



## A REVIEW OF WELLNESS DIMENSION MODELS: FOR THE ADVANCEMENT OF THE SOCIETY

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### Abstract:

Wellness is a way of life that always involves exploring, searching, asking new questions and discovering new answers, all the while living in the physical, mental and social dimensions. Objective of this study is to gather all the wellness dimension models introduced in previous studies and determine how they will affect the society. The literature survey on wellness dimension models provided a lot of valuable information on this topic and so this study on wellness was conceptualized based on the previous literature on wellness dimensions. The relevant wellness dimension literature was selected according to "Preferable Reporting Items Systematic Reviews and Meta-Analysis" (PRISMA) by Liberati et al. (2009). Following its recommendations, literature for the current study was compiled. The search was a continuous process that followed certain steps like identification, scanning and checking for eligibility for inclusion. From the literature, it is evident that wellness models have been in use over the past several decades. In the seven wellness models found, six dimensions are emphasized, specifically Social Wellness, Spiritual Wellness, Physical Wellness, Emotional Wellness, Intellectual Wellness and Occupational Wellness. This study suggests that recognizing and practicing these six dimensions of wellness in workplaces as well as in educational institutions by employees, students and athletes can mold a better society with a better attitude. Also,

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policymakers, administrators, entrepreneurs, and higher education institutes can develop their activities and enhance efficiency and effectiveness by focusing on “doing the right things and the things right to do,” using the most suitable wellness model.

**Keywords:** literature survey, PRISMA, wellness dimension model, wellness dimensions

## 1. Introduction

In the twenty-first century, wellness has become a trillion-dollar industry that is growing at a faster rate than the global economy (GWI, 2016). Administrators of educational institutions are called upon by educational regulating bodies, health advocacy groups and government agencies to lead the way in creating wellness-oriented schools (NIMH, 2017; Alliance for a healthier generation, 2017).

Physical health is a wellness dimension (First call, 2017) and it has been borne out by research that physically active students tend to do better in studies, mark higher school attendance and are more mentally alert compared to other students. Researchers have pointed out that students who engage in greater physical activity are physically fitter, and show improved cognitive performance, concentration and memory. Moreover, students who participate regularly in physical education class progress faster in studies with better grades, standardized test scores and even classroom behavior (Kirkham et al., 2017).

Dimensions such as emotional wellness, spiritual wellness, intellectual wellness, social wellness, physical wellness and occupational wellness are used to determine the wellness of an individual. Wellness research has focused its attention on almost all the dimensions except digital wellness. This is because digital wellness was not recognized sufficiently at the time that wellness models were introduced. But currently much of the university student community is exposed to the modern digital environment, which presents new health risks over and above the prevailing risks caused by sedentary lifestyles, unbalanced diet, lack of exercise, mental and physical stress, social isolation and environmental degradation.

To improve the ability of communities to use technology in a safe and appropriate manner, various bodies conduct continuous discussions throughout the world. Following this trend, the effect of digital wellness and other traditional wellness dimensions on the academic performance of government university students in Sri Lanka are explored in this study.

Thus, the method used to search the literature, the conceptual framework of this study, its theoretical foundations and the review of selected literature that will guide the research to obtain answers to the problem statement are discussed in this article.

## 2. Problem statement

Wellness is a concept that has been there for decades. Administrators, private organizations as well as educational institutions are using wellness concepts for their

purposes in practically all spheres of activity (GWI, 2016). To fulfill this need for wellness concepts, researchers have introduced novel wellness concepts from time to time. Most of the researchers have focused their attention on identifying the most relevant and most appropriate dimensions of wellness that would improve one's overall wellness. Hence, this study attempts to establish the theoretical background of the wellness concept first before addressing the problem. To do that, the major models and theories on wellness concepts must be considered carefully before attempting to fill in the existing knowledge gaps.

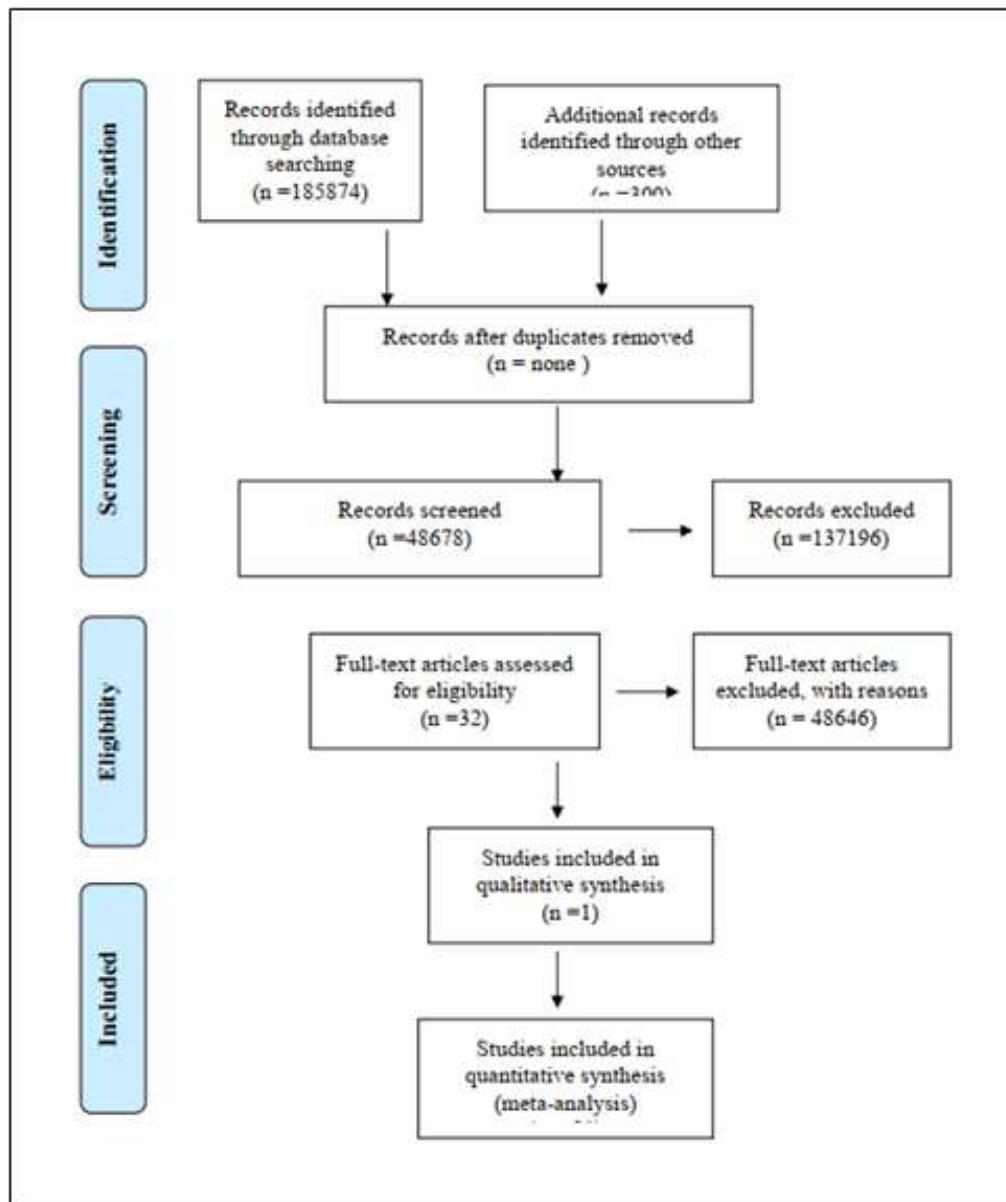
### **3. Methodology**

The information gathered from secondary sources serve as the foundation of this study. Following the literature review method aided in collecting information from reports, journal articles, textbooks and other academic works. The principle of PRISMA (Preferred Reporting Items Systematic Reviews and Meta-Analysis) enunciated by Literati et al. (2009) was used to collect data that covered all aspects of wellness dimensions. Relevant literature for the current study was found according to PRISMA, which involved a sequential process of four steps, namely identification, screening, checking for eligibility and inclusion, as shown in Figure 1. Science Direct was used as the primary data search engine during the selection process for the literature to be reviewed. "Effect of wellness factors on academic performance" was the main search phrase that was used.

185,874 results were obtained from the Science Direct database while using Google as the search engine. Various search management strategies were employed to avoid multiple hits of the same literature.

Theoretical foundation of the study was literature obtained through Google and Google Scholar, and this was not limited to publications of the last five years but included older sources too. Terms such as 'dimensions of wellness', 'effect of wellness factors on academic performance', 'wellness definition', 'wellness models' and 'digital wellness' were typed in the Google search box. Different types of articles published through the years 2013 to 2018 were taken into consideration for the study.

This allowed the researcher to refer to suitable text articles that were both open source and had direct links to the current study. 32 articles were selected for inclusion from the Science Direct database.



**Figure 1:** Literature Search Strategy  
 (Source: PRISMA, 2009)

#### 4. Theoretical Foundation of Wellness

Wellness has a history that goes back in time at least a couple of thousand years as it was associated with traditional Chinese medicine, ancient medicinal practices of Greece, and Ayurveda (GWI, 2016). The nineteenth century American spiritual and religious movements (Miller, 2005) can be considered as the originators of the term wellness. The modern concept of wellness started as a trend in the United States as early as the 1950s. The concept of wellness was further associated with holism by Dunn (1961) and this was progressing towards fostering high-level wellness. According to Dunn (1961), a life lived to the fullest potential while developing an integrated mind, body and spirit is referred to as high level wellness. The conceptualization of medical professionals that human beings are little more than biological machines was not acceptable to Dunn, who

disapproved of that notion (1961). However, he did not stand alone in upholding the significance of holism in health and wellness. Theorists like Carl Rogers, Alfred Adder, Abraham Maslow and Carl Jung recognized the interdependent dynamism of wellness and the importance of holism (Myers Sweeney, 1998).

These theorists understood that healthy functioning is important and came up with various constructs relating to that functioning. Wellness is a conventional term that makes it complicated for people to define it (BC Atlas of Wellness, n.d.). Therefore, there are a huge number of definitions of wellness. The term wellness can be interpreted as a process in which one becomes aware of it and makes decisions inclined towards a more successful existence (Roo Wellness, n.d). The founder of the concept of wellness, Halbert Dunn defined this term in a rather different way by emphasizing that wellness is a method of functioning that works by increasing the capability of an individual within the surroundings in which he/she functions (Jones & Bartlett publishers, n.d). The "*first mass-market wellness book*" (Jones and Bartlett publisher, n.d) which is addressed by Don Ardell (1986) as "*high level wellness defines the term wellness as a "Dynamic, ever changing, fluctuating state of being."*" Ardell (1986) who came forward to develop this definition, said that wellness is something that assists one to use his/her mind constructively, express emotions in an effective manner, take care of one's body, harness stress energies affirmatively, stay in touch with the environment and become creatively involved with the society.

Somewhere around 1999, Ardell added a few more components to the term wellness by stating that it is an approach where one enjoys life to the fullest with great freedom, minimum ill-health and enough maturity to pursue happiness. Wellness is a declaration of independence as it allows one to become the best sort of person due to possessing the potential and the capabilities.

Wellness can also be defined as another way of life (Myers et al., 2000) in which a person is able to live within the society more harmoniously because the body, mind and spirit are working in unison. In a state of wellness good mental attitude supports one to work to capacity and fulfill one's mission. Langdon and Ardell (1989) explained this quality as an aspect of wellness. Wellness plays an important role in promoting good health by making it easier to adopt a more sensible lifestyle. By enhancing motives, values and behavior (Ardell, 1985), wellness generally encourages one to achieve and maintain a healthy lifestyle. However, this is dependent to some extent on the individual's inclination and capability to live a healthy, holistic life.

Furthermore, wellness acts as a strong force that makes an individual indivisible, thereby integrating the mind, spirit and body. Wellness becomes the framework that supports everything else, which allows one to lead a useful and enjoyable life.

As this framework includes body, mind, and spirit it will have a special impact on sportsmen and sportswomen in the sports field. It will help athletes of both genders to maintain a better social and relational sports life that is well balanced. That will help to inculcate a sense of fair play, sportsmanship, as well as the Olympic values (friendship, respect for others, and balance between body, mind and spirit) among the athletes.

## 5. Wellness Dimension Models

In wellness literature there are a number of theories or models such as Indivisible Self-Model (ISM), National Wellness Institute Model (NWIM), the Wheel of Wellness (WOW), Wellness Continuum (WC), Comprehensive Whole Person Wellness Model (CWPWM), Trans-theoretical Model (TM) and Ardell's wellness models.

### 5.1 Indivisible Self-Model

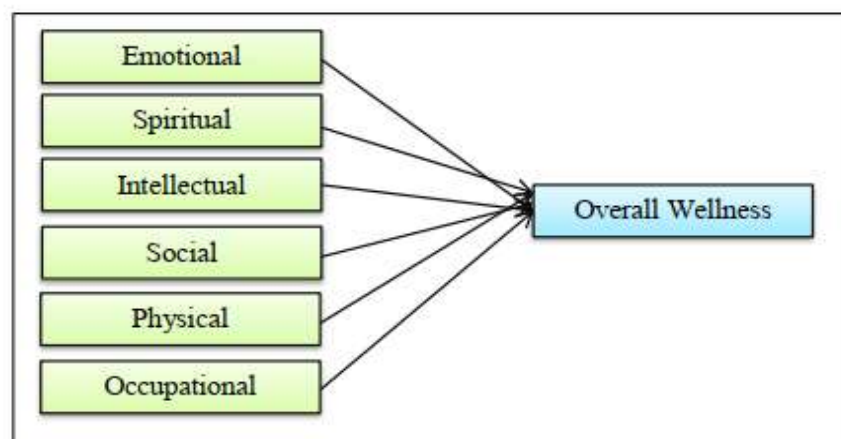
This model has been around for more than twenty years. Taking up five years of research, the indivisible self-model (ISM) was developed by Ballantine (2010), Myers and Sweeney (2005) and later it incorporated the individual psychological theory of Neehal (2016). The ISM has been used as a basic model in the field of wellness.

The indivisible self-model holds that the mind, body and spirit are combined as a whole and they cannot be fundamentally separated (Patel, 2017; Myers & Sweeney, 2005, 2006). Accordingly, one can comprehend the concept of wellness by regarding a person's entire self as being comprised of five factors, namely physical self, creative self, essential self, copying self and social self (Patel, 2017; Ballantine, 2010; Myers & Sweeney, 2005, 2006).

Wellness is thus the sum of the five components constituting the sense of self and it is generally accepted as a way of measuring general well-being (Myers & Sweeney, 2005). Therefore, the main attention is given to wellness as a multifaceted composite (Towed Fleming, 2003).

### 5.2 National Wellness Institute model

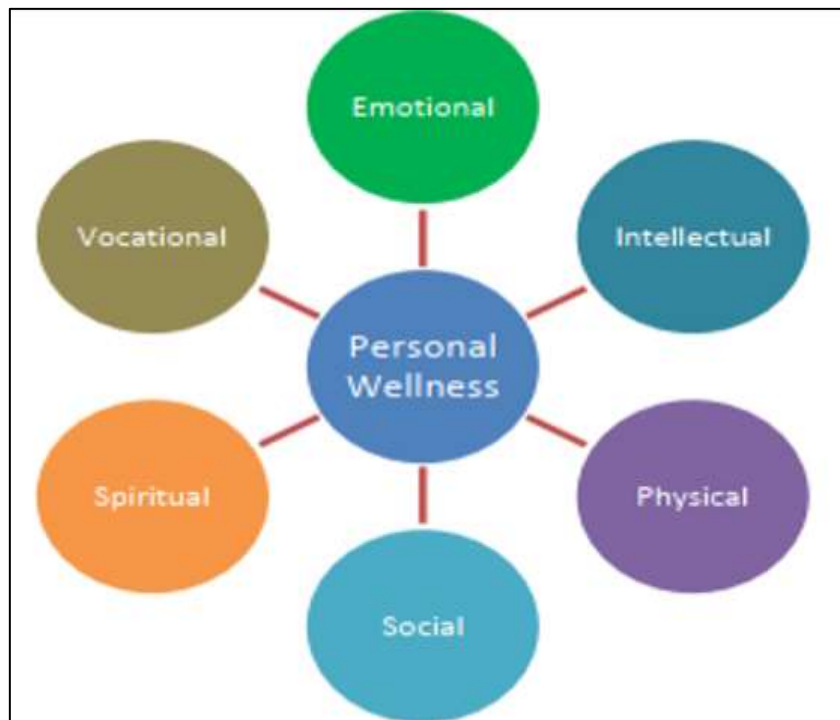
The president of the National Wellness Institute's board of directors gave a definition of wellness that describes wellness as a process in which people become more alert and more capable of making decisions, enabling them to lead a more successful life. It was Hetler (1977) who introduced a wellness model with six dimensions, namely emotional, spiritual, intellectual, social, physical and occupational; thereby this model was given the name of six dimensions of wellness model.



**Figure 2:** Six Dimensions Model of Wellness  
(Source: Hetler, 1977)

Policymakers in the field of education may use this wellness model of six dimensions (Emotional, Spiritual, Intellectual, Social, Physical, and Occupational) to develop students' overall wellness. That way they can create well-balanced personalities to serve the society.

### 5.3 The Wheel of Wellness/ Holistic Model for Wellness and Prevention over the Life Span



**Figure 2: WOW Model**  
(Source: Sweeney and Witmer, 1991)

Sweeney and Witmer (1991) took the necessary measures to develop a wellness model that focuses attention on prevention over the entire life span. It was named the 'wheel of wellness' and was created with the intention of organizing the concept of wellness through Alfred Ardell's theory. This wellness dimension becomes unique due to the fact of having both a multidisciplinary and theoretical focus on concepts relating to the growth and behavior of mankind.

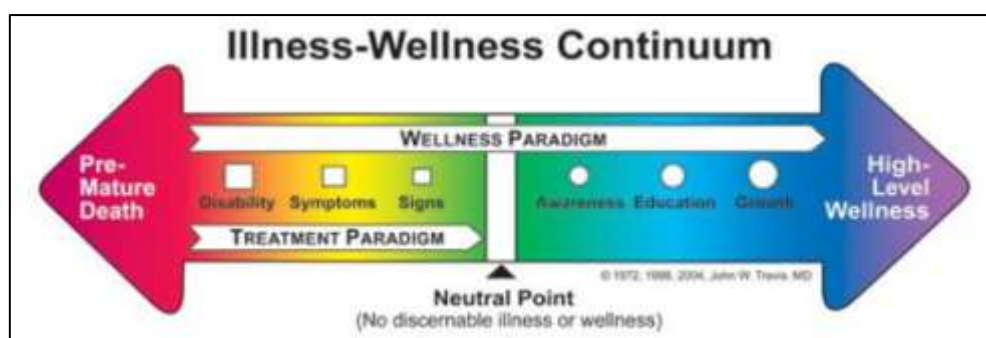
Sweeney and Wither (1991) after having done an extensive review of theory and practice across the discipline were able to find characteristics that correlated in a positive manner with longevity, healthy living and quality of life. Moreover, these characteristics were arranged according to the three main tasks of life, which are love, friendship and work, as proposed by Ardell. Other than these, two more tasks, namely self and spirit were added to create the WOW model (Sweeney & Witmer, 1991). In addition to the life tasks proposed by Ardell, the WOW model consisted of seven sub-tasks. The idea of spirituality and self-direction acts as the center of the wheel. The model appears like a wheel with spokes radiating from the center (spirituality), which are the sub-tasks of the



original three life-tasks. This wellness dimension progressed as a remedial and enhancing intervention (Myers et al., 2000). Counselors used the components of the WOW to assist their clients by assessing their wellness and also in developing wellness plans and facilitating positive growth (Myers et al., 2000).

The WOW model itself was not used as a basis for counseling interventions although a holistic model of wellness was supported by it (Myers et al., 2000). Sweeney, Wither and Myers pursued their work on the study of wellness and developed the Wellness Evaluation of Lifestyle (WEL) inventory, a measuring tool used for the evaluation of wellness. Then, each and every component of WOW was assessed by the WEL. As a result of the early research involving the use of instruments there was a further subdivision of the life tasks into work and leisure. With the intention of developing the accuracy of psychometric measurements by WEL, seven studies were done within a number of years, including structural analysis and factor analyses. A way to re-examine the structure of wellness was found due to the encouraging results obtained from the factor analyses although the hypothesized interrelationships among the components of WOW did not support the relationships that emerged among five second-order factors, higher-order or sub-factors and 17 third order or sub-factors of the wellness model.

As Myers et al. (2000) mentioned in their study on the wellness dimension model, psychologists and counselors can use these wellness dimensions (Emotional, Intellectual, Physical, Social, Spiritual, and Vocational) during their practice and counsel their patients. It will help their patients to recover faster and contribute to create a calm and quiet disposition among them because the Indivisible Self Model of Wellness represents a contemporary conceptualization of wellness, available for application in the mental health field.



**Figure 4: Illness-Wellness Continuum**  
(Source: John Travis, 1972)

#### 5.4 Wellness continuum/ Illness-Wellness continuum

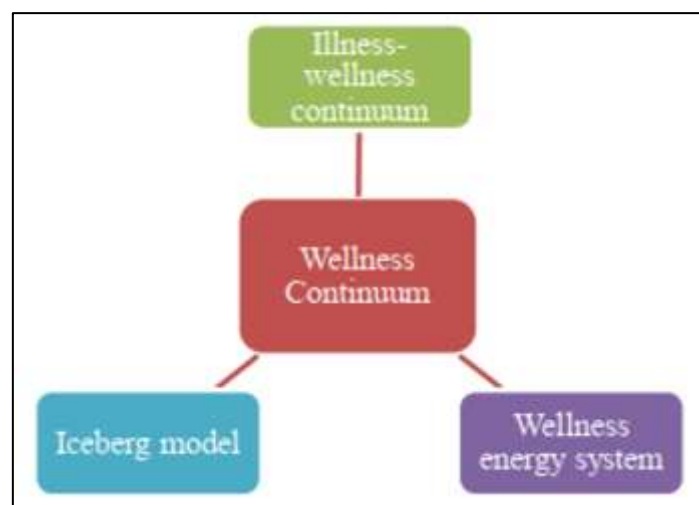
In 1972 the wellness continuum, also known as the illness-wellness continuum was developed by John Tarries of the U.S. public health service hospital in Baltimore, Maryland. Lewis Robbins' health risk continuum (creator of health risk appraisal) and the self-actualization concept of Abraham Maslow contributed towards providing the theoretical foundations for the illness-wellness continuum. Due to the clarity with which it was explained and illustrated, the wellness theory on the illness-wellness continuum



that was published in 1975 became an immediate success. With the good results obtained by educators and health practitioners who used this method it started appearing in journals, books as well as online across the world. This model is comprised of three wellness concepts, namely iceberg model, illness–wellness continuum and wellness energy system.

Moving from the inside to one side shows a logically compounding condition of well-being. Moving the focus to one side shows expanding levels of well-being and prosperity. The treatment worldview (drugs, medical procedures, psychotherapy, etc.) can bring one up to the nonpartisan point, where the side effects of infection have been eased. Additionally, the well-being worldview, which can be utilized anytime on the continuum, encourages a person to push toward more significant levels of health. Well-being worldview coordinates the individuals past the impartial point and urges them to move as far toward health as would be prudent.

Individuals frequently suffer physical side effects, as they may feel exhausted, discouraged, tense, on edge, or discontent with their lives. Such negative physical and emotional states could frequently give rise to significant health problems. Therefore, it is important to give great consideration to one's physical self, utilize the mind positively, communicate feelings adequately, engage with the people around oneself, and stop worrying all the time about one's physical and mental situation.



**Figure 5:** Key Concepts of Wellness Continuum  
(Source: John Travis, 1972)

### 5.5 Trans theoretical Model/ Stages of Change Model

In 1983, Prochaska and DePrentiss developed the stages of change model. A number of comparative researches based on the experience of smokers quitting on their own paved the way for the development of the model. According to TTM, most people are not in a position to change their behaviors or attitudes decisively and quickly. Changes in behavior such as habitual behavior happen as a continuous process that is cyclical. It was shown that people would cease to smoke if they really wanted to. Therefore, this model

can be identified as a decision or choice-making model that demonstrates the change in the intention of an individual.

The TTM version identified five stages of change, namely pre-contemplation, contemplation, preparation, action and maintenance. Later on, this version was modified by adding a sixth stage that was applicable to the stages of change in respect of health-related attitudes.

### **5.6 Comprehensive Whole Person Wellness Model**

In 1977 Brenzer, Adams and Steinhardt introduced the perceived wellness model that was comprised of six dimensions known as social, psychological, physical, emotional, spiritual and intellectual.

The comprehensive Whole Person Wellness Model (WPWM) was developed by Jay Montague, Wiley Piazza, Kim Peters, and Tony Puggiali, (2002). An inside-to-outside approach was used to develop this model. This model positions personal wellness in the middle of multidirectional and dynamic interaction. The center is what reacts with all the six dimensions of health, which are physical, emotional, social, intellectual, spiritual and vocational. According to the model, the individual dimensions interact with one another.

A comprehensive whole-person approach to wellness emphasizes humans as multidimensional beings. The wellness dimensions have a lesser meaning in the life of an individual in the absence of the personal wellness concepts of optimism, self-responsibility, self-direction, and personal choice. Conversely, when these are present it allows an individual to reach a higher level at functioning and to place wellness on a personal level.

Moreover, this model introduces a four-way combined effort to bring wellness to older adults, their families and communities. Administrators of elders' homes, elders' societies and organizations, and charity programs can use this model for the betterment of the elders in society.

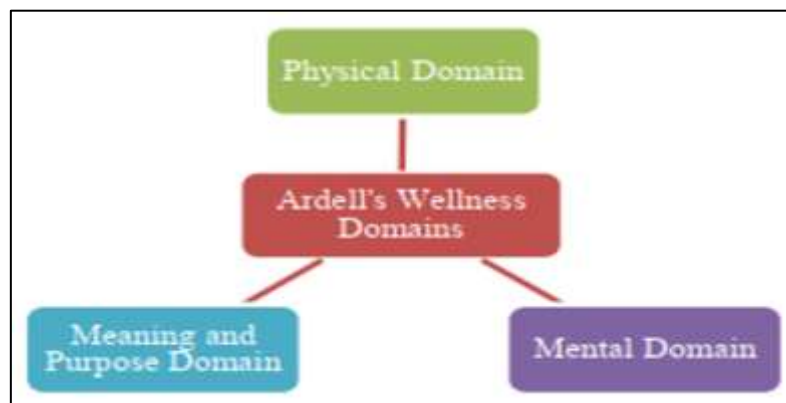
### **5.7 Ardell's model of wellness**

In 1977, Ardell introduced his high-level wellness model based on his book *High Level Wellness*. As in the first model there are five dimensions of wellness identified as nutritional awareness, environmental sensitivity, stress management, physical fitness and self-responsibility. In 1982, Ardell introduced another wellness model with dimensions labeled as meaning and purpose, self-responsibility, nutritional awareness, relationship dynamics and physical fitness.



**Figure 6:** Ardell's Wellness Model 1  
(Source: Ardell, 1977)

The latest version of wellness was presented by Ardell in 2011 and this consists of three domains, namely mental domain, physical domain and meaning and purpose domain with 14 skill areas.



**Figure 6:** Ardell's Wellness Domains  
Source: Ardell, 2011

Administrators in the higher education sector may use the “Ardell's Wellness Domains” to enhance the academic performance of undergraduates and to improve their well-being in an effective manner. While the physical domain maintains their physical fitness, the mental domain maintains their spiritual and emotional wellness. Meaning and purpose domain maintains their social and occupational wellness.

## 6. Conclusion

Accordingly, through this literature review it is evident that wellness concepts had been understood decades ago. There are seven wellness concepts altogether. Of these, six

wellness dimensions can be identified as Physical, Emotional, Spiritual, Social, Occupational and Environmental. These components play a major role in directing human beings to lead their lives the correct way. Therefore, these components can guide the employees in any organization to achieve success, both in their personal lives as well as in their occupational lives. Furthermore, policymakers, administrators, and employers can use a suitable wellness model to enhance their performance and productivity by creating an environment favorable to that. Moreover, all of this would help individuals to maintain a better, well-balanced social, relational and occupational life. That will pave the way to create a better society, without harassments, unnecessary involvements, and corruption.

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