HEALTH AND WELLNESS

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Introduction

Human instinct is to pursue a better quality of life. Quality of life represents the general well-being of both individuals and society and can manifest itself in numerous ways. For example, efforts such as: increasing physical fitness, emotional stability, spiritual growth, financial security, and social connectedness can be targeted in attempts to enhance one's quality of life. Although very complex, yet highly scientific, the process of improving all of the aforementioned aspects, as well as a variety of others, can be clumped together into a term known as wellness. As currently defined by the National Wellness Institute (2018), wellness is the active process of becoming aware of and making choices toward a more successful existence. Thus, it is the process of first identifying aspects of one's life that can be improved (e.g., physical fitness), then choosing to actively strive toward enhancing that particular deficit in one's life (e.g., regular physical activity). Wellness promotion augments health, which, in turn, can lead to the enrichment of one's quality of

life. An individual's quintessential quality of life is reflective of an optimal state of health.

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Wellness Institute, defined wellness as "an active process through which people become aware of, and make choices toward, a more successful existence" (Hettler 1984, 13). This definition of wellness is the one most utilized today and is still the official operational

definition of wellness according to WHO. Nonetheless, consensus is lacking regarding a concrete definition and definitive structure of wellness (Miller and Foster 2010a, 2010b)

Foundational Wellness Models In the wellness literature, numerous models have been proposed introducing various dimensions believed to significantly affect individual existence; however, there are three main models that have been most pivotal in terms of expanding directions of research: Dunn's (1961) High-level Wellness Model, Hettler's (1984) Holistic Wellness Model, and Witmer and Sweeney's (1992) Wheel of Wellness and Prevention Model. Wellness models have either emphasized health as a result of life events in terms of physical concepts out of individual control, active choices made by the individual, or practical applications of lifestyle choices and how they impact health based upon therapeutic interventions. Regardless of the specific research direction in the literature, these aforementioned models of wellness have provided theoretical underpinnings for wellness models over the past sixty years. Therefore, it is critical to review these pivotal models in order to grasp the history embedded in the timeline of wellness research. Regarded as the "father" of the modern wellness movement, Halbert Dunn (1961) coined the term "high-level wellness." High-level wellness refers to disease and health on a graduated scale. This scale, also known as the "health grid," is made up of a health axis and an environmental axis. The environmental axis includes physical, biological, and socioeconomic components affecting the health of the individual, whereas the health axis ranges from death on one spectrum to peak wellness or absence of disease on the other. High-level wellness is achieved if both environmental, as well as health, are on the positive end of the continuum. Likewise, being low on the environmental and high on the health axes or vice versa constitutes average wellness. However, an individual who is low on both components yields low level wellness according to this wellness matrix. One's health status is a result of a combination of how favorable one's environment is, as well as his/her individual health status or being able-bodied and disease-free. From an existentialist perspective, Hettler (1984, 13) defined wellness as "an active process through which people become aware of, and make choices toward, a more successful existence." His definition of wellness incorporates a holistic interdependent approach in which all aspects of wellness are seen to work together to contribute to a healthy lifestyle. Fully optimizing the six domains of wellness (i.e., physical, social, emotional, spiritual, occupational, and intellectual) is what constitutes the health status of an individual. Therefore, wellness is an "active" process of self-enrichment by appropriate decision making. This alludes to a wellness state in which individuals have the opportunity to become "more well" based upon healthy lifestyle choices. Thus, the individual is responsible for his/her own health via individual actions. Hettler's definition fostered a major shift in wellness composition toward a

general examination of all factors that could potentially influence holistic health, as opposed to merely the physical aspects. From a counseling perspective, Witmer and Sweeney (1992) introduced a model based upon a multi-disciplinarian approach that included specific character traits of individuals who were healthy and had a high quality of life. Their wheel of wellness and prevention model emphasized spirituality as its central tenet and most influential domain of a healthy individual. Furthermore, the authors highlight five interrelated life tasks that they believe encompass individual wellness (i.e., spirituality, self-direction, work and leisure, friendship, and love). This particular model focused on the unity of the mind, body, and spirit with nature and the environment. In summary, the aforementioned models suggest that wellness can be conceptualized as a multi-dimensional construct with practical and therapeutic benefits (Horton and Snyder 2009) deriving from the unity of the body, mind, and spirit (Edlin and Golanty 1992; Hettler 1984; Priest 2007; Weaver 2002). Furthermore, wellness aids in achieving individual potential by way 42 Downloaded on Wed Jun 26 2019 at 12:41:24 UTC OLIVER ET AL.: HEALTH TO WELLNESS of recognizing the person in his/her entirety, as well as operationalizing the individual's positive qualities and strengths to his/her advantage (Du Plessis and Botha 2012). Additionally, as stated by Myers, Sweeney, and Witmer, "wellness is a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community…ideally, it is the optimum state of health and wellbeing that each individual is capable of achieving" (Myers, Sweeney, and Witmer 2000, 252). Therefore, the concept of wellness proves to be vital to individual health given the vast connections between the self and external factors influencing quality of life and subsequent health.

Chronological Evolution of Wellness Models Models of wellness have evolved throughout the years due to advancements in our understanding of factors influencing health, as well as novel theories incorporating new components of wellness. Throughout this evolution, each model of wellness in some way or another, builds upon previously theorized models in hopes of proposing the model of best fit. Given the ambiguous nature of wellness, a plethora of models have been proposed attempting to encompass all life domains that entail subsequent influences on health. Therefore, the following is a brief synopsis of the major wellness models to date over the last sixty years presented in chronological order. Dunn (1961) described wellness as the balance between one's physical health status and their external environment. Depending on how favorable one's environment is, wellness is subsequently impacted. He postulated that true vitality could only be achieved if people were "healthy" in a number of areas in their lives (e.g., physical, biological, and socioeconomic). Additionally, the capacity of an individual to be able-bodied and disease-free was thought to impact

wellness. Individuals in a very favorable environment who were both able-bodied and disease-free were considered to be in a state of high-level wellness. This state of high-level wellness is considered by Dunn to be the optimal state of health. Ardell (1977) described a wellness system in terms of medical care and health promotion. In his system of wellness, he advocated for the transitioning from primarily physical aspects of disease to a model that takes into account the inter-relationships of the whole person. He argued for a holistic model that balances relationships with the self, the environment, and the universe. Specifically, he proposed a system that concerned itself with the holistic person, not simply aspects of physical disease within the individual. His model incorporated inter-relationships among emotional, physical, social, and spiritual facets and how such aspects intertwined to affect one's medical condition in terms of disease prevention. Although the avoidance of illness/disease was thought to be indicative of wellness, Lafferty (1979) argued that individuals must take responsibility for their health and make the proper decisions to improve health. Thus, a model was established in hopes of providing more understanding of health behaviors in an attempt to ultimately improve quality of life by identifying positive health choices. Lafferty (1979) described wellness as a dynamic construct that has an active and, essentially, never-ending existence in life. This is based upon the notion that the goal of maximal health is virtually unattainable and individuals will have to constantly strive to increase health. He proposed a model of wellness known as the "total person concept." In terms of his model, he suggests that humans are multidimensional beings who possess five major dimensions: emotional, intellectual, physical, social, and spiritual. What is important to note in this model is that he explicitly states that none of these dimensions function independently, but instead, are all interrelated and dependent upon one another as the balance amongst dimensions promotes wellness.

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Wellness is made up of "subscales" or dimensions that interconnect and comprise overall wellness. Adams, Bezner, and Steinhardt (1997) developed the perceived wellness model. Wellness is described as the intertwining of various subsystems of wellness that are innately affective or elicit an emotional connection. Unlike previous models, this perceived wellness model was based on the notion that perceptions of wellness are connected not by the ways in which they affect one's health, but instead, by their affective nature, which subsequently influences health. The subscales included are physical, spiritual, intellectual, psychological, social, and emotional. This instrument, examining perceived wellness, or the perception of one's state of health, was distributed to young college adults and working adults alike in its initial validation.

Durlak (2000) constructed a model of wellness targeting areas of health in youth in an attempt at promoting health and preventing the formation and development of disease. His conceptualization of wellness involved three main components: social, physical, and academic or intellectual. The model aims to promote health at a young age, primarily in school age children, so that future health could benefit from earlier wellness promotion techniques. This particular model focused primarily on aspects of wellness that could be controlled and would subsequently reduce adverse effects on health in adult life if addressed in youth. Although previous models have included the component of intellectual wellness, this was the first model to include a term similar in concept but different in applicability—academic wellness. Academic wellness in this model focuses specifically on wellness in an academic setting. The ability to learn, higher order thinking skills, underachievement, and test anxiety are some tenets of this wellness component. Similar to previous models of wellness, Renger and colleagues (2000) identify that balance amongst lifestyle factors is what improves quality of life, or wellness. In this particular model, knowledge in each of the realms of wellness is highlighted. The authors state that in order to achieve a high level of wellness, one must be knowledgeable about how to improve skills in particular areas of wellness, as well as have the desire to improve individual quality of life. Although other models mention environmental health as contributing to other wellness domains, this is the first model to include environmental health and wellness as its own component independently contributing to the wellness model

Connecting the ANS to Wellness Given the fact that the previous theoretical models of wellness have been based solely on selfreport data, there is a need in the literature in terms of objective measures of wellness. Researchers have used objective ways to measure wellness by correlating physiological, psychological, behavioral, and biomolecular responses to integrative medicine treatment (Knowles et al. 2016) and by correlating objective measures of physical health (e.g. cholesterol, pulse rate, blood pressure, body composition) to perceived wellness measures (DeStefano and Richardson 1992). Studies have also explored ANS function in relation to a host of other aspects related to wellness domains and their resulting effects on health and quality of life such as: sleep (Tobaldini et al. 2017), emotion (Kreibig 2010; Slonim 2014) cognition (Öhman, Hamm, and Hugdahl 2000; Quintana et al. 2012), social stress (Oliver, Datta, and Baldwin 2017; Porges 2001) and religion (Newberg and d'Aquili 2000). Although a plethora of extant research explores the connection between subjective factors contributing to wellness and ANS activity, no objectively measured index of wellness has yet to be established. Moreover, we argue that the current wellness literature has de-emphasized the contributions of health-related factors on the phenomenon of holistic wellness. Although the concept of wellness is subjective in nature

(Miller and Foster 2010a), the WHO linked this subjective concept to the phenomenon of health, which is objectively measured. Thus, objective measures of health and wellness, as highlighted in the aforementioned studies, would prove very beneficial in terms of wellness promotion and tailored interventions.

Conclusion:

Prioritizing health and wellness is essential for maintaining a balanced and fulfilling life. Through proper nutrition, regular physical activity, mental well-being practices, and adequate rest, individuals can improve their overall quality of life. By adopting a proactive approach to self-care and making consistent, healthy choices, we can not only prevent diseases but also enhance our physical and mental resilience. Health and wellness are lifelong journeys, and by fostering habits that support our well-being, we empower ourselves to lead vibrant, energetic, and purposeful lives.

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