



## Wellness in Counseling: An Overview

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Wellness is both a dynamic process of physical, mental, and spiritual optimization and integration and an outcome of that process. Bill Hettler (1984), considered the father of the modern wellness movement, defined wellness as "an active process through which people become aware of, and make choices toward a more successful existence" (p. 14). Myers, Sweeney, and Witmer (2000), after reviewing literature from multiple disciplines, concluded that wellness is:

a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (p. 252)

Historically, the roots of wellness may be traced back over 2,000 years, to the early teachings of the two daughters of Aesculapias, the ancient Greek God of healing. The first, Panacea, believed that treating existing illness was the way to promote healing. Hygeia, on the other hand, believed that we should teach positive ways of living to help prevent illness. The predominance of the first approach is revealed in statistics suggesting that more than half and as many as two-thirds of all causes of death in the United States are due to lifestyle factors that can be modified through conscious choices. Virtually all approaches to counseling emphasize the importance of individual decision making, thus counseling is a natural partner in the wellness movement.

The counseling profession is based in values which support prevention, optimum development, and positive functioning. As a consequence, in 1989 the Governing Council of the American Counseling Association adopted a position to support the counseling professions' position as an advocate for optimum health and wellness for all individuals. In this Digest, models of wellness originating in counseling are described, assessments based on those models are introduced, and the results of a rapidly expanding body of wellness counseling research are provided. Finally, suggestions for using wellness information in counseling are described.

### The Wheel of Wellness: A Theoretical Model

Sweeney and Witmer (1991) and Witmer and Sweeney (1992) developed the Wheel of Wellness, the first model of wellness based in counseling. The Wheel is a theoretical model which emerged from reviews of cross-disciplinary studies in which the authors sought to identify empirical correlates of health, quality of life, and longevity. Adlerian Individual Psychology provides the organizing principle underlying this model.

In the final Wheel model (Myers et al., 2000), spirituality is depicted as the center of the wheel and most important characteristic of well-being. The components of spirituality

include having a sense of meaning in life, in addition to religious or spiritual beliefs and practices. Surrounding the center are a series of 12 spokes in the life task of self-direction: sense of worth; sense of control; realistic beliefs; emotional responsiveness and management; intellectual stimulation, problem solving, and creativity; sense of humor; exercise; nutrition; self-care; stress management; gender identity; and cultural identity. These spokes help to regulate or direct the self as one responds to the Adlerian life tasks of work and leisure, friendship, and love. The model is proposed as ecological, in that life forces such as the media and government are shown as affecting the wellness of individuals. In addition, the authors hypothesized that all of the components of wellness are interactive, and that change in one area causes or contributes to changes in other areas of the model as well.

The Wellness Evaluation of Lifestyle Inventory (WEL), based on the Wheel of Wellness, was developed by the authors to assess the various components in the model. Through use of the instrument over several years, a large database of wellness behaviors was developed and used to examine the factor structure of wellness.

### An Evidence-Based Model of Wellness

Hattie, Myers, and Sweeney (2004) analyzed a database of 5,380 adults aged 18 to almost 100 who had completed WEL inventory. The factor structure developed through structural equation modeling was initially difficult to define, as the centrality of spirituality in the Wheel model was not supported and a different, non-circumplex relationship among the factors was found. The new factor structure included a single higher order wellness factor and 5 second order factors. The authors confirmed the original 17 components of the Wheel as discrete third order factors; however, they did not group together as originally hypothesized. After additional study, Myers and Sweeney (2005) developed the Indivisible Self (IS-Wel), a new, evidence-based model of wellness, to explain the factor structure. Again, Adlerian theory proved to be the organizing principle providing a coherent explanation of the structural model.

Adler was emphatic in his belief in the unity and indivisibility of the self, observing that we are more than the sum of our parts and cannot be divided. This foundation of holism became the explanation of the new model, in which the self is at the core of wellness and is depicted graphically (and ultimately statistically), as indivisible. The five second order factors of the self – Creative, Coping, Social, Essential, and Physical – include the original 17 components as clearly defined third order factors, but with different interrelationships than originally hypothesized.

The components of the IS-Wel model are measured using the Five Factor Wellness Inventory (5F-Wel; Myers &

Sweeney, 2005). Multiple versions are available, including adults (5F-Wel-A), middle school students (5F-Wel-T), and elementary school students (5F-Wel-E), as well as several cultural adaptations in languages other than English. Like its predecessor, the WEL, the 5F-Wel has been used extensively in counseling research.

### Wellness Counseling Research

The 5F-Wel and the WEL have been used in multiple studies primarily as outcome measures or dependent variables, and have been used to study wellness in relation to diverse psychological constructs and demographic indices. They also have been used for program evaluation and as pre-post-test measures for counseling interventions with elementary school students, college populations, and independent adults in the community. Myers and Sweeney (2005) listed more than 30 doctoral dissertations and even more independent studies of wellness conducted using the Wheel and IS-Wel models. In a recent article, they summarized these studies in terms in the areas of non-counselor populations; wellness of counselors-in-training, professional counselors, and counselor educators; correlates of wellness; cross cultural and cross-national studies; and outcome research (Myers & Sweeney, in press).

Several studies of wellness in minority populations have established the usefulness of the 5F-Wel in cultural studies. These studies have examined wellness scores in relation to factors such as ethnic identity and acculturation of adolescent Native Americans, adolescent Korean Americans, African American male college juniors and seniors, adult gay males, and mid-life lesbians. In each case, the wellness scales provided differential measures of population and subpopulation characteristics.

Multiple studies of psychological correlates of wellness using the WEL and 5F-Wel have been conducted. Wellness has been linked positively to constructs such as short-term state and long-term trait aspects of psychological well-being, healthy love styles, job satisfaction, and mattering, and negatively to constructs such as psychological disturbance, perceived stress, and objectified body consciousness.

The 5F-Wel has been translated/adapted into several languages as the basis for studies of cross-cultural differences in wellness. Completed adaptations have been tested in Israel, Turkey, Korea, and Japan. Additional adaptations are in progress in Turkey, Lithuania, China, and Korea for elementary school children, adolescents, and adults. These studies are revealing significant challenges in relation to cross cultural equivalence of wellness concepts. For example, cultural identity, an easily described concept in the pluralistic United States society, has been difficult to explain in mono-cultural societies such as those found in Korea and Lithuania. Concepts such as stress have been differently explained in other languages and cultures.

### Wellness Counseling Applications

Both the Wheel of Wellness and the Indivisible Self Model have been used as the basis for individual and group counseling interventions. Although assessment may be done informally through clinical interviews, both the WEL and 5F-Wel may be used to establish a baseline for wellness counseling interventions. Myers et al. (2000) and Myers and Sweeney (2005) presented a four-phase model for assessing wellness and integrating wellness interventions into counseling sessions. These four phases include:

- (1) introduction of the wellness model, emphasizing a lifespan focus and the importance of choices in the creation of healthy lifestyles;
- (2) formal and/or informal assessment based on the model;
- (3) intentional interventions to enhance wellness in selected areas of the model; and
- (4) evaluation, follow-up, and continuation of steps two through four.

Interventions are always based on the needs of the client and expressed desire to change. Clients may be asked to identify which areas of wellness are most important to them and which they would like to change and improve. Wellness counseling emphasizes strengths as well as personal choices, and underscores the importance of daily decision making to achieve the goal of an increasingly healthy lifestyle.

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