

A WELLNESS APPROACH



Margaret Swarbrick

MARGARET (PEGGY) SWARBRICK, PHD,
OTR, CPRP IS TRAINING INSTITUTE
DIRECTOR, COLLABORATIVE SUPPORT
PROGRAMS OF NJ AND A POST DOCTORAL
APPOINTEE, UNIVERSITY OF MEDICINE AND
DENTISTRY, NJ SCHOOL OF HEALTH RELATED
PROFESSIONS, PSYCHIATRIC
REHABILITATION PROGRAM

CONTACT THE AUTHOR AT:
11 SPRING STREET
FREEHOLD, NEW JERSEY 07728
EMAIL: pswarbrick@cspnj.org

There is a significant paradigm in the field of public mental health practice that encompasses a wellness approach. This paper will present a wellness approach by comparing it to the traditional medical model. A personal application of the wellness approach will be discussed.

The paradigm shift toward recovery was initiated by Anthony (1991, 1993, 2000) and first-person accounts written by a prominent mental health consumer leader (Deegan, 1988). Recovery is a deeply personal, unique process of (re)gaining physical, spiritual, mental, and emotional balance when one encounters illness, crisis, or trauma. As a process, the individual learns to accept the illness, crisis, or trauma and its associated challenges while adjusting attitudes, beliefs, and sometimes both life roles and goals. For some people recovery is the ability to work, to live in housing of one's own choice, to have friends and intimate relationships, and to become a contributing member of one's community. Recovery, therefore, is a process of healing and restoring health and wellness during episodes of illness and life stressors.

Wellness is a conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying lifestyle (Johnson, 1986; Swarbrick, 1997). Wellness is the process of creating and adapting pat-

terns of behavior that lead to improved health in the wellness dimensions and heightened life satisfaction (Johnson, 1986). A wellness lifestyle includes a balance of health habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, productivity, social contact, and supportive relationships (Swarbrick, 1997). Wellness is holistic and multi-dimensional, and includes physical, emotional, intellectual, social, environmental, and spiritual dimensions. Wellness approaches for mental health practice have been proposed in recent years (Copeland, 2002; Copeland & Mead, 2004; Hutchinson, 1996; Moller & Murphy, 1997; Swarbrick, 1997; Weed, 1999).

The notion of wellness generates internal motivation and active participation in a person's treatment so that he or she can learn to manage problems and stress (Swarbrick, 1997) in order to prevent a crisis situation and, possibly, inpatient hospitalization. The treatment of diabetes is a useful analogy to maintaining wellness when a person has a

psychiatric diagnosis. Management of diabetes, like a diagnosis of mental illness, involves choosing and committing to a daily routine of medication, exercise, adequate nutrition, sleep and wake cycles, and rest (Swarbrick, 1997). This lifestyle pattern allows a person to maintain a level of physiological balance that impacts his or her physical, social, spiritual, and emotional well-being. A focus on health, strengths, and personal responsibility rather than dependence and illness can engender optimism and a belief in the capacity to exert personal control in managing total health needs.

There are some major differences between the medical model and the wellness approach. The medical model narrowly focuses on symptom reduction, rapid stabilization, and interventions focused on deficiencies and incapacity. In this deficit-based approach, individuals are seen in terms of their illness; what is often overlooked are people's interests, skills, abilities, and potential to achieve personal goals. The narrow focus on limitations often exacerbates the mental illness or crisis rather than supporting recovery.

The wellness approach, on the other hand, identifies goals, preferences, interests, and strengths of the individual. Wellness centers on health, whereas the medical model focuses on illness or disease management. This approach provides opportunities for persons to assume or resume the valued social roles necessary to achieve a decent quality of life. Wellness engenders a positive attitude rather than focusing on problems and issues. This perspective sparks internal motivation and strengthens an optimistic attitude. An individual is empowered to manage life crises and stress and direct their attention to wellness lifestyle goals.

The wellness approach outlines seven dimensions and their interrelated connections, which constitute the whole person. The concept of spirituality, for example, is metaphysical and, therefore, difficult to define objectively. Spirituality may be interpreted in terms of wellness as spiritual health, the extent to which a person's need for spiritual expression and growth are met. Spirituality is considered a strength, through its value as a contribution to health and healing. The medical model often excludes attention to the spiritual dimension, more often diagnosing the embracement of the spiritual dimension as a form of pathology, shamanism, ritualistic behavior, or quackery (Swarbrick & Burkhardt, 2000).

In the wellness approach, a person is empowered to assume personal responsibility and be proactive in the preservation of his or her own health. People are given an active role and responsibilities to self-monitor their own health behaviors and increase activity in the dimension where they perceive there is an imbalance. The motivation for compliance or adherence and commitment to change in the wellness approach comes through personal control and good health, whereas in the medical model, fear is used to drive change and instill compliance or adherence (Swarbrick, 1997). If one operates on the basis of fear, then the biological reaction to that fear can have a negative physiological and psychological effect on the body. This may compromise the interaction and deter positive change and healing.

A key to both the medical model and wellness approach is to help an individual to restore emotional and physical equilibrium by establishing and maintaining a predictable routine. A self-defined daily routine can help offset inner chaos and provides a pattern

that helps a person to regain control and order in his or her life. It is important to make positive health choices while exerting control over events in their self-care routines, life and participation in the community. The Wellness Recovery Action Plan (Copeland, 1997) provides an excellent strategy to help people develop daily plans and other self-awareness processes to help restore personal wellness and recovery.

I have a strong belief in the *power of the wellness* rather than the illness approach. My road to recovery has been long and winding and I continue my path to wellness, thankfully equipped with many more supports, skills, and a better attitude than when I started.

Twenty-eight years ago I encountered the mental health system as an adolescent. Instead of spending my freshman year in high school, I spent my time receiving long-term in-patient and out-patient services. High school was a nightmare and a blur because I never became fully integrated. I struggled to graduate and I had no ambition for any career or life path. My sense of future was nonexistent. I had no personal goals and life dreams. I constantly wanted to return to the solace and safety of a hospital institution. Through anger, frustration, and anxiety, I developed a wellness vision of trying to look at myself as a whole person, including emotional, physical, social, occupational, spiritual, environmental, and intellectual dimensions. Initially, this kept me alive and now it has helped me live each day more fully.

I continue to struggle with the many residual aspects of dealing with an emotional imbalance. Fortunately, I have been able to focus on my own wellness through swimming, employment and pursuing education and training, which has empowered me to move forward to achieve personal goals—one step at a time. I found my way out of the

hospital into other types of institutions such as community college and work. I made slow and steady gains toward defining my occupational role in society. I did work many less than minimum wage jobs and *work became an adaptive obsession*. I discovered that showing up for work was “half the battle.” Work challenged me to get out of my head, cast aside daily rituals, overcome constant self-doubt, and *do something for someone else*. Work also provided a financial reward, which helped me break away from my perceived control by family and others. I developed several miserly skills that have served me well over the years and have helped me attain financial stability.

Even though I have acknowledged my illness, I can still get caught up in its negativity, but I try to pay more attention to my overall wellness (physical health, emotional maturity, spirituality, living and working environment, intellectual capacity, and social supports) rather than the label of having been diagnosed with a mental illness.

Swimming has been the most critical tool in my arsenal of wellness tools that help keep me focused on my personal recovery. Early on it was an activity I could do alone and be in full control. It also got me into an environment where I could be around other people yet did not need to socialize if I did not feel well enough. It is well known that swimming is one of the best forms of exercise and stress reduction for people of all ages and life challenges (Katz, 1993). A good vigorous swim increases the oxygen in the blood that is delivered to the brain and also helps release endorphins into the blood. I found that I felt a meditative rhythm when engaged in swimming. The aerobic aspects of swimming pump the blood which can help the heart and relax muscles. I found swimming to be a relatively inexpensive ac-

tivity that significantly helped (and still helps) me deal with stress and promote my creative thinking patterns.

Swimming has helped relieve serious bouts of depression and helped with clearing my thinking patterns. Many times I have to push myself to get to the pool. Once I complete a 30 or 40 minute swim routine followed by a visit to a steam room I find myself thinking much clearer, less anxious and more relaxed.

Pursuing further education and working also have been very important tools. Work validated my abilities and fortunately led to a good track record in competitive employment. In my recovery, I have needed a great deal of support and help to create the type of daily routine such as setting a daily maintenance plan (Copeland, 1997) that supports recovery. *Patience and persistence* are the keys. I had to be *patient* with myself and others and *persist* even when I did not feel well. Early on I realized that if I showed up, I would be rewarded. This is how my work ethic developed. I realized that I could go to work and contribute something, even though I was not fully well.

Accepting the illness and the related challenges is also key. When I *stopped blaming* others and life's situations for the challenges imposed by my illness, I perceived life as less stressful and I was more able to handle stress, disappointments, and even my successes. *Learning* more about the illness and how I could be well despite my diagnosis was a relief. *Working* helped me get out of myself, and continues to help me to overcome my obsessions and rituals. I have developed an attitude of acceptance and continue to learn new skills and access supports that keep me focused on daily goals. There is hope for everyone and we need to be open to support one another.

It is my hope the mental health system, professionals, consumers and families can work collaboratively to become self-empowered and self-directed *to move beyond the label and think about the wellness within and around them*. It is up to each one of us to assume our respective roles and responsibilities on a personal, professional and system level to chart a course toward transforming the mental health system and our society such that we can achieve a collective focus on recovery and wellness. The wellness approach offers a holistic framework in which to view the person as a whole being (physical, spiritual, emotional, environment, social, occupational-leisure, intellectual, and environmental dimensions). This framework is useful for consumers, professionals, and families to take control of their lives and capitalize on strengths, abilities, and personal aspirations in order for every individual to take on and fulfill meaningful roles within their families and in today's society.

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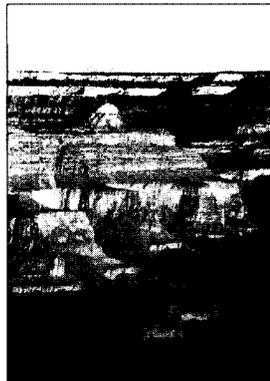
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