

Part I

Approach to Wellness

Chapter

1

Defining Wellness

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Introduction

Imagine a society comprising individuals who realize their maximal potential in every facet of their lives. In this society, people work together to better their communities and the lives of others. Individually, the citizens are free of disease, physically fit, well-educated masters of their craft, and they engage in a life of recreation and interconnectedness with family, neighbors, and friends while living with purpose and passion. Is this utopia too good to be true? The voice of reason may say life is not perfect; there are too many ever-changing variables. We are familiar with the physical law of entropy stating that randomness, or disorder, increases with time. However, why not aim toward a society as described above? We can strive to be the best version of ourselves, both on the micro, individual level and on the macro, societal level.

Wellness is the integration of this notion into all dimensions of our lives. It is not necessarily something to achieve, but rather something to be constantly moving toward. There will always be space for growth and improvement. Understanding the multiple facets of wellness helps guide us toward an optimal life as individuals and as a society [1]. In order to pursue wellness, we must first understand what it is. Notions of wellness emerged after the end of World War II. This is because health needed to be transformed. Medical and technological advances were made allowing for the successful treatment of infectious diseases, which were previously the leading cause of death [2]. Since then, the focus of medicine and health has turned to chronic illnesses such as heart disease, diabetes, and cancer [3]. Heart disease is now the number one cause of death in the USA for both men and women [4]. These illnesses are directly associated with lifestyle factors such as chronic stress, physical activity, and nutrition, to name a few. This realization helped us begin to recognize the multifactorial nature of our overall health.

Psychiatrist George L. Engel coined the term *biopsychosocial health* in the 1970s. Biopsychosocial health recognizes the important interplay of biological, psychological, and social factors in the prevention and treatment of our most prevalent illnesses. In fact, according to the American College of Lifestyle Medicine (ACLM), 85 percent of chronic diseases are caused by unhealthy lifestyle choices. Additionally, 80 percent or more of the total healthcare-related expenses in the USA are associated with treating ailments that stem from poor lifestyle choices [5]. This increased prevalence of chronic, preventable disease has led to increased focus on wellness. The concept of wellness has long existed under the

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umbrella of “health.” However, the term wellness has more recently come to the forefront. In order to offer the recommendations in this textbook that promote wellness, we must first understand what wellness is.

Wellness Definitions

The World Health Organization (WHO) has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [6]. This definition laid out the foundation of not only health but also what it means to be well [7]. The three dimensions of wellness are physical, mental, and social. These dimensions not only emphasize the presence of each individual dimension for wellness but also depend on achieving a balance of the dimensions into an integrated whole [8] in order to reach an optimal state of well-being [9]. However, it is important to distinguish that wellness is different from health [10].

The definition of health has made a lateral transition that differentiates health and wellness since the original definition postulated by the WHO. Wellness is more comprehensive and is interrelational, with an emphasis on optimal human functioning [11], whereas health is limited to an individual’s overall state of illness or lack thereof [12].

There have been numerous iterations of the working definition of wellness. In 1964, the WHO moved forward from their original definition of health and developed a definition for wellness that included the same three key dimensions from the 1949 definition: physical, mental, and social. It also asserted that multiple subdimensions can be established, which further expanded the definition. The WHO again updated their definition in 2004 and published a working definition of wellness: “the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and the fulfillment of one’s role expectations in the family, community, place of worship, workplace, and other settings” [13] (Figure 1.1).

In 1981, Ng et al. distinguished that wellness and illness were two independent variables, not two opposite ends of a spectrum. They proposed that wellness is measured as a direct correlation of the degree that one feels positive and enthusiastic [14]. Their definition included wellness facets such as the development of autonomy, realistic self-assessment, emotional intelligence, and stress management. Another definition proposed wellness as a way of life that establishes harmony of mind, body, and spirit, and is harnessed through a healthy lifestyle [15]. Wellness has also been defined as the ability to creatively adapt in order to reach optimal function [16].

There are numerous other proposed definitions similar to the aforementioned. The numerous efforts to define wellness reflect its complex and multifactorial nature. Now, with multiple wellness definitions at hand, let’s examine what wellness is not. This will help us understand how wellness is distinct from other related terminology. As discussed previously, wellness is distinct from health [10]. Wellness should also be distinguished from well-being. Well-being is described as a balance between one’s challenges and one’s resources [10]. While well-being points toward wellness, it is not as comprehensive as wellness itself [8]. Well-being is more transient than wellness. Thus, one can be in a state of well-being but prevented from harnessing wellness due to limitations in psychological, social, or physical resources [10].

On a similar note, wellness is distinct from quality of life (QOL). Quality of life is a measure of an individual’s functionality in the setting of the disease status, whereas,

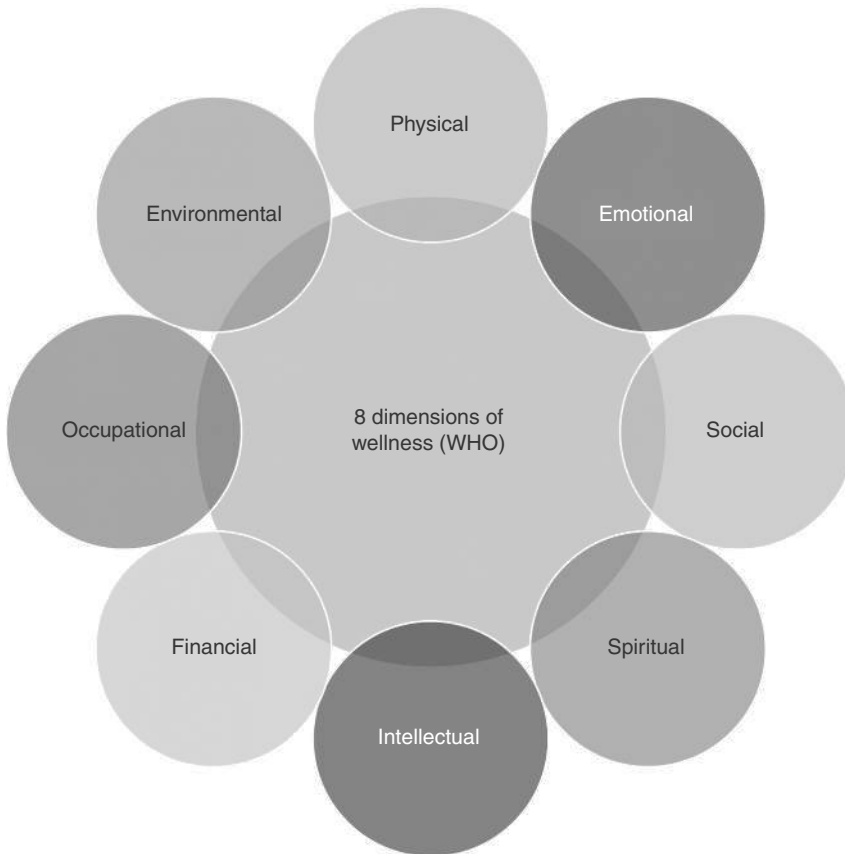


Figure 1.1 WHO dimensions of wellness.

according to the WHO's definition, wellness requires the absence of disease [8]. To further distinguish, QOL is a measure of disease burden and an evaluation of the efficacy of medical treatment [7]. However, wellness exists without the presence of disease. To summarize, wellness is distinct from health, well-being, and QOL because wellness focuses on the lifestyle choices that promote the actualization of optimal function and fulfillment [10].

Now that we have reviewed the distinctness of wellness, let's examine how its definitions can be incorporated into various dimensions and models of wellness.

Wellness Models and Dimensions

While the WHO has been at the forefront of, first, recognizing the importance of wellness and, second, establishing a working definition, it is important to examine additional applications of the concept. A well-known model for wellness is the Wheel of Wellness (WoW; Figure 1.2), which defined wellness as a "way of life oriented towards optimal health and well-being in which mind, body, and spirit are integrated by the individual to live life more fully within the human and natural community" [17, 18].



Figure 1.2 The Wheel of Wellness.

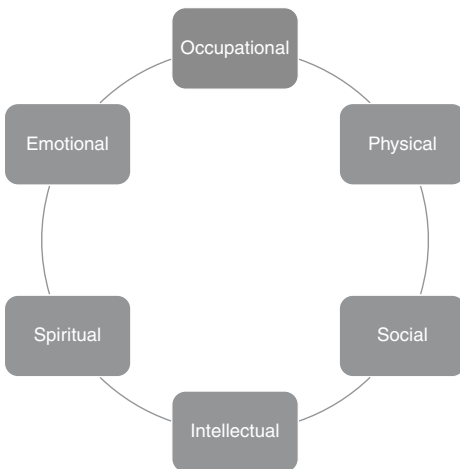


Figure 1.3 Six dimensions of wellness.

Furthermore, the WoW model integrates five second-order and 17 third-order dimensions of wellness. The second-order dimensions include: creative self, coping self, social self, essential self, physical self.

Another wellness model is that of the National Wellness Institute (NWI). They define wellness as the “active process through which people become aware of, and make choices toward, a more successful existence” [19]. This involves manifesting a holistic, positive, and affirming outlook on life. Note that they use the terminology “make choices toward,” again supporting the aforementioned concept that wellness is not necessarily an achievement, but rather an ideal to move toward. The NWI dissects wellness into six dimensions: emotional, physical, social, intellectual, occupational, and spiritual [19] (Figure 1.3). These dimensions encompass the facets of our daily lives. The NWI asserts that each dimension is interdependent with the others. The application of the NWI model helps people understand the various components that comprise wellness and how they relate to one another.

As described in the definition section, wellness is distinct from health, well-being, and QOL. It has been asserted that wellness is holistic and multidimensional; research has also addressed that the various wellness dimensions are interrelated. According to Roscoe [20], the core dimensions of wellness are social, emotional, physical, intellectual, and spiritual. These five dimensions are what most college health textbooks use to describe wellness [21].

Wellness, however, is a determinant of the integrated whole, not a sum of its individual dimensions. Stephen Covey, in his book *The 7 Habits of Highly Effective People*, asserted that “The whole is greater than the sum of its parts.” This holds true in the context of the dimensions of wellness. It is also important to highlight that Rachele and colleagues emphasize that wellness is determined by lifestyle behaviors that direct one toward optimization across multiple domains. While the dimensions above promote wellness, wellness – in turn – also results in positive outcomes within the various dimensions. Thus, wellness and its various dimensions are a cyclical continuum that feed into one another and build resilience and momentum. This concept highlights the multidimensionality of wellness and helps to emphasize that this multifaceted nature must be accounted for when measuring wellness [10].

For example, the mere presence of an individual influences his/her environment and can help build better communities and social networks. Our belief systems, values, and world-views allow us to make meaningful interactions with others and enrich life through work, community, and recreation. The benefits of physical activity are endless; they promote strength, endurance, and vitality. A strong sense of self-worth and self-control also determine the sense of direction we obtain in our lives. To find oneself in an enriching and creative environment stimulates mental activity and the ability to share one’s skills with others. All of these facets are interconnected and comprise wellness according to both the WoW and NWI models. There is no concrete distinction as to how much of each dimension should encompass a person’s life. Rather, it is the ability to holistically balance these virtues that enables us to move toward wellness.

In constructing an operational definition of wellness, there is ongoing complexity and difficulty when it comes to language and definition overlap, specifically when trying to promote, measure, and develop new evidence-based wellness programs based on the individual’s functioning across physical, psychological, social, spiritual, economic, familial, community, religious, and workplace dimensions. Traditional literature review and current social beliefs tend to use wellness, well-being, quality of life, and health interchangeably at various times and settings, causing much confusion. The goal of an operational definition of wellness is to develop clear parameters, so that it may be analyzed and discussed in a standardized way. “While it is inevitable that cross-over exists between similar constructs, wellness does have distinctly identifiable features” [10].

The traditional definition of health has been primarily focused on the disease state and is illness based. Thus, someone who has a controlled chronic illness would be deemed not well under conventional beliefs, and unable to achieve an optimal state of life satisfaction. Because health has been historically grouped into, and a prerequisite to, wellness, workplace wellness programs have focused almost all their attention on employee physical health programs, giving little attention to the other dimensions of wellness, including spiritual, intellectual, and emotional constructs. Instead, aerobic fitness, activity, sleep monitoring and weight management programs are being utilized. Although longitudinal program studies show positive BMI, blood pressure, and cholesterol health outcomes, they fail at nurturing the deeper human pathways toward a meaningful life beyond absence of illness [10].

Rachele et al. formulated an operational understanding of wellness that is of significant importance [10]. Their work emphasizes that wellness is truly a multifaceted model, and it should be promoted and practiced as such. It differs from the notion of health, quality of life, and well-being in that wellness focuses on individual lifestyle behaviors that promote achievement of optimal function and fulfillment. It goes beyond constraining oneself to the “rear-view mirror” in which the individual is moving away from chronic disease or conditions.

Rather, it puts the individual in the driver's seat, looking forward and engaging in the present with all aspects of their life. Rachele et al. explore the framework of operational understanding of wellness by showing the efficacy of wellness programs in the organizational or workforce setting, while addressing the need to broaden the scope of wellness outside of just physical health. Wellness programs require collaboration for better outcomes for all participants. They should be designed and carried out specifically by all members who can come to a consensus of a common goal. This can complicate things, given the multidimensional concept of wellness, which includes spirit, emotion, social, physical, intellectual, and psychological domains. Currently, in the workplace dynamic, employers have created opportunities for their employees to implement physical fitness. However, they can improve in enhancing mentorship, coaching, and career planning to manage stress and enrich the future plans of their employees. Much like Rachele and colleagues, both Depken [21] and Renger et al. [9] named the same five dimensions for wellness: physical, emotional, social, intellectual, and spiritual. Renger also added a sixth dimension: environmental. This is to recognize the influence that one's surroundings can have on our reality both in the present and in the future, as one's environment can directly play a role in the decisions that one makes. Renger et al. also addressed the value of knowledge, attitude, perception, behavior, and skill as important factors for the implementation of each wellness dimension. They also commented on the importance of balance and how the dimension are interrelated. This again highlights the importance of understanding that wellness is multifactorial.

Adams proposed four key wellness principles [22]: (1) wellness is multidimensional; (2) research and practice related to wellness should be geared toward optimization instead of causes of illness; (3) balance is crucial to wellness; and (4) wellness is relative, subjective, and perceptual. In regard to principle four, there are currently a number of validated tools to assess an individual's comprehensive wellness. Of course, there will always be a layer of subjectivity as the wellness measurement tools rely on an individual's own self-evaluation. Again, this highlights the importance of the concept of balance in wellness. It is hard to be well when life is not in a state of equilibrium. Much like the human body, the optimal is homeostasis; or for the spirit, equanimity. Another important point to re-emphasize from Adam's wellness principles is that wellness is distinct from illness.

Synthesis

Well-being is a theory and term commonly used interchangeably when discussing wellness. Well-being is an outcome measure of how people perceive their lives to be going, most commonly evaluated in self-reported QOL surveys. There is no single consensus when it comes to defining well-being, but there is general agreement that it involves a balance between the demands of our lives and the amount of resources we have to sustain, accomplish, and cultivate conditions for us to thrive [4]. A mother may have a career, multiple children with multiple academic and social obligations, attend night classes, need a new car, be managing an elderly parent, and trying to lose weight. Well-being necessitates positive emotions such as joy, pleasure, and happiness, and implies the absence of continuous negative emotions such as sadness and depression. There are two central principles of well-being, hedonic and eudaimonic, which are not mutually exclusive and describe pleasure stemming from different motives and joy eliciting experiences [10]. The positive emotions one gets from these two diverse avenues of pleasure, researchers found, interestingly enough, affect the body differently on a cellular level. Hedonic perspective "stems from

the pleasure you get from a satisfying yet superficial experience such as a massage or eating delicious food.” Eudaimonic well-being is pleasure originating from an action that contributes to greater society, for example volunteering or giving a friend advice [23]. Well-being is best fostered as a result of both hedonic and eudaimonic aspects, multidimensional phenomena, and resource accessibility.

In Jerome Rachele’s operational definition of wellness, he explains and clarifies how the concept’s uniqueness sets it apart from the other constructs discussed above. Wellness includes “being both holistic and multidimensional, being focused on lifestyle behaviors, being about actions or processes, recognizing the interrelatedness between person and environment, and being unique by way of goal and context” [10]. This idea of wellness expresses the opposite of an all-or-nothing perspective, but that if someone is lacking in one dimension, physical health for example, their other dimensions, like spirituality or social or emotional dimensions, become stronger, larger, and solidified. For example, an individual gets diagnosed with a treatable form of cancer. The experience will take them on a journey of appointments, scans, and medications. But in this process, they may join a support group, start journaling, join a yoga class at the church, decide to attend services, befriend participants, and foster new friendships. A chain reaction has been set in motion, and their illness no longer defines their sense of life satisfaction and fulfillment. Wellness is process- and behavior-driven. It’s about the journey to get to optimal functioning, not about the outcome. One may argue that an individual may not fully arrive at optimal wellness as it is a quest that continues indefinitely. This operational definition of wellness recognizes the multitude of negative and complex lifestyle constraints we experience, and emphasizes creative, unique, and personalized lifestyle choices and practices to engage the mind and nurture the spirit.

The application of wellness prompts the dialog of confrontation with reality and the assessment of the degree to which wellness is achieved in one’s life. People must understand how to achieve their full potential and whether or not their current path will lead them there. The feeling of discomfort within one’s own comfort zone is a trying time to discover how the emotional, intellectual, occupational, physical, social, environmental, and spiritual states interplay in reaching said potential. There is no concrete distinction as to how much of each dimension should encompass a person’s life. Rather, it is the ability to holistically balance these virtues that enables us to achieve and apply wellness in a way that is authentic to the individual.

Self-actualization is a key factor in wellness. Abraham Maslow was an American psychologist best known for establishing Maslow’s hierarchy of needs. His theory asserts that in order to reach maximum human potential, one must first fulfill more basic human needs. These needs begin with the most basic principles of physiological needs. These are our basic biological requirements for survival. Do we have a roof over our heads? Are we fed? Warm? Sleeping well? It is important to understand how crucial these basic necessities are. If these basic needs are not satisfied, wellness will be far beyond reach. It would then become more of a conversation using language such as QOL with a goal toward health.

According to Maslow’s hierarchy, after physiological needs come safety needs. One must feel protected and safe. Social and physical environments intersect to create this sense of order and security. The next tier is love and belonging. This acknowledges how our social and emotional relationships play into our overall functionality and, ultimately, into our wellness. Meaningful connections with others in the workplace, family, and day-to-day interactions enhance one’s self-worth and experience of life. According to Maslow, after belongingness needs come esteem needs. For wellness to be present, one must have positive self-esteem. Grounded confidence emanates to others and has a significant impact on our



Figure 1.4 Maslow's hierarchy of needs.

social interactions. This again highlights the interconnected nature of wellness. Interpersonal relationships influence behavior, resulting in friendship, intimacy, trust, acceptance, affection, and love. These social interactions are opportunities to engage and connect, and can enhance one's wellness.

Maslow's hierarchy (Figure 1.4) culminates in self-actualization. Self-actualization is a critical component to wellness. It is all-encompassing and does not necessarily fit into a single dimension of wellness, but is ideally present in all dimensions of one's wellness. For example, in the physical dimension, actualization can mean hitting one's target time in the marathon one has been training for. In professional life, it can mean studying or working diligently for years to obtain expertise in a skill set or knowledge base. Both of these examples share a common theme: commitment and dedication. In order to self-actualize, one must have a goal. From there he/she must be focused and disciplined enough to see that goal through. This requires grit. Grit is essential to self-actualization and to wellness. Sometimes, short-term sacrifices are required for long-term growth. This may lead to transient deficits in one's well-being (e.g., sleep deprivation required to reach an academic goal) but will ultimately contribute to one's occupational/professional wellness through self-actualization. When wellness is present in one's occupational life, this success will feed into the other wellness dimensions of that person's life. This example can be translated to any of the other dimensions.

To understand wellness holistically, it is worthwhile to examine underlying emotions. Our experience of life is subjective. Two people can share the same objective experience; however, they may have completely different perspectives on what happened. This is because every experience is impacted by our outlook, or lens, through which we encounter each situation. The key component that impacts our experiential lens is our emotions. Our emotions are responses to natural, instinctive feelings. Knowledge and reason are what allow us to apply experiences, feelings, and thoughts to our emotions. The way we respond

emotionally affects the psyche and the body. The mind is a powerful and complex unit. It allows us to strategize and then respond to events in our lives. In the 1970s, psychologist Paul Eckman identified six basic emotions said to be experienced universally. These are happiness, sadness, disgust, fear, surprise, and anger.

Happiness is an emotion we all strive to attain and maintain. It is defined as a pleasant emotional state that exemplifies content, joy, and satisfaction. There are different depths of happiness. More superficially, it can be considered as the “honeymoon” state of happiness. This might come as a result of a new purchase or reward. Going deeper, happiness is best when it comes from within. This type of happiness is what leads one toward wellness. It is more permanent and innate versus the subjective moment-to-moment shifts in emotion associated with a more transient state of happiness. Hope is a key component of this more in-depth concept of happiness, according to philosopher Annie Dillard. Hope that no matter what difficulty comes our way, everything will be okay. This eternal trust in the universe is what leads to an innate sense of happiness, which ultimately guides one toward wellness. Happiness, joy, and hope can be expressed through facial expression, body language, and tone of voice. It radiates to others and is contagious.

As alluded to with the discussion of hope, there are many aspects of our lives that contribute to or complicate happiness. Along with a variety of contributing factors, our emotional state may be influenced by culture, interpersonal relationships, and one’s self-worth. Countless research studies have supported the idea that happiness plays a definitive role in mental and physical health.

In contrast, sadness, another basic emotion, is linked to poorer health and wellness outcomes. Sadness can be defined as hopelessness, disinterest, grief, or disappointment. It is normal and almost expected to feel sadness at some point in time. However, much like the discussion with happiness, there is a difference between the transient, short-term emotion of sadness and the prolonged state. Prolonged states of sadness can turn into depression. In fact, Barsky et al. demonstrated that negative affect (anxiety, hostility, guilt, and depression) is directly correlated to somatic symptoms, both in number and severity [24]. The authors describe this phenomenon as somatosensory amplification, which has shown that somatic symptoms are subjective to one’s perception of the symptom itself and that this perception is directly related to one’s emotional state. Additionally, they noted that more medical visits are associated with emotional dysphoria. Persistent sadness can be detrimental to wellness because it can impact the way people cope and engage with reality and those they interact with. Isolation, avoidant behaviors, self-medicating, and negative thoughts can have adverse outcomes in regard to one’s overall wellness.

A powerful emotion that plays a vital role in survival is fear. Perceiving danger and experiencing fear generally triggers the fight-or-flight sympathetic nervous system response. During this response, the muscles in the body become tense, heart and respiration rates increase, and the mind is hyper-alert, priming the body to run from danger or to fight. This innate physiologic response is a prime example of biopsychosocial health in action. In this response, our physiology is greatly altered by our rapid emotional response to a perceived danger or fear.

The emotion of fear is one that traces back to our primal instincts and has developed throughout evolution. As centuries have passed and technology advanced, our responses to danger and fear have changed based on circumstances. Naturally, this emotional response is triggered when one feels threatened or experiences stress. This response was geared toward

the hunter-gatherer lifestyle. The challenge with modern society is that most of us are in a chronic state of stress. Stress triggers the sympathetic nervous system and activates the hypothalamic–pituitary–adrenal axis (HPA axis). Chronically engaging the HPA axis eventually wears it out and has negative consequences. Our fight-or-flight response is not optimally primed to engage when acutely needed because it is operating on overdrive at baseline. This makes the body and mind more prone to illness and disease. Thus, they become less resilient and responsive when acute insults occur.

Unpleasant tastes, sights, or smells can provoke disgust. The evolution of our species transformed as appropriate reactions were made to things that might be harmful or fatal. This notion can be applied to food, hygiene, infections, and death, which can affect one's sustainability with their surroundings. Disgust is experienced in the context of morals and values as well. When we observe and engage with others, we may agree or disagree with their behaviors, thus feeling a sense of distaste or loathing. Anger is another powerful emotion. Hostility, agitation, and frustration culminate in the feelings associated with anger. This emotion can be constructive in the short term. It can motivate people to take action and make the appropriate changes toward their ideal path to wellness. Conversely, it can be detrimental when anger is expressed wildly, uncontrolled, or for a prolonged period. It poses a threat to oneself and others. The mental and physical consequences that result from anger can deter a person from making rational decisions. Anger is linked to coronary heart disease and diabetes, as well as aggressive driving, drinking, and smoking. A brief yet startling emotional response known as surprise was the final basic human emotion described by Eckman. The effects of surprise can be positive, negative, or neutral, and impact human behavior. Unusual or surprising events stand out in long-term memory.

The above emotions play a central role in modulating one's interaction with the world. They have a direct impact on one's wellness. It is crucial to recognize how emotions play a role in wellness. Emotions, both positive and negative, can promote and/or deter one from wellness. It all depends on how we choose to respond to such emotions.

Conclusion

Wellness is a thoughtful, profound, unique, and evolving process, balancing physical, mental, and social dimensions. As the area of practicing wellness medicine grows, it allows us as practitioners to have a much larger toolkit to call upon to empower and improve a patient's QOL. In this chapter, we have learned that the impact of medical illness could well be mitigated in the pursuit of wellness, thus liberating us from the confines of one-dimensional thinking. Wellness is about adopting healthy habits, practicing self-care, connecting to one's community, having meaningful relationships, being mentally stimulated, having resources to live within one's means, seeking a purpose in life connected to the greater universe, and having a safe, comfortable, and happy home environment. Wellness terms have become buzzwords "because they capture something particularly salient about a culture at a moment in time and come to stand in for wide agreement about how something should be characterized. Wellness captures the sense that the era of combating diseases has given way to a more complex problem of success in modernity: living well" [25]. Wellness means different things to different people, and it is important as healthcare providers to pull the term from its buzzword status of being large and vague and to give it practical, applicable use within our crucial medical evaluations, conversations, and treatment plans.