1989), the Subjective Vitality Scale (SVS; Ryan & Frederick,
1997), the Self-Determination Scale (SDS; Sheldon & Deci, 1993), the Life Engagement Test (LET; Scheier et al., 2006), and the Resonance Questionnaire (Newburg & Kimiecik, 2006, unpublished) (see Appendices A through F). Participants also wore a pedometer for seven days following each administration of the questionnaire packet. The questionnaire packets were administered at the beginning of the WBW process (week 1), at the conclusion of the last official WBW session (week 8), and four weeks following the last official WBW session (approximately week 12: see Figure 2). Included in the final evaluation, WBW participants were asked to complete a WBW program evaluation and feedback form as well as given open ended questions regarding program strengths, activities of interest, disinterest and areas of improvement (see Appendix G,H). The research procedures were submitted to and accepted by the Miami University Institutional Review Board.

Study Participants

The initial study population was comprised of employees of a Midwest University, including both faculty and staff. Three groups were formed depending on the individuals WBW participation status. Individuals who had no experience with the WBW comprised the Comparison group, while individuals who previously participated in the WBW comprised the Experienced group. Finally, individuals who were signed up to experience the current offering of the WBW comprised the WBW group.

Participants for the WBW were recruited via a University wide mass email. One hundred (100) employees expressed interest, via email, in participating in the WBW sessions offered on Wednesdays from 12:00 to 1:00. To accommodate the overwhelming interest, a second session of the WBW was created and offered on Mondays from 12:00
to 1:00. The first 36 names of employees that previously expressed interest were randomly drawn and assigned to the Wednesday WBW session (room seating capacity was 36). The next 36 names randomly drawn were assigned to the Monday WBW sessions. The remaining names (28) were randomly drawn to form a prioritized waiting list. Individuals were notified via email of their participation status: WBW Monday, WBW Wednesday, or prioritized waiting list (see Appendix X,Y,Z). Recruitment for this study took place at the initial WBW sessions (Monday and Wednesday), where the 45 individuals in attendance (Monday= 22, Wednesday= 23) were invited to participate in this evaluation study of which 43 agreed.

Individuals on the prioritized waiting list were contacted to participate in this study and serve as a control group; however, little interest was expressed in participating in this capacity. As a result, a comparison group was formed through word of mouth and convenience sampling (n=16). The criteria for inclusion, as a comparison group member, included employment with the University and willingness to complete the questionnaire packets and wear the pedometer for seven days at the three time measurements.

Individuals with prior experience with the WBW were contacted to participate in one round of evaluation (n=19) for comparison purposes and to provide information on potential lasting effects (one year later) of the WBW. The criteria for inclusion in this group included previous participation in the WBW and a willingness to complete the questionnaire packet and wear a pedometer for seven days. A total of 8 of 19 agreed to sever in the Experienced group.

The entire sample that began the study, including all three groups (WBW, Comparison, and Experienced) consisted of 67 University employees. This sample was
predominately female (female= 62, male= 5), and ranged in age from 24-64 (M= 45.2, SD= 10.5). Participants in this sample represented (self-identified) 29 departments on campus and 28 positions. At the completion of the final evaluation (week 12) the study population consisted of 17 WBW participants, 15 Comparison participants, and 8 Experienced participants.

Instrumentation

The questionnaire packet consisted of seven psychological instruments and one pedometer log sheet (see Appendices A through F). The initial questionnaire packet (Time 1) also included questions regarding demographic information (see Appendix U), and the final questionnaire packet (Time 3) for WBW participants included open-ended questions concerning program strengths and weaknesses (see Appendix V).

Eudaimonic Well-Being/ Personal Growth

Ryff’s (1989) 14-item Personal Growth dimension of the Psychological Well-Being Scale was used to measure personal growth (see Appendix A). Ryff identified Personal Growth as the core dimension of psychological well-being most closely associated with eudaimonia. Eudaimonia is considered the process of or perception that one is realizing one’s true potential. The 14-item Personal Growth dimension asks respondents to indicate on a 6-point scale how much they agree (1= strongly disagree, 2= moderately disagree, 3 = slightly agree, 4= slightly agree, 5= moderately agree, and 6= strongly agree) with the statement. The 14-item Psychological Well-Being Scales have an internal consistency coefficient alpha ranging from .82 to .90 and a correlation of .97 with the 20-item parent Psychological Well-Being scale (Ryff, Lee, Essex, & Schmutte, 1994; Schmutte & Ryff, 1997).
After accounting for reversed scored items, responses are summed to produce total score. Scores can range from 14 to 84, with higher scores representing greater perceived personal growth. Ryff and colleagues (1994) report mean scores using the 14-item version of the Personal Growth dimension for a similar sample of adults (female mean age= 53.1 SD= 7.2; male mean age=54.3 SD=6.2) of 72.1 (SD=7.5) and 68.8 (SD=8.3) for women and men respectively (Ryff, Lee, Essex, & Schmutte, 1994). Ryff and Keyes define, in general terms without indicating specific numeric cutoffs, a high scorer as an individual with, “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” and a low scorer as an individual sensing, “personal stagnation, lacks sense of improvement or expansion over time, feels bored and uninterested with life, feels unable to develop new attitudes or behaviors” (Ryff & Keyes, 1995, p. 727).

Subjective Vitality

Subjective Vitality, the feeling of personal energy and feeling alive, and another potential indicator of well-being was measured using Ryan and Frederick’s Subjective Vitality Scale (SVS; Ryan & Frederick, 1997; see Appendix B). Both state and trait versions of the seven-item scale were administered to access both enduring individual differences (trait) and daily (state) changes in subjective vitality. The individual difference version positively relates with self-actualization, while the state version positively relates with autonomy (Nix et al., 1999). Responses are indicated on a 7-point scale(1= not at all true; 4= somewhat true; 7= very true). Both the enduring individual
difference level and state seven-item scales have been validated (Ryan & Frederick, 1997). However, Bostic, Rubio, and Hood (2000) removed one negatively worded item producing a shorter and more valid instrument to measure vitality. Consistent with Bostic, Rubio and Hood’s (2000) recommendation, the negatively worded items from both scales were removed from the analysis (Bostic et al., 2000). Using the 6-item version, Reinboth and Duda (2006) studied British university athletes over time and found vitality for their chosen sport at time 1 to be 4.97 (SD=1.07) and 5.23 (SD=.98) at time 2. The satisfaction of autonomy, competence, and relatedness (Basic Needs Theory) within a sport setting was found to enhance psychological well-being and predict increased feelings of subjective vitality (Reinboth & Duda, 2006). Furthermore, Reinboth and Duda (2006) found that the satisfaction of these basic needs under internal perceived locus of causality conditions was most effective for increasing subjective vitality.

Self-Determination Scale

Self-Determination, a key construct in levels of autonomy, was measured with the Self-Determination Scale (SDS; Sheldon & Deci, 1993; see Appendix C) designed to assess individual difference in self-determination. The Self-Determination Scale is a 10-item scale with two 5-item subscales, self-awareness and perceived choice in one’s actions. Scales can be combined to form and overall SDS score (Sheldon, 1995). Sheldon (2007) indicated in a personal communication that a sample of both undergraduate students and first year law students produced mean Self-Determination values of 3.91 (collapsed across 10-items). Dwyer (1995) examined perceived choice on intrinsic motivation to exercise and found that individuals with greater perceived choice
reported more interest and enjoyment as well as perceived more competence, effort and total intrinsic motivation for exercise. This is consistent with earlier work by Thompson and Winkel (1980) who suggested that perceived choice would increase attendance and intention to continue to exercise (Dwyer, 1995).

Life Engagement

Ryff (1989) suggests well-being is about engagement in living therefore, life engagement was measured with Scheier and colleagues Life Engagement Test (LET; Scheier, Wrosch, Baum, Cohen, Martire, Mathews, Schultz, and Zdaniuk, 2006; see Appendix D). The Life Engagement Test is a six-item measure in which respondents indicate on a scale from 1 to 5 the level to which they agree with each statement (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree). In a community based sample (mean age=37, n=193), Scheier and colleagues (2006) report a mean score of 25.1 (SD=3.6) and a Cronbach alpha of .73. The Life Engagement Test is, “sound psychometrically and is ready to be used in research” (Scheier et al. 2006, p. 296).

Social Validation

A non-validated measure of Resonance was included to assess the participants understanding of Resonance and the WBW according to the creators, Kimiecik and Newburg. The Resonance Questionnaire, developed by Newburg and Kimiecik, examines engagement, vitality, and self-determination. Respondents select one of four responses on this nine-item questionnaire, as they apply to their life. Scores are summed, with lower scores suggesting a fuller understanding of the WBW process.
Another attempt to capture the effectiveness of the WBW process was the inclusion of two open ended feedback forms concerning programs strengths, weaknesses, areas of connection, interest, and descriptions of the WBW. These social validation measures were only administered to the Well-Being way participants at the conclusion of the study (week 12).

**Pedometer**

Finally, the secondary aim of the study was to examine health protective behaviors connected to well-being, specifically physical activity. Physical activity was measured using the ACCUSPLIT EAGLE 120XL pedometer. Study participants wore the pedometer for all activities (excluding swimming) and recorded daily step counts for seven days. Trudor-Locke and Bassett Jr. (2004) propose for adults that less than 5000 daily steps be considered a sedentary lifestyle, 5000-7900 daily steps be considered as low active and typical of daily activity, 7500-9999 daily steps is somewhat active including both daily activity and some sport or exercise, over 10,000 daily steps is an active lifestyle, and over 12,000 daily steps should be considered as a highly active lifestyle.

**Data Collection Procedures**

Study participants were given a questionnaire packet and a pedometer at three time measurements, week 1, 8, and 12. Except for the first WBW sessions, where participants completed the questionnaire packet in front of the researcher, participants were given the questionnaire packet and pedometer and asked to complete at their earliest convenience. Once completed, participants were asked to return the materials through campus mail. A pilot study suggested the questionnaire packet would take 10 to 15
minutes to complete. Despite this relatively short period of time, 15 minutes proved too long to administer during the course of a WBW session. Subsequently, except for the first one all questionnaire administrations were completed and returned outside the confines of the WBW session.

Participants in the Comparison and Experienced groups were personally delivered a questionnaire packet and pedometer, as they had no formal sessions to attend. These participants, out of respect for their job and consideration of their time, were asked to complete the questionnaire packet at a time convenient for them. Once completed, these participants were asked to return the materials via campus mail.

Statistical Procedures

All data was entered into SPSS and several analyses were conducted. Two preliminary analyses were conducted to determine group differences at the start of the study. The main study analyses was a series of mixed model 2x3 (Group by Time) ANOVAs with repeated measures on the second variable (Time) for all 7 study variables: Personal Growth, Trait Subjective Vitality, State Subjective Vitality, Self-Determination, Life Engagement, Resonance and Daily Steps. Follow-up analyses were conducted to examine WBW participant change scores from week 1 to week 12, including a change score Pearsons correlation. Finally, an independent-samples t-test was conducted as another follow-up analysis to explore comparisons between new WBW participants and Experienced WBW participants. The following Results section presents the findings of these analyses.
CHAPTER IV
RESULTS

The primary aim of this study was to evaluate the Well-Being Way process as a means to enhance wellness through the promotion of eudaimonic well-being, life engagement, subjective vitality, and self-determination. The secondary aim of this study was to explore the connection between wellness and health, specifically the health protective behavior of physical activity.

The primary hypothesis is that the Well-Being Way process would enhance the four identified potential indicators of wellness (Personal Growth, Subjective Vitality, Self-Determination, and Life Engagement). The secondary hypothesis is that the Well-Being Way process would enhance health protective behaviors, specifically increased physical activity as measured by daily steps.

A variety of statistical procedures were used to test the study hypotheses. The results of these analyses are presented in the following sections. This begins with a section on descriptive data for all study variables. In the second section, some preliminary analyses are presented, and in the third section the main study analyses are presented. Finally, in the fourth section follow-up analyses are presented.

Descriptive Statistics

Table 1 provides the mean score and standard deviations for all study participants on all seven measures at all three time points. Examination of this data suggests that with only a few exceptions, the Comparison group scored higher on all variables at all time points. The Well-Being Way and Comparison group mean values on all variables are within a reasonable range of published norms. Of particular interest are the disparate
average daily steps between WBW and Comparison group participants, which includes nearly a 3000 average daily step difference in favor of the Comparison group at both Time 1 and Time 2, and only half that difference at Time 3. Overall, the WBW participants’ average daily steps are consistent with Trudor-Locke and Bassett Jr.’s (2004) purposed ‘typical daily activity’ step range: 5000-7500 daily steps. The Comparison group participants average daily steps, however, are indicative of Trudor-Locke and Bassett Jr.’s (2004) purposed ‘typical daily activity with some form of sport or structured exercise’ step range: 7500-10,000 daily steps.

**Preliminary Analyses**

A preliminary analysis was conducted to determine if any group differences existed at the start of the study between WBW participants that completed the full study (all three data collections) and those WBW participants that dropped-out over the course of the study and did not complete all three data collections. A series of one-way ANOVAs were conducted to compare WBW participants that attended four (4) or more WBW sessions (N= 22) to WBW participants that attended at least one (1) but less than four (4) WBW sessions (N=21) on all six potential well-being indictors (Personal Growth, Trait Subjective Vitality, State Subjective Vitality, Self-Determination, Life Engagement, and Resonance understanding) and Average Daily Steps) and another one-way ANOVA was conducted to compare these groups on average daily steps (N= 22; N=8 respectively). The results of these ANOVAs indicate that no significant differences were found between groups on any of the study variables, suggesting WBW dropouts were not statistically different than WBW attendees in this study on these measures.
A second set of preliminary analyses were conducted to determine if any differences exist between WBW participants in the Monday group compared to the Wednesday group at Time 1 on the six potential well-being indicators of interest (Personal Growth, Trait Subjective Vitality, State Subjective Vitality, Self-Determination, Life Engagement, and Resonance understanding) and average daily steps. A one-way ANVOA was conducted comparing the Monday WBW participants (N= 22) to the Wednesday WBW participants (N= 21) on all study variables. The results of these analyses indicated no significant group differences. These results indicate that at Time 1 there were no differences between the Monday and Wednesday groups on the seven variables of interest for this study.

Main Study Analyses

To determine if the WBW and Comparison participants differed from each other across time, a series of seven 2x3 (Group by Time) mixed model ANOVAs, with repeated measures on the second factor were run. The independent variables for these analyses were Group (WBW and Comparison) and Time (Week 1, Week 8, and Week 12). The dependent variables were the seven scales representing the study variables (Personal Growth, Trait Subjective Vitality, State Subjective Vitality, Self-Determination, Life Engagement, and Average daily steps). Table 1 shows the descriptive data corresponding to these analyses. The results of the seven mixed model ANOVAs are presented in the following paragraphs.

For five of the seven dependent variables (Personal Growth, State Subjective Vitality, Self-Determination, Life Engagement, and Resonance understanding) the results of the 2x3 mixed model ANOVAs showed neither significant time nor group main
effects. Furthermore, none of the Group by Time interaction effects were significant. These results indicate that the WBW process participants did not differ across time when compared to the Comparison group participants in regard to Personal Growth, State Subjective Vitality, Self-Determination, Life Engagement, and Resonance understanding.

For one of the dependent variables, average daily steps, the mixed model ANOVA revealed a non-significant Time main effect and a non-significant Group by Time interaction effect. However, a significant Group main effect was found. Examination of the two group means shown in Table 1 indicates that the Comparison group was attaining more daily steps.

Finally, the mixed model ANOVA results for one of the variables, Trait Subjective Vitality, revealed a non-significant Group main effect, but significant effects for both Time and Group by Time. Specifically, for this variable the Time main effect was significant, Wilks’ $\Lambda = .773, F(2) = 4.27, p = .02, \eta^2 = .23$. Follow-up contrasts showed linear significance indicating that all participants (WBW and Comparison group participants) as a group showed a positive and linear progression in Trait Subjective Vitality over time. However, this Time main effect was superseded by a significant Group by Time interaction effect, Wilks’ $\Lambda = .690, F(2) = 6.52, p = .00, \eta^2 = .310$. This interaction effect is shown graphically in Figure 3. To determine statistically how the two groups (WBW and Comparison) differed over time, one-way follow-up repeated measure ANOVAs were conducted for the two groups separately. The dependent variable for this analysis was Trait Subjective Vitality at each of the three time points.

The means and standard deviations for both groups are presented in Table 2. The one-way repeated measures ANOVA was conducted to determine if and how
Comparison group participants changed over time and was found to be non-significant. Results indicate that the Trait Subjective Vitality of the Comparison group participants did not change significantly over the three time points (see top line in Figure 3). In contrast, the one-way repeated measures ANOVA conducted to determine if and how WBW participants Trait Subjective Vitality changed over time, however, revealed a significant time main effect, Wilks’ $\Lambda = .515$, $F(2) = 7.07$, $p = .00$, $\eta^2 = .49$. Follow-up contrasts showed both linear significance $F(1) = 11.00$, $p = .00$, $\eta^2 = .41$ and quadratic significance $F(1) = 7.54$, $p = .01$, $\eta^2 = .32$, indicating a linear and positive progression in Trait Subjective Vitality of WBW participants from Time 1 to Time 2, followed by a plateau to from Time 2 to Time 3 (see bottom line in Figure 3).

To further examine the changes WBW participants experienced from Time 1 to Time 3 a paired-samples t-test was conducted on all study variables (see Table 3). The results of these analyses indicate that WBW process produced significant and positive changes in average daily steps, trait subjective vitality, and self-determination from Time 1 to Time 3. These changes were in the predicted direction.

**Follow-up Analyses**

Follow-up analyses were conducted to determine whether the changes that individual WBW participants experienced over the course of the WBW process in potential well-being indicators and/or their average daily steps might be correlated. A series of univariate correlational analyses were conducted, to conduct these analyses change scores were calculated for all study variables: personal growth, trait subjective vitality, state subjective vitality, self-determination, life engagement, resonance understanding, and average daily steps (see Table 4). These change scores were
calculated for all WBW participants by subtracting their Time 1 scores from their Time 3 scores. Thus, these change scores represent the amount and direction of change that WBW participants experienced from the beginning to the end of the program. As the scores in Table 3 show, WBW participants as a group experienced a positive change in Trait Subjective Vitality, State Subjective Vitality, Self-Determination, Life Engagement, and Average daily steps. In contrast, WBW participants as a group experienced a negative change in Personal Growth. Finally, WBW participants experienced a negative change in Resonance understanding; however, lower scores on Resonance understanding suggest a fuller WBW understanding. Standard deviations for all change scores are relatively large indicating considerable inter-individual variation. That is, some WBW participants experienced increases and some experienced decreases in study variables from Time 1 to Time 3.

A series of univariate Pearson correlations were conducted to determine if and how these change scores were correlated. The results of these analyses are presented in Table 5. Personal Growth was found to be significantly and positively correlated with Life Engagement suggesting that as WBW participants experienced an increase from week 1 to week 12 in personal growth, scores also increased in Life Engagement. Personal Growth was also significantly related to Resonance understanding, this relationship, however, was in the negative direction. This relationship indicates, in the predicted direction, that as WBW participants experienced increases from week 1 to week 12 in Personal Growth scores, Resonance understanding increased. Trait Subjective Vitality was significantly and positively correlated with State Subjective Vitality, indicating that as WBW participants experienced an increase from week 1 to
week 12 in Trait Subjective Vitality, scores also went up in State Subjective Vitality and Self-Determination. Trait Subjective Vitality was also significantly and negatively correlated with Resonance understanding, again indicating that as one’s Trait Subjective Vitality increased from week 1 to week 12, their Resonance understanding also increased producing a lower Resonance score. State Subjective Vitality was found to be significantly and positively correlated with Trait Subjective Vitality, Self-Determination and Life Engagement. This relationship suggests that as WBW participants experienced an increase from week 1 to week 12 in State Subjective Vitality, increases also occurred in Trait Subjective Vitality, Self-Determination and Life Engagement. Self-Determination was found to be significantly and positively correlated with Trait Subjective Vitality, State Subjective Vitality, and Life-Engagement and significantly and negatively correlated with Resonance understanding. These relationships suggest that as WBW participants experience an increase from week 1 to week 12 in Self-Determination, they also experience an increase in Trait Subjective Vitality, State Subjective Vitality, and Life Engagement, as well as an increase in Resonance understanding, though exhibited through lower scores. Life Engagement was found to be significantly and positively correlated with correlated with Personal Growth, State Subjective Vitality, and Self-Determination. These relationships suggest that was Well-Being way participants experience an increase from week 1 to week 12 in Life Engagement they also experience an increase in Personal Growth, State Subjective Vitality, and Self-Determination. Lastly, Resonance understanding was found to be significantly and negatively correlated to Personal Growth, Trait Subjective Vitality, and Self-Determination. These relationships suggest that as WBW participants experience a fuller Resonance
understanding (reflected in a lower Resonance score) from week 1 to week 12, they also experience an increase in Personal Growth, Trait Subjective Vitality, and Self-Determination scores. Of particular interest, however, the correlational results presented in Table 5 reveal no significant correlations between any of the potential well-being indicators and average daily steps.

Another follow-up analysis was conducted to compare the current WBW participants with previously Experienced WBW participants (1 year later). To compare these two groups, a series of seven independent-samples t-tests were conducted. The dependent variables for these analyses were the seven study variables: Personal Growth, Trait Subjective Vitality, State Subjective Vitality, Self-Determination, Life Engagement, Resonance, and Average Daily Steps. The series of independent t-test were conducted using Time 1 scores and then also for Time 3 scores. It should be noted that measures for the Experienced group were collected only once at Time 3. This data, however, was used for both the Time 1 independent-samples t-test comparison and for the Time 3 comparison. The rationale for these two group comparisons was to shed light on any lasting effects the WBW process had on participants one year after engaging in the WBW process (i.e. the Experienced WBW participants) and to explore any similar WBW process effects on both groups after exposure to the process.

The results of the independent-samples t-test conducted at Time 1 are presented in Table 6. As these results show, the new WBW participants and the Experienced WBW group (1 year later) differed at Time 1 on three of the seven dependent variables. Specifically, the Experienced group scored significantly higher on Personal Growth, Self-Determination and significantly lower on Resonance understanding. These results
indicated that the Experienced WBW participants demonstrated a fuller development of several potential well-being indicators than the new WBW participants prior to exposure to the WBW process.

The independent-samples t-test conducted at Time 3 to compare newly experienced WBW participants and individuals previously Experienced (1 year later) with the WBW process indicated no significant results (see Table 7). These results, in consideration with the independent-samples t-test at Time 1, suggest both groups are equal on all seven measures (Personal Growth, Trait Subjective Vitality, State Subjective Vitality, Self-Determination, Life Engagement, Resonance, and Average Daily Steps) following exposure to the WBW process. Of especial interest is Average Daily Steps, though not statistically significantly different at Time 1, the current WBW participants erased a near 1,300 difference in average daily steps at Time 1 and at Time 3 actually took 255 more steps than the Experienced group following their exposure to the WBW process.
The primary aim of this study was to evaluate the Well-Being Way process as a means to enhance wellness. Incorporating Fahlberg and Fahlberg’s (1997) definition of wellness as the dynamic pursuit of one’s potential and optimal well-being, this study hypothesized that the WBW process would enhance wellness using established literature-based potential indicators of well-being (personal growth, subjective vitality, self-determination, and life engagement). The secondary aim of this study was to explore the connection between well-being and health, specifically the health protective behavior of physical activity. Study hypotheses were based on the combination of Ryff and Singer’s (1998) claim that taking care of oneself presupposes one’s life is worth taking care of, and Newburg and colleagues’ (2002) assertion that individuals actively engaging in the Resonance process pursue interesting activities. This leads to what Miquelon and Vallerand (2006) term as self-realization, the key ingredient of well-being found to impact health. Thus, the WBW, as a wellness enhancing process, was hypothesized to lead to increased health protective behaviors, specifically increased physical activity, measured in this study through average daily steps.

The following sections discuss the results of the study and the impact of the WBW process on potential well-being indicators. Included in this discussion is a comparison of the WBW process on both new and experienced participants as well as a discussion of the results from a variety of social validation measures. The secondary aim of this study, to explore the connection between well-being and health, is discussed along
with the potential implications of these results. Lastly, study limitations are addressed and future directions recommended.

Review of Results

To examine the aims of this study several analyses were conducted. First, preliminary analyses were conducted to determine equal WBW groups at the start of the study. One reason these analyses were conducted was to address the excessive attrition rate (> 10%) of WBW participants over the course of the study. Preliminary analyses were also conducted to assure the randomly assigned Monday and Wednesday groups were equal. Results revealed no significant differences between WBW maintainers (attended 4 or more sessions) and drop-outs (attended at least 1 but less than 4 sessions) nor any significant differences between Monday WBW participants and Wednesday WBW participants. These results indicate that there were no differences between WBW maintainers and WBW drop-outs and Monday and Wednesday groups were equal on the study variables. These results allow for subsequent analyses to represent all WBW participants not just those inclined to maintain with the WBW process.

The main study analyses were conducted to determine if WBW and Comparison group participants differed from each other across time. A significant group main effect was found for average daily steps. This result revealed the Comparison group was significantly different from the WBW participants with regards to average daily steps with the Comparison group averaging more daily steps over the course of the study. Main analyses also revealed a significant Time and a significant Group by Time main effect for Trait Subjective Vitality. These results suggested the need for further follow-up analyses. Overall, however, the main analyses found primarily non-significant group
differences across time on the remaining study variables. Specifically, the main analyses revealed no significant time, group or group by time effects for Personal Growth, State Subjective Vitality, Self-Determination, Life Engagement or Resonance understanding, indicating WBW and Comparison group participants did not differ across time on these measures. These predominately non-significant findings of the main analyses may suggest a selection bias between WBW and Comparison group participants. Comparison group participants were not randomly assigned and disproportionately represented a health and recreation department on campus. As a result of these unequal groups (WBW and Comparison), and in addition to significant main study results (Trait Subjective Vitality and average daily steps), follow-up analyses were conducted to further explore WBW participant experiences.

Follow-up results indicated that Comparison group participants Trait Subjective Vitality did not significantly change over time; however, WBW participants did experience significant and positive changes in Trait Subjective Vitality over time. To explore the WBW participant’s experience, a matched-pairs t-test was conducted to examine changes over time on study variables. Results indicated significant changes in Trait Subjective Vitality, Self-Determination, and average daily steps in the hypothesized direction. Change scores (see Table 4) revealed that with one exception (Personal Growth), WBW participants experienced increases in all study variables. Correlation coefficients revealed significant and positive correlations for many of the study variables, suggesting that as participants increased in one measure they also increased on other measures too (see Table 5).
Additional follow-up analyses were also conducted to examine and compare the lasting effects of time on the potential indicators of Well-Being for individuals exposed to the WBW process (1 year later). Analyses conducted to compare Experienced WBW participants to new WBW participants revealed significant group differences at Time 1 and no significant group differences at Time 3. These results are twofold: the WBW process has a) lasting effects for one year and b) the WBW process appears to have produced similar effects for the new WBW participants.

Well-Being Way Impact

Study analyses produced four findings of specific importance. First, the Well-Being Way process had a significant and positive impact on subjective vitality. Second, the WBW had a significant and positive impact on health through increased physical activity. Third, the WBW had a significant and positive impact on self-determination in addition to a positive impact on other potential well-being indicators. Finally, the WBW produced multiple significant correlations among potential well-being indicators.

Subjective Vitality

The WBW process had a significant and positive impact on Trait Subjective Vitality over the course of the WBW process and positively influenced State Subjective Vitality (see Tables 1 & 3). Subjective Vitality is the measure of perceived energy available to oneself. During the WBW process, activities are designed to aid in participants’ self-discovery and emphasize autonomous engagement in inherently pleasing activities (i.e. intrinsic motivation). As Csikszentmihalyi (1975) and others have suggested, it is this process that leads to a feeling of vitality. The WBW process is simply a process to empower individuals to discover and utilize their own energy.
The importance of enhanced vitality is highlighted in the proposed process to attain Flow. According to Csikszentmihalyi (1997) individuals have the tools to attain flow, however, they lack the energy to put forth sufficient effort to attain flow. Characteristics of flow include engagement and autonomy, two potential indicators of well-being that increased during the WBW process. Furthermore, correlational results support the importance of vitality to one’s well-being as State Subjective Vitality demonstrated significant correlations with Trait Subjective Vitality, Self-Determination and Life Engagement. This suggests that as WBW participants experienced an increase in their vitality (Trait and/or State) they also experienced an increase in Self-Determination, Life Engagement. According to Ryff and colleagues (1989, 1998), enhanced life engagement is essential to optimal functioning and facilitates health protective behaviors. Additionally, enhanced self-determination in conjunction with enhanced life engagement allows individuals to pursue activities of personal interest, which according to Newburg and colleagues (2002), allow individuals to retain vitality and perpetuate the resonance process. This process, autonomous engagement in inherently pleasing activities, can lead to self-realization, which according to previous literature was the well-being indicator that promotes health (Miquelon & Vallerand, 2006). Results of this study appear to suggest that the WBW process enhanced participant subjective vitality. The results cannot determine the direction of influence enhanced well-being indicators have on each other; however, results do indicate that the WBW process positively impacted both vitality and health.

Health Impact
The secondary aim of this evaluation was to demonstrate the connection between well-being and health, as measured by physical activity (average daily steps). This proposed connection was based on previous literature suggesting self-realization is the key ingredient within well-being that promotes health (Miquelon & Vallerand, 2006). Ryff and Singer (1998) added positive purpose and quality connections with others as keys for practicing health promoting behaviors. Accordingly, the WBW proposes a connection between healthy living ideas and feel as participants engage in group activities and personal data collection exploring this idea. This study, however, explored only one of many potential health behaviors, physical activity. This decision is discussed further in the limitations section.

The WBW process had a significant and positive impact on the physical activity of WBW participants as measured by daily steps. The implication of this increase in physical activity is significant considering proposed indices of pedometer based physical activity (Tudor-Locke & Bassett Jr., 2004). The WBW participants at Time 1 averaged 6200 steps (see Table 1) “typical of daily activity excluding volitional sports/exercise and might be considered ‘low active’” (p. 6). Following the exposure to the WBW process, WBW participants averaged nearly 7800 steps per day (see Table 1). This significant increase places the WBW participants in a new average daily step category that is indicative of “some volitional activities and might be considered ‘somewhat active’” (p. 6).

Blair and Connelly (1996) investigated moderate amounts of physical activity and found a difference in mortality rates between low active and the high active groups to be quite substantial with the largest relative difference between groups between the least
active/sedentary group and low-active individuals. Furthermore, Blair and Connelly (1996) credit the total daily energy expended for producing health benefits. The minimum amount of time for an exercise session, they add, is not known, but some activity is better than none and low to moderate intensity is better than remaining sedentary. Since the WBW process appears to promote physical activity as indicated by the increase in average daily steps from Time 1 to Time 3 (see Table 1), WBW participants appear to be improving their health through the demonstration of some volitional activity.

**Self-Determination**

Ryan and Frederick (1997) found physical activity to be correlated with subjective vitality, and recognize the importance of self-determination in sustained activity. Becoming more self-determined involves internalizing and integrating a behavior (Ryan & Deci, 2000). When a behavior is identified as being of value, it becomes personally important, and this leads to the transformation of the behavior as an expression of the self. Internalizing a behavior is aided by competency, autonomy, and relatedness. The WBW process uses a dynamic interplay between self-discovery and group discussion. These group discussions may enhance participants’ sense of relatedness and aid in internalization, leading to self-determined engagement to identify and experience ones feel. WBW participants experienced a significant and positive increase in self-determination from week 1 to week 12. According to Ryan and Deci (2000) the process of becoming self-determined, can ultimately lead to intrinsic motivation, and actively seeking new challenges, exploring, and learning. A process that Csikszentmihalyi (1997) adds, leads to personal growth. Study results seem to suggest
that WBW participants are autonomously engaging in the dynamic process that could eventually lead to a sense of personal growth.

Interestingly, personal growth was the single indicator of well-being in this study to decrease in a non-hypothesized direction. Though speculative, perhaps Americans often pursue ‘Well-Being’ as a means to find happiness (Held, 2002). Although an arguably noble pursuit, the pursuit of happiness, bliss, money or weight loss all remain the extrinsic reward at the end of this well-being rainbow. Therefore by definition, this cannot be an intrinsic pursuit (Ryan & Deci, 2000). Thus, potentially, WBW participants were not initially intrinsically motivated to engage in the process to pursue their unique feel and instead began their pursuit seeking a “sure-fire prescription of a carefree existence” (Held, 2002, p. 968).

Personal Growth is the measure Ryff (1989) most closely aligns with Eudaimonic Well-Being. Eudaimonic Well-Being is considered the dynamic process of engaging in life in pursuit of one’s true potential that results in feeling alive (Ryan & Deci, 2001; Ryff et al., 2004). As Table 3 indicates, personal growth scores decreased from week 1 to week 12 for WBW participants. This change was not in the predicted direction, though the large associated standard deviation scores suggest ample inter-individual variations. Ryff (1995) examined age differences in personal growth over the lifetime and found that self-rated personal growth decreases from young, to middle-aged, to old-aged adults. Although speculative, Personal Growth is the belief that one continues to grow and expand as a person, perhaps 12 weeks is not enough time for the conscious perception of this growth.

Lasting Effects
Analyses comparing new WBW participants with Experienced WBW (1 year later) participants revealed significant differences between groups at Time 1 and no significant differences between groups at Time 3 (see Tables 5 and 6), suggesting the WBW appears to have enduring effects on potential indicators of Well-Being. Time 1 differences were detected between groups on Personal Growth, Self-Determination, and Resonance understanding, all in favor of the Experienced group. These results suggest potential lasting effects exist for WBW participants on personal growth and self-determination one year later. Furthermore, the absence of group differences at Time 3 indicates uniformity in the impact of the WBW process on study variables. In consideration with previous non-significant personal growth results, the WBW enhancement of personal growth might develop over time and appear 1 year later. The process of personal growth involves having an openness to new experiences that allows an individual to continue to develop. As Ryff (1989) states regarding this process, “an individual is continually developing and becoming, rather than achieving a fixed state wherein all problems are solved” (p. 1071). This process may take more time than 12 weeks to acquire enough new experiences to perceive oneself as developing and becoming. The individuality of the personal growth process highlights the need to assess participants understanding of the WBW process. Therefore, to gain a fuller understanding of the impact the WBW process had on study participants, social validation measures were included. Social validation is an important tool to confirm or refute traditional study measures, as well as to articulate participants’ experiences in their own words.

Social Validation
WBW participants who attended four (4) or more sessions were given two social validation measures at the completion of the study: an open-ended questionnaire and the Resonance Questionnaire (see Appendices G & I). The Resonance understanding questionnaire developed by Newburg and Kimiecik (2006) was administered to all study participants as a form of social validation to gauge the impact of the WBW process on items believed to be important by the creators of the WBW process (see Appendix G). The Resonance questionnaire has not been subjected to validity or reliability testing, and results from this study serve only as a means to support other more reliable data at the present time.

Resonance Questionnaire

Overall, WBW participants experienced an increase in Resonance understanding (lower Resonance scores suggest fuller understanding of the Resonance process) from Week 1 to Week 12 (see Table 3). Furthermore, Resonance understanding for WBW participants was significantly correlated with study variables: Personal Growth, Trait Subjective Vitality, and Self-Determination (see Table 4). These results suggest that as WBW participants experienced an increase from week 1 to week 12 in Resonance understanding, they also experienced an increase in Personal Growth, Trait Subjective Vitality, and Self-Determination. These results are not surprising as the WBW process evolved out of the Resonance Performance Model (Kimiecik & Newburg, 2006).

Resonance, according to Newburg and colleagues (2002), is about helping people find meaning and life engagement and shares qualities with Aristotle’s Eudaimonic Well-Being and Ryff’s (1989) concept of personal growth leading to the pursuit of one’s potential. In this study, the significant correlation between Resonance understanding and
Trait Subjective Vitality may represent the fourth of four findings Newburg and colleagues (2002) discuss regarding engagement in the Resonance process. Specifically, this type of engagement emphasizes the moment of action, ultimately leading to a sustainable energy source in pursuit of the chosen activity. Finally, the significant correlation of Resonance understanding with Self-Determination may be attributed to the fundamental essence of the Resonance process: to empower individuals to gain control of their lives (Newburg et al., 2002).

Open-ended Questionnaire

In open-ended responses to questions regarding their WBW experience (see Appendix F), participants provided a wide range of descriptions of the WBW. The most common theme among descriptions emphasized the WBW as a unique feel with connections to life. One participant wrote, “… connecting to your individual/unique feel is essential to living the life you want to live.” Another added, “[The Well-Being Way is]… personal and different for each person.” The most elaborate response described the WBW as “a group activity designed to assist you in reconsidering your thinking and your feelings about wellness and personal well-being… to encourage a very unique and personal revival of energy for doing, rather than just thinking about— what you’d most want and need to do to feel good about yourself.”

Interestingly, WBW participants do not report any of the study variables specifically when discussing program strengths. Two major themes emerged in WBW participants’ descriptions of strengths of the WBW process. The first major theme of the strength of the WBW process was the process allowed participants to connect with other University employees. Ryan and Deci (2000) discuss relatedness as a basic need, which
aids in the internalization process of an extrinsic behavior. One participant wrote, “To me the strengths of the program are being with others and sharing experiences.” Another added, “… I liked best (the) opportunity to talk with other people who also work at (this University).” The 29 different departments represented in the study sample were reflected in this participants response to a program strength, “… getting to know classified staff in other departments.” Finally, one participant provides a pertinent representation of this theme, stating, “[I] liked the opportunity to meet with others on campus I (would) not otherwise have an opportunity to meet. Liked that it wasn’t classified as a classified or unclassified training opportunity- open to all.” These responses strongly suggest the burgeoning sense of community and relatedness WBW participants felt with other WBW participants. While not overtly crediting the WBW with enhancing vitality, these responses suggest the presence of conditions that foster and promote self-determination. Intrinsic motivation represents the positive potential in human nature and was found to positively correlate with subjective vitality and life engagement.

The second predominant theme indicated by WBW participants regarding program strengths was that the WBW process helped participants pay attention and think. Discussed earlier regarding Personal Growth, WBW participants are engaging in a tyrannical battle (Held, 2002). The tyranny of the positive attitude and the predominate formula of the self-help industry is a prescription for happiness. The theme represented here seems to highlight the WBW’s emphasis on a self-determined pursuit of an undefined end: feel. As one participant wrote, “The concept of ‘feel’ is compelling— a whole new way of looking at things.” Another participant adds to this theme and
highlights a sub-theme of how busy lives leave no time for oneself, “Knowing that it is not selfish to think of me was an opening to a new world.” “Taking time to think about myself and not feeling so guilty about things I do/ do not do,” added another participant. One participant stated, “I pay more attention to me and my feel and know that it is ok to feel that way and deal with it. It makes me take more time for me.” Finally, this statement summarizes the theme nicely, “Just taking the time to focus on me for a short time—in class, while talking to somebody… Life is so busy it’s rare to have a program like this for personal enhancement and development.”

A busy schedule and participating in a university program during work hours was an issue for many individuals that signed up for the WBW sessions. Over the course of the WBW sessions (week 1 to week 8) nearly 2/3 of participants withdrew. Reviewing responses from individuals that decided to dropout of the WBW also suggested two major themes. The first major theme was that individuals expected the WBW to be an exercise or fitness class. The second major theme was that individuals were too busy to continue to participate in the WBW. One individual wrote, “I have an overwhelming workload.” Another added, “… my schedule is exploding and I think it is better for me to withdrawal.” These major themes in consideration with the 66% attrition rate again highlight the necessity for the engagement in the WBW process to be self-determined. A WBW participant that completed the full study suggests as much commenting, “I can tell you that if I had done this several years ago I would have had a much more negative attitude and more negative answers due to my situation.” Another adds, “Keep up the initiatives… much depends on how ready people are to engage and bring energy to it.”

Limitations
This evaluation was of an existing university program, therefore many elements of the study were not under direct control of the researcher, including: study participants, length of program, when the program is offered (both time of day and time of year), and program content. As a field study, this evaluation of the WBW process remained flexible and dynamic, in accordance with the WBW process. Several limitations are worthy of noting regarding this evaluation and the potential generalizations.

University employees comprised study participants that expressed interest in participating in the WBW process, which may have introduced some selection bias into the study. Consistent with university research standards and expressed on all participant informed consents, participation in this study was completely voluntary. Unfortunately, employees not randomly selected to participate in the WBW sessions were not interested in participating in a control group. The resulting comparison group that was formed produced a statistically significant different group when compared to WBW participants on average daily steps, with the comparison group taking more daily steps (see Table 1). The comparison group was formed through word-of-mouth and convenience sampling. As a result, roughly 37% represented the Physical Education, Health, and Sport Studies Department. Though speculative, this close connection to a department intimately aligned with physical activity may have influenced the increased scores in average daily steps. Another limitation of the study was the excessive attrition rate (66%). However, analyses to determine equality of groups demonstrated no significant differences between WBW maintainers and non-maintainers.

Several limitations of the evaluation involve program timing. The WBW sessions were offered twice a week for an hour from 12:00 to 1:00. Employees who chose to
attend the sessions did so on their own time or made arrangements with supervisors. Unfortunately, conversations, group discussions, and activities had to be wrapped up regardless of their flow or energy to allow participants time to return to their jobs. The most common suggestion regarding areas for program improvement concerns time. “It was too short!!”, “… have a longer time frame,” “More time included for actual discussions,” “More depth/ Longer sessions,” “Not enough time to develop ideas each week”, and “… lengthen the course” wrote participants.

Questionnaire packets for this evaluation were designed with brevity in mind and to be completed during WBW sessions. This decision limited the number of measures included in the questionnaire packet and as a result no hedonic well-being measure was assessed. The absence of a hedonic measure limits the ability of this evaluation to support or add to current literature, which suggests wellness and health are connected through the satisfaction of eudaimonic actions and not hedonic desires. Additionally, the absence of a measure of positive relations with others limits the ability of the study to assess the influence relationships formed during the WBW had on individuals well-being.

Seasonal changes may have influenced study variables as the WBW was offered over the first two months of the Winter semester at this Midwestern University. One participant wrote regarding their average daily steps, “I know that (the weather) has a huge bearing on how much I walk throughout the day. As I am trying to be more in touch with my ‘feel’, I am realizing that the weather has a huge impact.”

Finally, social desirability may have impacted WBW participants average daily steps. Average daily steps was found to lack significant correlations to any of the study variables which might suggest participant’s were taking more steps due to their
participation in a health program and not due to any of the study variables. Study design
did try to control for this limitation through the creation of a comparison group, however
the comparison group could only address the effect of measuring average daily steps.
While WBW participants were measuring average daily steps, they were also
participating in a ‘health’ program and may have felt compelled to increase their physical
activity.

**Future Directions**

This evaluation study has demonstrated a need for further research in several
areas: exploring the long term sustainability of effective self-determined wellness
enhancing processes among adult populations, exploring the potential identification of
individuals ready to engage in their own pursuit of optimal well-being, testing the WBW
on different populations, examining and developing a sequence of events for well-being
indicators that ultimately leads to improved health, and finally exploring various
manifestations of health protective behaviors that result from the self-determined engaged
pursuit of optimal well-being. As Ryff (1989) mentions regarding well-being, it is a
process to be engaged in everyday. Future research needs to explore both the way to
avoid the ‘smelling the roses effect’ as well as ways to actualize long-term sustainability
of self-determined enhanced wellness. The multi-billion dollar self-help industry
demonstrates the American public’s interest in discovering something about themselves.
The ‘smelling the roses effect’ refers to learning from or experiencing an intervention or
powerful encounter and subsequently declaring to make changes in one’s life. In essence
the individual declares they have seen the light and are going to smell the roses now.
Yet, as Henderson, Glancy and Little suggest, “attitudes do not necessarily produce
related behavior” (p. 43). For example, 50 percent of individuals that start an exercise program will drop-out within the first six months (Weinberg & Gould, 2003). This evaluation, however, did demonstrate an encouraging trend regarding the enduring effects of the WBW process on participants after exposure (1 year) and requires further investigation.

Another area of future inquiry concerns effectively identifying individuals ready to autonomously engage in their own pursuit of optimal well-being. This identification goes beyond Prochaska and DiClemente’s (1983) Transtheoretical Model (TTM) stages of change. The TTM would suggest that in order for an intervention to be effective, an individual must progress to the contemplation stage (Bridle, Riemsma, Pattenden, Sowden, Mather, Watt and Walker, 2005). However, as previously discussed, simply identifying individuals that are contemplating enhancing their wellness is not sufficient. Future research must work to identify individuals that are contemplating a truly self-determined pursuit of their own optimal well-being. Accordingly, the WBW needs to be tested on different populations (i.e. younger adults, teenagers, men, various ethnic groups) to allow for better generalize ability of results.

Further research is needed to examine the sequence of events leading to improved health. The current results demonstrate a relationship among study variables, but further research is needed to demonstrate a sequence beginning with vitality leading to a self-determined pursuit of inherently pleasing activities that leads to personal growth and self-realization, that ultimately positively impacts health. Future research is needed to explore the position of self-determination in this sequence, especially regarding the position of self-determination for different populations (i.e. teenagers, young adults, adults, and older
The decline of personal growth over the life span combined with the dynamic relationship between subjective vitality and self-determination warrant this as worthy of study.

Finally, more research is needed to explore the connection between wellness and health. Previous literature and this evaluation have demonstrated a connection between wellness and health. However, future research is needed to explore the varied manifestations of health protective behaviors that occur as a result of the engaged pursuit of optimal well-being. This evaluation examined the health protective behavior of physical activity, yet other potential health behaviors could include improved diet, better sleep habits, or even artistic expression as a form of stress reduction. As Robinson (2004) noted, the largest contributor to health care costs at a workplace was not high blood pressure or heart disease, but depression and stress instead. Future research that explores the manifestation of health protective behaviors connecting wellness and health will address this major health care cost contributor.

Implications

The implications of this evaluation study are twofold. First, this preliminary evaluation suggests that the WBW may be an effective process in enhancing wellness. Second, it appears that engaging in a self-determined process to find what one wants from life is sufficient to enhances wellness. Joseph Campbell (1988) refers to this as the hero’s adventure. “The usual hero adventure begins with someone from whom something has been taken, or who feels there’s something lacking in the normal experiences available or permitted to the members of society. The person then takes off on a series of adventures beyond the ordinary, either to recover what has been lost or to
discover some life-giving elixir. It’s usually a cycle, a going and a returning” (Campbell, 1988, p. 123). Thus, the hero’s adventure is the soul’s high adventure and the path of the adventure is to follow one’s bliss (feel). A hero’s adventure does not set out to change the world, rather to save oneself. This vitalizing process, in turn, saves the world as Campbell (1988) writes, “The influence of a vital person vitalizes… the only way to do that is to find in your own case where the life is and to become alive yourself” (p. 149). The WBW served as a place for participants to explore where their life is and how to become alive. Campbell continues, “You must have a room, or a certain hour or so a day, where you don’t know what was in the newspapers that morning, you don’t know who your friends are, you don’t know what you owe anybody, you don’t know what anybody owes you. This is a place where you can experience and bring forth what you are and what you might be. This is the place of creative incubation. At first, you may find that nothing happens there. But if you have a sacred place and use it, something eventually will happen” (p. 92).

The WBW is a hero’s adventure. This evaluation of the WBW suggests that the WBW process is an effective tool to develop and foster the courage to embark on this hero’s adventure. How, when and where the hero returns remains dependent on each individual adventure.
REFERENCES


perspective. *American Journal of Health Studies*, 13, 8-17.


Table 1

Descriptive Data for all study participants at all three time points

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<th></th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Well-Being Way</td>
<td>72.91 (8.35) n=43</td>
<td>70.76 (14.53) n=17</td>
<td>71.94 (8.33) n=17</td>
</tr>
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<td>Comparison</td>
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<td>74.00 (7.31) n= 15</td>
<td>75.87 (6.66) n= 15</td>
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<tr>
<td>Well-Being Way</td>
<td>4.32 (1.06) n= 43</td>
<td>4.94 (1.06) n= 17</td>
<td>4.86 (1.26) n= 17</td>
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<td>Comparison</td>
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<td>5.14 (.86) n= 15</td>
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</tr>
<tr>
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<td></td>
<td>5.00 (.86) n= 8</td>
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<td>Well-Being Way</td>
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<td><strong>Self-Determination</strong></td>
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</tr>
<tr>
<td>Well-Being Way</td>
<td>3.42 (.56) n= 43</td>
<td>3.58 (.76) n= 17</td>
<td>3.72 (.60) n= 17</td>
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<td>Comparison</td>
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<td>3.81 (.81) n= 15</td>
<td>3.91 (.77) n= 15</td>
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<td>Well-Being Way</td>
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<td>23.47 (5.55) n= 17</td>
<td>25.00 (3.57) n= 17</td>
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<td>25.93 (3.71) n= 15</td>
<td>26.60 (3.60) n= 15</td>
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<tr>
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<td></td>
<td></td>
<td>26.88 (3.04) n= 8</td>
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<td><strong>Resonance</strong></td>
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<tr>
<td>Well-Being Way</td>
<td>15.49 (3.25) n= 43</td>
<td>15.12 (3.30) n= 17</td>
<td>14.18 (3.38) n= 17</td>
</tr>
<tr>
<td>Comparison</td>
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<td>12.80 (3.47) n= 15</td>
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<tr>
<td>Experienced</td>
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<td></td>
<td>12.88 (2.03) n= 8</td>
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<td><strong>Average Daily Steps</strong></td>
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<td>Well-Being Way</td>
<td>6209.18 (2669.12) n=30</td>
<td>6634.17 (2092.32) n=16</td>
<td>7755.91 (2773.75) n=17</td>
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<tr>
<td>Comparison</td>
<td>9081.57 (2908.32) n=15</td>
<td>9629.77 (3224.86) n=15</td>
<td>9384.41 (3200.66) n=15</td>
</tr>
<tr>
<td>Experienced</td>
<td></td>
<td></td>
<td>7500.84 (2840.79) n=8</td>
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</table>

* Mean (Standard deviation)
Table 2

One-way repeated measures ANOVA: Well-Being Way and Comparison group mean
Trait Subjective Vitality

<table>
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<th>Time 2</th>
<th>Time 3</th>
</tr>
</thead>
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<tr>
<td>Well-Being Way</td>
<td>4.12 (.85)</td>
<td>4.94 (1.06)</td>
<td>4.86 (1.26)</td>
</tr>
<tr>
<td>(n= 17)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Comparison</td>
<td>5.34 (1.16)</td>
<td>5.14 (.86)</td>
<td>5.37 (1.16)</td>
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<tr>
<td>(n= 15)</td>
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</table>

* Mean (Standard deviation)
### Table 3

Well-Being Way paired-samples t-test: Time 1 vs. Time 3

<table>
<thead>
<tr>
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<th>df</th>
<th>Sig.</th>
<th>Mean Difference</th>
<th>η²</th>
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<td>.77</td>
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<td>SVT</td>
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<td>.00</td>
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<td>.22</td>
</tr>
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<td>LET</td>
<td>-1.11</td>
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<tr>
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<td>.05</td>
<td>-1177.48</td>
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</table>

* PG = Personal Growth; SVT = Trait Subjective Vitality; SVS = State Subjective Vitality; SDS = Self-Determination; LET = Life Engagement; RES = Resonance; ADS = Average Daily Steps
Table 4

Well-Being Way participants change scores: Time 1 to Time 3

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<thead>
<tr>
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<th>Change Score</th>
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<tr>
<td>Personal Growth</td>
<td>- 0.765 (10.56)</td>
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<tr>
<td>Trait Subjective Vitality</td>
<td>+ 0.745 (.93)</td>
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<td>State Subjective Vitality</td>
<td>+ 0.343 (1.31)</td>
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<tr>
<td>Self-Determination</td>
<td>+ 0.382 (.74)</td>
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<tr>
<td>Life Engagement</td>
<td>+ 1.12 (4.15)</td>
</tr>
<tr>
<td>Resonance</td>
<td>- 1.76 (4.21)</td>
</tr>
<tr>
<td>Average Daily Steps</td>
<td>+ 1177.48 (2295.82)</td>
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</table>

* n= 17
Table 5
Well-Being Way change score correlations

<table>
<thead>
<tr>
<th></th>
<th>PG</th>
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<th>LET</th>
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<tr>
<td><strong>PG</strong></td>
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<td><strong>SDS</strong></td>
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<tr>
<td><strong>ADS</strong></td>
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</tbody>
</table>

* n= 17
** PG = Personal Growth; SVT = Trait Subjective Vitality; SVS = State Subjective Vitality; SDS = Self-Determination; LET = Life Engagement; RES = Resonance understanding; ADS = Average daily steps
Table 6

Independent-samples t-test: Well-Being Way vs. Experienced Well-Being Way at Time 1

<table>
<thead>
<tr>
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<th>η²</th>
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<td>.09</td>
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<td>.06</td>
</tr>
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<td>-.19</td>
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<td>.05</td>
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<td>.08</td>
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<td>RES</td>
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<td>.03</td>
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* Personal Growth equal variance not assumed, Levene’s $F(42, 7) = 4.34, p = .04$.
** PG = Personal Growth; SVT = Trait Subjective Vitality; SVS = State Subjective Vitality; SDS = Self-Determination; LET = Life Engagement; RES = Resonance; ADS = Average Daily Steps
Table 7

Independent-samples t-test: Well-Being Way vs. Experienced Well-Being Way at Time 3

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* PG = Personal Growth; SVT = Trait Subjective Vitality; SVS = State Subjective Vitality; SDS = Self-Determination; LET = Life Engagement; RES = Resonance; ADS = Average Daily Steps
Figure 1

*From Ryff & Keyes (1995) The Structure of Psychological Well-being Revisited*

**Definitions of Theory-Guided Dimensions of Well-being**

- **Self-Acceptance**
  - 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.

- **Positive Relations with others**
  - 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; now willing to make compromises to sustain important ties with others.

- **Autonomy**
  - 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.

- **Environmental Mastery**
  - 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.

- **Purpose in Life**
  - 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 in past life; has no outlooks or beliefs that give life meaning.

- **Personal Growth**
  - High scorer: has a feeling of continued development, sees self as growing and expanding, is open to new experiences, has a 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.
FIGURE 2

STUDY DESIGN

<table>
<thead>
<tr>
<th>Group</th>
<th>Time 1</th>
<th>Well-Being Way process</th>
<th>Time 2</th>
<th>Time 3</th>
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<td>(Week 8)</td>
<td>(Week 12)</td>
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<td>Packet and Pedometer</td>
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<td>Packet and Pedometer</td>
<td>Packet and Pedometer</td>
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</tr>
<tr>
<td>Comparison</td>
<td>Questionnaire</td>
<td>Did not attend Well-Being Way sessions</td>
<td>Questionnaire</td>
<td>Questionnaire</td>
</tr>
<tr>
<td></td>
<td>Packet and Pedometer</td>
<td></td>
<td>Packet and Pedometer</td>
<td>Packet and Pedometer</td>
</tr>
</tbody>
</table>
Figure 3

Estimated Marginal Means of Trait Subjective Vitality

- Well-Being Way groups combined
- Well-Being Way
- Comparison

Time points: 1, 2, 3

Estimated Marginal Means: 5.40, 5.20, 5.00, 4.80, 4.60, 4.40, 4.20, 4.00
Appendix A

Thank you for agreeing to participate in this evaluation study. You will be asked to complete the following questionnaires as well as provide some basic demographic information. Your responses will be completely confidential. In addition your participation is completely voluntary and you can refuse to answer any question or withdrawal from this study at any time. If you have any questions please feel free to contact me directly at lewispi@muohio.edu. Thank you again for your time.

Participant Demographic Questionnaire

Name: _____________________________
Age: _____  Gender: ______
Job title and department: ___________________________
Campus Phone: ______________
Email: ___________________

Pedometer Information

Total Steps:
  Day 1 _______
  Day 2 _______
  Day 3 _______
  Day 4 _______
  Day 5 _______
  Day 6 _______
  Day 7 _______
Weekly Total: _______
Appendix B

Please indicate the degree to which you disagree or agree with the following statements.

(1= Strongly Disagree; 2= Moderately Disagree; 3= Slightly Disagree; 4= Slightly Agree; 5= Moderately Agree; 6= Strongly Agree)

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

Please respond to each of the following statements by indicating the degree to which the statement is true for you in general in your life. Use the following scale:

<table>
<thead>
<tr>
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<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>not at all true</td>
<td>2</td>
<td>somewhat true</td>
<td>3</td>
<td>very true</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I feel alive and vital.  
2. I don't feel very energetic.  
3. Sometimes I feel so alive I just want to burst.  
4. I have energy and spirit.  
5. I look forward to each new day.  
6. I nearly always feel alert and awake.  
7. I feel energized.
Appendix D

Please respond to each of the following statements in terms of how you are feeling right now. Indicate how true each statement is for you at this time, using the following scale:

<table>
<thead>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not at all true</td>
<td>somewhat true</td>
<td>very true</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. At this moment, I feel alive and vital. | 1 2 3 4 5 6 7 |
2. I don't feel very energetic right now. | 1 2 3 4 5 6 7 |
3. Currently I feel so alive I just want to burst. | 1 2 3 4 5 6 7 |
4. At this time, I have energy and spirit. | 1 2 3 4 5 6 7 |
5. I am looking forward to each new day. | 1 2 3 4 5 6 7 |
6. At this moment I feel alert and awake. | 1 2 3 4 5 6 7 |
7. I feel energized right now. | 1 2 3 4 5 6 7 |
Appendix E

Instructions: Please read the pairs of statements, one pair at a time, and think about which statement within the pair seems more true to you at this point in your life. Indicate the degree to which statement A feels true, relative to the degree that Statement B feels true, on the 5-point scale shown after each pair of statements. If statement A feels completely true and statement B feels completely untrue, the appropriate response would be 1. If the two statements are equally true, the appropriate response would be a 3. If only statement B feels true And so on.

1. A. I always feel like I choose the things I do.
   B. I sometimes feel that it’s not really me choosing the things I do.
   Only A feels true 1 2 3 4 5 Only B feels true

2. A. My emotions sometimes seem alien to me.
   B. My emotions always seem to belong to me.
   Only A feels true 1 2 3 4 5 Only B feels true

3. A. I choose to do what I have to do.
   B. I do what I have to, but I don’t feel like it is really my choice.
   Only A feels true 1 2 3 4 5 Only B feels true

4. A. I feel that I am rarely myself.
   B. I feel like I am always completely myself.
   Only A feels true 1 2 3 4 5 Only B feels true

5. A. I do what I do because it interests me.
   B. I do what I do because I have to.
   Only A feels true 1 2 3 4 5 Only B feels true

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6. A. When I accomplish something, I often feel it wasn't really me who did it.
   B. When I accomplish something, I always feel it's me who did it.

   Only A feels true 1 2 3 4 5	Only B feels true

7. A. I am free to do whatever I decide to do.
   B. What I do is often not what I'd choose to do.

   Only A feels true 1 2 3 4 5	Only B feels true

8. A. My body sometimes feels like a stranger to me.
   B. My body always feels like me.

   Only A feels true 1 2 3 4 5	Only B feels true

9. A. I feel pretty free to do whatever I choose to.
   B. I often do things that I don't choose to do.

   Only A feels true 1 2 3 4 5	Only B feels true

10. A. Sometimes I look into the mirror and see a stranger.
    B. When I look into the mirror I see myself.

    Only A feels true 1 2 3 4 5	Only B feels true
Appendix F

Please answer the following questions about yourself by indicating the extent of your agreement using the following scale: 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree. Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.

<p>| | | | | |</p>
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<tr>
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</thead>
<tbody>
<tr>
<td>1. There is not enough purpose in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. To me, the things I do are all worthwhile.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Most of what I do seems trivial and unimportant to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I value my activities a lot.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I don’t care very much about the things I do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I have lots of reasons for living.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>
Appendix G

Please answer the following questions as they apply to your life.

1. I am engaged with life
   a. Frequently
   b. Sometimes
   c. Rarely
   d. Have no idea what being engaged means

2. I feel energized
   a. Frequently
   b. Sometimes
   c. Rarely
   d. I’m too tried to write anything

3. I respond to obstacles by
   a. Working harder
   b. Getting angry, beating myself up
   c. Escaping or ignoring the obstacle
   d. Wondering why I was doing the activity that led to the obstacle in the first place

4. I spend time with friends
   a. Frequently
   b. Sometimes
   c. Rarely
   d. When I have the time to inflate them

5. I engage in my work
   a. Frequently
   b. Sometimes
   c. Rarely
   d. Thinking about it as I drive out of the parking lot

6. I seek out others to learn from
   a. Frequently
   b. Sometimes
   c. Rarely
   d. When I can’t find the remote

7. When I need energy I
   a. Create it for myself
   b. Visit family, friends, or coworkers
   c. Take a short nap
   d. Hit Starbucks

8. When I feel afraid
   a. I confront the fear and then proceed to act
   b. I try to block out the fear
   c. I get someone else to finish the job
   d. I run away like a man whose hair is on fire seeks water

9. When I feel stuck
   a. I patiently examine how I want to feel in my life and then seek it out
   b. I wonder how I ended up in this place and take action to change things
   c. I feel sorry for myself
   d. I change the channel
Appendix H

Pedometer Information

Attach the pedometer to your waist (belt) above the outside of your knee. Fasten the safety clip to your waist (belt) or clothes to prevent the pedometer from falling and breaking. Each day, at the same time, record your steps and reset the pedometer.

Total Steps:
- Day 1 ________
- Day 2 ________
- Day 3 ________
- Day 4 ________
- Day 5 ________
- Day 6 ________
- Day 7 ________

Weekly Total: ________
Here are some directions on how to use the pedometer.

To Open:
- Locate writing on outside of case, “Accusplit Eagle”.
- Hold pedometer so that writing is ‘right’ side up.
- Above the writing is the latch to the pedometer, lift this latch to open pedometer. This can take some effort, but it will open.

Once Open:
- Locate step screen directly under “AccuSTEP.com”
- Locate the yellow reset button; push this button to reset steps to Zero.

To Use:
- After resetting steps to zero, close pedometer.
- Locate writing on outside of case, “Accusplit Eagle”.
- Opposite this writing is the belt clip.
- Fasten this clip to your belt or waistline of your clothes.
- The pedometer should be placed on your waist slightly to the outside of an imaginary line running directly from your kneecap to your waist.
- Use one of the safety clips to fasten the safety line to your clothes to prevent the pedometer from falling, should it become unhooked.

What to do:
- Wear the pedometer all day for 7 straight days.
- Record your steps and reset the pedometer each day (best if done at the same time each day, before going to bed, or just after getting up).
- Wear the pedometer everywhere you go (but not in a pool).
- Bring your pedometer and your step log to the next Well-Being Way session.

Thank you for your participation. Please feel free to contact me if you have any questions (lewispj@muohio.edu).

Pat Lewis
Appendix I

I am interested to know your thoughts on your experience thus far. If you would please provide some feedback on the following it would be greatly appreciated. There are no right or wrong answers.

You have now spent some time exploring this idea of Feel. In the space below can you tell me a little bit about this experience.

1. **What are the strengths of this program?**
2. **What have you liked best about the Well-Being Way?**
3. **What activity did you connect with the most?**
4. **What aspects of the Well-Being Way could be improved?**
Appendix J