CHAPTER 11

Expressing H
Through Lifestyle

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Few concepts have received more attention from health professionals and the public during the last decade than health. This is largely due to the emergence of disease prevention and health promotion as global priorities. Unfortunately, the nature of health as a positive life process is poorly understood. Theoretical formulations of health often lack specificity and existing measures almost without exception reflect a narrow clinical perspective of health as the absence of disease. The purpose of this chapter is to propose a system for classifying expressions of health of persons in their entirety and to suggest related indicators of high-level health.

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be promoted? A review of relevant scientific literature confirms that health as a human life span process is poorly understood.

Historically, illness, not health, has been the primary concern of the health professions and mortality and morbidity the indicators of "health" used most frequently (Smith, 1981). Therefore, it is not surprising that in reviewing studies of health, Terris (1975) identified the following illness-related approaches to health assessment: measurement of impairment, assessment of physiological systems in relation to established norms, and measurement of performance in the context of potential decrements. The concept of health has not fared much better in nursing. Although health along with person, environment, and nursing constitute the commonly accepted metaparadigm of the discipline (Fawcett, 1984), the concept of health seems to elude clear theoretical descriptions and, to an even greater extent, useful empirical specifications. Reynolds (1988), in reviewing the measures of health used in reports of nursing research, found that, despite articulation of a holistic concept of health in dominant theoretical views within the discipline, nurse scientists tended to use indicators derived from a clinical model as the absence of disease.

Is health such a complex human process that it cannot be studied qualitatively or quantitatively? Is high-level health a utopian state, a mirage to be fantasized but never achieved (Dubos, 1965)? On the other hand, if health can be the object of systematic investigation, can it only be defined by negation, that is as the absence of disease? Unwilling to settle for such a narrow definition, various health disciplines have attempted to define health from fragmented perspectives placing primary emphasis on psychological, sociological, cultural, or spiritual dimensions. Some attempts have been made to synthesize these perspectives to achieve a complete view of health. Parse (1987) refers to this approach as the totality paradigm, in which persons are considered as biopsychosocial spiritual beings responding and adapting to their environment. A major question about this additive approach is whether the whole is equal to or greater than the sum of the parts.

Person and Health: New Views of Old Concepts

Within the past two decades in nursing, there has been a significant conceptual shift toward viewing persons as unified wholes possessing integrity and manifesting characteristics that are more than and different from the sum of the parts. According to Rogers (1970),

> The unity of man is a reality. Man interacts with his environment in his totality. Only as man's wholeness is perceived does the study of man begin to yield meaningful concepts and theories. Only as man's oneness is apprehended is it possible to identify man's distinctive attributes. (p. 44)

This shift in nursing toward a unitary view of human beings has resulted in increasing reliance on the tenets of human science in addition to the reductionistic paradigm of traditional science for understanding health. How do individuals experience health, and what meanings do they give these experiences that have emerged as central questions within the discipline? Tripp-Reimer (1984) suggested that within nursing health be reconceptualized to incorporate both etic and emic perspectives. In the etic perspective, objective observations without input from those observed are used to determine health. In the emic perspective, the meaning of health to individuals within their particular culture is ascertained. Concerns relevant in the latter perspective include these: How is health expressed? Is the expression of health universal or culture specific? Are expressions of health qualitatively different at various developmental phases throughout the life span?

In contrast to the totality paradigm based primarily on the etic perspective, the simultaneity paradigm (Parse, Coyne, & Smith, 1985) captures the emic perspective. Within the latter paradigm each person is viewed as a synergistic being in open, mutual, and simultaneous interchange with the environment. In this context, health is a wholistic unfolding of humans in interaction with the environment in which all the elements or dimensions of health are experienced as a unitary phenomenon. Based on Rogers's theory of unitary human beings, Newman (1979) defined health as the totality of the life process evolving toward expanded consciousness. Parse et al. (1985), also in the Rogerian tradition, described health as a "process of becoming uniquely lived by each individual ... a nonlinear entity that cannot be qualified

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poor, the old, and the disabled of services directed toward optimizing their health. To address this dilemma, Newman (1979) suggested a synthesis of the concepts of diseases and nondisease into an integrative concept of health.

Taking another theoretical approach to the problem posed by the health–illness continuum, Pender (1987) described health as the primary life experience with illness superimposed on health. Health can exist without illness, but illness never exists without health as its context. When illness occurs, it is synthesized as part of the ongoing health experience modifying it in varying ways—changing the quality of the experience and decreasing or increasing overall feelings and perceptions of health. Unlike Parse (1981), who rejects the idea of health as existing to varying degrees, Smith (1981) views health as a comparative term. It has long been recognized that all persons free of disease are not equally healthy. It is the degree to which health is present from both objective and subjective points of view that should be mutually assessed by nurse and client. It is only on the basis of both perspectives that effective efforts can be directed toward appropriate health enhancement activities.

The dominant definition of health espoused by a society has profound political and economic implications because the dimensions of that definition and their associated measures often become major social concerns. Frequently, programs of national and international scope are established to bring about positive changes in the identified one of its biggest challenges in decades—how to best articulate the dimensions of health of persons in their entirety and develop valid and reliable indicators of health as a unitary phenomenon. Such indicators must be articulated with a level of conceptual clarity that permits communication of this perspective to other health disciplines and the public. The clinical view of health as the absence of disease has been the dominant definition in the United States for decades. It is time for a paradigmatic shift to a unitary conception of health that will enable society to deal capably with the multiplicity of factors now known to have an impact on health status.

As nursing moves forward in developing a unitary concept of health, strongly influenced by the tenets of human science, the discipline should not lose sight of empiricism as a viable approach to health-related research. Some questions asked about health are best addressed within a traditional science paradigm. For example, health processes outside of conscious awareness may be observable using highly sophisticated methods and techniques (Norbeck, 1987). Nursing can provide leadership to the health disciplines in blending the approaches of traditional and human sciences. Differences between the two paradigms should not be interpreted as conflict but as integrative tension that promotes creativity in scientific endeavors (Kritek, 1989).

Health as Pattern

Rogers (1970) identified the energy field as the fundamental unit of the universe [illegible] the science of nursing. The human and environmental fields are coextensive and in an intimate relationship. Pattern is the distinguishing characteristic of an energy field, which becomes more complex throughout the life span. Persons shape their own health experiences to a considerable extent as they make choices from the options available to them (Parse, 1981). Innate to energy fields are generative powers that can facilitate positive patterning and repatterning, resulting in progressively healthier conditions of being, as objectively measured and subjectively reported.

There is no single, universal health pattern that all human beings share. Health when viewed as a lived experience, that is, within the emic perspective, represents many alternative realities. Only individuals can reveal the hidden meanings that they create for health. Although health has many different shades of meaning, there are recurring themes or commonalities that persons report as expressions of health when queried as to what health means to them. The critical question is this: What are the varying human patterns most indicative of health?

Dimensions of the Health Experience

In 1981, Smith proposed a model of health with four dimensions reflective of existing literature: the clinical dimension defining health as the absence of disease, the role performance dimension describing health as competent performance of socially defined roles, the adaptive dimension characterizing health as flexible adjustment to changing

Table 11-1 Classification System for Expressions of Health

Affect			
Serenity	**Harmony**	**Vitality**	**Sensitivity**
Calm	Close to God	Energetic	Aware
Relaxed	Contemplative	Vigorous	Connected
Peaceful content	At one with the universe	Zestful	Intimate
Comfortable		Alert	Loving
Glowing		Fit	
Happy		Buoyant	
Joyous		Exhilarated	
Pleasant		Powerful	
Satisfied		Courageous	

Attitudes		
Optimism	**Relevancy**	**Competency**
Hopeful	Useful	Purposive
Enthusiastic	Contributing	Initiating
Open	Valued	Self-motivating
Reverent	Committed	Innovative
	Involved	Masterful
	Challenged	

Activity		
Positive Life Pattern	**Meaningful Work**	**Invigorating Pay**
Eating a healthy diet	Setting realistic goals	Having meaningful hobbies
Exercising regularly	Varying activities	Engaging in satisfying leisure activities
Managing stress	Undertaking challenging tasks	Planning energizing diversions
Obtaining adequate rest	Assuming responsibility for self	
Avoiding harmful substances	Collaborating with coworkers	
Building positive relationships	Receiving intrinsic or extrinsic rewards	

Table 11-1 *(Continued)*

Seeking and using health information	
Monitoring health	
Coping constructively	
Maintaining a health-strengthening environment	
Aspirations	
Self-Actualization	**Social Contribution**
Growth or emergence	Enhancement of global harmony a
Personal effectiveness	Preservation of the environment
Organismic efficiency	
Accomplishments	
Enjoyment	**Creativity**
Pleasure from daily living	Maximum use of capacities
Sense of achievement	Innovative contribution

studying health has emerged as a result of discussions with colleagues, review of the literature, and reflection on 5 years of quantitative and qualitative research conducted by a health promotion research team (S. N. Walker, K. R. Sechrist, M. F. Stromborg, & N. J. Pender) in which the health and health practices of approximately 2,000 adults were studied. The following assumptions undergird the proposed classification:

1. Integration of the views of clients as well as health professionals is essential to derive a useful definition of health.
2. Health is a manifestation of person/environment interactional patterns that become increasingly complex throughout the life span.
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undeveloped. Consistent with a unitary view of human beings, a comprehensive assessment tool could be constructed to assess all of the dimensions simultaneously.

Affect

Sensation and emotion are fundamental attributes of humanness that are expressions of wholeness or unity (Rogers, 1970). Affect as used here is intended to denote emotions and feelings as subjectively experienced. Affect can be assessed best through personal report, but facial expressions, body positions, or gestures, as well as an increasing array of technologic measures (biofeedback, electromagnetic resonance imaging), can provide some indication of internal emotional states. The link between emotions and illness has been suspected for centuries, but little has been known about feelings as an expression of health. Recent research in psychoneuroimmunology indicates that person/environment interactions and accompanying emotional responses may moderate immune function (Kiecolt-Glaser & Glaser, 1987). Certain emotional patterns such as serenity and harmony may enhance immune competence; their polar opposites may impair immune capabilities. There is also considerable evidence that physiological changes related to activity have an impact on emotions. For example, production of endogenous opiates or internal tranquilizers can contribute to emotional experiences of comfort and calm

Feelings and emotions have a direct effect on the quality of the lived experience of health. The emotions identified in Table 11-1 are those frequently reported as expressions of high-level health. Serenity is a sense of tranquility, a peaceful inner state, amid life's ebb and flow. Harmony emanates from feelings of relatedness to God and/or the universe and is sometimes described as a feeling of being at peace with nature and fellow humans. Vitality is a sense of energy and power. Sensitivity is intense knowing of self and others. Feelings of serenity, harmony, vitality, and sensitivity at any moment reflect much more than the current life situation. Human beings have the unique ability to evoke emotions in response to remembered events from the past or anticipated events in the future. This capacity provides persons with the power to transcend current situations—to be unbound by time and space. Persons may be calm, content, or even joyous in the face of difficult situations because of their vision of a greater good to be attained in the future.

Exploration of emotions as important expressions of health presents many exciting challenges to the research community. Current research on the connections between emotions and illness need to be recast in a positive perspective. Research questions from this viewpoint might be these: What person/environment interaction patterns encourage positive emotions? Which emotional patterns or fluctuations in patterns are healthful, which are unhealthful, and are these effects general or person-specific? Are different emotional profiles expressive of health at different points in the life span? What interventions on the part of health professionals assist clients in achieving positive emotional patterns? What self-care strategies can increase the frequency of positive emotions? Do emotions perceived as negative detract from or at times promote health?

Emotions can be a positive integrative force (Rogers, 1970). It is the richness of emotional experience that is uniquely human. Research approaches must be used that capture this richness as well as rhythms and fluctuations in emotional patterns. Recent scientific breakthroughs in understanding emotions will fuel increased interest and expanded research efforts in this area in the next decades.

Attitudes

Language, thought, and the ability to form attitudes and beliefs characterize unitary human beings and result from innate capacities to abstract and image features or person/environment interaction. Humans not only think in concepts and relationships but also give meanings to such abstractions. According to Rogers (1970), persons seek to organize the world of experience and make sense of it and can do so because of the capacity for rational thought. Attitudes structure the way persons see their world and, like emotions, express persons' values and priorities.

Attitudes can be developed in relation to specific situations, events, or actions. Life in its entirety can be viewed as an event. As such, persons develop attitudes or beliefs about their own personal lived situation as well as

into meaningful patterns of work and play. Competent persons actively initiate challenging life situations. They are interactive rather than passive, challenged rather than threatened, and self-affirming rather than self-debasing. Perceptions of personal competency are transferred to fellow humans with resultant appreciation of their unique patterns and emergent potential.

Positive attitudes and beliefs express high-level wellness. They are an integral part of health as a lived experience.

Activity

Movement is an alternative to language for communicating thought (Engle, 1984). Activity reflects patterns of energy distribution as well as person/environment rhythmicity. Movement is a means whereby space and time become experienced reality (Newman, 1979). Movement augments awareness of human and environmental fields. According to Newman, the total pattern of movement reflects the organization or disorganization of the thought and feeling processes of the individual. Activity expressive of health facilitates the fuller emergence of personal potential. Three dimensions of activity considered expressive of health are positive life patterns, meaningful work, and invigorating play (see Table 11-1).

Positive life patterns go beyond isolated health practices to action patterns that are an integral part of life ways. Thoughtful patterning and repatterning of daily routines and rhythms through informed decision making based on an awareness of options enhance human capacity for optimal well-being. Clusters of behaviors with empirical support for their health-enhancing properties are the backbone of positive life patterns. Eating well, exercising regularly, obtaining adequate rest, and managing stress represent behavioral clusters comprising positive life patterns. Such patterns must be sustained over time to optimize health. Exercise as one behavioral cluster expressive of health is a good example of unitary characteristics. If exercise is to be maintained, it must be of appropriate rhythmicity, periodicity, complexity, and intensity for a given human field. Human and environmental fields must have compatible activity rhythms and patterns to optimize health.

Health is also expressed through meaningful work. More energy is expended on work than on any other human activity. Work that is health promoting has been characterized as challenging, varied, well directed, interpersonally satisfying, and both intrinsically and extrinsically rewarding. In recent years, attempts have been made to achieve greater harmony between human fields and work patterns. Child care, flexible time, job sharing, and the use of home as a satellite work site are only a few of the examples of greater awareness of the need for compatibility between person/environment patterning and work.

The rhythm between work and invigorating play changes throughout life. For most children, play constitutes the major activity in which they engage. In fact, meaningful work as an expression of health may not be relevant until the preschool or school years when confronted by the "tasks" of learning. The harmonious integration of work and play often becomes disrupted in young, middle aged, and older adult years. Young and middle-aged adults, in striving to be successful, to achieve adequate pay, and to contribute meaningfully to society, may neglect play. Some compensate for this imbalance by focusing on enjoyable aspects of work and reinterpreting work as play. Older adults often have considerable discretionary time for play but lament lack of resources for recreational pursuits or the absence of meaningful work. It is predicted that leisure time will expand for many persons in the United States in the future as efforts are made to maximize the employment rate in a large and diverse population (Bezold, Carlson, & Peck, 1986). For both younger adults on shortened work weeks and the aging population in part-time employment, meaningful hobbies, satisfying leisure activities, and energizing diversions will be increasingly important as expressions of personal health.

Aspirations

Human beings are inherently purposeful. Life is not a random series of events, but an organized unfolding of each individual in light of personal aspirations and choices. Persons choose the directions in which they evolve in light of the range of options within awareness. Unfortunately, for persons in disadvantaged groups such as the poor and some ethnic
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Self-actualization is not a new term. Maslow (1970) popularized the concept in his writings as a high-level need for human organisms. Self-actualization is predicated on fulfilling a more basic need for self-preservation. Suggested empirical indicators for self-actualization are growth or self-emergence, personal effectiveness, and organismic efficiency. Self-actualization is an orientation toward being all one can be and fulfilling one's personal potential.

Social contribution enhances global harmony, creates health interdependence, and promotes an ecologically balanced environment for present and future generations. The community in which we live is a world community in which annihilation is an ever present threat. Social contribution as an expression of health is a sensitivity to the needs and potentials of all people, which results in responsible social actions within a particular life situation. It is through shared aspirations of aggregates that social changes supportive of health are realized.

Accomplishments

Accomplishments as expressions of health can be identified as the payoffs for a life well lived. They are unencumbered by time and space and may be viewed as daily achievements, life attainments, or states to be experienced only after death. Regardless of the time frame, persons need bench marks to measure their progress, their emergence as unique human beings. Accomplishments confirm a person's selfhood as well as his or her oneness with the evolving universe.

In modern society, accomplishments are often viewed as measures of worth rather than as expressions of health. Too frequently, being and becoming are sacrificed to doing, thus destroying the balance among affect, attitudes, activity, aspirations, and accomplishments. When kept in proper perspective, accomplishments contribute to the richness of human experience. Creative achievements of human beings throughout history have markedly enhanced the quality of life for others.

Enjoyment, creativity, and transcendence are accomplishments proposed as expressive of health (see Table 11-1). Enjoyment is a condition in which there is heightened aesthetic awareness of the multiple dimensions of human and environmental fields. Positive emotions and thoughts predominate. Daily experiences are sources of joy. Human unfolding, its challenges and exigencies as well as successive stages of development, provide continuing sources of pleasure.

The capacity for creativity is inherent in all human beings. It is expressed through envisioning new configurations within human and environmental fields and restructuring reality or abstractions consistent with these envisioned patterns. Creativity is experienced as performing at one's optimum, maximizing human capabilities, and accelerating diversity and complexity.

Transcendence is stretching beyond the realm of human experience toward new options and possibilities (Parse, 1981). It is experienced as freedom from constraint and expansion of human consciousness to encompass infinite time and space. It is the experience of optimum mutuality and harmony between person and environment.

Accomplishments are the expression of life purpose and thus the expression of health. Their pursuit directs human patterning and evolutionary emergence.

Concluding Comments

Health is a life span process, a largely subjective and private experience, only partially observable by traditional scientific methods. Although defining health only in terms of negation, that is, as the absence of disease, has been common practice for more than a century, this approach will no longer suffice in an era of increasing concern about the promotion of health and the quality of life for human populations. Health as an experience is not fragmented, it only becomes fragmented in the minds of health professionals with differing perspectives. A new view of health is needed that is positive, comprehensive, unifying, and humanistic. This article represents one attempt to move toward that goal. It is imperative that an increasing number of nurse scientists direct their efforts toward expanding our understanding of human health processes and the personal, social, political, and environmental factors affecting the health of differing populations if significant progress is to be made in optimizing health for a larger segment of the world population in the years ahead.

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