Leisure, Health, and Wellness

MAKING THE CONNECTIONS

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Leisure, Health, and Wellness:
Making the Connections

Leisure, Health, and Wellness:
Making the Connections

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Preface

As our understanding of the basis of good health changes, it is apparent that leisure and its use are an important issue in both achieving and maintaining good health. This book represents a collection of ideas brought together by scholars willing to venture outside of the safe confines of their own disciplines to write transdisciplinary chapters with colleagues from numerous fields related to health or leisure. Many of these authors did not know their co-authors before this writing experience.

The scholars and practitioners who have contributed to this book have played a significant role in building bridges and advancing the knowledge base related to leisure, health, and wellness and their interconnections. They have attempted to do so in ways that relate to everyday life. Our deepest gratitude and appreciation goes to all who have generously volunteered their time, energy, and expertise to bring this book from an idea to a finished product.

The pioneers of the parks and recreation movement who had the foresight to understand that recreation and leisure experiences can be a positive force for physical, mental, intellectual, social, and spiritual health deserve much of the credit for the understanding which produced this book. In the midst of profound change during the American Industrial Revolution, they identified the need to bring tranquility, solitude, and wonder into the city to help people adjust, "recreate," and restore their bodies, minds, hearts, and souls. People such as Joseph Lee (grandfather of the playground movement) and Luther Gulick (a physician and physical educator; founder of Campfire Girls; author of many books including the 1910 book *The Healthful Art of Dance*) did much to advance the study and management of parks, recreation, and leisure studies. Landscape architects such as Frederick Law Olmsted and colleagues who designed many major city parks systems across the United States also deserve credit for creating inviting and interesting natural landscapes for people to enjoy. Jane Addams championed the settlement house movement, where use of leisure was a central concern. Dorothy Enderis lighted the Milwaukee schools for community use of leisure after the school day was over.

Later, scholars and educators such as Charles K. Brightbill and Allen V. Sapora (respectively) wrote the *Challenge of Leisur*e among other important philosophical and more applied texts. In the area of disability, Dr. Timothy Nugent is credited with pioneering educational and recreation opportunities for people with disabilities. Evidence of his passion for improving the quality of life for people with disabilities is now seen all

over the world: curb cuts, wheelchair ramps on buses, world-class athletic programs, and so on.

This, then, is the story of how parks, recreation, and leisure studies contribute to the health and well-being of individuals, families, communities, and societies. This is also the story, however, of how public health contributes to parks, recreation and leisure studies; the intersections and connections between and among these fields, concepts, and professional practices. Public health pioneers similarly discovered that what happened during leisure within a community critically shaped health and wellness. The ancient Greeks realized that physical activity was important for promoting health and well-being for youth and adults and instituted sports and exercise programs for all citizens. Appropriately, the U.S. Department of Health and Human Services recently released the first ever national Physical Activity Guidelines and Physical Activity Plan as a recognition of the importance between leisure-time physical activity and health for persons of all ages.

The idea for this book emerged, in part, from ideas generated from a 2004 two-day intensive Summit on Leisure and Health, cosponsored by the University of Illinois' College of Applied Health Sciences and the National Recreation and Park Association. Although the chapters span across many disciplines and topics, by no means is this book meant to be comprehensive and all-inclusive. Rather, it represents a variety of ideas contributed by many scholars and practitioners working in these areas. There is a noticeable emphasis in many chapters on physical activity, symbolic of the times we live in and the obesity epidemic that plagues North America.

Kathy Spangler deserves special thanks for aggressively moving the health agenda forward within community parks and recreation during her 20 years at NRPA. She has been an excellent leader, ambassador, and servant to the field of parks and recreation and was instrumental in getting our field on the radar screen in public health. In the 1990s, the U.S. Centers for Disease Control and Prevention recognized the importance of physical activity as a public health priority by establishing the Physical Activity and Health Branch within the National Center for Chronic Disease Prevention and Health Promotion. Under the Branch leadership of David Buchner and Michael Pratt, transdisciplinary activities have been created to promote physical activity for all persons and within diverse settings.

More than ever, we believe leisure and recreation experiences are central to our health and well-being. Americans today struggle with more mental health issues due to the stressors of everyday life and the pressure to accomplish more things each day. Our society is aging, with increased chronic conditions, even as the Baby Boomers search for ways to stay

healthy and well. The number of centenarians (i.e., people who live to 100 years) continues to increase rapidly as does the population of people 85 and over. In 1958, Eleanor Roosevelt said it best in her syndicated column called *My Day* when she commented on the proliferation of television. She stated,

> If the use of leisure time is confined to looking at TV for a few extra hours every day, we will deteriorate as a people. Actually, the preparation for the use of leisure time should begin with our schoolchildren...These (art, music drama, hobbies, etc.) are all things that can give us joy and many of us will find that we are capable of acquiring a certain amount of skill we never dreamed we had….But these things must be taught, and in the age now developing about us they are important things (Roosevelt, 1958, p. 265).

Leisure is not only the final test of a civilization; it is a shaper of health and wellness. In this book we seek to understand this relation and why it has become more critical to our well-being—and yours. Join us!

Chapter 1
Leisure—An Overview

Garry Chick

Introduction

Leisure is a human universal. While it may differ in form cross-culturally, there is no evidence to suggest that leisure has not been part of the lives of people in all places and at all times in human history.[1] It exists, in one form or another, in societies at all levels of cultural complexity, from technologically simple food collectors to the sophisticates of the information age. Precisely defining leisure, however, even as it occurs in Western civilization, has been a traditional problem for researchers. Historically, the word "leisure" descends from the Latin *licere*, also the root of "license," and means "to be allowed or permitted." While this is of etymological interest, it has limited value for the study of leisure and its effects in the lives of individuals and groups. Definitions of concepts can be derived in several ways.

The roblem of Defin tion

Ordinary language philosophers such as Ludwig Wittgenstein hold that the meaning of words depends on how they are used in everyday discourse. Most English speakers would probably regard leisure, for example, as residual, nonproductive time remaining after obligatory activities, such as paid work, household chores, and personal maintenance, have been completed. Leisure researchers have attempted to remove ambiguity from ordinary language practice by claiming that leisure must have characteristics such as freedom of choice and intrinsic motivation, a practice more in line with analytic philosophy as practiced by Bertrand Russell, for example. Words can also be compared and contrasted with similar or related terms. Leisure is commonly distinguished from *recreation* with the former being regarded as release from situations that are normally mandatory or life sustaining, while the latter implies some form of activity that is mentally and/or physically refreshing, simulating, or relaxing.

An ordinary language approach to the meaning of leisure might be termed "bottom-up" as it is ethnographic in nature. It is the determination of the meaning of the concept to those who use it in everyday life. An analytic approach, in contrast, is "top-down" in that presumed experts determine the meaning of leisure.

Conditions For Leisure

Leisure researchers generally think of leisure as incorporating three characteristics, each of which is necessary but none of which are generally regarded as sufficient. First, leisure occurs in free or otherwise unobligated time and where freedom of choice is both important and possible. Second, certain activities or kinds of activities are usually associated with leisure. These include play, games, sport, reading, watching television, many outdoor activities, resting, festivals, and numerous other forms of both individual and social entertainment. Moreover, activities that may appear to be work-like for many can be leisure for others. Volunteering or deliberately risky or dangerous activities, such as mountain climbing, are examples. Finally, leisure may be thought of as an existential condition or state of mind wherein neither time not activity type is as critical as the meaning that an individual attributes to his or her activities. If it feels like leisure, it is. Individually, each of these definitional types has merit but also serious drawbacks. Taken together, however, they may inform us about aspects of leisure that should be considered in the relationship of leisure to health and well-being.

Leisure as Time. Few leisure scholars regard leisure as nothing more than free time, to be used at an individual's discretion, although it is often operationalized as such in the context of research. While free time seems to be a relatively objective way to think of leisure and can be measured with reasonable precision, it suffers from major conceptual problems. For example, prisoners in solitary confinement, those who are hospitalized, or the institutionalized aged appear to have abundant free time but it is unlikely that they or external observers would regard it as leisure. Moreover, even among individuals living in more typical settings, free time filled with boredom seems different from free time filled with happiness or pleasure.

The amount of free time available to people seems to differ both cross-culturally and based on the environment and ecology where they live. Early theorizing by anthropologists such as Franz Boas (1) held that leisure, conceptualized as free time, was instrumental in cultural evolution. As humans shifted from food collection via hunting and gathering to sedentary agriculture, Boas reasoned that their allegedly more dependable food supply provided more free time. They then used this free time to think and invent, including new ways to save time and labor. So, as "surplus" leisure increased, so did the development of technology that then provided even more leisure.

This "surplus theory" soon collided with evidence. In the 1950s, studies of the *San* peoples (previously known as Bushmen) of the Kalahari Desert in southwest Africa showed that they spend relatively little time

in their food quest, usually about three to four hours per day. Moreover, while the types of food they acquired changed during the yearly cycle, it was generally highly dependable. So, in 1980, anthropologist Peter Just (2) theorized that as cultures became more technologically complex, the amount of free time available to their members generally decreased, rather than increased.

In an article in 1986, I hypothesized that the relationship between cultural complexity and free time availability is curvilinear as earlier theorizing involved only groups of very low or very high cultural complexity (3). Anecdotal evidence suggested that societies of midrange complexity have relatively less free time than those either at the lower or higher ends of the complexity continuum. In a 1992 paper, using secondary data, I compared 42 societies across this range and found some support for my hypothesis (4). In a more recent study, Sharon Xiangyou Shen and I (5) got similar results using highly detailed time allocation data for 13 societies that range from hunter-gatherers to complex agriculturalists.

Even if the amount of free time available initially decreased with technological evolution and then increased, what about its availability in recent years? This has been a matter of some contention. Schor (6), for example, claimed that the average workweek for Americans increased from 39.8 hours in 1969 to 40.7 hours in 1987. On the other hand, the U.S. Bureau of Labor Statistics (7) indicated that the average U.S. worker put in about 37 hours of paid work per week in 1970 but only 33.9 hours in 2009 (7). Similarly, time diary data compiled by Robinson and Godbey (8) show that Americans have more free time than they had 30 years ago, again in contrast to Schor's claims. The differences appear to be due to the way raw data on work and leisure time was initially gathered and then processed. In a recent discussion, Nazareth (9) essentially sidesteps the issue of whether free time has increased or decreased over the last 30 years or so with the claim that many of us attempt to pack so much into what discretionary time we do have that it seems like the time available for ourselves is decreasing.

Regardless, other than for some societal subgroups, such as prisoners or slaves, there is no evidence that members of any present or past society had no free or discretionary time. So, having time that permits some measure of freedom of choice with respect to its use seems to be a necessary, if not sufficient, component of leisure.

Leisure as Activity. Leisure is often described in terms of certain activities or kinds of activities. These are generally nonproductive in an economic sense and are chosen by participants. In addition to games, play, sport, and other forms of entertainment, mentioned above, we should include expressive activities such as the production of music and art by amateurs, certain religious activities, and travel and tourism. At least some

of these activity types appear to be human universals. Brown (10) claimed that aesthetics (including various forms of art), dance, music, myths and other narratives, play, toys and playthings, and visiting are common to all humans. Earlier, Murdock (11) listed some 70 "common denominators of culture" including games, music and dance, sports, and visiting/socializing.

Games have probably been studied more from a cross-cultural comparative perspective than other activities generally thought of as leisure-related. Some games and forms of game play, such as the ancient Mesoamerican rubber ball game and lacrosse among some Native American tribes, do have ritual aspects but it is likely that these were often played for fun, as well (12). In a classic 1959 article, Roberts, Arth, and Bush (13) proposed that games model important aspects of social reality such as hunting, warfare, interaction with others, and interaction with the supernatural. Subsequent cross-cultural and intracultural studies have supported their contentions. Whether other leisure activities model facets of reality or everyday life does not appear to have been a focus of leisure research to date.

Leisure as a State of Mind. While free time and activity type are thought of as objective measures of leisure, it is also often regarded, more subjectively, as a state of mind or existential condition. The philosopher Josef Pieper (14), for example, wrote of leisure as similar to contemplation, something that permits individuals to step outside the everyday world, and even as the basis of culture. Some scholars suggest that time and activity are irrelevant when leisure is thought of only in terms of its meaning to those experiencing it (e.g., 15). This position suggests that the subjective experience is both necessary *and* sufficient for the existence of leisure, unlike free time and activity type. It does seem, however, that people will experience this subjective condition more frequently during free time and when engaged in a freely chosen, intrinsically motivated, and enjoyable activity.

Freedom of choice, intrinsic motivation, and enjoyment appear to be generally accepted by leisure researchers as conditions for the leisure experience. But freedom of choice is relative. Social activities almost always involve some obligation and sometimes even coercion, as when your boss asks you to join her for a round of golf. Similarly, some activities are obviously more enjoyable than others and even the same ones can be experienced differently under different conditions. Finally, while leisure researchers have tended to unquestioningly accept the concept of intrinsic motivation—the notion that people do some things simply because they want to and in the absence of any obvious external reward—even it is not uncontroversial. Moreover, intrinsic motivation is often touted, explicitly or implicitly, as superior to extrinsic motivation—that is, motivation based

on a reward. In support, researchers commonly cite canonical work by Deci and Ryan (e.g., 16, 17) and Lepper and colleagues (e.g., 18, 19) that indicates that intrinsic motivation is undermined by external rewards. On the other hand, Reiss (20) rejects the concepts of extrinsic and intrinsic motivation on both logical and empirical grounds. In their place, he proposes 16 basic desires that guide meaningful behavior. These include desires for power, curiosity, independence, status, social contact, romance, and acceptance, for example. Regardless of whether one accepts his particular list, Reiss claims that motivational desires cannot be reduced into just two categories. Leisure researchers should keep in mind that concepts such as perceived freedom, enjoyment, and intrinsic motivation can vary depending on circumstances, may themselves be multivariate, and may not be universally accepted.

A subjective conceptualization of leisure also has kinship to Csikszentmihalyi's (21) familiar notion of "flow," a condition of total concentration and absorption that can occur in overtly work-like as well as leisure-like activities and contexts. Flow is achieved when the skill of an individual matches the challenge afforded by a task. When activities are either too difficult or too easy for individuals, stress and anxiety or boredom occur, rather than flow. Csikszentmihalyi's work on flow is consistent with the recent and growing field of positive psychology. Concerned over the field of psychology's fixation on mental illness, Martin Seligman (22) made positive psychology—basically the study of happiness, fulfillment, and optimal human functioning—the theme of his term as president of the American Psychological Association in 1998. Research in the new field has expanded rapidly since then. Frederickson et al. (23), for example, found that positive emotions help reduce stress back to baseline conditions for individuals. They hypothesized that positive emotions, as experienced in the context of leisure, help reduce physiological conditions such as increased heart rate, elevated blood sugar levels, and immune system suppression that result from stress. In turn, positive emotions may reduce mortality and morbidity resulting from coronary heart disease and other stress-related conditions.

Leisure and Adaptation

The stress reduction aspects of leisure are relatively well known (e.g., 24) but considerably less is known and understood about leisure as an agent of *adaptation*, the degree to which an organism is suited to its environment. Natural selection is the general process by which adaptation occurs. What about leisure? Given its ubiquity among humans, is it merely a byproduct or is it something that gives humans an adaptive advantage, a special

means of dealing with our habitats? Humans are among the most adaptable of living things. We live in the rain forests of the tropics, in deserts, in mountains at very high altitudes, and in the arctic. Recently, we have even managed long-term survival in space. All of these adaptations are the result of our prowess with technology, something that we have to a far greater extent than any other animal.

But where does leisure fit? Other animals have free time, something obvious to anyone who has a cat or a dog. Some other animals may even engage in leisure-like activities. The playfulness of cats and dogs comes to mind, but also activities such as grooming among monkeys and apes, appears leisurely. Knowing the state of mind of other people is difficult enough and we know little about the minds of animals other than that those that play seem to enjoy it. As noted earlier, some 20th century anthropologists felt that free time was adaptive in terms of technological evolution but this was largely dismissed after the 1950s. However, a team of anthropologists did find evidence that leisure, defined as activity taking place during free time, had adaptive consequences for four native tribes of the Amazon basin. Rubin, Flowers, and Gross (25) showed that while adults in all four tribes spent approximately the same amount of time in both work and leisure, significantly more of the leisure of members of two of the tribes who lived in relatively degraded environments was spent passively with the members of the two tribes living in relatively richer environments engaged in more active pursuits. The authors interpreted this as using leisure as a means of adapting to their environments. Acquiring the required caloric intake to engage in active leisure would have required members of the two tribes living in degraded environments to work both harder and longer. Instead, they chose to adapt by reducing their needs through passive leisure.

Similarly, if leisure activities such as games model other culturally relevant real-world activities, they may serve as buffered learning contexts. That is, knowledge of common human problems such as marriage, food acquisition, and warfare is critical but acquisition of such knowledge from the activities themselves is difficult and often dangerous. However, if such knowledge can be gained through participation in models, available in leisure activities such as games, its acquisition becomes far more benign. Hence, an important feature of leisure, as engrossing activity engaged in largely during discretionary time, may be that it affords not only positive emotions that may lead to stress reduction and associated health benefits but also adaptation to one's environment in a broader sense.

Summary

Leisure, in all of its guises, appears to be a universal part of human cultures and may help people adapt to their environments wherever they may be. Being environmentally well-adapted would seem to be a prerequisite for health and healthy living. However, there has been very little research on leisure as a means or process for adaptation so the suggestions and implications above must remain just that for the moment.

Footnote

[1] It is difficult to say exactly how old "human history" is or when it began. Humans who were morphologically identical to us existed at least 200,000 years ago by some estimates (e.g., 26). We now have physical evidence of possible human ancestors (i.e., *Sahelanthropus tchadensis*) that date to approximately 7 million years ago (27).

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Chapter 2
Health, Wellness, and Quality of Life—Accent the Positive

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Health, wellness, and quality of life are all commonly used and commonly understood terms. However, despite the common usage, precise definitions are elusive and common understandings vary a great deal. Often the terms are used interchangeably, but some sources make distinctions among them. It is clear that, health, wellness, and quality of life are overlapping constructs, if not synonymous, and the key feature is the accent on the positive. That is, health, wellness, and quality of life all refer to positive health.

Health. Virtually all texts and resources on health, wellness, and quality of life start with reference to the World Health Organization (WHO) definition, "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity," which is found in the preamble to the 1946 constitution of the WHO (1) and easily accessed at websites of WHO and many other health organizations. That definition clearly accents the positive and moves away from the traditional medical model that focuses on treatment of major diseases such as cardiovascular disease, cancer, and diabetes. Nearly all health programs and agencies have moved closer to the positive health model in recent years.

That trend toward accenting the positive extends to many research and professional areas, including physical activity, leisure and recreation, as well as psychology and traditional health-related fields. For example, Martin Seligman, the key leader in the positive psychology movement recently proposed a new field: positive health (2). Citing the WHO definition and drawing on the positive psychology focus on mental health (positive emotion, engagement, purpose) rather than mental illness, Seligman suggested that positive health reflects a combination of excellent status on biological, subjective, and functional measures.

In *Healthy People 2010* (3), the widely cited statement of national health objectives, the first goal is to help individuals of all ages increase life expectancy *and* improve their quality of life. For the field of leisure and recreation, and indeed in most health-related fields, the focus is clearly on promotion of positive health and well-being. That shift toward positive health is one reason that the terms 'wellness' and 'quality of life' are often used in health-related programs and resources.

Wellness. The term *wellness*, which is newer and less common than *health*, has a more limited and explicit focus on positive health. Wellness as positive health stands in contrast to illness (negative health). Many texts and resources used in health and wellness courses (e.g., Corbin et al. (4)) refer to wellness as the positive component of health or as optimal health. Jensen and Allen (5) distinguished between the two by stating that health is "stability, balance, and integrity of function" while wellness is "the subjective experience of health" (p. 361).

Jane Myers has developed models and measures of wellness and used those in her counseling research on issues related to counseling and wellness (see website for further information: http://www.uncg.edu/~jemyers/wellness/docs/wellness.htm). According to Myers, wellness refers to a holistic approach in which mind, body, and spirit are integrated. More specifically, "We define *wellness* as a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community." (p. 252) (6).

The National Wellness Institute, established in 1977, offers the following definition: "Wellness is an active process through which people become aware of, and make choices toward, a more successful existence" (7). They further note that the many different definitions and interpretations of wellness share the following features:

- Wellness is a conscious, self-directed, and evolving process of achieving full potential
- Wellness is a multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment
- Wellness is positive and affirming

Quality of life. Many of the health and wellness resources have been using quality of life to refer to, or in place of, positive health and wellness. Indeed, quality of life is targeted in governmental health-related programs and funding agencies, as well as in a rapidly expanding body of research and scholarly publications. Both health professionals and the general public consider quality of life the marker of positive health. Quality of life is widely cited and understood, but definitions are elusive. Moreover, some scholars have distinguished the terms 'quality of life' (QoL) and 'health-related quality of life' (HRQoL).

Rejeski, Brawley, and Shumaker (8) who authored a seminal review of physical activity and health-related quality of life (HRQoL), defined QoL as a subjective, multidimensional construct and suggested that HRQoL refers to those aspects of QoL related to health. Since the Rejeski et al.

review, the distinction between HRQoL and QoL has blurred. Current work in physical activity and health, which overlaps leisure and health, typically refers to quality of life, but offers no precise definitions. Rejeski and Mihalko (9) identified lack of precision in the definition of QoL as a barrier to consensus about the relationship between physical activity and QoL, and McAuley and Elavsky (10) argued that we cannot determine whether physical activity enhances QoL unless we can accurately operationalize and reliably measure this construct.

O'Connor (11) (p. 9) cites a number of definitions of QoL and HRQoL, all of which are similar, and his summary description, patients' subjective experience of their overall health state, reflects the typical approach to QoL. O'Connor also considers QoL a *multidimensional* concept and refers to the WHO definition of health, which serves as the basis for most QoL definitions and measures. The WHO has developed measures of QoL, and the introduction to the WHO QoL measures defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (12). Like O'Connor, the WHO defines QoL as an individual perception (subjective) and as multidimensional, specifically citing physical, psychological, social, and environmental factors. The definition also implies that QoL is integrative, in that perceptions are influenced by multiple factors and integrated within the individual's personal and cultural context. In light of the literature on physical activity and QoL, and in line with the WHO definition, the first author of this chapter has elsewhere (13) defined QoL as a broad, integrative construct, comprising the person's perceived physical, social, and psychological well-being.

Positive health, wellness, and quality of life. All definitions and discussions of the terminology share common features. Whether the term of choice is health, wellness, or quality of life (QoL), the key feature is the accent on the positive. *Positive* health is an optimal state, not merely the absence of illness. As well as the focus on positive or optimal states, health, wellness, and quality of life are defined as subjective or personal self-evaluations; persons with chronic disease or disabilities can have high quality of life, and, although the environment clearly affects health, those in difficult circumstances can have positive health. Virtually all definitions and discussions describe health, wellness, and QoL as multidimensional, including psychological and social as well as physical domains. Also, the most relevant definitions and models, as discussed in the next section, refer to an integrative or holistic construct. Thus, *positive*

health (i.e., wellness, quality of life) is subjective, multidimensional, integrative optimal well-being.

Models of Health, Wellness, and Quality of Life (QoL)

Theoretical frameworks and conceptual models of health, wellness, and quality of life (QoL) are even rarer than definitions. However, several models related to the definitions provide the elements of a conceptual framework for operational measures and research on positive health and leisure. The most relevant and useful models are multidimensional and in line with the key features of the positive health definitions discussed in the previous section. Although scholars do not offer common definitions or components, physical, social, emotional, and mental health domains are consistently cited, with spiritual health often included. All those domains are relevant for leisure and health promotion, and are included in the most relevant models. For example, in their early work, Rejeski et al. (8) conceptualized health-related quality of life along six dimensions, including global HRQoL and sub-domains of physical function, physical symptoms/states, emotional function, social function, and cognitive function. The WHO definition of QoL, cited earlier, reflects a multidimensional model with physical, psychological, social, and environmental dimensions.

The first author and colleagues (e.g., Gill (13, 14)) have developed a working conceptual model for QoL as a broad, integrative construct reflecting positive health. That model, shown in Figure 2.1, is multidimensional, including physical, social, spiritual, emotional, and cognitive well-being. The model is also *hierarchical*, with those sub-domains contributing to an integrative subjective QoL.

Along with their definition of wellness, the National Wellness Institute (NWI) (7) offers a six-dimensional model of wellness. That model, developed by Dr. Bill Hettler, cofounder and president of the NWI, is an interdependent model with the following six dimensions: occupational, spiritual, physical, intellectual, emotional and social. The model is not hierarchical, and does not include a separate integrative wellness component. However,

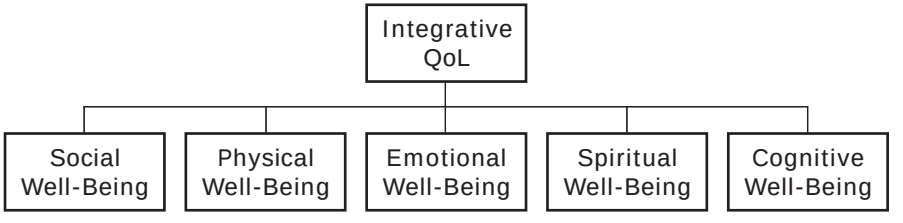

Figure 2.1 A Conceptual Model for Sub-domains of Quality of Life (QoL)

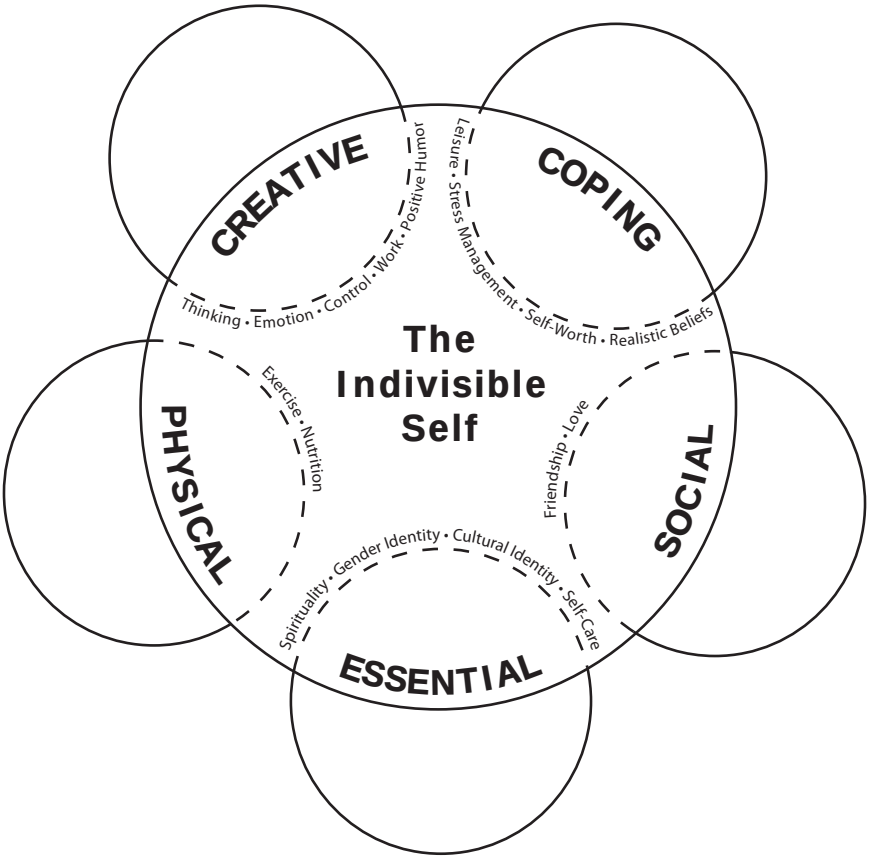

Figure 2.2 The Indivisible Self Model of Wellness

all six dimensions are interrelated, and thus together make up overall or integrative wellness.

The Indivisible Self Model (ISM) by Myers and Sweeney (15) is an evidence-based wellness model that views wellness holistically across the life span. Based on the Wheel of Wellness (6), the ISM addresses wellness as well as prevention over the life span. The model presents one "higher order wellness factor" that is composed of five second-order factors (Essential Self, Social Self, Creative Self, Physical Self, and Coping Self) and 17 separate wellness dimensions (thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self-care, friendship, and love). Like the wellness model, the ISM, shown in Figure 2.2, depicts the five factors as interrelated, together making up the indivisible self.

Carruthers and Hood (16) recently proposed a strengths-based service model, the Leisure and Well-Being Model (LWM), that is based on the

concept that contexts central to well-being must be facilitated through positive emotion and the development of relevant resources and capacities. Grounded in theories of psychology, leisure, and human developmental, the LWM focuses on "the centrality of positive emotion in creating a life of meaning…" (p. 299) (17). The first component of the LWM, Enhancing Leisure Experience, includes five ways of cultivating and enhancing leisure experiences: (a) savoring leisure, (b) authentic leisure, (c) leisure gratifications, (d) mindful leisure, and (e) virtuous leisure. A second component, Developing Resources, addresses the development of one's psychological, social, cognitive, physical, and environmental resources. Together these components contribute to well-being, positive experience, and expression of one's full potential (see Figure 2.3).

Measures of Health, Wellness, and Quality of Life

As several sources (e.g., Rejeski (8, 9)) and other chapters in this text suggest, leisure and physical activities are consistently related to quality of life and positive health. However, that research and related implications for professional practice are limited by the lack of measures that match the definitions and models of positive health. Nearly every study uses a different measure, and few are based on guiding theoretical frameworks. Measures range from overall subjective well-being or life satisfaction to aggregate measures of separate components such as physical function, social, cognitive, and spiritual well-being.

The most widely used measure in health-related research, the SF-36 (18), is part of the larger QoL measures used in the Medical Outcomes Study. The SF-36 is simple, has adequate psychometric properties and is readily available, but the SF-36 was designed for clinical purposes, and the items emphasize physical function rather than positive health.

The Centers for Disease Control and Prevention (CDC) has a Healthy Days measure of QoL that is valuable for gathering epidemiological data, but the measure was not developed within a conceptual framework or theory-based research on health promotion. Like the SF-36 and most commonly-used measures of health-related QoL, however, the CDC measure focuses on limitations and symptoms, and fails to capture multidimensional positive health and well-being.

Based on the ISM and wellness models, Myers and colleagues have developed The Wellness Evaluation of Lifestyle (WEL) Inventory (19), which is a 131-item clinically-oriented tool designed to facilitate individuals' choices toward a healthy lifestyle. Their more recent Five Factor Wellness Inventory (5F-Wel) (13) is a shorter evidence-based version of the WEL based on the Indivisible Self Model (ISM). It is applicable for children,

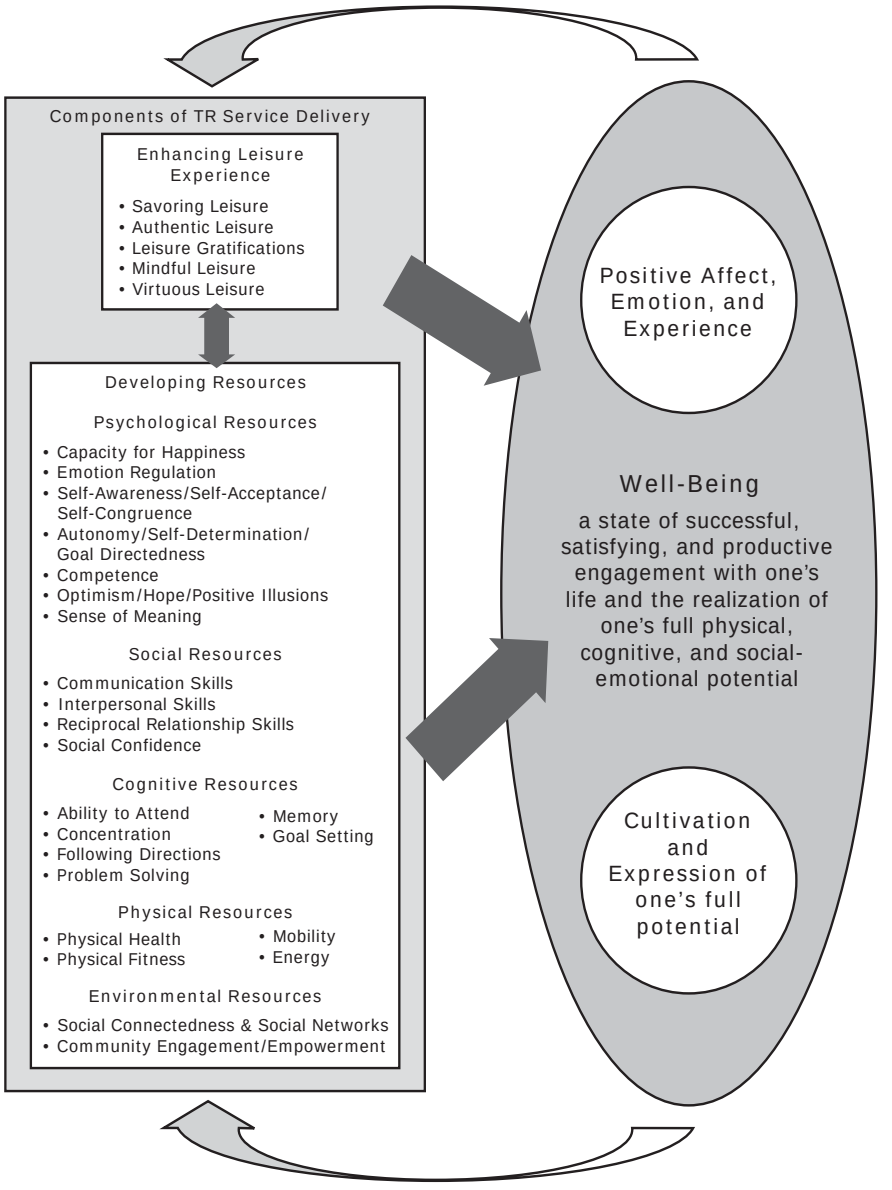

Figure 2.3 The Leisure and Well-being Model of Wellness

adolescents, as well as adults (available at: http://www.mindgarden.com/products/5fwels.htm).

The Perceived Wellness Scale (PWS) by Adams, Bezner, and Steinhardt (20) is a measure of wellness perceptions in each of six separate subscales. The PWS identifies individuals who score high on perceived wellness as: (a) more physically healthy, (b) have a greater sense of

meaning and purpose in life, (c) expect that positive things will occur in their life no matter what the circumstances, (d) be more connected with family or friends, (e) be more secure and happy with who they are, and (f) be intellectually vibrant. Research has found this measure to be successful with various populations including survivors of traumatic brain injury, survivors of breast cancer, as well as high school students.

The WHO has developed two instruments for measuring quality of life (the WHOQOL-100 and the WHOQOL-BREF) in line with their definitions of health and quality of life. Information on the development of the measures, as well as the manual and related research is available at the WHO website (http://www.who.int/mental_health/resources/evidence_research/en/index.html). The WHO measures, and several other measures, reflect the common understanding of positive health as a subjective, integrative, multidimensional construct.

Summary

This chapter is not comprehensive (an impossible task), but it is representative of the dominant models and approaches to health and wellness across a range of disciplines and professional areas, including public health, kinesiology and counseling. We have drawn from and presented constructs, models, and measures to represent that literature, and also to be relevant to leisure studies. Common themes link all these constructs, models, and measures to converge and accent *positive* health. Positive health is a subjective, integrative, multidimensional construct that reflects optimal well-being.

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