

The Indivisible Self: An Evidence-Based Model of Wellness

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Abstract:

The Indivisible Self, an evidence-based model of wellness, emerged from factor analytic studies based on an earlier wellness model, the Wheel of Wellness. Both models use Individual Psychology as an organizing theory; however, the current model exemplifies holism as the foundation of human wellness. In this article, the Indivisible Self model is described, and implications for counseling and needed research are provided.

Article:

Wellness has been defined as a new paradigm in health care (Larson, 1999), as a strengths-based approach to mental health care (Smith, 2001), and as *the* paradigm for counseling and development (Myers, 1992). Over the past two decades, a variety of models of wellness have been proposed, the earliest ones being based in the physical health professions (e.g., Ardell, 1977; Hettler, 1984) and the most recent reflecting correlates of psychological well-being identified through the positive psychology movement (Seligman, 2002; Snyder & Lopez, 2001). Only one current model is based in counseling theory, that being the Wheel of Wellness, first introduced in the early 1990s (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and later modified to incorporate new findings relative to issues of diversity and self-direction (Myers, Sweeney, & Witmer, 2000). As was true of earlier models, the Wheel model evolved from an examination of the existing knowledge base relative to components of wellness. It is unique in that Individual Psychology (Adler, 1927/1954) provides the unifying theme for organizing and explaining the components of well being.

Each of the models mentioned above has served as a foundation for assessment; however, assessment information has seldom been the basis for examining and changing the theories and models. For example, factor analyses of the Lifestyle Assessment Questionnaire (LAQ; National Wellness Institute, 1980), based on Hettler's hexagon model of wellness, failed to support the six subscales of the instrument. Instead, a two-factor structure defined as "behavioral wellness and cognitive wellness" was identified (Cooper, 1990, p. 86). To date, Cooper's findings have not been integrated to create changes in the original model or revisions in the LAQ. In contrast, Sexton (2001) cogently argued the need for evidence-based models to inform clinical practice. From this perspective, theoretical models require empirical testing and validation. When findings fail to support the models, new models must be created and further examined.

In this article, we describe the Wheel of Wellness model and explain its development. The Wellness Evaluation of Lifestyle (WEL), a paper-and-pencil instrument for assessing the components of the model, is presented, and the results of data analyses based on the WEL are described. Finally, we present a new, evidence-based model of wellness and explore implications for counseling as well as needed research.

The Wheel of Wellness: A Theoretical Model

Sweeney and Witmer (1991) and Witmer and Sweeney (1992) developed the original Wheel of Wellness model based on Individual Psychology (Sweeney, 1998). Following an extensive review of theory and research across disciplines, they identified a number of characteristics that correlated positively with healthy living, quality of life, and longevity. These characteristics were organized using Adler's proposed three major life tasks of work,

friendship, and love and the two additional tasks of self and spirit that Mosak and Dreikurs (1967) described as integral to understanding Adlerian theory. The original Wheel of Wellness model included seven sub-tasks in the self-direction life task.

The Wheel of Wellness model was modified with the addition of new subtasks of self-direction, bringing the total to 12 (Myers et al., 2000). As shown in Figure 1, the model was hypothesized as circumplex, with spirituality as the core and hierarchically most important component of wellness. This placement of spirituality in relation to the other life tasks was supported in the literature (e.g., Mosak & Dreikurs, 1967) as well as in more recent theoretical and empirical writings (e.g., Kemp, 2000; Mansager, 2000). The tasks of self-direction were seen as functioning much like the spokes in a wheel and as providing the self-management necessary to meet successfully Adler's three main life tasks of work, friendship, and love.

Surrounding the individual in the Wheel of Wellness are life forces that affect personal wellness: family, religion, education, business/industry, media, government, and community. Global forces were also depicted as forces affecting the individual.

The Wellness Evaluation of Lifestyle (WEL; Myers, 1998; Myers, Witmer, & Sweeney, 1996) was developed to assess each of the components in the Wheel of Wellness model. Early research using the instrument led to the *work life* task's being further subdivided into work and leisure. Seven studies were conducted over several years to improve the psychometric properties of the WEL, including factor analyses and structural analyses (Hattie, Myers, & Sweeney, 2004; Myers, 1998). Although the psychometric properties of the instrument were supported, and evidence of good reliability, construct validity, and both convergent and discriminate validity were provided, in the final analysis the data did not support the hypothesized circumplex model. Examination of the factor structure led to creation of the new Indivisible Self model of wellness.

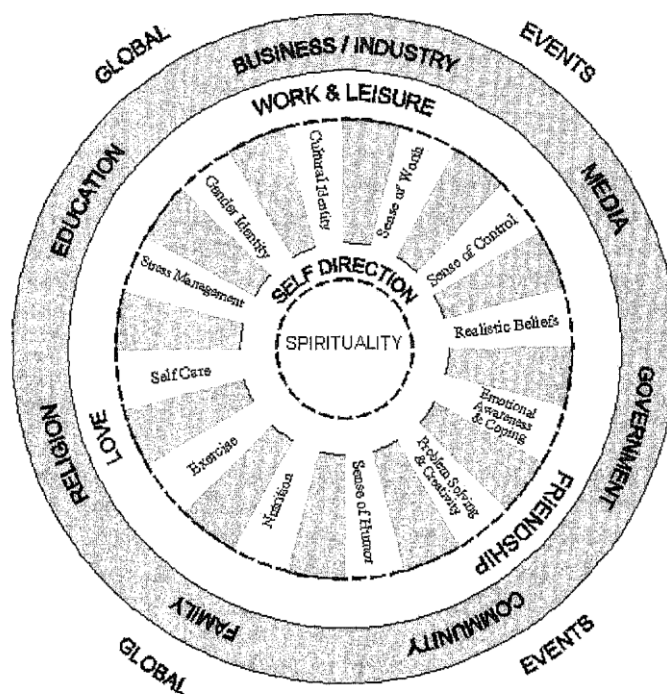


Figure 1. The Wheel of Wellness (Witmer, Sweeney, & Myers, 1988).

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Although the hypothesized interrelationships among the components of the Wheel of Wellness and the assumed circumplex structure were not supported, the results of the factor analyses were encouraging and provided a basis for reexamining the structure of wellness (Hattie et al., 2004). From the initial maximum likelihood

exploratory factor analysis, support was provided for the 17 discrete scales of the WEL, or the 17 discrete components of the Wheel (i.e., five life tasks—work, leisure, friendship, love, and spirit—and 12 subtasks of self-direction, rather than the composite or sum of the self-direction tasks). This was accomplished by specifying a restricted factor pattern allowing the items to load only on their respective scales, which then loaded on a set of second-order factors. Five clear second-order factors were then identified, and one unidimensional higher-order factor called "wellness." The goodness of fit index, RMSEA, was .042 ($\chi^2 = 8261$, $df = 2533$), which indicated an acceptable fit of the model to the data (Browne & Cudeck, 1993). In addition, each of the standardized factor loadings was statistically significantly different from 0 and quite substantial (see Hattie et al., 2004). Relationships among the higher-order wellness factor, five second-order factors, and 17 third-order or subfactors are described in a new, evidence-based wellness model that we call *The Indivisible Self* (Figure 2; Sweeney & Myers, in press).

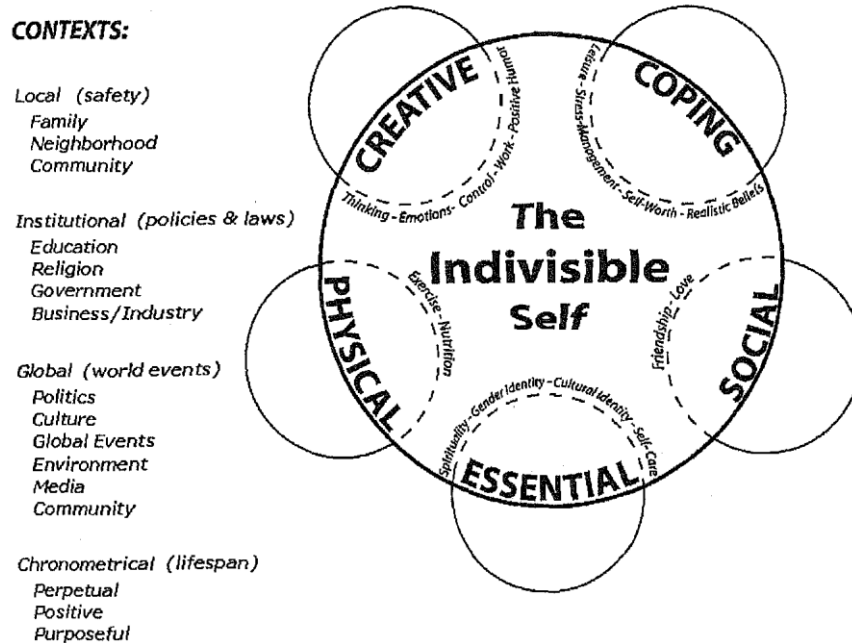


Figure 2. The Indivisible Self: An Evidence-Based Model of Wellness.

The higher-order wellness factor. An examination of the items measuring the higher-order wellness factor at first made it difficult to interpret, as all items on the WEL inventory had statistically significant structure coefficients for this factor. For example, an item in the spirituality scale read, "I believe in the existence of a power greater than myself." An item in the work scale read, "I look forward to the work I do each day," and an item in the self-care scale read, "I regularly floss and brush my teeth." How these disparate concepts and items could load so strongly on a single factor was at first somewhat counterintuitive. It was necessary to reexamine the theory on which the model was based to explain these seemingly unusual results.

Adler proposed that holism (the indivisibility of self) and purposiveness were central to understanding human behavior and that such understanding required an "emphasis on the whole rather than the elements, the interaction between the whole and parts, and the importance of man's [sic] social context" (Ansbacher & Ansbacher, 1967, p. 11-12). This philosophy provided a structure for making sense of studies in which wellness emerged both as a higher-order and seemingly indivisible factor and as a factor comprised of identifiable sub-components as originally hypothesized (Myers et al., 2000; Sweeney & Witmer, 1991).

Five second-order factors. Five second-order factors were identified through exploratory and confirmatory factor analyses using the original 17 scales of the WEL (Hattie et al., in press). Adlerian theory was again used as a foundation for examining and making sense of the five factors, which were eventually named the "Essential Self," "Social Self," "Creative Self," "Physical Self," and "Coping Self." These were seen as the factors comprising the *self*, or the *indivisible self*. A review of research supporting each of the 17 components was

provided by Myers et al. (2000). What is included here is a brief overview of the meaning of each of the components within the five second-order factors, all of which were identified and grouped as a result of the statistical analyses (i.e., exploratory and confirmatory factor analyses). Each of the 17 third-order factors is included (statistically) in one, and only one, of the second-order factors.

1. The *Essential Self* is comprised of four components: spirituality, self-care, gender identity, and cultural identity. Spirituality, not religiosity, has positive benefits for longevity and quality of life, and it was viewed by Adler as central to holism and wellness (Mansager, 2000). It incorporates one's existential sense of meaning, purpose, and hopefulness toward life. Both gender and cultural identity are conceptualized as filters through which life experiences are seen and as influences upon how others are experienced in response to ourselves. Both affect our essential meaning-making processes in relation to life, self, and others. Self-care includes proactive efforts to live long and live well. Conversely, carelessness, avoidance of health-promoting habits, and general disregard of one's well-being are potentially signs of despair, hopelessness, and alienation from life's opportunities, reflected in loss of a sense of meaning and purpose in life.

2. Adler spoke of the *Creative Self* as the combination of attributes that each individual forms to make a unique place among others in his or her social interactions (Adler, 1954; Ansbacher & Ansbacher, 1967). There are five components to this factor: thinking, emotions, control, positive humor, and work. As research and clinical experience suggest, what one thinks affects the emotions as well as the body. Likewise, one's emotional experiences tend to influence one's cognitive responses to similar experiences. Control is a matter of perceived capacity to influence events in one's life. Positive expectations influence emotions, behavior, and anticipated outcomes, and positive humor is known to have a pervasive influence on physical as well as mental functioning. Enriching one's ability to think clearly, perceive accurately, and respond appropriately can decrease stress and enhance the humor response that medical research has shown affects the immune system positively (Bennett, 1998). Likewise, work is an essential element in human experience that can enhance one's capacity to live life fully.

3. There are four components to the *Coping Self*: realistic beliefs, stress management, self-worth, and leisure. Irrational beliefs are the source of many of an individual's frustrations and disappointments with life. Even those who hold to such fictive notions as "I need to please others" can cope successfully with life's requirements if they learn to manage the inevitable stress that they will experience. Likewise, self-worth can be enhanced through effective coping with life's challenges. As self-efficacy is experienced through successful experiences, self-worth increases as well. Finally, leisure is essential to this concept of wellness and continual development. Learning to become totally absorbed in an activity where time stands still helps one not only cope with but also transcend others of life's requirements (Csikszentmihalyi, 2000). Leisure opens pathways to growth in both creative and spiritual dimensions. The *Coping Self*, then, is composed of elements that regulate our responses to life events and provide a means for transcending their negative affects.

4. The *Social Self* includes two components: friendship and love. Friendship and love can be conceived of as existing on a continuum and, as a consequence, are not clearly distinguishable in practice. Sexual intimacy is sometimes thought to be a distinction between love and friendship, but no such distinction seems appropriate as physical attraction and true love can sometimes (or often) have little in common. What is clear, however, is that friendships and intimate relationships do enhance the quality and length of one's life. Isolation, alienation, and separation from others generally are associated with all manner of poor health conditions and greater susceptibility to premature death, while social support remains in multiple studies as the strongest identified predictor of positive mental health over the lifespan (e.g., Lightsey, 1996; Ulione, 1996). The mainstay of this support is family, with healthier families providing the more conducive sources of individual wellness. Importantly, healthy families can be either biological or families of choice.

5. The *Physical Self* factor includes two components, exercise and nutrition. These are widely promoted and, unfortunately, often over-emphasized to the exclusion of other components of holistic well-being that also are important. The research evidence is compelling with regard to the importance of exercise and nutrition,

especially with changes over the life span. Not surprisingly, preliminary data suggest that "survivors" (i.e., individuals who live longest) attend to both exercise and diet/ nutrition (Bernaducci & Owens, 1996).

Contextual variables. The importance of context, or systems, in understanding human behavior has been well established (e.g., Bronfenbrenner, 1999; Gladding, 2002; Nichols & Schwartz, 2001). A complete understanding of the individual cannot be made without incorporating a concern for environmental factors, which always can operate for better or for worse in relation to individual wellness. Thus, we recognize that the Indivisible Self is both affected by and has an effect on the surrounding world. In Figure 2, four contexts are presented: local, institutional, global, and chronometrical. These contexts emerged from extensive literature reviews and were not part of earlier empirical studies because the measurement of these characteristics was not part of the WEL. Local contexts correspond closely to Bronfenbrenner's (1999) micro-system. They include interactions with and the central influences of those systems in which we live most often—our families, neighborhoods, and communities. *Institutional contexts*, including education, religion, government, business and industry, and the media, are similar to Bronfenbrenner's macrosystem and affect people's lives in both direct and indirect ways. Often the influence is powerful, difficult to assimilate, and it may be positive or negative.

Global contexts, including politics, culture, global events, and the environment, are made more salient and personal through the influence of the media. For example, the effect of CNN news programming during the Gulf War, the Challenger explosion, and the 9/11 tragedy made these events part of the daily life of Americans and, indeed, persons around the world. Anxiety reactions were not uncommon among persons widely separated in space and time from these events and the persons directly involved in the events.

The final context, *chronometrical*, reflects the recognition that people change over time in important ways. Wellness involves the acute and chronic effects of lifestyle behaviors and choices throughout an individual's lifespan. In this model, a new, evidence-based model of wellness was conceptualized. Titled "The Indivisible Self," this model, like the original Wheel of Wellness, was conceptualized using Individual Psychology as an organizing principle. In contrast to the earlier theoretical model, however, the new model evolved through research and represents the culmination of efforts to explain the findings of a series of exploratory and confirmatory factor analyses using the database from the WEL inventory. Both the Indivisible Self Model and a new instrument, the Five Factor WEL (5F-WEL), are being used by the authors to explore further the factor structure of the wellness construct.

It is encouraging to note that research using the WEL inventory over an extended period with various populations, as reported by Hattie et al. (2004) and Myers (1998) provides strong support for basic Adlerian concepts related to holism. The indivisibility of human existence is supported by our research findings, especially the identification of a single higher-order wellness factor. In addition, our data and evidence-based model support at least a partial understanding of holistic functioning through an examination of the contributions of component parts to the overall nature of well-being or wellness. The essential contributions of purposiveness to wellness, for example, reflect the important contributions of spiritual issues to wellness as described in the recent special issue of this journal in fall 2000 (see Mansager, 2000, for more discussion of the role of spirituality in wellness from an Adlerian perspective). Important Adlerian concepts such as social interest and the importance of choice are similarly presented as integral components of wellness based on our research.

The Indivisible Self model provides a foundation for evidence-based practice for mental health and counseling practitioners. It is based on characteristics of healthy people and thus can be considered to be strength-based; it is choice-oriented in that wellness behaviors reflect intentionality in lifestyle decisions; and it is theoretically grounded. Practitioners can use the model, with or without the accompanying assessment instruments, to help clients understand the components of wellness, the interaction of those components, and the manner in which positive change can be created through a focus on strengths as opposed to weaknesses. Thus, the Indivisible Self presents yet another means of incorporating Adlerian theory and methods into the mainstream of research and clinical practice.

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