

What It *Really* Means to be Healthy!



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Welcome to “What It Really Means to Be Healthy”!

This is not a “How-to” Book . . . This is not a product advertisement.

This is a short course in the fundamentals of experiencing and promoting health in the context of natural healing practices—complimentary, alternative, and integrative--to get you thinking about what health, wellness, and quality of life really are.

Here descriptions of natural remedies are balanced with considerations of historical origins, scientific research outcomes, and Biblical principles. New understandings of how we make decisions that promote health are also discussed.

Several PowerPoint presentations and links to health-related national websites illustrate and inform concepts here. Assignments are given at the end of each chapter for reinforcement, self-inventory, and further learning from outside sources so that you are supported in any health behavior or opinion changes you make.

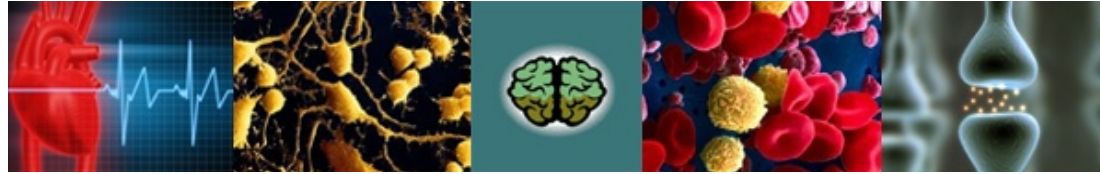
~~ If you are a Health Professional, this will reinforce your knowledge in health promotion theory and practice while examining the efficacy of non-mainstream medical intervention.

~~If you have an understanding of health science, this book will integrate purpose in your own fitness plan and help you to motivate others to engage in quality living.

~~ If you are a student in the health professions, this book will supplement your courses and produce some questions for discussion or concepts for written work.

~~ If you are none of the above but curious about living really healthy, read on; you will not be disappointed. In fact, you will be persuaded to take stock of your lifestyle and may even become a crusader for health!

For whatever reason you have come, Enjoy!



Overview of “What It Really Means to Be Healthy”!

In Chapter One:

You will progress from defining health and health behavior and characterizing the Whole Person, through meanings of healing to models of health promotion intervention, and to current health concerns of the nation.

In Chapter Two:

The challenges to high-level wellness characterized by stress and stressors are mitigated with several intervention presentations on the subjects of sleep, breathing, relaxation, recognizing depression, managing pain.

In Chapter Three:

You have been led to consider changing your health behavior to improve health and are wondering how to do that. Four principles based in cognitive theory are explored for critical thinking, leading to descriptions of behavior change models.

In Chapter Four:

The New Age paradigm is contrasted with spiritual discernment taught in the Bible.

In Chapter Five:

The pleasure of aromas and movement of the body are proposed as pleasurable avenues to health.

In Chapter Six:

Health is encapsulated in positive, fulfilling relationships with other people. Once you have met your personal needs, a spiritual health and connection with God leads you to reach out to others in need of your compassion.

60 minutes spent with the pages of this book will not be wasted . . . they may mean the turning point to health and quality of life for you or someone you care about!



Chapter 1 Capturing the Meaning

In order for us to understand what it really means to be healthy and to practice responsible health before others, we need to prepare the ground for planting new or improved seeds of ideas. In this chapter we will define health and consider appropriate natural healing practices for the lack of health. Then we will examine three levels of preventing disease and injury that health professionals use as a framework in promoting healthful living, which I recommend for you to consider. What it means to be a whole person vs. holism will lead us to various types of healing. Eight factors that determine whether we will be healthy form a fundamental component of this structure we are building called HEALTH. The act of believing what you hear about healthful living is then depicted in the Health Belief Model. Have an enjoyable journey, but, keep your thinking cap on!

Definition of Health

The World Health Organization’s definition of health is: “Health is a state of physical, mental and social well-being and the ability to function and not merely the absence of illness and infirmity.”

Health is not just the absence of disease, but a balanced state of well-being resulting from harmonious interaction of body, mind, and spirit.

Well-being can realistically be considered as a point along the health-illness continuum, reflecting one’s current state of being at approximately 4 stages:

Health ←————→ Illness

1. clinical health or the absence of disease,
2. one’s role-performance of health or the ability to perform one’s social roles satisfactorily,
3. one’s adaptiveness to circumstances and the environment, and
4. eudaemonistic health, or self-actualization and the attainment of one’s greatest human potential or personal best.

Because it is subjective, we must personally determine our state of health based on what we know, how we feel, whether we are able to meet reasonable expectations of society, and whether we are satisfied with our quality of life.

Definition and Discussion of Health Behavior

Health is the opposite of illness role behavior, where one acts on symptoms of illness to seek or discover a suitable remedy. One may also display sick role behavior in trying to facilitate recovery from illness. One may also maintain a dependency on others for mediation or

treatment. All these are in opposition to behaving as if one is well and in a state of well-being.

Health behavior can be described as self-defined behaviors of a broad scope of practice that are performed to protect against disease and to promote a higher level of health or quality of life. It may not be observable because it may be mental events (decisions) and feeling states (peace and contentment). It may encompass personal attributes such as health beliefs, values, expectations, motives, perceptions, and personality characteristics.

(Examples are getting immunized against Hepatitis B or exercising regularly to maintain cardiovascular health in the face of family history.)

Health promotion behavior is behavior directed toward achieving a greater level of health and well-being.

(Exercising regularly makes one feel energetic and able to function at a higher level competitively.)

Illness/disease prevention is behavior directed toward reducing the threat of illness, injury, disease, or complications.

(Wearing a seat belt, helmet, protective gear when engaging in risk activity in car, bicycle, or roller blades are examples of health-promoting and accident-prevention behaviors.)

Health maintenance behavior is directed toward keeping a current state of health and well-being.

(Like exercising outdoors to maintain ideal weight, eating plenty of vegetables and fruits to keep immune system strong; sleeping regularly and maintaining a cheerful spirit.)

These various modes indicate that behavior can be determined according to the performance choices one makes, leading to self-care. Here individuals make their own choices and perform activities on their own behalf to maintain life, health, and well-being and to improve illness states. To do this they need to be informed.

Deleterious Choices

All through recorded history human behavior has reflected both a glimpse of the estimate of one's personal worth and the beliefs and values of one's community at the time. What perplexes self-determined individuals is the health-negating behaviors of those who make deleterious choices that not only affect themselves, but reach into the family and the community in which they live and eventually around the world. Today we see the results of such choices causing at least half of all premature deaths in the U.S.—a staggering burden for society. And if we examine the status of world health, we see some countries spiraling down into devastation on their current course.

Human health-related behaviors—whether positive or negative—occur in stratified layers of immediate and long-term outcomes. For example, a male who chooses to smoke at 16 years of age makes that choice for short-term pleasurable rewards. Four years later when in the act of conceiving, weaknesses are passed on to the new child through defective sperm and, if the mother of the child is smoking, development is affected in the womb. If one or both smoke in the same room with mother and child, the fetus's quality of life is compromised through passage of toxic products of tobacco across the placenta. After the child is born and the smoking parent(s) expose the child to passive smoke, the respiratory health of the child is compromised to the point of risk for delay in academic achievement and later in his/her teens the propensity to take up smoking as the parents did.

In the meantime, if the father (parents) continue(s) to smoke throughout succeeding

decades, there is likelihood that at least one chronic disease will develop, function will be limited, and life will be shortened through heart disease, chronic bronchitis, emphysema, diabetes, or cancer. The first choice was to seek pleasure; succeeding choices to change behavior become progressively more difficult to make because of biochemical dependencies and reinforced neural pathways laid down in the brain. The results are now deficiency in confidence in the ability to make positive change. It has been puzzling why individuals, when given vital information about their risk-laden lifestyle and offered the mechanisms for independent or assisted change (medications to thwart nicotine craving or support groups and the best research-proven strategies), do not effectively reverse their behavior and maintain a new life of wellness. Current researchers are ambitiously engaged in studies that will bring discovery to that expression of human behavior. And in this chapter we will learn more about current understanding of how people decide.

Levels of Prevention

Public Health epidemiologists, those who study the cause, course, and patterns of disease or injury among groups of people, have designed a descriptive model upon which to develop health promotion and disease prevention plans for individuals and populations groups. It is a three-level construct of strategies based on the stage relationship to disease or injury called The Levels of Prevention.

Levels of Prevention		
Primary Level	Preventive actions that alter susceptibility of individuals or that reduce their risk of exposure to harmful substances	Examples: immunization programs, nutrition programs such as school lunches, improvement in socioeconomic conditions, health teaching, environmental purity programs, parenting education
Secondary Level	Applied In the presence of disease/injury: Early screening, detection and treatment of disease/injury to reverse or effect a cure.	Examples: yearly physical exams and periodic primary care with lab tests, family counseling
Tertiary Level	In the advanced disease or disability condition: ameliorate disease, rehabilitate, and provide supportive care	Examples: surgery, drugs-including chemotherapy, physical therapy, immunotherapy, home care.

The Whole Person



Fundamentally, a person is a whole being when conceptualized as a composite of physical forces (neurobiochemical), mental-emotional energies (biopsychosocial), and the spiritual dimension. All these elements are integrated and interwoven into a whole human being.

Some describe the whole person experience as a spiraling course through time and space from conception to infinity. That is the objective view, as one outside looking in. In the personal human experience of a believer in the power of a Creator God, it may mean enjoying a life-sustaining relationship with Him and feeling confident and at peace in whatever circumstances, knowing you are living a lifestyle that honors Him. It may mean that the “solid self” is more than being actualized through values clarification and consistency of beliefs, feelings, and resultant actions. You are capable of seeing others, including the unlovely, through the eyes of a loving God and of actually becoming a conduit for the expression of His love and concern for all humanity. This pattern of living transcends self-actualization and reaches into the realms of Heaven.

It has only been in the recent 3 decades that the relationship of body-mind-spirit has been explored by health professionals and lay persons alike in the context of seeking reasons for health-negative or health-positive behaviors. In the late-1990s the National Institutes of Health opened a new institution—the National Center of Complementary and Alternative Medicine (<http://nccam.nih.gov/>) to conduct and support basic and applied research and training and disseminate information on complementary and alternative medicine to practitioners and the public. The individual is finally at the center of decision-making over interventions for health and healing. At this site you will find the 5 recognized fields of practice:

1. Alternative Medical Systems: homeopathy, naturopathy, traditional Chinese medicine, and Ayurveda
2. Mind-Body Interventions
3. Biologically Based Therapies
4. Manipulative and Body-Based Methods
5. Energy Therapies

It is important for one to know the origins of these practices, their influence on modern medicine, their possible opposition to traditional medical care, the soundness and practicality of their design, their cost economically and in time, and the ethics of their use.

The term *alternative* is used to describe treatments other than those prescribed or found in traditional modern medical treatment. They may be as accessible as nutritional supplements or herbal products in the place of medications, or they may be the use of electricity or magnetism or suspended touch for healing. *Complementary* medicine means alternative medicine for which there is not adequate scientific evidence to recommend it both from efficacy and safety standpoints, but it is applied as an adjunct to modern medical treatments because there is anecdotal evidence that symptoms are relieved, even if temporarily. It does not replace

standard medical treatment. *Integrative* medicine refers to the attempt to combine the best treatment in approved natural remedies with traditional medicine, looking for compatibility in the process of healing. For instance: water treatments, manipulation/massage, nutrition, and medication and watchful laboratory work for chronic pain. Some common interventions for conditions that health professionals informed in natural practices have recommended are shown on the chart below.

Common Natural Healing Practices	
Condition	Intervention(s)
Anxiety/stress	Aromatherapy, hypnotherapy, massage, nutrition, reflexology, Reiki, Yoga
Headaches	Aromatherapy, hypnotherapy, massage, nutrition, reflexology, Reiki, Yoga
Back pain	Chiropractic, magnet therapy, massage, reflexology, Yoga
Respiratory problems, including asthma	Aromatherapy, chiropractic, homeopathy, magnet therapy, massage, reflexology
Insomnia	Aromatherapy, hypnotherapy, massage, reflexology, Reiki, Yoga
Cardiovascular problems	Chiropractic, magnet therapy, nutrition, reflexology, Reiki, Yoga
Musculoskeletal problems	Aromatherapy, chiropractic, reflexology, massage

Some treatments of this field have not suitably been demonstrated in rigorous scientific studies meeting validity and reliability confidence, thus the current effort by the National Center for Complementary and Alternative Medicine at the National Institutes of Health in Washington, D.C. to produce such studies. If treatments can be shown to be specifically effective, limit harm to subjects, and replicable, we can be reasonably confident in their use. Science is one lens through which to make a personal decision. There are others.

Diverse Meanings of “Healing”

Healing to “holistic” practitioners (health professionals and trained lay persons) denotes a balancing strategy as a process of integrating the parts of oneself at a deep level of inner knowledge in a way that gives each part equal importance and value; also referred to as “wholeness”. The energy world of a person, or the inner emotional and spiritual forces, influences the physical expressions of life toward stress. This is in contrast with the traditional criteria-bound science of medicine which has said that of primary importance and influence on well-being are the neuro-bio-chemical forces insulted by microbes, viruses, and cellular injury; thus requiring working from the outside in to effect healing. Healing agents have then been drugs, surgery, and manipulation by therapies—all revealing measurable outcomes and reflective of scientific conclusions. Therefore, both the cause of disease and the treatment applied are from without the body and are physical factors.

Holism argues that healing comes from the psycho-social-spiritual forces within oneself. Adversely, illness comes from within because of a compromised mental-spiritual energy force, allowing disease-causing intruders in. The fundamental principle of holistic philosophy rests on the premise that illness results when emotional, psychological or spiritual stresses become overwhelming and thus cause a weakening of the body forces. In fact, holism states that the inner emotional and spiritual world of a person precedes and even determines the reaction of

the physical body to stresses.

It is thought that sometime soon there will be a merger of traditional scientific medicine with holism and the recognition that emotions affect every choice we make and limit or enhance human physiology. The relatively-new science of psychoneuroimmunology, the scientific study of how psychological and emotional imbalances affect the immune system, is opening the window of discovery with tentative proof of that relationship. There is more on that in the next chapter.

Holism places limitations to the experience of spirituality by acquiescing the power for change to the various “selves” it describes and attributing to the “impersonal or transcendent self” the power to heal. In other words, if one who seeks healing places hope in the portion of the mind (impersonal self) that distances one from the disease/illness, acknowledging that it is not overwhelming life and that one can have power over it, then the way is opened for one to work the mechanics of natural healing modalities and perhaps achieve healing.

Admittedly, faith is engaged here. Christians would wish to call it faith in God. Holism, and ultimately New Ageism, ascribe that faith to trust in one’s own capacity to create their own reality—inwardly directed. And it is here that the term “spirituality” turns a corner in modernism. The spirituality is thought to be based within ourselves, not outside ourselves with God. Therefore, we can heal ourselves within our own bodies because we have the spiritual Source, we are divinity in action within ourselves! And we have the power to create through our willpower-commanding energy! Spirituality is seen as the practice of honoring one’s relationship to the God-force within as a partnership—“reaching for a mature spirituality based upon principles of co-creation and personal responsibility.” Placing faith in an external God puts one at risk of not being healed because God is arbitrary and has created the suffering we endure [Myss, C, Shealy, C, (1993). *The Creation of Health*, Ch. 5 “How We Heal”, New York: Three Rivers Press]. Here is where the faithful Christian parts company with holism and embraces the whole person health that confidence in God and peaceful forgiveness brings. [More discussion on New Age thinking takes place in Chapter 4.]

Miraculous healing suggests that a disease, illness, or injury is reversed within a short span of time without explanation other than a spiritual force. This is accomplished by personal or intercessory prayer and/or anointing by Biblical principle.

Intentional healing is achieved through knowledge of the disease/injury process and physical body deficits and the proven methods of medications, therapy, nutrition, and emotional/spiritual rejuvenation. It may take a short span of time; it may take longer than expected. It may return one to the previous state of wellness; it may leave one with some deficit of function. The subjective perspective of the healing may be accepted in relationship to compromises one is emotionally willing and ready to take. It may not be observably miraculous, but when perceived as an act of creative restoration of the body by the Creator, it is humbly appreciated.

Diversity in Spiritual Health



In these times of mobile societies and global travel, getting to know about belief systems of individuals from countries far from our own and accepting their differences are encouraged. Biodiversity and cultural diversity is seen as an enriching of society. For instance, Christians welcome people of all color as “brothers and sisters.” Tolerance of difference (or indifference) has progressed to embracing diversity.

In our zeal to be caring and accommodating, we should preserve our values and beliefs from dilution. Some tend to define spirituality as “whatever it means to you.” Some integrate practices foreign to their traditional beliefs to display cultural competence. In matters of the spirit and one’s relationship to God, loyalties and obedience must be clear. For example, Christians follow Biblical principles and learn from lessons of the ancients. God is explicit about worship and lifestyle practices that are in opposition to His character because they are not of a heavenly source. [Refer to the admonitions of Deuteronomy 18:9-14; I Corinthians 10:18-21; Leviticus 19:26; 2 Kings 21:6; Jeremiah 14:14]

Examining the Dimensions of Health

Now that we have defined health and considered the various concepts toward healing in our modern North American society, we will review 8 major factors that determine health in individuals of various populations in our world by examining the illustration below, which has been adapted to reflect the concept of wholism. The determinants of health are defined by the World Health Organization. They are introduced on their website with this statement, “To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.” Sounds like personal decision making on our part to a large degree.

Consider the “**The Wholistic Determinants of Health**” on the next page . . .

Spiritual Relationships			
People are at their best when living for others. We need the vertical connection with our Creator to obtain the tools and skills to develop healthy and satisfying horizontal friendships with others in our sphere of living. Appreciation for things created bring peace and contentment to our lives.			
Coping & Adaptation Toward Stress How one responds to natural and man-made stressors, revealed by attitudes expressed, management of time and priorities of life, and nutritional and activity practices.	Personal Risk Management Risk is defined as vulnerability to injury/disease. We put ourselves "at risk" by exposing our bodies/minds to hazards that may cause injury or disease or death. Attitudes and the resultant choices we make position us for, or opposed to, risk. It is important to individuals who desire to control (with their Spiritual God) their lives that management of activities leading to risk of exposure be primary when making life choices.	Family Relationships Understanding the dynamics and communication patterns used among family members while learning about the roles and functions of each member helps us to perpetuate healthy relationships throughout society.	
Nutrition & Water Adherence to the principles of balanced nutrition based on inherent body needs and the use of adequate quantities of pure water for internal hydration and external hygiene supports a healthy lifestyle.	Exercise & Motion Activities that include stretching, muscle development, and aerobic motion lead to a balanced wholistic lifestyle, reduce stress, and enhance enjoyment of a healthy lifestyle.	Pleasure-seeking Activities Mind-altering agents such as tobacco, marijuana, alcohol, illegal drugs, and some over-the-counter medications promote an unnatural, habituated (slavish), and physically detrimental lifestyle. A myriad of research studies reveal the decline of sub-populations of society who indulge in them. Overuse and dependence on prescription drugs to the exclusion of behavior modifications are also at fault.	Achievement Reaching personal goals, or as Maslow puts it, "self-actualization," employs self-improvement measures and evaluation of choices, continued education, practiced motivation, and over-all, a sense of the "whole picture" or global view. Including spiritual components to this global thinking enhances one's understanding of purpose in living among the society of other earth inhabitants.

Another Model of Health – Health Belief Model (HBM)

There are several models that have been used in the field of health promotion to define and explain health behavior and specifically-designed interventions. In this course we will briefly look at two--The Health Belief Model (HBM) and the Theory of Reasoned Action.

The purpose of this model is to describe intellectually why some people respond to health information by taking action to avoid illness or injury and others ignore the information and fail to avoid disease or injury. (Like the smoking parents mentioned earlier.) It predicts which people are unlikely to change behavior and what intervention methods might reduce their reluctance to change. For over 40 years it has been one of the most widely used conceptual frameworks in the health behavior/health promotion field. Dr. Irwin Rosenstock and other Public Health researchers were its creators. It grew out of frustration of Public Health program developers who saw limited response to their efforts—such as the lackluster participation of individuals in TB screening in the 1950s. A little later in the next chapter, we will examine the role a chemical plays in cognition and motivation toward change.

The HBM looks at one's degree of perceived susceptibility to disease/injury, perceived severity of the disease/injury, and perceived benefit or effectiveness of the behavior change or health-related action to reduce the disease/injury threat. Then it suggests interventions or applications the health professional may exert to move the individual toward healthful action. The next table sets up the components. . .

The Health Belief Model		
Concept	Definition	Application
Perceived susceptibility	One's opinion of chances of getting a condition	Define population(s) at risk, risk levels Personalize risk based on a person's characteristics or behavior Make perceived susceptibility more consistent with individual's actual risk.
Perceived severity	One's opinion of how serious a condition and its sequelae are.	Specify consequences of the risk and the condition
Perceived benefit	One's opinion of the efficacy of the advised action to reduce risk or seriousness of impact.	Define action to take: how, where, when. Clarify the positive effects to be expected.
Perceived barriers	One's opinion of the tangible and psychological costs of the advised action.	Identify and reduce perceived barriers through reassurance, correction of misinformation, incentives, assistance.
Cues to action	Strategies to activate one's "readiness."	Provide how-to information, promote awareness, employ reminder systems.
Self-efficacy	One's confidence in one's ability to take action.	Provide training, guidance in performing action. Use progressive goal setting. Give verbal reinforcement. Demonstrate desired behaviors. Reduce anxiety.

The Theory of Reasoned Action

Fishbein and Ajzen concluded from their studies that individuals base their intentions toward behavior change on their attitude toward the proposed behavior—what they expect in outcome and how important/valuable the change is to them (or by extension, to their children or family)—and what they perceive as social norms—what others are doing and do they agree/care and how willing to put forth the effort to change. External factors such as demographics (age, gender, income, education), the influence of reference groups (friends, family), and personality (whether passive, innovative, aggressive, etc.) also figure in the equation for decision. Johns Hopkins University School of Public Health has a good PowerPoint presentation on this topic at <http://ocw.jhsph.edu/courses/SocialBehavioralFoundations/PDFs/Lecture6.pdf> Note that their Creative Commons website posts health-related courses for free to the public.

A Health Report Card for the Nation

The United States, England, and Canada have set the pace among other nations for assessing the nation's state of health through data collected from their subpopulations and environmental factors. In 1979, Healthy People 2000: The Surgeon General's Report on Health Promotion and Disease Prevention was released to the U.S. people. In 1980 a follow-up publication entitled Promoting Health/Preventing Disease: Objectives for the Nation was released as a mandate to develop and implement programs and initiatives that would improve the health of all through 226 measurable health objectives over the next decade. In 1990 Healthy People 2000: National Health Promotion and Disease Prevention Objectives was released. It continued to monitor progress toward reducing unhealthy behaviors and consequences of risk behavior. Another report with new benchmark objectives was released in 1999 for the year 2010—Healthy People 2010. In it were two Central Goals:

Increase quality and years of healthy life ---- Eliminate health disparities

Under those Goals are 28 Objective Focus areas monitored through 467 sub-objectives. The Determinants of Health of Healthy People 2010 were:

- **The Biological and Behavioral nature of the Individual**
- **The Social environment (relationships in the home and the community)**
- **The Physical environment**
- **Policies and Interventions directed toward people and their state of health**
- **Access to quality health care**

At this time, you may go to the *Healthy People 2020* website at <https://www.healthypeople.gov/2020/default> and peruse the wealth of information there to guide a healthy nation through this decade. The overarching Goals for HP 2020 are:

- **Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.**
- **Achieve health equity, eliminate disparities, and improve the health of all groups.**
- **Create social and physical environments that promote good health for all.**
- **Promote quality of life, healthy development, and healthy behaviors across all life stages.**

From a world view you may learn about global health concerns and health promotion endeavors at the website of the World Health Organization, <http://www.who.org>. There you will find the latest World Health Reports. The Global Health Council www.globalhealth.org also provides information about organizations that work with vulnerable populations of the world.

United States health officials are concerned about the toll of accidents, chronic diseases, and emerging, devastating communicable diseases. The **Major Health Concerns** table, next, is an age-based overview of those concerns.

Population Age Group	Health/Disease Concern
DEVELOPMENT	
Infants and Children (0-12 years)	Respiratory, resulting in fever and/or severe and recurrent ear infections Often tobacco-related events Gastrointestinal – vomiting and diarrhea caused by viruses and bacteria Learning difficulties: genetic, familial, environmental Accidents: intentional and non-intentional Violence and abuse Overweight & obesity
Teens (13-17 years)	Pregnancy: planned and unplanned Sexually-transmitted diseases Substance use and abuse Depression, sometimes leading to suicide Violence: participation in or victim of Stress Sexuality issues Overweight & obesity
Young Adults (18-24 years)	Stress: relationships at home or work, academic Contraception & family planning Sexually-transmitted diseases Fertility & childbearing Substance use and abuse Overweight & obesity
MAINTENANCE	
Adults (25-44 years)	Stress: relationships at home or work; childrearing Contraception and family planning Early signs of lifestyle-related conditions: hypertension, diabetes, heart, etc. Overweight & obesity
Middle Age (45-64 years)	Chronic diseases: hypertension, diabetes, heart, pulmonary, kidney, arthritis Sandwich Generation Syndrome: caring for grandchildren and aging parents Mobility difficulties Cancer Isolation; Depression Overweight & obesity
Old Age (65--? Years)	Mobility limitations Mental acuity Sensual decline Isolation, loneliness Housing and personal care needs Chronic diseases as above

Setting New Goals to Enhance Your Health

YOUR PERSONAL HEALTH PLAN

You are strongly encouraged to participate in a personal faith-based fitness plan. Attention to proper nutrition and regular exercise are primary activities. You may wish to extend beyond that and include spiritual practices of meditation, reflection, and objective-based study in character development. Or you may wish to explore the influence of art—whether visual, audio, or manipulative—on wellness or healing. What you plan should be recorded in a weekly Journal.

YOUR WEEKLY JOURNAL

Begin a Journal in which you will record dated entries that elucidate your personal, non-judgmental thoughts, opinions, queries about what you are learning in this course. As you work in it, identify wellness for yourself; prioritize it into attainable goals and long-term goals. Be specific and write it in behavioral terms (what you will actually do). You may wish to discuss your ideas with another person to get peer feedback before you record your entry. This may give you more than one opinion and may facilitate and support the writing of your entries. This activity is designed to promote critical thinking and good decision-making skills.

A DECISION GRID

As you progress through this course of study, you will consider the value and efficacy of Complementary and Alternative methods of healing. There are several; choose all or only those of interest to you. Set up a table with the modalities down a column on the left and the following questions across the top of the table. In the intersecting cells you may give your answers/discoveries. See the following example.

Questions that you will ask concerning all healing modalities are:

1. What is the origin of the practice? What is its history?
2. Does it glorify God/give Him pre-eminence? Does it enhance my relationship with God? How?
3. Does it enhance my spiritual life and Holy Spirit-led control over my personal being?
4. Does this practice affect others in my sphere of influence positively? How?
5. Is it substantiated by scripture, spiritual discernment, and research?

DECISION GRID

Evaluating Complementary & Alternative Modalities

Questions Regarding the Individual Practices are: [Check if “yes”; Mark with “C” (complementary) or “A” (alternative).]

Modality	1. What is the origin of this practice ?	2. Does it glorify God? Does it give Him pre-eminence? Does it enhance my relationship with God? How?	3. Does it enhance my spiritual life and Holy Spirit-led control over my personal being?	4. Does this practice affect others in my sphere of influence positively? How?	5. Is it substantiated by scripture, spiritual discernment, and research?
Biofeedback					
Guided Imagery					
Acupuncture					
Reflexology					
Magnet Therapy or Electromagnetic Therapy					
Music Therapy					
Art Therapy					
Yoga					
Selected Herbs					
Support Groups					
Massage					
Therapeutic Touch					
Feng Shui					
Nutritional Supplements					
Vegetarianism					
Dance Therapy					
Tai Chi					
Hypnosis					
European phytomedicines					
Mind-Body Medicine					
Feldendrais					
Hydrotherapy					
Aromatherapy					

External Resources

Some recommended books that describe healing modalities are:

For Lay Persons:

Alternative Medicine: The Christian Handbook by Donal O’Mathuna, Ph.D. and Walt Larimore, MD. (Endorsed by Christian Medical Association. Published by Zondervan Publishing House, 2001)

Health Smart by Walter Thompson, MD (2011). Published by Pacific Press Publishing Association

Dr. Arnott's 24 Realistic Ways to Improve Your Health (2004), by Tim Arnott, MD, available at Barnes and Noble Books online.

Spiritualistic Deceptions in Health and Healing (2009), by Edwin Noyes, MD, MPH. Published by Review and Herald Publishing Association.

The Biblical Guide to Alternative Medicine (2003) by Dr. Neil T. Anderson and Dr. Michael Jacobson (Regal Books of Ventura California)

The authors present alternative healing practices through several lenses of perspective: history, faith, wholism, science, and spiritual discernment.

For Health Professionals:

Complementary and Alternative Therapies for Nursing Practice (2010), Karen Lee Fontaine, RN **Spirituality, Health, and Healing** (2006), by Caroline Young, RN, MPH.

National Center for Complementary and Alternative Medicine, National Institutes of Health, Washington, DC. www.nccam.nih.gov

ASSIGNMENT

1. In your Journal discuss your current or potential status as a wellness role model. What would you have to do to be one? In what ways are you ready?
2. Calculate your Life Expectancy online at <http://www.livingto100.com/>
3. Begin your **Decision Grid** on Complementary and Alternative healing practices by perusing descriptions of modalities on the NCAM website, other websites, or the text resources above.
4. Another interesting source for discussion is “The 100 Year Life” (2019) by Lynda Gratton and Andrew Scott, sold on Amazon.com

In Chapter 2, we will discuss Challenges to Wellness.

Chapter 2

Challenges to Wellness

Stress in its many variations disturbs homeostasis (balanced well-being of the body, mind, and spirit) and produces disease. Wellness strategies are meant to re-establish equilibrium to homeostasis. It is important for us to distinguish between the stress that motivates us to change our behavior for our benefit and stress that immobilizes us in the face of threat or danger to health or difficult decision-making. Stress is subjective; what impacts on our state of well-being may be immaterial to someone else. The solution is a healthy mix of adaptability, creativity, attitude, and coping tools.

A fundamental principle of biological science is that an organism must be able to adapt to its environment to survive and remain healthy. Many modern diseases are a result of the failure to do so.

Today’s stressors are:

1. Overcrowded living conditions	6. Pollution (air, water)
2. Joblessness	7. Chemicals
3. Competition	8. Infectious organisms
4. Noise	9. Insecurity
5. Dirt/Filth	10. Hostility of others

Stress is not all bad. Biologic organisms require a certain type and amount of stress to develop and maintain life. The challenge of walking and other limb movements are necessary for bone growth and strengthening; a certain degree of mental stress produces creativity. Stress and our response to it bring together an amazing complexity of physiologic and psychological changes to the dynamic steady state called homeostasis.

Because scientific studies of the past few decades have demonstrated the strong association of stress with the integrity of the immune system, and with illness, health professionals and lay people alike have creatively sought methods to reduce stress in themselves and in others. The discipline of *biopsychoneuroimmunology* has expanded our understanding of the interplay of the mind, the body, and the spirit; so much that remarkable studies are proving the influence of positive relationships with people, laughter and humor, prayer and meditation on healing. Though we won’t go into the remarkable connections between neurobiological (somatic and autonomic nervous systems) and the psychological—the suggested text resources at the end of this chapter address that, we will discuss behavior in relation to stress and the amazing activities of the master chemical in the brain called *dopamine*.

Signs and Symptoms of Stress

How can you recognize stress? Some signs are quite obvious: twitching and nervous activity, headaches, pounding heart rate. We may be living in a stressed state for some length of time before we are willing to recognize and admit to it. There are so many ways to self-treat it with beverages and pills. Food is also a good mask to the threat of revealing our vulnerability

to life. Because there are satisfying ways to treat stress and to cope with the factors that cause it, it behooves us to conduct a little self-inventory of our feelings and symptoms. Let's review them now. Do you experience . . .

- Anxiety in specific situations, such as test-taking, meeting deadlines, interviews, performance of tasks
- Anxiety in personal relationships: with spouse or date, with parents, with children, with the boss
- Feelings of depression, hopelessness, powerlessness, or low self-esteem
- Feelings of hostility, resentment, anger, irritability
- Fears and phobias
- Unwanted thoughts
- High blood pressure
- Headaches, neck aches, backaches
- Indigestion, irritable bowel, ulcers, chronic constipation
- Muscle spasms, tics, tremors
- Fatigue that is chronic
- Insomnia
- Obesity
- Weakness
- Frequent colds

None of these symptoms should be ignored; all are a threat to your quality of life. Some need only a change in lifestyle (exercise, better nutrition, regular rest and relaxation, improved value of entertainment). Others require the supervision of a physician or a nurse for correction. Some may need mental health or relationship therapy.

Immediate Relief Strategies

The first fundamental strategy for stress is regulation of breathing. View [Breathing Lessons](#) (in the Appendices) for information on techniques.

Here are some other simple techniques you can learn.

Breathing exercise, Repatterning, and Relaxation

- *Breathing awareness:* Lie on the floor with knees drawn to a comfortable position hands at sides, a little support under neck if needed. Place one hand over your abdomen and breathe naturally, recognizing the rise and fall of your abdomen. Relaxed breathing

without raising your shoulders but letting the abdomen move is more natural.

- Using a *Sigh technique* at the onset of stressful situations can be done in any position and dispels mild anxiety.
- *Combining breathing with imagery* can be done in a comfortable position where full expansion of the lungs can occur while you imagine(see) the air moving through your lungs to your red blood cells and out to your arms and legs.

The premier of natural coping strategies you can do by yourself is *progressive relaxation*. You may begin by lying on the floor or a firm surface with tight clothing loosened. Quiet music or sounds and aroma provide a facilitating environment. Begin at the top of the head by relaxing facial muscles, then work down the body in successive stages to shoulders, arms, hands, back, legs, and feet. Breathe a sigh of relief. Then begin at the head again and tighten and relax muscle groups of the face, neck, upper back, arms, buttocks, thigh, calf, and foot for 5-7 seconds each set. Repeating the gentle relaxation you began with will give an added bonus. Lie there with eyes closed and drift in your mind for 15 minutes.

If you apply this technique on a regular basis to modulate stress, you have changed your behavior.

Behavior Modification and Change

Approaches to health promotion involve changing behavior: smokers learn how to become non-smokers, alcohol users learn how to socialize without a drink in hand, gamblers learn how to stay away from casinos, overeaters learn how to control appetite and exercise effectively, etc. Researchers have discovered there is a "science" to changing behavior; one does not advise "Just Quit." The individual must be ready and at varying stages along the continuum of readiness health advice or messages must be tailored to the listening ear. The Stages of Change model shows that, for most persons, a change in behavior occurs gradually, with the person moving from being uninterested, unaware or unwilling to make a change (pre-contemplation), to considering a change (contemplation), to deciding and preparing to make a change. Genuine, determined action is then taken and, over time, attempts to maintain the new behavior occur.

Two health researchers, Prochaska and DiClemente, have guided health professionals with their validated and reliable model of The Stages of Change. I direct you to the website below where documents explain their theory and why it works. It provides the foundation to helping people change <http://www.aafp.org/afp/20000301/1409.html> . Further study into brain function (neurobiochemical science) is uncovering some amazing integrated and redundant mechanisms in the brain that influence decision making and change in resultant behavior.

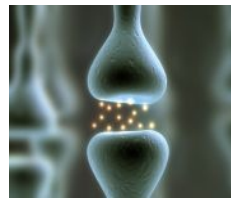
A Biochemical Wonder

The conventional view of how humans behave has for many centuries been predicated on the concept that the brain has four separate layers stacked by order of complexity. The deeper you probed into the brain, the more complex activity is. It begins with the brainstem, which governs involuntary functions such as heartbeat, breathing, and temperature. Then there is the diencephalon, which regulates hunger and sleep cycles. Then, there is the limbic region from which animal emotions arise, such as lust, hostility, impulse. Then on the outer layer is the frontal cortex, the seat of intelligence, reason, will, and morality. And scientists have thought that in the grey matter of the cortex rested the power to resist urges,

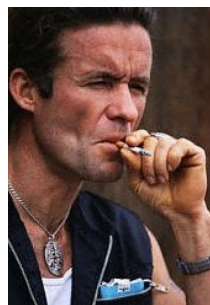
temptations, and suppress emotions. From there we could make dispassionate and deliberate decisions.

Jonas Lehrer, a neuroscientist, in his book, *How We Decide*, describes vividly the antithesis to this long-held belief. High tech brain imaging and examination of neural pathways now reveal an amazing and complex (and redeeming) scenario leading to a better understanding of the “language” of the brain in interpreting, messaging, and ordering our behavior. Now we have a rudimentary lexicon to explain the mysteries of behavior hidden behind the models just described.

Yes, the frontal cortex is the master intellect for facilitating decision making. Front and center to the cortex is a portion known as the orbitofrontal cortex; it is responsible for integrating emotions that come from within our being and connecting them to the stream of conscious thought. Contrary to traditional thought for many centuries before the time of Christ, the way we think (brain power) is not separate from body function (the way we feel-emotion). In fact, we do function well using the inexplicable “gut feeling” in situations redundant with previous experience. How we do that is the thesis of Lehrer’s book (which is available on Amazon.com). It has in past years been explained that our brains are like a computer (odd, since a brain or two made the computer).



Today we learn about the beautiful array of rapid-firing messaging systems guiding our orientation to life. And the primary mover and shaker is *dopamine*, a neurotransmitter (messenger neuron) that regulates all our emotions and modulates pleasure; it aids in our decision making through a system of expectations, not Pavlovian response. And here is where the phenomenon of addiction comes in. Repeated stimulation/experience lays down a pattern of responses the dopamine neurons remember, so that, in time, they prepare to act just prior to the stimulus in expectation of the event. If the event doesn’t occur, the dopamine level in the brain drops and another area of the cortex (the anterior cingulate cortex) registers the error as a negative signal, alerts the consciousness, and at the same time, transmits the signal to the hypothalamus. There, organs of the body may go into alarm (evidenced by perspiration, heart rate increase, adrenaline bolus into the blood stream.) Does this sound like stress?



Picture the smoker whose brain has formed the pattern of neural pathways to expect a regular dose of nicotine. There are hosting receptors on cells in the brain facilitated by the primary pleasure regulator, dopamine. If the signaling need for more nicotine is not answered, the above scenario plays in the brain and the symptoms of craving break out until the “fix” is obtained. The good news is that, the dopamine neurons can be re-educated with new events that replace the dose of nicotine. In the anterior cingulate cortex is a curiously-shaped cell that looks like a spiral or spindle (only found in humans and primates) that convey emotions through the entire brain. If the disappointment of no

subsequent dose of nicotine elicits negative emotions and the smoker acts on those in kind, then nicotine (the perpetrator) has won out. If the smoker, now recovering nicotine addict, cognitively counters the emotion of first response with a positive approach and distracting activity, the dopamine neurons will remember and set up new expectations for the future. This is what we have called creating new pathways around the problem. Somehow a history of cues that led up to the experience is being archived for the future. As Lehrer states, “human emotions are rooted in the predictions of highly flexible brain cells, which are constantly adjusting their connections to reflect reality.” As we go about our daily lives, dopamine neurons are observing and measuring patterns of stimuli and marking deficits in expectations and subtle changes in preparation for translating predictions into emotions. Therefore, our “gut feelings,” our intuitions, our unexplainable impressions to act or not act arise from the biochemical machinations always working in our brains. **We can trust our emotions if we are vigilant in our selection of positive, health promoting and safety conscious behaviors.**

Stress and Mental Disorders

Healthy People 2010, in the Mental Health section states that mental disorders (those characterized by alterations in thinking, mood, or behavior, or combinations of some thereof, which are associated with distress and/or impaired functioning and resulting in problems that may include disability, pain, or death) generate an immense public health burden of disability. The World Health organization, in collaboration with the World Bank and Harvard University, has determined the “burden of disability” associated with the whole range of diseases and health conditions suffered by peoples throughout the world. A striking finding of the landmark [Global Burden of Disease](#) study is that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly under-recognized. See <http://www.healthdata.org/gbd>. Today, in established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the United States—occurs most frequently as a consequence of a mental disorder. . .

There are effective treatments for mental disorders; for reasons of perceived stigmatization, denial, unawareness, perceived lack of resources, lack of trust, neglect, lack of insurance and personal funds many individuals delay treatment or decline assistance. There is a tremendous amount of research into causes of mental disorders and addictive behavior that continues to increase our understanding of the problem and advance effective interventions. It seems the more we study into the problem, the greater the scope of the problem becomes.

Where stress is recognized as the catalyst for mood changes, anxiety, physical symptoms, it can be harnessed, redirected into productive activity, or dissolved through effective reduction techniques. Where mental disorders evolve from familial, genetic, or environmental influences, professional health and human services are indicated.

Allow me to share a snippet from research involving stress. . .

Have you ever wondered why you had difficulty remembering a fact during a stressful interview or test-taking event? Research has demonstrated that the hormone cortisol,

which is elevated during stress, interferes with memory functioning for a short time after its rise so that one cannot remember distant facts. Memory of recent facts is not affected. (The University of Zurich study may be found April 2000 edition of the journal *Nature Neuroscience*). Remedy? Relaxation!

Focus Areas: Insomnia, Depression, Pain

We will focus on three important areas of the products of stress because none of us are immune to those conditions if we are poorly prepared. The following resources are in the Appendices:

First of all, there is a presentation on **Getting Adequate Sleep** that you will find helpful for your personal wellness/fitness program.



Second, in the area of Depression, a short 10-point inventory about your knowledge of depression is also offered entitled **How Much Do You Know About Depression?**



A PowerPoint presentation on **Managing Pain** will give you valuable preventive and proactive strategies based on current research and effective approaches. See Appendices.



The focus area of pain as an expression or the cause of stress presents a serious concern to many individuals. Occasional pain due to injury or internal body functions are generally self-treated with natural remedies or over-the-counter (OTC) medications. Tylenol seems to be the drug of the nation.

One word of caution is in order, however. All of the drugs, or herbs, we ingest into our systems must be filtered by the kidneys or metabolized by the liver. Judicious and conservative use of any drugs should guide one's need for remedies for discomfort. Read the manufacturer's insert. For vital information on the function and care of your kidneys go to <http://www.kidney.org/> and for your liver go to <https://liverfoundation.org/>.

Controlling or eliminating pain or the cause of it is a complex task. Pain symptoms emanate from and are affected by all spheres of our being: mind/emotional, body, social, and spiritual. Health practitioners have established Pain Management Centers in many communities to focus on long-term or chronic pain as well as acute symptoms. Many modalities of treatment are being used as alternatives to drugs, nerve blocks, and physical therapy: meditation, hypnosis,

Reiki energy medicine, massage, acupuncture, herbal and homeopathic remedies, biofeedback, etc.

Some comments worth considering:

- ❖ The Center for Complementary and Alternative Medicine has been established by NIH for investigation into various natural remedies that have been touted widely to be effective but have had no sound basis in research-driven studies. There has been a groundswell of interest in alternative treatments that have diverted a significant amount of money from traditional medicine practitioners, so that it has become necessary to listen to these claims and attempt to put science behind those claims. It might be interesting to you to view the program announcements and grant opportunities at that site to see what they wish to study. I have seen great opportunities for Christian researchers to participate because we would demonstrate the effectiveness of trust, forgiveness, and confidence in the human spirit on stress.
- ❖ I would caution you to examine carefully those unscientifically-founded modalities that do not give reason for "yes" answers to your Decision Grid. To a Christian, the Therapeutic Touch techniques and the extent of self-hypnosis are in question. Consider what modalities may stand in the way of the power of God to heal and bring comfort.

Complementary and Alternative Healing Modalities

You may find descriptions of the following modalities on the NCAM website

<http://nccam.nih.gov/>

Mental Health through Mood Change	
Rest & Relaxation	Sleep inducements
Music Therapy	Art Therapy
Prayer & Meditation	Yoga
Herbs	Neutraceuticals

Interventions Designed for Pain Relief	
Acupuncture	Magnet Therapy/Electromagnetic Therapy
Acupressure	Reflexology
Biofeedback	Herbs

ASSIGNMENTS

1. In your Personal Journal record responses to this course. Since wellness is related to a high degree of self-esteem and self-worth, describe yourself and note whether you are comfortable with this description/definition. Do you want to change it? What prevents you? How can you overcome it?
2. Wellness requires Change. How comfortable are you with change? What threatens your level of wellness? What enhances it? Are you able to manage stress? What are your stress management needs? Your stress management skills?
 - a. Identify a situation that you think requires change. Write down all the possible resistances to change in that situation. Devise a plan for reducing resistance to change. Follow and adjust that plan until your goal is met—journal your progress.
 - b. Identify someone in your life who could be helped by using/receiving affirmations. Devise an affirmation plan, carry it out, and write about the results in your Journal.
3. Complete a **Wellness Assessment** on the next page . . .

Reference: Lehrer, J. (2009). *How We Decide*. Boston: Murriner Books, Houghton Mifflin.



Your Wellness Assessment

Directions: In the statements of the questionnaire mark the number which most appropriately resembles the importance of each statement to you and your well-being and current interest in changing your lifestyle as follows:

1. I am already doing this. (You deserve congratulations!)
2. This is very important to me and I want to change this behavior now.
3. This is important to me, but I'm not ready to change my behavior right now.
4. This is not important in my life right now.
5. No comment

Finally, tally up the columns to determine your most immediate indicators for action (Columns 2 & 3). Create a game plan for positive changes in your lifestyle.

NUTRITIONAL WELLNESS

- | | | | | | |
|--|---|---|---|---|---|
| 1. I maximize local fresh fruits and uncooked vegetables in my eating plan. | 1 | 2 | 3 | 4 | 5 |
| 2. I minimize the use of candy, sweets, sugar, and simple carbohydrates. | 1 | 2 | 3 | 4 | 5 |
| 3. I avoid coffee, tea, sodas, or other substances that are high in caffeine or other stimulants. | 1 | 2 | 3 | 4 | 5 |
| 4. I eat high fiber foods daily. | 1 | 2 | 3 | 4 | 5 |
| 5. I have a good appetite, but I eat sensible amounts of food. | 1 | 2 | 3 | 4 | 5 |
| 6. I drink sufficient water, so my urine is light yellow. | 1 | 2 | 3 | 4 | 5 |
| 7. I avoid foods high in saturated fat, such as beef, pork, lamb, soft cheeses, gravies, bakery items, fried foods, etc. | 1 | 2 | 3 | 4 | 5 |
| 8. I am a practicing vegan. | 1 | 2 | 3 | 4 | 5 |
| 9. I am a practicing lacto-ovo-vegetarian. | 1 | 2 | 3 | 4 | 5 |

FITNESS & WELLNESS

- | | | | | | |
|--|---|---|---|---|---|
| 10. I weigh within 10% of my desired weight. | 1 | 2 | 3 | 4 | 5 |
| 11. I walk, jog, or exercise vigorously for more than 20 minutes at least 3 times/week. | 1 | 2 | 3 | 4 | 5 |
| 12. I do flexibility or stretching exercises daily and always prior to and following vigorous exercise. | 1 | 2 | 3 | 4 | 5 |
| 13. When I look at myself nude, I feel good about what I see. | 1 | 2 | 3 | 4 | 5 |
| 14. I avoid smoking and smoke-filled places. | 1 | 2 | 3 | 4 | 5 |
| 15. I have a faith-based fitness plan that integrates nutritional dietary intake, regular exercise, and spiritual practices. | 1 | 2 | 3 | 4 | 5 |
| 16. I am careful to reduce my risk for disease or unwanted pregnancy in my sexual practice. | 1 | 2 | 3 | 4 | 5 |

STRESS & WELLNESS

- | | | | | | |
|---|---|---|---|---|---|
| 17. I sleep well. | 1 | 2 | 3 | 4 | 5 |
| 18. I live relatively free from disabling stress or painful, repetitive thoughts. | 1 | 2 | 3 | 4 | 5 |
| 19. I laugh at myself occasionally, and I have a good sense of humor. | 1 | 2 | 3 | 4 | 5 |
| 20. I use constructive ways of releasing my frustration and anger. | 1 | 2 | 3 | 4 | 5 |
| 21. I manage my time, obligations and activities to avoid or reduce stress. | 1 | 2 | 3 | 4 | 5 |
| 22. I balance my short and long-term goals. | 1 | 2 | 3 | 4 | 5 |

- 23. I feel good about myself and my accomplishments. 1 2 3 4 5
- 24. I can relax my body and mind at will. 1 2 3 4 5
- 25. I get and give sufficient touch (hugs, etc.) daily. 1 2 3 4 5
- 26. I live with a sense of joy and a zest for life. 1 2 3 4 5

WELLNESS RELATIONSHIP & SPIRITUALITY

- 27. I have at least one other person with whom I can discuss my innermost thoughts and feelings. 1 2 3 4 5
- 28. I keep myself open to new experiences. 1 2 3 4 5
- 29. I devote a block of time daily to prayer, meditation, or reflection on spiritual themes. 1 2 3 4 5
- 30. I attend church or worship God with others at least monthly. 1 2 3 4 5
- 31. What I believe, feel, and do are consistent. 1 2 3 4 5
- 32. I live with a sense of purpose. 1 2 3 4 5
- 33. I value my friends by affirming their life efforts. 1 2 3 4 5
- 34. I value my intimate family by affirmation, affection, and availability of myself. 1 2 3 4 5

WELLNESS & THE ENVIRONMENT

- 35. I work in a place that provides adequate personal space, comfort, safety, direct sunlight, fresh air, and limited exercise or stress reduction measures to minimize negative effects. 1 2 3 4 5
- 36. I honor my Creator by preserving or using wisely the earth's resources. 1 2 3 4 5
- 37. I seek ways to reduce transmission of disease and occurrence of accidental events in my personal environment. 1 2 3 4 5

COMMITMENT TO WELLNESS

- 38. I examine my values and actions to see that I am moving toward wellness. 1 2 3 4 5
- 39. I carefully examine new concepts of health for their harmony with spiritual truths. 1 2 3 4 5
- 40. I know which chronic illnesses are prominent in my family and I take steps to avoid incurring these illnesses. 1 2 3 4 5
- 41. I look beyond my needs to the needs of society. 1 2 3 4 5

Total _____

Adapted from a Wellness Assessment found on page 27 in *Wellness Practitioner: Concepts, Research, and Strategies* (2nd Ed.) (1996), published by Springer Publishing Co., New York, Inc. Copyright, 1996. Permission granted by the author, Carolyn Chambers Clark, EdD, RN, FAAN.

Chapter 3

Change is Good, Right?

In order to understand human behavior and perhaps even intervene for optimization of health and quality of life in others, we must understand the individual both alone and as part of the group to which he/she belongs. Making informed judgments about behavior and measuring success of intervention requires understanding the role—the actions and reactions—of the individual related to health behavior expectations. Though educational, psychological, and social theories were developing early in our century, it has been only in the last quarter century that considerable progress has been made in understanding the determining factors of an individual's health-related behavior and, therefore, ways to stimulate positive changes.

When we can visualize models that use symbols, boxes, circles, text, and lines to illustrate concepts, actions, and relationships, it all becomes clearer to us and gives us opportunity to experiment with changes we would like to see occur.

The Biopsychosocial Model of Health Promotion Using Addiction as an Example

In the mid-70s, when concerns about drug addiction were heightening over the radically changing culture borne of the 60s, scientists were examining addiction from the viewpoint of what they were learning about individual drugs or drug types. Pharmacologists, biochemists, psychologists, psychiatrists, and sociologists were focusing on drug use from their professional perspectives with little sharing across these disciplines. What resulted were fragmented theories and even some controversy.

Gradually health science has put the puzzle together by emphasizing process-oriented studies of the social, behavioral, and physiological factors of addictive behavior. There is increased effort in attempting to understand environmental, relational, and social influences that constitute the rationale of drug use and drug trafficking. Integrative work across disciplines of study and in practical intervention is disclosing the complexity of the use of mind-altering substances and the importance of recognizing that it is a system problem—a social system problem and an individual system problem, and that the sum becomes greater than its parts.

A person is a whole being. Simply stated, life forces are sustained by the physical component of our being while mental and emotional components provide feedback about the world around us and social relationships support the experience. The spiritual component attaches us to goals and aspirations that move us forward.

In the physical component, biochemical activities of cells and organs of the body perform the miraculous functions of growth, maintenance, and reaction to foreign invaders. The central nervous system and the brain host the mental, intellectual, cognitive, emotion, and intuitive functions. Our sense of the social world is interpreted by the mental-emotional component and our spiritual value component drives our course of action. Each component, or part, of the whole being is extremely important and actually overlaps the other so that the sum does become greater than the total of its parts.

The Biopsychosocial Model of Health Promotion - Wholeness

The Biopsychosocial Model can be used as a medical framework to explain addiction and the importance for assessment based on this approach. Here we can enhance that concept into an understanding of wholeness in action as we experience and promote health to people enslaved to nicotine, food, gambling, etc., remembering the principles we learned in Chapter 2.

To be whole, enjoying optimum health, means to experience the greatest sense of well-being possible within the limits of one's ability or resources. It does not mean perfection, because we live in an imperfect world. For a young, single mother living in a low socioeconomic community it has a different meaning from the corporate businesswoman who lives in an upper-middle class neighborhood. For the steel worker exposed to occupational risk it differs from the landscape artist. However, there are principles based on the concept of wholeness that persons from every segment of society may use to reach their optimum best.

Those 4 principles are:

Principle 1:

Knowing what "health" is and incorporating it into our personal value system.

The first principle addresses the need to understand the meaning of health and the reason it is so important to our quality of life. Health in its broadest, most encompassing, sense is much more than not being sick. It is even more than being able to work or perform daily duties. It is the ability to live daily a satisfied life, it is experiencing peace. Ideally, we can do this best by living where there is no crime; where air and water quality are excellent; where we are safe from accident or poisoning; where neighbors, friends, and co-workers get along well; and where everyone has what he needs to eat, wear, travel; and where the weather is always kind.

We can experience health when we feel good about ourselves and are on good relational terms with others and our God. In order to do that, we must learn what enables us to feel that way. And that comes by way of education coupled with practice.

We are created with a desire for love and to be physically cuddled as well as to eat for growth. Interpreted in mature terms, we need to be accepted and feel worthy, we need the touch of other humans to affirm our place in society, and we need food for our basic biological requirements. When we receive these benefits, we set personal values and establish our expectations of those around us (society). What we want for ourselves is in relationship to the resources available to us and the strength of our desire. When our balance is disturbed our integrated systems set off the monitoring homeostatic alarms such as blood pressure, temperature, blood sugar, neurotransmitters, etc. And forces are brought into play to restore order.

If we learn we can be healthy by eating a balanced diet based on the Food Pyramid Guidelines that indicate the requirements of how much fruit, vegetables, grains, and fat and sugar; we will manage our efforts and money to be able to follow those guidelines. That may mean sacrificing expenditures on things that have lesser priority or working at a job that pays

the money needed to obtain the food items. If we believe the guidelines and value the outcome of good nutrition, we will do all we can to eat in that manner; putting what we learn into practice and making it a part our value system.

So, health is a result of what we learn, what we then do, and not just reserved for a few.

Principle 2:

Know what risk factors lead to disease.

The opposite of health is "dis-ease" (a term attributed to Hans Selye, the pioneer of research in stress). With disease comes disturbance in mood/emotion evidenced by restlessness, anxiety, fear, perhaps lowered self-esteem. Physical disturbances of disease may lead to disability or even death. Avoiding these circumstances requires knowledge of strategies for prevention.

Modern science has devoted much study to the cause of disease in relationship to environmental, social, and political influences. Health promoters now have many validated and reliable measures to employ in identifying factors that point to risks for specific diseases. They know that lack of adequate outdoor exercise, a diet high in fat and sugar above caloric requirements, inadequate water intake, too little sleep and/or relaxation, highly-stressed personality, smoking, and use of mind-altering drugs place individuals at risk for cancer, heart disease, respiratory disease, mental illness, disturbed social relationships, injury, and harm to others comprises the determination to live an emotionally balanced life.

Principle 3:

Measure expected outcomes in relationship to personal lifestyle and known risk factors and be willing to accept the risk if unwilling to change.

Beyond knowing the risk factors in one's personal lifestyle pattern and the strategies to change, one should measure, through a values-clarification process, expected/predicted outcomes for retaining the present lifestyle or adopting a healthier lifestyle. Another term used is a "cost-benefit analysis." With knowledge is strength to change. Use practical evaluation methods, such as a weighted advantage/disadvantage listing of lifestyle practices with weight or value number (1 to 5) and two comparative lists of benefits and losses to estimate impact on your quality of life helps. Associated with personal inventory of risk is one's responsibility to others-family members, friends, and community. We as wholistic beings share the resources of this world with others and in turn receive benefit from them.

Principle 4:

Look for balance in the management of healthy lifestyle that attracts followers.

Once an individual has adopted healthy lifeways and experiences an enhanced sense of well-being it is difficult to withhold the good news from others. One who demonstrates a lifestyle under control and vibrant with health is noticed and admired. Using the opportunity to explain how you do it and the benefits experienced is natural because you want others to share in the happiness.

It may also cause some to emphasize certain aspects of healthful living to the detriment of other practices and tip the balance. Over-emphasis on fitness, or diet are examples. Modeling

a well-balanced daily regimen that allows for some flexibility assures other aspirants of the possibility of accomplishing the same for themselves.

In summary, wholeness is dynamic; it is the characteristic of our life support system. Our own personal experience and our health promotion efforts to others using the knowledge of uniquely interacting components of the person enables us to design messages that are individualized and effective. For example, when we understand the complexity of a smoker's life that is perhaps ridden in guilt and feelings of failure (mental-emotional), who experiences shortness of breath and chest pain (physical), whose smoking is limited in public places—making him a pariah (social), and who (spiritual), we are able to intervene and support.



feels helpless in correcting his lifestyle with organized effort of encouragement and support.

Let's hear it for THE WHOLE PERSON!

Theories Supportive of Behavior Change

Learning can be defined as a deliberate action of receiving information that leads to new action and new problem-solving, which in turn enables one to continue to learn, building on skills previously acquired. A measurable change in behavior is noted.

Behavioral Learning Theory - focuses on a change in behavior that is reached either through punishment (the target behavior is expected to decrease) or reinforcement (the target behavior is expected to increase).

An example might be: While attending smoking cessation classes, Mark learns that moving his favorite lounge chair to another part of the room, shampooing it, and removing all the paraphernalia of smoking from the room will help him to forget his after-dinner practice of smoking and watching the news. In addition, changing his pattern of TV watching to before eating dinner and taking a walk after dinner will most assuredly help him to break the habit at that time of the day. So, he does this and the health educator was right! That is behavioral learning! That is behavior change!

Social Learning Theory - is built on behaviorist theory. However, SLT adds another dimension to it: behavior is a function of an individual's expectations about the value of the outcome. Another term for this value is self-efficacy. If a person believes that the change is worth the effort or that it is possible to perform the change, he is more likely to pursue it.

An example of this might be: A group of models who smoke register at a spa. There they are told by the health experts that it is possible to quit smoking and control weight. They have always believed that when a woman quits smoking, she gains 8-15 pounds and has difficulty shedding the weight. This would be devastating to their careers. However, the experts demonstrate to them and engage them in activities that teach exercise personalized to their individual needs and conservative meal planning and preparation. They also receive the benefit of meeting other models who progressed through this program and can now mentor them.

Three months later at follow-up evaluation, they are smoke-free, at their desired weight and feeling great!

In this example the educators manipulated the variables—exercise activity, meal planning and knowledge of success of others to assure self-efficacy.

An interesting concept that emerged from the work of Bandura and Walters on this theory was that individuals would learn by watching others perform a task without receiving a direct reward. The reward one receives is *vicarious reinforcement*.

SLT introduces the theory of Cognition, or Cognitive Theory. The premise of this is that people will change when they change their thought patterns and are provided with information. As people respond to internal personal factors such as knowledge, skills, self-efficacy, outcome expectations, and personal goals, they interact with their social, institutional, and physical environment of society and their thoughts and attitudes change, particularly when positive emotions are evoked. It is a reciprocal relationship. The health educator uses the power of persuasion and accurate information to elicit a change in individuals. This is more effective when used with behavior and/or social learning theories.

Developmental Learning Theory - states that learning occurs in concert with developmental stages based on one's readiness to learn, which is evidenced by success of a previous level of development.

In the case of long-term smokers, developmental lags exist in tactile skills. Performing activities with their hands had usually included dangling a cigarette from the fingers of the dominant hand. Now they can be taught do productive and creative things with all their fingers. Likewise, cooking food with flavoring was dependent on a blunted sense of taste. Cessation now reveals a need to learn to cook with less strong flavorings. They can now learn to enjoy the subtle natural flavors of food alone.

Humanist Theory - states that people will learn new behaviors if their emotional component and social relationships are tapped. By appealing to their self-determination and positive emotions, they will choose behaviors that are best for them.

An example might be: Jeffrey is 52 years old and father of 5 children, three of which are still at home. He has been told his heart health is compromised because of his 1 1/2 pack-a-day smoking habit. His physician and office staff have repeatedly advised him before at yearly check-ups to quit. Now, he is told his blood pressure is up and cardiac function is decreasing. This time the physician discusses with him the scenario of his future while affirming his role of father and citizen and his ability to make difficult decisions. Jeffrey goes home without his cigarettes in his pocket and attends his first cessation class that night.

Self-efficacy

An important concept that emerges from this model is the Theory of Self-Efficacy. Bandura identified perceived self-efficacy as a judgment of one's capability to organize and accomplish a certain task at a certain level of competence and confidence. The individual makes a judgment based on four sources of information:

A. His previous experiences of mastery or failure,

- B. Vicarious experience, or seeing others successfully accomplish the task,
- C. Verbal persuasion, or the encouragement from someone else, and
- D. Physiologic states or internal cues in the midst of the stressful situation (nausea, anxiety, etc.). When the individual does this he/she will 1) make a choice, 2) put forth effort and persist in the change, 3) through thought patterns and emotions and the use of analysis will process the task, 4) consider the outcome to assess if the change will bring the desired effect, and 5) refer to personal goals to measure progress.

Self-efficacy has almost taken on a life of its own in health promotion. It has been the most extensively used cognitive tool in the treatment of smoking and is used during the action stage, not as a pretreatment determinant. Two significant times to apply this is when the individual is testing personal strength to make a behavior change and during the maintenance period to avoid relapse. (Refer to the information on Social Learning Theory and relapse given earlier in this lesson.)

The Health Belief Model (refer to Chapter 1) is described as having three phases beginning with Individual Perceptions where the individual perceives susceptibility and severity of the threat of disease or injury. The second phase is recognition of Modifying Factors when the knowledge of age, gender, race, personality, social class, preference, and prior knowledge and exposure to disease influence the action toward prevention (such as participating in breast cancer screening). Cues that may bring the individual to a decision may be media reports, advice from others, a reminder card from the physician, illness of a family member. From this knowledge base and cues to action the decision is based on a cost-benefit analysis whether to engage in preventive health action.

Locus of Control

Locus of control was originally derived from the Social Learning Theory by a researcher named J. B. Rotter in 1966. It refers to beliefs that individuals have toward the causes of life events. An internal locus of control is characterized by the belief that things happen because of self-determination and one's own actions to make it happen. Those with an external locus of control consider the cause of events to be out of their hands and due to environmental factors, such as fate chance, or other powerful people.

An example of *external* locus of control might be: A smoker who states that she is unable to quit because the tobacco company seduced her into becoming addicted to nicotine and because she has smoked for 45 years, it is impossible for her to quit.

An example of *internal* locus of control might be: Nancy, in spite of her 45 year addiction to nicotine, has joined a wellness center and engages in a fitness and behavior change program on a daily basis. As an assignment for developing self-efficacy, she is writing to tobacco company lobbyists to prick their consciences about promoting products that are hazardous to women.

It is thought that using interventions centered on locus of control alone is not effective because of personality variables and circumstances of complexity in the lives of smokers. Individuals who show dependency behavior for a variety of activities—smoking, eating, gambling, shopping, sex do so for a basic reason of suppressing their true feelings about themselves and their needs and seeking an experience that masks them. Perhaps a need to escape worry or anxiety, or reduce guilt, or for a sense of power or control in a world that

seems to deny it to the addict. Without the internal locus of control, we would all be addicts of something because we all have hungers. For most of us it is directed into creative and productive activity. For a part, or all, of the life of the addict it is directed toward what the external locus of control dictates. However, being human, we also need the social support of others.

Individuals who are most likely to quit smoking on their own or with minimal guidance are the 95% who seem to enjoy an internal locus of control and have personal control of their life events plus positive expectations of goal attainment. The term that characterizes this is *mastery*. The following is an example of a health belief assessment for someone addicted to nicotine.

Health Belief Assessment

Health Beliefs (Place an X by the item(s) that express the person's feelings or opinions--4 pts/response.)

- ___1. If you have smoked for most of your life, it's not worth stopping now.
- ___2. Compared to dangerous habits like drinking and using illegal drugs, smoking or chewing is not so bad.
- ___3. If my grandfather lived for 93 years after smoking most of his life, I'll more than likely live long like him.
- ___4. If I feel OK, I'm probably in good health, and don't need to worry about my present lifestyle.
- ___5. The degree of good health I enjoy is largely determined by heredity and has little to do with lifestyle.
- ___6. Following a healthy lifestyle is self-denying, dull, no fun, and the benefits are generally not worth the effort.
- ___7. I've been to a lot of doctors and they all tell me I should quit using tobacco, but I enjoy it too much to give it up.
- ___8. I believe each person has his time to go and smoking or not smoking is not going to change that.
- ___9. Someone who has smoked for 30-40 years probably won't be able to quit smoking.
- ___10. Very few older adults smoke cigarettes.
- ___11. Most older smokers don't want to quit smoking.
- ___12. Smoking cessation efforts should be spent on the young people before they consider starting, it's too late for me.

_____ Subtotal

Possible points: 48. Low risk = 1-12 pts, Moderate risk = 16-28 pts, High risk = 32-48 pts.

ASSIGNMENT

1. Continue recording in your Personal Journal comments about your attitudes toward potential health behavior changes in your life. Wellness requires Change. How comfortable are you with change? What threatens your level of wellness? What enhances it? Are you able to manage stress? What are your stress management needs? Your stress management skills? Identify a situation that you think requires change. Write down all the possible resistances to change in that situation. Devise a plan for reducing resistance to change. Follow and adjust that plan until

your goal is met—journal your progress.

2. Follow through with a self-inventory based on the 4 Principles of reaching for your optimal best in lifestyle or life pattern.

In Chapter 4 we will discuss the differences of the New Age paradigm and Biblical principle.

NOTES . . .

Chapter 4

New Age Paradigm or Biblical Principle?

Healing, Caring, and Restoration will set the mood for this chapter and give you some faith-based principles to contemplate.

There are two classifications to the healing modalities offered in Alternative Therapy: Mental Healing and Energy Manipulation. The first has a long history in American 19th century belief systems commonly known as Christian Science and Unity. There are deeper roots in Eastern religions and cultural patterns.

Mental Healing

The basis for these various expressions is that the mind, or Mind, is powerful or even all-powerful and can influence the body and its functions. So you have techniques that attempt to give the mind greater control over the body, such as relaxation and suggestion, guided imagery, bio-feedback, inner spirit guides, spirit channeling, re-birthing and past-life regression, mantras or chanting, expanded and altered states of consciousness through meditation, and transpersonal psychology.

Energy Manipulation

The second classification of modalities is energy manipulation. Here the basis is that energy is the basic substance of the universe and is continually flowing. It is believed that there are invisible channels or meridians in the human body through which this energy flows from the universe. When it is depleted or blocked in the body illness and pain result. The healing techniques applied channel and manipulate the energy in order to restore flow. In Hindu it is called “prana”/“kundalini”; in Tao it is “chi”; in Polynesian shamanism it is “mana”. In the fields of occultism or parapsychology it may be called psychic force, vital force, or life force.

What is the explanation for this “force field” practitioners claim they “see” or “feel” as they apply their interventions to people/clients? The techniques are sensed while the hands are passed over the body—characteristic of psychic or spiritual explanations. The modalities used for energy manipulation include: therapeutic touch, reflexology, kinesthesiology (muscle testing), crystals, accupressure. Acupuncture is based on the meridian concept of body regions, but this certifiable practice is becoming more accepted by traditional medicine because positive effects are being documented in visual acuity improvements, pain relief, and other relief of problems.

Both Mental Healing and Energy Manipulation are rooted in monism. The monistic view of reality holds that everything meaningful in life is housed in Mind or Matter, thus the keystone term of “mind consciousness” forcing everything physically related to transpose to the mind or “Mind over Matter.” Spiritual monism is usually referred to as pantheism -- Meaning all is God or God is All. There are no distinctions such as God and creation, good and evil, male and female, sickness and health, life and death, past and future—these are illusionary ways of thinking. Individual existence is an illusion. This concept underlies Eastern religions such as

Hinduism, Buddhism, Taoism, and now modern-day New Age thinking.

The following points regarding New Age Holistic Health are a result of the doctoral studies of Dr. Manuel Vasquez of the Seventh-day Adventist church, published in 1996. The historical background and contrast to Biblical faith practice give the reader pause to consider.

“New Age Holistic Health: Implications for Seventh-Day Adventist Christian Faith and Practice”

- The New Age phenomenon that emerged in the late 1960s and early 1970s and which continues to evolve and develop, poses a subtle, spiritual danger for Christians because the New Age Movement is based on nonbiblical worldviews. These nonbiblical worldviews are diametrically opposed to the Christian theistic worldview.
- The roots of the New Age Movement can be traced to the revival of spiritualism in the mid-1800s, which was referred to both by occult historians as “modern spiritualism.” The New Age Movement, which is a new disguise of the ancient forms of spiritualism, is condemned by the Bible.
- The forerunners of the New Age Movement, such as Emanuel Swedenborg, Franz Anton Mesmer, Ralph Waldo Emerson, Madame Helen Blavatsky, and Alice Bailey, were all deeply involved in the occult, parapsychological, and metaphysical and spiritualist movements of their time.
- Alternative New Age holistic health is associated with the New Age Movement because they both share the same metaphysical and philosophical goals and beliefs, such as the ushering in of a new age, the existence of invisible universal energies operating in the human body, astrology and teachings of the Eastern mystical religions. Both New Age Movement and New Age holistic health share the ultimate goal of personal and social “transformation” from the current paradigms to the New Age paradigm.
- New Age holistic health can be alluring and at the same time deceiving to Christians because New Age holistic health therapies and practices are promoted as “natural,” “holistic,” and “non-invasive,” and because the patient participates in the healing process. For the uninformed and unsuspecting, alternative New Age holistic health and true wholistic health can appear to be one and the same, or at least akin to each other.
- When New Agers and New Age holistic health practitioners talk about “spirit” or “spiritual” as one of the components of holistic health, they are referring to “inward spirituality” and connecting with supernatural entities, not to biblical spirituality.
- New Age holistic health can be a pathway into the New Age Movement for Christians who have given up on conventional medicine or who have been given up on by conventional medicine.
- New Age holistic health has been greatly influenced by Traditional Chinese Medicine and by the philosophies upon which it is founded; namely the monistic Age Movement. It is the philosophy that “all is one” and “one is all.”

- New Age holistic health has been influenced by Hinduistic Ayurvedic medicine, which is based on a pantheistic worldview, the philosophy that every part of the universe is a living manifestation of God; that an essence of God is in everything that exists. This worldview does away with a personal, living God who created the earth and continues to sustain it.
- Ayurvedic medicine employs occult altered states of consciousness (a form of self-hypnosis) through mystical meditation associated with yogis and shamans. Altered states of consciousness are said to be avenues to self-awareness, to one’s higher self and connectedness to “spirit masters,” involving “asanas” (meditative positions), rhythmic breathing techniques, “centering,” the use of mandalas and mantras. “Spirit masters” include Hindu gods, angels, deceased shamans, and the spirits of great men and women. . . Altered states of consciousness and visualization techniques are spiritually dangerous because the individual opens his subconscious mind to possible demonic influence.
- In contrast to New Age meditation, biblical meditation aimed at enhancing one’s spiritual growth is always done in a conscious state. Instead of emptying the mind, biblical meditation teaches one to fill or occupy the mind with contemplation of Biblical, spiritual themes, such as the love of God, salvation, the life of Christ, our relationship to our Savior, and one’s own Christian experience.
- New Age holistic therapies and practices, such as aromatherapy and homeopathy, are based on the oriental religious philosophy of pantheism, which attributes spirit energy to natural remedies derived from flowers, plants, minerals, or animal products.
- The recent holistic health pioneers and developers of many of the New Age holistic health therapies and practices were greatly influenced by the Eastern mystical religions, such as Hinduism and Buddhism. They were either associated with the Theosophical Societies, involved in the parapsychology phenomena, or contacted and communicated with disembodied universal entities.
- The Biblical premise of health and healing is a wholistic approach of body, mind, and spirit as an inseparable entity.
- At the core of the inseparable wholistic concept of body, mind, and spirit is the doctrine of the state of the living and the dead.
- Defiling the body temple involves a moral principle as much as it does a physical one. God is “jealous” when we allow ourselves to be treated by therapies and practice that are associated with pagan occult beliefs.

Allow me to share a short story from a little inspiring booklet published by a hospital entitled “Hope”—it demonstrates the role of a Christian who lives hope and remains ready to do work for God.

Juanita had a blood clot in her leg and then cancer in her lungs. After she was treated in intensive care with chemotherapy and radiation, she was told “Nothing more can be done.” Chaplain Marti Jones was on the third floor pushing the elevator button to go down. Instead of the typical interminable wait, the elevator stopped immediately, but with the arrow pointing up. Marti stared at the empty elevator and said out loud, “God, do you want me to go see Juanita?” The answer seemed to be yes, so she went up to Juanita’s room even though she had just been there the evening before.

“Marti, how did you know that I needed you?” Juanita said when she walked in.

“I didn’t know,” Marti answered, “but God did, and you are safe in His hands.” Then Juanita described how the doctor had just left her room after telling her that there was nothing more that could be done.

“But, Marti,” Juanita continued. “Remember how yesterday we prayed that God would give me perfect peace, regardless of what happens here? Well, I have that peace and I know that everything is going to be okay. Marti, I was just telling God that I wanted to talk with you. There are plans to be made and I need to tell you some things about my kids . . .”

They talked for an hour and a half. They cried together, laughed together and thanked God that he had healed Juanita’s spirit so she would be able to go through whatever came during the next few days. “I know God is with me and everything is going to be cared for,” Juanita said. Juanita’s biggest fear was how her children would react to her death. As it turned out, she went home and spent her last week with the entire family. “I’ve sipped on things that I like to drink, I’ve read books, I’ve hugged my kids, I’ve done all the things I wanted to do. God is so good to me. It’s been the most wonderful week of my life.”

Just before she slipped into a coma, Juanita’s kids told her, “Mom, we know that you’re dying and we don’t want you to go, but you look so good and you’re doing this with so much peace that we’re convinced God’s going to take care of you and that He is going to take care of us.”



BIBLE GUIDELINES

Some relevant Biblical references you are encouraged to contemplate are:

Philippians. 4:8-9 (NKJV)

Finally, brethren, whatever things are true, whatever things are noble, whatever things are just, whatever things are pure, whatever things are lovely, whatever things are of good report, if there is any virtue and if there is anything praiseworthy--meditate on these things. The things which you learned and received and heard and saw in me, these do, and the God of peace will be with you.

Colossians. 3:16 (NASB)

Let the word of Christ richly dwell within you, with all wisdom teaching and admonishing one another with psalms and hymns and spiritual songs, singing with thankfulness in your hearts to God.

Ephesians. 4:17-24 (NASB) -- The Christian's Walk

So this I say, and affirm together with the Lord, that you walk no longer just as the Gentiles also walk, in the futility of their mind, being darkened in their understanding, excluded from the life of God because of the ignorance that is in them, because of the hardness of their heart; and they, having become callous, have given themselves over to sensuality for the practice of every kind of impurity with greediness.

But you did not learn Christ in this way, if indeed you have heard Him and have been taught in Him, just as truth is in Jesus, that, in reference to your former manner of life, you lay aside the old self, which is being corrupted in accordance with the lusts of deceit, and that you be renewed in the spirit of your mind, and put on the new self, which in the likeness of God has been created in righteousness and holiness of the truth.

Alternative & Complimentary Healing Modalities

Modalities that influence decisions and their integrity:	
Bio-Feedback	Guided Imagery
Hypnosis	Mind-Body Medicine
Complimentary/alternative herbals vs. prescription medications and over-the-counter drugs	

ASSIGNMENTS

1. Discriminate between Complementary and Alternative healing modalities.
2. Continue to work on your Decision Grid.

NOTES . . .

Chapter 5

Giving Pleasure, Gaining Health

Our expressive behavior can be an aroma to the Creator

*Optimizing the Senses--Aroma Sensitivity
Self-expression of health may be demonstrated in art, music, motion,
and other constructive enjoyments.*

The Highest Definition of "Aroma"

The Bible in Genesis 8:21 describes the odor of sacrificed clean animals and birds as a "soothing aroma" to God after Noah left the Ark. In that context, God made a promise to humanity that He would never destroy every living thing in the world again. Paul speaks of Christ's sacrifice of His own life for our salvation as a fragrant aroma to God (Ephesians 5:2). And in 2 Corinthians 2:14-16, Paul refers to Christians, whether new or perishing in His honor, as an extension of Christ's fragrance to God and that the knowledge of Christ is manifested by a symbolic "sweet aroma." As for Biblical pleasure, God delights in His people and "takes pleasure" in them (Psalms 149:4). When we join in an intimate love relationship with God, His Son, and The Holy Spirit, and express that love to all humanity, we have the confidence that what we request of Him we will receive because the request is right and we are pleasing in God's sight. Our fear of the future and eternity is dispelled through the in-filling of His love and we put love in action toward society (1 John 3:21-24; 4:18-20).

God created us as pleasure-loving, pleasure-seeking beings. He is the source of pleasure. We as His children need to find and embrace the culture of living that glorifies Him and honors His Creation. We can start with the air we breathe—that first act of a newborn: the gasp of air that fills those little lungs. Is finding pleasure in aromatic therapies beneficial? There are many products on the market now that offer tantalizing fragrance to our sense of smell, but they also provide physiological responses.

What are they? Vanilla, rosemary, lemon, lavender, and may more. How can they heal?



antiseptic creams.

Aromatherapy (<http://www.aromatherapy.com/>) uses essential plant oils to promote well-being. Its use may date back as far as 40,000 BC to the Australian aborigines. By the Middle Ages many people recognized the antiseptic and bactericidal properties of certain oils and alleged their positive effect on the immune system. Today, many household cleaning and disinfecting products use aromatherapy scents, such as pine, citrus, tea tree or eucalyptus oils. Eucalyptus is also found in medicinal inhalations and liniments, and lavender and tea tree oils are added to

Although the exact mechanism of aromatherapy has not been determined, liquid gas chromatography has identified many of the chemical components of essential oils, including alcohols, esters, ketones, oxides, aldehydes, coumarins, lactones, terpenes, and phenols. Some scientists hypothesize that inhaled essential oil particles are picked up by tiny cilia located at the roof of the nose. A message about the essential oil odor is then transported to the brain where the limbic system translates the communication and influences metabolic, stress, emotional, and hormonal responses.” (Clark, C., 1996).

How do they fit within the Decision grid?

You may visit the National Association of Holistic Aromatherapy <http://www.naha.org/> to learn of the many varieties of aroma sources. As you acquire a working knowledge of the field, I encourage you to develop an Aromatherapy Reference Table like this:

Item Description	Source	Benefit	SideEffects	Cautions	References

Alternative & Complimentary Modalities

- Essential oils
- Candles
- Tasty Teas
- Incense/Euphoriants
- Herb Botanicals

Optimizing the Senses with Motion



In spite of the sweeping wave of interest in fitness in America, only 15% of adults participate in regular weight-bearing exercise that even moderately challenges the cardiovascular system—the recommended aerobic activity that increases heart rate over a period of 30 minutes 3x's week. And that figure has been declining since 1995. Forty percent of adults engage in no exercise at all and 60% of adults are overweight or obese. Among adolescents, 64% engage in recommended aerobic exercise.

Let's review the benefits of regular weight-bearing exercise:

- Increases muscle and bone strength
- Increases lean muscle and helps decrease fat

- Aids in weight control and is a key part of any weight loss effort
- Enhances psychological well-being and may even reduce the risk of developing depression
- Appears to reduce symptoms of depression and anxiety and to improve mood

Who are the people who show low rates of physical activity?

- Women of all ages
- Those with lower incomes and less education
- African Americans and Hispanics
- Adults in the northeastern and southern states
- People with disabilities
- Those over 75 years of age

We know there are barriers for some individuals such as: unsafe neighborhoods, too much responsibility in work and caregiving, lack of time, lack of companions, lack of motivation. (The above information was obtained from Healthy People 2010.)

The Public Health Service concluded that, since the incidence of chronic disease has increased and obesity has become a major health problem, a national campaign to promote exercise by all Americans is necessary. The challenge is in motivating those 60% of inactive adults.

What ideas do you have?

Encouraging behavior modification, in this case getting people away from the TV and out on the street or nearby track walking briskly, is difficult on a group scale. However, when we invite a family member, friend or neighbor to join us in our walk and create an enjoyable social experience, we have won a new convert to exercise. It takes one to win one, as they say. Dr. David Nieman offers this definition of Physical Fitness, what do you think of it?

“Physical fitness is a dynamic state of energy and vitality that enables one to carry out daily tasks, to engage in active leisure-time pursuits, and to meet unforeseen emergencies without undue fatigue. In addition, those who are physically fit have a decreased risk of hypokinetic diseases and are more able to function at the peak of their intellectual capacity, while enjoying a ‘joie de vivre.’ “ (Fitness and Sports Medicine: An introduction. 1990, p. 30)

ASSIGNMENT

1. Exercise produces a feeling of well-being which is produced by neurotransmitters in the brain called endorphins. Your assignment is to visit the following website to learn all you can about the benefits of these vital chemicals in your wonderful body.

<http://faculty.washington.edu/chudler/chnt1.html> Neuroscience for Kids—Fun!

2. Search in your favorite search engine with keywords aromatherapy, spas

3. Continue to record in your Personal Journal by planning a pleasure regimen for yourself. Have you established a Personal Fitness Plan? Do you need assistance? What are your local sources for wellness?

References

"New Perspectives on Sensory Mechanisms" in a series entitled Perspectives in General Physiology in *Journal of General Psychology*, September 2011.

Clark, C. (1996). A Complementary Potpourri, in *Wellness Practitioner: Concepts, Research, and Strategies* (Carolyn Chambers Clark, ARNP, EdD, HNC, FAAN)

Fitzgerald, M. (2007). Herbal Facts, Herbal Fallacies. *American Nurse Today*, December 2007.

Harding, M. (2001). *A Physician Explains Ellen White's Counsel on Drugs, Herbs, & Natural Remedies*, Review and Herald Publishing Association.

In the final Chapter (6) we will discuss Healthy Relationships.



Chapter 6

Healthy Relationships

When we take on the responsibility of caring for another human, we are brought into some kind of relationship with that person; we assume an attitude of wanting to protect that one's vulnerability and preserve their human dignity and humanity. We connect with an intangible tie of respect and energy that flows through the nonverbal and verbal communication. Our reaching out toward the other person transcends our own ego, our culture, our ingrained attitudes and personal preferences and closes the gap of separateness--this is the transpersonal experience. And with this approach we can improve quality of life and even save it.

Human behavior, as it relates to community life and relationships with other people, is determined by the religious, social, and political infrastructures. Anger, hostility, greed, kindness, love, and understanding are expressed through cultural patterns of a society. The poverty we see in Chicago and Newark produces similar family and neighborhood conditions seen in Haiti, Singapore, Kinshasa, and Victor Hugo's 19th century Paris. As you explore the online websites of this lesson, especially the United Nations Population Fund, you will be struck by how much the world groans for quality of life.

Characterizing Healthy Relationships



The subject of Building Healthy Relationships is an infinite one by this world's terms; in the broader scheme of life, it is an eternal experience. Earthly families, through God's saving grace of His Son's sacrifice, will continue to forge the ties that were started here in sinful surroundings in a promised New Earth of the future. Even the interruption of death will not separate human family members and friends forever.

The present earthly human experience challenges even the purest, sweetest relationships. I intend to help you focus your attention on some ways members of society express attitudes, values, and beliefs related to their place in the family and the community. This would be a good time to explore current thought and experience about **healthy families** for a refresher on the dynamics of family life. Here are some websites to visit:

Family Systems Theory <http://genogramanalytics.com/>

National Council on Family Relations <http://www.ncfr.org/>

Building on what you know about the family structure, family and individual communication patterns, and what you know of psychosocial human responses, consider the following scenarios and how you might work to bring quality of life to the situation:

- The plight of a child who witnesses daily fearful arguments between parents with threats of abandonment and violence; the same child may have to seek his own nourishment because of neglect
- The hopelessness of a thirty-something couple who have tried to conceive a child for 10 years unsuccessfully
- The helplessness of the 14-year-old girl who learns she is pregnant and doesn't know who the father is, and this is her second pregnancy
- The 14-year-old male who recognizes something different about himself sexually and wonders if he is homosexual
- The divorced mother of 5 who has just been evicted from their shambles of an apartment and faces an unknown future in an urban family shelter
- The young mother with AIDS who give birth to an infected son; the son's father recently died of AIDS and its complications after he contracted it from a flirtatious fling with a street-wise teen female

Youth violence has grabbed the spotlight of public concern recently. Government grants are extended to support research into the causes of hostility, anger, acting out among children and youth. Many blame increased exposure to violent acts portrayed in the media a result of the need of viewing audience for arousal, some say it is because of dysfunctional behavior of parents before their children or neglect of children, some say it is because of poverty and the desperation in people's lives, others say it is because guns are so intriguing and so available. Whatever the cause, and one can hardly attribute it to just one cause, communities are creating ways to detect the symptoms early and to respond therapeutically if it should occur. A condition first labeled among the veterans of the Vietnam War has now been applied to the symptoms of children following their experience with trauma—Post-Traumatic Stress Disorder, or PTSD. As a result, psychologists and other counselors have a protocol to guide them in working with these victims. The following is an interesting small study in childhood exposure to violence and results:

- ❖ A study of 107 inpatients of a mental health facility who were aged 12-18 years were administered multiple self-rating questionnaires to measure their exposure to violence. They were divided into 2 groups: 1) those with high exposure to violence, 2) those with low exposure to violence. Children in the high exposure group reported increased symptoms of PTSD, drug and alcohol abuse, depression, hopelessness. They also manifested greater potential to be violent themselves compared to children who had low exposure to violence. The children with high exposure to violence more often reported abuse and neglect in their early childhood.

Homicide in 10-14 year olds is the third (3) leading cause of death and among 15-19 year olds is it the second (2) leading cause of death. Now go to your Healthy People 2020 source (www.healthypeople.gov) and learn what the nation's objectives are to mediate this problem.

The term "social toxicity" has been coined in psychiatric and social academia to describe the influences of a community that breeds unhealthy behavior in its young. Some examples of it are:

- the "drug and gun" culture,
- repeated exposure of children to violent imagery,
- instability of relationships in an increasing mobile society,
- decline in basic trust, and
- an increasingly materialistic culture.

What is your response to this?

As a Christian develops a stronger relationship with God and take on attributes of His Son through a friendship with Him, he finds attitude and behavior changing toward others nearby and even those more distant in our world of awareness. He sees them as priceless because Christ died for them just as He died for "me." And because they have inherent value (even though they may be very unattractive), he begins to feel softened, empathetic, concerned toward them. And because God's love spills out, he even senses that he can care about them, even loving them.

Alternative & Complimentary Modalities

How might these practices heal broken relationship between individual and communities? Do they fit with the criteria of your Decision Grid?

Social Support Groups	Feng Shui
Therapeutic Touch	Massage

ASSIGNMENTS

1. Conclude your responses in your Personal Journal with a summary and Next Steps.
2. Participate in a self-inventory of your personality at <http://www.personalitypathways.com>
3. Enjoy the Prayers of Myers-Briggs Types: <http://www.bouldertherapist.com/html/humor/MentalHealthHumor/prayermyersbriggs.html>
This concludes a short course in optimizing living through a whole person approach. The author hopes it has helped you to focus on what it means to be healthy and the benefits modeling health contribute to society. The educational content and opportunity to practice and reflect recommended activities are designed to enhance your lifestyle and your ability to motivate others toward health.

APPENDICES

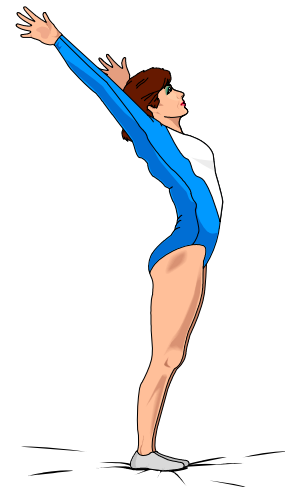


1. Breathing Lessons
2. Getting Adequate Sleep Naturally
3. Managing Pain
4. How Much Do You Know about Depression?

Breathing Lessons

The Best Anti-Stress Intervention You Have

- ❖ God created you to breathe without thinking about it; a center deep in your brain controls the reflexive response to alterations in your metabolism.
- ❖ It's your only body function that is voluntary or involuntary.
- ❖ But when you are stressed, have you recognized the various changes that occur in your body when you take a deep breath?
- ❖ And do you know how important quality breathing is to your health?



Take a deep breath. . .

The air goes down into the lowest portions of your lungs, your heart rate slows, your blood pressure decreases, your muscles relax, your tenseness/anxiety eases, your mind calms. You feel in control.

But, do you really know *how to breathe*?

Did you suck in your gut (abdomen)?

Puff out your chest?

Sorry, Friend,

You have been misled for many years!

That's not the right technique.

You are only using the middle and upper portions of your lungs.

You are straining your lungs and taxing your heart with that shallow breathing.

Be a Belly Breather!

Let's Practice . . .

1. Lie on your back and place a book on your belly. Inhale deeply so that you see the book rise, then exhale and watch it fall. You are taking the tension away from your lower rib cage and allowing your lung bases to expand
2. Sit and place your right hand on your abdomen and your left on your chest. Breathe through your nose so that your right hand rises and falls with your breath and your left hand stays relatively still on your chest.
3. Place a timer or clock with a second hand in clear view. Breathe in slowly, filling your abdomen over a period of 5 seconds; then breathe out slowly to the count of five.

Added Ingredients to Breathing

As long as you are practicing correct and beneficial breathing technique, you might as well add 2 important ingredients:

- Exercise, such as walking--outdoors, that is
- Sunlight, from which to obtain the increased activity of *serotonin*

Serotonin Benefits

You are more at risk for heart disease if you lack adequate *serotonin* levels.

So, what is it and what does it do? Serotonin is a brain chemical, a neurotransmitter if you will, that affects mood and personality. It tells your brain and intelligence that you are feeling good as you walk in the sunlight and fresh air.

Well, consider this connection with stress . . .

"We've long known that stress contributes to heart disease and that people with low serotonin have more heart disease," said lead researcher Edward Suarez, assistant professor in the department of psychiatry and behavioral science at Duke University Medical Center in Durham, N.C. "Now we have shown that cellular mechanisms suspected of contributing to atherosclerosis are associated with a neurochemical -serotonin - which is associated with depression and hostility."

Serotonin is the chemical targeted by antidepressant drugs like Prozac (fluoxetine, Lilly). By raising levels of serotonin in the brain, the medication can improve a person's mood. There are ways to do so naturally.

What follows is the research about discovery of the connection of serotonin, stress, and heart disease.

Suarez and colleagues studied 56 healthy men and women between the ages of 18 and 49, asking them to recall past events that had made them sad or angry. This was done to induce emotional stress. Before and after each of these stress tests, the researchers analyzed the subjects' blood for the presence of certain proteins called cytokines, which are produced in response to a variety of stressors.

Before the recollections, none of the subjects showed an increase in cytokine levels. However, men with low serotonin levels produced higher levels of two specific cytokines after the recollections. These cytokines, interleukin 1 alpha (IL-1a) and tumor necrosis factor alpha (TNF-a), are known to contribute to atherosclerosis, a build-up of fatty plaques in the arteries that can lead to a heart attack.

In comparison, subjects with normal or high serotonin levels did not exhibit increases in cytokine levels after the recollections.

What does this mean?

"Our study showed that in people with low levels of serotonin, stress activates the same immune response as do other environmental factors like high cholesterol and smoking," Suarez said. He added that because low serotonin levels are associated with depression and hostility, these findings may explain why depressed and hostile people die more often from heart disease and other conditions that induce a strong response from the immune system.

Breathing Lesson +

This pattern of conscious breathing augmented by simple relaxation techniques or beneficial exercise allows time and space for meditation and communion with God, the Creator and Promoter of our health.

Knowing that He often speaks to His human family in a zephyr brings the desired peace we seek.



Getting Adequate Sleep Naturally

Tips on Solving Insomnia

Forty to fifty percent of people report problems getting to sleep at night or sleeping well enough to meet the body's requirements--acute insomnia. Ten-20% of Americans have chronic insomnia. The consequences are feeling tired, poor performance at school or work, falling asleep at inappropriate moments which may lead to accident and injury. Sleep problems have been associated with decreased work productivity, increased trips to health care providers, days missed at work, and an increase in serious accidents. This has then become a public health problem.

This presentation is designed to help you differentiate between acute and chronic insomnia, gain knowledge of ways to promote sleep, and understand what may cause insomnia so that you may be able to help yourself and others. Acute insomnia typically may last a day or two and may be caused by worry or concern or interpersonal relationship problems that may be alleviated by corrective interventions.



Some tips in promoting sleep are as follows:

- Set a regular schedule for bedtime and arising and get out of bed on time each day. Don't sleep in on weekends.
- Don't watch the clock
- Make sure the room is comfortable--adjust the temperature, light, ventilation, and noise level.
- Avoid drinking caffeinated drinks for at least 4 hours before bedtime. Better still, eliminate caffeine.
- Do not use tobacco or alcohol
- Do not drink any beverage less than 4 hours before bedtime to avoid waking by a full bladder
- Do not exercise, exert or excite yourself close to bedtime
- Do not use your bed for anything else but sleep (and sex). Do not eat, watch TV, or study in bed.
- Avoid taking a nap during the day (unless you are a shift worker).



Strategies with Food

- Eat foods containing tryptophan, a precursor to serotonin, closer to bedtime (turkey, bananas, figs, dates, yogurt, milk, tuna, whole grains, nuts)

- Avoid tyramine-containing foods which increase norepinephrine levels: bacon, cheese, chocolate, eggplant, ham, potatoes, sauerkraut, sugar, spinach, tomatoes, wine.
- Alcohol has temporary relaxing effects because it releases adrenaline and impairs the transport of tryptophan to the brain.
- Avoid hypoglycemia, which releases adrenaline, glucagon and cortisol, all of which stimulate the brain. A complex CHO snack 45-60 minutes before sleeping is recommended.

Herbs reported to be helpful to induce sleep:

- Passion-flower – inhibits the breakdown of serotonin
- Skullcap – relaxes central nervous system to extent of reducing exhaustion that prevents sleep
- Hops – quiets cognitive brain activity
- Black cohosh and red clover – menopausal insomnia and other related symptoms
- Chamomile – in combination with other herbs, calms digestive system

Caution re Valerian:

- A well-known sleep aid, but is mildly habit-forming over the long-term, tends to increase depression, and sometimes leaves one groggy feeling on waking. Best not use as a single herbal remedy.

Positive Actions:

- Try a relaxation technique-focusing on each muscles group at a time from head to toe by flexing and relaxing them until you feel heavy all over.
- Listen to quiet, pleasant, non-stimulating music
- Listen to nature sounds such as birds singing, possibly accompanied by quiet music



Listen to “white noise”-- the sound of something repetitive like a waterfall

If you have difficulty falling asleep in 20-30 minutes, get up and go to another room and do something until you do become sleepy, then return to bed.

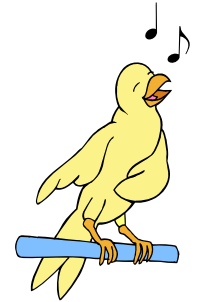
For occasional problems with sleep, one may take a mild antihistamine such as Benadryl (use with caution and your doctor’s permission if you are elderly).

Worrying over stressors and the fact that sleep won’t come may lead to an obsession with sleeplessness and escalation of the symptoms. Following the previous techniques may help to break the obsessive cycle through stimulus-control therapy.

Medications are a last resort and should be considered very carefully with the consultation of a physician.

Chronic insomnia occurs 3 or more times a week and for more than a month in duration. Many things may cause it:

- Prescription medications such as
 - asthma drugs
 - certain antidepressants that have a stimulating effect
 - steroids
 - beta blockers (used for hypertension, heart problems, etc.)
- Non-prescription medications
 - decongestants and diet pills containing pseudoephedrine, phenylpropanolamine or phenylephrine
- Caffeine, nicotine, and alcohol
- Anxiety, depression, or stress
- Medical disorders such as:
 - restless leg syndrome
 - periodic limb movement disorder
 - sleep apnea [Do a search online to learn about its seriousness]
- Health conditions such as:
 - hot flashes of menopause
 - congestive heart failure (breathing difficulty due to fluid around heart)
 - prostate enlargement (frequent trips to bathroom)
 - esophageal reflux (sensation caused by rise of stomach acid into chest)
- Painful conditions such as arthritis or migraine headaches
- Alterations in Circadian rhythm--normal sleep pattern fails to harmonize with the desired sleep pattern (as with night shift workers)



Final Recommendation:

If it is worry that prevents restful sleep, one may consider prayer and meditation along with Bible study. Scriptural promises of God’s love and care and communing moments with Him mediate the cares of earthly living.

Managing Pain

Preventive and Pro-active Strategies

Clinically Tested Suggestions

- Which can reduce unnecessary doctor visits
- Which decrease discomfort, depression, and anxiety
- And that can help one understand the pain process

Target Audience

These suggestions are focused on individuals who have persistent continual or intermittent pain caused by an illness, injury, or unsuccessful surgery—chronic pain. As a result, there may be anxieties, anger, or sadness associated with it. Techniques that relieve or mask the pain should also address the alleviation of these associations.

Therefore, a program that holistically mediates or alleviates chronic pain should address nutrition, exercise/activity, movement management, stress-reduction, and tension relief. These suggestions do that.

Approach

The Keys to living a life of quality are:

- Taking responsibility for the pain—“owning it” or acknowledging that it won’t go away
 - Avoid focusing on what caused the pain and that no one has been able to help relieve it or that people are not helping nor understanding how bad things are.
- Determine exactly what the resulting problems are from the pain
 - Is the pain worse on movement, certain weather, tension, lack of sleep. Have you been ignoring the pain or stoically minimizing it?
 - Here’s where a diary serves to record what is happening at the time of the pain and what increases or decreases it.

Techniques Used . . .

Keeping a Pain Diary

Here is an example:

Day of Week	Describe Situation	Degree of Sensation (0-10)	Degree of Distress (0-10)	Action or Meds
Event 1				
Event 2				
Event 3				

Continue recording at least 3 x’s/day over 3 months to obtain an average of the intensity scales and to plot what circumstances aggravate the pain.

Techniques Used . . .

More about the pain diary:

- There may be variations in pain sensation and resulting distress as a result of shifting attention (caring for children), or compounded by mood, fatigue, muscle tension. The brain has a way of disengaging attention to a constant source of stimulation and maybe the pain is not always noticed.
- Diary-keeping can also raise awareness to discomfort that has been suppressed through denial.

Your Strategy

Reassess goals and set new ones

- In the diary comments can be made about the things that one desires to do but cannot because of the pain; a record can be made of the quality of life that is missing.
- Achievable goals are set; they may be incremental or may be implemented according to one’s energy level, coping strength that day, or help of others.
- The goals should be measurable, realistic, behavioral, “I”-centered, desirable.

Meanings of Pain

- Biologically: pain is a signal that the body has been harmed
- Psychologically: experienced as emotional suffering
- Behaviorally: alters the way a person moves and acts
- Cognitively: calls for thinking about its meaning, its cause, and possible remedies
- Spiritually: a reminder of mortality
- Culturally: may be used to test one’s fortitude or force submission

Distinctions of Pain

Acute Pain

- Usually has an identifiable source
- Limited in duration

Chronic Pain

- Unrelieved, constant, or intermittent
- Becomes a symptom all its own
- Ill-defined as to source or cause
- Commonly associated with multiple biological, psychological, and sociological consequences

Body’s Complex Messaging System

- There are 2 types of sensory nerve fibers carrying messages to the spinal cord where it is sent, modified, or canceled en route to the brain
 - A-delta fibers traveling about 40 mph
 - C fibers traveling about 3 mph
- Pain nerves are stimulated by extremes of temperature, trauma, or chemicals released during an inflammation state.
- Not all nerves carry the same message, and not all pain messages are attended to.

Body’s Complex Messaging System

- There is competition among the messages at the spinal cord level; as a result some pain messages may be altered or overridden by rubbing, applying pressure, or some other means and pain sensation is reduced.
- Chronic pain may be the result of some confusion of signals due to biological scrambling.
- Chronic pain may also develop when an injured pain nerve attempts to regenerate.

Body’s Complex Messaging System

- In the case of inflammation and the release of chemicals, an anti-inflammatory medication can be taken.
- If muscle spasm or tightness results from guarding the painful area, muscle relaxants may be effective. Other ways to release muscle tension and spasm are:
 - Massage,
 - Acupuncture,
 - Heat/ice application
 - Trigger point injections,
 - Relaxation response techniques
 - Body awareness training

How the Brain Responds to Pain

- The brain receives messages (electrical impulses) from the spinal cord.
- Those messages may be modulated through inhibitory pathways.
- The brain gives clear meaning to the pain signals, but if the brain function is impaired or the brain is distracted, the pain experience is altered.
- Sleeplessness may tax the brain and cause depression.
- Severe depression and anxiety disorders may worsen the pain.
- Use of addicting drugs as long-term treatment may not be desirable unless death is eminent.
- Drinking alcohol is ineffective for long-term coping of pain and may increase it ultimately.

Nutritional Rules

- **Fresh is best:** Eat foods that are closest to their natural state, without needless additives
- **Moderation:** Maintaining a stable weight

Supplements

At this time there is no consistent evidence that mineral or vitamin supplements directly relieve pain

Influences of Food

Foods that Decrease Pain:	Food Ingredients that Increase Pain
<ul style="list-style-type: none"> • Vegetarian diet • Foods containing <i>tryptophan</i> in diets high in complex CHO's and low in protein • Increased intake of water 	<ul style="list-style-type: none"> • Caffeine • Alcohol • MSG • Aspartame

Healthy Attitudes

Problematic attitudes of learned helplessness and of anger/hostility are common among chronic pain sufferers. They interface with coping and problem-solving. The following positive attitudes should be cultivated:

- Stress hardiness
- Optimism
- Empathy
- Altruism

Based on an intervention course by Margaret A. Caudill, MD, PhD "Managing Pain Before It Manages You" (1995) Available through Guilford Press

GET THE BOOK! A GOOD REFERENCE

How Much Do You Know about Depression?

- Which of these behaviors characterizes depression:
 - cynicism
 - unexplained aggression
 - loss of interest in all things
 - rapid mood swings
- Depression peaks at certain life stages. People in which age group are likely to experience it most often?
 - 16-24
 - 25-44
 - 45-49
 - 50 and older
- A major cause of depression in women is the inability to express or handle:
 - anger
 - sadness
 - jealousy
 - competitiveness
- Which of these self-help measures often relieves depression?
 - walking outdoors
 - drawing, painting
 - exercising
 - all of the above
- Which of these should you avoid if you're depressed?
 - romantic relationship
 - a job change
 - major decisions
 - self-analysis
- Which of these are signs your depression is serious enough to warrant professional help?
 - difficulty concentrating or remembering things
 - constant fatigue or listlessness
 - feeling blue
 - a and b
- How should you respond to a depressed person?
 - be upbeat
 - listen
 - encourage the person to spend time alone
 - keep the person company but don't talk about depression
- Which of these approaches will do more harm than good when you're trying to help a depressed person?
 - offering solutions
 - scheduling leisure activities
 - overanalyzing the problem
 - a and c
- Proper nutrition may improve your state of mind. Which of these vitamins may help alleviate depressed moods?
 - vitamin C
 - vitamin B-complex
 - vitamin A
 - vitamin E
- Depression and other mood disorders cost the United States how much in lost work time?
 - \$10 million
 - \$16 million
 - \$4 million
 - \$16 million

[Answers: 1-c, 2-b, 3-a, 4-d, 5-c, 6-d, 7-b, 8-d, 9-b, 10-b]

Proof