

The wellness solution



The whole-person wellness model enhances the lives of residents and members. It also multiplies business opportunities for facilities and clubs

by Jan Montague, Wiley Piazza, Kim Peters, Gary Eippert and Tony Poggiali

Modern day wellness has its roots indirectly embedded in the Eastern tenets of *body, mind and spirit*. Long before the Western world became aware of the importance of these three entities coalescing as one, early philosophies such as Buddhism and Taoism subtly laid the groundwork for what we now call wellness. Out of the firm belief that the mind, body and spirit must coexist in perfect harmony and balance, the first real wellness model was born.

In 370 B.C., Hippocrates alluded to wellness, when he stated the following:

"All parts of the body which have a function, if used in moderation and exercised in labors to which each is accustomed, become healthy and well developed and age slowly. But if unused and left idle, they become liable to disease, defective in growth and age quickly."

The newer Western concept of whole-person wellness is based on this ancient view.

Wellness defined

In the 20th century, the logic and sense of wellness formed a new paradigm within the annals of health promotion. This model has finally started garnering attention as a living, breathing operation in the past 50 years. In fact, the term *wellness* was coined in the 1950s by Dr. Halbert Dunn. But what exactly does this word mean?

In his book *High Level Wellness*, Dunn calls wellness "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable of functioning within the environment." More recently, Bill Hettler, president of the National Wellness Institute's board of directors, defined the six dimensional wellness model as "an active process through which people become aware of, and make choices towards, a more successful existence." The World Health Organization describes health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity"; while the *American Journal of Health Promotion* says optimal health is "a balance of physical, emotional, social, spiritual and intellectual health." Finally, in their 1998 book *Successful Aging*, Drs. John W. Rowe and Robert L. Kahn refer to successful aging as "low risk of disease and disease-related disability; high mental and physical function and an active engagement with life."

The above definitions have developed as a conscious move away from allopathic medicine and towards a more balanced model, such as the one practiced thousands of years ago in the Eastern philosophies. But why this conscious change in perspective? And why now?

Continued on page 18



Figure 1
Whole-person wellness model
© 1994, Jan Montague.

The shift in perspective

Several factors are contributing to this shift to a wellness focus:

- The high cost of healthcare;
- Relevant research;
- Marketing strategies designed to attract more health conscious older adults;
- Survey and focus group findings that support older adults' interest in wellness concepts;
- The Continuing Care Accreditation Commission's (CCAC) requirement of having a written philosophy that addresses the physical, mental, social, spiritual and intellectual needs of residents;
- Nationwide acceptance of integrative therapies; and
- Changing demographics and baby boomer influence.

These factors drive the change in perspective in an attempt to keep older adults healthier and proactive towards aging. At the same time, older adults increasingly recognize the benefits of a healthy lifestyle. Together, these forces are creating the momentum towards wellness that we see today.

A comprehensive model

The growing interest in healthier aging coincides with a new model for health and well-being: the comprehensive whole-person wellness model. This inside-to-outside approach places personal wellness at the center of dynamic and multidirectional interaction

(see Figure 1). The center interacts with each of the six dimensions of health: emotional, intellectual, physical, social, spiritual and vocational; and the individual dimensions also interact with one another.

For this model to have relevance to the individual, however, personal wellness concepts must be acknowledged. These concepts are the hallmarks of wellness and aging successfully. They include self-responsibility for all six dimensions of health, optimism, self-direction, personal choice and self-efficacy. But changing attitudes and beliefs can be difficult. The whole-person wellness model recognizes this fact by requiring a four-way collaborative effort among the older adult and his or her families, community and healthcare providers.

The dimensions of wellness

A comprehensive whole-person approach to wellness respects our complexity by acknowledging that we are multidimensional beings. The following paragraphs explain each dimension of wellness and give practical examples of each.

Physical. The physical dimension promotes participation in activities for cardiovascular endurance, muscular strengthening and flexibility. This multifaceted dimension is relative to each person's abilities and disabilities. It promotes increased knowledge for achieving healthy lifestyle habits, and discourages negative, excessive behavior. The physical dimension encourages participation in activities contributing to high-level wellness, including personal safety, medical self-care and the appropriate use of the medical system.

Examples:

- Fitness principles and movement classes;
- Nutrition and weight control;

- Functional abilities (ADLs and IADLs);
- Lifestyle habits and safety;
- Health screenings and disease prevention;
- Balance, coordination, agility;
- Endurance, flexibility, strength;
- Breathing;
- Enjoyment of movement;
- Health partnerships, integrative therapies;
- Alternative medical treatment, nutritional supplements.

Emotional. The emotional dimension emphasizes an awareness and acceptance of one's feelings. It reflects the degree to which individuals feel positive and enthusiastic about themselves and life. This dimension involves the capacity to manage feelings and behaviors, accept oneself unconditionally, assess limitations, develop autonomy and cope with stress.

Examples:

- Express and recognize feelings;
- Control stress;
- Problem solving;
- Manage success and failure;
- Perspective and humor;
- Personal expectations;
- Feelings, moods;
- Individuality, self-efficacy;
- Risk taking;
- Optimism versus pessimism;
- Gratitude;
- Know, feel and realize consequences.

Social. The social dimension is humanistic, emphasizing the creation and maintenance of healthy relationships. It enhances interdependence with others and nature, and encourages the pursuit of harmony within the family. This dimension furthers positive contributions to one's human and physical environment for the common welfare of one's community.

Examples:

- Respect self and others;
- Value differences;
- Interaction with others;
- Interaction with the environment;
- Create and maintain relationships;
- Self opinion;
- People, pets, plants, community;
- Talk, share interests, share;
- Make and nurture relationships, join, join in;
- Be there, build group cohesiveness, actively participate;
- Awareness and involvement in social causes.

Spiritual. The spiritual dimension involves seeking meaning and purpose in human existence. It involves developing a strong sense of personal values and ethics. This dimension includes the development of an appreciation for the depth and expanse of life and natural forces that exist in the universe.

Examples:

- Process of discovering meaning and purpose in life;
- Demonstrating values through behaviors;
- Morals and ethics;
- Self-determined;
- Love, hope and abundance;
- Become in touch with one's higher power;
- Meditate, pray, contemplate life;
- Contemplate death and dying;
- Appreciate beauty, nature, life;
- Inner wisdom, listening to the inner voice/heart;
- Peace, silence, joy, inspiration.

Intellectual. The intellectual dimension promotes the use of one's mind to create a greater understanding and appreciation of oneself and others. It involves one's ability to think creatively and rationally. This dimension encourages individuals to expand their knowledge and skill base

through a variety of resources and cultural activities.

Examples:

- Lifetime learning;
- Process of using one's mind;
- Ability to learn;
- Ability to think creatively;
- Desire to explore new areas;
- Maintain listening and speaking skills;
- Ability to pay attention;
- Make decisions;
- Recognize, recall;
- Follow directions;
- Judge, match, strategize;
- Reality-based or environmental awareness (day, month, season, weather);
- Wisdom, thought processes, stimulate.

Vocational. The vocational dimension emphasizes the process of determining and achieving personal and occupational interests through meaningful activities. It encourages goal setting for one's personal enrichment. This dimension is linked to the creation of a positive attitude about personal and professional development.

Examples:

- Lifespan occupations;
- Recognize abilities;
- Identify personal mission and goals;
- Learn new skills;
- Develop new interests;
- Titles, roles, never retire;
- Life plan, hobbies, volunteer, help others.

Personal wellness concepts Without the personal wellness concepts of self-responsibility, optimism, self-direction, self-efficacy and personal choice, the wellness dimensions have little meaning for the individual. Instead, they become simply words to describe various types of programming. Personal wellness concepts place wellness on a personal level and allow individuals to move to a higher level of functioning.

In her book *Wellness Practitioner*, Carolyn Chambers Clark points out that wellness is not restricted by level of health, and that wellness is appropriate to people who are ill, disabled, dying or relatively well. The personal wellness concepts are what make this statement come alive for everyone. These tenets change the focus from what people can't do to what they can.

The more relevant and fully internalized wellness becomes to an individual, the more each dimension interacts with the center and with other dimensions. This leads to a more balanced and positive personal health perspective. Individuals who think they can, will; and individuals who think they can't, won't. This change in thinking also reflects the change from an *external* to an *internal* center of control. At this point, wellness becomes fully integrated into a person's life.

Facilities and clubs that adopt the whole-person wellness model enhance the lives of their residents and members. They also multiply their business opportunities by six.

The wellness opportunity Whole-person wellness programming opens a new door to the senior market for each dimension of health. Facilities gain more options to market and sell their offerings, more potential audiences to reach, and more ways to serve their clients' diverse needs when they offer multidimensional programming. With whole-person wellness, what's good for the customer is great for business. ▼

Jan Montague and co-authors Wiley Piazza, Kim Peters, Gary Eippert and Tony Poggiali are colleagues at Montague, Eippert and Associates, which specializes in the design, development and implementation of wellness programs for senior adults. For more information, please call 859-442-5009 or visit www.me-a.com

References

- Borg, G.A.V. (1982). "Psychological bases of physical exertion." *MSSE* 14, 377-381
- Carrier, K. (1995). *From health reduction to pleasure based wellness*. Stevens Point, WI: National Wellness Institute, Inc
- Clark, Carolyn Chambers (1996). *Wellness practitioner*. New York, NY: Springer Publishing Company
- DiClemente, C., Velicer, W., Rossi, J. and Prochaska, J. (1996). "A criterion measurement model for health behavior change." *Addictive Behaviors*, 21(5), 555-583
- Dunn, H.L. (1977). *High level wellness*. New Jersey: Charles B. Slack, Inc.
- Frost and Sullivan (1997). *US Fitness and Exercise Equipment Markets 1997*
- Havighurts, R.J., Neugarten, B.L. and Bengston, V.L. (1966). "A cross-national study of adjustment to retirement." *Gerontologist*. 1966 Sep; 6(3):137-8
- IDEA (2001). *6th Annual IDEA Programs Report*, July 2001 press release, accessed November 29, 2001 <http://www.ideafit.com/PR2001July3.htm>
- IHRSA (2001). *IHRSA Trend Report*. Supplement to *Club Business International*. 8(4)
- IHRSA/ASD (2000). *IHRSA/ASD Health Club Trend Report*
- Montague, J.M. (1997). "Wellness centers: A well rounded approach for residents' well being." *Resident Life*, July, 24-27
- Montague, J.M. (2000). "A wellness perspective for successful aging." *Assisted Living Success*, August, 26-29
- Montague, J.M. (2001). "Whole-person wellness observations for 2001: The journey continues." *Assisted Living Success*, January, 24-25
- Montague, J.M. and Peters, K. (2001). "Preventing falls through wellness." *Briefings on Assisted Living*, February, 7:2 1-2
- Montague, J.M. (2001). "Wellness takes a front seat." *Assisted Living Success*, April, 20-21
- National Survey on Aging Research* (2001). Alliance for Aging Research, accessed November 10, 2001 <http://www.agingresearch.org/survey/pollsummary1.htm>
- National Wellness Institute, accessed November 7, 2001 www.nationalwellness.org/home/definitionofwellness.asp
- O'Donnell, M.P. (1989). "Definition of health promotion: Part III: Expanding the definition." *Am J Health Promot*. 1989 Winter; 3(3):5
- Rikli, R.E. and Jones, C.J. (1999). "Development and validation of a functional fitness test for community residing older adults." *JAPA* 7, 127-159
- Rikli, R.E. and Jones, C.J. (1999). "Functional Fitness Normative Scores for Community Residing Older Adults, Ages 60-94." *JAPA* 7, 160-179
- Rowe, J.W. and Kahn, R. L. (1998). *Successful aging*. New York: Pantheon Books
- Travis, J.W. and Ryan, R.S. (1988). *Wellness workbook*. Berkeley, CA: 10 Speed Press
- Ware, J.E. and Sherbourne, C.D. (1992). The MOS 36 item short form health survey (SF-36): Conceptual framework and item selection. *Med. Care*, 30, 473-483

4 color Ad

World Health Organization (1946). *Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61*

States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. (The Definition has not been amended since 1948)