WOMEN'S DETERRENCE OF OBESITY THROUGH EXERCISE ADHERENCE:

AN INTERPRETIVE PHENOMENOLOGICAL ANALYSIS

by

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ABSTRACT

The present interpretative phenomenological analysis sought exploration regarding the research phenomena of continued obesity deterrence in relation to structured exercise adherence. This qualitative study explored the personal lived experiences of previously obese women between the ages of 20 to 40, and their current coping mechanisms of exercise adherence in relation to the deterrence of obesity. A 10-question interview was implemented to explore the participants' successful lived experiences toward the discovery of any commonly shared physiological or psychological factors that substantiate health care adherences. The dissertation includes an initial assessment of one participant who responded to pilot test the interview questions; these data were referenced in the collected results. The sample size included 11 participants to determine the estimated independent effect of the research phenomena within the target population demographic. The purposive sample for the study focused only on a successful deterrence of obesity in women recruited from the YMCA health organization in Detroit, Michigan, with signed consent obtained from the Regional Director of Personal Training. Interpretation of the findings for young adult women was that predominately negative external physiological and psychological experiences are initially necessary to self-determine or trigger behavioral change, followed by prolonged positive internal psychological motivators needed to maintain adherence to exercise, culminating with the consistency of routine structured regimen to deter obesity.

DEDICATION

I dedicate this doctoral research study to all of my friends and family, but more importantly, I want to acknowledge the contributions of my fiancé and soon-to-be wife Lauraanne Klebba. Laura has been the very core strength of my willpower with regards to finalizing this research study, as her words of encouragement have served as the primary catalyst toward my motivation throughout this encompassing doctoral journey. The unconditional love and support that I have received from Laura has not only encouraged my growth as a person but also inspired my desire to build upon my own personalized understanding of the world as a man. I am truly thankful for my family, but equally so for the opportunity to facilitate the growth of my own goals with a woman whom I love more than everything else within this world. This research study will hopefully be seen as a testament that the human spirit can accomplish anything as long as the desire to grow can match the will power to achieve.

ACKNOWLEDGMENTS

As a future doctor, current exercise scientist/physiologist, and personal trainer, I truly hope that this study was done with not only the intention of assisting in finding a cure for female obesity but obesity as a disease in general. I want to acknowledge further the contributions of my family, for without them I would not have had the means or support to accomplish my dream of becoming a doctor. I also want to acknowledge my research chair Dr. Craig Martin as well as my committee members Dr. Susan Mandel and Dr. Karen Lilyquist. Without their genuine guidance and assistance over these past few years, I would not have had the necessary fortitude to make it through the difficult process of doctoral level research. Finally, I want to acknowledge the University of Phoenix because it is in large part due to my five-year experience with the Doctorate of Health Administration Program administered by the university that for the first time in my life I truly feel prepared for all of the challenges that may potentially come my way in the future. I am truly honored to have completed this study, and will continue to work with this subject in my future experiences as a Doctoral (DHA) Practitioner.

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PREFACE

The logic behind the implementation of this research study, as well as the attainment of my doctoral degree in health care administration, was one that contains both a personal passion and general authority relative toward the health care industry dually. As an exercise scientist/personal trainer, it was once my job to provision health prescription with the certainty of improving the well-being and care of my patients. Unfortunately, I along with my peers within general cardiology were relegated for nearly 30 years to mere observation of the inability of young women to deter the disease of obesity. This frustration finally culminated personally for me with a heartfelt plea from a doctoral peer. With tears in her eyes during my final doctoral residency in Washington D.C., she asked me to be the first health care professional to discover the reasoning behind obesity.

With my motivation now focused, I decided that to explore obesity through doctoral study, I must first seek out women who had overcome obesity. It was a challenge to locate and recruit once-obese women, who had deterred the disease through exercise regimen alone, but after eligible women were identified and interviewed, a common pattern emerged. All 11 female participants reported a negative external experience triggering behavioral change, followed distinctly by the self-determining need for affirmation to maintain long-term adherence to exercise in combination with the structure of regimen ultimately to deter obesity.

Chapter 1

Introduction

Despite the fact that the onset of feminine obesity in the United States has already reached 37% within the past decade alone, finding ways to develop contemporary exercise regimens and coping adherences for the physical onset and psychological stigma of obesity still remains an arduous task (Health and Human Services, 2012). The American College of Sports Medicine (ACSM) believes women, more so than men, remain at higher risk in terms of progressively deterring the disease (ACSM, 2012). Contemporary obese women also suffer with more serious physiological and psychological stress-related dispositions in terms of effective adherence to exercise regimen, often leading to greater chronic health concerns that remain unaddressed in regard to national averages (ACSM, 2012).

Thande, Hurstak, Sciacca, and Giardina (2009) believed that providing more accessible fitness related- programs for obesity-related deterrence, and then finding ways to substantiate the care strategies may eventually overcome pertinent barriers to the obesity epidemic already found within one third of the U.S. female demographic. This study sought to explore the lived experience of women currently between the ages of 20 to 40 with cognition of being obese since at least the age of 10, who still successfully deterred the chronic progression of the disease**.** The significance of age 10 is that according to the Mayo Clinic Department of Psychiatry and Psychology (2012), age 10 is believed to be the lowest acceptable age for accurately describing a distinctive understanding of a pre-cognitive lived experience.

Chapter 1 continues with an exploration of the background of female obesity disposition tendencies as well as further inquiry into the nature of the significance, methodology, and research questions. The remainder of chapter one concludes with further discussion regarding the theoretical framework including assumptions, scope, limitations, and delimitations. This information will transition into the Chapter 2 reviewed literature to lay foundational basis toward exploring issues contemporary obese women may continue to face in deterring a chronic advancement of the disease.

Background of the Problem

Since the early 1980s, the ACSM (2012) believed that the once focused treatment of obesity as an isolated health care indicator in relation to exercise adherence has shifted toward a more directed emphasis on the primary prevention of obesity. Public health intervention programs have long been thought to effectively deter the advancement of obesity-related weight gain (ACSM, 2012). According to the ACSM (2012), the current focus has shifted toward contemporary preventative programs, such as clinical cardiology health behavior modification and weight management cessation, to assist obese patients more effectively with the discipline necessary for adherence to daily exercise regimen throughout the course of a lifetime.

According to Health and Human Services (HHS), the current rate of obesity among contemporary adult U.S. females over the age of 20 has already reached an average of 37%, and is predicted to be over 40% by the year 2016 (HHS, 2012). HHS (2012) argues that a higher prevalence of obesity may suggest a lower prevalence on the primary requirements and maintenance of personalized health care adherence for the overall female demographic. Throughout the past decade, female obesity rates in the

United States have risen faster than that of the masculine counterpart; whereas 37% or more than one third of women over the age of 20 are currently classified as individually obese in comparison to 33% of men (ACSM, 2012).

Both HHS (2012) and ACSM (2012) share a common belief that obesity prevention and weight related coping skills in women are constructs that can be adhered to practically. The most prevalent issue is that only a handful of health behavioral modification programs have explored how developing coping skills and resiliency measures of exercise adherence can statistically deter obesity in women currently living with the disease (HHS, 2012). According to Van Meijgaard (2010), the stagnating problem of obesity can be found most prominently in the greater number of the contemporary female population that remains obese. It is the core belief of Van Meijgaard that obese women living within the United States have not experienced a significant enough level of success deterring the onset of obesity, because more American women currently experience the disease than men (Van Meijgaard, 2010).

According to ACSM (2012), slower genetic metabolic rates in women with low muscle mass have long been related to the current feminine prevalence of obesity found within the United States. Larsen, Wagner, and Heitmann (2007) believed that while not every health care problem is simply a black or white issue, the trend of stagnating feminine obesity may be found as the lasting result of differential factors. The primary consensus is that definitive information is lacking about psychological and psychosomatic habitual competencies in relation to exercise adherence found distinctly within young adult women (Larsen, Wagner, & Heitmann, 2007).

According to the Aligning Forces for Health Care Quality (AF4Q) (2010), few theories directly have addressed exercise adherence in young obese women. The problem remains a lack of positive statistical advancement within the population, which may indicate women who experience the onset of obesity at a young age have not yet been properly prepared to develop adequate coping and training mechanisms for exercise adherence measures (AF4Q, 2010). Women who have cognitive understanding of obesity prior to age ten may often be less likely to seek help for the problem and without the practical health care benefits of preventative fitness programs, there may forever remain an increasing need for exercise programs that can practically assess the necessary benefits required to deter obesity within the overall female demographic.

Initially, the ACSM theorized that once the intention to lose weight had been formulated, the cognitive indicators involved in the engagement process presented both the physiological opportunities and psychological support to regulate adherence to exercise based on self-regulating behavioral competencies (ACSM, 2012). More specifically, the addressed relationship between exercise frequency and duration throughout the past decade has served to validate only tertiary benefits of long-term physiological activity on mortality and health care expenditures. Heikkinen (2009), assessed that it is the uncertainty of adherence to preventative health care programs in relation to the obesity epidemic in those with lived exposure to the disease which has made it only more difficult to conclude the practical feasibility necessary to facilitate health care-related programs that can benefit the younger adult female demographic.

Due to a distinctive lack of significant statistical progress with regard to the high rate of obesity found within women, additional research is seen as relevant in examining

the effect of exercise adherence programs on regulating obesity within those found to accumulate the highest health risk. Differentiating inquiry may be ultimately seen to explore further the epidemiological impacts of new health care policies. Specifically, preventative health care adherence programs have been observed through contemporary research as lacking regarding the U.S. young adult feminine population sets (Leinonen, Kujala, Törmäkangas, Mänty, & Heikkinen, 2009).

Statement of the Problem

According to HHS (2012), female obesity rates in America are currently rising faster than that of the masculine counterpart, and in 2011 it was reported that 37% of women at least 20 years or older were already statistically classified as clinically obese. For females ages 20 to 40, obesity has not significantly improved or regressed from a rate of 37- 40% since the mid-late 1990s (ACSM, 2012). Due to the chronic and historic statistical stagnation of the U.S. female demographic in regard to the disease, national policy makers may face mounting health-related concerns in the future regarding the practical effectiveness of contemporary exercise adherence programs successfully deterring obesity within the majority of young adult women (HHS, 2012).

Exercise-related programs have yet to determine alone how barrier and health efficacy practically can deter U.S. feminine cultural disposition in regard to obesity (Samuelsson, 2008). While evidence pertaining to obesity and individual health behavior modification relating to women is available through HHS and ACSM, identifying which common health care indicators are most likely to motivate contemporary obese women to successfully engage in weight-loss programs have yet to be scientifically determined through research. The problem remains that while most women suffering with a current

disposition in relation to obesity can enroll in a myriad of acute fitness programs to resolve the risk of obesity, the majority of existing programs have failed to reduce the long-term advancement of obesity in women for reasons either unknown or still yet unsubstantiated through further research exploration (Tokmakoglu, 2010).

Purpose of the Research

The purpose of the interpretive, qualitative phenomenological study was to explore the lived experiences of previously obese women between the ages of 20 to 40, with regard to their coping mechanisms of exercise adherence in relation to the phenomena of obesity deterrence. A proposed purposive sampling of women who have a cognitive awareness of obesity from at least age 10 onward, but still found success coping with the disease into adulthood was the assessed research phenomenon. The research participants were recruited from the Metropolitan Detroit based YMCA health and wellness facilities or satellite sites, whose signed permission was obtained from the Detroit Regional Director of Personal Training (see Appendix C).

Significance of the Study to Health Care Leadership

Health care programs, such as weight management and personal fitness training, have yet to show significant statistical signs of successful obesity deterrence within the general female population (HHS, 2012). The significance of the proposed research study to health care leadership was to explore objectively those common health indicators that were most responsible toward exercise related program adherences having the most potential to improve the obesity epidemic affecting the current female demographic (Robinson, Stevens, Kaufman, & Gordon-Larsen, 2010). Further significance to health care leadership can be validated by exploring research related to obesity and exercise

adherence within the 20 to 40 year old female demographic, relevant to a higher permeation of the disease associated with lower feminine metabolic rates of energy expenditure (Mcbrearty, 2010). The demographic of study was also seen at highest risk for chronic obesity, which could further assist those with less risk found within the subset of the general overweight female population (Mcbrearty, 2010).

The ACSM (2012) believed that substantiating feminine self-efficacy to show how elemental aspects of a physiological task could provision further explanation regarding why preventative programs were not adhered to more consistently by women within the 20 to 40 age range. Robinson and Gordon-Larsen (2010) evaluated how further research exploration may be most useful toward the nature of task efficacy barriers between exercise and obesity cessation within female participants. This may assist in substantiating the benefits associated with health care programs in reducing obesity as a universally stagnant health-related concern generally affecting young Midwestern women as a research demographic (Robinson et al., 2010).

Due to Michigan in 2013 being ranked the 5th most obese state in the nation, this study may be of particular interest to Detroit health care leaders in judging the importance of preventative health care on the general overweight female population living within the area (HHS, 2013). Assisting health care stakeholders with information about providing care strategies to larger overweight and health risk population segments may also further exploration in regard to any successful or failed health care programs associated with the obesity epidemic. According to Yin (2009), this can more effectively face validate the overall significance of psychological and physiological barriers related to exercise adherence programs currently adhered to amongst the research demographic.

Nature of the Research Methodology and Design

An open-ended phenomenological study helps define the research by assisting health care administrators in better understanding why or why not exercise adherence programs are worthy of deconstruction (Whitley & Crawford, 2010). According to Whitley and Crawford (2010), the first principle for analyzing phenomenological data is to use an emergent strategy by allowing the method of analysis to define the nature of the data itself. In this vein, the focus of study was on understanding the meaning of the descriptive problem of obesity in relation to the phenomena exhibited by those within the targeted demographic who have successfully controlled its continual advancement (Whitley & Crawford, 2010).

Individual personalized narrative interviews were conducted for further insight into characteristics of the female population, who have successfully deterred the recurrent effects of obesity through daily structured exercise regimen. An interpretive phenomenological analysis (IPA) was used in the study based on the life experiences of 20 women with a cognitive or conscious awareness of obesity after age 10 to have ameliorated successfully the obesity syndrome within their lived experiences. According to Creswell (2008), this enables a set of responses from which general themes may emerge as a result of collective analysis to assist greater segments of obese women at risk of further evolving the disease.

The IPA sought exploration internally regarding the personal lived experience responsible for the participant's behaviors to coordinate more effectively the analysis of comprehension with the practical facilitation of controlled obesity. Data were collected through exploratory interviews within a given set of female participants who had

experienced firsthand a deterrence of obesity through exercise adherence. The IPA research design sought to develop a more personalized understanding of the participants' lived experiences of the health phenomenon as relayed to the researcher in order to substantiate further the qualitative assessment and data analysis (Reid, Flowers, & Larkin, 2005).

A qualitative designation was preferable over quantitative method and methodologies because of the distinctive opportunity to conduct open-ended interviews with individuals who had the lowest chance of success with obesity deterrence in relation to their gender (ACSM, 2012). More specifically, the phenomenological research design was the most appropriate in gaining significant cognitive insight into the phenomenon of feminine deterrence toward the further occurrence of obesity (Whitley et al., 2010).

Whitley and Crawford (2010) stated that using an IPA qualitative research methodology was an appropriate research methodology for exploring thought processes relative to the participants' pre-cognitive motivational strategies toward exercise adherence throughout their personalized lived experiences. Rubin (2008) believed that research of this nature was most prominently related to gaining significant understanding of the lived experiences after age 10, as described by the participants, regarding their own personalized fitness regimens and health care adherence measures.

The qualitative research effort objectively explored the common health indicators that were most responsible toward exercise related program adherences for women previously classified as being obese. The study included an open-ended interview questionnaire for the purpose of more thoroughly understanding how the participant women have successfully deterred a continual onset of the disease. The demographical

focus of the study was to interview within the Metropolitan Detroit Health Care area toward the female 20 to 40 female age demographic for research specificity. A selection of participants identified by health administrators, such as the Chief Operating Officer and the Vice President for Human Resources at 11 Detroit-affiliated satellite YMCA health and wellness sites, were distinctly chosen for their appropriateness to the research.

Research Questions

Filling necessary gaps in the research further conceptualized successful preventative strategies of obesity for caregivers who wished to provide more adequate health intervention strategies (Simon et al., 2004). According to Creswell (2008), it was important to substantiate the exploratory value within the questions to address the development of the associated available research. If research is found to differentiate coping mechanisms that women with obesity have from less comparatively successful peers, a conceptual or thematic framework ultimately could be formulated to facilitate skill sets.

The research questions openly explored the lived experiences of previously obese women in regard to their physiological decision-making processes to attain a clearer understanding of their health care behaviors. The Central Research Question (CRQ) was broad, general, and open-ended, allowing the phenomenon to expeditiously reach the reader more succinctly (Creswell, 2008). In the research exploration, the centralized question focused on what the relationship was between experiencing obesity from age 10 onwards toward deterrence of the disease through exercise adherence. The addition of four subquestions sought exploratory descriptions pertaining to the research phenomenon interpretively through the lived experiences of the participants (Goulding, 2005).

Central Research Question.

CRQ. How have physiological and psychological elements, derived from programs of exercise adherence, affected the participants' lived experiences to deter obesity effectively?

Subquestions.

1. What are the physiological indicators of exercise adherence?
2. What are the psychological indicators of exercise adherence?
3. How have physiological indicators affected the deterrence of obesity?
4. How have psychological indicators affected the deterrence of obesity?

Theoretical Framework and Conceptual Research Design

The research framework was adapted through self-determination theory (SDT), which allows for a dual focus on the individual interplay of both behavioral and physiological perspective. SDT theory is a framework that defines both perspectives individually through the relatedness of competence and autonomy, using the habitual pursuit of extrinsic and intrinsic reward through personalized willpower (Deci & Ryan, 2002). The theory relates more specifically to exercise adherence and obesity deterrence through evidence of learned repetitive past success formed through prolonged chronological intervals of time.

The primary concepts of SDT differentiate relative to the degree in which behavior is represented either autonomously (compulsory) or through personalized self-will power and determination (structure). For example, intrinsic motivation is seen to be primarily autonomous in the fact that one may feel compelled to accomplish a given task during a given time interval, while extrinsic motivation is typically believed to be

structured toward a specified goal set (Deci et al., 2002). SDT theory ultimately can utilize both types of motivation successfully, as long as health adherence practices have been internalized, suggesting that greater control over self-motivation facilitates a faster compliance to routine structured regimen.

Deci (2002) theorized that only a succinct understanding of an individual's lived experiences can be explored when described by the participants regarding their own personalized fitness regimens and health care adherences. For the IPA design utilized within this research study, it was assumed that using qualitative open-ended concepts, such as self-determination and individualized motivation, was more appropriate to personalize insight into how exercise adherence affected the research phenomenon within the specified population set (Creswell, 2008). The lived experiences were vital to this research demographic, because the research was exploring how these women had deterred obesity while others of the same demographic had not.

Thematic Physiological and Psychological Adherence Indicators

Theoretically, physical activity alone has the potential to play a preliminary role toward managing obesity; although exercise adherence measures needed to produce weight loss deterrence can be difficult to obtain in obese woman who have a contemporary disposition to the disease (ACSM, 2012). According to Morris (2010), exercise adherence provided advantages in maintaining a healthy weight balance while further exploration of conceptualized factors, such as motivational self-efficacy to structured regimen and negative cognitive/physical history, are also seen as significant. In this vein, Morris (2010) theorized that poor coping and environmental skills, high

costs of training programs, reduced access to training facilities, low moral support, and time barriers are all seen to be significant factors in combating obesity (Morris, 2010).

Van Meijgaard (2010) believed that the vast majority of obese young women may especially be at risk for cognitive depression relative to a lack of adherence to routine structured exercise regimen. ACSM (2012) further addressed how cognition to health risk factors adversely affected health assessment and exercise adherence protocols within young adult women. This also can be seen as increased knowledge of personalized failures toward adherence to structured exercise regimen, coupled together with exploring negative traits found within traumatized personality constructs may further explore treatment selection strategies for greater segments of obese women. Ultimately, this provided theoretical explanation as to how outcome processes of contemporary weight-loss and cessation programs can be reflected within the study.

Definition of Terms

All specific medical terminology found in the research manuscript was further identified. The definitions provided offer greater insight for the readership to assess and comprehend. Any and all technical terms found in the body of the research study pertinent to the readership can be found here for improved clarity.

Body mass index or (BMI): A heuristic proxy used to determine obesity through an individual's body fat expenditure based on individual weight and height. BMI is used optimally for obesity but not specifically to measure body fat analysis (U.S. Department of Health and Human Resources [HHS], 2012).

Body dsymoprhia: A disease primarily affecting women where as an individual will obsess over a real or perceived physical flaw (ACSM, 2012).

Exercise adherence: An ability to function successfully in regard to circumstantial negativity (ACSM, 2012). Exercise adherence more specifically refers to the functionality of structured exercise regimen across physiological and psychological domains (HHS, 2012).

Homeostasis: The body's ability to regulate a constant condition of energy expenditure and temperature to stabilize the body's internal environment (ACSM, 2012).

Interpretative phenomenological analysis (IPA): A personalized methodology pertaining to qualitative research that greatly specifies contextual insight into how the life experiences of the participant's demographic make personal sense in reference to their own experience of a contemporary research phenomena (Reid & Larkin, 2005).

Obesity: A clinical disease in which body fat accumulates excessively to adverse health effect, often increasing health issues. Obesity can be determined clinically when a BMI is found to be greater than 25 kg/m^2 (ACSM, 2012).

Obesity deterrence: A concerted cognitive or behavioral effort, to successfully manage both the internal and external demands placed on an individual by the disease of obesity over an extended period of time (ACSM, 2012).

Obesity disposition: The state of being genetically disposed in a given direction, tendency, or inclination through inherent mental or physical susceptibility (ACSM, 2012).

Polycystic ovary syndrome or (PCOS): A medical condition in which there is an imbalance of a woman's sex hormones, which cause changes in the menstrual cycle, often leading to female obesity predisposition (Weir, 2010).

Psychosomatic: Relating to or concerned with the involvement of both mind and body in relation to disease; primarily concerned or associated with bodily symptoms caused by mental or emotional disturbances in terms of health behavior (HHS, 2012).

Triangulation: Involves the use and approach toward investigating research that enhances conjecture with regards to research credibility. Research indicators include singular research methodology, with the prospect of enhanced confidence in further mining qualitative and quantitative data sets (Creswell, 2008).

Research Assumptions

The results from the research sought to explore the participants implicitly about revealing information that may assist or deter the research effort. Recognizing personal biases and other forms of subconscious influences, not directly related to the research questions, influenced decision-making processes of the assessed research demographic. Since the study group consisted primarily of volunteer participants, any and all participants were assumed to honestly self-report their successful lived experiences toward the deterrence of obesity through exercise adherence.

Given the broad appeal to the preventative health care industry on a topic relating to obesity in the general female demographic, it was reasonable to expect a myriad of issues relating to non-compliance of structured programmed exercise regimen. The focus remained on operating under the assumption that participants were honest and forthright with their responses to validate research credibility toward consistent patterns of health behavior found within the participants. It was reasonable to believe that the process of study may yield results that either overvalue or devalue a tertiary amount of indicators

found within the research, due to the overall subjectivity and open-ended response format of qualitative inquiry (Creswell, 2008).

Scope of the Research

The current research on previously obese women and their health adherence skills was specifically focused on Detroit based women in primary regard to their stories of successfully controlling obesity through structured exercise adherence. It was also important to examine how the participants described their personal success with deterring obesity, while still maintaining an understanding that young adult women with similar disease etiology have had differential results mirroring negative initiation triggers toward exercise adherence. The population was asked how they had initially developed coping mechanisms for obesity through exercise adherence, and how they continue to successfully cope with deterring regression of the disease.

The IPA design concentrated primarily on the phenomena of obesity deterrence itself as well as the attempt to understand it, which is why resources available to this population set differed from the passive overweight female demographic. The overall scope of study focused only on the experiences of the Detroit research participants as well as the coping mechanisms used to achieve a long-term cessation of obesity through exercise adherence. As a result only volunteer independently living women between the ages of 20 to 40 who were cognitive of their lived experiences after age 10 and self-rated as having successfully deterred obesity through exercise adherence met the inclusion criteria for this research effort.

Study Limitations

The research study was limited to the reliability found within the pilot study outcome presented with that of the questionnaire being used (Creswell, 2008). The disparity of ages at which younger generations represent as high risk for obesity also affected myriad types of psychological coping skills regarding young adult female participants. Another limitation of the study was found in determining the individual eligibility of the participants, which relied solely on the subjective recall of the participants; rather than objective measures of health history relegated to such factors as collected BMI data.

According to Strauss (2008), resources available to women with obesity may not be transferable to all overweight demographics as some healthy adherence strategies may not be practically measurable. The research was reduced to health adherence and deterrence skills perceived by the obese population and their lived experiences. Ultimately the study was limited to surveying only women between the ages of 20 to 40 in Detroit Michigan, who had successfully deterred the disease despite some form of lived experience with obesity.

Limited data on risk management in younger females classified as obese specifically registering a BMI of ≥ 25 (ACSM, 2012), as clinical data were not recorded within the study to protect the participants' health history and anonymity. Because the qualitative inquiry was focused on a broader research issue, the challenge was found within maintaining consistent reliable and satiable qualitative data to substantiate the research findings. Individual physiology barriers, such as genetic predisposition and varied metabolic rates, ultimately made obtaining accurate information on exploring

habitual exercising and nutritional competencies difficult to substantiate through clinical, scientific, or quantitative research methodologies.

Overall Summary of the Research Exploration

Within this study the interpretive, qualitative phenomenological research design had explored the lived experiences of previously obese women between the ages of 20 to 40, and their coping mechanisms of exercise adherence in relation to the phenomena of obesity deterrence. Germinal and contemporary clinical research data were used to examine how practical measures of implementing prevention programs relate or appeal to the obese female 20 to 40-year-old population segments. The research effort also included investigation through personalized narrative interviews of the health adherence skills found within women who have successfully deterred a rubber band effect, or more specifically fat regression through exercise adherence.

The problem relating to female obesity rates in America comparatively to that of the masculine counterpart had still not significantly improved or regressed from a rate of 37- 40% since the mid-late 1990s (ACSM, 2014). Without exploring programs to assist exercise regimen to deter U.S. feminine cultural disposition in regard to obesity, national policy makers may continue to face mounting health-related concerns regarding the practical effectiveness of contemporary exercise adherence programs successfully deterring obesity within the majority of young adult women (HHS, 2012).

An interpretive phenomenological analysis (IPA) was used to analyze the study, as the significance of this design was based on exploring the cognitive lived experiences of 11 obese women aware of the disease after age 10 who found ways to successfully deter it. Exploring how cognitive lived experiences after the age of 10 affected the

participants' behavioral decision-making processes that had led to obesity deterrence through exercise adherence, remained the primary assessment of the study. The goal of the data analysis was the discernment of common or shared patterns relating to physiological (exercise) or psychological (cognitive) health adherence indicators, to explain how the phenomenon of obesity deterrence was practically achieved through exercise adherence.

Chapter 2 provides historical literature regarding the exercise adherence skills of women predisposed to obesity as well as barriers to the successful deterrence of the disease. Both physiological and psychological health indicators pertaining to exercise adherence were more thoroughly explored for thoughts on substantiating an explanation for successful weight management cessation in regard to obesity disposition. Health characteristics and contemporary educational practices related to the study will be reviewed, discerned, and further explored for validating the overall credibility of the research effort.

Chapter 2

Review of the Literature

Reviewing literature explores past and contemporary health adherence programs toward meeting the needs of younger overweight and obese females living within the United States. This literature review also provides further gap analysis related to obese young women and health care programs aimed at the primary prevention of obesity. Key title searches included medical articles, past research documents, and health care-related journal extracts. Primary information was obtained within both peer-reviewed articles and doctoral dissertations retrieved from University of Phoenix online databases including Gale PowerSearch, ProQuest, EBSCOhost, Journals, and MEDLINE.

Secondary research was obtained from Internet databases including government-sponsored or federal sources of information regarding the obesity epidemic found within young women toward strategic preventative health care reformation. Research documentation and books related to qualitative phenomenological research studies are also referenced variously throughout the paper. Literary analysis of more than 50 peer-reviewed journal articles as well as peer-reviewed documents relating to the subject matter yielded the penultimate sources of information for the research effort.

Historic and contemporary review of the literature ultimately yielded the means by which the actual lived experiences of obese young women influenced their primary attitudes and decision-making processes toward programmed exercise regimen within the study. Chapter 2 includes historical (germinal), contemporary, and secondary sources concerning the relationship between young women and obesity to further the research exploration of the subject matter. According to the American Medical Association

(2013), obesity in the year 2014 is currently classified as a disease. Evidence garnered from this study indicated that more innovative, cognitive-based, procedural strategies involving motivational triggers to exercise adherence need to consider the inclusion and treatment criteria for the young adult, obese, female population.

In Chicago in 2013, physicians voted in accordance to contemporary scientific evidence, being in their words "overwhelming" to label obesity a clinical disease, as treatment in this vein was believed only to involve behavioral modifications, medications, or surgical intervention (AMA, 2013). Past discoveries of successful obesity deterrence relative to the younger female demographic may be used as a foundation for adherence programs at completion; the study provided foundational basis of the concept through research theory. It is believed that past provisions made for comfortable and socially acceptable health care-related programs have not yet been effective in statistically limiting the disease of obesity in women (Tarin, 2008). According to Tarin (2008), the challenge in maintaining adherence to structured exercise regimen in women remains facilitating affordable programs, moderate physiological challenges, and high cognitive desirability toward collective group participation.

Female Obesity Predisposition

According to Health and Human Services (2012), obesity is defined as a multifaceted disease that can involve a myriad of psychosomatic, metabolic, genetic, or cultural factors (HHS, 2012). The ACSM defined obesity as an excessive fat accumulation with a BMI greater than 25, or body fat percentage between 18 and 30% impairing one's health for men and women respectively (ACSM, 2012). The (BMI) instrumentation was most prominently used clinically within the medical terminology to

more specifically label individual men and women as having higher percentages of body fat than that of the known status quo (ACSM, 2012).

Historically within the realm of clinical health care, obesity disposition in women relates to an abnormal or chronic medical condition defined by excessive fat accumulation amounting to excessive body mass index or (BMI) of greater than 25 kg/meters squared (HHS, 2012). According to the World Health Organization (WHO) since 1970, the most relevant problem pertaining to young American women has been an increase within the classification of obesity between the ages of 20 to 40 (WHO, 2012). This progressive discrepancy has ultimately lead to roughly one in four women today being classified as living with obesity in the United States alone (WHO, 2012).

For young adult women, obesity has become a somewhat pervasive epidemic within the United States. Since the early 1980s, the American College of Sports Medicine (ACSM) among other credible health institutions, such as the WHO (2012), had attempted to treat obesity for women in relation to exercise adherence with little to no statistical advancement (ACSM, 2012). Despite associated public health care intervention programs, such as preventative clinical cardiology, health behavior modification, and weight management cessation, obese younger women in particular have had difficulty remaining disciplined to daily exercise adherence believed to control further advancement of the disease effectively or chronically (ACSM, 2012).

Between the years 1970 and 2010, female obesity prevalence in young women has already doubled increasing from 15% to an astounding 40% respectively (Calton, 2010). Although not an overwhelming disparity between the male and female genders, the overall number is still significantly higher for women than that of men during the

historical 30-year time period (see Figure 1). Calton (2010) stated that over this 30-year period, obese women within the 20–40 age range reached the onset of obesity faster from childhood to early adulthood relative to men of the same age group.

ACSM (2012) epidemiological findings pertaining to female obesity over the past 35 years involving any significant weight gain have long been thought to revolve primarily around physiological or (musculature) limitations within the feminine metabolic rate of energy expenditure. The ACSM epidemiological perspective of obesity at the clinical level in women pertains specifically to the difficulty women have expending dietary consumption at the same rate as men due to a relative lack of muscle mass found distinctively within a much smaller feminine frame (ACSM, 2012). Moore (2012) believed that feminine obesity specifically may have been conceived from a distinctive lack of physiological muscle mass, tactile with a cognitive disinterest in resistance training due to a musculature form being considered overly masculine.

In the past, both genetics and negative masculine perception toward structured exercise regimen have been blamed equally for higher female obesity rates (Moore, 2012). A substantiated understanding of which specific factor contributes most significantly to the disease in women has yet to be determined scientifically through sustained research exploration on the subject matter (Moore, 2012). Researchers have long theorized that obese women by age 20 experience a faster regression as a group in terms of their adherences to structured exercise regimen than that of their masculine counterparts (ACSM, 2012). This theoretical basis was ultimately formed by what is commonly referred to as cognitive dissonance to physiological barriers found distinctively within the current feminine demographic (ACSM, 2012). The next section

of the literature review objectively explores a thorough and recent examination of the findings from the contemporary perspective.

Contemporary Status

Within the past two years, HHS (2012) addressed how prior obesity disposition in women plays a much more significant role within the overall physiological pathogenesis of the gender subset. Obesity prevalence amongst younger demographics of women have already increased by near 15% in the past 10 years alone, with current health care research starting to reveal female obesity after age 10 fast becoming a health care epidemic within the United States (HHS, 2012). Modern day young adult women with a cognitive or lived history of obesity, find themselves in an uphill battle to combat the current epidemic with only a singular cure focused on either physical or psychological activity adherence measures (Loos & Bouchard, 2003). Women between the ages of 20 to 40 comprised the majority of the obesity epidemic at 35%, which according to ACSM (2012), analysis regarding obesity trends in younger women shows a disproportionate feminine-masculine predisposed tendency toward weight gain and obesity.

According to HHS (2012), the contemporary advancement in terms of percentages of obesity in young women between the ages of 20 to 40 that potentially classify as clinically having the disease (BMI > 25) is currently estimated to be at or around 20-25% of the U.S. female population demographic by 2021. According to Robinson (2007), obesity prevention programs and health care interventions in the future require more consistent participation with a stronger focus on exercise adherence measures that can emulate the masculine counterpart. It is believed that recent health and wellness adherence programs that have been the most effective are those that can

androgynously combine information garnered from both feminine psychological values with that of the masculine physiological exercise regimen. This suggests that obesity prevention between both men and women may be relatable (Robinson, 2007).

Feminine Prevalence

The World Health Organization estimates that female prevalence of obesity is rising (WHO, 2012). More than one billion women were overweight in 2012, with over 300 million meeting the criteria for obesity in the United States alone (WHO, 2012). Currently, the WHO (2012) labels American women between the ages of 20 to 40 as having the highest prevalence of obesity in the world. The consensus belief shared between health care agencies, such as the WHO and HHS (2012), is that a higher prevalence of feminine obesity found within the United States may be due to a conceptual physiological and psychological health dichotomy in misunderstanding goals that constitute physical activity and exercise adherence within the younger female demographic (HHS, 2012).

In the past, typical preventative care approaches have focused on intrinsic individualistic behavioral traits pertaining to the disease of obesity, while more contemporary research suggests that the disease becomes more prevalent as the focus shifts to external barriers (HHS, 2012). According to the HHS (2012), obesity prevalence in American society is seen today as a combination of emotional eating habits coupled with lack of metabolic resistance training. The primary facilitator of expediting the metabolism remains lean muscle, leading to more sedentary behavioral exercise adherences in women than men being the catalyst indicator influencing continued genetic predisposition toward the current feminine obesity disposition (HHS, 2012).

The most prominent theory related to female obesity disposition is that it has a culpable effect on female reproduction, and almost always conceptualizes at a young age (ACSM, 2012). The primary reason that female obesity prevalence has increased is due to psychological barriers in the form of counterintuitive feedback given from women who do not adhere compliantly to a particular structured form of exercise regimen (ACSM, 2012). HHS researchers (2012) ultimately believed that female obesity formulates collectively from both a lack of physiological self-control to individualistic psychosomatic behavioral disorders yet to be diagnosed within the realm of either professional or clinical health care.

Feminine-Masculine Disparity

Throughout the past decade, female obesity rates in the United States have risen faster than that of the masculine counterpart whereas 37% or more than one third of women over the age of 20 are currently classified as individually obese in opposition to 33% of men (ACSM, 2012) (see Figure 1). Compared to American males of similar cultural and ethnic background, American females suffer a more distinctive and disproportionate disease predisposition to obesity (American Medical Association, 2013). Wilson (2008) believed that obesity prevalence has been increasing in both women and men alike. What has not been addressed regarding the pertinence of doctoral research exploration is that body fat is distributed between the two sexes differentially in terms of muscular physiology (Wilson, 2008).

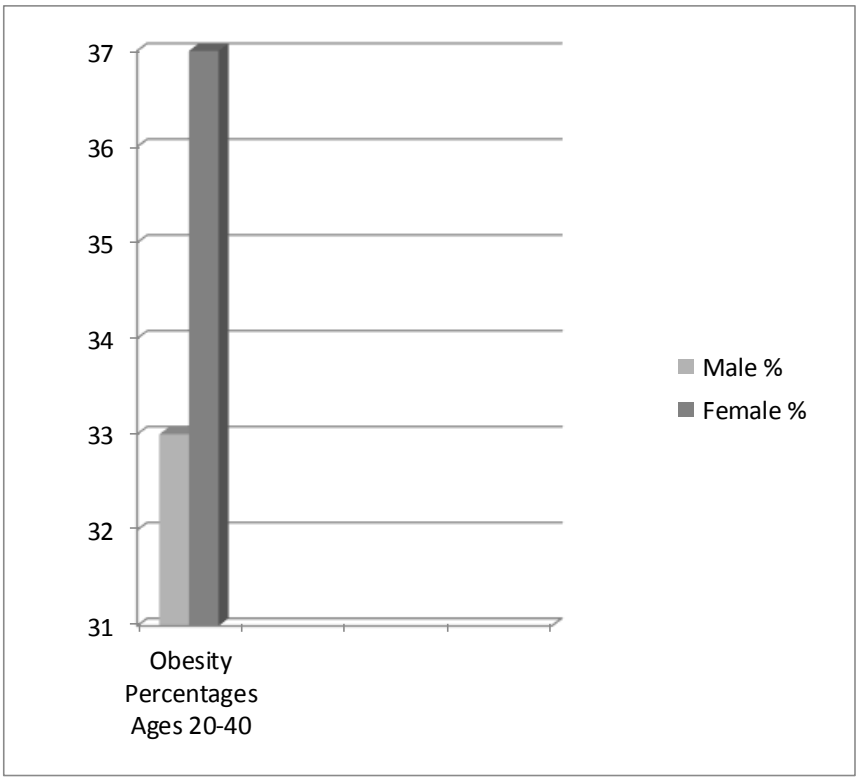

Figure 1. Statistical difference in obesity between males and females in first decade of 21st century. From American College of Sports Medicine (ACSM). (2013). Retrieved from American College of Sports Medicine Website: www.acsm.org

The gender disparity lies more specifically within the masculine musculature design (ACSM, 2012). For women ages 20 to 40, relating physiologically to masculine endocrine factors most notably can cause weight gain to take place within the body. This weight gain in women, as opposed to that in men of similar size and age, is typically more than twice the amount (Mcbrearty, 2010). According to Weir (2010), psychological and neurological factors relating to depression and weight gain contributed to the gender disparity found between the two genders as well as the effect of obesity and Polycystic Ovary Syndrome (PCOS) on the functionality of feminine reproduction.

Weir (2012) further addressed how caloric restriction alone, long thought to be the cure all in the fight against obesity, is beginning to be dismissed as the lone effective

deterrent due to the primary effectiveness of masculine exercise adherence being seen clinically as much more effective. Wilson (2008) conceptualized the problem more prominently in American women, because this cultural demographic has little to no interest in adhering to any form of structured masculine exercise regimen. Weir (2010) believed that the existing disparity between obesity demographics most strongly correlates with genetic components relating to the human body's metabolic rate of energy expenditure. This discriminate culmination of obesity involves indicators including exercise adherence, dietary intake, and overall body composition (Wilson, 2008).

Exercise Adherence in Relation to Obesity Deterrence

Obese women ages 20 and above most typically experience difficulty ameliorating the disease either due to genetic physiological, environmental, or psychological indicators that influence their metabolic rate of energy expenditure (HHS, 2012). Historically, through exercise adherence regimens and general physical activity measures, effective obesity interventions for those cognitive of the disease after age 10 tend to have been facilitated by structural longer-term health care control measures (HHS, 2012). This process is seen most prominently in women, who, as a result, experience lower muscle mass, tend to ingest less dietary energy than that of their leaner male peers; suggesting a correlative relationship between lean muscle mass and fat loss (HHS, 2012).

Germinal background. The addressed relationship between exercise frequency and duration throughout the past three decades has served to validate the benefits of long-term physical activity adherence in women with obesity (Leinonen et al., 2009). Historically, because of the lack of any consistent or significant statistical progress in

relation to the disease of obesity found within young women, differentiating research inquiry continually must explore the epidemiological impacts of new policies and fitness-related programs. This has been specifically researched within the overall field of preventative health care adherence regarding the overall U.S., obese, female population distinctively (Leinonen, Kujala, Törmäkangas, Mänty, & Heikkinen, 2009).

As current adherence programs for exercise regimen increase, it cannot be ignored that obesity amongst U.S. women has still tripled in prevalence within the past 30 years (Yost, Krainovich-Miller, Budin, & Norman, 2010). According to Yost et al. (2010), explored how physical adherence to exercise regimen has always been seen as the first step toward obesity deterrence, but for women skeletal musculature has never been prioritized to the point of being a major contributor to the metabolic rate of the body's ability to burn fat. Differential genetic physiological predispositions found within the physical musculature mass between women and men offers simple explanation for how germinal disparities in protein metabolism between the two sexes are differentially incomparable (Markland & Ingledew, 2007).

Obese women age 20 and above most typically experience difficulty ameliorating the disease either due to genetic physiological, environmental, or psychological indicators that influence their metabolic rate of energy expenditure (HHS, 2012). Historically, through exercise adherence regimen and general physical activity measures, effective obesity interventions for those cognitive of the disease after age 10 tend to have been facilitated by structural longer-term health care control measures (HHS, 2012). This is seen most prominently in women, who due to lower muscle mass, tend to ingest less

dietary energy than that of their leaner male peers; again possibly suggesting a more distinctive correlative relationship between lean muscle mass and fat loss (HHS, 2012).

American cultural and psychological stigmas that exist in regard to lean feminine muscle tissue in women have lent significant credence into a great deal of the unhealthy physiological predispositions found within young women over the past 30 years (Watson, 2008). What is missing from past research is the reason so little evidence has been used to pursue further exploration of the precipitating psychosomatic and psychosocial attitudes of women regarding the facilitation of obesity prevention (HHS, 2012). Watson (2008) believed that examination into the preliminary decision making processes of women at both the physiological and psychological levels in relationship to exercise regimen most thoroughly explores the necessary cognitive indicators concurrent to feminine obesity deterrence.

Contemporary status. The current rate of obesity amongst contemporary adult U.S. females over the age of 20 has already reached an average of 37%, and is predicted to be over 40% by 2016 (ACSM, 2012). The most recent indications have suggested that lower levels of physical exercise adherence in obese women are not being suppressed due to a gradient barrier that exists in the vein of changes in body composition and metabolic risk factors related to significant weight loss (Palombella, 2010). According to Palombella (2010), this theory reinforces the ideology behind exercise-based interventions associated with reductions in metabolic risk factors due to the lack of muscle mass found within young adult women.

The most recent national data on obesity prevalence between men and women show no significant changes in obesity prevalence relative to the past decade in women

between the ages of 20 to 40 (AF4Q, 2010). It is suggested that the current relationship between female obesity and exercise adherence has had an adverse physiological effect on reproductive health, which suggests that the disease may be passed down genetically more easily to women than men (Karri & Jaakko, 2010). Contemporary research involving genetic predispositions in women, such as PCOS, offers only tertiary explanation about why physical activity adherence tends to be much more difficult in women than in men (Karri et al., 2010).

According to the AF4Q (2010), there were still far too few practical clinical theories that directly address the effect that exercise adherence alone has on obese women. Women who experience a current disposition to obesity may have simply not yet been properly prepared to develop adequate coping and training mechanisms for exercise adherence measures in the fight against further advancement of the disease (AF4Q, 2010). According to the AF4Q (2010), the remaining lack of positive statistical advancement within the female population remains the strongest indication of an obvious need for progressive change.

Physiological (exercise) related indicators. Physiological adherence to clinical exercise regimen has shown to be the primary indicator in the management of obesity (ACSM, 2012). According to ACSM (2012), exercise required for chronic weight loss in obese women currently living with the disease is considered near impossible to achieve long term primarily due to slower metabolic rates in women over the age of 20 than men. More specifically, the obesity disparity and body composition between men and women after puberty may approximately be attributed to the differing physical activity levels in terms of musculature expenditure in young adult American males (Karin, 2010).

According to Morris (2010), while exercise adherence provides a distinct advantage in providing the energy needed to maintain a healthy weight at homeostasis, further exploration into the psychological health indicators must also be addressed to satiate more slowly feminine metabolic issues. Health care indicators, such as lack of motivational self-efficacy and negative cognitive and physical history with exercising, were also seen to be significant (Morris, 2010). Poor decision making with regard to physical activity, expensive training programs, lack of moral support, and lack of adherence to structured time barriers, according to Morris, are all important indicators for combating obesity in younger demographics of women.

Karin (2010) addressed how physical activity adherence alone is still seen as the most significant factor suppressing chronic obesity within young women. Karin (2010) expanded upon how habitual adherence to exercise regimen eventually may end up being the solitary practical indicator in deterring the endless cycle of obesity relevance in American women. The pretense for a viable deterrence of obesity was most effective when exercise adherence is long term in the vein of energy expenditure, and basal metabolic activities for women remain higher with those possibly genetically predisposed to the disease (Karin, 2010).

While genetic clinical predispositions, such as PCOS, explain simplified aspects of individual obesity prevalence in women, the physiological effects of genetic heritage are still seen to be predominantly suppressed through adherence to structured exercise regimen (ACSM, 2012). Morris (2010) provided statistical analysis that ranges from 49% to 70% respectively amongst overweight adults ages 20 to 40 who believe exercise to be the primarily facilitator in weight loss. While exercise may not deter obesity

entirely, physical activity has shown to be the most consistent health indicator in lowering the odds of further progression the disease of obesity (Morris, 2010).

Psychological (cognitive) related indicators. Until recently, female obesity after age 10 was considered most predominantly a clinical condition associated with higher than average BMI (ACSM, 2012). The common belief that those overweight and obese are compulsively taking in more calories than they are expending has become less relevant within the past decade. Emotional related dispositions to anxiety and depression are now prominently considered secondary indicators for women in terms of weight gain (Weir, 2010). For instance, in the Harvard Mental Health Letter (HMHL), an idea is suggested that weight gain in younger women can be attributed more to an emotional problem than to a physical problem (Johns Hopkins Medical Center, 2012).

Outcome processes can form an improved theoretical basis toward exploration of weight-loss cessation programs reflected in the study (Creswell, 2008). Increased knowledge of behavioral and psychological risk factors enabled women to experience obesity as classified on a higher needs basis and treatment protocol then that of their male counterpart (American Psychiatric Association [APA], 2012). This may ultimately be due to an increased awareness of personalized failures to structured exercise regimen, coupled with traumatized personality traits possibly garnered from experiencing sustained time intervals of obesity (APA, 2012).

APA members (2012) currently regard those who are obese as having both psychological and physiological risk indicators likely to contribute to the interrelatedness between chronic predisposition and temporary disposition. Van Meijgaard (2010) believed that obese women are still more at risk for developing the sustainment of

depression, which is also seen as a psychological gateway toward physiological and somatic regression. Reid (2008) agreed that psychological factors can be negatively affected by cultural, environmental, and even behavioral factors against the backdrop of individual responsibility. More specifically, individual autonomy within women consistently adherent to exercise regimen, continually remains the most prominent deterrence of self-destructive behavioral competency (Reid, 2008).

The ACSM stated that obese women, more so than that of the masculine counterpart, are viewed within a stereotypically negative light within contemporary U.S. society (ACSM, 2012). APA (2012) correlated the belief that women more often than men cognitively internalize negative viewpoints that may put themselves at greater risk for chronic disorders of mood, anxiety, and possibly even uncontrolled substance abuse. The core foundational psychological and behavioral issues can be construed to play at the very least secondary roles in both the development and consequences of chronic obesity (APA, 2012). In the future a more multidisciplinary approach to the treatment of obesity may further explore the myriad psychological, social, environmental, and biological factors necessary to predict health care outcomes in women.

Practical Explorations for Long-Term Health Care Strategies

Limited opportunities for physical activity are believed to be a fundamental reason that women as a population have trouble allotting the time necessary for physical activity programs (Weir, 2010). In relative terms of feminine obesity, the most pertinent germinal research being explored revolves around protective factors and health consequences in relation to prevention by exploring treatment strategies through the possibility of adherence to structured exercise regimen (Weir, 2010). With such a high

level of obesity still found within young American women, the practical effectiveness of sustainable health care strategies to prevent or deter obesity may yet still need further exploration.

Explored treatment strategies. Exploring treatment discoveries as a form of successful obesity deterrence in young obese women has really never been used as a foundation for adherence programs intended to contribute to the foundation of preventative health care (HHS, 2012). In terms of treatment strategies for female obesity deterrence, the most prominent protocol always begins with a screening phase, exercise program, and maintenance phase programmed to last for at least two years to life (ACSM, 2012). The most relevant criteria found within any clinical obesity treatment program is using the pneumonic SMART (Johns Hopkins Medical Services Corporation, 2012), otherwise known as Specificity, Measurability, Attainability, Realistic, and Time Practical.

More contemporary exploration into health maintenance programs for women have started to focus on what is called Patient-Centered Treatment, which has allowed health indicators and obstacles to be identified on a more personal level (JHMSC, 2012). It is this focus on Patient-Centered Treatment most prominently beginning to facilitate the implementation of chronic exercise intervention within female patients. In particular Skibicky (2011) believed that this is being practiced, to place a more specified focus on the effect that lean muscle tissue can have on impacting hormonal responses and disturbances that serve as precipitators toward obesity within younger demographics of women.

For men and women alike, the three most explored steps found within a clinical health care program to prevent obesity are exercise, protein rich diet, and long-term commitment strategies toward continued health adherence (HHS, 2012). There are also a large amount of psychological based somatic factors relating specifically to obesity in young females, including eating disorders PCOS and metabolic genetic predisposition that makes it difficult to decrease BMI levels (Weir, 2010). In this vein, specific psychological factors, such as body dysmorphia-related depression, created significant pressure on the prevalence of obesity within the female demographic.

A subset of the national weight-loss database indicated the most successful predictor of obesity deterrence in women as being consistent and structured adherence to physical activity (HHS, 2012). Research exploration is still needed in understanding how contemporary programs can successfully treat the growing physical inactivity epidemic amongst 20 to 40 female age segments of the population. Morris (2010) elaborated on how past literature explains how accommodation of sedentary lifestyle predispositions relate more prominently to obesity deterrence in women hierarchically; first with exercise adherence, seconded by nutritional adherence, and finally followed by psychological resiliency or associated cognitive coping skills.

Explored preventative strategies. According to HHS (2012), 85% of U.S. women between the ages of 20 and 40 have reported little to no consistency in regard to exercise adherence programs post completion. Urbina, Khoury, Martin, D'Alessio, and Dolan (2009) stated that the most prominent key to understanding how important differences effectively can deter the obesity epidemic targeted to increasing physical activity in women is at the psychological level. For example, psychosomatically, fewer

women participate to the level of men in regard to exercise adherence as a means of offsetting their own increasing daily caloric intake due to cognitive dissonance regarding regimen (Urbina et al., 2009).

Nationally, women are becoming much more active consumers of their own health care concerns (ACSM, 2013). The problem is that they remain stagnate because of an active engagement or high prioritization on the facilitation of their continued health care regimens (HHS, 2012). For example, Urbina et al. (2009) cited how contemporary experimental research conducted in 2009 had found a more interesting relationship between gender and obesity. Women who have experienced obesity were found to need more than 150 to 200 minutes more resistance based physical activity a week in preventing future weight gain than that of their masculine counterparts (Urbina et al., 2009).

The CDC (2012) stated that if American women are to ever reduce or deter early onset obesity predisposition, they eventually must find practical ways to take the masculine lead in ameliorating their own psychological self-policing mechanisms in regard to resistance training and structured exercise regimen. Preventing obesity in women may ultimately show the need for a cultural attitude shift amongst feminine health care priorities to that of the masculine mind pattern. This is pending women struggling to cope with their weight management interventions without competent aid or the necessary assistance to deter future stagnating trends toward obesity disposition (ACSM, 2012).

Self-Determination Theory

Based on the theoretical framework of internalized motivation, the research sought to explore physiological and psychological motivational triggers associated with adherence to structured exercise regimen within obese young women. Self-Determination Theory (SDT) assesses circumstances primarily affecting individualized motivation to facilitate the fulfillment and need for autonomy necessary to promote the development of routine exercise adherence (Deci & Ryan, 2002). In contrast, societal conditions that affect the satisfaction of physiological needs favoring controlled forms of psychological motivation remain unexplored, just as environmental regulation and need are primarily facilitators relating to obesity deterrence.

The encompassing majority of motivational adherence triggers reflected a self-determined versus controlled active lifestyle engagement. SDT theory is seen as relevant when exploring the specificity relatedness between physiological and psychological motivational competencies that reflect structure (Deci et al., 2002). In this context, this research study aimed to explore motivational sequences proposed by SDT theory through focusing on the distinctive relationship between satisfying psychosocial needs associated with motivational and participatory exercise regulation adherence measures.

Self-motivation required either spontaneous attraction toward an activity that conveys a substantial challenge or the possibility of testing one's skills; just as a positive relationship with fitness adherence can most prominently manifest in the form of motivation and autonomy toward structured exercise adherence (Deci et al., 2002). Given the intrinsic need for a motivational self-policing mechanism, external regulation was associated with motivation identified and integrated at different stages of

assimilation toward structured exercise regimen. According to Deci and Ryan (2002), as the desire to identifiably integrate the final stages of exercise assimilation, a stronger relationship between adherence and deterrence toward structured regimen forms out of the constructed and integrated regulation for stricter behavioral autonomy.

Conceptual Framework Design

The conceptual framework of SDT used to guide the research study was used for assessing the function and perception on the designation of how exercise adherence has the potential to improve upon obesity rates in young women between the ages of 20 to 40 (Morris, 2010). Limited adherence to physical activity is believed to be the fundamental reason that women as a population have trouble allotting the time necessary for physical activity programs (Weir, 2010). This can most prominently be seen as available contemporary programs fail to successfully accommodate sedentary lifestyle predispositions (Morris, 2010). Morris (2010) further addressed how the lack of contemporary programs available to successfully accommodate sedentary lifestyle dispositions led to a growing physical inactivity epidemic amongst the 20 to 40 female age group of the population segment.

It is also important to the research framework to take into consideration how the myriad of psychological and somatic factors relating specifically to obesity in young females, such as eating disorders, PCOS, and theoretical genetic predisposition, make it difficult in actuality to practically decrease BMI levels long term. As previously stated specific psychological factors, such as depression and body dsymorphia, have played significant roles toward the prevalence of obesity within the young adult female

demographic (Weir, 2010). For example, when depressed, one may turn to food for comfort often times followed by cyclical self-punishment conceived from the indulgence.

The masculine/feminine dichotomy has only led to a growing physical inactivity epidemic amongst the age 20 to 40, U.S. female segmentation (Morris, 2010). Addressing how the study of successful obesity deterrence in predisposed women was ultimately conceptually explored as a foundation for exercise adherence programs at completion. According to Yin (2009), this contributed further to the exploration of a theoretical concept relating a successful deterrence of obesity into adulthood with exercise adherence, nutritional adherence, and psychological resiliency coping success skills found only within the specified population set.

The conceptual framework adapted through (SDT) theory assessed and defined both physical and psychological perspectives individually through the relatedness of exercise adherence and obesity deterrence thorough evidence of learned repetitive past success formed over an extended period of time. Specific psychological factors, such as depression, body image, and low self-esteem, were assessed regarding their degree of prevalence found within the obese female demographic. The theoretical expectations of those taking part in regular adherence to structured exercise regimen can be found most prominently when the cost of programs are affordable, the physiological challenge substantial, and the desirability to participate significantly high (Tarin, 2008).

Conclusion

Considering that female obesity in the United States has already reached 37% within the past 10 years, finding ways to develop contemporary exercise regimens and coping adherences for the psychical onset and psychological stigma of obesity may

continue to remain arduous without intervention (ACSM, 2012). From an epidemiological standpoint on the importance of studying data for treatment and prevention, most of the information can be collected and analyzed over a given period of time. In order to better conceptualize health-related quality improvement strategies for young adult women, a larger population scale must always be further examined to link the current data reports to that of national statistics originally outlined by ACSM (2012).

Individual physiology and slow metabolic rates can be most related toward contributing to unhealthy U.S. adult population sects; just as lack of information on exercising habits and nutrition can be factors as well (ACSM, 2012). The CDC (2012) believed that obese women are still at greater cognitive risk than obese men of depression and psychological regression, which makes understanding how quality care provisions appeal to obese women within a health care environment more pertinent to their lived experiences. It is this lack of consistency and clinical significance found with obesity predisposition in women ultimately seen as a product of chronic disease; whereas diet, exercise, and behavioral management are then facilitated as the cornerstones of treatment strategy.

In terms of prevalence, obesity has always tracked over given time intervals with feminine obesity incidences eventually evolving into an adult epidemic (ACSM, 2012). There may always be uncertainty surrounding the practical change process involved in examining the specific impact that obesity has on the foundation of preventative health care (Asher, 2010). Asher (2010) believed that additional studies to examine the impact of exercise programs on regulating obesity may also be useful in examining any further

practical measures of implementing prevention programs that may actually appeal to the age 20 to 40, female population segments.

Chronic inactivity may be mostly responsible for maintaining and regulating physiological activity, which has also been shown to deter adherence to structured exercise regimen as it relates to segmentation of the population (Heikkinen, 2009). Changes in exercise regimen yield the most substantial benefits in reduced medical care relating to health ailments (Asher, 2010). It is within this addressed relationship between exercise frequency and duration, which eventually may validate future potential benefits of long-term physical adherence on health care indicators within the realm of obesity deterrence.

Summary

A summary of the findings showed a distinctive relationship between contemporary and germinal feminine dispositions to obesity when exploring the psychosomatic correlates of the disease (HHS, 2012). This review of the literature supported the common assumption that preliminary obesity disposition in women cognitive of the diseased after age 10, were potentially associated with both physiological and psychological indicators in relation to exercise adherence (APA, 2012). Obese women between the ages of 20 to 40 desire the procession of future weight loss therapy to serve in accordance with the masculine exercise regimen in the hopes of alleviating psychological distress, nutrition deficiency, and lacking physical activity recommendations to achieve a true amelioration of the disease (Asher, 2010).

Future justification for any success of research exploration rests on the educational research findings pertinent to the study (JCAHO, 2012). In terms of

harmonizing equitable health care from the perceptual standpoint, the most important literary resources to health leadership are successful outcomes to activate exercise adherence strategies that can most practically deter obesity (Mays, Pope, & Popay, 2005). In this context, research implementation provided by the doctoral dissertation, monitoring, and process implications were the best structural guideline provisions for an improved adherence to structured exercise regimen within the younger female obese demographic (Yin, 2009).

Within a research study of this type, exploring how germinal and future practical measures of implementing masculine exercise adherence programs practically appeal to the overall obese female, age 20 to 40 population segments will consistently be the primary assessment (Peterson et al., 2008). Chapter 3 moves progressively toward explaining appropriateness of the qualitative phenomenological research design with regard to obesity deterrence as well as substantiating a distinctive determination of how the research setting and participants structurally relate exercise adherence with one another. Whether 11 participants prove to be sufficient for qualitative inquiries toward understanding the pertinent experiences and primary perceptions of female participants involved within the study was processed and analyzed through the structural methodological processes of the explorative interpretive research design.

Chapter 3

Research Methodology

Chapter 3 details and addresses the research design; as well as the specified questions, participation, instrumentation processes, procedural collection, proposed analysis, and validity of the collected research data processes. Chapter 3 further assesses appropriateness of the research methodology in determining factors relating to exercise adherence as well as obesity deterrence within the experienced younger female demographic. The qualitative interpretive phenomenological research design openly explored how both physiological and psychological indicators contributed to physical activity adherence in obese women to validate and substantiate the overall research findings.

The problem remained that while most women suffering with a current disposition in relation to obesity can enroll in a myriad of acute fitness programs to resolve the risk of obesity, the majority of existing programs have failed to reduce the long-term advancement of obesity in women for reasons either unknown or still yet unsubstantiated through further research exploration. The encompassing research purpose of the interpretive, qualitative phenomenological study was to explore the lived experiences of previously obese women between the ages of 20 to 40, with regard to their coping mechanisms of exercise adherence in relation to the phenomena of obesity deterrence. This was achieved by providing a multidimensional understanding of how the participant's lived experiences combating obesity went beyond a common sense awareness of the disease, allowing for a more informed and empathic understanding of what it truly takes to deter obesity through exercise and health adherence measures.

The research took into consideration motivational indicators described by the participant women as continuance measures of successful deterrence to obesity after age 20, despite being cognitive of the disease from at least the age of 10. Within the research methodology, there was also an exploration about the ethical considerations involved within the study. According to Babbie (2001), this included the reliability validity and credibility of the study as well as how the processes of confidentiality and consent are specifically administered to the participants. The research ultimately sought to report exploration on the primary relationship between the phenomena of exercise adherence, extrinsic motivational autonomy, and psychological-psychosocial factors influencing exercise motivation in young women with a past disposition to obesity.

Research Appropriateness

The interpretive qualitative research methodology was used to further explore the real world and mind pattern of the participants, using data pertaining to the phenomena of successful obesity deterrence through exercise adherence within the young female research demographic. Open-ended IPA analysis offers greater cognitive insight into aspects of the research phenomenon that may have gone unnoticed by statistical or quantitative research methods (Reid et al., 2005). The IPA methodology being utilized within this study assisted in the development of a more personalized narrative of the feminine experience, relative to discovering any common or shared health findings useful to assist the overall demographic.

According to Smith (2004), IPA analysis most appropriately details the participants' personal experiences of a given research phenomena in tandem with sensory awareness of the cognitive meaning attached to the lived experiences. Exploring the

meaning of the participant's grounded personal experience of obesity deterrence expanded upon the lesser known dimensions of the research phenomenon left unexplored by others (Wagner et al., 1995). IPA in this vein sought further knowledge toward a substantiated understanding of the lived experience specifying the health phenomena of obesity deterrence itself, rather than simply attempting to validate, correlate, or triangulate statistical examination of quantitative survey data sets (Reid et al., 2005).

The IPA methodology was ultimately compatible with research that embraces qualitative research for its value in apprehending a total picture of a health care phenomenon in complexity, rather than anecdotal evidence (Smith, 2004). In this research effort, there was a greater specification for how the qualitative rationale matches the phenomenon of obesity deterrence found within the participants taking part as experienced participants within the study. The focus was on understanding the meaning of the descriptive problem of obesity relative to the research phenomena exhibited by those within the feminine demographic who had successfully deterred its regression.

In describing collected data sets, a qualitative methodology proposed a more personal and purposeful selection of obese women self-rated as having successfully deterred obesity through exercise adherence (Whitley et al., 2005). In the course of the evaluation, indicators for measuring physiological and psychological health care phenomena are also tracked to disseminate and achieve full disclosure in understanding a logical association or dissociation of exercise adherence immersion. The qualitative IPA design was formatted with the inclusion of a 10-question interview to establish the relationship between common or shared health care indicators. The interview was then

used to explore any thematically overlapping relationships and common exercise adherence indicators in relation to obesity deterrence.

Research Questions

Further inquiry and past literature led to a more clear understanding of psychosomatic barriers that prevented obese women ages 20 to 40 from adherence to structured exercise regimen (Van Meijgaard, 2010). According to Mcbrearty (2010), research inquiry of the qualitative type was more likely to designate substantiation regarding explored indicators including physiological, sociological, and cultural effects of combating obesity within younger female populations of women born with the disease of obesity. Mcbrearty (2010) suggested that obtaining sufficient qualitative research on ameliorating obesity in the predisposed demographic (those born obese) would allow for further building a more prioritized qualitative analysis.

According to Yin (2009), the research questions that can best address the inquiry should be primarily outcome and process oriented. The central research question and associated interview questionnaire explored the successful lived experiences of the participants most prominently relating to the phenomenon of obesity deterrence within women ages 20 to 40. The CRQ sought to substantiate further exploratory inquiry within addressing the value of health adherence protocol as well as development toward a clearer and precise understanding of any psychosomatic anomaly preventing or promoting obesity deterrence to that of structured exercise regimen (Goulding, 2005).

The research interviews openly explored the lived experiences of predisposed obese women in regard to their physiological decision-making processes to attain a clearer understanding of their health care adherences. The Central Research Question

(CRQ) and subquestions were open-ended to appropriately focus on the distinction between experiencing obesity as a youth. This was only in relation to deterrence of the disease in young adulthood through structured exercise adherence measures.

Central Research Question

CRQ. How have physiological and psychological elements, derived from programs of exercise adherence, affected the participants' lived experiences to effectively deter obesity?

Subquestions:

1. What are the physiological indicators of exercise adherence?
2. What are the psychological indicators of exercise adherence?
3. How have physiological indicators affected the deterrence of obesity?
4. How have psychological indicators affected the deterrence of obesity?

Further development of a 10-question qualitative interview questionnaire was open-ended, based on the disincentive problem of female obesity stagnation identified within the YMCA population set. The goal was to receive qualitative inquiry as to *why* and *how* inquiry directly substantiates obesity deterrence indicators to exercise adherence. According to Leedy and Ormrod (2003), an exploration for understanding the health history maintenance protocols of the participants involved within the research study is the most desirable outcome. The 10 participant interview questions sought to determine if any relationship existed between extrinsic exercise motivation, intrinsic social, and physiological indicators toward obesity deterrence within the encompassing research demographic (see Appendix B).

Research Participants

The research study was specifically focused on Detroit based women regarding their personal lived experiences successfully deterring obesity. The research framework sampling consisted of individuals specifically from Detroit based not-for-profit YMCA health care satellite organizations. The sample size overall included 11 participants to determine the estimated effect of independent indicators within the target population demographic. The size of the sample was relevant in determining and estimating the independent indicator of obesity deterrence through exercise adherence within the target research demographic (Creswell, 2008).

Participation was voluntary relegated to self-reporting data on the primary effects of physical exercise adherence in relation to validating the results of sample size. Demographic information was obtained from personal training consultations stored within the Detroit YMCA personal trainer database with both trainer and participant consent. The inclusion and exclusion criterion for participation in the study was primarily dependent upon determination of the participants' willingness to openly discuss experiences living with obesity relative to the singular deterrence of the disease epidemiology through exercise adherence (Goulding, 2005). Specifically, the four inclusion criteria were female, ages 20 to 40, awareness of the disease since at least the age of 10, and deterrence of the disease only through exercise adherence regimen. All potential research participants must have met all four of the inclusion criterion to be considered for the study.

The participants were asked how they coped with exercise adherence in the past, how they continue to cope successfully with deterring the disease of obesity, and how

they found personalized success deterring obesity while others with similar disease etiology had not. Research questions found within the participant interviews based on the CRQ were placed at the end of the study within Appendix B. This included both a demographic survey (see Appendix A) to develop a picture of the participants as well as an interview protocol (see Appendix B) for the participants to understand more clearly the open-ended nature of the research questions (Creswell, 2008).

A credible qualitative research exploration required at least 11 participants to attain research significance by reflecting the qualitative inquiry involving their lived experiences toward the perceptual core competencies of others simultaneously within the demographic (Rubin, 2008). The qualitative interviews were organized from personal exploratory viewpoints, literary content dissemination, and past health screening consultation relevant in obtaining data information for exploring common participant health experience in assessing the phenomena of obesity deterrence in young adult women. While the researcher administered the qualitative interviews personally, it was important to continue with interviews until achieving data saturation (Issel, 2009).

Instrumentation

The survey instruments included the interviewer and the research questionnaire (see Appendix B), which according to Rubin (2008), serves to guide the interviews. Exploring how actual lived experiences affect the research participants' behavioral decision-making processes in directly choosing lifestyle acts that have led to obesity control through exercise adherence was the primary assessment used to evaluate the research study. The ultimate goal of the responses was to discern common or shared patterns relating to physiological (exercise) or psychological (cognitive) health adherence

indicators, in order to explain more clearly the health anomaly of how a successful deterrence to obesity was practically achieved in relation to exercise adherence.

The qualitative instrumentation was developed as an interview questionnaire to expedite the analysis (Creswell, 2008). Issel (2009) believed that the 10-question interview set must involve a myriad of different yet still consistent questions in terms of health behavioral modification, psychosomatic, and nutritional analysis to serve as face validation for research participation. Sampling methods and size for the program evaluation explored participant satisfaction levels, behavioral health exposure, behavior, and exercise adherences to gather credible research data for accrediting exercise adherence criteria. This research sought exploration in ensuring clinical propriety and continual quality success criterion for the young obese feminine demographic.

The goal of the research interview was to develop a qualitative instrument general and open-ended enough to saturate capturing the decision making data processes of the participants but not so broad as to deviate from the specific set of guidelines outlined within the research criteria (Issel, 2009). According to Issel (2009), to develop the instrumentation process, the questions have been relegated to be generalized for further elaboration and variance to the open-endedness of the research study. Charmaz and Mitchell (2001) expounded upon the belief that formulating open-ended inquiry can be ultimately used to collect shared phenomenological indicators within a more consistent process of data collection across qualitative interview sets.

Participation in the interviews utilized evaluation based on age (20 to 40), gender (female), geographical (Detroit) region, and contemporary risk factors. The qualitative interviews were then collected using an audio recording device and organized from

youngest to oldest within the 20 to 40 age range to further satiate consistency and data application found within the responses. Further inquiry of the interview processes explored levels of health adherence exposure to clinical intervention, participant behavioral health competencies, and continuous health behavioral modification strategies found within the narrative interviews. This was done with the IPA methodological goal of understanding how obese demographics of women have successfully deterred further onset of the disease through lived experience (Creswell, 2008).

Pilot Study

A pilot test was administered three days prior to the first scheduled interview session. An initial assessment of one participant who responded to the request to pilot test the interview questions was conducted; these data were not included in the overall analysis. The pilot test was conducted for several reasons, first, the test was conducted to ensure the recorder tested successfully for clear and lucid audio feedback. Second, the test conducted to check the playback for time constraints for sessions lasting from one-half hour to an hour. Finally, the test was conducted to test the researcher's ability to conduct the interviews. The pilot study participant met three of the four inclusion criteria and was compliant to testing for deterrence of female obesity through exercise adherence; both indicators were helpful toward allotting credibility of the testing measures for the 11 interviews to follow.

Procedural Data Collection Protocol

Within the developed research protocol, the 10 question interview to the participants was officially administered as a direct representative of the CRQ. Throughout the duration of the interview process, there was a concerted effort one week

prior to synchronize participant concerns and accessibility issues relating to answering the research questions to appropriate the data collection (Rubin, 2008). According to Rubin (2008), this was done to validate research exploration more accurately in terms of measuring how contemporary obesity in young women has been deterred, and which health care indicators have played the biggest role in doing so most effectively.

Specifically in utilizing IPA, the data collection initiated an exploration relative to further understanding of the experience of obesity deterrence. The interviews included structured exploratory questions found within the study in order to assist in the research effort by collecting qualitative data referencing to formulate an even greater understanding of the research phenomenon. Reid (2005) ultimately believed that a dual interpretation must also take place while the research participants make sense of the research phenomenon by expounding upon obesity deterrence through their own experiences and health care adherences, to better interpret a more individualized meaning of the account for further analytical evaluation.

The interviews were constructed within a research framework of exploring common or shared physiological and psychological indicators between the improved health competencies of the previously obese research participants. In this vein it was also important to satiate the participants' needs by facilitating an appropriate amount of time for them to answer questions in a more thoroughly open-ended format, followed by the appropriate application to then do so effectively. The preferred methodology was to administer the interview one-on-one in person with the use of a digital voice recorder, along with a time constraint of no more than one hour; this was done to allow for a more

appropriate, significant, and effective time interval for collecting the data responses if necessary (Creswell, 2008).

Accessibility in developing a specified structured interview protocol was the final step in assisting the researcher with collecting and processing the data. For the inclusion of privacy and accessibility, data were collected by the researcher concurrently through the use of an audio recording device for the 10-question interview. Golafshani (2003) assessed qualitative as opposed to quantitative data as the most organized and effective evaluation for exploring all of the myriad attitudes and perceptions of the research participants' phenomenological content. The research protocol ultimately operated under the provision of facilitating generalized insight into the specified answers of the research questions themselves.

Evaluation and Analysis

The objective for exploring the successful lived experience of the applicants was to document how the women's indicators of deterring obesity compared to data provided by ACSM, 2014. This was done primarily to substantiate the significance of the data collection for further evaluation and analysis. The goal of constructing a response format using open-ended interview questions was to obtain content to explore the levels of exercise adherence and associated health indicators that were most successful in controlling obesity within the applicants (McIntyre & Millier, 2007).

Given a broad statistical relevance on the topic relating to obesity disposition within the younger female demographic, the focal point of the analysis remained in operating under the presumption that the applicants would remain honest and forthright with their answers in finding consistent patterns of response (Goulding, 2005). The

qualitative data collection was organized and collated for analysis of the shared evaluation of the research indicators (Guillemette, 2003). According to Guillemette (2003), analysis of the research data most specifically involves determining the ways in which the amelioration of obesity in the predisposed demographic (those born obese) allowed for a more substantial qualitative analysis to evaluate answers to the CRQ.

Evaluating the data analysis ultimately supported the credibility of the relationship of the participant's personal understanding of her lived experiences with the purpose of the research study. Morabia (2007) believed this could most easily be accomplished by cross examining patterns in determining the overall impact that shared health indicators have had on the applicants' lived experiences. The data analysis also involved finding thematic examples useful for demonstrating ways in which common or shared indicators still continue to emerge through individuals' experience. In Chapters 4 and 5, qualitative measurements were eventually evaluated to assist in exploring whether or not any physiological or psychological disconnects existed between obese women as collective or individual entities.

The procedures used to convert raw data into useful data reflected heuristic analysis as a systematic form of qualitative research (Moustakas, 1994). The heuristic inquiry began with exploration of obesity deterrence in relation to exercise adherence, due to the failure of existing programs to slow down or counteract obesity trends in Detroit, Michigan. Answers to the CRQ and subquestions were revealed almost immediately (saturation of data occurred after the fourth interview) because of the heuristic model involved in evaluating and analyzing data from the interviews. All six phases within the heuristic model, including initial engagement, immersion, incubation,

illumination, explication, and a creative synthesis relevant to discovering themes within the study (Moustakas, 1994), were utilized by the researcher.

The task initially was to explore a meaningful problem that could be transferable within the Detroit social context. Once the question was defined, the immersion process led to growth in knowledge and understanding of obesity deterrence relative to exercise adherence (Moustakas, 1994). The primary focus was on the CRQ, allowing for an internal tacit dimension of incubation to form subquestions potentially capable of furthering the literature. The process of illumination occurred naturally and intuitively; by remaining open-minded and receptive toward any knowledge arising from the data, the possibility of themes emerging from the data collection increased.

The objective of the explication phase was to examine fully the various layers of meaning relative to heuristic inquiry. By focusing, recognizing, and hearing the distinctive lived experiences of the research participants in comparison to other women within the obese demographic, internal frames of reference became easier to understand. According to Moustakas (1994), creative synthesis can only be achieved through intuitive expression when investigating IPA due to the open-ended nature of the research design. As the result of heuristic self-inspiration, the process unfolded naturally through the first five phases. The final phase was identified through the explored lived experiences resulting in three predominate themes that emerged between internal and external self-motivational indicators.

The results from the research involved an assessment of the applicants implicitly revealing information that may assist or deter exploration of the shared or common indicators. Recognizing how the research participants self-reported their successful

deterrence on the further onset of obesity after age 10 was the focal point toward exploring and correlating the common shared indicators found within the research study (Zahavi, 2003). Further analyzing, comparing, and contrasting responses may result in clarifying how each individual response compares to the overall demographic of women as well as with the ACSM statistical guidelines to validate the evaluation (Yen, 2009).

The assessment was best explored from information regarding how frequency and consistency differentiated over given time intervals to the health dichotomy, and to what level the impact of the predisposed female demographic related to that of contemporary applicants (Yen, 2009). In the following sections, preliminary explanation is given regarding the importance of ethics and research credibility when conducting the study. The applicants were asked to define the personal role that exercise adherence has played in benefiting or constraining the deterrence of obesity through the facilitation of their lived physiological and psychological health care regimen.

Ethical and Credibility Considerations

According to Rubin (2008), addressing ethical concerns important in referencing the planning, conducting, and evaluation of the research must present minimal risk to the research participants. Within the study, procedures for protecting the human participants were significantly important to the credibility of the research. The research protocol used to conduct the study was to obtain informed consent from the Regional Director of Personal Training of the Detroit YMCA (see Appendix C).

Additional measures in the form of a phone call provided a time for the informed consent form (see Appendix D) to be administered by the researcher to each participant individually in order for the participants to better comprehend the nature of the research

study. Participant consent explicitly required discussion at least one week prior with the participants, as they were asked what would be their most appropriate time interval to sign informed consent for the study. This was done in order to protect the participants from physical or psychological harm, as well as make clear the voluntary nature of their participation (Taylor & Bogdan, 1998).

Within the developed protocol for the research instrument, an explanation for how the participants were to answer the questions truthfully without any cognitive or emotional constraints was administered by e-mail at least two weeks prior to the practical interview session through read receipt request. Further explanation was given to all of the participants involved within the research study at the time of the interview regarding the accuracy of their responses, due to the importance of IPA analysis placed upon the participants to be truthful within their responses to the questionnaire (Leedy & Ormrod, 2003). This was done through a deconstruction and convergence of how the interview questionnaire had explored the content it was intended to measure accurately to represent and substantiate the purpose of the CRQ.

Determining which measurement corresponded and correlated to natural reality was important (Leedy & Ormrod, 2003). A second preliminary explanation was administered to each participant individually once informed consent had been verified to answer the questions. Rubin (2008) believed that this process was critical for confidentiality to be granted prior to the officially administered interview questions. Describing the process of consent was crucial toward assuring the research participants of risk, as all of the participants that voluntarily took part in the interview understood that withdraw allowance would be granted if simply asked (Gardner et al., 1989).

Coughlan (2006) stated that prioritizing credibility for an effective research design facilitates a more appropriate setting for the participants to answer truthfully; which also allowed them to give longer, more concise, and well thought-out answers. The researcher's Certificate of Originality (see Appendix E) or research credibility created confirmation of the study design to primarily reflect the relatedness of outcomes generalized to the young obese female population. Conducting a reliable research study ultimately helps to determine the rigor of the exploration and trustworthiness of the findings as well as the ability to make certain that the data processes can be similarly reproduced using the exact instrumentation measures if perceived relevant (Tashakkori & Teddlie, 2003).

It was pertinent to note that all data collected through the interview was restricted, located, and transferred confidentially within a secure protected office location. No connection between the data or any participant's submitted information existed at any level relating to age, obesity disposition, or health adherence in relation to the deterrence of obesity as a disease etiology. The validity of the interview processes was most prominently found when confidence about the accuracy of the measurement correlates credibly to ensure that similar findings and generalized population sets match up appropriately (Coughlan, 2006).

Confidentiality and Consent

As recommended by Rao and Woolcock (2003), every effort to ensure confidentiality and consent provisions consistently were maintained within a secure environment as the priority of the participant participants first concentrated on answering the interview questions voluntarily without any monitoring of individual data exclusory

of the answers. The initial statement of confidentiality (see Appendix F) attained from the Detroit YMCA headquarters to conduct research is protected by corporate regulation, and the participants' identification will at no point be made available pre or post conclusion of the research study. The interviewees received a structured e-mail detailing the research protocol prior to the date of the interview; each participant voluntarily recruited was required to read the confidentiality checklist and indicate understanding regarding the conditions of their voluntary participation (see Appendix D).

The self-designed research questionnaire was used to collect data in alignment with the theoretical or conceptual framework. All questionnaire and audio data collected will be stored for three years at the researcher's primary place of residence in a locked file cabinet prior to being destroyed by fire once no longer deemed useful to substantiate the research study. The research subjects were able to withdraw from the study by either phone call or e-mail before or after data collection reaches completion.

The processes for subject withdraw were implemented whereby the participants could withdraw without penalty prior to, during, or post data collection had been completed. Any secondary information, such as transcriptions, will be identified and kept for no more than three years within a secured location to be permanently destroyed by the process of file deletion. As recommended by Richards (2006), participatory involvement does not receive procession without indication of the consent form prior to beginning the interview session, as information ascertained from the interview cannot be used for any purpose unrelated to the intended research evaluation. Material provisions (including email addresses, health history, and fitness consultation) were all secured via University of Phoenix IRB policies (see Appendix G) with strict confidence and at no

point will personally identifiable information provided by the voluntary participant participants be collected during the interview process.

Validity of the Qualitative Research Design

The transferability of this study was relative to the degree of contextual settings that could potentially be assisted from the IPA research design (Patton, 2014). The IPA analysis explored obesity from the feminine perspective, because women were the ones most in need of intervention (ACSM, 2014). Dependability of the information was based on the reliability of exploring the demographic least likely to deter obesity through exercise adherence first, to evaluate further the motivational indicators of others within the obese demographic to similarly do so successfully.

Results from the qualitative inquiry were credible partially because the research participants did not receive incentives. Based on the concept of IPA analysis, designing an open-ended set of questions allowed the participants complete autonomy to report their lived experiences free from any researcher bias (Smith, Flowers, & Larkin, 2009). Taking into consideration the open-ended nature of the questionnaire, and that the participants had no incentive at all to participate, it is reasonable to conclude motivation for their responses to be truthful and provisions for the data to be comprehensive.

Future researchers exploring obesity deterrence through exercise adherence must be given similar opportunity to either substantiate or contradict observation to accredit research validity. Confirmability of the research design was ultimately determined by the researcher's ability to establish trust amongst him and the participants. According to Patton, without an establishment of trust between researcher and participant, any

disclosure of their distinctive lived experiences would not be transferable, dependable, or confirmable for the research to be duplicated (Patton, 2014).

Summary of the Research Methodology

The reason for the qualitative interpretative phenomenological research design was to identify how exercise adherence related to obesity deterrence within women. As exploration moved along with the study, investigation of psychological indicators in relation to the research question explored how discovering motivational indicators affected exercise motivation in relation to the current trend of feminine obesity disposition. Creating appropriate methodological strategies assists research design through higher quality evaluation, assessment, and conceptualization (Rubin, 2008).

Once the interview questionnaire was conducted with the assistance of the audio (digital voice) recorder, the data collection was managed and organized as separate pieces of accumulated information for further analysis and review. Answers to the CRQ were based on the exploratory results of interviews. For this to reach fruition, Yukl (2006) believed that quality assessment, exploration, cooperative insight to analysis, cognition, and evaluation of the research methodology must also take place in the vein of research implementation. Data for the research participants were coded from 1 to 11, based conceptually upon the date and time that they were interviewed to protect the participants' anonymity; for example participant 1 was subsequently interviewed first on October 8th, whereas participant 11 was then interviewed last on October 21st.

At completion, the qualitative data included meaningful excerpts from the interview transcripts to be categorized into common or shared physiological and psychological themes. Recommendations for provincial limitations were assessed

correlating research indicators essential for exercise adherence programs as well as germinal and contemporary research exploration. Chapter 4 includes the data collection for findings provincial to conceptualization of the interpretative qualitative data. Identification of the data is presented within a clear, comprehensive, and systematic manner consistent of the research exploration.

Chapter 4

Results

One of the prevailing issues currently affecting the health care industry is how the adherence to structured exercise can practically assist a weight loss regimen in those who require the strongest intervention (CDC, 2012). According to HHS (2012), female obesity rates in America are currently rising faster than that of their masculine counterparts; in 2011, according to the HHS, 37% of women 20 years of age or older were already statistically classified as being obese. For females aged 20 to 40, obesity has maintained a rate of 37-40% since the mid to late 1990s (ACSM, 2012). The interpretive qualitative phenomenological analysis was useful in exploring the lived experiences of previously obese women between the ages of 20 to 40 with regard to their coping mechanisms of exercise adherence relative the phenomena of obesity deterrence.

This study involved a comparative evaluation and analysis of the effectiveness of physiological to psychological obesity interventions combined together as a single form of motivation, along with utilizing self-determination theory in further exploring the effectiveness of programmed weight management cessation. According to the research implementation, in order to construct long-term, mind-patterned, physiological and psychological triggers toward structured exercise regimen, women must be relegated to both physical and sociological consequences. This is intriguing because the primary social consequence of being obese had appeared to be more detrimentally a psychological stigma to women than to men (Skibicky, 2011).

Data Collection Process

Women who had an awareness of being obese from at least the age of 10 but regardless found success deterring the disease into adulthood, comprised the research phenomenon. Conceptually, this study was designed to explore female obesity based on qualitative measurement and hierarchal traits collectively organized into common or shared patterns of behavior. Organizing the findings relative to the female population participating in the research was significant because the qualitative answer to the CRQ was dependent upon the number of thematic patterns associated with the proposed problem and purpose statements of study.

For obese women, perceiving a weight loss regimen structured around exercise adherence had been historically the most labored in comparison to the general female demographic. For young obese women, physical limitations have served as the pervasive barrier to exercise regimen, rarely overcome individually on a case-by-case basis (ACSM, 2014). The CRQ reflected the question regarding the feminine lived experience in relation to the dual core physiological and psychological competencies involved. All data referencing this research study were collected to explore how and why the participants had found the self-discipline for intervention strategies, while others of the same demographic had not.

Participants

When the qualitative research methodology was being conceived, the idea was to recruit 11 participants for the research. Following a year of working with the Detroit YMCA and with IRB approval, 11 participants volunteered for the study, which was necessary for the phenomenological methodology and interpretive analysis. No financial

incentive was offered to the recruits because all 11 participants had to be freely willing to share their lived experiences of deterring obesity through exercise adherence with the researcher. The belief was the credibility and validity of the participant's testimony would be dishonestly influenced by an incentive, in that the only way to ensure truthful cooperation was free of enticement. All 11 women were believed to have become self-determined leaders of their own conscious ability to lose weight, and, in turn, the weight loss was achieved productively with an active lifestyle based on the motivation and discipline they had attained from their lived experiences.

The pilot test was conducted with one participant who corresponded in every way with the 11 research participants. Based upon the pilot test, the estimated time for each interview was 34 minutes. Based upon administering all 10 questions within 34 minutes, the feedback from the pilot test appeared both reasonable and credible in accordance with the inclusion criteria presented. No changes were made to the interview questions. The data from the pilot test were not included in the analysis of the research data.

Active participation primarily involved the participants subsequently referencing their personal lived experience, as every participant assessed the primary reasons for obesity deterrence through adherence to structured physical activity. Because the goal of the present doctoral study was to provide logical discourse to obesity disposition within the younger adult demographic of women, an assumption underscored this study. That assumption was that obesity deterrence involved provisioning support for physiological and psychological consequences of two health-related intervention strategies working together as one.

The data for this research reached saturation after the fourth interview in an expedited fashion. After working over a year with the IRB, the interviews were perceived to be "wonderful," quoting the first participant, "accommodating." The interviews required traveling all over metropolitan Detroit to conduct the sessions with the cooperation of the individualized YMCA site location preferences of their choosing. The primary focus was allotting the women a specialized venue in which they would feel comfortable during the interview sessions or they may not have been able to open up freely to share their lived experiences.

The research participants were labeled from 1 to 11, based upon the date and time that they were interviewed; this was the method for both coding the data and protecting the participants' anonymity (see Appendix H). Each participant seemed to add an additional perspective to the understanding of confronting obesity.

Participant 1. The first participant had a personal perspective contemplating exercise adherence in relation to obesity deterrence. The trigger was primarily a fear of poor health care, which then fueled a metamorphosis of proper health adherence through structured exercise regimen. As an adolescent, Participant 1 had not been able to conceptualize adequately the relationship between physiological and psychological adherence toward structured exercise. Her perspective since adhering to exercise regimen has changed dramatically because she now testifies to be more willing to take chances by letting others help her. With a newfound compliancy to a structured exercise regimen, she eliminated individuals in her life that promoted negative influences, as she professed, "the hardest part, at first, was eliminating friends and family members that were like a negative deterrence toward continued exercise autonomy."

Table 1

Individualized Participant Data Analyses (2014)—Participant 1

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #1 Date: 10/08/2014	Female, Deterrence of obesity age 20-40, interview time 50 minutes.	Initial lack of proper health care design, and implementation strategy. Health ailments and stress became overwhelming enough to compel exercise regimen.	With adherence to structured exercise regimen, there was the elimination of individuals in her life that fueled negativity increasing her health care autonomy.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.

Participant 2. The second participant appears to have always experienced a common thread to motivate exercise in terms of the psychological determinates. The motivational trigger was externally influenced by physiological factors because Participant 2 believed it was a culmination of differentiating physical elements used to trigger her obesity deterrence. It was mentioning of coping skills resonating most proximately from the exercise motivating the second participant in terms of personalized will power. More specifically, a combination of the joy experienced with the success of structured exercise adherence, coupled with the fear of what would happen if regression were to occur that motivated Participant 2. The structure of the exercise regimen had affected her personal motivation, but only toward the ability to differentiate coping mechanisms with indicators more emotionally health related. As she stated, “It was the

fear of physiological failure that triggered, but more so the joy of psychological success that ultimately saw me to the finish line of exercise adherence."

Table 2

Individualized Participant Data Analyses (2014)—Participant 2

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #2 Date: 10/08/2014	Female, Deterrence of obesity age 20-40, interview time 48 minutes.	Fear of physical stagnation, in tandem with the loss of renewed coping machinations instigated first experiences with exercise regimen.	It was the coping skills resonating from exercise adherence that had motivated Participant 2 in terms of will power, coupled with the fear of what would happen if regression were to occur.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 3. The third participant had external sources that she used to motivate her internal and external health reformation strategies. It was both the confidence and empowerment in knowing that by experiencing success once, if deterrence were to persist, she could continue to experience in her words "happiness and contentment with herself." Having the benefit of retrospect, she testified to the problem being a combination of family stress facilitated by not exercising that created the issue initially. A recurring element or theme for Participant 3 was structure; she mentioned that "without structure, there was no continued motivation or even reason to exercise at all." The specific triggers were externally based on both a health scare and negative

physical ridicule, but the joy of success and the benefit of structure was what continued to fuel the self-motivation toward proper health care and exercise adherence measures.

Table 3

Individualized Participant Data Analyses (2014)—Participant 3

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #3 Date: 10/09/2014	Female, Deterrence of obesity age 20-40, interview time 35 minutes.	A recurring element of stress caused by dissatisfaction with family members, and prolonged lack of confidence overwhelmed the participant to seek exercise adherence.	The specified triggers were based on a health scare and physical ridicule, but fueled by both the joy of success and the benefit of motivation toward exercise adherence.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 4. The fourth participant stated that "self-esteem was the self-determined motivator, and that feeling better emotionally fueled the desire for maintenance." Participant 4 claimed that she did not feel confident about her state of well-being in the past, although she admitted that was not a conscious thought at the time but more based in comparison retrospectively to how empowered she felt later. The trigger to exercise adherence was negatively influenced by trauma in that she felt ridiculed for being both the tallest in her class as well as big boned. These negative influences were thought to be the preliminary mechanisms for her improved coping mechanisms toward structured exercise regimen.

Once the self-esteem improved after the initial triggering, the concept of regimen continuance took precedence in maintaining and prioritizing exercise adherence in relation to obesity deterrence as the highest priority. Participant 4 stated that "without the structure of exercise, the motivation to do so was lacking." The concept of routine structured exercise adherence, coupled with the self-confidence attained in comparison to her adolescent ego dystonic provided the self-determined behavioral competencies to continued obesity deterrence. For Participant 4, it ultimately was the external triggers, supported by the internal motivation that in her mind facilitated her deterrence of obesity.

Table 4

Individualized Participant Data Analyses (2014)—Participant 4

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #4 Date: 10/10/2014	Female, Deterrence of obesioty age 20-40, interview time 35 minutes.	A lack of self-esteem brought on by negative adolescent lived experiences in the vein of teasing and ridicule.	Routine structured exercise, coupled with self-confidence attained comparatively to her adolescent ego, provided the self-determination for the deterrence of obesity.	Negative external physiological and psychological experiences needed to self- determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 5. The fifth participant was initially limited in the past as her body suffered greatly whenever attempting any overexerted form of physicality. In her mind this would turn out to be more psychologically based than physiological (externally) health-related. Participant 5 claimed her trigger toward exercise adherence was simply a running contest, as her motivation was not fully active until directly succumbing to the will of a challenge. Once training for competition had begun, her love for exercise reached prominence, as she could no longer emotionally or intellectually empathize with how she could have lived without the structure of adhering to it. Her will power toward adherence to structured exercise regimen, while being initially influenced by a variation in motivation, was enhanced by the challenge of competition. She stated that "without both challenge and structure, there would be no self-determination to exercise at all."

Table 5

Individualized Participant Data Analyses (2014)—Participant 5

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #5 Date: 10/12/2014	Female, Deterrence of obesity age 20-40, interview time 50 minutes.	A root desire for competition, and lack thereof during her formative years. Had experienced a great deal of pain in her past due to physical limitations as well.	Once training began toward competition, her love for exercise reached predominance; as she could no longer relate how she had experienced life without the structure of adherence to it.	Negative external physiological and psychological experiences needed to self- determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 6. The sixth participant needed or required an external challenge to facilitate the trigger for exercise motivation, but claimed that the continuance of it was internally influenced with a balance of mental perpetuity. Participant 6 stated that it was necessary first to be triggered by adversity, but continued adherence would be primarily facilitated by the perpetual need to play mental games for motivation. The origin for successful exercise adherence for Participant 6 was fear, but it was the structure of exercise regimen that most affected her personal motivation toward deterring obesity.

Participant 6 had also stated, "What is most different now from being obese is the concept of choice," as she thought her motivational sense of empowerment through competition. Participant 6 realized that competition had granted her an improved sense of controlled confidence that had not existed prior to her triggering mechanism to routine structured exercise compliance.

Table 6

Individualized Participant Data Analyses (2014)—Participant 6

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #6 Date: 10/12/2014	Female, Deterrence of obesity age 20-40, interview time 50 minutes.	A delimitation of proper adversity, and challenge within the physical lived experiences. Participant 6 had not experienced adequate challenge to drive her motivation toward structured exercise.	Newfound empowerment grants her an improved sense of mental balance that had not existed prior to her triggering mechanism to routine structured exercise compliance.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 7. The seventh participant believed that it was an increase in energy that was the predominant factor in deterring obesity. The initial trigger was physiologically based in the sense that she was put on a Weight Watchers regimen once reaching adolescence, which resonated with her contemporarily. The negatively driven fear of ending up like matriarchal members of the family in tandem with being put on Weight Watchers fueled the motivation originally, although it was the energy and the empowerment attained from the exercise that motivated it. The structure of exercise regimen affected Participant 7 personally in a compulsive sense, as she said, "Without exercise regimen, there is a doubting or concern as to self-worth."

In terms of physiological and psychological determinants to continued exercise adherence, self-determination or, more specifically, self-policing mechanisms are critical, because Participant 7 believed she was her own self-motivator in accordance to her own measures of standardization. Self-determination is another way of developing coping mechanisms that did not exist prior, and according to Participant 7, "it's almost like a continuous perpetual cycle that differentiates women who can adhere to exercise regimen from those who cannot do so successfully." The drive was influenced externally, but according to her lived experiences, appeared continually to be motivated internally by an improved sense of self-identifiable ego.

Table 7

Individualized Participant Data Analyses (2014)—Participant 7

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #7 Date: 10/12/2014	Female, Deterrence of obesity age 20-40, interview time 45 minutes.	External fear of physiological regressing, predominantly found genetically within the familial history.	The fear of ending up like matriarchal members of the family, and the empowerment attained from exercise self-maintained a continuation of exercise adherence to deter obesity.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 8. The eighth participant was triggered physiologically by vanity, but psychologically motivated by confidence. The primary difference was that when she was not exercising, her confidence dissipated, and it was that fear of regression that maintained her adherence to structure. The structure was a necessity for Participant 8, because her self-determination does not appear to exist without both the fear of failure and the reliance of structure. Participant 8 stated that "the feeling of confidence is key to adherence, and that happiness plays a dominate role but only equal to the predominate trigger of fearing failure."

She believed that ultimately both painful triggers and internal motivators were needed for self-determination to be successful, because only with a fear of regression can a true sense of joy be experienced. Why she failed in the past is that she believed the internal motivators had not resonated within the younger mind. Although lucidly

remembered initially, it was not until the external triggers empowered the processes that the structure of her exercise adherence had the ability to combat her obesity disposition.

Table 8

Individualized Participant Data Analyses (2014)—Participant 8

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #8 Date: 10/15/2014	Female, Deterrence of obesity age 20-40, interview time 35 minutes.	Physiological vanity and adolescent insecurity, culminated in facilitating the primary trigger toward adherence to structured exercise regimen.	The feeling of confidence was intricate to her exercise adherence; as happiness plays a more predominate role for Participant 8 almost equaling the initial trigger of fear.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 9. The ninth participant had specified triggers to exercise through structured adherence. It was the motivational desire to structured exercise regimen alone that garnered the most positively affirming influence to deter obesity. Participant 9's contention was that "without structure, the motivation to exercise at all breaks down completely." Her external physiological fears conceptually triggered her motivation most prominently from the negative source of a health scare, while psychological internal motivators appeared to be sustained through positive motivation including an improvement in her health care. The successful relationship between physiological and psychological determinates, along with the need and knowledge on the importance of a

structured exercise regimen, was also important as her earlier experiences being obese further motivated her self-determination toward deterrence of the disease.

Table 9

Individualized Participant Data Analyses (2014)—Participant 9

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #9 Date: 10/16/2014	Female, Deterrence of obesity age 20-40, interview time 37 minutes.	The motivational desire to make long lasting assurances for structured exercise regimen garnered the most positively affirming influence to continually deter obesity.	The psychological triggers were her most prominent motivators, while internally nurturing a newfound sense of personal health care identity.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 10. The tenth participant had confidence as her key motivator, because she believed an experienced and enhanced self-worth due to exercise adherence facilitated her obesity deterrence. The initial trigger appeared negatively influenced in the form of teasing, because she had experienced a great deal of ridicule in the past from her experiences of being overweight. She stated that "the fear of regression was initially what facilitated my motivation to adhere to exercise regimen, but it was more so the satisfaction and contentment of being fit that continued the drive to succeed and keep going." While Participant 10 believed her initial motivation was physiological and

externally based, those primary indications were eventually pushed aside once the feeling of confidence became a more relevant factor within the adherence to exercise regimen.

For Participant 10, her will power to continue no longer revolved around the physiological factors of simply health care and vanity. Continued exercise involved the psychological belief and confidence that health can practically be accomplished based on her own lived experiences of doing so successfully. The will power itself became influenced by the knowledge of success, in tandem with the desire and motivation to keep moving forward. She ultimately said, "it was a comparison to my past self that motivated me." The key motivator manifests an improved coping mechanism compulsively due to a unique combination toward a fear of regression, along with internal motivators that relate the comparison of how she felt before structured exercise adherence began.

Participant 10 believed all elements were bound together by the structure of the exercise adherence regimen, which played an intricate component in focusing her motivation and drive toward obesity deterrence. Psychological confidence through physiological exercise adherence eventually takes precedence over the trauma, despite negative influence initially serving as the trigger. For Participant 10, the accomplishment of success provided the primary internal motivators outweighing the fear of regression, along with her newfound abilities and enhanced confidence simply to cope with the reformation.

Table 10

Individualized Participant Data Analyses (2014)—Participant 10

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #10 Date: 10/21/2014	Female, Deterrence of obesity age 20-40, interview time 38 minutes.	The trigger was negatively influenced in the form of teasing, as the participant had experienced a great deal of ridicule in her past for being overweight.	Confidence was the primary motivator as she experienced both an enhanced sense of self-worth and identifiable purpose within the continual adherence of exercise toward her obesity deterrence.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

Participant 11. The eleventh participant had originally believed, in her words, life was "frustrating to remain prohibited from doing the things I wanted to do." The trigger for Participant 11 was the inability to experience desired levels of physical activity and the toll that took on her psychologically. Participant 11 was also fearful of heart disease and being obese at such an early age, further predicating fear as a negative trigger compelling her desires to deter the disease. The psychological understanding for Participant 11 was that it would take a more dramatic commitment to deter obesity, which is how she explained her inability to do so postadolescence. Although the negative triggers existed in her subconscious, they had not fully resonated until her understanding, awareness, and perspective of worth had reached maturation.

The further she had progressed away from the negative triggers, the more positive the motivators would resonate toward her exercise adherence. Participant 11 stated that

"the structure of exercise must be experienced in intervals of four," meaning that one must attempt an activity at least four times before ascertaining the certainty of the routine's desirability. Helping or assisting others with their own goals served as a secondary internal motivator, because she believed that a true sense of community assisted her development and adherence toward specified training regimen. The internalized motivators for Participant 11 devolved initially through external machinations, maintained over time by psychological coping mechanisms overseen through the structure of exercise regimen.

The psychological internal and physiological external motivators were stated to be attained from a latent outgoing nature of happiness, which in her words "can only be perceived from the perspective of once being obese." Participant 11 had distinctly expressed gratitude for her negative experiences, in the sense that they set the stage for triggering her adherence to exercise structure giving her not only a physiological outlet for her past experiences but also a newfound positive psychological understanding of self-evaluation. Paraphrasing the participant, with both the psychological and physiological coping abilities working together for change, a self-described policing or restrictive coping mechanism was compulsively formed to intervene.

Ultimately, her belief was that no one indicator could formulate such a construct, but a myriad of both physiological triggers and psychological motivators were needed to create the existing coping mechanism that will not allow her to fail. She claimed that "the conception of everything was exercise, followed by dietary, and then happiness." Her awareness also assisted in granting her a perceived lack of stress, graduating ultimately toward a greater sense of happiness and self-worth. None of these factors

meant anything to her without first understanding why she was triggered to exercise in the first place. Participant 11 stated that, in the end, "far too typically women fail simply because they go too fast too soon without ever truly understanding themselves, not to mention how or why they ever started exercising in the first place."

Table 11

Individualized Participant Data Analyses (2014)—Participant 11

11 Female Research Participants	Female, deterrence of obesity age 20-40	Initial Trigger to Motivate Exercise Adherence	Individual Self-Determined Motivation (SDT)	Predominant Commonality Toward Obesity Deterrence
Participant #11 Date: 10/21/2014	Female, Deterrence of obesity age 20-40, interview time 60 minutes.	The trigger for Participant 11 was the inability to experience desired physicality, in tandem with the fear of cardiovascular disease possibly becoming malignant by being obese at such an early age.	The internalized motivators were devolved initially through external machinations, maintained over time psychologically by coping mechanisms through the overall structure of regimen.	Negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity.

All 11 interview sessions lasted at least one half hour, and all the sessions assisted the researcher in identifying a predominant common theme emergence found within the deterrence of obesity through exercise adherence. The responses of the participants were recorded and transcribed so that the main thoughts could be classified, categorized, and grouped into clusters to work into emergent themes.

Emergent Themes

The collected data suggested that while physical activity was an essential factor in limiting depressive symptoms and cognitive obesity prevention stratagems, negative lived experiences or triggers were seen as motivating physical activity emotionally toward the female demographic. Self-determination theory (SDT) coupled with chronic or long-term adherence toward weight management cessation can be extremely difficult to conceptualize in women, due to weaker physiological barriers found distinctly within the female demographic (ACSM, 2014). All 11 participants were unique in the sense that only through an overwhelming compulsion to succeed instigated by trauma, were they able to provision offerings substantial enough to create a newfound self-identifiable ego construct with the practical ability to deter obesity successfully.

Of all 11 women who participated in this doctoral study, both physiological and psychological concerns assisted in exploring the participants' attributions toward obesity deterrence. These factors in tandem with the endorsement of structured exercise regimen were the primary foundation of the research findings. Furthering interpretative analysis was beneficial in revealing that cognitive coping skills, improved attributions, and emotional intelligences increase compulsion to structure; suggesting that an improved multi-level intervention of emotional intelligence predominantly assisted female deterrence of obesity through the discipline of exercise adherence.

The findings of the research substantiate pathways linking physiological and psychological behavioral symptoms to obesity not yet examined through SDT (Deci et al., 2002). Specifically, examining the direct effects of physical and mental symptoms on obesity, in tandem with observation through research exploration of cognitive societal

support mechanisms, has been quite informative with regard to the obese female demographic. The lifestyle intervention that has been most effective traditionally was structured exercise regimen, which can only be realistically achieved with energy expenditure that targets behavioral programs toward higher levels of physical activity (ACSM, 2014). These findings are supportive of routine exercise programs for women of the Detroit Midwest area as well as the need for more individualized intervention and maintenance programs within health care design.

The three themes that emerged from the analysis follow:

1. Negative external physiological and psychological experiences were first needed to trigger self-determination.

2. The positive reinforcement from others played a predominant role in adherence to exercise regimen.

3. No matter how strong the motivation to exercise, without the structure of regimen, the fortitude to do so will either dissipate or become misdirected.

Support for the Emergent Themes

Theme 1: Negative external physiological and psychological experiences were first needed to trigger self-determination.

The first theme involves the triggers that motivate an individual to choose to deter obesity. The participants shared several triggers, focusing specifically on negative external physiological and psychological experiences in response to the interview questions. Participants 3 and 11 mentioned a health scare and negative physical ridicule as triggers that motivated her to do something to do something about her weight. Participant 5 was frustrated by her inability to do the things she wanted to do. Both

Participants 6 and 10 also referred to the trigger of fear and physical ridicule that first motivated them to begin exercise, but the sense of controlled confidence impelled them to continue their exercise routine. Participants 6 and 10 referred to the need to continue the exercise routine to develop the psychological coping mechanisms that help individuals maintain that routine over time. For most participants, the confidence felt when maintaining the exercise routine was sufficient to motivate the individuals to continue.

Theme 2: The positive reinforcement from others played a predominant role in adherence to exercise regimen.

The second theme reflected an emphasis on the need for positive support from others. Participant 1 said, "The hardest part, at first, was eliminating friends and family members that were like a negative deterrence toward continued exercise autonomy." In turn, Participant 1 allowed others to support and help her in her program of structured exercise. Participant 11 believed that a community in the truest sense assisted her development and adherence to a specified training regimen.

Theme 3: No matter how strong the motivation to exercise, without the structure of regimen, the fortitude to do so will either dissipate or become misdirected.

The third theme refers to the need for structure to reinforce the individual's on-going maintenance of the exercise regimen. Participant 5 was most explicit when saying, "Without both challenge and structure, there would be no self-determination to exercise at all." Participant 6 noted that the structure of an exercise regimen was most effective in motivating her to continue her program of deterring obesity. While Participant 7 credited the self-identifiable ego as the internal motivator to continue an exercise regimen, Participant 9 relied upon her cognitive understanding of the importance of the structured

exercise regimen to maintain her self-determination to continue her program. In almost every instance, participants demonstrated a movement from external physiological triggers and psychological motivators to internal motivators that impelled them to maintain the structured exercise program.

Chapter Summary

The testimony of all the Detroit YMCA executives, program directors, and personal trainers were universally important in exploring, evaluating, and analyzing how this demographic of women could be seen as significant due to the research design being phenomenological (Yin, 2013). It was significant to the disclosure of the lived experiences that the participants were highly motivated to participate in the study, due to this demographic of women having accomplished a fitness goal that very few before them had achieved. The focus remained on young adult women, in that they were most suffering from the encompassing detrimental health effects of the disease (ACSM, 2014).

A noteworthy exploration of the data in this regard was the change within the participants' health care autonomy in relation to health-related consequences being understood prior to the epidemic of obesity being properly addressed. The cognitive role of qualitative questioning toward feminine weight loss/maintenance was substantially evaluated with association to long-term weight loss/maintenance in women satisfied with their current physical disposition to managing weight loss. The IPA methodology was used to explore cognitive areas of previously obese women, to study how this segmented group of women had succeeded while so many others within the exact same research demographic had failed to do so consistently in the past.

This study explored the link between both physical and psychological factors for exercise adherence in women, allowing for appropriate analysis conducted on factors, such as gender, to evaluate and credibly validate the results of the research study findings. What was recorded pertinently within the research effort is that the more ridiculed the woman, the more likely she had been to maintain deterrence of obesity through exercise adherence, and what was proximate psychosomatically and psychosexually is that these women used a myriad of methods in order to ultimately deter obesity. Chapter 5 includes explanations of the thematic interpretations of the data findings in greater detail, along with recommendations for future study.

Chapter 5

Recommendations for Future Study

The problem initially was a lack of encouragement regarding physical fitness goals in adolescence, in that these goals were not cultivated a high enough priority further setting the stage for limited motivation facilitating the need for a negative trigger. Self-determination then assisted in increasing their drive and willpower toward disciplinary exercise based intervention, specifically increasing adherence to physical activity. The most crucial aspect in favoring behavioral health modification was in terms of self-determining the development and collaborative relationship toward the functionality of improving adherence to healthy lifestyle intervention. This is practical as the psychological and physiological restructuring assisted in modifying weight loss expectations relative to structure, design, and regimen through exercise adherence.

Self-determination theory facilitated the most prominent explanation toward maintenance for obesity deterrence fundamentally through structured exercise adherence. Women who are trained in incorporating a better understanding of chronic disease prevention, coupled with mental health preparation along with a dissociative treatment of problems, may one day discover the key research component to curing the disease of obesity all together. This means that it was never the knowledge of how to exercise, but more so the willpower to do it that should be seen most relevant for the obese female research demographic in the future.

In chapter 5 three common themes will be further explained and discussed for young adult women; negative external physiological and psychological experiences are initially necessary to self-determine or trigger behavioral change, followed by prolonged

positive internal psychological motivators to maintain adherence to exercise, culminating with the consistency of routine structured regimen to deter obesity. In chapters 1-4 the problem of high female obesity rates was discussed in reference to a theoretical framework of self determination. While Chapter 2 expounded upon past literature review drawing comparisons toward obesity rates in both men and women alike, Chapter 3 substantiated the interpretive phenomenological research design in order to explore how and why these women were successful deterring obesity through exercise adherence. The data collection in Chapter 4 delved into the lived testimonials of 11 women so that in Chapter 5 a further evaluation and assessment can be recommended for future study.

Evaluation of the Research Design

The commonality found within the research exploration was that physical adherence to structured exercise regimen works best when psychologically driven to develop active and healthier lifestyle dispositions. All 11 women who had maintained structured exercise regimen had testified to becoming more confident in controlling their body weight, which correlates to the SDT proposed conceptually. The participant's self-efficacy was associated with internalized adherence toward standardized behavioral programming for long-term obesity deterrence. The key focus to encouraging women through SDT may prove to be the sustained motivation that structured training regimen has on motivating the young adult female mind.

All 11 female participants who had taken part in the research were encouraged to be realistic in associating their true sense of practical accomplishment toward deterring a disease, which, within their research demographic, was in the past seen as a distinct impossibility (ACSM, 2014). What was found to be the most prominent component of

behavioral weight loss intervention in women was self-determination through negative reinforcing behavioral change with regard to exercise frequency. The reinforcing and enhancement of self-efficacy first created the need for self-determination, in turn, setting the stage for continual adherence to exercise regimen with little discrepancy within the participant demographic.

Within the recommendations of Chapter 5, there will be further detail evaluating how the previous frustration associated with being obese as adolescents assisted in strengthening the participants' resolve to structure exercise adherence regimen. Interpretative evaluation within the study was disseminated for clarity as to the overall lived experiences of the research participants. The next section will specify how the physical and emotional relate with regard to achieving obesity deterrence commonly and collectively within the research demographic.

Phenomenological Data Findings for Obese Women

It was intended that the open-ended nature of the data collection allowed for discrete, identifiable, and independent influences of weight-related correlates as to the obese status explored as influences of female obesity in Detroit women. Within this study, physiological and psychological behavioral competencies were measured through IPA analysis to support cyclical trends of female complacency toward structured exercise regimen, obesity, and even metabolic complications based on gender discrepancies. These findings, coupled with prolonged evidence of physical inactivity, may suggest that structured exercise regimen or adherence to behavioral health modification in young adult women play a significant role within the human genome toward the cessation of long-term obesity deterrence.

The ACSM (2014) has officially examined female obesity in terms of exploring both physical and mental acuity in accordance to factors known to influence the problem associated with exercise and mental health as a correlate. The National Health Interview Survey NHIS (2013) examined obesity differences psychologically by personality type, but still seemingly failed alone to significantly lend any further or contextual insight into female obesity disposition. Despite attention devoted to health care disparities in terms of how the psychological mind affects the physical body for young women, this contemporary research data may be used to investigate obesity differentiation with accordance to female thought processes and toward the physicality of feminine mind patterns comparatively to that of the masculine.

The lived experiences of the 11 participants were associated with the failure of adopting exercise regimen as a prolonged consistency of lifestyle behavior. The results, coupled with the hindrances of both physical, and psychological and environmentally based obstacles, reflected the level of importance in recognizing determinants of behavior. The commonality of the research exploration can be found within the role of exercise structure with regard to female weight loss as well as the psychological and psychological basis to structured adherence. It may one day be motivational/behavioral strategies alone used to facilitate obesity deterrence, as the results from the study show structured exercise regimen as being a highly relevant determinant for continued exercise adherence.

Regarding the research data, lack of exercise may still be the strongest risk factor for women, but what is also important to understand are the exclusory expectations of body image between women and men distinctively. For example, NHIS found that

physical appearance is often more commonly associated as a priority in women, which can lead toward the possibility of furthering psychological body dysmorphia or even self-physical deterioration (NHIS, 2013). One possible explanation for such a dichotomy may be that women simply have stronger psychosocial based conformist pressures toward the attainment of an attractive body image.

According to Calton (2010), women are also more likely to be associated with overweight and obesity factors because they have much smaller height and weight to that of the males, which are most typically used to reference and calculate BMI. Women are much smaller than men, making the reliability toward measurements for height, weight, and BMI varied at best (ACSM, 2013). The objective for referencing outside studies is simply to point out how they differ so greatly from this research particularly, and although useful have yet to come up with an answer capable of solving the original problem; further validating the need for this research study specifically. The next section will summarize the CRQ, and detail how it was analyzed relative to the four additional subquestions within all 11 participants' lived experiences.

Common Research Themes

Because the disease of obesity has become a significant health care concern for young adult women living in the Midwest, the implicated health-related supposition of this research effort has the potential to both affect and modify exercise regimen for millions of individuals associated with being obese in not only Detroit, or the U.S., but potentially the geographic world as a whole. The purpose of the interpretive, qualitative phenomenological study was to explore the lived experiences of previously obese women between the ages of 20 to 40, with regard to their coping mechanisms of exercise

adherence in relation to the phenomena of obesity deterrence. The research exploration is one of the first to study the true impact that obesity has on the physical being of women who have deterred the disease, while also taking into consideration elements of how they were self-motivated to deter fatigue, accept rehabilitation, and ultimately adhere to structured exercise regimen in the first place (CDC, 2013).

Following data analysis, the researcher added four subquestions to the Central Research Question as, according to Patton (2014), deemed necessary for clarity in exploratory qualitative research (Patton, 2014). This study explored how physiological and psychological elements affected deterrence of obesity through exercise adherence. The researcher never indicated or set out to determine specificity of any particular physiological/psychological indicators. Emergence of these themes were factors that appeared organically in response to the CRQ and then recorded, which made the addition of subquestions relevant for the alignment of future research.

The purpose of the IPA analysis was tied directly into formation of the CRQ, and then implemented to simplify exploration regarding the emergence of the recorded themes, if any, due to the open-ended nature of the interviews. It is likely due to the overarching CRQ that the questionnaire was able to attain saturation of data after the fourth interview. In the next two sections the four subquestions of what physiological/psychological indicators affected exercise adherence, as well as how physiological/psychological indicators affected deterrence of obesity through exercise adherence were evaluated for future study.

Physiological health adherence: Exercise. Sub Questions:

1. What are the physiological indicators of exercise adherence?

3. How have physiological indicators affected the deterrence of obesity?

Conceptually; this study comparatively approaches analysis regarding the lives of women who have personally experienced being obese. The caveat to this exploration is that all of the women interviewed have accomplished the physical goal of deterring obesity into adulthood, despite being cognitively dissonant of their obesity from at minimum the ages of 11-19. The biological analysis of 11 obese adult women were discerned through a strategic qualitative interview, by selecting and recruiting women who met the inclusion criteria deterring the disease of obesity through exercise adherence measures alone. The study examined only the most common thematic examples of combating obesity through exercise adherence. This was done comparatively relative to the point that deterrence of obesity through exercise adherence could be used as a preventative coping measure, distinctly observed in young adult women between the ages of 20 to 40 found within the framework of SDT and IPA research design.

The study provided clarification for active participation in physical activity and the recurrent effects it had on the examination of female obesity deterrence in the Midwestern region of the United States. The longitudinal findings are coupled with discrete evidence of the primary effects of physical activity levels with regard to exercise adherence and obesity deterrence. The results had originally suggested sedentary behavior functions were the primary antecedent to the overall consequences of overweight and obese women. This conclusion was based on the fact that the participants

were adult women (ages 20 to 40 years) who perceived their decline from previous adherence to higher levels of physicality as the most significant factor leading to obesity.

The most common physiological indicators that affected the deterrence of obesity for all 11 women were health care, followed by external appearance, and finally the athletic ability to complete an exerted physical endeavor. How these physiological indicators affected deterrence of obesity was determined by health and physical appearance. The majority of negative experiences that triggered exercise motivation either came from a health scare, ridicule in the form of past teasing, or simply the realization that the participants did not look or feel the way they would like to look or feel. All 11 interviewees noted that it was an overwhelming sense of failure suffering physiological limitations in the past, which both triggered and compelled their desire to structure exercise adherence. Last, three of the 11 participants stated that they wanted to compete athletically, perform a physical task, or be more active with family members.

Psychological health adherence: Cognitive. SubQuestions:

2. What are the psychological indicators of exercise adherence?

4. How have psychological indicators affected the deterrence of obesity?

The research methodology was designed to statistically compare the distress levels of women who were obese in adolescence without the aid of diet or weight loss surgery. The sample demographic size of 11 participants was selected for the research study due to the population of obese women participating having similar levels of emotionally or cognitively driven psychological distress levels regarding physical activity. Consistent patterns, such as these, may or may not have led to a commensurate burden of obesity in

comparison to that of physical inactivity on the mental disposition of the participant female research demographic found within the data collection.

Four predominant commonalities were found thematically in terms of psychology of obesity deterrence and prevention for all 11 research participants. The common theme of formulated fear was always the trigger, followed by motivation, happiness, and ultimately lack of stress emerging from the interviews; although not in terms of hierarchical rank but more so methodologically in sequence. The belief of all 11 participants was that although negatively triggered initially by fear or the need for improved physicality, it was the positive psychosocial motivational indicators that fueled the exercise over prolonged periods of time.

The lack of stress facilitated by a happier contentment of self-worth played a distinct role toward the participant exercise compliance. This dynamic, supported by the fear of regressive failure, was what the participants believed conceived/contrived their overall compulsive desires to maintain fitness regimen. The self-policing mechanism found through exercise structure is what allowed these women to succeed in deterring obesity for an extended interval of time. In regard to emotions, it is notable that while participants retained empathy for their past lived experiences, not one of the women could relate their contemporary life without exercise adherence or how they could have ever lived without it in the first place.

The factual basis for this research exploration considered both physiological and psychological barriers for the obesity disposition; which makes it reasonable to suggest that either physiological or psychological barriers may be more dominant in relation to consistency of exercise adherence. Taking into consideration theoretical and research

exploration of physiological and psychological predictors of success for self-determined efficacy, psychological well-being, and ultimately greater expectations were most typically observed. The epidemiological related concerns regarding female obesity rates found within the eleven female participants were not only public health problems on the physical level alone, but may posit depressive psychological symptoms that were linked to obesity as well.

Thematic Findings of the Research Study

The goal of substantiating the research exploration most commonly associated with the research findings was to commonly identify how such decision-making processes could, would, or had ever affected the results of the designated research implementation to obesity deterrence through exercise adherence. The specific purpose was to provide explorative testing measures concurrently to adapt physical activity recommendations, while at the same time examining the feasibility of female adherence to exercise adoption in relation to obesity cessation. As a further provision to referencing of the collected research material, specified valuations were used to establish scientific methodologies that met the appropriate requirements for the evidence-based reviews. These evaluations were developed within an incremental approach, as further substantiations of exercise promotion toward the specified steps to overcoming obesity barriers support motivators for exercise adherence.

The study was designated toward characterizing and developing a starting point for trends that had not been previously explored through SDT in prevalence, incidence, or remission of the obese female population within the Detroit YMCA. After extensive qualitative examination and evaluation throughout the 11 interview sessions, the idea of

examining how differential profiles of exercise adherence remain open ended, resonated in women conceptually within a similar or thematic manner. This was explored by testing the overall effectiveness in terms of evaluation regarding steps for obesity intervention utilizing both exercise adherence and obesity deterrence concurrently.

Wilson (2008) reported that psychological distress is more resonating in adolescence, as women who struggle from the long-term effects of obesity have been found through psychological desperation to adjust exercise measures adequately to counteract the psychosocial distress of obesity (Wilson, 2008). The CRQ was: How have physiological and psychological elements, derived from programs of exercise adherence, affected the participants' lived experiences to effectively deter obesity. The SDT framework of adopting a therapeutic or collaborative style as opposed to confrontational was the saving grace validating the overall experience for the women interviewed within the study.

Collectively examining the results from the qualitative IPA data have assisted to further understanding the health-related burdens initiated by the current female epidemic of obesity and physical inactivity related symptoms. According to the data, the emotional triggers in younger demographics of Detroit based young adult women throughout the discourse of their lifespan relate in terms of obesity to physical inactivity. High health tracking, quality of life cessation, self-rated disability, psychosocial inactivity, and body weight status all reflect how the culture of this demographic may have been let down for decades by simply not asking the ones who have succeeded how by exploring their lived experiences through research.

The findings ultimately may suggest that during adolescence, the participant research demographic was denigrated to a regressive level of disappointment and attrition toward the physical inactivity that once perceived them to be unsuccessful. The more depression, perceived stress, and anxiety found pertinent toward the interviews correlate with higher baseline levels of structured activity in maintaining prolonged physicality. Physical activity though self-determination has shown association with obesity deterrence in young adult demographics of women in the past (CDC, 2013). These thematic findings further interpret which participating women were found to be provisioning obesity deterrence based on lifestyle intervention with cognition to individualized structure.

The objective of the study was to provide data by recruiting only women with the lived experiences necessary to substantiate intervention that could consequently impact expectations of ability toward compliant exercise adherence. The participant female demographic group selected to explore the existence between exercise adherence and obesity deterrence were implemented by investigating how compliance to exercise regimen can be achieved consistently. The comprised results at this time indicated that negative external physiological and psychological experiences were needed to self-determinate the behavior, while positive internal psychological motivators were most relevant in maintaining adherence. Both indicators were ultimately disclosed to be connected together through the structure of exercise regimen. No explored deviations or differences were perceived to be significant amongst any of the 11 participants.

An objective of the research exploration was to determine the overall significance in terms of how and why these select few women were able to psychologically and then

physically engage in consistent structured exercise regimen. Primarily, the research participants participated in open-ended interviews related to several health-related questions regarding a practical adherence to physical activity on a weekly or bi-weekly basis. The research design was based on the self-determination of the participant, meaning that both a psychological and physical assessment had to be made to determine how the two play significant roles in determining exercise adherence relating to obesity deterrence in women as representatives of the encompassing research demographic.

The IPA analysis was designated to explore the problem objectively deferent to allowing the participation to self-rate the significance of both physical and mental (cognitive heath) during the contemporary research evaluation (Yin, 2009). The schematic theme of the research was designed to conduct both a descriptive and multivariate analysis that could account for the overall phenomenology of the overall research exploration. The evaluation procured two motivational dispositions (the physical/psychological) and disparities between the masculine and feminine exercise regimen. These covariates were based on demographical, societal, behavior, and relative psychological/psychosocial elements related to the research hypothesis of SDT regarding the participants' willpower and coping mechanisms toward the deterrence of obesity.

The overall thought processes were to take into consideration regarding how obesity first affected the participant research demographic cognitively/emotionally prior to any physical ramifications of the disease, while still making adjustments in terms of the social demographic and psychological based behavioral competencies. According to the testimony of all 11 research participants, the obesity cessation relative to the amount of physical activity considered was most relevant to the degree of internal motivators

facilitated by adherence to structured exercise regimen than conceptually proposed. The research framework finds discrepancies emerging through the IPA, but found a trigger for compulsory self-determination regarding the structure of exercise regimen.

The concerted effort of this research project questions how the participant can remain physically active now, but not in the past. The data, prior to interpretation, indicates that self-determination toward structured exercise adherence was developed as a coping skill. It appeared reasonable that SDT formulates through improved self-efficacy in women who have experienced a great deal of trauma, to the point in which they feel compelled to confront aspects of themselves later in life that they may have been repressing. All 11 of the collected research transcripts show long-term exercise adherence as being most successful comparatively with a regimented or distinctive compulsory goal set previously set in progress.

Personalized self-efficacy takes into consideration all of the psychosocial precognitive factors related to the original research question, while still qualifying the extent to which the participant women believe that their capabilities were relevant in carrying out behavioral modifications. What this refers to is that by facilitating greater self-efficacy, their self-determination was supported by providing further explanation as to how the participant women had not given up even when expectations of them increased. As Morris (2012) was concerned, the predicated lack of exercise adherence found in sedentary women within the starting phase of a structured physical activity program, while initially well-being psychologically, were only seen to be relevant for exercise adherence in coordination with influence to behavioral change (Morris, 2012).

According to the participant testimony, what provided the fuel to motivate bouts of adherence to programmed routine exercise regimen was the desirability of weight maintenance to be witnessed and achieved publically and practically. They also mentioned that such practicality could not be achieved without both a programmed regimented lifestyle, and sustenance with regard to strengthening the self-determined identifiable ego construct. What was collected in the interviews was a comprehensive standardization of measuring the role of self-efficacy, physical expectations, and overall well-being toward determining exercise regimen. While self-efficacy improved the cognitive areas of inferior self-dissonance regarding the female research participants, those who voluntary sought interview were special. In the next section the three predominate themes explored within the research study are discussed in greater detail.

Three Common Themes

In referencing ACSM (2013), qualifying such cases when a woman was able to practically deter the continuation of obesity, the indicators were typically split between successful cognitive and weight management cessation interventions. This diversion suggested that cognitive procedures and stratagems, along with structured exercise regimen in the treatment of female obesity, can both be used to assist in building a mindset of controlled chronic weight management with a stronger emphasis toward controlled multidisciplinary intervention strategies. What was recorded within the research is that great importance of adherence to structured physical activity alone was most cited by the participants for obesity deterrence, and the more emotions experienced, negative (initially) and positive (consistently), the greater and more self-determined the behavioral compliance toward exercise intervention. In relation to SDT, the idea of

incorporating masculine exercise regimen was seen to be predominantly referenced to greater degree than dietary instruction, as there were three prominent themes of significance that continued reemergence throughout the data collection.

After the fourth interview, because the study was phenomenological, the data began to saturate as each woman was repeating similar thematic testimonies (see Appendix H). The first overarching theme was that negative external physiological and psychological experiences were first needed to trigger self-determination; this was a re-occurring theme for all 11 female research participants. What this specifically means is that not one of the 11 participants was practically able to conceive of exercise adherence without the initiated aid of negative reinforcement. The antithesis to this is that not one of the 11 women was able to sustain adherence to exercise through negative reinforcement as a singular form of motivation alone. It was only because of experiencing negative feedback through an existential crisis involving poor health, ridicule, or lack of enticement that the women were able to attempt change, which leads into the second significant theme of the research findings.

Positive internal psychological motivators were needed to maintain adherence to a structured exercise regimen, in the same vein that the negative were first needed to trigger or self-determine behaviors. While negative, the fear of regression will always play a dominant role in motivating exercise; prolonged adherence was only accomplished by the 11 participants through psychological motivators that made them continually feel positive about what they were doing. Time and time again, the participants claimed that it was their past negative, reinforced experiences that compelled them to start exercising. What truly motivated all 11 female participants was the positive reconditioning toward a

renewed sense of identity, facilitated by the psychological perception of better health care, lower stress levels, and ultimately an overall sense of well-being.

The positive reinforcement from others played a dominant role in adherence to an exercise regimen in that all who claimed to be ridiculed and looked down upon in adolescence now had a greater sense of empowerment. This empowerment can be qualified by their increased sense of appreciation with regard to positive feedback, in comparison to the negative feedback they had experienced while obese. The difference is that all 11 women shared the same perspective, as they can both understand and emphasize with how they were once seen in comparison to how they are now perceived by others. This was a more critical sense of self-motivation toward exercise adherence, unique only to women who have overcome obesity, leading into the third and most encompassing theme of the data collection processes.

The third commonality of obesity deterrence in relation to exercise adherence was the structure that binds the two together. Although all 11 women had constructed a compulsive self-determined policing mechanism, their desire or, more specifically, energy still needed to find an outlet. What was discovered is that no matter how strong the motivation to exercise, without the structure of regimen, the fortitude to do so would either dissipate or become misdirected. It was the importance placed within these motivators that structured the coping mechanisms with regard to exercise adherence by proxy. This, according to the interviews, assisted in improving upon quality of life as a byproduct of emotional satisfaction adhering to the perception of what is considered socially an acceptable feminine body image through structured exercise regimen.

Interpretation of the Research Data

The problem statement determined that obesity among the younger adult demographic of women had become an epidemic in the Midwestern region of the United States (ACSM, 2014). Most recent statistics indicate that without successful intervention, the distinctive number of obese individuals may even double over the next decade (HHS, 2014). In response to the problem, this study involved primarily an individualized approach to weight management cessation, while at the same time maintaining consistent focus on behavioral health care modification as the predominant chronic reduction within the overall prevalence of female obesity. Of the 11 participants included in the analysis, 100% of the women provisioned disparities for obesity deterrence in terms of self-determinant behavioral and psychological covariates thematically within the research demographic (see Appendix H).

Given limitations in terms of female obesity treatment, effective obesity prevention techniques were predominantly indicated through limited epidemiological means. In this study, an examination of acceptance-based indicators (concerns or lived experiences) as phenomena for those most at risk within the demographic occurred. The research data indicated the significance of the related outcomes by yielding interventions to increased self-determined efficacy, physical activity, and psychological flexibility for young adult women. This process related proximately to controlled physical activity for at-risk population subsets, further expressing the need for prolonging measures for behavioral intervention strategies.

The overall findings were reported as an addendum presented in this paper (see Appendix H)**,** as the IPA analysis tested for discrepancies between men and women. In

the past, findings for obese women differed from that of obese men (ACSM, 2014). In particular, compared to males living within the Midwestern region of the United States, this demographic of women appeared to be much more emotionally lucid as to the cognitive repercussions of being obese. In reality, the disparities between women and men indicated that health adherence programs aimed at ameliorating obesity must likely focus on either relegating or targeting the female specifically for psychologically based consistencies or inconsistencies as opposed to that of the overall obese research demographic as a whole.

Ultimately, all 11 women claimed to be triggered by their traumatized past, but also motivated by their promising future. All attested to the fact that without the direction and guidance of routine structured exercise regimen, their self-direction would have gone off course rather drastically. The self-determination was strong, and the compulsion to find an outlet for that energy was very real, but not all found exercise and that is the difference. Progress requires all three factors: the negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen to deter obesity as one to separate these women from the vast majority within the demographic. The next section will include additional interpretative findings.

Significance of the Study Results

The overall data collection indicated that female obesity may be related to a multitude of not only physical but also psychologically based positive and negative lived experiences. These experiences referenced numerous unhealthy or habitually related physical indiscretions to self-motivate a structured exercise regimen. This research effort

proposed that to ascertain the effect of feminine obesity as a propensity toward manifested health consequences and intervention strategies, self-motivational provisions must be explored for preventative strategies that can affect an individual's adherence to structure. From a treatment perspective, or more specifically incentive, the results of the data were believed to contribute significantly to informing an increasingly female obese population as to how only a select few with similar lived experiences were practically able to deter the disease.

In terms of linear-based patterns involving the adherence of exercise regimen in comparison to that of obesity deterrence, the most consistently significant patterns of data collection were observed to be relegated primarily to women at the precognitive phase of program adherence fearing failure the greatest. Over time, the predicating factor involved in affecting the adherence of exercise regimen was conceptually that self-determination empowers prolonged motivation. This concept, along with the desire to cultivate the awareness of routine structured regimen, was achieved from the fear of an accrued displacement toward societal nonconformity for all 11 women alike.

The primary importance of the study can be found within testing measures regarding the influence of obesity on the relationship of both emotional and physical health. Because the study utilized a sampling of 11 women who had experienced obesity from a young age, the idea of self-determination theory became most applicable to body image as a multidimensional facet construed from both cognitive and behavioral elements. Within the women, body dysmorphia can be found to be a root-defining characteristic for the self-determined adherence of physical activity. This first occurrence of exercise was triggered due to the disassociation of a painful or traumatic experience,

rather than the joy of success that would later become prevalent with regard to prolonging motivational deterrence of the disease.

In comparing and contrasting interviews within the obese demographic, the goal was a clearer understanding of the multivariate measures of commonality found in the lived experience, or more importantly, the self-motivation toward exercise adherence. The significance of the interviews was instrumental in understanding the multidimensionality of women in terms of their behavioral coping mechanisms regarding the disease of obesity. The most prominent assessment determined for the behavioral coping mechanisms of the women was the significance placed on feminine body image, and the motivational drive to maintain what was perceived to be acceptable in the minds of the contemporary Midwestern (Detroit-based) young adult woman.

The concept of self-determination proved to be significant in that all 11 women reported greater physiological and psychological trauma, such as body image distress, overweight preoccupation, self-evaluative investment, maladaptive coping strategies, and poorer quality of life, with or without the psychological preoccupation triggers. Of the 11 women recruited in the study, the greatest equivalency was found to be motivated by dimensional body satisfaction; suggesting that the psychological elements had affected adherence to exercise regimen along with the physical. For example, physical health care alone was not enough to motivate continued adherence to structured exercise regimen without the assistance of psychological coping strategies. The implied significance of these findings suggests that obesity deterrence was both psychologically and physically based in the successful deterrence of obesity for the research participants.

The qualitative data collection was also significant, as the open-ended interpretive analysis explored the usefulness of psychological and physical self-determination theory with regard to the cognitive elements involved with exercise adherence. Because the questions were designed to be open-ended, having all of the women answer them in a similar fashion reflects the success of their participation. What makes this research study applicable and transferable was that considerations were taken to construct a research questionnaire by taking into account many of the physical motivations of the participants, as well as the possible psychological predispositions. All of the participant women involved in the research study were affected negatively in childhood, which appeared to facilitate a desire to self-motivate out of fearing regression.

The rationale for the research being phenomenological was best represented in the fact that only 11 women were found to meet the inclusion criterion for the study, which substantially increases the significance of their testimony. The truthfulness of the participants can also be seen as considerably credible in the sense that there was no incentive offered for participation (Yin, 2009). What was explored due to the comfortable, open-ended qualitative nature of each interview session was something not quite expected, in that the negative psychological effects of being obese in adolescence manifested as positive self-determined coping mechanisms. This further allowed for the structure of exercise regimen to be found as the supportive coping factor for all of the women involved with the study.

This is not to take away from the joy of success, as all participant women believed that possessing a feeling of accomplishment was similar to continuing their chronic successful health-related autonomy. Although it was found to be the self-gratification

from not only avoiding failure, but the facilitation of a more autonomous ego construct that appeared to be the most significant motivational factor. This was interesting in the sense that their ego construct was typically more so associated with that of the masculine personality structure, indicating that perhaps by these women initially adopting a masculine mindset as the primary trigger for self-motivation, the more feminine nature began relating exercise adherence to obesity deterrence as a rigid coping mechanism to accommodate the two shifting personality adaptations.

What was decisively a determinate through the open-ended IPA research exploration is that the relationship between obesity deterrence and exercise adherence was both co-existent and co-dependent. The two factors synonymously rely upon determining first the psychological basis for self-determination, followed in tandem with the physical representation of the exercise adherence. The encompassing significance of the psychological characteristics, such as social behavioral and adaptability of the female (20 to 40) participants versus that of the masculine, consequently assisted in distinguishing the credibility of the role that the masculine ego plays in adherence to structured exercise regimen for the obese female demographic.

The significance pertaining to scholars, practitioners, and leaders within the health and fitness fields is to grant them an alternative research source; this was due to all three fields yet to be successful implementing programs with regard to female obesity deterrence in young adult women. Within my literature review, an extensive research into female obesity through exercise adherence was conducted, but the true extent of their failure is still missed within the results. For the researcher, validated research data are understood as important. For a health consumer, no matter how significant the data, if

they have yet to deter the problem, then something must be lacking with the purpose. Proposed within this research effort is a level of cooperation among leaders within the behavioral, clinical, and fitness health care industries that may not have been foreseeable or profitable in the past.

Overall Analysis of Study

This doctoral research exploration revolved predominantly around how self-determined or psychological motivational adherence toward structured exercise implementation affected the overall physiology of the obese female research demographic in Detroit, Michigan. The significance of obesity has long since been debated within the health care industry. Finally, obesity was officially recognized as a disease by the American Medical Association (AMA) after extensive examination of the subject matter in the summer of 2013 (AMA, 2013). According to the Office of Disease Prevention and Health Promotion (2007), the debate over the evolution of obesity has been the most consistently pervasive health care issue over the past 30 years. Obesity has been linked to chronic health care issues, such as cardiovascular disease, type 2 diabetes, and malignant forms of cancer.

The increased interest in the Midwestern region stems from the fact that women in this area have historically suffered the most in terms of a predisposition to adolescent obesity (CDC, 2013). The problem rested on the fact that women of this research demographic rarely overcome the disease of obesity. The testimony of those women who have overcome obesity have become nearly as important to the health care industry as those of any diseased research demographic that exists globally (WHO, 2013). The

exploration of this IPA was a means to find a way to bridge the gap between what is known and what is assumed regarding the deterrence of obesity found within women.

The National Center for Chronic Disease Prevention and Health Promotion (2008) further substantiates the purpose of exploring obesity research as a public health care concern. This is typically done to associate female morbidity and mortality rates in terms of the long-term benefits regarding the overall studied research demographic (CDC, 2013). Upon reflection, the increasing issue targeting female obesity is being done purposefully in the sense that the female demographic has a much lower rate of success than that of the masculine (ACSM, 2014). This makes the very few women who have deterred obesity not only a health care phenomenon, but possibly even the key to curing the disease of obesity in its entirety amongst all research demographics.

The scientific literature available on this topic was limited in terms of qualitative research exploration (IPA analysis) although the psychological effects were rarely measured against the physical ones commensurately in the realm of doctoral research. After consulting available data compared to the transcribed results of this IPA analysis, the main flaw of past obesity research involved epidemiological limitations placed on narrowing the focus into the disease as primarily physical. Physical predispositions play a role in the determinants of the disease. Yet omitting self-determined motivational triggers that utilize obesity as a tool for motivation weakened past research programs in which younger demographic of obese women failed to progress deterrence of the disease.

The goal of the present research was to focus on the most difficult research demographic to find an adherence program capable of capturing the encompassing problem worldwide (CDC, 2013). From an objective standpoint, suggesting that a

singular research study could provide assistance to another can only be construed as speculative. Factually, the testimony of the Detroit YMCA participating obese female demographic was extensive in terms of SDT theory and IPA research methodology (Patton, 2014). Supporting the idea of promoting preventative health care measures in women toward obesity only remains a public health concern when it has the potential to further opportunities toward the totality of preventative health care reformation.

That women have recognizably a much higher percentage of body fat than men was a distinctive factor in understanding the necessity of exploring both the physical and psychological aspects in this research (ACSM, 2013). What was explored successfully is the need to qualify assessment for identifiable and viable exercise adherence interventions, while still maintaining a predominant focus on obesity deterrence in relation to exercise adherence. The concept of viewing these principles from both the physical and physiological viewpoint reflects all of the components related to female obesity deterrence in terms of strategizing intervention programs for future implementation and policy assessment.

In 11 qualitative interviewees, the women generally found to have a higher percentage of body fat conceptually also had markedly improved their overall health status in terms of positing emotional resonance with physical appearance. The psychological elements relating to exercise adherence again were self-determined by physicality as an initial trigger, motivated by the fear of not being seen as adhering to conformity according to societal norms. This was a breakthrough in the sense that these previously obese women were primarily driven by both the perception of failure, along with the happiness accrued from successful health care intervention.

Conceptually, the idea of negative and positive physiological/psychological elements were not mentioned in the literature review, which indicates that contemporary exercise programs may simply not be aware of these common themes. According to Wilson (2008), the notion that one could find self-discipline and motivation from negative reinforcement as opposed to positive was unheard of with regard to training regimen for women. More specifically, this type of reinforcement was seen more typically with regard to men (ACSM, 2014). Regarding health care, the physical reward was a powerful deterrent to obesity, but not quite at the level of a psychological need for conformity. The saying "at least you have your health" is a notion ignored by most, although when confronted with such an accusation, women, in particular, may ultimately find benefit in terms of significant motivational triggers for exercise adherence in relation to obesity deterrence. The next section will qualify the overarching theme of the study.

Overall Thematic Emergence of the Research

Following the fourth interview session, an immediate data saturation and triangulation of themes emerged within the research study of 11 interview sessions. The emergence of the first thematic correlations within all 11 interviews appeared after the fourth interview (Patton, 2014). What was most significant about the trigger to exercise was the fact that its conception was predominantly negative in origin, in that it originated from an external source perceptually from a negative starting point. The triggers for the participants ranged from being insulted physically to having a genuine health scare and very little in between from the time of adolescence to that of 20-year-old women.

As previously stated, the specified trigger to exercise adherence was predominantly physiologically based or external in origin, while the self-determinate

motivators were facilitated from negative external motivators that began the process conceptually. This trigger was not at all necessary for the continued deterrence of obesity, as it was more so the psychologically based internal motivators relating to the positive feelings of confidence accrued from the exercise that continued to fuel the perpetual desire toward exercise adherence. What was more significant is the necessity of structure triangulating motivational allowances for a clearer understanding of how, when, and why participants achieved obesity deterrence through exercise adherence.

The third and seemingly most important factor relating both the external trigger to the internal motivator was the knowledge of structure and the need to adhere to a practically structured exercise regimen. All 11 women had stated decisively that an external experience was the trigger, while an internal drive was the self-determined motivator, although the structure that maintains adherence ties all of these together. Some of the female participants found structure though competition, while others found it through health care awareness. All of the 11 Detroit-based female research participants stressed the significance of competition toward their continued deterrence of obesity through exercise adherence.

The overall theme derived from the results was that external physiological experiences were needed initially to trigger exercise adherence for all 11 participants. These physiological experiences were followed subsequently by internal psychological experiences needed continually as motivational drivers to maintain perpetual adherence to an exercise regimen. With these two associations in play, ultimately the structure of exercise regimen facilitated and maintained the practical ability to exercise long term.

The importance of structure was found once again to be the third and most prominent commonality found within the doctoral interpretative research analysis.

The distinctive combination of physiological and psychological preventative long-term health adherence factors, in tandem, may one day be found informative for future investigation on the benefits of routine structured obesity deterrence. The combined factors motivated long-term, self-determined, disciplined regimen through exercise adherence. More importantly, the combined factors facilitated the need for structured exercise regimen to serve as a buffer representing the two health care disciplines collectively as one.

Recommendations for Future Study

According to the CDC (2014), obesity is not only a national public health concern, but can often be both an exorbitant and unnecessary problem most prevalent with regard to younger demographics of women. The primary confusion regarding obesity as a lifelong chronic disease was that obesity can manifest prominently in young women as either physiological driven or a behavioral choice. The office of the U.S. Surgeon General found and described further disparities in the prevalence of obesity for young adult women (CDC, 2014). Still the CDC (2014) maintained a preliminary focus on substantiating how prior research had revealed sexualized differences within the predictors of obesity deterrence in relation to exercise adherence.

Contemporary media propaganda against obesity had been observed for decades to be more prominent in women, as the typical masculine form shown on television is that of concerted obesity. Primary examples of this, both contemporary and historically, are Simpsons, All in the Family, Family Guy, Honeymooners, Married with Children,

and so forth. The consensus of societal pressure for women to adherent deterrence to obesity, or more specifically the fear of not adhering to "a certain look," may be a greater self-determinant than that of any discernment of an associated disease actively being practiced. The female demographic was chosen primarily because they had historically experienced lesser progression in terms of deterring obesity than men (ASCM, 2013). The motivational triggers to exercise adherence were not validated historically for either gender. The importance in determining that a combination of physicality with the psychological motivation to facilitate adherence to structured exercise regimen deterred obesity within the 11 Detroit-based participant women ages 20 to 40 was clear.

All 11 participants in this research would argue, based on their own personalized testimony, that differentiated and evolved forms of public health intervention programs are still needed to ensure compliance with structured exercise regimen. The fact that personalized training programs played no significant factor within their obesity deterrence is proof that SDT cannot externally be taught, but internally learned through lived experiences. As appointed health care policy makers, practitioners, and health leaders continually expound upon programmed interventions specifically aimed at combating obesity, additional research in this vein will likely be needed. Researchers need to identify negative triggers and positive motivators toward structured exercise adherence for those highest at risk within the myriad population subdemographics of women. Of the 11 women interviewed, the prevalence regarding scientific research exploration can be qualified by simply referring to the common triggers that facilitated the adherence to compensatory exercise regimen at the time of adolescence.

Exploring the fear of failing to deter obesity as opposed to the happiness attained from adherence to an exercise regimen seems to be the direction for future researchers on female obesity to explore. Recommendations for the status of the sample size is not to focus quite as heavily on the number of women who have transcribed their lived experiences combating obesity. Instead, researchers should focus on the capability of women to measure all of their extraneous lifestyle factors directly and indirectly in combating obesity so successfully. Whatever is additionally measured within future study can quite possibly be used to explore, expand, explain, or even further substantiate the significance relating to the differences found between differing cultural subsets. Researchers might focus on subsets, such as weight loss outcomes for ethnic groups and for younger adult demographics of women.

In addition to further research exploration with regard to female obesity, women may be seen to have comparatively recognizable actions. Women may also more seemingly underestimate their own capacity for both self-motivation and improvement in relative terms compared to the more muscular template of man. The present study can be used as a baseline for future studies, by further explaining how larger segments of women can deter obesity disposition in terms of validating motivational triggers used for adherence to exercise regimen. To begin understanding the complex relationship involving utilizing a more structured and standardized approach to obesity, future researchers will have to move past the conceptual stage of analyzing the body or mind and start evaluating both as one.

The idea of precognitive motivational approaches with the enhancement of motivation can further conceptualize self-determination as a function of behavioral

determinants toward self-policing. Future researchers must remember that provincial recommendations in the future will follow a similar structured protocol in terms of exercise adherence. Researchers will also note the relationship between a structured exercise regimen and the inherent or intrinsic motivation needed to adhere to it on a prolonged, consistent basis. A few recommendations can be explored for significant continuance of the present research investigation. The most prevalent barrier to the deployment of study is the temptation to report only one perspective or bias. The analysis would be based upon an assumption on how knowledge and preconceived notion of the participants' experiences could be manipulated to favor one theory over another.

The research findings were objectively related for narrative recommendation of the problem. The specificity of the research design yielded a close examination of health care to benefit leaders in the health and wellness fields to allow a longer lasting effect on national policy makers regarding female obesity. It was never simply the positive elements drawn upon to motivate exercise adherence, but the remaining negative triggering elements that remain to bridge the gap to obesity deterrence and exercise adherence. The notion of suggestion associated with areas yet to be explored, will serve more useful purposes for research implementation by future obesity researchers.

The present study has decidedly laid the foundation for both credibility and usefulness toward the examination of future research study for obese women. As health-related innovations come to light under new doctoral candidates, the endless possibility for future insight into both the mindset and bodies of women through IPA analysis exist because the benefits of such designated research exploration can far outweigh the barriers. The immediate goal for health and fitness leaders can be garnered in terms of

using this study to market insight for further research considerations and future research study on the subject of female obesity.

Extent of past failures to deter obesity. After 30 years of argument back and forth between the health disciplines, obesity has finally been classified clinically as a disease (CDC, 2013). The length of time involved may reflect a failure of both the health care and fitness industries to find a middle ground of cooperation. The most common thought processes of the health care and fitness industries are that preventing disease is not profitable or self-sustaining, and that curing disease cannot happen unless enforced at the highest levels of government (HHS, 2014). These archaic beliefs are divisive and only continually compel the health care industry as a whole to compete against itself.

Many program initiatives are easily recognizable by the public in terms of obesity deterrence. Personal training, weight management cessation, and yearly medical examinations all come to mind. Pertaining to personal fitness training and medical evaluation, regardless of the intervention, the facts remain that female obesity is simply not improving, so a research indicator must still be missing within the healthcare industry. Personal training can certainly be a valuable health intervention, but not without first a psychological evaluation and better understanding of the reasoning behind the obesity. None of the participants within this study spoke of their engagement to physiological fitness training without the psychological motivation to do so consistently. For this reason, personal training was not an eligibility factor, in favor of the duality criterion used to recruit for the study.

What the researcher did, which in the past had failed, was to determine truth by establishing trust. All 11 women disclosed information because of an establishment of

trust between the researcher and the participants from the beginning. The IRB, for an undisclosed reason, waited over a year to approve the study, which fortunately accredited it in the eyes of the participants. The researcher knew that women may not feel comfortable disclosing their lived experiences to a man if not reasonably accommodated. The researcher went above and beyond in communicating with the leadership of the Detroit YMCA venue to ensure privacy in order for the participants to feel comfortable while sharing. What had ultimately failed in the past was the inability to listen; if future researchers would resign themselves to listening in opposition to determining behaviors based on statistical analysis, they may find similar success to this study in the future.

Advice for future successors to exercise adherence. According to ACSM (2013), all recommendations for future exercise adherence would involve further exploration of a daily structured exercise regimen. Based on this research, a substantiated understanding of psychological motivational triggers toward continuative obesity deterrence was recommended. The increasing and differentiated prevalence of higher obesity rates within younger demographics of women as opposed to men has increased substantially over the past decade alone (ACSM, 2014). The aim of the current study was relevant in understanding the health trajectory of the feminine participants evaluated for their motivation to structured exercise regimen.

Producing an exercise program with two functions must remain the goal of future research implementation with regard to the onset of female obesity. Those functions include not only focusing on improving metabolic functioning in women over a prolonged interval of time but also facilitating the psychological motivation to maintain programmed compensatory adherence to exercise structure. Further study is measurable

in terms of substantiating a research data collection that favors aesthetic psychological motivational triggers over simple health behavioral program assessment alone. In the future, program evaluation involving medical or clinically based intervention may require strategic information garnered from research participation provisionally in terms of motivational discrepancies toward routine exercise adherence.

Transferable obesity prevention program cues and health interventions in the future should definitively require a much stronger focus on exercise adherence measures emulating masculine ideology or prioritization toward structure. Prioritization can be facilitated with a psychological basis on the feminine ability to restructure coping mechanisms toward obesity deterrence, an ability men do not have to the same degree. Programmed adherence to regimen would suggest a multilevel module that can best utilize both the physical effects of exercise adherence in tandem with the psychological reward mechanisms of deterring obesity.

The multilevel module, as a byproduct, returns women into the social normalcy they crave, supported by the compulsory fear of regression. Provincial success of this research study can be used to measure deterrence of obesity in women through exercise adherence. More importantly, the results represent a continuance in the exploration toward discovering the root psychological motivational triggers toward structured exercise adherence in young adult women.

In the final section of the paper, a summarized account of the study will be explored, concluded, and ultimately reflected upon by the researcher. It should be noted that any and all personal reflection used within this study will only sparingly be utilized within the last section as first person. The reasoning for this is because the researcher

would like to disclose his own experiences regarding the dissertation. Since this was his very first experience with doctoral level research, he would like to explain the importance of his overall doctoral journey to the reader more personally at the end of the paper.

Finalized Summary, Conclusions, and Personal Reflection

To summarize and conclude the research investigation, negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity comprised the substance of the study. The objective was encouraged to remain in determining the prevalence of overweight and obesity as it differs substantially between the two sexes within the Midwestern portion of the United States. This was notwithstanding the overall contribution that motivation to structured exercise adherence had on the general obesity epidemic found within the female population of 2014 in Detroit, Michigan.

The SDT framework for the research methodology was needed to assess a more important contributing factor to obesity deterrence: a health-related concern or a physiologically based sense of failure that served as the continual self-motivator toward exercise regimen. One by one, all 11 women interviewed had concise similarities within their explored transcribed testimonials. All noted the negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and structured exercise regimen needed to deter obesity (see Appendix H). This prominent commonality made the female demographic uncomfortable while being obese in adolescence, in turn, serving as the

primary motivator to deter the problem while compulsively seeking maintenance toward adherence to structured exercise regimen.

The young adult, female population in Detroit between 20 and 40 years of age, physically able to deter obesity, were estimated to be at an even greater relevancy for future research implementation regarding the disease as a whole (HHS, 2013). Using ages 20 to 40 for the research study helped compare and contrast to the overall encompassing young adult obese research demographic population when applicable to the research exploration. The differentiating results from researching female obesity deterrence as opposed to masculine, with regard to exercise adherence, provided a viable explorative estimate toward contributing factors that differentiate the feminine experience relegating obesity deterrence. This was due to the motivational effect that structured exercise adherence had toward relating the female lived experience.

When taking into consideration that the prevalence of feminine obesity rates had either remained unchanged or have increased dramatically within the past 30 years, contributed substantially to the number of health-related factors seen prevalently found within contemporary female obese subjects. A great number of health-related factors were responsible for the apparent susceptibility of overweight and obese females toward individuality, which is why this research study explored the most unlikely demographic to both locate and succeed. This was done in order to explore the probability of how future program implementation would best be suited toward the demographic as a whole; the rationale was that if obese women can adhere to an exercise regimen, then a demographic with less risk could theoretically as well.

The masculine desire toward ritualistic, structured, exercise regimen, as a relegated work-related competency was determined, culminated with both a fear of psychological failure to normalcy in tandem with a general concerted effort toward health care. The consensus was that all of these thematic examples must be taken into account prior to constructing an exercise program that could deter female obesity long term. Remember, it is the negative external physiological and psychological experiences needed to self-determine, positive internal psychological motivators needed to maintain adherence, and ultimately structured exercise regimen needed to deter obesity; this formula cannot be stressed enough (see Appendix H).

The idea of further research is most assuredly needed to fill in the gap with regard to specified characteristics of the female population. Women can both intrinsically and extrinsically self-assess determination triggers to substantiate the adherence of exercise regimen when properly motivated to do so inherently. Found within the overall data collection and analysis were qualitative open-ended and thematic examples of summary. The interpretive phenomenological analysis (IPA) design substantiated the explored research factors that led to the primary decision-making processes of all 11 women involved within the study. The research framework of self-determination theory helped substantiate the problem statement and purpose of study.

Designating the research framework as a conduit to self-determination opened the door for scientific research examination and exploration of physical ramifications of exercise adherence with regard to disciplined structured regimen. More importantly, the reasoning behind how and why adherence to exercise regimen occurred was best examined through SDT theory, because the explored commonalties were closely

associated to both physical and cognitive adherence to structured exercise regimen. This factor was relevant in the sense that deterrence of obesity factors into consideration the fear of failing, not only physically but socially, emotionally, and intellectually in terms of early influential development externally to the female lived experiences.

A longitudinal study involving prolonged observations over subsequent decades will assist in supporting the viewpoints of this research study. Unfortunately, finding suitable participants will be the most limiting aspect for any future study when taking into consideration anticipation of the phenomenological research design along with finding another credible organization with the reputation of the Detroit YMCA. The task will be to validate accommodations for recruitment as well as find suitable candidates actually willing to participate. Past literature will also be important to consider because of the masculine/feminine disparity with regard to fitness regimen and structure being one of the three predominate components to obesity deterrence through exercise adherence for young adult women.

According to all 11 of the research participants interviewed within this study, the primary influences were determined cognitively regarding the emotionally driven disposition to that of the physical feminine lived experiences. In the vein of provisional health care rationale, all of the thematic examples substantiated the overall data collection with regard to this demographic. The CRQ was not only open-ended but also chosen within a similar fashion, based on accessibility to physical fitness. The participants also demonstrated an overall self-determined viability to inspire, motivate, and even attract the structure of exercise regimen into the adult female lifestyle in order to not suffer the pain of failure.

Chapter 5 concludes with the overall findings producing a great deal of influences revealing the importance of primarily psychological factors that women must take into consideration before structuring chronic long-term exercise programs adherently. First are the influences, followed by preparedness, then by self-actualization in terms of what one must do to deter fear. Last is the concept of self-leadership, or self-determination, in which self-sufficient coping mechanisms maintain structured exercise adherence. A secondary recommendation was to encourage the idea of collective participation with regard to furthering additional research to be conducted on those outside of the female demographic in terms of early onset obesity deterrence and exercise adherence prior to adulthood.

As the dissertation finalizes, the most important factor was that the passion for objective research investigation remains strong. No matter how exciting these results are, the research still clearly represents a validated ascertained evaluation regarding the overall significance, credibility, and accuracy of the findings in relation to both the literature review and Midwestern female research demographic as a whole. To summarize, the distinctive outlier of both Chapters 4 and 5 have yielded much more than a generalized understanding of how to write not only more focused but also with more purpose. The learning involved utilizing a collection of research data toward future credible doctoral research exploration.

The original conception of the research design was to interview those most exceptional within their deterrence of the disease in order to assist others within the demographic who have not been so lucky within their own lived experiences combatting the disease. My overall thought processes were to capture the thoughts of those who

have had it the hardest based on the negativity of their lived experiences. If these women could still overcome, the testimony of such experiences would provide much needed guidelines for others with obesity to one day also deter the disease through exercise adherence. It is ingrained in me now that negative external physiological and psychological experiences were needed to self-determine, while positive internal psychological motivators were needed to maintain adherence, and a structured exercise regimen was needed to deter obesity for my 11 research participants.

The work involved in reflecting on analyzing and gathering my doctoral research data was both fun and scientifically informative. The overall passion to present clearly and wear on one's sleeve all of the researcher's stress and fear presented a problematic but, even more so, a rewarding guideline of how to write a research paper. I, Michael, spent over a year even prior to receiving my IRB permission recruiting and conducting presentations for the doctoral research study within the Detroit YMCA to show the organization the true value of my study. I made presentation after presentation to the YMCA executive, middle, and lower levels of leadership at site locations within the metropolitan area until finally receiving approval and ultimately finding my group. It was exponentially tiring yet rewarding interviewing these women because my expectations were exceeded in the amount of information attained from their testimony.

As I moved further through the doctoral process, no matter the circumstance, I believed in progressing in terms of academia and through education. I feel empowered and proud to be at the doctoral level. To explore how these 11 women were able to relate successfully their previous experiences being obese to their current ones through exercise adherence, was truly inspirational, educational, awe inspiring, and empowering for me as

the researcher. These women were inspired and self-determined to do what they wanted to do and be what they wanted to be in life, and I am truly grateful as the doctoral researcher to have been able to explore their lived experiences in phenomenally interpreting their deterrence of obesity through exercise adherence.

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Appendix A

Prevalence and Disparity Trends

(CDC) Health Care Assessment (2013)

Contemporary Prevalence Trends of Obesity in Men and Women Age 20-39

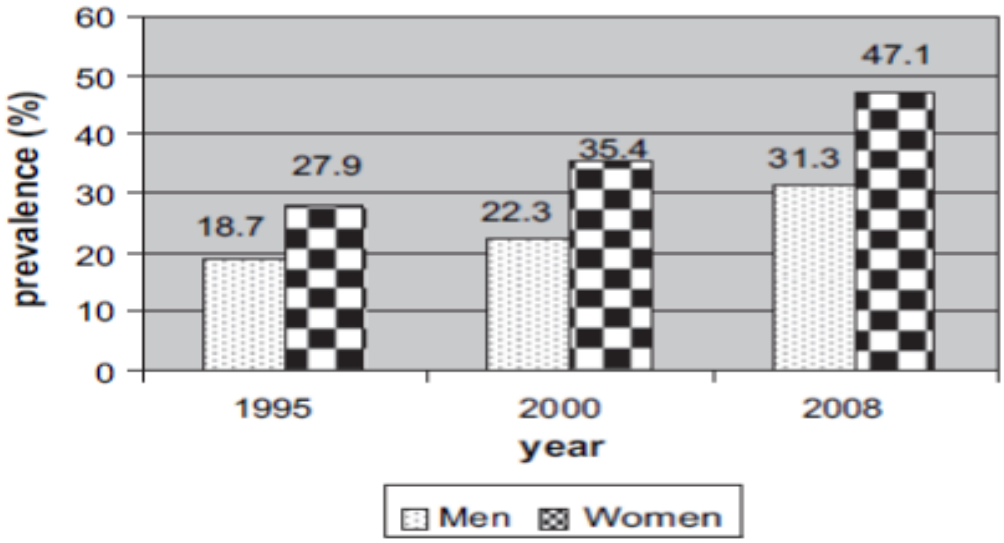


Figure 1: Trends in the prevalence of being overweight among men and women

Center for Disease Control (CDC) 2013 Contemporary Prevalence/Disparity trends between Male and Female Obesity (CDC, 2013). This graphical representation was created by the researcher, reproduced referencing data attained from the Center for Disease Control and Prevention in the year 2013.

Appendix B

Interview Questionnaire

Participant #	Qualitative Interview Questions
#1	Q1: How has overcoming living with obesity affected your daily life?
#2	Q2: How has becoming fit most affected your personal will or motivation to deter obesity?
#3	Q3: How has structured exercise regimen affected your personal motivation toward combating obesity?
#4	Q4: Which physiological (physical/health) related concerns contribute most strongly to motivate exercise adherence?
# 5	Q5: Which psychological (emotional/health) related concerns contribute most strongly to motivate exercise adherence?
# 6	Q6: Which relates more strongly to your exercise motivation (physiological or psychological), or do they relate equally?
# 7	Q7: How does the relationship between physiological and psychological health choices affect adherence to structured exercise regimen?
# 8	Q8: As a follow up, generally define the relationship between the physiological and psychological toward your continued successful health care autonomy (freedom of choice)?
# 9	Q9: How does having greater knowledge about proper health care strategies affect motivation to continue exercising?
# 10	Q10: How have your lived experiences ultimately changed most since deterring obesity?

Appendix C

Premises, Recruitment, and Name (PRN) Permission Form

University of Phoenix®

PREMISES, RECRUITMENT AND NAME (PRN) USE PERMISSION

YMCA OF METROPOLITAN DETROIT

Name of Facility, Organization, University, Institution, or Association

Please complete the following by check marking any permission listed here that you approve, and please provide your signature, title, date, and organizational information below. If you have any questions or concerns about this research study, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

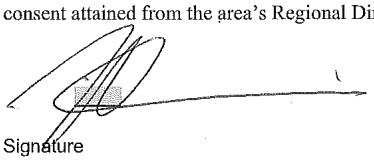
☒ I hereby authorize Michael MacDonald, a Doctoral Representative working with the University of Phoenix, to use the premises (YMCA OF METROPOLITAN DETROIT) to conduct a study entitled: WOMEN'S DETTERRENCE OF OBESITY THROUGH EXERCISE ADHERENCE: A PHENOMONOLOGICAL EXPLORATION.

☒ I hereby authorize Michael MacDonald, a Doctoral Representative working with the University of Phoenix, to recruit subjects for participation and conduct a study entitled: WOMEN'S DETTERRENCE OF OBESITY THROUGH EXERCISE ADHERENCE: A PHENOMONOLOGICAL EXPLORATION.

☒ I hereby authorize Michael MacDonald, a Doctoral Representative working with the University of Phoenix, to use the name of the (YMCA OF METROPOLITAN DETROIT) association identified above when publishing results to the ProQuest Research Library Database from the study entitled: WOMEN'S DETTERRENCE OF OBESITY THROUGH EXERCISE ADHERENCE: A PHENOMONOLOGICAL EXPLORATION.

-The Interpretative Phenomenological Analysis (IPA) seeks exploration as to the research phenomena of obesity deterrence in relation to structured exercise adherence. This qualitative study will personally explore the life experiences of previously obese women currently between the ages of 20-40, and their physiological and psychological coping mechanisms towards exercise adherence in relation to the continued deterrence of obesity. The purposive sample for the study will focus only on a successful deterrence of obesity in women recruited from the YMCA health organization in Detroit Michigan, with signed

consent attained from the area's Regional Director of Personal Training.



07/xx/2013

Signature Date

Harley Wallen

Name

Regional Director of Personal Training

Title

Address of Facility

1401 Broadway St Detroit, MI 48226

Appendix D

Informed Consent Form

INFORMED CONSENT: PARTICIPANTS 18 YEARS OF AGE AND OLDER

Dear Participant,

My name is Michael MacDonald, and I am a Doctoral Representative working with the University of Phoenix on a Doctorate of Health Administration degree. I am conducting a research study entitled WOMEN'S DETERRENCE OF OBESITY THROUGH EXERCISE ADHERENCE: A PHENOMONOLOGICAL EXPLORATION

The research will seek exploration toward the lived experiences of previously obese women between the ages of 20 to 40, and their coping mechanisms of exercise adherence in relation to the phenomena of obesity deterrence. A purposive sampling of women who have a cognitive awareness of obesity from at least age 10 onward, but still found success coping with the disease into adulthood will be the assessed research phenomenon.

If you qualify for the study you will have been notified by phone or email of the research protocol. Your participation will involve individual personalized narrative interviews conducted for further insight into characteristics of the female population, who have successfully deterred the recurrent effects of obesity through daily structured exercise regimen. There will be a 10 question open-ended interview questionnaire, administered with a time constraint of one hour within the Detroit YMCA branch of your choosing at a

time of your convenience. Exploring how actual lived experiences affect behavioral decision-making processes in directly choosing lifestyle acts that have led to obesity control through exercise adherence, will be the primary assessment used to evaluate the research study. The ultimate goal of the responses will be to discern common or shared patterns relating to physiological (exercise) or psychological (cognitive) health adherence indicators, to better explain the health anomaly of how a successful deterrence to obesity was practically achieved in relation to exercise adherence. The primary construct of the questions asked will yield a health-related response.

You can decide to be a part of this study or not. Once you start, you can withdraw from the study at any time without any penalty or loss of benefits. The results of the research study may be published, but your identity will remain confidential and your name will not be made known to any outside party. The handling of the informed consent will be done only by the researcher, and will be administered face to face one half hour prior to the interview session.

In this research effort, foreseeable risks to you are "none."

Although there may be no direct benefit to you, a possible benefit from your being part of this study is significant, as the proposed research will explore objectively which common health themes are most responsible toward exercise related program adherences that have the most potential to improve the obesity epidemic affecting the current female demographic in Detroit, Michigan.

If you have any questions about the research study, please call me at (586) 854-9635 or email me at mikeymac@email.phoenix.edu. For questions about your rights as a study participant, or any concerns or complaints, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

As a participant in this study, you should understand the following:

1. You may decide not to be part of this study, or you may want to withdraw from the study at any time. If you want to withdraw, you can do so without any repercussions.
2. Your identity and personal health information will be kept confidential at all times.
3. Michael MacDonald, the researcher, has fully explained the nature of the research study and has answered all of your questions and concerns.
4. The interviews will be conducted with the assistance of a small handheld audio recording device. If they are recorded, you must give permission for the researcher, Michael MacDonald, to record the interviews. You also understand that the information from the recorded interviews may be transcribed. The researcher will develop a way to code the data to assure that your name is protected.
5. Data will be kept in a secure and locked area. The data will be kept for three years, and then destroyed by file deletion.
6. The results of this study may be published.

“By signing this form, you agree that you understand the nature of the study, the possible risks to you as a participant, and how your identity will be kept confidential. When you sign this form, this means that you are 18 years old or older and that you give your permission to volunteer as a participant in the study that is described here.”

(☐) I accept the above terms. (☐) I do not accept the above terms. (CHECK ONE)

Print name of interviewee_____

Signature of the interviewee _____ Date _____

Signature of the researcher _____ Date _____

Appendix E

Certificate of Originality

CERTIFICATE OF ORIGINALITY

I certify that the attached paper is my original work. I am familiar with, and acknowledge my responsibilities which are part of, the University of Phoenix Student Code of Academic Integrity. I affirm that any section of the paper which has been submitted previously is attributed and cited as such, and that this paper has not been submitted by anyone else. I have identified the sources of all information whether quoted verbatim or paraphrased, all images, and all quotations with citations and reference listings. Along with citations and reference listings, I have used quotation marks to identify quotations of fewer than 40 words and have used block indentation for quotations of 40 or more words. Nothing in this assignment violates copyright, trademark, or other intellectual property laws. I further agree that my name typed on the line below is intended to have, and shall have, the same validity as my handwritten signature.

Student's signature (name typed here is equivalent to a signature):

Michael Daniel MacDonald

Appendix F

Confidentiality Statement

University of Phoenix®

Women's Deterrence of Obesity through Exercise Adherence: A Phenomenological Exploration

Michael MacDonald

CONFIDENTIALITY STATEMENT

As a researcher working on the above research study at the University of Phoenix, I understand that I must maintain the confidentiality of all information concerning all research participants as required by law. Only the University of Phoenix Institutional Review Board may have access to this information. "Confidential Information" of participants includes but is not limited to: names, characteristics, or other identifying information, questionnaire scores, ratings, incidental comments, other information accrued either directly or indirectly through contact with any participant, and/or any other information that by its nature would be considered confidential. In order to maintain the confidentiality of the information, I hereby agree to refrain from discussing or disclosing any Confidential Information regarding research participants, to any individual who is not part of the above research study or in need of the information for the expressed purposes on the research program. This includes having a conversation regarding the research project or its participants in a place where such a discussion might be overheard; or discussing any Confidential Information in a way that would allow an unauthorized person to associate (either correctly or incorrectly) an identity with such information. I further agree to store research records whether paper, electronic or otherwise in a secure locked location under my direct control or with appropriate safe guards. I hereby further agree that if I have to use the services of a third party to assist in the research study, who will potentially have access to any Confidential Information of participants, that I will enter into an agreement with said third party prior to using any of the services, which shall provide at a minimum the confidential obligations set forth herein. I agree that I will immediately report any known or suspected breach of this confidentiality statement regarding the above research project to the University of Phoenix, Institutional Review Board.

Signature of Researcher	Michael Daniel MacDonald Printed Name	10/3/2013 Date
Signature of Witness	Thomas Weebrock Printed Name	10-4-2013 Date

Current version 032012

Appendix G

CITI Research Certification

CITI Collaborative Institutional Training Initiative

Human Research Curriculum Completion Report
Printed on 3/9/2013

Learner: Michael MacDonald (username: mikeymac)
Institution: University of Phoenix
Contact Information Department: DHA Program
Phone: 586 854-9635
Email: mikeymac@email.phoenix.edu

Group 1.Social / Behavioral Research Investigator and Key Personnel.:
Complete all required modules. Complete optional modules if they pertain to your research activities.

Stage 1. Basic Course Passed on 01/31/13 (Ref # 8065901)

Required Modules	Date Completed	Score
Introduction	01/31/13	no quiz
History and Ethical Principles - SBR	01/31/13	5/5 (100%)
Defining Research with Human Subjects - SBR	01/31/13	5/5 (100%)
The Regulations and The Social and Behavioral Sciences - SBR	01/31/13	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	01/31/13	5/5 (100%)
Informed Consent - SBR	01/31/13	5/5 (100%)
Privacy and Confidentiality - SBR	01/31/13	5/5 (100%)
Vulnerable Subjects - Research Involving Workers/Employees	01/31/13	4/4 (100%)
University of Phoenix	01/31/13	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

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Return

Appendix H

Coded Data Analyses

CODED
DATA
ANALYSES

Researcher: Michael MacDonald Doctoral **School:** University of Phoenix

11 Research Participant Women	Research Participant Demographics	Initial Trigger to Motivate Exercise Adherence	Individual Self Determined Motivation (SDT)	Predominate Commonality Toward Obesity Deterrence
Participant #1 Date: 10/08/2014	Female, deterrence of obesity age 20-40, interview time 50 minutes.	Initial lack of proper health care design, and implementation strategy. Health ailments and stress became overwhelming enough to compel exercise regimen.	With adherence to structured exercise regimen, there was the elimination of individuals in her life that fueled negativity increasing her health care autonomy.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #2 Date: 10/08/2014	Female, deterrence of obesity age 20-40, interview time 48 minutes.	Fear of physical stagnation, in tandem with the loss of renewed coping machinations instigated first experiences with exercise regimen.	It was the coping skills resonating from exercise adherence that had motivated participant two in terms of will power, coupled with the fear of what would happen if regression were to occur.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #3 Date: 10/09/2014	Female, deterrence of obesity age 20-40, interview time 35 minutes.	A recurring element of stress caused by dissatisfaction with family members, and prolonged lack of confidence eventually overwhelmed the participant to seek exercise adherence.	The specified triggers were externally based on a health scare and physical ridicule, but fueled by both the joy of success and the benefit of continued motivation toward exercise adherence.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #4 Date: 10/10/2014	Female, deterrence of obesity age 20-40, interview time 35 minutes.	A lack of self esteem brought on by negative adolescent lived experiences in the vein of teasing and ridicule.	The concept of routine structured exercise, coupled with the self-confidence attained in comparison to her adolescent ego provided the self determined behavioral competencies to deterrence of obesity.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #5 Date: 10/12/2014	Female, deterrence of obesity age 20-40, interview time 50 minutes.	The root desire for competition, and lack thereof during her formative years. Had experienced a great deal of pain in her past due to physical limitation as well.	Once training began toward competition, her love for exercise reached predominance; as she could no longer relate how she had experienced life without the structure of adherence to it.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.

Table continued

Participant #6 Date: 10/12/2014	Female, deterrence of obesity age 20-40, interview time 47 minutes.	A delimitation of proper adversity, and challenge within the physical lived experiences. Participant six had not experienced adequate challenge to drive her motivation toward structured exercise.	Newfound empowerment grants her an improved sense of mental balance that had not existed prior to her triggering mechanism to routine structured exercise compliance.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #7 Date: 10/12/2014	Female, deterrence of obesity age 20-40, interview time 45 minutes.	External fear of physiological regressing, predominately found genetically within the familial history.	The fear of ending up like matriarchal members of the family and the energy of empowerment attained from the exercise appeared to self maintain exercise adherence to deter obesity.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #8 Date: 10/15/2014	Female, deterrence of obesity age 20-40, interview time 35 minutes.	Physiological vanity and prior adolescent insecurity, culminated in facilitating the primary trigger toward adherence to structured exercise regimen.	The feeling of confidence was her key to adherence, as happiness plays a slightly more predominate role for participant eight that had almost equaled the initial trigger of fear.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #9 Date: 10/16/2014	Female, deterrence of obesity age 20-40, interview time 37 minutes.	The motivational desire to make long lasting assurances for structured exercise regimen that garnered the most positively affirming influence to continually deter obesity.	The psychological triggers were her most prominent motivators, while they internally appeared to feed a newfound but vastly improved sense of personal health care identity and reformation strategy.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #10 Date: 10/21/2014	Female, deterrence of obesity age 20-40, interview time 38 minutes.	The trigger was negatively influenced in the form of teasing, as the participant had experienced a great deal of ridicule in her past for being overweight.	Confidence was the key motivator, as she experienced both an enhanced sense of self worth and identifiable purpose within the continual adherence of exercise toward her obesity deterrence.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.
Participant #11 Date: 10/21/2014	Female, deterrence of obesity age 20-40, interview time 60 minutes.	The trigger for participant eleven was the inability to experience desired physicality, in tandem with the fear of cardiovascular disease possibly becoming malignant by being obese at such an early age.	The internalized motivators were devolved initially through external machinations, maintained over time by psychological coping mechanisms primarily through the overall structure of regimen.	Negative external physiological and psychological experiences needed to self determine, positive internal psychological motivators needed to maintain adherence and ultimately structured exercise regimen needed to deter obesity.

AUTHOR BIOGRAPHY

Michael MacDonald is an exercise physiologist and part-time personal trainer with a Bachelor's Degree in Exercise Science, Master's Degree in Business Administration, and Doctoral Degree in Health Care Administration. Michael began work as a computer technician for a software company called Computer Dimensions, until moving into the clinical field of cardiology. As a personal trainer, Michael wrote a novella regarding gender health-related competencies, and had his biography featured as a doctoral health care researcher conducting motivational seminars' involving preventative health care measures within the city of Detroit. Throughout the past five years, Michael has collected, provisioned, and analyzed doctoral level research design, evaluation, and overall methodology in order to attain the official title of Doctor. Michael was an instrumental health professional responsible for facilitating a Washington D.C. health panel including nurse practitioners, executive officers, Pentagon officials, medical doctors, and global health affiliates for doctoral-related health and wellness initiatives. The ultimate hope of this research study is to lend credibility to Michael's potential as a future health care leader/practitioner, as well as to validate the necessity of doctoral level research design for both preventative health and wellness care management.