CHAPTER 11

Expressing Health Through Lifestyle Patterns

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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.

During the last decade, nursing, as well as other health disciplines, has recognized the limitations of medical and technological approaches for improving the quality of life and health of the world's population. Major changes in social, political, and environmental conditions of living and the life ways of large segments of society are necessary, if significant improvements in health are to occur during the next century. Thus, disease prevention and health promotion have become global agendas with the potential for achieving health goals unattainable previously through curative interventions. The escalating commitment to health promotion among nations raises important questions concerning the nature of health. What is the critical essence of that which is to

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rrow 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 by terms such as good, bad, more, or less. Unitary man's health is a synthesis of values, a way of living . . . a continuously changing process that man cocreates" (pp. 9–10). Definitions with similar themes have been offered by Pender (1982), who described health as the actualization of inherent and acquired human potential, and Watson (1988), who defined health as harmony with self and environment. A new approach for combining objective (etic) and subjective (emic) health perspectives is needed to avoid a conception of health in which observable physical and behavioral aspects are viewed as separate or in oppositional relationship to experiential aspects. It is the author's belief that both perspectives are valuable and can coexist within the discipline of nursing.

Along with acceptance of a unitary view of health, there is an increasing tendency in nursing to reject the health–illness continuum that Newman (1979) criticized on the grounds that it maintains a false dichotomy by polarizing health at one end of the continuum and illness at the other end. If nursing is to facilitate a client's movement toward health on the health–illness continuum, this must always be away from illness. An "either–or" dichotomy precludes the existence of high levels of health in the presence of a disability or chronic illness. This belief, if carried to its logical conclusion, would imply that health promotion efforts are futile for millions of Americans young and old who have a chronic disease incurable by existing medical means. Health promotion would only be considered appropriate for the favored few without any evidence of disease, thus disenfranchising the

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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

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 life situations, and the eudaimonistic dimension viewing health as exuberant well-being. Laffrey (1986) operationalized Smith's model in a scale intended to determine the extent to which individuals viewed health along each of these dimensions. In further research, Woods and colleagues (1988) supported the health conception model of Smith in a study of 528 women who were asked, "What do you mean when you say you are in good health?" Their work contributed to the further elaboration of the eudaimonistic view of health identifying nine images consistent with this dimension: actualizing self, practicing healthy life ways, positive self-concept, positive body image, social involvement, fitness, effective cognitive function, positive mood, and harmony.

Parse et al. (1985) conducted a phenomenological study of 400 men and women who were asked to write descriptions of a personal situation in which a feeling of health was experienced. Recurring themes were identified for persons of differing ages. As an example, the recurring themes for persons between 20 and 45 years of age as expressed within the theoretical framework of man–living–health were spirited intensity, fulfilling inventiveness, and symphonic integrity.

Classifying Expressions of Health

In this section, a system for classifying human expressions of health is proposed. Five dimensions of human health expression are organized further into 15 subcategories as shown in **Table 11-1**. This framework for

sification System for Expressions of Health

Harmony	Vitality	Sensitivity
Close to God	Energetic	Aware
Contemplative	Vigorous	Connected
At one with the universe	Zestful	Intimate
	Alert	Loving
	Fit	
	Buoyant	
	Exhilarated	
	Powerful	
	Courageous	

	Relevancy	Competency
	Useful	Purposive
	Contributing	Initiating
	Valued	Self-motivating
	Committed	Innovative
	Involved	Masterful
	Challenged	

Pattern	Meaningful Work	Invigorating Pay
ny diet	Setting realistic goals	Having meaningful hobbies
ularly	Varying activities	Engaging in satisfying leisure activities
ss	Undertaking challenging tasks	Planning energizing diversions
equate rest	Assuming responsibility for self	
mful substances	Collaborating with coworkers	
tive 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 and interdependence
Personal effectiveness	Preservation of the environment
Organismic efficiency	

Accomplishments

Enjoyment	Creativity	Transcendence
Pleasure from daily living	Maximum use of capacities	Freedom
Sense of achievement	Innovative contribution	Expansion of consciousness
		Optimized harmony between man and environment

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.
3. Some human health patterns can be directly observed, others must be self-reported.

The five dimensions within the classification are expressed in common language and the alliteration, although originally unintended, may be useful. Each of the five dimensions of health expression—affect, attitudes, activity, aspirations, and accomplishments—should be assessed in terms of daily fluctuations as well as evolving patterns over time. The five dimensions are proposed as culture free, whereas some of the 15 subcategories and potential indicators may be culture specific. Tools already exist to measure some of the suggested indicators; for others, approaches to description and/or measurement remain

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research in psychoneuroimmunol-
dicates that person/environment
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nses may moderate immune function
olt-Glaser & Glaser, 1987). Certain
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may enhance immune competence;
polar opposites may impair immune
bilities. There is also considerable evi-
e that physiological changes related to
ity have an impact on emotions. For
mple, production of endogenous opiates
nternal tranquilizers can contribute to
otional 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 the life process as a shared experience with others. It is these general attitudes or beliefs that are proposed to profoundly influence health.

Attitudes expressive of high-level health are presented in Table 11-1. These are recurring cognitive themes in the literature and in more than 75 in-depth interviews conducted by the author and her colleagues with persons considered to have stellar health behaviors. Three subcategories of attitudes have been proposed: optimism, relevancy, and competency.

Attitudes toward life, its value, meaning, and ultimate worth are reflected in the subcategory of optimism. Beliefs that all will end well despite life's changing circumstances and that there are possibilities for personal growth even in difficult situations is expressed through an optimistic outlook. Optimism is enhanced by reverence for life and trust in God or the orderliness of the universe. Optimism expands openness to creative possibilities in life patterns.

Relevancy is grasping one's place in the world with an appreciation for unique, personal contributions. Relevancy is expressed through self-respect and a feeling of acceptance by others as a useful and contributing member of society. Persons experiencing a sense of relevance are caring, committed, and involved in life. Relevancy also has an eternal time frame by which persons come to appreciate the importance of their personal existence within infinite time and space.

Competency is expressed in personal clarity about actual and potential capabilities and belief in the power to channel capabilities

patterns of work and play.
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epatterning of daily routines
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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/racial minorities, the range of choices is often constricted, limiting options for self-realization. Unnecessary limitations on self-expression is dehumanizing as well as detrimental to the continuing viability and vitality of a society.

The capacity of human beings to bring about changes in human and environmental fields is important for achievement of aspirations and goals. By modifying the nature of person/environment interactions, individuals can maximize available choices. Although persons usually have considerable freedom of choice concerning the goals they will pursue, the goals selected must be compatible with those of society. Social and cultural values as well as the needs of significant others provide a context for setting goals. Inherent in humanness is the moral responsibility for the ethical selection of goals and the means used to accomplish them.

Aspirations within a society often reflect normative patterns—the usual rather than the unusual, the average rather than the exception. Fitting in to societal norms rather than exceeding them is often condoned and encouraged to the detriment of creative change. Individuals possess unique capabilities for self-transcendence (Sarter, 1988). It is only as society encourages people to achieve their uniqueness unconstrained by normative expectations that we will have instances of maximized human health potential for systematic study.

Self-actualization and social contribution are proposed as two subcategories of aspirations needing further clarification and study in relation to human health patterns.

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after death. Regardless of the time
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ngs. 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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