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ARMENTROUT, VIRGINIA HALTER

A COORDINATING FRAMEWORK FOR WELLNESS CARE

*The University of North Carolina at Greensboro*

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A COORDINATING FRAMEWORK FOR  
WELLNESS CARE

by

Virginia Halter Armentrout

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Approved by

  
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APPROVAL PAGE

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A wellness movement is rapidly evolving outside of the recognized professions. This is evidenced by the growing popularity of non-traditional ways of seeking total well-being, such as natural nutrition, the use of vitamins and herbs, exercise, meditation and yoga, and energy exchange. Participants in this movement view wellness as being more than the absence of disease; they see wellness as a dynamic, positive process that activates one's potential. The participation of the total being is essential. Characteristics of the wellness movement are the promotion of health or well-being, a positive optimistic approach that is holistic in nature, an emphasis on self-care and assuming responsibility for oneself, with a focus on natural means, and the internal direction of the individual. This movement is emerging in a fragmented, unorganized way and is lacking in standards.

The purpose of this study is to develop a coordinating framework designed to integrate the knowledge, skills, and resources of the wellness movement and make them available to a larger number of individuals in an organized way. The criteria for the framework are information, community resources, services related to wellness care, education of the general public, and a structure for evaluating the quality

of goods and services. A proposed wellness center is presented for the purpose of clarifying the concepts and illustrating the interrelatedness of the criteria.

The writer concludes that the wellness movement cannot be absorbed into the present "sick" care system. The wellness movement must strive to develop into a cohesive entity that will have relationships with other disciplines based on autonomy.

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## CHAPTER I

### INTRODUCTION

Each year more and more people are asking themselves, "What can I do to stay healthy?" This question is expressed in many ways and yet the central theme is the same: Can I maintain my health by exercising? Will running, jogging, dancing or other rhythmic movement, on a regular basis, improve my health? Does it really matter which foods I eat? How can I learn to cope with stress before it makes me sick? What is the optimum number of hours of sleep for me each night so that I am at my best? Answers to these and other questions are being sought mainly outside of the recognized health professions, since what is needed by healthy individuals to maintain their health is generally not offered by the existing systems of health care. The following is an examination of the health care system of today as well as the concepts of health and prevention of disease.

#### Health Care System

The dominant modality of health care in our society is the medical model. The medical model depends on a fixed thought process which has endured in its most basic elements for centuries. The physician who is presented with a patient's signs and symptoms identifies the problem or set

of problems, in a logical manner. A diagnosis is made. Then the doctor proceeds to choose an appropriate treatment from those available and known to him. The sick or diseased individual in this country has access to one of the most sophisticated systems of sick care in the world. He may present himself for an examination and every form of expertise is directed at finding the "problem". When the problem is identified and a diagnosis made, the patient is usually viewed from that time on in terms of his diagnosis. The diagnosis becomes a label for that patient. This accounts for medical personnel referring to patients as "the hemorrhoidectomy in room 305," "the bleeder across the hall," "the brain tumor." The medical model is problem-oriented; it seeks the problem first.

Medicine is defined as "The art of preventing or curing disease; the science that treats of disease in all its relations."<sup>1</sup> The treatment is aimed at improving the function of the diseased part or parts. This focus on parts takes precedence over viewing the patient as a whole person. The patient is expected to submit, without questioning, to the prescribed treatment. He loses control over what happens to him. The treatment of his disease is likely to consist of chemical substances, namely drugs, or surgery: things of which the patient has no knowledge, and are beyond his ability to

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<sup>1</sup>Stedman's Medical Dictionary, 23rd ed. (Baltimore: The Williams and Wilkins Co., 1976), p. 836.

manage. Chemical substances or surgery often cause iatrogenic or medically induced conditions. For example, steroid therapy (cortisone treatment) can induce diseases such as Cushing's syndrome and osteoporosis, narcotics used to treat pain can become addictive, and surgery can cause adhesions. Unfortunately, though the initial disease or conditions may be improved by the prescribed treatment, the creation of significant side-effects makes the long-range outcome negative.

So, the familiar medical model is characterized by a problem-oriented approach to sickness, a focus on disease, many negative outcomes, pessimism, and emphasis on parts of the patient's body rather than the whole person, treatment by artificial means, and the submission of the patient to external direction. The identification of these characteristics is in no way a recommendation to dismantle the medical model.

### Health

In this society, as a result of the problem-oriented health care system, the words "health" and "illness" are consistently used synonymously. The average lay person ordinarily considers the words "health" and "illness" to be opposites. In the health care system, however, these terms are used interchangeably. Most people, including professionals, are unaware that these words are used as if their

meanings were the same. It is said that one has "health insurance" and the words are printed boldly on every Medicare card issued to millions of aged and disabled persons; but what is called health insurance is really "sick" insurance. It is used only when one is sick and cannot be used to maintain health. Another example of the problem is the use of the term "health care system." There is a sick care system, which is the system a person enters when he is sick; there is no system now available for one to enter to learn to stay healthy. The double meaning of the word "health" is again demonstrated when a child becomes ill at school and is told to go to the "health room." Even the Medlar Computer System for Literature Searching, which is a major resource for the review of medical literature, validates the misuse of the word health. When the word "health" was entered into the system, the print-out consisted of an array of literature on diseases or conditions. The misuse of the word "health" demonstrates how the medical model has permeated our thinking to the extent that people who assume they are involved in health care are unaware that they are actually dealing with illness. Because this study deals with care of healthy people, but the word "health" too often connotes illness, the word "wellness" is used throughout this study.

#### Prevention of Disease

The concept of prevention focuses on the prevention of specific diseases or conditions. Just as the terms "health"

and "illness" are inappropriately linked, prevention, rather than being addressed in positive terms, is firmly based on fear. The monthly breast self-examination is ostensibly advocated for every female to reassure her that she does not have cancer. In reality, fear plays a bigger part in breast examination than does reassurance. The imagination is one of the most powerful faculties that a human being possesses. The problem-oriented medical model fails to utilize imagination in a positive way. Instead of the healthy individual checking for a normal breast every month, she structures her thinking and actions to make sure she does not have breast cancer.

The patterns of communication utilized within the medical model often create fear. The person who goes for a "check-up" and has his blood pressure taken by a paraprofessional may ask, "What is my blood pressure?" The paraprofessional is likely to say, "I can't tell you." This evokes fear within the person that his blood pressure is outside of normal limits. Communication that is too casual or too sophisticated can create fear in the patient. A more blatant use of fear is obvious when the patient is told, "If you don't take your medication for your hypertension, you'll have a stroke." Fear is a powerful tool used by the medical profession to maintain the patient's compliance often without thought of the consequences.

Prevention through fear has its institutional as well as its individual forms. Every community of any size has

an official agency called the Department of Health. The activities of these local agencies focus on the prevention of disease and include such programs as the recording of communicable diseases, screening for the identification of various diseases, and public health nurses visiting people with problems at home. The expression "prevention of disease and promotion of health" is freely used to describe the purpose and goals of agencies and programs. An example of this usage is in the working of Public Law 94-317 which

. . . directs the Secretary of Health, Education and Welfare\* to formulate national goals with respect to health information and health promotion, preventive health services and education in the appropriate use of health care.<sup>2</sup>

The term "prevention of disease" does fit into the medical model because the emphasis is upon specific problems or sets of problems. Again, this approach is negative since all knowledge and activity are directed toward avoidance of disease. Fear plays a significant role: the individual will do or will not do a specific action to avoid a disease. On the other hand, the concept of "promotion of health" is outside of the medical model. There is no problem. The aim is to improve or enhance wellness. In the process, one may inadvertently prevent an array of potential disorders but that is not the purpose. Therefore, promotion

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\*Now Department of Health and Human Services.

<sup>2</sup>P.L. 94-317.



of health or wellness care is incompatible with the medical model. "Medical care has little, if any, bearing on the promotion of maximum wellbeing."<sup>3</sup>

The well individual who wants to maintain and improve his health will not find the answers to his questions in the medical model. He is not sick, he has no problem; therefore, he is unrecognizable in the medical model. The professional who functions well in the medical model finds it exceedingly difficult to abandon the problem orientation when confronted with a healthy individual. Medical education is directed toward teaching effective diagnosis, prescription, and treatment of diseases and illnesses. How much knowledge can the medical professional have regarding positive health if his education and experience deals primarily with illness? "Medicine has indeed very little knowledge of or techniques for production of health as a positive activity."<sup>4</sup>

To date, there is no organized system of wellness care. However, popular interest in the subject has stimulated an explosion of information in virtually every area related to wellness. The wellness movement is concerned with living in as natural a state as possible. It is ". . . generally believed that the closer one remains to nature and her

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<sup>3</sup>Donald B. Ardell, "High Level Wellness Strategies," Health Education, July/August 1977, p. 4.

<sup>4</sup>Kenneth R. Pelletier, Holistic Medicine (New York: Delacorte Press, 1979), p. 5.

natural laws, the greater the probability of achieving and maintaining optimal health."<sup>5</sup> This may explain the current attitude toward natural foods, clean air, and the use of natural herbs and vitamins. Wellness as a natural state of being is intertwined with the concept of holism.

Holism, in its modern sense, refers to an attitude about oneself and the universe and the actions resulting from that attitude. It is, first and foremost, a conviction that every person should relate to himself and his work with maximum reactivity, efficiency, and responsibility.<sup>6</sup>

The manifestations of this movement are everywhere. Great numbers of people have become concerned to a greater or lesser degree about their state of wellness. This is evidenced by the following phenomena:

#### Health Food Stores

There has been a sharp increase in the number of health food stores across the nation in the past few years. Health food stores are places where a consumer may purchase such products as foods without chemical additives, herb teas, and non-synthetic vitamins. There are cooperatives that are open to the public as well as to members. The members contribute time behind the counter and stock the shelves in return for discount prices on health foods for their own consumption.

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<sup>5</sup>Julius Roth, Health Purifiers and Their Enemies (New York: Prodist, 1976), p. 1.

<sup>6</sup>Lillian Grant, The Holistic Revolution: The Philosophy of Natural Health (Pasadena, Calif.: Ward Richie Press, 1978), p. 4.

### Periodicals on Wellness

More and more such periodicals are being offered to the layperson. They consist of articles on subjects like exercise, stress, fitness, diet, sleep and nutrition. The following is a sample:

Prevention magazine started in 1950 and its ". . . circulation has risen to nearly 2.1 million from 1.9 million last year and less than 1 million in 1971."<sup>7</sup> "Prevention's popularity illustrates the growing appetite for health and nutrition information in this country."<sup>8</sup> Heavy emphasis is placed on vitamins and exercise as preventive measures for a wide variety of ills and as positive steps toward wellness. It is aimed toward the general reader.

Executive Fitness Newsletter focuses on exercise, fitness environmental effects on health, with special attention to the life-style of the business executive and professional person under pressure.

Natural Health Bulletin, although written after consultation with doctors, concentrates on preventing

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<sup>7</sup>Victor F. Zonama, "A Magazine Grows Robust by Catering to Nutritional Fads," The Wall Street Journal, 15 March 1978, p. 1.

<sup>8</sup>Ibid.

illness by natural methods such as abstinence from tobacco and alcohol, dieting to avoid cardiovascular disease, and exercise.

Let's Live was established in 1933 and provides information on natural remedies for various conditions and general natural health subjects.

These are only a sampling of publications available in this field. Many are specialized, and of low circulation, and therefore are not listed here.

#### Use of Herbs and Vitamins

An increasing number of companies are offering herbs and vitamins that are "natural" or "organic," that is, made from natural rather than synthetic substances. Many books on herbs and vitamins are being written for the layperson. More people freely take specific herbs and vitamins for specific purposes, such as vitamin C for colds and flu, or chelated zinc for minor prostate ailments.

#### Books on Wellness Topics

The number of books on wellness topics is becoming so vast that annotated bibliographies are being assembled. Two such compilations are:

The Holistic Health Directory<sup>9</sup> --156 pages, 4000 entries.

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<sup>9</sup>Viktoras Kulvinskis, The Holistic Health Directory (Wethersfield, Conn.: Omango D'Press, n.d.).

Wellness: The YES Bookshop Guide<sup>10</sup>--443 pages,

1500 entries, critical reviews.

Handbooks and directories provide information regarding the alternative methods of care that are available to the public. Two such books are collections of articles dealing with various aspects of wellness. They are written by knowledgeable people in their respective fields.

Holistic Health Handbook,<sup>11</sup> 480 pages, contains an extensive bibliography of books, journals, cassettes and films.

Wholistic Dimensions in Healing,<sup>12</sup> 295 pages, is divided into sections that cover specific areas such as Nutrition and Herbs, Heuristic Directions in Diagnosis and Treatment. The chapters within the sections contain an article followed by a list of entries of active groups in that field. Entries are in the form of names and addresses of groups and associations; schools, centers and clinics; journals and publications; and products and services.

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<sup>10</sup>Cris Popenoe, Wellness: The YES Bookshop Guide (Washington, D.C.: YES! Inc., 1977).

<sup>11</sup>Edward Bauman et al., The Holistic Health Handbook (Berkeley, Calif.: AND/OR Press, 1978).

<sup>12</sup>Leslie J. Kaslof, ed., Wholistic Dimensions in Healing (Garden City, N.Y.: Doubleday and Co., Inc., 1978).

### Natural Nutrition

The demand for natural, uncontaminated foods is increasing. In the supermarkets, there are growing numbers of products with labels that proclaim "no artificial preservatives or additives." Organic farming and gardening represent a further step in the quest for natural diets. Customers of mail-order houses are encouraged to purchase appliances for composting natural material for use as fertilizer, or live mantids and ladybugs to substitute for pesticides.

### Iridology

Interest in iridology is growing due to the pioneering work of Dr. Bernard Jensen.<sup>13</sup> Iridology is the study of the iris of the eye. Each organ in the body is said to be reflected in the iris. An iridologist may follow changes that occur in the body by studying the iris and the changes that are manifested there. Iridology may be a valuable tool in wellness care because an individual can gain insight into his inherent body strengths and weaknesses and then, with this and other knowledge, act accordingly. Such action commonly takes the form of diet modification.

### Participation in Physical Activities

Tennis courts, golf courses and swimming pools are increasing in number. They are now accessible to more people

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<sup>13</sup>Bernard Jensen, The Science and Practice of Iridology (Escondido, Calif.: Bernard Jensen, 1964).

with the opening of public facilities. Bicycle and jogging trails are incorporated in urban planning. Evidence of increased participation is obvious in the number of people seen running or bicycling by the roadside. Sporting goods of all types are more widely sold than ever before.

### Meditation and Yoga

The growth in numbers of workshops and groups involved in meditation and yoga attests to the increased interest of the public in these subjects. "Meditation is attention so focused or one-pointed that one awakens and flows into ever increasing clear awareness of reality."<sup>14</sup> Yoga ". . . has been found to steady the mind, calm the emotions, and tone the body."<sup>15</sup>

### Trigger Points

Bonnie Prudden, a physical fitness expert, has recently developed a simple technique, called myotherapy, for relieving muscle pain. This therapy involves the sensitive area of a muscle (the trigger point that was injured or irritated at some time) that causes the muscle to go into spasm. Application of pressure for seven seconds to the "trigger point" denies oxygen to the area and thus relieves the spasm.

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<sup>14</sup>E. Signy Knutsen, "The Meaning of Meditation," in The Holistic Health Handbook, ed. E. Bauman et al. (Berkeley, Calif.: AND/OR Press, 1978), p. 254.

<sup>15</sup>Judith H. Lasater, "Yoga: An Ancient Technique for Restoring Health," in The Holistic Health Handbook, p. 36.

Bonnie Prudden travels around the country conducting workshops to teach laypeople how to relieve this pain. Reasons for the wide appeal of this technique are that it is effective, involves no drugs, and laypeople can be taught the procedure.

### Energy Exchange

Dolores Kreiger, a professor of nursing at New York University, is teaching graduate courses on the process of therapeutic touch, and is investigating the underlying dynamics of therapeutic touch. The use of the transfer of body energy is gaining more attention.<sup>16</sup>

### Summary

Norman Cousins accurately summarizes what is happening when he says:

The individual who is looking for alternatives to traditional medical ideas has a wide choice of approaches with varying credentials--acupuncture, biofeedback, homeopathy, naturopathy, iridology, nutrition, vitamin therapy, chiropractic, meditation, yoga, astrology, numerology, pyramidology, graphology, psychic surgery, faith healing, apricot-kernel therapy, Rolfing, touch encounter, self-massage, negative ionization, psychocalisthenics, etc.<sup>17</sup>

The wellness movement is characterized by the promotion of health or well-being, a positive optimistic approach that is holistic in nature, an emphasis on self-care and

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<sup>16</sup>Emrika Padus, "The Healing Touch," Prevention 29 (March 1977):94.

<sup>17</sup>Norman Cousins, "The Holistic Health Explosion," Saturday Review, 31 March 1979, p. 17.



assuming responsibility for oneself, with focus on natural means and the internal direction of the individual.

The medical model meets the needs of individuals with diseases and injuries. The following wellness-illness continuum shows that the medical model focuses on illness and the prevention of disease. The wellness movement concentrates its activities on the other side of the continuum.

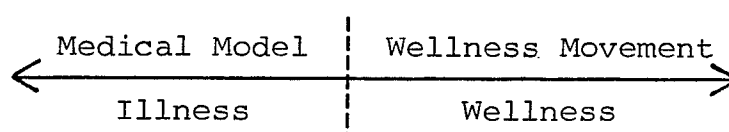


Figure 1. Wellness-Illness Continuum

Society has been conditioned to the medical model to the extent that it is difficult to think of wellness except in the context of illness. Very little is known about the state of well-being as a positive value and the factors that support such a state. Wellness is usually viewed as the absence of illness. The wellness end of the spectrum is the area that is beginning to develop. We do not know the limits of wellness. The problem-oriented medical model cannot be applied to the state of well-being. The purpose of comparing the medical model to the wellness movement is to make it clear that the two are diametrically opposed in a philosophical sense. Because the two are so unlike each other, the wellness movement cannot be absorbed into the present sick care system. The evolving wellness movement must strive to develop into a cohesive entity that will have relationships with other disciplines based on autonomy.

### Purpose of the Study

The wellness phenomena and movement present themselves in a fragmented manner. An individual will be exposed to one segment here and another part there. One part may lead to another, and then again, it may not. What can be accomplished through the wellness movement could very well depend upon the development of an organized, systematic way of coordinating and integrating these trends.

This study is a response to the fact that there is no system of wellness care, although awareness or consciousness of wellness is increasing, and much knowledge and many resources and skills are being produced within the wellness framework. The problem is that there is no way for the awareness or consciousness and the knowledge and skills to be brought together. The purpose of this study is to develop a coordinating framework designed to bridge this gap.

## CHAPTER II

### REVIEW OF CURRENT LITERATURE

The fact that modern medicine has focused mainly on the diagnosis and treatment of specific diseases, or the care of the sick, accounts for the sparse number of studies and articles in the literature related to wellness. The present surge of literature in this area began in the decade of the 1970's. For the purpose of this study, the professional literature is divided into the following areas: the relationship of personal practices to health, the need for change, holistic health, and wellness. The subject heading "holistic health" appeared for the first time in the Index Medicus in January 1980; "wellness" as a subject heading does not exist.

The term "levels of wellness" emerged from the area of public health. In the late 1950's, H. L. Dunn, Chief of the National Office of Vital Statistics, U.S. Department of HEW, coined the phrase "high-level wellness."<sup>1</sup> He stated that medicine and public health need to develop interest in defining and raising levels of wellness and that tools for measuring wellness must be developed through research in

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<sup>1</sup>Halbert L. Dunn, "High-Level Wellness for Man and Society," American Journal of Public Health 49 (June 1959): 786-792.

this area. "At present, gradations of health in this positive sense are not measurable."<sup>2</sup> Dunn recommends the study of healthy people in order to identify characteristics of wellness and predicts that an objective yardstick for wellness will be a powerful tool.

#### Relationship of Personal Practices to Health

Studies involving diseased or sick individuals cannot begin to establish the characteristics or life-style patterns that are associated with positive health. The area of studying healthy individuals or populations is virtually undeveloped. Some studies have been done with highly selective populations that are not disease-oriented.

Leaf went to three remote places in the world (Vilacamba, Ecuador, Hunza, West Pakistan, and Georgia, in the Soviet Caucasus) to study centenarians in order to identify relationships of certain factors to quality old age. The components present in all of these groups were: (1) the importance of genetics, (2) nutrition--diets were low in calories and low in fats, (3) physical activity--a continuous pattern of vigorous activity, (4) sexual activity--the centenarians were sexually active, and (5) psychological factors--there was no fixed retirement age: the old were

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<sup>2</sup>Halbert L. Dunn, "Points of Attack for Raising the Levels of Wellness," Journal of the National Medical Association, 49, No. 4 (1957):225-235.

contributing, productive members of society. The older a person became, the more social status was given him by the community.<sup>3</sup>

In Bauman's study,<sup>4</sup> 201 patients and 262 medical students were asked open-ended questions to determine if expressed attitudes toward health reflected differences in conceptions of health. The author found that health is a multidimensional concept and "Formal education appears to be associated with a symptom-oriented conception of health and lack of education with a feeling-state orientation."<sup>5</sup> An example of this would be "I have a headache" (symptom-oriented) as compared to "I feel bad" (feeling-state oriented). Perhaps this is due to the problem-oriented or medical model which has permeated the educational system.

Pratt<sup>6</sup> evaluated four dimensions of personal health care by using personal reports of 401 women with children from high, middle, and low socioeconomic groups who lived in New Jersey. The dimensions were: (1) personal health

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<sup>3</sup>Alexander Leaf, "Getting Old," Scientific American, September 1973, pp. 45-52, and "Every Day is a Gift When You Are Over 100," National Geographic, Vol. 143, No. 1 (1973), pp. 93-118.

<sup>4</sup>Barbara Bauman, "Diversities in Conceptions of Health and Physical Fitness," Journal of Health and Human Behavior 2 (Spring 1961):39-46.

<sup>5</sup>Ibid., p. 46.

<sup>6</sup>Lois Pratt, "The Relationship of Socioeconomic Status to Health," American Journal of Public Health 61 (February 1971):281-291.

maintenance practices, (2) use of professional health services, (3) level of health knowledge, and (4) amount of health equipment in the home. The data supported the proposition that a deficit pattern of personal health care among the poor adversely affects health. Some of Pratt's recommendations are that health programs focus on specific practices to establish concrete behavior patterns rather than knowledge of health practices, that physical exercise be given more attention, and that existing positive practices among low-income women be reinforced.

The World Health Organization in 1946 redefined health as "a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity." Breslow wrote that this definition became the basis for the measurement of health developed by the Alameda County Human Population Laboratory in California.<sup>7</sup> Health was seen as a multidimensional concept and encompassed three axes of well-being: physical, mental, and social. An individual's degree of health could be determined by his placement along these three axes. A mailed questionnaire centering on the subjective view of the respondents' health would provide the data. Breslow would like to link this health index with information obtained from physical tests in multiphasic screening. These physiological tests could measure

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<sup>7</sup>Lester Breslow, "A Quantitative Approach to the World Health Organization Definition of Health: Physical, Mental and Social Well-being," International Journal of Epidemiology 1, No. 4 (1972):347-355.

functional reserves and monitor early abnormalities in the individual so that appropriate intervention could avert impending disease. Several studies and reports were generated from the work of the Alameda County Human Population Laboratory. Six thousand nine hundred twenty-eight adult respondents to a mail questionnaire in 1965 were studied from different perspectives. Berkman<sup>8</sup> evaluated the "Index of Psychological Well-Being" which utilized eight items (five negative, three positive) to measure the mental health of the population. The author found a positive association between physical health status and mental health status. Mental health and socioeconomic status were also positively associated. There was a moderate association between mental health and education, ethnic origin, employment status, marital status and occupation.

Belloc, Breslow, and Hochstim<sup>9</sup> examined this same general population survey to measure physical health. The questions asked related to disability, chronic condition, symptoms, and energy levels. These authors concluded that men were slightly more healthy than women, that the youngest group was markedly healthier than the oldest group, and that

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<sup>8</sup>Paul Berkman, "Measurement of Mental Health in a General Population Survey," American Journal of Epidemiology 94, No. 2 (1971):105-111.

<sup>9</sup>Nedra B. Belloc, Lester Breslow, and Joseph R. Hochstim, "Measurement of Physical Health in a General Population Survey," American Journal of Epidemiology 93, No. 5 (1971): 328-336.

those with marginal or adequate incomes were healthier than those with inadequate family incomes. They also found that whites and blacks were equally healthy but that Chinese and Japanese were healthier, separated persons were less healthy than single or married persons, and those employed were more healthy than those retired or out of work.

Belloc and Breslow,<sup>10</sup> again looking at the questionnaires, studied the relationship of physical health status to health practices. Their purpose was to calculate the effects on health of general life-styles, specific habits, and personal health care. The authors found a positive relationship to the following seven habits: regularly sleeping seven to eight hours a night, eating breakfast, eating regular meals as opposed to snacking, eating moderately to maintain normal weight, moderate exercise, moderate consumption of alcohol, and not smoking. Those who reported all or many of these practices were healthier than those who followed fewer, so it seemed that the relationship of these practices was cumulative.

Five and one-half years after this general population survey, Belloc<sup>11</sup> explored the relationship of health practices to mortality. The author stated that individual health

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<sup>10</sup>Nedra B. Belloc and Lester Breslow, "Relationship of Physical Health Status and Health Practices," Preventive Medicine 1 (1972):409-421.

<sup>11</sup>Nedra B. Belloc, "Relationship of Health Practices and Mortality," Preventive Medicine 2 (1973):67-81.



practices were related to mortality in the expected direction. The health practices scores showed a striking inverse relationship with mortality rates. This was especially true for men. Physical health status and income level were independent of this relationship.

It is interesting to note in the literature the frequency with which the studies related to the same Alameda County Human Population Laboratory general health survey are cited as references. The number of items used in these studies is so limited that one must question whether a cause-and-effect relationship exists. Four of the seven good health habits discussed by Belloc and Breslow<sup>12</sup> are related to diet. Other factors related to positive health need to be identified.

Comroe<sup>13</sup> suggested that perhaps a golden opportunity was missed when no one did a longitudinal study involving the 3,000,000 young people who enrolled in the National Tuberculosis Association's "Modern Health Crusade" in the late 1910's. Each pledged for three years to:

1. Have three meals of wholesome food a day. Chew thoroughly.
2. Exercise daily in the open air. Take ten deep breaths a day.
3. Get a long night's sleep and get up smiling.
4. Not smoke or use tobacco in any form.

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<sup>12</sup>Belloc and Breslow, "Relationship of Physical Health Status and Health Practices," pp. 409-421.

<sup>13</sup>Julius H. Comroe, "The Witch Doctor, The Which Doctor, and the Wish Doctor," American Review of Respiratory Diseases 120 (1979):1189-1195.

5. Drink no tea, coffee, alcoholic drinks or soft drinks containing dangerous drugs.
6. Avoid fried foods, much meat, piecrust, cakes and sweets, and all impure candy.
7. Brush his teeth twice daily. Use dental floss. Bathe his whole body twice a week, and wash his ears and neck once a day.
8. Consult his dentist twice a year and his physician once a year.
9. Attend to toilet (empty his bowel) at the same time each day. Brush his shoes every morning. Keep his mind clean and cheerful.<sup>14</sup>

This group could have been compared to a group not involved in these practices to evaluate levels of health, life-span, and to make numerous other comparisons.

Many studies of the past involved health professionals from various agencies who attempted to institute changes in a specific population or group for "the good of the people." The receptivity or resistance of these groups and the possible reasons for these outcomes have been reported. Suchman's article is an example of this.<sup>15</sup> Accident prevention measures were initiated among sugar-cane cutters in Puerto Rico. The ". . . community and the individual will have to be 'motivated' to take advantage of available health knowledge and facilities through a sense of social and personal responsibility."<sup>16</sup> Ubell quoted Dr. Leona Baumgartner, former

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<sup>14</sup>Ibid., p. 1195.

<sup>15</sup>Edward A. Suchman, "Preventive Health Behavior: A Model for Research on Community Health Campaigns," Journal of Health and Social Behavior 8 (1967):197-209.

<sup>16</sup>Ibid., p. 197.

Commissioner of Health in New York City, as saying, ". . . the goal of public health workers is to get people to do things for themselves."<sup>17</sup>

Today, this trend of health professionals striving to change individuals is reversing. Many people in society are now motivated to learn how to keep themselves well and the traditional agencies have nothing to offer in this area. Dayani stated that the vacuum in our health care system is in wellness care.<sup>18</sup> Individuals are seeking alternative methods of care. This trend is creating a strong resistance to the wellness movement by many health professionals while providing positive opportunities for others.

#### Need for Change

The need for development of models other than the model of disease utilized by medicine was the subject of several articles. Engel visualized a biopsychosocial model that included the patient as well as the illness.<sup>19</sup> Berg described the scientific culture as analytic. This dominant method leads to dealing with parts, the opposite of holism. The author made a plea for a study of health that is positive

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<sup>17</sup>Earl Ubell, "Health Behavior Change: A Political Model," Preventive Medicine I (March 1972):210.

<sup>18</sup>Elizabeth Dayani, "Concepts of Wellness," Nurse Practitioner, January/February 1979, pp. 31, 34, 46.

<sup>19</sup>George L. Engel, "The Need for New Medical Model: A Challenge for Biomedicine," Science, 8 April 1977, pp. 129-136.

and non-reductionist.<sup>20</sup> Cassel affirmed an epidemiological multicausal framework that could be utilized by both social and health scientists that would indicate the social and cultural processes that have potential relevance to health.<sup>21</sup> Terris<sup>22</sup> has called for an epidemiology of health. The traditional definition of epidemiology is ". . . the study of the distribution and determinants of disease frequency in man."<sup>23</sup> The author stated that there are degrees of health which have objective as well as subjective aspects, and presented various approaches to epidemiological studies. These authors were searching for a new way to study the subject of health that goes beyond the model of disease.

The U.S. Surgeon General's Report on Health Promotion and Disease Prevention encouraged a second public health revolution that would emphasize prevention of disease and extend beyond the traditional health care system.<sup>24</sup> Joseph

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<sup>20</sup>Ole Berg, "Health and Quality of Life," Acta Sociologica 18, No. 1 (1975):3-22.

<sup>21</sup>John Cassell, "Social Science Theory as a Source of Hypotheses in Epidemiological Research," American Journal of Public Health 54, No. 9 (1964):1482-1489.

<sup>22</sup>Milton Terris, "Approaches to an Epidemiology of Health," American Journal of Public Health 65 (October 1975): 1037-1045.

<sup>23</sup>*Ibid.*, p. 1037.

<sup>24</sup>U.S. Department of Health, Education and Welfare, Public Health Service, Office of the Assistant Secretary for Health and Surgeon General, Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (Washington, D.C.: U.S. Government Printing Office, 1979). (DHEW (PHS) Publication No. 79-55071)

Califano, who was then Secretary of HEW, said, "You, the individual, can do more for your own health and well-being than any doctor, any hospital, any drug, any exotic medical device."<sup>25</sup> The challenge to the nation is to move promptly and collectively toward the goals of prevention. Here again is the linkage of the terms prevention of disease and promotion of health. Until these two concepts are separated, the prevention of disease will continue to develop within the medical model and the promotion of health will continue to be ignored within the traditional health care community. As the concept of promotion of health evolves outside of the medical model, wellness care will be possible.

### Holistic Health

"Humanism and holism have hit the medical profession with the searing force of righteous anger, and the health-care system will never be the same."<sup>26</sup> The word holism comes from the Greek word "holos" which means whole person. The use of the term in 1926 by Smuts in a theory of the relation of parts to the whole created a new interest in the concept. The focus of holistic medicine is on the whole person--mind, body, and spirit.<sup>27</sup>

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<sup>25</sup>Ibid., p. viii.

<sup>26</sup>Dean H. Shapiro, Jr., and Johanna Shapiro, "The Psychology of Responsibility: Some Second Thoughts on Holistic Medicine," New England Journal of Medicine 301 (26 July 1979):211.

<sup>27</sup>George Yahn, "The Impact of Holistic Medical Groups and Health Concepts," Journal of the American Medical Association 242 (16 November 1979):2202-2205.

The concept of holism is gaining much momentum as evidenced by the founding of such organizations as The Holistic Medical Association in May 1978 and by the existence of more than five hundred holistic medical centers in the United States today.<sup>28</sup> The care given at these centers follows the medical model and involves examining all aspects of a person's life with him to determine causes and symptoms of dis-ease, a holistic concept differing from disease, and exploring treatment strategies to maintain or restore health.<sup>29</sup> The treatment strategies emphasize self-responsibility, stress management, nutritional awareness, environmental sensitivity, and physical fitness.<sup>30</sup> Shapiro<sup>31</sup> recognized that people need to be given practical skills for taking responsibility for maintenance of positive health. John Knowles<sup>32</sup> named three of the barriers to an individual assuming responsibility as lack of knowledge, lack of sufficient interest in health, and cultural factors.

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<sup>28</sup>Ibid., p. 2202.

<sup>29</sup>Lewis E. Weeks and Robert A. DeVries, "Wholistic Health Centers: Where They Are Going," Inquiry, March 1978, pp. 3-9.

<sup>30</sup>K. R. Pelletier, Holistic Medicine (New York: Delacorte Press, 1979), pp. 39, 64, 127.

<sup>31</sup>Shapiro and Shapiro, "The Psychology of Responsibility," p. 211.

<sup>32</sup>John H. Knowles, "The Responsibility of the Individual," Daedalus, Winter 1977, p. 60.

Much of the literature dealt with reactions from those in the traditional professions to varying aspects of holistic health that range from grave concern to support. Many discussed the fact that the philosophy of holism is not new, and has been a part of medicine from Hippocrates to the present.<sup>33</sup> Davies<sup>34</sup> cited high-level wellness, which means positive health, as a new name for the holistic branch of disease prevention. "Promoting positive good health is nothing new."<sup>35</sup> Scholle<sup>36</sup> gave two reasons for the medical profession's current anxiety over holism. First is the public response to a health care system that is dehumanized and dominated by technology. The second reason given is that supporters of holism are neutral toward treatment modalities and this creates indiscriminate acceptance of alternative methods. Callan<sup>37</sup> cautioned that holism is more than a fad and that physicians need to learn more about this

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<sup>33</sup>Yahn, "The Impact of Holistic Medical Groups," pp. 2202-2205; Pelletier, Holistic Medicine, pp. 39, 64, 127; John M. Stang and Oliver R. Stang, "Religion and Medicine at the Crossroads: Wholistic Health Care," Ohio State Medical Journal (December 1979):769-772; M. Halberstam, "Holistic Healing: Limits of the New Medicine," Psychology Today, August 1978, pp. 26-27.

<sup>34</sup>Nicholas E. Davies, "Holistic Health Care, High-Level Wellness and the Abolition of Dis-Ease," Southern Medical Association 72 (November 1979):1357-1358.

<sup>35</sup>Ibid., p. 1358.

<sup>36</sup>Roger H. Scholle, "Will Holism Influence Dental Health?" Journal of the American Dental Association 99 (September 1979):586.

<sup>37</sup>John P. Callan, "Holistic Health or Holistic Hoax?," Journal of the American Medical Association 241 (March 1979): 1156.

movement. Reiman,<sup>38</sup> editor of the New England Journal of Medicine, warned that the holistic movement has an "irrational side." Thomas<sup>39</sup> stated that holism is receptive to magic because of the time it takes to prove that human illnesses are multifactorially related to environment and lifestyle. "Magic is back again, and in full force."<sup>40</sup> Scholle believed that if holism can eliminate its irrational and unscientific aspects, "a sound core of health philosophy will remain."<sup>41</sup> There is not enough information available, according to Fabrick,<sup>42</sup> a dentist, to decide whether or not many alternative methods of holistic health are scientific. The author raised the question, "Who determines that the clinician should not use these modalities?"<sup>43</sup> Fabrick also expressed concern that answers to questions are sought from the laboratory and the pathologist and not from the patient. Yahn<sup>44</sup> pleaded that immediate steps be taken to license

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<sup>38</sup>Arnold S. Relman, "Holistic Medicine," New England Journal of Medicine 300 ( 8 February 1979):313.

<sup>39</sup>Lewis Thomas, "On Magic in Medicine," New England Journal of Medicine 299 ( 31 August 1978):461-463.

<sup>40</sup>Ibid., p. 462.

<sup>41</sup>Scholle, "Will Holism Influence Dental Health?", p. 586.

<sup>42</sup>Ronald Fabrick, "More Holistic Care," Journal of the American Dental Association 99 (December 1979):956.

<sup>43</sup>Ibid., p. 46.

<sup>44</sup>Yahn, "The Impact of Holistic Medical Groups," pp. 2202-2205.



holistic practitioners. However, there was no mention of what these steps should be and who should take them. Yahn says that standards should assure that nonphysicians practice legitimate health care.

In the area of support, Norman Cousins, a writer for the Saturday Review, has had a tremendous impact on holistic health. In 1964, Cousins<sup>45</sup> was diagnosed as having ankylosing spondylitis, and was told that the chances for recovery were one in five hundred. After analysis of his dilemma, Cousins developed a program for treatment which included creating a situation that had a positive effect on his emotions, massive doses of Vitamin C intravenously, and refusal of all medications. Cousins recovered and has made some very profound statements:

. . . the will to live is not a theoretical abstraction, but a psychologic reality with therapeutic characteristics. . . . I have learned never to underestimate the capacity of the human mind and body to regenerate--even when the prospects seem most wretched.<sup>46</sup>

Cousins's influence is powerful. He recommended that holistic health seek balance from within which would enhance the effectiveness of the movement and emphasized the importance of healing relationships.<sup>47</sup>

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<sup>45</sup>Norman Cousins, "Anatomy of an Illness (as Perceived by the Patient)," New England Journal of Medicine 295 (December 23, 1976):1458-1463.

<sup>46</sup>Ibid., pp. 1462-1463.

<sup>47</sup>Norman Cousins, "The Holistic Health Explosion," Saturday Review, 31 March 1979, pp. 17-20.

Bloomfield<sup>48</sup> suggested that the doctor who is an exemplar of good health is the most persuasive with patients. The author proposed that the holistic approach be applied even when no organic disease is present. This approach includes evaluating the patient's life-style, nutrition and exercise habits. The prescription includes stress management.

Doctors Szass and Hollender's classification of provider and patient relationships were reviewed by Fink<sup>49</sup>--namely, activity/passivity, guidance/cooperation, and mutual participation. Fink added two levels that are utilized by holistic health advocates--patient as primary provider and self-care. Holistic doctors, according to Shealy,<sup>50</sup> recognize that individuals who have neglected good health habits need assistance to restore minimal health. Then, they can progress from minimal health to high-level wellness.

The entire area of holistic health is very much linked to the medical model because symptoms or problems are a major focus. The methodology utilized and the treatment of people by natural means are deviations from traditional medicine.

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<sup>48</sup>Harold H. Bloomfield, "Holistic Health: More than the Absence of Disease," Medical World News, 11 December 1978, p. 87.

<sup>49</sup>Donald L. Fink, "Holistic Health: Implications for Health Planning," American Journal of Health Planning 1 (July 1976):23-30.

<sup>50</sup>Norman C. Shealy, "The Psychology of Responsibility," The New England Journal of Medicine 301 (6 December 1979): 1294.

So far, no major studies that contribute to the holistic health perspective have been conducted by the traditional medical community.

### Wellness

There is no segment of professional literature on the subject of wellness. The lack of definitive boundaries as to what constitutes health, wellness, the medical model, prevention, and the promotion of health has created a mixture of incompatible concepts. Therefore, literature categorized under this heading may not deal exclusively with wellness, but will at least illustrate the trend in this direction.

There are numerous reasons for the search by many people for an alternative to the present health care system. Some of these are the overuse of medication, over specialization and technology, inflated medical fees, growing sophistication of the public, awareness of the importance of nutrition, and new interests in the powers of the mind.<sup>51</sup> Ivan Illich, in Medical Nemesis, analyzed the medical establishment. One of the sweeping statements he made was, "The medical establishment has become a major threat to health."<sup>52</sup> There were no solutions to the problems presented in the book. However,

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<sup>51</sup>Norman Cousins, "The Holistic Health Explosion," pp. 17-20, and Pelletier, Holistic Medicine, p. xiv.

<sup>52</sup>Ivan Illich, Medical Nemesis: The Expropriation of Health (New York: Penguin Books, 1977), p. 11.

the author did say that the layman, not the physician, has power to change the current course of events. Illich also said, "Anyone who does not consume medical care, who considers himself healthy and capable of caring for himself, has become a deviant."<sup>53</sup> This statement has enormous significance for the wellness movement. The maintenance of health or positive health is perceived as a personal responsibility that demands self-discipline and self-awareness.

Bruhn and his associates<sup>54</sup> portrayed wellness in very positive terms. "Wellness is viewed as a continually evolving and changing process."<sup>55</sup> The role of developmental tasks is central and wellness is measured in terms of completion of these tasks. The individual must actively participate in achieving wellness. The wellness process, as they conceived it, consists of personal growth, internal control, and knowledge about habits and activities related to health. The authors concluded that wellness is the responsibility of the individual, but the larger social system determines the necessary tasks.

Ardell<sup>56</sup> expanded the concept of self-responsibility when he said that each person is capable of deciding what

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<sup>53</sup>Sam Keen, "Ivan Illich: Medicine is a Major Threat to Health," Psychology Today, May 1976, p. 73.

<sup>54</sup>John G. Bruhn, David F. Cordova, James A. Williams, and Raymond G. Fuentes, Jr., "The Wellness Process," Journal of Community Health 2 (Spring 1977):209-221.

<sup>55</sup>Ibid., p. 209.

<sup>56</sup>Donald Ardell, "High Level Wellness Strategies," Health Education, July/August 1977, pp. 2-4.

his own wellness potential is and that self-responsibility demands new types of relationships with providers because the control is in the hands of the client. Although Ardell suggested that new modalities of care be developed in areas such as life-style, environmental modifications, counseling, education, talking, and reading, wellness care is presented as an extension of the present health care system.

Dayani discussed the need of the present health care system to "rechannel its resources to prevent disease and promote health."<sup>57</sup> The author called on nurses to provide wellness care. However, nurses are educated in the medical model and function within the present health care system. Within traditional medicine, the legitimate relationship is between the physician and the patient; therefore, the nurse must follow the orders of the physician and is not free to incorporate wellness concepts. This, coupled with the fact that wellness concepts are not taught in nursing schools, further reduces the possibility of nurses providing wellness care.

The crisis of life-style is the health crisis of today, according to L. S. White,<sup>58</sup> who asked that new approaches be sought because the traditional health care system cannot meet the need. White named advertising as the biggest

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<sup>57</sup>Dayani, "Concepts of Wellness," p. 31.

<sup>58</sup>Leon S. White, "How to Improve the Public's Health," New England Journal of Medicine 293 (9 October 1975):773-774.

enemy to modification of life-styles, that must be conquered. As individuals change their life-styles, they will walk more, ride more bicycles, smoke fewer cigarettes, drink less alcohol, and eat foods which contain less sugar, additives and preservatives, and so on. These changes could have far-reaching effects on many industries. White saw the real challenge as achieving the goals of positive health without destroying the economy. In addition, answers related to how and why people impose high risks on themselves need to be found by health professionals. White pleads for studies to be done relating life-styles to health.

Application of wellness concepts to numerous practical aspects of care is becoming evident in the literature. Oelbaum<sup>59</sup> identified twenty-six behavioral characteristics that indicate optimum health in adults. These were compiled to assist the nurse to determine levels of wellness as demonstrated by the patient. This list of criteria, if the tenets of wellness are followed, would be developed as a guide for the individual, not as a tool for the nurse to use in assessing that individual.

The patient evaluation, Paltrow<sup>60</sup> wrote, needs to include more than physical findings. He proposed that the evaluation

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<sup>59</sup>Cynthia H. Oelbaum, "Hallmarks of Adult Wellness," American Journal of Nursing 74 (September 1974):1623-1625.

<sup>60</sup>Kenneth G. Paltrow, "Review of Areas: Updated Method of Patient Evaluation," Postgraduate Medicine 67 (January 1980):211-215.

consider other aspects of the patient's life, such as emotions, activities, interests, and background. The author suggested that patients have an annual psychiatric examination. Bruhn<sup>61</sup> recommended that the annual physical examination be given by physician extenders, with a physician in charge, and that emphasis be placed on self-responsibility for positive health. Bruhn concluded by saying that physician education needs to be broadened to include knowledge of wellness and how to attain positive health, ". . . but there is little evidence that it will be."<sup>62</sup>

Almost fifty pages of the October 1, 1979 issue of Hospitals<sup>63</sup> was devoted to "health promotion." The public's demand to learn self-care is causing the hospital, as an institution, to establish its role in this area. Jonas<sup>64</sup> said that the hospital needs to promote wellness in addition to providing for the care of the sick. The author then discussed the various levels of prevention. Vickery<sup>65</sup> predicted that public demands will create changes within the hospital

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<sup>61</sup>John G. Bruhn, "The Complete Health Checkup: Fad, Fiction or Fact," Southern Medical Journal 72 (July 1979): 865-868.

<sup>62</sup>Ibid., p. 867.

<sup>63</sup>Hospitals 53 (1 October 1979):83-124.

<sup>64</sup>Steven Jonas, "Hospitals Adopt New Role," Hospitals 53 (1 October 1979):84-86.

<sup>65</sup>Donald M. Vickery, "Is It a Change for the Better?" Hospitals 53 (1 October 1979):87-90.

in the direction of consumer health education. Behrens,<sup>66</sup> when considering the development of programs for health promotion, said that the institution must carefully examine the potential for such programs to enhance the institutional short- and long-range goals.

One of the most promising "Wellness Centers" today is located in Colorado at the Swedish Medical Center.<sup>67</sup> The center was organized by the medical center as a separate, non-profit corporation in order to differentiate wellness from sickness. The purposes are "to create, catalyze, stimulate and, when necessary, provide programs that enhance people's responsibility for their own health."<sup>68</sup> Each participant is evaluated in the wellness components of physical fitness, stress management, nutritional awareness, and environmental sensitivity. Participants identify strengths and weaknesses in the above areas, study them, and write a contract stating the life-style changes they wish to make. The participant is then referred to approved community agencies for the required services. This center began with a pilot study involving the hospital employees, expanded to members of the general community, and is now permeating school and

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<sup>66</sup>Ruth Behrens, "Climate Ripe for Marketing Strategies," Hospitals 53 (1 October 1979):99-104.

<sup>67</sup>Gary J. Adamson, John D. Oswald, and Lowell E. Palmquist, "Hospitals Role Expanded with Wellness Effort," Hospitals 53 (1 October 1979):121-124.

<sup>68</sup>*Ibid.*, p. 121.



business populations. There is no mention in the study of the effectiveness of the program for participants.

### Summary of the Literature

There is no developed body of knowledge on the subject of wellness in the professional literature. The reason for this is that the wellness movement is evolving outside of the recognized professions. The focus of the medical profession on problems and diseases accounts for its lack of the knowledge and skills required to support wellness.

The absence of distinct definitions of concepts such as wellness, health, promotion of health and prevention of disease leads to the confusing overlapping of these terms and concepts and makes it difficult to categorize information about them.

The need to study healthy people in order to identify the relationships between personal practices and wellness is generally accepted. Yet very little effort has so far been directed to this end. Many authors recognize the necessity for creating new designs and methodologies that will expand the depth and breadth of known means of study to include areas that may influence wellness.

Holistic health is closely tied to the medical model because of its problem orientation. However, emphasis is placed on the integration of the whole person: body, mind, and spirit. Treatment modality includes stress management,

life-style changes, and natural methods of care. The medical profession is reacting to this movement and warning physicians to become aware of its presence. Professionals have expressed concern regarding the irrational and unscientific aspects of the movement. The natural reaction of the threatened is either to incorporate the new into the old and thus gain control, or virtually halt the expansion of the new by the establishment of standards and licensing to permit only the acceptable aspects of the new to be absorbed into the old. The alternative is that the movement will stand on its own. The direction this movement will take is yet to be determined. This is the range of reaction in the literature. To date, reactions have not led to actions.

Wellness involves assumed self-responsibility and self-discipline to set one's potential into action. Many authors use the term wellness but propose that it be applied to the sick care system. These applications cannot be viable. The hospitals are examining the incorporation of wellness care into the present system as a marketing technique.

The professional literature supports this study. The evolution of the wellness movement has begun so recently and is proceeding so rapidly that the identification of what is happening comprises the substance of the literature on the topic. It validates the proposition that there is no organized wellness care system and that what is evolving is

fragmented. The need does presently exist for a coordinating framework for wellness care.

### CHAPTER III

#### DEVELOPMENT OF A COORDINATING FRAMEWORK

The wellness movement is evolving spontaneously, outside of the recognized professions. There is no mechanism through which the voluminous amount of material can be synthesized. The knowledge, resources, and skills that are being produced need to be organized in such a way as to facilitate accessibility to interested individuals. The purpose of the study, as stated in Chapter I, is to develop a coordinating framework designed to accomplish the organization of this material. This chapter begins with a discussion of coordinating framework building as a research methodology. Pertinent terms are defined, basic assumptions are identified, and a coordinating framework and plan for a proposed wellness center are presented.

#### Coordinating Framework Building: A Research Methodology

The purpose of this study is to develop a coordinating framework that will integrate and operationalize key elements of the wellness movement.

Conceptual frameworks are cognitive structures, products that result from the observations, inferences, insights and conceptualizations of experienced and creative individuals in a field of endeavor.<sup>1</sup>

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<sup>1</sup>Dorothea E. Orem, ed., Concept Formalization in Nursing: Process and Product, 2nd ed. (Boston: Little, Brown and Company, 1979),

A conceptual framework, as described by Haworth, ". . . draws together various elements into a supporting scheme or structure which may aid in the better understanding of a given topic."<sup>2</sup> Major elements of the coordinating framework are basic assumptions, developmental criteria, and assessment procedures. The coordinating framework builder begins with an identification of previously held conceptions of the field of interest. These conceptions of what ought to be are then matched with her perception of what is the case in the field of interest. Finally, a new set of conceptions based on what can be emerges in the form of a framework.

#### Definition of Terms

Several definitions of terms are required for clarification.

Wellness coordinating framework--a flexible structure that harmoniously directs various aspects of the wellness movement to facilitate accessibility of knowledge, resources, and skills to the public.

Wellness--a dynamic, positive process that activates one's potential. The participation of the total being is essential.

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<sup>2</sup>Shirley Lambert Haworth, "A Sociocultural Framework for Understanding Change in Organizations and Application of the Framework of an Educational Setting" (Ed.D. dissertation, University of North Carolina-Greensboro, 1978). The investigator acknowledges the important contribution Haworth has made to the methodology of conceptual framework building.

Holistic health--the view that man is composed of body, mind and spirit. One's level of health is directly related to the balance of these areas within the individual as well as the balance between the individual and his environment.

Medical model--a deficit model which is problem-oriented. The focus is on the diagnosis and treatment of disease with the use of artificial means (medications and surgery). The term artificial refers to man-made as opposed to natural.

Self-care--the positive attention one gives to oneself that is independent of outside assistance and that creates a progression of actions that lead toward a higher state of wellness.

Individual responsibility--the obligation one has to strive toward becoming one's potential.

#### Basic Assumptions

This coordinating framework is based on the following assumptions: (1) wellness is a privilege, not a right; (2) individuals are intelligent human beings who are capable of making decisions for themselves; (3) individuals are free to make choices and have a right to make them; (4) wellness involves every part of an individual and is therefore holistic in nature; and (5) the needs of one individual are not necessarily the needs of another.

The first assumption is that wellness is a privilege, not a right. One cannot give wellness to or take wellness

away from another individual. It is not a commodity that can be designated by one group to another. The level of wellness an individual attains is determined by a combination of heredity, environment, and life-style. Environment and life-style are the two areas over which the individual has some control. The individual must decide what wellness is for him and if it is worth striving for. It is essential that the resources, skills, and information which will assist the individual in accomplishing wellness goals be developed within communities.

The second assumption is that individuals are intelligent human beings who are capable of making decisions for themselves. An individual knows what his needs and wants are and makes decisions accordingly. These decisions can and usually do change over time, which may be influenced by the evaluation of previous decisions and actions. Many factors have an effect on the decisions one makes. For example, if one is accepted by another, then the person is better able to see herself as she really is. Another factor influencing decisions is that the expansion of self-awareness can lead to decisions that create positive changes. Confidence in one's decision making processes can lead to decisions that enhance wellness.

Once a person makes a decision, choices must often be made. Individuals are free to make choices and have the right to make them. This is the third assumption. Each

individual possesses the power to make choices. The decision to exercise or relinquish that power is also an individual choice. Decisions lead to action or inaction. Responsibility is very much linked to decisions. As one makes choices, the consequences rest with the individual. Thus, rights and responsibility are inseparable.

The fourth assumption is that wellness involves every part of an individual and is therefore holistic in nature. Each individual has many dimensions to his life that may be assigned to the areas of body, mind, and spirit. The acceptance of this holistic concept may assist the individual to greater self-awareness and development of unexplored potential.

The last assumption is that the needs of one individual are not necessarily the needs of another. Human beings are unique, and their needs differ. The more participation one has in assessing one's needs, the more accurate will be the identification of those needs. If one determines what the needs of another person are, there is a tendency to use labels. Labels hamper the wellness process because they may act as self-fulfilling prophecies: one can tend to become what the label represents.

#### Development of a Coordinating Framework

The coordinating framework meets the following criteria: information, community resources, wellness care, education



of the general public, and a structure for evaluating the quality of goods and services. These criteria, at times, are so tightly woven together that some aspects are constructed and analyzed simultaneously.

### Information

The availability of information is crucial to individual decision-making. The individual who wishes to pursue wellness and exercise self-care, needs to have access to desired information that will influence decision-making and ultimately be reflected in action. The information chosen by one person may differ from that chosen by another, yet both can reach their goals. A large amount and variety of information related to "how to stay well" should be attainable by the general public.

The placement of the core of wellness material is critical. Most information for professionals is accessible only to the professionals. Libraries of various institutions have stringent membership requirements, as well as rules and regulations that deliberately limit access to "outsiders". Necessary information for seekers of wellness must be located where the general public has entry.

Due to the voluminous amounts of material on the subject of wellness, a national computerized system will be needed in order to collect, sort, and provide for evaluation of information in an organized way. A central location must be

established where information will be entered into the system. This central location would be managed by individuals who are advocates of the wellness movement. Information that is gathered by these managers would be summarized, categorized, and entered under the appropriate topic. In addition to this information, individuals on the local level may request that specific services be entered into the system. It is conceivable that, at times, some areas of the nation will have a greater need for some material than will other areas. These mechanisms would create a flow of available information to and from individuals in local communities.

Materials requested by the managers and from individuals within the community determine which information enters the system. The local purchase of books, periodicals, films, etc. is contingent upon such requests. No groups or committees will have the power to prevent the addition of any information. The removal of material will be decided upon by the degree of use over a specified period of time.

Topics will be developed that will categorize all materials into a rational scheme to provide easy access to the information. An individual who desires information on a specific topic may purchase a computer printout. This printout will be a list of summarized sources related to a particular topic.

### Community Resources

Local community resources would be entered into the system. These resources include people, goods and services, such as practitioners who practice alternative methods of care, programs or classes in the community with a focus on wellness, and health foods. This listing of resources would serve a dual purpose. First, they would be valuable to individuals desiring such services in their local community. This could result in an increase in knowledge and utilization of existing community resources. Second, community resources across the nation would be identified that have potential for other local areas. This service could assist local agencies in broadening their offerings.

### Wellness Care

Wellness care is very much dependent upon community resources. A listing of individuals and groups who provide various aspects of wellness care would be a part of the coordinating framework. From this listing, individuals could obtain desired information on available wellness care within a designated geographical area. This listing would include such information as name, address, brief description of type of care offered, and the practitioner's credentials. Community members would be able to add new sources into the system.

### Education of the General Public

The wellness movement focuses on the individual and his responsibility to pay attention to that which will increase her wellness state. It is likely that those involved in wellness will come to tolerate individuals who choose lifestyles that may hinder their wellness state. In other words, the need to rescue another because "one knows what is best" will be reduced. Each makes choices and must live with the consequences, negative or positive. This philosophy greatly influences the extent of involvement of educational services. The educational programs would focus on the encouragement of increased self-awareness and goal formation as they apply to wellness concepts.

The use of public service announcements and other advertising, such as a listing in the yellow pages of the local telephone book, would provide visibility for the wellness center. The very existence of the wellness center would increase the general public's awareness of wellness concepts. In addition, available services associated with wellness would be registered in the information system. Individuals could request programs on numerous topics. The number of such requests would determine which programs would be developed. There are individuals and groups in the community that would be encouraged to conduct programs for those requesting exposure to wellness concepts. The participants would have to make the initial contact as opposed to the

program which uses techniques to manipulate others in order to meet its needs. The general promotion and the exploration of ways to enhance public awareness of what is available on the topic of wellness is a major goal of the coordinating framework.

### Quality

The coordinating framework provides a means for the evaluation of goods and services by the public, for the public. In addition, evaluation of what actually occurs in the center itself, or formative evaluation, is necessary. One of the most significant sources of evaluation would be the written analysis and judgment by the consumers of their experiences with the goods and services in the community. Each topic area would have a file within which these evaluations would be recorded. There would be a time factor which would determine the length of time that any evaluation would remain in a particular file. Changes in quality would thus be reflected. Standards can be determined from the consumer's evaluations of goods and services. In fact, the availability of written evaluations by consumers gives one more information when in the process of making decisions. The impact of the content of evaluations rests with the prospective consumer through the decisions she makes. Evaluations in the areas of information, community resources, wellness care and education of the general public would be available.

Users of the center would be sampled to determine the effect of the center on wellness. Evaluation procedures would be designed which could include the questionnaire and the case study method. These evaluation factors would ultimately determine the addition of quality programs as the need arose and the deletion of those programs no longer in demand.

The area of information would have several sources of evaluation. One would be the written evaluations made by individuals who have had experience with the information. These evaluations would be made available to anyone, upon request. Another source would be the managers in the central location who make the judgment, relying on their expertise as to which information is entered into the system. The recommendations of information from individuals for entry into the system would broaden the judgments made by the managers. This would assure that information needed by individuals is not entirely dependent upon the choices made by the managers. The usage of material would be another source of evaluation. Information that was sought out and used on a regular basis would remain in the system. Material that was rarely requested or utilized would be removed from the system.

Evaluation of community resources would be determined by the individuals who utilized the resources. Written evaluations of the services and resources would be available to

others. Evaluations of each resource would be included in the file for a specified time. This time limitation would focus the evaluation on the recent past and present status of any particular resource.

As the demand for the services of practitioners of wellness care increases, so would the number of practitioners. Every profession has practitioners who give a range of quality of care. This is in spite of the use of licensing and standards. This coordinating framework provides a form of standard by the inclusion of evaluations by individuals who are recipients of the practitioner's care. All of the practitioners are free to submit an evaluation of their services. Evaluations in a particular file would be available to everyone and would allow for assessment of the quality of care obtainable. The consumer evaluation provides some communication between consumers who do not know one another and, therefore, would not ordinarily have access to each other's experience. The person seeking a wellness care provider would be able to consider the content of the evaluation in making his decision.

Quality in the area of education of the general public would center on the evaluation of the educational programs in which the individual participated. These evaluations would be available to providers of the programs and would therefore be instrumental in effecting necessary changes in programs. Providers of the programs would also be free to

evaluate their own programs and have these evaluations entered into the appropriate file. Individuals requesting information regarding these educational programs would have access to these evaluations.

The wellness center would exist for use by the public, and the authority or power over the center would rest with the public. One method of assuring that the power base rests with the public would be the establishment of an organization of citizens, a board of directors, whose interest and expertise in the field of wellness would provide positive direction for the wellness center.

The wellness center would have a director whose specialty is wellness. This person would be responsible for the assessment, planning, organization, implementation, and evaluation of wellness materials, activities, and needs as they relate to the center. The director would also be the intermediary between the center and community. To date, there are no university programs offering a degree in wellness care. There is no established discipline of wellness care. Likewise, a license cannot be obtained for the practice of wellness care. Therefore, since specific credentials do not exist, they could not have a role in the search for a qualified director. The board of directors would have to decide upon the criteria which would be most useful in identifying qualifications that would support the role of the director. Classified ads could be placed in popular periodicals related to wellness.



### Proposed Wellness Center

The structure of this framework will be incorporated into an illustrative proposed wellness center for the purpose of clarifying the concepts. The application of the coordinating framework to a tangible setting makes it easier to see the interrelatedness of the criteria.

Most communities support a public library system. As the demand for knowledge, skills and resources related to wellness increases within the community, a separate branch of the public library, entitled "Wellness Center," could be supported. The proposed center could be funded by federal, state, and local funds to meet the wellness requirements of the community.

The annual cost of medical care in the United States today is well over the \$200 billion figure.<sup>3</sup> In spite of the cost of medical care, the actual level of health of individuals has not improved. As Illich points out, the average life span has increased because of the effective public health measures instituted in the earlier part of this century that decreased infant and child mortality rates.<sup>4</sup> Further strength to this position is added by René Dubos, who states:

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<sup>3</sup>Elliott M. Goldwag, ed., Inner Balance: The Power of Holistic Healing (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1979), p. 10.

<sup>4</sup>Ivan Illich, Medical Nemesis: The Expropriation of Health (New York: Penguin Books, 1977), p. 89).

. . . aged people do not retain their health much longer now than they used to; the chief difference is that many more people survive infancy and live to reach adulthood. The increase in expectancy of life at birth provides therefore no evidence that adult men and women are now healthier.<sup>5</sup>

The amount of chronic disease in this country and the cost of medical care may generate interest in wellness projects. This proposed wellness center has the potential for improving the life span and more importantly, improving the quality of one's life.

This separate branch of the public library would provide access to all desired wellness materials and services. Books, periodicals and audiovisuals would be categorized and cross-referenced by subject and topic. The central location of catalogued wellness materials and services, available to everyone, would facilitate the dispersion of knowledge of wellness throughout the community. A local computer terminal, linked to a national computerized system of wellness information, would augment the range of available information.

This organization of material would make information easily accessible to individuals. For instance, someone who would like to improve his wellness state decides that running is the exercise of his choice. He could go to the

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<sup>5</sup>René Dubos, Man Adapting (New Haven: Yale University Press, 1965), p. 231.

wellness center and request a "print-out" from the computer terminal on the subject of "running". The print-out would include summaries of such references as books, articles, and audiovisuals on the subject of running, some of which may be owned by the center, or may be obtained through a loan arrangement among other wellness centers. Other aspects of running that could appear on the print-out would be "how to design your own running program" using criteria from successfully established programs from across the nation. The staff of the wellness center could have written for available packaged information prepared specifically for the beginning runner. Other topics under the subject of running could include discipline, pulse rate, and other normal physiological changes which may be expected. In addition, there may be a listing of local groups or classes given in the community for beginners and a listing of stores where running shoes and equipment can be purchased. This individual now has much needed information and can decide if he wants to design his own program or seek assistance from available community resources. He would now be better prepared than if he had embarked upon a running program without this information.

Another mechanism for the communication of what is available and of what is needed in the community would be a bulletin board located in the center. The announcement of various goods and services existing in the community, as well

as resources sought after by individuals, could be posted. Lists and files containing local community resources would be developed by the center staff. A file, open to the public, containing desired information about unavailable resources would be created. The following example demonstrates how information could be exchanged. A person wants to purchase raw goat's milk on a continual basis. She goes to the bulletin board to determine if there is a notice from someone who has goat's milk for sale. If so, she obtains the name, address, and telephone number of the seller and her need is met. If there is no such notice, this individual may post an announcement of her need and may even request that others who have the same need contact her. Another person who knows where raw goat's milk can be purchased may be reading the announcements on the bulletin board and may choose to contact the person or leave a note for her. Another possibility is that someone who owns goats may see the request and decide to sell raw goat's milk. As needs are met, the individual would be asked to submit information for the files so others may find assistance.

Still another use of this mechanism for communication of information could be the providing of ideas for entrepreneurs seeking business opportunities. Suppose an individual owns farmland and would like to raise goat's milk but is not sure about the market for his product. The notices on the bulletin board, the file of requests and the posted notices

by individuals would provide much needed information for the businessman.

The wellness center would also be able to assist individuals such as the person who has recurrent lower back pain. He has been checked out by an orthopedic surgeon and has been told that he does not have a ruptured disc or bone disease. The instructions given to him may include muscle relaxants, bed rest, application of heat to the lower back, and a call to the doctor if his condition is not improved within a specified time. These instructions are appropriate for the medical model which diagnoses and treats disease. This individual, at the present time, has no disease and he wonders if there isn't something he can do to improve his situation. He goes to the wellness center (or has someone go for him) and obtains a "print-out" on the subject of back pain. The print-out would include a variety of references related to back pain. He would have access to such books as Pain Erasure: The Bonnie Prudden Way,<sup>6</sup> which describes exactly what one may do to relieve muscle spasms. In addition, references would be made to those community agencies which offer exercise or fitness programs that can involve one in learning how to strengthen one's muscles. References would also be made to practitioners in the area whose specialty is back pain, physical fitness or other related

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<sup>6</sup>Bonnie Prudden, Pain Erasure: The Bonnie Prudden Way (New York: M. Evans & Company, Inc., 1980).

areas. This individual now has much information available and accessible to him so that he can choose an approach that appeals to him and that can give him some control over his life.

The wellness center could demonstrate to the public that one indeed does have influence and power over the course of one's life, and that one can take responsibility for oneself and make choices that effect positive changes. Longitudinal studies involving individuals who have contact with the wellness center would be conducted in order to identify any emerging patterns related to wellness. These patterns could provide many insights for the continued utilization of the wellness center.

The visibility of the wellness center as a community agency would assist in educating the general public. As persons become aware of the existence of such an agency, the use of the wellness center becomes an option. Basically, the wellness center would provide for communication of all of the available components of wellness: namely, information, community resources, services related to wellness care, and education of the general public, for the person in the community interested in wellness care. (See Figure 2.)

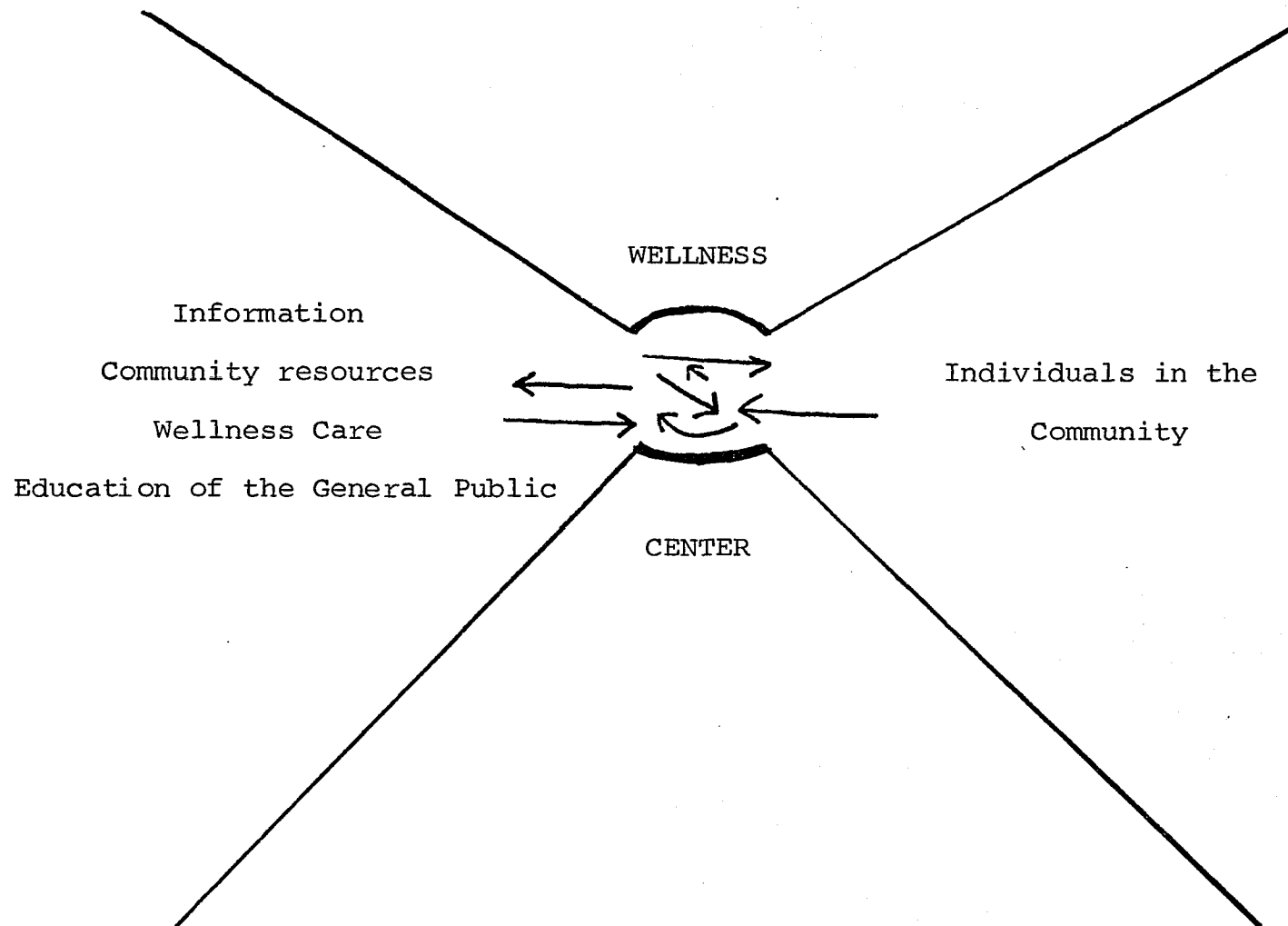


Figure 2. Wellness Center

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The past decade has seen a surge of interest in the subject of wellness, begun by laypersons. Numerous books and periodicals on various aspects of wellness have appeared. Workshops and programs have been developed to teach different components of wellness. Vitamins and herb supplements are becoming increasingly available. Health food stores and restaurants providing natural foods are burgeoning. Various natural techniques and procedures are being taught to interested lay persons, by laypersons, for the purpose of keeping well and improving various health problems by natural means. These include such skills as trigger points, acupressure, reflexology, and iridology. The proliferation of goods and services related to wellness care reflect the basic tenets of this genuine popular movement: the focus on the promotion of health or wellness, a holistic approach to man that is positive in nature, the encouragement of self-care and assuming responsibility for oneself, an acceptance of natural means of promoting wellness, and the internal direction of the individual.

The wellness movement is in many respects incompatible with the dominant modality of care in our society which is the medical model. This is because the two are vastly different.



Characteristics of the medical model include the diagnosis and treatment of disease, a problem-oriented approach to care, pessimism, and treatment with artificial means. Due to these distinct differences, the wellness movement cannot be absorbed into the present health care system, but rather must endeavor to develop into an autonomous entity that can have effective relationships with other disciplines. The wellness movement is evolving outside of the established professions. At this point, however, the activity of the movement is fragmented and unorganized.

The purpose of this study was the development of a coordinating framework and its application in a proposed wellness center designed to organize the knowledge, resources and skills produced by the wellness movement. This organization would provide accessibility of the numerous aspects of the movement to interested individuals.

The review of professional literature revealed that at the time of this study, there was no cohesive body of knowledge on the subject of wellness. The majority of the literature expressed the reaction, both positive and negative, of the professional community to the rapid development of the wellness movement within society. Many authors recognized that there is a need to study healthy people in order to identify significant relationships of health practices to a state of wellness; however, very little has been done in this area. Still other authors applied the term "wellness" to concepts of

the traditional medical model of illness. Thus, in support of this study, the professional literature demonstrated that no organized wellness care system exists.

The development of a coordinating framework was based on the following assumptions: (1) wellness is a privilege, not a right; (2) individuals are intelligent human beings who are capable of making decisions for themselves; (3) individuals are free to make choices and have a right to make them; (4) wellness involves every part of an individual and is therefore holistic in nature; and (5) the needs of one individual are not necessarily the needs of another.

The criteria met by this coordinating framework were:

Information--this criterion was developed because of the need to organize, systematize, and categorize the massive amount of material on the subject of wellness. The location of this information in a wellness center would greatly facilitate the accessibility of the information to the public. Information plays a vital role in self-responsibility and individual decision-making.

Community resources--this criterion dealt with the identification and central listing of resources--people, goods, and services--related to the topic of wellness. The central location of such listings makes the information attainable for large numbers of people.

Wellness care--this criterion addressed the resource of wellness care available within a community. Practitioners

and groups who provide services related to wellness would be listed in the wellness center to facilitate identification and description of those resources to interested individuals.

Education of the general public--this criterion speaks to the availability of services which may assist individuals on topics of wellness, self-responsibility, and decision-making. The development of programs and services to meet the expressed needs of the community is a priority of this coordinating framework.

Quality--the criterion of quality focuses on the establishment of standards within each of the criteria. Evaluation by the public who have had contact with the people, goods, and services involved in the wellness movement is an essential component of this coordinating framework. Evaluation of the processes of all aspects of the wellness center as well as the impact of the wellness center on the state of wellness of participants, over time, are considered.

### Conclusions

This study demonstrates that a coordinating framework for wellness care can be designed and implemented. The developed coordinating framework meets the established criteria and is consistent with the stated assumptions. The proposed wellness center illustrates the interrelatedness of the criteria and establishes its feasibility.

Another conclusion that may be drawn from this study concerns research. The gap in research related to wellness

is clear. Much work is needed in areas that relate to wellness. The voluminous numbers of studies that focus on morbidity and mortality rates are not applicable to wellness. Individuals who are well need to be studied through observation and over time, to identify existing factors and patterns related to wellness. An established wellness center would support such longitudinal studies.

### Recommendations

The recommendations which have been generated by this study are:

(1) To establish standards for issuing credentials to wellness care providers. There are no standards in the form of credentials for wellness care providers. This subject needs to be addressed. Who determines which standards are valuable and how these standards are implemented could very well shape the future of the wellness movement in this country. These issues need to be thoroughly identified and thought through before action is taken.

(2) To conduct research. The wellness center could be the focal point from which long-range studies are conducted. Studies that correlate wellness practices with levels of wellness could determine which wellness practices are more effective than others. The results of such studies will emerge gradually and will be useful not only in and of themselves, but also to refine and amend the standards derived from implementation of the first recommendation.

(3) To explore the question of funding. Adoption of standards that assure the quality of wellness care will gain a respectability for the wellness movement that it does not yet have. This would encourage both public and private funding. Furthermore, it may foster interest by insurance companies to cover the cost of wellness care for their policy holders.

(4) To continuously modify and improve the wellness center. Changes would be made at the wellness center that would allow the community to tailor the coordinating framework to meet its special needs. This flexibility would encourage positive changes in responses to the wide range of wellness requirements among communities.

(5) To investigate the conceptual base upon which further development of the wellness movement rests.

(6) To investigate the concept "wellness" itself using a variety of research methodologies.

(7) To construct and evaluate programmatic health education models in a variety of educational settings.

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