

A PHILOSOPHICAL DELINEATION OF THE CONTRIBUTIONS
OF WELLNESS EDUCATION TO THE OBJECTIVES OF
GENERAL EDUCATION WITHIN THE
UNDERGRADUATE CURRICULUM

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PREFACE

In this study, a philosophical delineation or explanation of wellness education as general education was developed. The study presented the contributions of wellness education to the objectives of general education within the undergraduate curriculum.

I would like to express my gratitude to each of my committee members: Dr. Betty W. Abercrombie, Dr. Ann E. Austin, Dr. Elizabeth M. Edgley, and Dr. Mac L. McCrory, Jr., for their encouragement during the pursuit of my degree and this dissertation. In their own individual way, each of them has influenced and inspired me throughout my academic endeavors. I am indebted to my dissertation adviser, Dr. Abercrombie, for the initial concept which prompted me to pursue this philosophical topic of research. I would also like to express my appreciation to Dr. Edgley for her assistance and advice throughout my experience in higher education.

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CHAPTER I

INTRODUCTION

With the emergence of wellness education, it is essential that wellness educators justify and explain the role of wellness within American institutions of higher education. Recent events have intensified the need for a philosophical delineation of the contributions of wellness education to the objectives of general education in the undergraduate curriculum.

Background and Significance of Study

Wellness, as a new area of academic study, emerged during the late 1960's from the disciplines of health science and health education, as well as from academic departments of health, physical education, and leisure. The position and role of wellness education is somewhat uncertain within American colleges and universities and requires a foundation of educational philosophy.

As the concept of wellness evolved, educators have emphasized the significance of its multi-faceted approach to the total well-being of the individual and defined it as one's functional capacity through all of life's endeavors. Wellness is a state of health and well-being giving each person the capacity to perform as an optimal level. A balanced life-style of wellness enables the individual to attain the highest levels of their human potential. Wellness may

be viewed as a valuable skill for living--enhancing the individual's capacity for a life of fulfillment and achievement.

Many educators recognize the appropriateness of wellness education as general education. "Education aimed at developing the individual's potential as fully as possible is in the best sense general education" (Sanford, 1967, p. 197). Wellness education encompasses the development of the whole person: body, mind and spirit. In relation to wellness, a number of specific goals of general education refer to the well-being, personal adjustment and development, as well as the mental and physical health of the individual. The potential contribution of wellness within general education and the core curriculum of the undergraduate appears to be significant.

However, the recent trend within institutions of higher education has been a reduction of general education requirements, especially in the areas of health and physical education. During the 1960's and 1970's, many colleges and universities reduced or eliminated requirements for general education. In 1974 a Carnegie Council study reported a 22% decrease in the proportion of undergraduate credits required in general education. Within four year institutions, "general education courses required of all students declined from an average of 45% of the curriculum in 1967 to 33% in 1974" (Blackburn, Armstrong, Conrad, Didham, and McKune, 1976, pp. 11-12). Between 1967 and 1974, the percentage of institutions requiring health or physical education decreased from 86% to 55%, a decline of 31% (Blackburn et al., 1976, p. 19). Kittleson and Ragon (1984, p. 92) reported that "only 10.7% of the universities in the United States require general health education of all its students for graduation."

Yet, a Carnegie Foundation survey of American undergraduates in the spring of 1984 found that 99.1% of the students surveyed considered "good health" as an important or fairly important goal. In fact, "good health" received the highest rating and was ranked above career and financial success, marriage and family, intellectual development, religious or spiritual fulfillment, friendship and a long life as important goals (Jacobson, February 5, 1986, p. 29).

As a goal of general education, undergraduates have also chosen "self-knowledge and personal development" as an important objective. In a survey of undergraduates, "self-knowledge and personal development" were ranked as high as "knowledge and skills directly related to a job of career" and "understanding and mastery of some specialized body of knowledge" as goals of general education in the undergraduate curriculum (Gaff and Davis, 1981, p. 114).

In spite of the importance of health and personal development to students and the support of fitness by the public, the inclusion of a wellness course as a general education requirement may prove a difficult task as fewer institutions consider health and physical education an essential component of the undergraduate curriculum.

The relaxation or elimination of requirements led the Carnegie Foundation to characterize general education as "a disaster area" in 1977. Within the past decade, a number of reports have questioned the quality, nature, purpose and objectives of general education and the undergraduate curriculum. The narrow specialization of many of the courses within general education has been criticized. Many educators have advocated a revamping of the core curriculum for general education.

While this atmosphere of reform provides the opportunity to propose courses in wellness for general education; it also demands greater scrutiny, higher standards, and stricter requirements for any new course being considered. Consequently, educators should be prepared to offer more than a simple observation or natural affinity of objectives to justify the inclusion of wellness within the undergraduate curriculum. Wellness educators should provide a strong, philosophical delineation of the educational principles and objectives of a course in wellness to substantiate its importance and contribution as general education.

Wellness educators should also recognize the contributions that the principles of general education and curricular reform can make to the structure of wellness education. Any educator developing or designing a wellness course for general education would increase the course's contribution by utilizing and adapting some of the recent recommendations for the reform of general education. In the development of courses in wellness for general education, the principles of curriculum should also influence the design of the wellness course, resulting in a full circle or flow of influence between wellness and general education within the undergraduate curriculum.

As a component of general education, wellness education addresses many of the unique problems of undergraduates. Sanford (1967) contended that colleges and universities have often failed to deal with the personal needs and personal development of students. With the growing concern over the retention of students, institutions

should consider courses which focus on the personal needs of the undergraduates.

Many traditional undergraduates are involved in the developmental struggle and creative turmoil of late adolescence which Erikson (1968) identified as the "identity crisis." Rathbone and Rathbone (1971) have also identified the resolution of the identity crisis and the search for self as a central force within the personal development of college and university students. The sources of conflict for students include the adaptation to a new environment and institution, the newly found freedom of a lifestyle based on self-discipline and self-control, as well as the often lonely years of the search for self and personal identity. According to Rathbone and Rathbone, colleges and universities may become "anxiety mills" of academic pressure and competition. A survey of undergraduates at Goddard College revealed that personal concerns of "feeling inadequate" worried students more during their first year than concerns over academic work or even grades (Beecher, Chickering, Hamlin, and Pitkin, 1966).

There is evidence to indicate that students adjusting to the new academic environment undergo behavioral changes which relate to health and wellness. Astin (1977) believed that a combination of academic stress and freedom from parental discipline may explain an increased use of alcohol, tobacco and drugs among undergraduates. Substantial increases in students' alcoholic consumption between their high school and college years have been reported by Katz, Korn, Ellis, Madison, Singer, Lozoff, Levin, and Sanford (1968) and Astin (1977). The students surveyed by Astin also reported that they had not received

enough exercise or sleep during their undergraduate experience. In fact, exercise and sleep received the highest responses as the items or experiences that the students lacked most.

The results of research by Greenberg (1981, 1984) indicated that illness and disease in the college student population were related to stress. According to Greenberg (1981, p. 11), "stress left unattended may result in illness or disease." Whitaker (1977) reported that 20% of the community college students dropped out of institutions due to medical or health reasons.

The rate of student retention and the levels of student achievement may be influenced by the individual student's state of health and well-being. Consequently, institutions of higher education need to deal with the students' problems concerning personal health and development. In responding to student needs, colleges and universities should consider addressing the health and well-being of undergraduates through general education.

Statement of the Problem

A problem has arisen as the inclusion of wellness education within the general education of the undergraduate has been opposed by some educators and administrators. The question of the appropriateness and significance of wellness education within the undergraduate curriculum is addressed by this research. The purpose of this study is to philosophically delineate the contributions of wellness education to the objectives of general education.

Extent of the Study

This study is delimited to the contributions of wellness education to the objectives of general education within the undergraduate curriculum of institutions of higher education. The philosophical method of the study is limited to the knowledge and skills of the researcher. This study is limited to the extent that all proposed educational processes, courses, and curricular designs are effective in achieving their intended results. It is assumed that wellness education, properly conducted or administered, will provide benefits and promote positive behavioral changes within the individual.

Pertinent Philosophical Questions

The significance of this study is based on its consideration of questions that relate to the philosophical delineation of wellness as general education. The study will address and discuss the following questions. How does wellness education contribute to the objectives of general education? What role does a wellness course play in the undergraduate curriculum? What are the current objectives and purposes of general education? What are the philosophical antecedents to wellness from the educational principles of health and physical education? What are the educational principles of wellness as an academic discipline? How can wellness education be designed upon the objectives of general education? Which curricular approaches of general education can be applied to wellness education? What are some further applications of wellness education in the undergraduate curriculum and throughout institutions of higher education?

Definition of Terms

The following are conceptual definitions of terms which will be used in this study:

1. General Education

General education is the breadth component of the undergraduate curriculum, defined on an institutionwide or collegewide basis. It usually involves study in several areas and frequently seeks to provide a common undergraduate experience for all students at a particular institution (Levine, 1981, p. 525).

2. Liberal Education

Liberal education is perhaps the most commonly used synonym for general education. The Carnegie Council defines it very specifically as "education rooted in the concerns of civilization and our common heritage," but others use the term more generally to refer to any education that liberates the learner in spirit and mind (Levine, 1981, p. 528).

3. Principles

Principles are general concepts derived from scientific facts or critical analysis from insight or experience.

4. Educational Objectives

Educational objectives are stated goals, aims or outcomes of a course, curriculum or educational experience designed to change the cognitive, affective or psychomotor behavior or state of the learner.

5. Educational Objectives of General Education

Basic Objectives for General Education from the General Education Council of Oklahoma State University (1985):

1. To develop responsible citizens for membership in the human family in a dynamic global society.
2. To facilitate understanding and use of symbols for effective oral and written communication.
3. To explore sensitively moral and ethical common concerns.
4. To foster human understanding in relationship to nature.

5. To foster an appreciation of humankind as creatures of worth, capable of rational thought and action.
6. To expose students to those aesthetic aspects of life in order that they may appreciate and utilize beauty in its multiform expressions.
7. To demonstrate human interdependence through a study of production and consumption functions in a global economy.
8. To help students develop and maintain good mental and physical health habits and lifestyles.

6. Health

Health is a quality of life involving dynamic interaction and interdependence among the individual's physical well being, his mental and emotional reactions, and the social complex in which he exists (School Health Education Study, 1967, p. 10).

7. Wellness

Wellness is an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning (Dunn, 1961, pp. 4-5).

8. Wellness Education

Wellness education is a course, curriculum, an educational program, or academic discipline designed to educate or instruct students in the principles of wellness.

Research Methodology and Procedures

The research method of this study is philosophical delineation based on logical reasoning rather than an empirical, experimental design or factual observation. The philosophical delineation of the contributions of wellness education to the objectives of general education is based on the analysis, synthesis and critical interpretation of existing facts, accepted principles, and the scholarly

research of educational philosophers, as well as experts in general education and wellness education.

"Science gives us knowledge, but only philosophy can give us wisdom" (Durant, 1943, p. 3). The educational philosopher has been defined as one who "specializes in the critical examination of educational theories, hypotheses, and generalizations in light of data which are already available" (Good, Barr, and Scates, 1935, p. 24).

The philosophic method has been termed as a "synthesis which is not only consistent with the best current data, but also with the best experience drawn from the past" (Brubacher, 1966, p. 6). As distinguished from the scientific method, philosophic research:

. . . aims not at a solution of just a limited number of the factors and variables which are inherent in an educational problem and which can be rigidly controlled experimentally, but at one which includes every factor or variable which is either directly or remotely relevant to the problem . . . the philosophic interest concerns more than just the limited data to which the scientist must confine himself (Brubacher, 1966, p. 311).

The basic techniques of philosophical research are analysis, synthesis, logical reasoning, and interpretation.

In the best modern tradition, the method usually applied is reflective thought involving accurate analysis and synthesis of gathered data. Conclusions are arrived at only after all the facts are taken into consideration (Zeigler, 1964, p. 12).

Philosophical analysis involves systematic criticism. Synthesis involves the unification of knowledge leading to understanding and the revealing of relationships. "If analysis is criticism, synthesis is vision" (Harper, Miller, Park, and Davis, 1977, pp. 78-86).

The philosophic method has been characterized as a "deliberative, reflective-thinking approach" based on critical analysis, interpretive review and integration.

It thus may become a method of synthesis. While it usually does not add original data, it may add new interpretations. The integrative summarizes more broadly, thus possibly yielding more reliable conclusions that might be developed from an individual study. Implications can be drawn or simple evaluations developed (McGrath, Jelink and Wochner, 1963, pp. 72-74).

Critical interpretation should be reasonably advanced based on facts and principles. This reasoned argument and interpretation should result in some generalization or conclusion (Hillway, 1964, pp. 102-103). As a method of research, the philosophic approach is unique in nature, purpose, and procedure.

The philosophical method for approaching a problem involves identification of basic assumptions being made about the universe in which the problem exists; recognition of general principles which provide a rational explanation of the behavior of phenomena within that universe; and interpretation of observations or 'facts' about the phenomena in the light of general principles. The basic methods of philosophy are logical induction and logical deduction; the tools are analysis and synthesis, and the materials dealt with are the facts which are available. Using the tools of analysis and synthesis, the philosopher works the facts into patterns which identify the relationships among them. Out of these patterns organizations of facts he derives general principles which describe the relationships inherent in the patterns (Metheny, 1956, p. 483).

Research Design and Procedures

The philosophical delineation of wellness education as general education was based on the following analysis and criteria:

1. A review of the goals and objectives of general education to provide a basis and context for wellness education within the undergraduate curriculum.
2. An examination of the current recommendations for the curriculum reform of general education which will be applied to a general education course in wellness.

3. A review of antecedents and previous examples of health and physical education courses within the undergraduate curriculum which serve as precedents for the inclusion of wellness education within general education.

4. A review of the philosophy of health and the principles of health education which contribute to general education and act as a foundation for wellness education.

5. An examination of the emerging concept of wellness and its philosophies and components which contribute to general education.

6. An exploration of the relationship between health and wellness; health as a foundation for wellness; and the expansion of wellness beyond health to make wellness more appropriate as general education.

7. An examination of the principles, components, elements, course objectives and behavioral outcomes of wellness education which contribute to general education.

8. An examination of the contribution of wellness education to the objectives of general education within the undergraduate curriculum.

9. An application of wellness education to the current recommendations for the curricular reform of general education.

10. An explanation of wellness as functional capacity, an important skill for creative adaptation, and life-enhancing ability which is an appropriate outcome of the undergraduate experience.

11. An explanation of the potential of wellness education in addressing the unique, personal problems of the undergraduate student.

12. A proposal for the role and position of wellness education within the undergraduate curriculum; wellness education as a general education requirement and as a program or service extended throughout the undergraduate experience.

The philosophical delineation of wellness education as general education is presented within the following chapters.

Chapter II includes a brief review of the literature of general education: definitions, goals, objectives, historical perspectives, and the context of general education within the undergraduate curriculum. Recommendations for general education and curricular reform are presented which should be considered in the design of a wellness course for general education. Chapter II also contains a review of the objectives of general education which refer specifically to health, personal adjustment and well-being, as well as physical and psychological education and development. The antecedents for the delineation of wellness as general education will be presented through previous philosophical links established between health/physical education and liberal/general education. Chapter II presents steps 1, 2, and 3 of the analysis and criteria.

Chapter III traces the emergence of the wellness concept through the development of health and the philosophy of health education. It includes the definitions, principles and components of wellness, as well as the content of wellness education. Chapter III presents steps 4, 5, 6, and 7 of the analysis and criteria.

Chapter IV presents the actual delineation of wellness education as general education based on the foundation established in the previous chapters. It includes the contributions of wellness

education to general education, the application of the recommendations for general education and curricular reform to wellness, a proposal for the position of wellness education in the undergraduate curriculum, and the role wellness may play in institutions of higher education. Chapter IV presents steps 8, 9, 10, 11, and 12 of the analysis and criteria.

Chapter V includes a summary, conclusions, and suggestions for further research.

CHAPTER II

REVIEW OF GENERAL EDUCATION

The purposes of this review of the literature of general education are to: define general education, examine its goals and objectives, provide an historical perspective of its development, and place general education within the context of the undergraduate curriculum. It also provides recommendations from the current period of curricular reform in general education that should be applied to a wellness course designed for general education. In addition, this chapter cites examples of general education objectives from various authors and institutions which refer specifically to health, physical and mental well-being, as well as personal development.

Definition, Objectives and Context

General education is one part or component of the undergraduate curriculum. It constitutes approximately one-third of the undergraduate coursework, varying with the specific requirements of the institutions (Blackburn et al., 1976). The Carnegie Commission (1977) contended that:

No curricular concept is as central to the endeavors of the American college as general education, and none is so exasperatingly beyond the reach of general consensus and understanding (p. 164).

The Carnegie Commission (1977, p. xiv) also defined curriculum as "the body of courses that present the knowledge, principles, values, and skills that are intended consequences of the formal education offered by a college."

Kerr viewed the curriculum as an institution's statement of what is relevant in a contemporary society.

In the final analysis, the curriculum is nothing less than the statement a college makes about what, out of the totality of man's constantly growing knowledge and experience, is considered useful, appropriate, or relevant to the lives of educated men and women at a certain point in time (Rudolph, 1977, p. ix).

The undergraduate curriculum should reflect the ideals and values of a culture or society; and, the objectives of the curriculum should reflect the function of higher education. With the proliferation and explosion of knowledge, that function has shifted to some extent from the exposure to information--to the acquisition of skills for lifelong learning and achievement. Many of the concerns, purposes and objectives of the curriculum are central to general education.

Any debate about general education is a debate about culture, curricula, and proportion; about common or not so common values; about both the nature of knowledge and the desire and necessity of transferring traditions from one generation to the next; and about the degrees to which undergraduate study should emphasize specialization (Scott, 1981, p. 29).

General education may be characterized as an adaptation of liberal education to the needs of modern, egalitarian education. General education represents a greater emphasis on skills, abilities and generalizations than on a specific body of knowledge represented by the traditional disciplines or liberal arts (Kamm, 1962).

Throughout the evolution of the undergraduate curriculum, the core curricula of general and liberal education has symbolized the

ideal of the well-educated individual--the preservation of a humanistic view, the search for unity, and the core of common-learning, knowledge and perspective. Since the middle of the 19th century, general or liberal education has struggled to maintain its importance and position within the undergraduate curriculum. General education was often viewed in contrast to the diversity, as well as scientific, technological and professional specialization of the modern curriculum (Rattigan, 1952; Thomas, 1962; Rudolph, 1977).

A number of major events have occurred in the development of general education since 1945. In the Report of the Harvard Committee of 1945, General Education in a Free Society, or the "Redbook" established a rationale for a generally educated citizenry in a democratic society. The "Redbook" also proposed a core curriculum for Harvard undergraduates.

The President's Commission on Higher Education of 1947 (1948) advocated a strong general education component, as well as other curricular improvements.

The crucial task of higher education today, therefore, is to provide a unified general education for American youth. Colleges must find the right relationship between specialized training on the one hand, aiming at a thousand different careers, and the transmission of a common cultural heritage toward a common citizenship on the other (p. 49).

In addition to its proposals for general education, the Commission (1948) outlined 11 objectives that students are expected to achieve through the undergraduate curriculum:

1. Develop for the regulation of one's personal and civic life a code of behavior or ethical principles consistent with democratic ideals.

2. Participate actively as an informed and responsible citizen in solving the social, economic, and political problems of one's community, state, and nation.
3. Recognize the interdependence of the different peoples of the world and one's personal responsibility for fostering international understanding and peace.
4. Understand the common phenomena in one's physical environment, to apply habits of scientific thought to both personal and civic problems, and to appreciate the implications of scientific discoveries for human welfare.
5. Understand the ideas of others and to express one's own effectively.
6. Attain satisfactory emotional and social adjustment.
7. Maintain and improve one's own health and to cooperate actively and intelligently in solving community health problems.
8. Understand and enjoy literature, art, music, and other cultural activities as expressions of personal and social experience, and to participate to some extent in some form of creative activity.
9. Acquire the knowledge and attitudes basic to a satisfying family life.
10. Choose a socially useful and personally satisfying vocation that will permit one to use to the full his or her particular interests and abilities.
11. Acquire and use the skills and habits involved in critical and constructive thinking (pp. 50-58).

In 1952, Johnson published General Education in Action, the results of the California study of general education in the junior college. The report proposed that general education programs should help each student increase their competence within the following 12 goals.

1. Exercising the privileges and responsibilities of democratic citizenship.
2. Developing a set of sound moral and spiritual values by which he guides his life.

3. Expressing his thoughts clearly in speaking and writing and in reading and listening with understanding.
4. Using the basic mathematical and mechanical skills necessary in everyday life.
5. Using methods of critical thinking for the solution of problems and for the discrimination among values.
6. Understanding his cultural heritage so that he may gain a perspective of his time and place in the world.
7. Understanding his interaction with his biological and physical environment so that he may better adjust to and improve that environment.
8. Maintaining good mental and physical health for himself, his family, and his community.
9. Developing a balanced personal and social adjustment.
10. Sharing in the development of a satisfactory home and family life.
11. Achieving a satisfactory vocational adjustment.
12. Taking part in some form of satisfying creative activity and in appreciating the creative activities of others (Johnson, 1952, pp. 11-12).

The current general education objectives of many institutions are quite similar to those proposed by the President's Commission and Johnson's report.

In 1966 Bell proposed a new general education curriculum in The Reforming of General Education, stressing modes of conceptualization and coherence. The Carnegie Foundation called for reform in 1977, maintaining general education was an idea in distress and that the undergraduate curriculum was in disarray. "General education is now a disaster area. It has been on the defensive and losing ground for more than 100 years" (Carnegie Foundation, 1977, p. 11). In a 1981 essay, "A Quest for Common Learning," Boyer and Levine called for connectedness in the undergraduate curriculum through the shared experiences of general education.

After studying over 1,000 goal statements of educators, authors, institutions, commissions and committees, Bowen (1977) identified a comprehensive catalog of curricular goals and objectives for general education in Investment in Learning (see Appendix). The 1978 Harvard Report on the Core Curriculum by Dean Rosovsky advocated a return to strict, general education requirements, which resulted in the "great curriculum debate." The reform of general education in Miami-Dade Community Colleges was documented in General Education in a Changing Society (1982).

Within this decade, three major reports have questioned the quality and purpose of the undergraduate curriculum. "Involvement in Learning: Realizing the Potential of American Higher Education" was released by the National Institute of Education in 1984. The National Endowment for the Humanities in 1985 published "To Reclaim a Legacy." "Integrity in the College Curriculum" was released by the Association of American Colleges in 1985. All three reports advocated the strengthening of general education.

Recommendations for Curricular Reform

In addition to the basic, traditional objectives, such as those outlined by the President's Commission (1948) and Johnson (1952), a number of recommendations concerning general education have emerged from the current period of curricular reform. These recommendations and principles should be considered in the design and justification of courses for general education. The suggestions may expand the traditional parameters of a course or subject and enhance its

contribution to the objectives of general education. Current proposals and criteria suggest that courses in general education should:

1. Develop lifelong learning and functional skills (Bowen, 1977; Hansen, 1982; Lukenbill and McCabe, 1982).
2. Encourage the growth of the whole person: body, mind, and spirit (Mayhew, 1960; Conrad and Wyer, 1980).
3. Develop problem-solving and decision-making skills grounded in realistic situations (Dewey, 1963; Bartkovich, 1981; Lukenbill and McCabe, 1982).
4. Clarify values, ethics and behavior within the individual's environment and the world context. (Dressel, 1979; Boyer and Levine, 1981; Gaff, 1983).
5. Encourage self-awareness, self-understanding and self-actualization (Eisner and Vallance, 1974; Bowen, 1977; Conrad and Wyer, 1980).
6. Utilize a cross or multi-disciplinary approach to subject matter which integrates and synthesizes knowledge (Gaff, 1982; Lukenbill and McCabe, 1982).
7. Measure competencies, specific outcomes, and behavioral objectives (Benoist and Gibbons, 1980; Smith and Clements, 1984).

These recommendations have been emphasized by a number of authors, educators and institutions throughout the current period of curricular reform. These principles will be applied specifically to a wellness course for general education in Chapter IV.

Antecedents: Health and Physical Education

Throughout the history of the undergraduate curriculum, previous instances or examples of health and physical education courses act as antecedents, creating a precedent for the inclusion of wellness within the curriculum. The contributions of health and physical education to the objectives of general education provide a foundation for wellness as general education.

During the 19th century, Andrew D. White, the President of Cornell, was one of the strongest proponents of health and physical education in the undergraduate curriculum. White warned that highly educated, unhealthy men would always be deprived of their supremacy in society by uneducated, healthy men. At that point in the history of education, he maintained that physical development was more important than mental development. The Cornell Report of 1866 speculated that

. . . deterioration in physical culture will be held in the same category with want (lack) of progress in mental culture, and that either will subject the delinquent to deprivation of university privileges (p. 40).

From its inception, Cornell required physical education and hygiene courses in all of its degree programs. Even during the height of the free elective system, Cornell required only one course in its core curriculum--physical education (Rudolph, 1977).

At the end of the 19th century, the offering of physical education, health and hygiene courses by some colleges and universities was "a serious effort to develop a sound body as the receptable of a sound mind" (Rudolph, 1977, p. 124). In 1910, over half of the institutions of higher education required courses in hygiene or health (Richardson, 1968).

In the mid 20th century, the Department of Physical Education at UCLA examined the contributions of physical education to the objectives of the undergraduate curriculum (1951). In addition to the benefits derived from improved health and the development of physical skills, physical education was viewed as important training of the individual as a physically strong, alert, cooperative, and

functional member of society. Physical education promoted the development of the social personality, codes of sportsmanship, courage, cooperation, loyalty, poise, self-reliance and self-expression. Physical and recreational activities expanded the depth and variety of personal experiences and led to a diversity of social relationships (Johnson, 1952).

From various authors, educators and institutions, it is possible to cite examples of general education objectives which specifically refer to health, physical and mental development, or personal adjustment. These instances also provide some precedent for the inclusion of wellness within the undergraduate curriculum.

The American Council on Education (1944) included health and personal adjustment in its list of 10 objectives:

1. To improve and maintain his own health and take his share of responsibility for protecting the health of others.
3. To attain a sound emotional and social adjustment through the enjoyment of a wide range of social relationships and the experience of working cooperatively with others (American Council on Education, 1944, pp. 14-15)

The President's Commission also included health and personal adjustment in its list of 11 objectives:

6. Attain satisfactory emotional and social adjustment.
7. Maintain and improve one's health and to cooperate actively and intelligently in solving community health problems (Levine, 1981, p. 619).

After an extensive survey of student behavior and needs, Stephens College adopted physical and mental health as objectives for general education and included health and physical education within the undergraduate curriculum (Johnson, 1947).

A study of general education in community colleges listed objectives of health, personal adjustment and spiritual values:

2. Developing a set of sound moral and spiritual values by which he guides his life.
8. Maintaining good mental and physical health for himself, his family, and his community.
9. Developing a balanced personal and social adjustment (Johnson, 1952, pp. 21-22).

The Carnegie Foundation (1977, p. 120) included physical and mental capacities as objectives of general education: "Instruction and experiences that develop student's awareness of their own physical and mental capacities, convictions, values, and beliefs." The knowledge and skills for lifetime fitness were also advocated.

Physical education and nutrition are sufficiently important to one's individual welfare that their inclusion as required studies could be justified . . . in college, we particularly favor emphasizing physical education activities that students can cultivate as individuals and use throughout their lifetimes (Carnegie Foundation, 1977, p. 169).

Bowen (1977) included a number of aspects that relate to health, wellness and personal development in his catalog of goals for higher education.

B. Emotional and Moral Development

1. Personal self-discovery. Knowledge of one's own talents, interests, values, aspirations, and weaknesses. Discovery of unique personal identity.

Psychological well-being. Progress toward the ability to 'understand and confront with integrity the nature of the human condition.' Sensitivity to deeper feelings and emotions combined with emotional stability. Ability to express emotions constructively. Appropriate self-assertiveness, sense of security, self-confidence, self-reliance, decisiveness, spontaneity. Acceptance of self and others.

C. Practical Competence

6. Fruitful leisure. Wisdom in allocation of time among work, leisure, and other pursuits. Development of tastes and skills in literature, the arts, nature, sports, hobbies, community participation, etc. Lifelong education, formal and informal, as a productive use of leisure. Resourcefulness in overcoming boredom, finding renewal, and discovering satisfying and rewarding uses of leisure time.
7. Health. Understanding of the basic principles for cultivating physical and mental health. Knowledge of how and when to use the professional health care system (pp. 55-59).

In their rationale for general education, Lukenbill and McCabe (1982, p. 35) maintained an integrated program should "enable students to intensify the process of self-actualization." Those goals of general education which relate to health and well-being specified that:

6. The students will know the major aspects of the biological, psychological, and social natures of man.

The students will be able to do what is necessary to develop and maintain their physical and mental health.

The students will develop the capability for making worthwhile use of their leisure or discretionary time (Lukenbill and McCabe, 1982, p. 35).

During the current decade, some institutions have retained their general education objectives for mental and physical health and development. For example, Bowling Green State University included "personal development including physical fitness" as one expected outcome of the undergraduate experience (Hansen, 1982, p. 225). The General Education Council (1985, p. 1) at Oklahoma State University listed mental and physical well-being among its objectives:

"to help students develop and maintain good mental and physical health habits and lifestyles."

In addition to the identification of human health as a basic component of today's general education, many authors and educators have advocated that health and well-being should be applied to the larger context of individuals interacting within their environment. Hook (1975) included the knowledge of body and mind within an expanded context in his six rubrics or areas of general education.

Every student needs to have at least some rudimentary knowledge about his own body and mind, about the world of nature and its determining forces, about evolution and genetics, and allied matters that are central to a rational belief about the place of man in the universe (p. 32).

Simpson (1980, p. 319) also maintained that general education courses should "enlighten students about the shape of their individual lives and about the varied contexts, natural and social, in which they live."

Many authors contend that general education should address the education of the whole person. Brown (1979, p. 389) considered the "recreation of body, mind and spirit" as essential elements of liberal education. In the goals for the undergraduate curriculum Riley (1980, p. 301) identified the development of "the potential of the unique individual as a whole person" as an objective. Smith (1984, p. 16) also advocated the education of the whole person, or "the further development of each student's moral, spiritual, and physical growth."

This principle of the education of the whole person to function within their environment is widely recognized throughout the

literature of general education and the undergraduate curriculum. It provides a basis for the inclusion of health and wellness education within the undergraduate experience. A review of the goals and objectives of general education provides a solid premise and justification for the acceptance of a wellness course within the general education of the undergraduate.

CHAPTER III

REVIEW OF HEALTH AND WELLNESS

The purpose of this chapter is to trace the emergence of the wellness concept, to examine its historical background, and to present definitions, components and models of wellness. The roots of the wellness concept within health and health education will be explored to enlarge and enrich the philosophical perspective of wellness. Chapter III will also examine the similarities and differences between health and wellness, since the expansion of the parameters of wellness to transcend the traditional definition of health increases its appropriateness as general education.

The delineation of wellness as general education draws some justification from the inclusion of health education as general or liberal education. Just as liberal education is interwoven in the development of general education, health is integrated with the emergence of wellness. The evolution of general education from liberal education is somewhat similar to the emergence of wellness education from health education. Each of these respective areas, liberal and health education, provides background and antecedents for general and wellness education.

For example, in the articulation of curriculum in higher education, Dwore (1981) contended that liberal education and health education have many similar processes and affective characteristics.

Both liberal and health education reflected the growth and development of the whole person. They both recognized that decision-making occurs in a socio-cultural context where individuals place different values on different outcomes. Both areas of education shared such process-affective subjects and characteristics as "ethics, values, decision-making, learning theory, behavior change, quality of life or personal growth and development" (Dwore, 1981, p. 1).

The concept of wellness and the principles of wellness education have evolved predominantly from the fields of health and health education. Many authors and educators use the terms "wellness" and "health" interchangeably, although this study does not assume that they are always identical in meaning. Since the term "wellness" was not accepted or widely used until the late 1960's, much of the historical and philosophical background of the wellness concept is found in the history and philosophy of health, health education, and physical education. A number of authors and educators were developing and expanding the concepts, principles and practices of wellness under the term "health". Health is often the base, touchstone, or frame of reference from which philosophical definitions and distinctions are made concerning wellness. Some authors and educators believe health and wellness are synonymous; while others make a distinction between the two terms by differentiating the meaning and characteristics of the two areas to distinguish the uniqueness of wellness as a new area.

Neither viewpoint diminishes the justification or delineation of wellness education as general education. In philosophical research and analysis, it is necessary to examine and distinguish the similarities and differences between the terms "health" and "wellness"

to provide a deeper understanding of the proper perspective of wellness. An exploration of health education also strengthens the delineation of the contribution of wellness education to general education as most academic courses in wellness are offered through departments of health and physical education. This examination of the philosophy of health education also provides an important link in the delineation of wellness as general education since examples of health and physical education already exist within the general education requirements of the undergraduate curriculum.

The Evolution of Health

The word "health" is derived from the Anglo-Saxon word "haelth", meaning safe, sound, or whole (Rubinson and Alles, 1984, p. 39). Throughout much of history, health has been defined as freedom from disease or the absence of disease. In Greek mythology, "Hygeia" was the Goddess of health. "Hygiene", a French term, became the science of health and the prevention of disease (Sorochan, 1968, p. 20).

The history of public health may be viewed as the continuous redefinition of unacceptable conditions or diseases, as society measured health in terms of morbidity and mortality. Once the cause of or cure for a disease was discovered, that illness was redefined as unacceptable to society as resources were allocated to fight or alleviate that condition (Vickers, 1968). Within the 19th and 20th centuries, Vickery (1978) identified three periods of health history based on the types of illness and the cause of death. During the Age of the Environment (1875-1935), infectious disease was controlled and the death rate declined dramatically with the control of germs in the

environment. The Age of Medicine (1935-1955) experienced a decline in illness and death from infection due to the discovery of new cures and medications. From the mid-1950's to the present, the main cause of death has been chronic diseases attributed to the individual's health habits, the Age of Lifestyle.

The concept of health as a positive condition extending beyond the absence of disease began to emerge in the 19th century. According to Haley (1978), the society of 19th century, Victorian England was obsessed with aspects of health and personal well-being. The Victorians were seeking a condition of positive health beyond the mere absence of disease or illness. Haley (1978) defined this concept of health as:

. . . a state of constitutional growth and development in which the bodily systems and mental faculties interoperate harmoniously under the direct motive power of vital energy or the indirect motive power of the moral will, or both. Its signs are, subjectively recognized, a sense of wholeness and unencumbered capability, and externally recognized, the production of useful, creative labor (p. 21).

Their view reflected the concept of *mens sana in corpore sano*, or the harmony of health body--health mind.

Much of the foundation of 20th century health practices and research were developed in England during the 19th century. In addition to the growth of the medical profession, medical research, and sanitary reform, the Victorians also explored the mind-body connection as a basis for health. The framework for the examination of the relationship between body and mind was provided by three events during this era: "the development of physiology, the emergence of physiological psychology, and the belief that education should develop the whole person" (Haley, 1978, pp. 5-6). Physical

training was considered an essential part of personal culture and education.

The Victorians characterized health as three states or levels of being:

1. Health as functional and structural wholeness;
2. Health as a state of telicity, or as an individual functioning purposefully and responsibly within their environment; and
3. Health as vitality; a state of activity, growth and responsiveness (Haley, 1978, p. 20).

Health was conceived as a vital and essential relationship between the individual's life and the general conditions or the environment of life.

By the end of the 19th century, the concept of health as total well-being was being adopted in America. Health was moving into the realm of mental and social well-being, in addition to the physical component. The determinants of health were no longer easily distinguishable or self-contained, as it began to be viewed within its environmental milieu. In 1890 the YMCA adapted a triangular model of Gulick's symbol of health to represent a man as a unity of mind, body and spirit (Sorochan, 1968).

As early as 1934, Williams (Sorochan, 1968) characterized health as a positive condition and more than the absence of disease:

The quality of life that renders the individual fit to live most and to serve best . . . It is of value to think of health as the condition of the individual that makes possible the highest enjoyment of life, the greatest constructive work, and that shows itself in the best service to the world . . . Health as freedom from disease is a standard of mediocrity; health as a quality of life is a standard of inspiration and increasing achievement (p. 20).

In 1943, Iago Gladstone termed health as an "eubotic state that goes beyond the lack or prevention of disease" (Eberst, 1984, p. 99). While still utilizing aspects of the medical model, Gladstone viewed health as a state fostering and advancing human growth.

The World Health Organization (1947, p. 3) redefined health in 1947 as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." In addition to this widely adopted definition, the organization also stated that "the enjoyment of the highest standards of health is one of the fundamental rights of every human being without distinction of race, religion, political beliefs, economic or social condition" (World Health Organization, 1947, p. 3).

Modern Concepts of Health

Since the classic definition of health by the World Health Organization of 1947, a number of authors have contributed new concepts, aspects, perspectives and philosophical insights to the area of health. Dubos, Selye, Oberteuffer and Hoyman have enriched and expanded the concept of health through their research and publications.

The French author, Rene Dubos (1959, 1965) believed that health was dependent upon functional and effective adaptation.

The states of health or disease are the expressions of the success or failure experienced by the organism in its effects to respond adaptively to environmental challenges . . . Health and happiness are the expression of the manner in which the individual responds and adapts to the challenges that he meets in everyday life . . . With reference to life there is not one nature; there are only associations of states and circumstances, varying from place to place and from time to time . . . (the individual's) self-exposed striving for ever new distant goals makes his fate even more unpredictable than that of other living

things. For this reason health and happiness cannot be absolute and permanent values, however careful the social and medical planning. Biological success in all its manifestations is a measure of fitness, and fitness requires neverending efforts of adaptation to the total environment, which is ever changing (1959, pp. 33-35; 1965, p. 17).

According to Dubos (1959), an individual's physical, social and cultural environment determined their adaptation. If man could change when change was necessary, he was successful. If he could not change, he experienced a disconcerted state of being and pain which ultimately threatened his survival.

Disease, when it occurs, is due to a change in the conditions under which the ecological equilibrium had evolved. These changes may be of varied nature. In man the provocative cause of microbial disease may be a disturbance in any of the factors of his external or internal environment--be it weather conditions, availability of food, working habits, economic status, or emotional stress (pp. 92-98).

Dubos maintained that disease, illness, health and well-being were all based on a multi-causation theory: "the indirect outcome of two, three or more factors or circumstances in the environment working together to initiate a disorder, a disease or well-being" (Soroohan, 1968, p. 24). Dubos believed that the quality of health was based on the summation of multiple factors which interplay between man's external and internal environment.

Hans Selye (1976) introduced the concept of stress as a factor in health. He maintained that an individual's state of health depended upon the maintenance of an optimal balance or adaptation between the influence of stress producing events and the defensive and surrender mechanisms of the body. The wholeness or homeostasis of the human organism was related to the individual's ability to adapt to stress. Selye (1976, p. 1) defined stress as "the rate of

wear and tear in the body" and "the nonspecific response of the body to any demand" placed upon it.

Oberteuffer (1966) defined health as the quality of functioning and adapting by the whole person to live creatively and constructively.

Health can more accurately be understood as an index, a measurement, not of status but of function, good or bad. Then health can be defined as the condition of the organism which measures the degree to which its aggregate powers are able to function (p. 14).

The individual, according to Oberteuffer (1966), should be viewed holistically with a variety of interrelated components determining the level of health.

Man is not a composite of separate entities, such as body, mind and spirit, arranged in a presumed ascending order of importance. He is a multidimensional unit, with each component--chemical, physical, spiritual, intellectual, or emotional--existing within a complex of interrelationships. This is the holistic view. It represents man as an organism capable of integrating all its parts and functions . . . not perfect integration because of the varying adverse forces of heredity or environment which play upon him, but the goal is there nevertheless (p. 9).

Holism in knowledge was advocated as well as in the human state of health and being. Oberteuffer (1966) maintained that the study of health should include a synthesis of sciences and disciplines for the benefit of the human race.

There must emerge from the segmented disciplines of today a science of personality which will be identified not as social, or biological, or physical, but as all of these--a true science of man (pp. 32-33).

Knowledge should be synthesized from segmented specialities and related to the individual as a holistic, integrated organism.

Hoyman (1962) perceived health as optimal, personal fitness for creative living, encompassing vitality, well-being and a zest for living, as well as a dynamic process involving the whole person and

his unique life-style. Hoyman (1962, p. 253) described health as "an everchanging process", with continuous adaptations occurring within the mental-spiritual-physical fitness of the individual, as well as between the individual and their environment.

Hoyman (1965) suggested a Personal Health Triangle to symbolize the determination of health by three components: heredity, environment and behavior. Hoyman conceived of health as an interaction between one's physical condition, motor fitness and mental-emotional adjustment, rather than an interaction of body, mind and spirit. The triangle of personal health was expanded into an ecological model of health and disease, with the levels of health and disease extending on a continuum from zero health (death) to optimal health. The model illustrated examples of favorable and unfavorable dynamics and determinants of health, such as interacting heredity, environmental, and personal ecological factors.

Models of Health

Some authors have proposed multi-dimensional models and continuums to depict the many components of health. Eberst (1984, p. 99) maintained that health was "a composition of many elements and 'high-level' health requires a balance in and among all of these elements." The six dimensions of health were identified as the physical, emotional, mental, social, spiritual and vocational. Eberst utilized Rubik's Cube as a model for health, with the six dimensions represented or superimposed on the six sides of the cube. The spiritual aspect was viewed as a dimension with deeper impact.

Eberst contended that the "Health Cube" rotated around the spiritual or core axes.

A number of factors affecting human health were identified by Eberst and categorized according to the extent of personal control over the factor. For example, an individual had very little control over genetic traits; while they had a great deal of control over exercise and nutritional habits. According to Eberst, an individual's health status was largely determined by his or her behavior.

Allen and Yarian (1981) designed a conceptual model of individual health identifying three basic elements: physical or soma, mental or psyche, and spiritual or spirit. To complete this model of health education, Allen and Yarian added endogenous and exogenous factors of influence. Endogenous factors were predetermined elements such as genetics, heredity, and past-learning experiences. Exogenous factors referred to encounters, interactions, and mutual influences between the individual and the environment.

These endogenous and exogenous factors were similar to the factors that Eberst (1984) identified and categorized according to the extent of personal control over the factor. In order to change or improve behavior, the health educator identified the factors that can be controlled and influenced. Eberst considered these factors as appropriate sites for the input of health education techniques.

Richardson and Felts (1985) proposed a multi-dimensional health continuum. Their model illustrated the spectrum of five components of health: physical, social, spiritual, emotional and intellectual. The physical element ranged from illness and disability to high physical fitness. The social element ranged from loneliness and

isolation to peak social experiences. The spiritual component ranged from guilt to peak spiritual experiences. The emotional element ranged from uncontrolled anger and feelings of being unloved to peak emotional experiences. The intellectual component ranged from intellectual stagnation to peak intellectual experiences.

Health Education as General Education

The consideration and inclusion of health education within the undergraduate curriculum provides many antecedents for wellness education as general education. The contributions and appropriateness of health education to general education provides a foundation for wellness within the undergraduate curriculum.

The President's Commission on Higher Education (1947) identified the problems of and potential for health education within the undergraduate curriculum. In their report, the commission advocated that institutions of higher education change their curricular approach to health education.

Our colleges and universities are doing far less than they might to dispel the ignorance that lies at the root of the ill health of many of our people. Almost all of our colleges, it is true, offer many courses that touch in some degree on the principles and practices of healthful living. But these courses are scattered through a number of departments, and the information contained in them is never brought directly to bear on the practical problems of personal and community health. What is needed is a course that deals specifically and explicitly with the information, attitudes, and habits the student needs to maintain and improve his own health and that of his community. An important phase of instruction to this end will be emphasis on the fact that health is more than a personal problem, that it has social implications, and that the individual owes it to society no less than to himself to keep his health and energy at their peak (Commission, 1948, p. 54).

Dwore (1981) maintained that the need for and importance of health education has been widely accepted.

. . . a majority of Americans believe that higher education continues to hold a key to the 'good life' and retains a place as a traditional national value. Advocates allege that liberal education and health education can help the nation maintain a desirable quality of life by fostering individual and collective behavior conducive to meeting the exigencies of the future (p. 1).

According to Dwore, there has been some confusion about the role and position of health education within the undergraduate curriculum. While most academic disciplines concentrated on a relatively circumscribed field of study, health education drew upon knowledge from the physiological, social and behavioral sciences. Many academic courses concentrated on specific skills and knowledge, while health education extended its goals to encompass behavior within the context of a variety of life situations.

Its parameters are ambiguous and focus frequently changes according to contemporary needs. Location in divergent academic locations, such as colleges of education, human resources, health, physical education and recreation, allied health and public health complicates issues of identification and direction (Dwore, 1981, p. 6).

In the articulation of curriculum in higher education, Dwore (1981) contended that liberal education and health education had many similar processes and affective characteristics. They both recognized that decision-making occurs in a socio-cultural context where individuals place different values on different outcomes. Both areas of education shared such process-affective subjects and characteristics as "ethics, values, decision-making, learning theory, behavior change, quality of life, or personal growth and development" (Dwore, 1981, p. 8). Both liberal and health education reflected a

prominent theme in higher education--the growth and development of the whole person.

As a basic tenant of liberal and general education, the development of the whole person (body, mind and spirit) is also a primary objective of health and wellness education. This common core of concern with the education of the whole person provides one of the strongest links for the inclusion of health and wellness education within the undergraduate curriculum.

This fundamental concept of whole person development is one of the earliest educational concerns, dating back to the educational system of the Ancient Greeks. The Greek ideals of health, wholeness and holism were reflected in their view of the individual as a unification of body (soma), mind (mental or psyche), and spirit. Many of the Greek principles of education were related to the unification of body, mind and spirit, or the education of the whole person. The Greeks believed that students should be trained for responsible citizenship, mentally and physically. Greek education was based upon the practice of culture (paideia) which enabled the student to live life well in the knowledge of what it meant to be human (arete) (Roark, 1984), p. 30). This provides one of the earliest justifications for the inclusion of health within the educational experience of the well-educated individual.

In the 20th century, the goal of educating the whole person remains a basic, philosophical tenant of contemporary education. The encouragement of the growth of the whole person (body, mind and

spirit) appears as one of the current recommendations for curricular reform.

Health Education and Curricular Reform

Health education addresses all of the current recommendations for the curricular reform of general education. The application of health education to these seven recommendations provides a basis for the application of wellness education to these aspects of curricular reform identified for general education.

1. Develop lifelong learning and functional skills.

Health education promotes health behaviors which affect the entire lifespan of the student. Oberteuffer (1966) maintained that health education was directly related to functional skills for living.

The purpose of health education . . . is directly related to the improvement of the quality of man's life. It is concerned with the human understructure upon which the whole plan for education is built (p. 39).

Bailey (1976, p. 31) viewed health as "a basic human concern." Under his design for the curriculum, health behaviors were considered as essential coping skills for successful living. Bailey also advocated that all facets of the educational system be involved in the promotion of health at all stages of the life cycle. Kleinman (1982, pp. 19-20) believed that health education would promote "somatically balanced", "optimally adaptive" organisms or individuals who function as "independent units of moral responsibility" throughout life.

2. Encourage the growth of the whole person: body, mind and spirit.

Health education promotes the development of the multi-faceted nature of the individual. According to Oberteuffer (1966), health education addressed the diversity of the human educational process.

In the pursuit of higher intellectual goals we must not overlook . . . that man is also an aesthetic, social, emotional, biological, spiritual creature, and unless education speaks to and through all these components of man, it speaks to him not at all (p. 39).

Horowitz (1985) outlined a variety of educational and behavioral techniques to promote the development of the whole person through health education:

1. Methods of cognitive and affective modes of learning,
2. Stress management and pro-social interaction skills training,
3. Health values and risk-taking clarification and goal-setting activities,
4. Physical, cognitive, and affective self-awareness and regulation skills training,
5. 'Will-power' development to facilitate healthy nutritional and lifestyle decision-making,
6. Positive self-concept/image and esteem building practices, and
7. Self and social reinforcement strategies to support the achievement of healthy personal goals (pp. 57-58).

These proposals for health education address the multi-dimensional aspects of personal growth and development. In educating the whole person, health education should result in "increased vitality, and integration among the physical, mental, social, and spiritual components of students" (Corry, 1981, p. 8).

3. Develop problem-solving and decision-making skills grounded in realistic situations.

Health education encourages students to solve problems and make decisions which affect their own behavior and lifestyle. Harris (1968) and Bailey (1976) maintained that health education provided essential skills for the consumer in terms of lifelong health and medical care. According to Harris (1968), health represented the problem-solving/decision-making link between health information and an improvement in the health behaviors of individuals.

. . . the sum of today's health knowledge is greater than any single man can comprehend, and new understandings are unfolding faster than ever before. We live in a marvelous age of health progress, but it remains for health education to put these advances to work (p. 460).

Bailey (1976) advocated health education as one method of solving or addressing the medical problems of the consumer. Corry (1981) described health education as "true human-enhancement education" which encouraged individuals to make decisions and solve problems.

Ideal health education like humanistic education must be seen as a process including cognitive, affective, and psycho-motor components that enable people to make informed choices about improving their lives. It also includes skill development to provide a base for acting in a health-producing manner (p. 8).

Health problems and decisions are grounded in realistic situations because they relate to the students own behavior and personal environment.

4. Clarify values, ethics, and behavior within the individual's environment and the world context.

Health education addresses the clarification of values, ethics and behavior within the individual's environment. Balog (1981)

contended that one purpose of health education was the enhancement of harmonious life between man and his environment. The clarification of values, ethics and behavior has been considered central to the health education curriculum by many educators (Belcastro, 1979; Penland and Beyrer, 1981; and Eddy, St. Pierre, and Alles, 1985). Goodlet (1976) maintained that values clarification were an integral part of the total process of decision-making that are essential to health instruction.

5. Encourage self-awareness, self-understanding and self-actualization.

Health education fosters self-actualization, self-understanding, and self-awareness. Maslow's (1968) theory of self-actualization, the concept of positive, psychological health referring to a person's desire for self-fulfillment and the achievement of one's potential, has become a basic premise of health education. According to Petosa (1984), health-promoting behaviors were characteristic of self-actualizers since they found the concepts of duty and pleasure compatible and self-discipline enjoyable.

Nolte (1984) proposed six positive freedoms that result from effective health education and self-actualization.

1. Freedom to want to nurture the growing and developing processes.
2. Freedom to want to nurture the interacting processes that place humankind in dynamic relationships.
3. Freedom to want to nurture decision-making processes.
4. Freedom to want to acquire knowledge about the life processes.
5. Freedom to want to value feelings and attitudes about life processes.

6. Freedom to want to act on one's knowledge and values (p. 5).

Based on the writings of Maslow, Nolte (1976, p. 26) believed that "health education should focus upon the individual as an active, autonomous, self-governing mover, chooser, and center of his own life." As an aspect of self-actualization, health education strives for human fulfillment, growth and happiness as its ultimate goal.

6. Utilize a cross or multi-disciplinary approach to subject matter which integrates and synthesizes knowledge.

Health education readily lends itself to a multi-disciplinary approach. Oberteuffer (1966) believed health education should be based upon a cross or multi-disciplinary approach--a holistic synthesis of knowledge from many specialities.

We must seek, and help our students seek, the substratum of ideas beneath the facts: those ideas which unify and give meaning to all scientific knowledge. It is this substratum which we must reach if we are to be permanently effective in affecting behavior and motivation. The ideas and facts from science will integrate with those from philosophy and religion and ethics and history and will thus have greater chance to become a part of the learning matrix of reason (p. 82).

Landwer (1981) maintained that the future growth and prosperity of health education was dependent upon the academic pursuit of health based on a broad, philosophical perspective and a cross-disciplinary field of knowledge. Landwer's cross-disciplinary approach to health studies was based on the traditional disciplines of sociology, psychology, anatomy, chemistry, biology, physiology, epidemiology, immunology, histology, nutrition, gerontology, and human sexuality. According to Burt, the comprehensive scope of health education was based on subjects such as: biology, epidemiology,

physiology, psychology, sociology, anthropology and ecology (Balog, 1981).

A growing connection between health education and the behavioral sciences has been observed by Dwore and Matarazzo (1981). The behavioral sciences included psychology, sociology, anthropology, economics, political science and geography. For example, psychology and health would form the area Matarazzo (1980) defined as health psychology:

The aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic correlates of health, illness, and related dysfunctions (p. 813).

Matarazzo also contended that a new interdisciplinary field had emerged which promoted greater well-being in healthy people.

Behavioral health, associated with health education and behavioral medicine, was defined as:

An interdisciplinary field dedicated to promoting a philosophy of health that stresses individual responsibility in the application of behavioral and biomedical science knowledge and techniques to the maintenance of health and the prevention of illness and dysfunction by a variety of self initiated individual or shared activities (Matarazzo, 1980, p. 815).

With its connection to a variety of sciences and fields of knowledge, health education contributes to the undergraduate curriculum as a multi-disciplinary subject.

7. Measure competencies, specific outcomes, and behavioral objectives.

Health education, through course objectives and evaluation techniques, measures specific outcomes and behavioral objectives. In addition to assessing the cognitive, affective, physical and

psychomotor domains, health education courses promote and measure specific behavioral changes. A number of testing and evaluation techniques are used to assess the attainment of behavioral objectives and to measure specific outcomes. Cottrell and St. Pierre (1983) have advocated the use of Health Risk Appraisals (HRA) as an instrument to measure specific outcomes and behavioral changes. According to Petosa (1984), behavioral contracts were one method of promoting specific outcomes and measuring behavioral changes.

Health education addresses the current recommendations for curricular reform as humanistic education encompassing the growth of the whole person, the clarification of values and attitudes, the encouragement of self-actualization, and the fostering of functional skills to span a lifetime. Health education may also be considered as a multi-disciplinary subject and a course which measures specific outcomes and objectives. The application of health education to these recommendations for curricular reform supports the consideration of wellness education in relation to the reform of general education.

The Emergence of Wellness

The development of the term "wellness" in the late 1950's is attributed to Halbert L. Dunn, physician, public health administrator, lecturer and author. In a collection of lectures, "High Level Wellness," published in 1961, Dunn addressed "the interrelationship of all living things, the value of life-style, and the importance of viewing and promoting health as an elevated state of superb functioning" (Ardell and Tager, 1982, p. 3). In introducing the term "high-level wellness", Dunn (1961) defined it as:

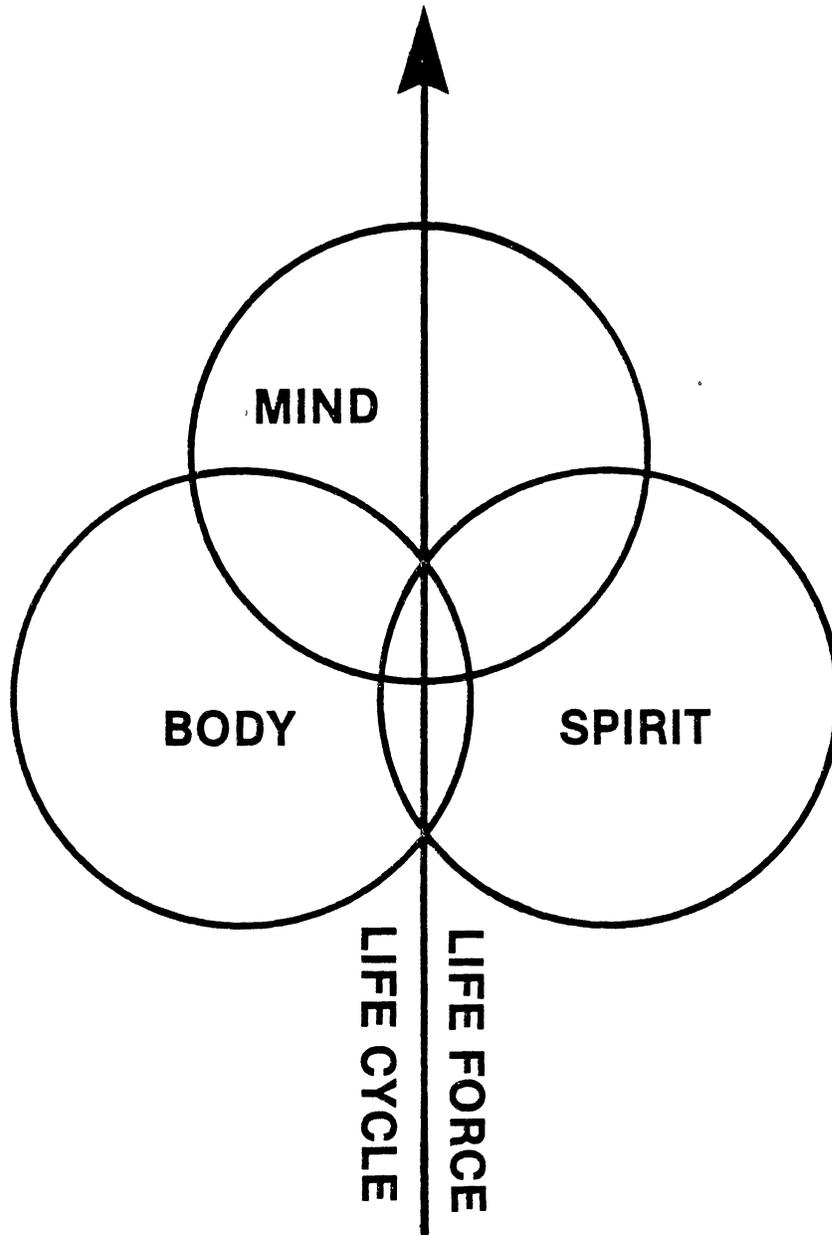
. . . an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functional (pp. 4-5).

Dunn visualized his concept of wellness through a health grid. An individual's level of wellness was represented at some point on a step ladder design, with death at the lower left corner and peak wellness at the upper right corner. According to Dunn (1961), the concept of wellness included the following criteria:

1. It involves a direction and progress toward an ever-higher potential of functioning, rather than the achievement of an optimal level of wellness.
2. It involves the total individual, including his environment and in all of his uniqueness, rather than just the proper functioning of his eyes, heart, brain, or other parts of the body, important though these may be; the ability to live at a higher potential.
3. It is concerned with how the individual functions within the particular environment in which he lives, no matter how favorable or unfavorable this environment may be, and irrespective of his ability to alter it for his needs and satisfactions (p. 159).

In addition to his widely accepted definition, Dunn designed a symbol for high-level wellness. The symbol consisted of three, interlocking spheres representing the individual as an interrelated and interdependent whole of body, mind and spirit. The life cycle of the individual was symbolized by a dart emerging from the three spheres of organized energy. The direction of the dart indicated an individual's striving for achievement and purpose, as well as growth and maturity of wholeness and self-fulfillment. (See Figure 1.)

Since the initial definition by Dunn, wellness has been described in a variety of terms. The definitions of wellness generally identified



Source: Dunn (1961).

Figure 1. High Level Wellness

a striving for optimal health; a choice, action or behavior by the individual; and a dynamic life-style for the achievement of well-being (Lawson, 1985).

Ardell (1979, p. 17) described high-level wellness as "a lifestyle approach to realizing your best potentials for well-being." Hettler (1983, p. 31) termed wellness "an active process through which people become aware of and then make choices toward a more successful existence." Ryan and Travis (1981) defined wellness as a process; a choice; a way of life; an efficient channeling of energy; the integration of body, mind and spirit; and the loving acceptance of yourself.

Bonaguro (1981) compared wellness to the term "habilitate", meaning to make able and skillful.

In this sense, habilitation is to make individuals able to meet the demands of a rapidly changing, fast-paced society. The process of habilitation refers to the development of positive and preventive health behaviors and the application of health skills in making sound health choices. One must be able to apply health skills and make informed decisions in order to reach optimal health (p. 501).

Wellness has also been defined as an ever-changing process of growth toward fulfilling an individual's potential. "It is a procession, and not a static possession" (Cannon, 1981).

Engelhardt (1980, p. iii) described wellness as a "dynamic way of life designed to encourage the development of personal potential." Allen (1981, p. 13) believed wellness to be a "feeling of total well-being, exhilaration, a genuine zest for being alive."

Fulbright and Harris (1982, p. 2) called wellness "a lifestyle one shapes for himself that maximizes all his potential." Flynn and Berg (1984, p. 38) maintained that wellness "describes a lifestyle aimed at

optimizing one's total health and productivity." Wellness was defined as "the capacity of the person to fulfill personal goals and perform socially-defined role tasks" by Baranowski (1981, p. 251).

According to Goldstein (1983, p. 36), the individual was the center of the wellness process, with "primary responsibility for achieving and sustaining an optimum level of well-being." Prevention was critical to the success of the individual and the key concept to Goldstein and many others was "lifestyle". As a movement, Tager (1983, p. 24) viewed wellness as an "organized systems-approach for creating healthier lifestyles."

The rapid growth of health and fitness has resulted in a variety and diversity of interpretations of well-being as the basis for healthy living. The development of this healthy lifestyle has been called wellness, holistic health, total well-being, positive health behavior, health promotion, disease prevention, and the quality of life (Lawson, 1985). Wellness has also been associated with health maintenance, stress management, lifestyle coping behaviors, preventive medicine or self-health care, and wellness intervention strategies.

Sorochan (1981) used the term "orthobiosis" as part of his description of well-being and wellness. Orthobiosis was defined as:

The right or proper style of living that fulfills one's basic health needs, promotes optimal well-being and prolongs life. It is made up of positive, constructive habits, behaviors, and health practices (Sorochan, 1981, p. 568).

In reviewing the evolution of health philosophy, Sorochan (1968) has provided a comprehensive set of principles and concepts which define and characterize well-being and wellness.

1. Health is a relative and an abstract term. It is difficult to interpret and evaluate, and impossible to measure or define. Instead, health should be conceived as an idea, a symbol or a model. The term, 'well-being' should be used instead of health.
2. Health is made up of many kinds of personal well-being: emotional, spiritual, social and physiological.
3. There are many levels of personal, family and community well-being; each level is probably influenced by the many kinds of personal well-being and one's environment.
4. A high degree of ever-expanding wellness is essential if one is to function at an optimal level of well-being.
5. Well-being is not static, but instead, is a continuously everchanging, dynamic and evolving homeostatic process of the whole human organism adapting to the interactions of his society and with his environment.
6. Well-being is seldom attained in the optimal sense of perfect and complete well-being for any great length of time.
7. The degree or level of well-being that may be expected or attained appears to be a complex by-product of one's genotypic endowment, of the adaptive functioning of one's physical body, of one's adaptability to stresses, of one's emotional, mental and spiritual aspirations for life and of one's social compatibility.
8. Wellness and levels of well-being are interpreted and determined according to the existing value systems of each culture or subculture.
9. Well-being evolves as a consequence of one's style of living.
10. High-level wellness should be perceived as an essential stepping stone towards personal happiness and satisfaction.
11. High-level wellness needs to be conserved throughout one's lifetime.
12. Well-being may be an indirect outcome of a constellation of circumstances interacting with one's environment and/or body.
13. Lower levels of wellness are often expressed by physical, emotional and social symptoms.

14. High-level wellness is characterized by the following salient qualities:
 - a. freedom from disease, infirmity or physiological disorder.
 - b. ability to resist infections and communicable disease.
 - c. adaptability to cope with and to overcome all types of stresses in everyday living.
 - d. feelings of accomplishment and self-realization.
 - e. feelings of contentment and happiness.
 - f. aspirations for a safer and more abundant life for oneself and his society.
 - g. ability to give way to creative imagination as well as aptness to express this creativity.
 - h. feelings of being a worthy member of society.
 - i. feelings of a spiritual awareness of a purpose in life and that living, and life itself, are worthwhile.
 - j. feelings of wanting to contribute to the happiness and welfare of others.
 - k. feelings of responsibility to oneself and his well-being by perceiving and avoiding hazardous situations and experiences which do not maximize optimal well-being.
 - l. feelings of responsibility for others and a willingness to get involved with them (Sorochan, 1968, pp. 25-26).

"The quality and quantity of one's health evolves from the right style of living" (Sorochan, 1968, p. 27). Sorochan believed that the preceding principles of well-being could maximize orthobiosis. Optimal well-being and health should be regarded as essential prerequisites to the evolution of personal orthobiosis.

A number of authors and educators have expanded the concept of wellness through the development of components, dimensions, and models. Arde11 (1979) identified a five-dimensional program for a healthy

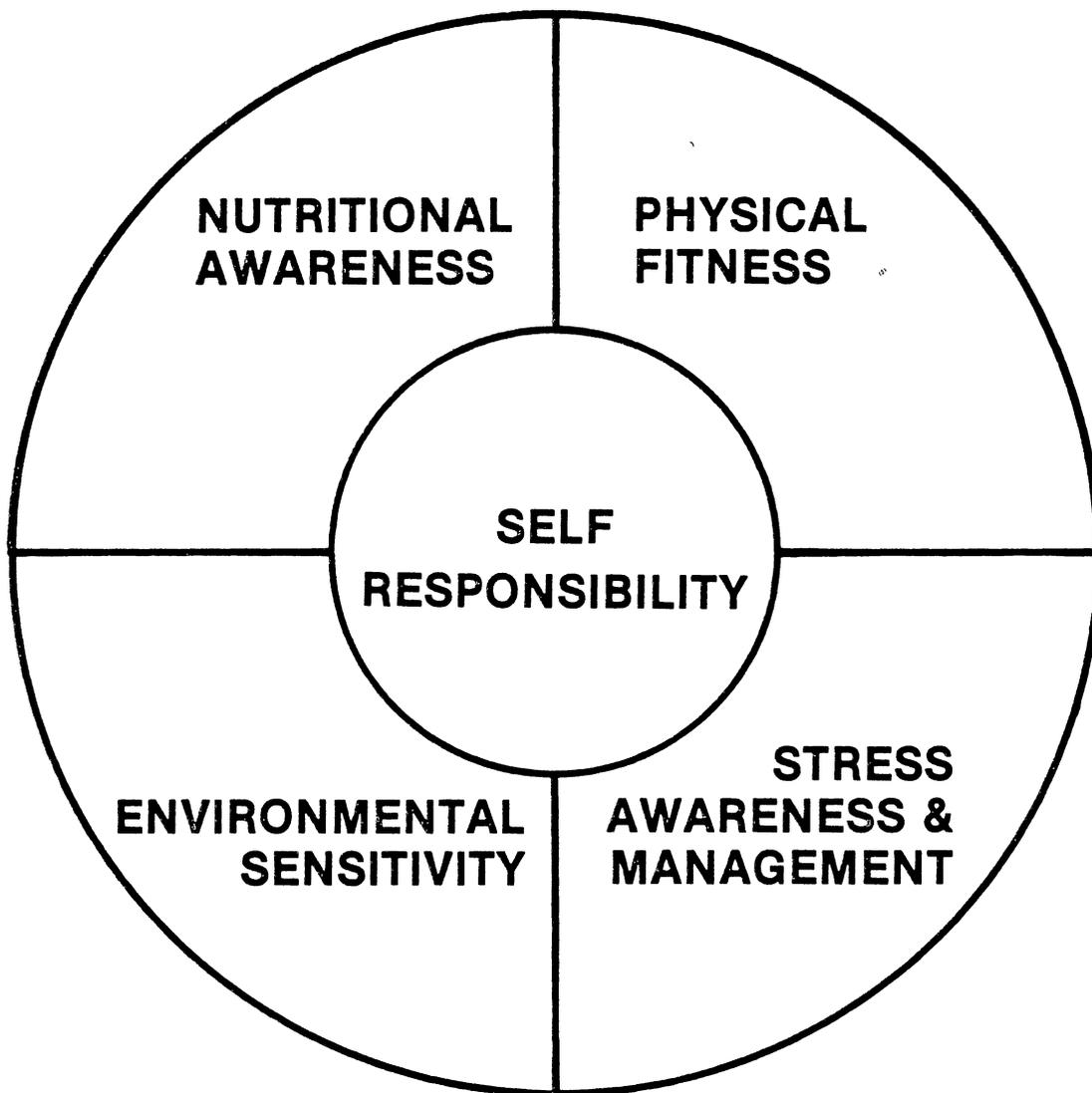
lifestyle. Lifestyle was described as those behaviors over which the individual had control, including those actions which affected health risks. Ardell's five dimensions of a healthy lifestyle included: self-responsibility, physical fitness, nutritional awareness, stress management, and environmental sensitivity. Self-responsibility was considered the core of high-level wellness. (See Figure 2.)

Lafferty (1979) also identified five dimensions that encompass wellness: the physical, intellectual, social, emotional, and spiritual aspects of an individual.

Hettler (1980, p. 77) described wellness as the "unique lifestyle that changes daily in the reflection of his or her intellectual, emotional, physical, social, occupational, and spiritual dimension." Based on these six dimensions, Hettler's model for wellness included: physical fitness; spiritual values; emotional; social (family, community, environmental); intellectual; and occupational or vocational. Hettler believed that the stability of the individual depended upon the integrity and strength of each dimension. (See Figure 3.)

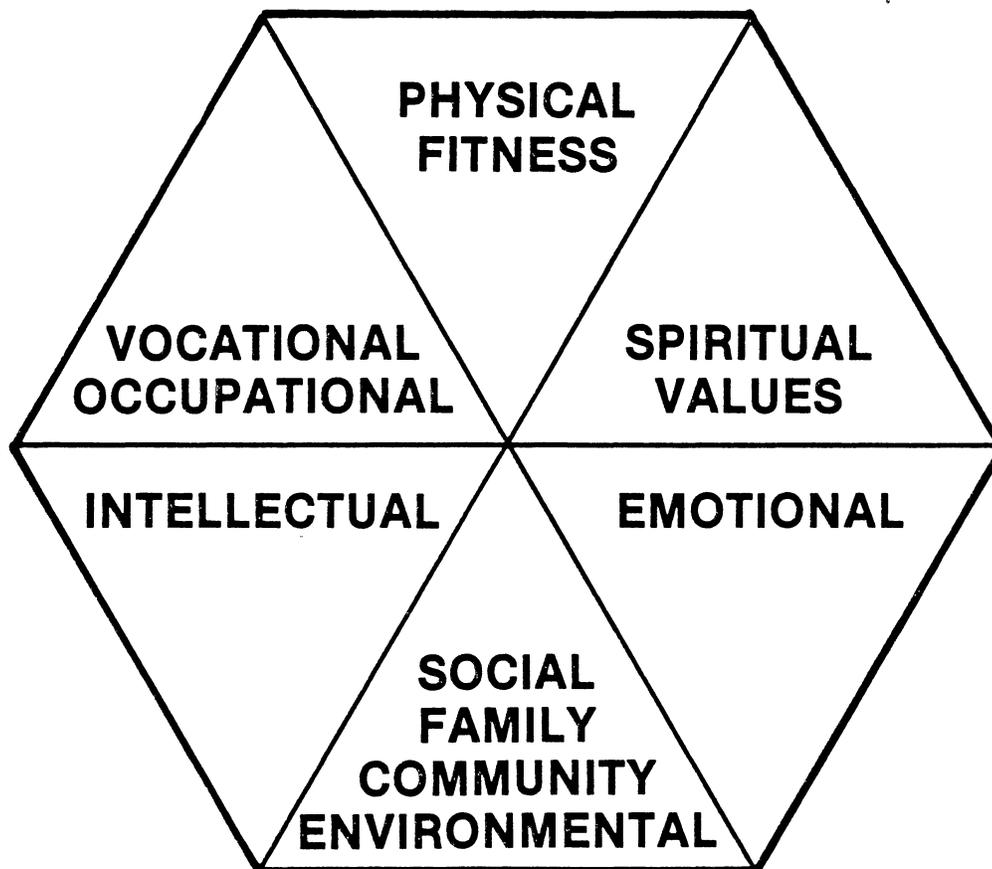
Curtis and Detert (1981) designed a model for wellness with commitment to health as the core. The dimensions included: physical fitness, nutrition, mental and emotional stability, and stress management. Cooper (1982) identified habit control and the control of substances as a factor in total well-being.

In a wellness model by McCrory and Baker (1984), an individual's philosophy of life, religion, attitudes, play, intellect and values formed the core of the model. The individual's chances for optimal



Source: Arde11 (1979).

Figure 2. Dimensions of Wellness



Source: Hettler (1980).

Figure 3. Six Dimensions of Wellness

health were decreased or increased by chains of interlocking factors. The interlocking factors included the elements of influence: vocational, avocational, family, social, community and environmental aspects. The elements of influence acted upon or affected the individual; while the individual's actions or behaviors were manifested through the elements of control: exercise, weight control, nutrition, relaxation, stress management, and drug use or abuse. (See Figure 4.)

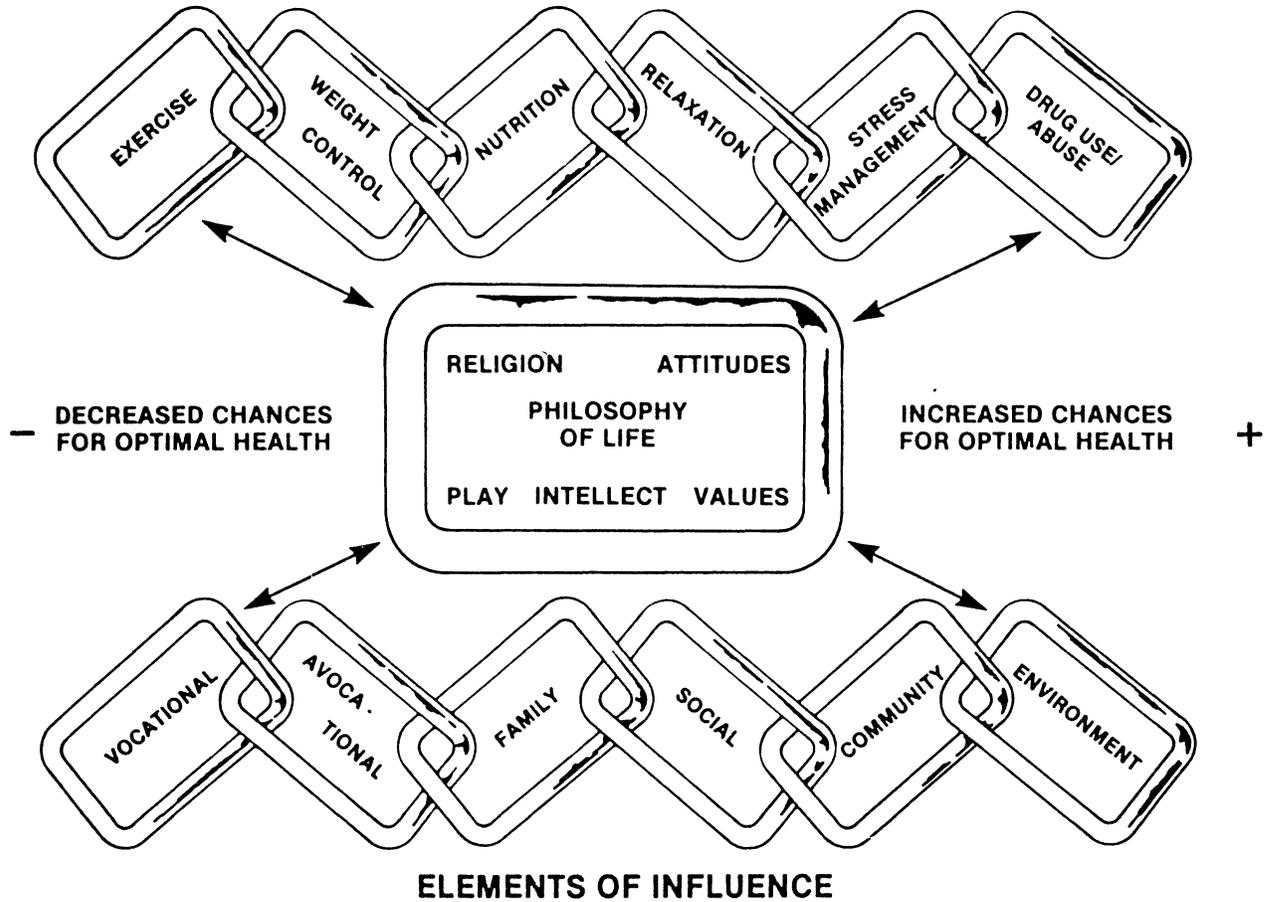
Lawson (1985) depicted wellness as an umbrella of protection with self-responsibility as the "handle" or supporting structure to achieve high-level wellness. The umbrella model illustrated the emotional well-being of the individual as dependent on four other components: habit control, physical fitness, nutritional awareness, and stress management.

Ryan and Travis (1981) visualized high-level wellness in terms of an illness/wellness continuum. The movement on the continuum toward wellness was a continuous process involving three steps: awareness, education and growth. The individual's personal growth resulted from their successful or unsuccessful use of the learning process for choices and actions. Negative movement on the continuum digressed through a disease or treatment model of signs, symptoms, and disability as the individual experiences deterioration, degeneration, and eventually, premature death.

Ardell and Tager (1982) also constructed a wellness continuum which compared emerging wellness to the traditional health care system. High-level wellness was depicted as a process beginning with wellness awareness; progressing through a commitment to excellence,

WELLNESS MODEL

ELEMENTS OF CONTROL



Source: McCrory and Baker (1984).

Figure 4. Wellness Model

action, the experience of payoffs, self-actualization and transformation; and culminating in high-level wellness.

The Expansion of Wellness Beyond Health

Many authors contend that a distinction should be made between the terms "health" and "wellness". According to Mullen, Gold, Belcastro, and McDermott (1986), Dunn's original concept of wellness proposed in the 1950's was based on the World Health Organization's (1947, p. 3) definition of health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." Dunn (1961) viewed this definition as a positive statement of well-being that would imply the existence of multiple levels of wellness. However, Dunn made a distinction between the "state" of health as a relatively passive condition of homeostasis or balance, and the "process" of wellness as a dynamic concept or process of realizing one's potential for optimal functioning. In his definition of wellness, he emphasized function and adaptation by terming wellness as "an integrated method of functioning which oriented toward maximizing the potential of which the individual is capable" (Dunn, 1961, p. 4).

Ardell (1979, p. 17) believed that wellness "embodies new parameters and expectations of well-being" beyond the definition of health. In expanding the concept of wellness beyond that of health, Ardell and Tager (1982) identified wellness as:

1. A very special kind of lifestyle.
2. A social movement, with powerful economic implications.
3. A value issue--a reflection of the inner person, one aspect of the search for meaning and purpose in life's activities (pp. 2-3).

Tulloch and Healy (1982, p. 14) maintained that "wellness emphasizes a continuum, rather than a state of being as in 'health'." According to Baranowski (1981, p. 251), health was limited to "that biological well-functioning that provides the body with the physical capacities to fulfill all higher order tasks", whereas, wellness included "the capacity of the person to fulfill personal goals and perform socially defined role tasks." Wellness included intellectual, emotional, physical, social, moral, and aesthetic aspects of functioning, making it a more inclusive, expansive concept than health.

Bonaguro (1981) compared wellness to the term "habilitate", which meant to enable or make skillful. The process of wellness or habilitation led to an optimal state of well-being; while the promotion of health concentrated on preventive health behaviors. Carlyon (1984) also maintained that wellness promotion resulted in self-actualization and personal fulfillment; while health promotion may be more concerned with risk reduction and disease prevention. According to Petosa (1984), traditional health education emphasized disease prevention and the reduction of risk-related behaviors; while wellness education promoted multi-dimensional, holistic behaviors to achieve high-level wellness and a quality lifestyle.

Richardson and Felts (1985) distinguished three spheres of the health intervention process; health promotion, health education and wellness facilitation. Health promotion concentrated on awareness and information. Health education focused on information, education and the decision to change behavior. Wellness facilitation involved behavior change, monitoring and the recommitment to wellness behaviors. In order to attain optimal health, an individual

progressed through the stages of: prior knowledge, awareness and interest, information, values clarification, alternatives, assessment, decision-making, commitment, behavioral trials, behavioral monitoring, reassessment, and recommitment. (See Figure 5.)

The expansion of wellness beyond health increases the contribution and appropriateness of wellness as general education, since wellness may be viewed as a more expansive field of study. In addition, the connections or the roots of wellness within health provide supportive antecedents for the consideration of wellness education within the undergraduate curriculum.

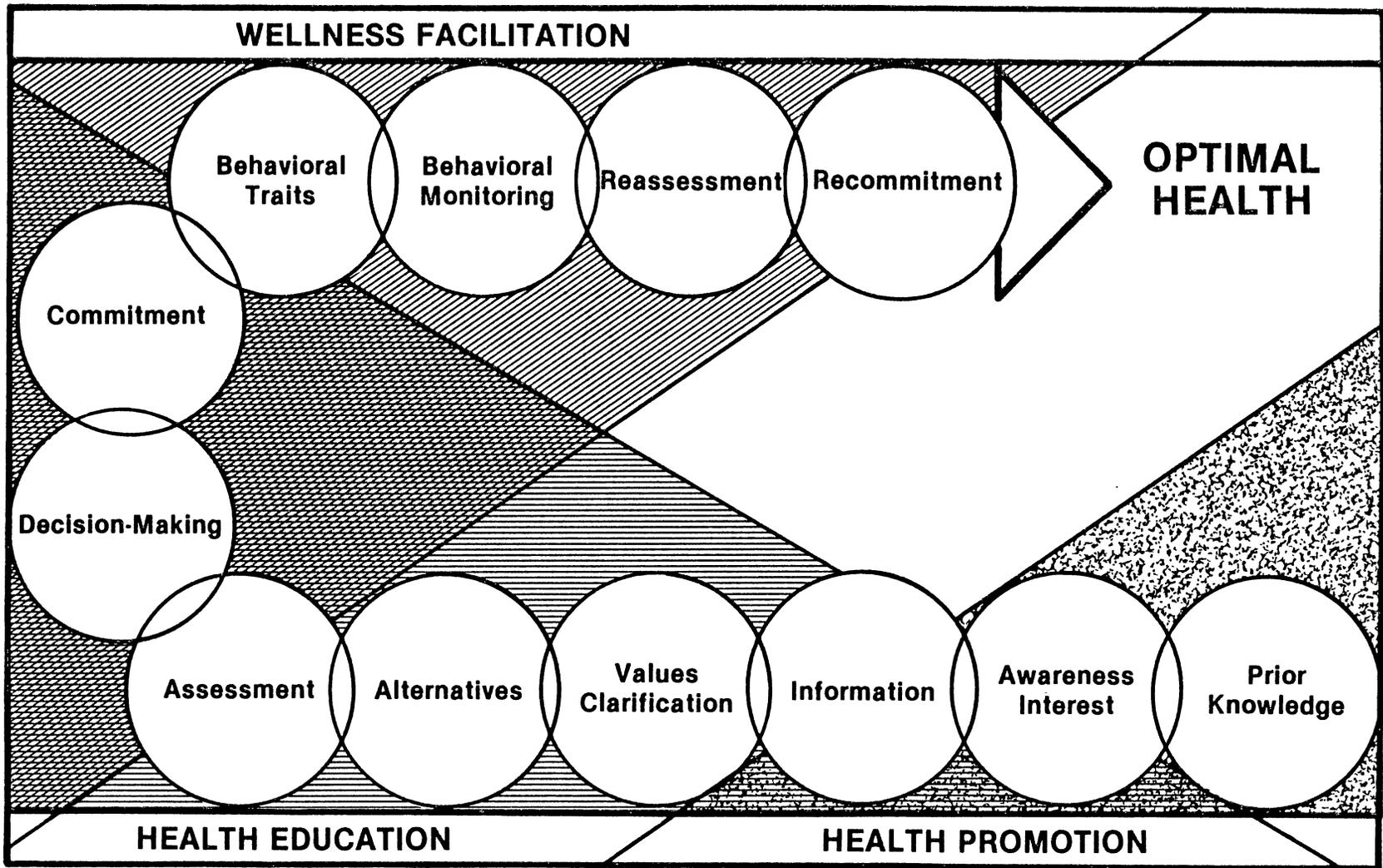
Wellness Education

Wellness education or a wellness course in the undergraduate curriculum may be based on the following principles, general components, sub-elements of the general components, specific behavioral outcomes, course objectives, and educational methods. The contribution of wellness education to the objectives of general education is based on the content or substance of the wellness course.

Principles of Wellness

In addition to the basic concept and various definitions of wellness, a course in wellness is based on the three criteria of Dunn (1961):

1. Direction and progress toward an ever-higher potential of functioning,
2. The total individual, including the multiple dimensions of being, and
3. The functioning of the individual within his environment (p. 159).



Source: Richardson and Felts (1985).

Figure 5. Individual Progress Through Health Intervention

Russell has developed a model of well-being depicting the three criteria of Dunn (Mullen et al., 1986). In Russell's model of well-being, the individual is constantly progressing toward wellness in all dimensions of being (physical, mental, emotional, social and spiritual) during daily functioning and challenging adaptation within a given environment. This model serves as a premise for wellness education.

Ardell (1977) and Ardell and Tager (1982) outlined four basic principles that provide a foundation for wellness education: (1) the encouragement of individuals to assume more responsibility for their own health and well-being; (2) the positive view and approach to health as more than non-illness; (3) the realization of the integrated nature and interdependence of the physical, mental, social, environmental, and spiritual areas of the individual's well-being; and (4) the emphasis on the uniqueness of each individual in coordinating a plan for personal wellness.

Basic Components of Wellness

Wellness education is based on the basic components and dimensions of the individual identified by various authors (Hettler, 1980; Eberst, 1984). These basic components or dimensions may be categorized as:

Physical	Cultural
Mental	Aesthetic
Psychological	Spiritual
Emotional	Vocational
Intellectual	Avocational
Social	

The basic components may be divided into sub-elements which indicate more specific aspects of wellness.

Sub-Elements of the Basic Components of Wellness

Wellness education or an undergraduate course in wellness may be based on the following sub-elements of the wellness components identified by Sorochan in 1976 (Eberst, 1984):

- Physical: Functional ability of each body system
Fitness level
Metabolism
Blood chemistry
Presence or absence of disease(s)
Presence or absence of disease predisposing factors
Exposure to alcohol, stress, radiation
Flexibility
Muscle tone
- Emotional: Ability to relate to personal values
Self-knowledge
Love of self and feelings of self-importance
Self-perception
Ability to express feelings appropriately
Honesty
Empathy
Sexuality
- Mental: Intelligence
Sexuality
Perceptions of others
Adaptability
Decision-making ability
Ability to cope
Ability to relax
Tolerance
Judgment
- Spiritual: Life force (inspiration)
Survival instincts
Enthusiasm/pleasure-seeking
Acceptance of self-limitations (death)
Creativity
Ethics/integrity/moral code
Ability to love and be loved
Trust
Feelings of selflessness
- Vocational: Gaining new perspectives to problem solving
Impact on the quality of life to others
Job satisfaction
Financial 'success'
Advancement

Recognition for contributions
 Sharing of experience with co-workers
 Service to humankind
 Fulfillment of goals for the 'greater good'
 Meeting new non-recreational challenges
 Expanding professional horizons
 (p. 100).

These sub-elements of the wellness components are related to the following behavioral outcomes through wellness education.

Specific Behavioral Outcomes in
Wellness Education

Wellness education may promote the following behaviors as specific outcomes or objectives of the educational process.

- Physical: Eliminate smoking
 Reduce consumption of cigarettes
 Eat a balanced diet
 Lose weight (lower cholesterol/triglycerides in blood)
 Increase rest or sleep time
 Decrease use of alcoholic beverages
 Eliminate use of all drugs
 Improve cardiovascular fitness
 Improve general muscle tone
 Improve muscle strength
- Intellectual: Improve reading skills (read a book a week)
 Increase concentration while studying
 Attend special lectures and programs when available
 Decrease amount of time watching television
 Develop a routine for study or reading
 Add a vocabulary word every day
 Watch more educational or scientific programs on television
 Read the front page of the newspaper everyday
- Spiritual: Set some time each day for meditation, thought, and/or prayer
 Enter a value-oriented, spiritual, or religious discussion
 Attend a spiritual or religious meeting
 Read a spiritual book
 Join a group which is intended to expand consciousness

Select a highly valued personal characteristic (such as patience, forgiveness, or compassion) and make a concerted effort to more fully develop that characteristic
 Identify your weakest personal characteristic and improve on it
 Assess your value system in an effort to become reacquainted with yourself
 Be willing to state your value judgments among others
 Be more accepting of values expressed by others that are inconsistent with your own
 Make an effort to identify your values regarding controversial contemporary issues

Emotional: Learn to recognize your feelings and express them
 Find an alternative to hurting others when you are angry
 Recognize and accept personal shortcomings
 Deal appropriately with feelings toward the opposite sex
 Seek professional help with serious adjustment problems
 Relieve tension and stress with appropriate relaxation and/or leisure activities
 Identify coping devices and ego defense mechanisms used in adapting to stress

Social: Display more affection toward loved ones
 Be less critical of friends or loved ones
 Express your feelings so that others will know how you feel
 Overcome a fear of talking with individuals of another race, opposite sex, or persons of authority
 Be more consistent in fulfilling responsibilities to others
 Communicate more efficiently with your family and close friends (Lafferty, 1979, pp. 10-11).

These behavioral outcomes may be promoted and achieved through the following objectives.

Course Objectives of Wellness Education

Wellness education may be based on the following course objectives.

As a result of a wellness course, the student should be able to:

1. Understand the basic concepts of Holistic Health and Wellness as they relate to personal responsibility.
2. Understand the psychological components of mental well-being and ways of solving psychological problems.
3. Understand the challenge of stress in daily life.
4. Understand the use and abuse of substances: medication, drugs, alcohol, and tobacco.
5. Understand the physiological and psychological aspects of human sexuality.
6. Understand fitness as a combination of proper nutrition, aerobic exercise and activity.
7. Understand your role as a health care consumer and the role of the environment to your health.
8. Understand the aging process and the process of death and dying.
9. Determine total fitness level through wellness assessment techniques.
10. Conduct periodic self-assessment evaluation.
11. Identify individual wellness intervention skills (Program of Health Science, Oklahoma State University, 1986).

Through these course objectives and a variety of educational methods, wellness education deals with the cognitive, affective, physical and psychomotor domains of the student. Wellness education is truly education for the whole person: body, mind and spirit. This basic premise of whole person development, as well as content of a wellness course (principles, basic components, sub-elements, behavioral outcomes, course objectives and educational methods) provide the basis for the contribution of wellness education to general education.

CHAPTER IV

WELLNESS AS GENERAL EDUCATION

Chapter IV will present a delineation of the contributions of wellness education to the objectives of general education for the undergraduate curriculum. This delineation includes: (1) the application of wellness education to the objectives of general education; (2) the application of seven curricular recommendations for general education to wellness education; (3) the examination of wellness as a functional capacity and a life-enhancing skill for creative adaptation; (4) the adaptation of wellness education to fulfill the unique needs of undergraduate students; and (5) a proposal for the position, role and nature of wellness education and programs within institutions of higher education.

As a leading proponent of wellness education, Hettler (1984) contended that one responsibility or mission of institutions of higher education is the promotion of the assessment and improvement of the student's lifestyle. Institutions should promote successful living skills to counteract unhealthy behaviors and lifestyles which result in premature death.

It seems ludicrous to prepare a student for a lifestyle career in their area of interest and not prepare them for the responsibilities of maintaining their life. As American culture changes and becomes more interested in self-care and lifestyle improvement, billions of dollars are being spent pursuing positive health. A university that does not address these issues will be seen as

regressive or obstructionary. Universities have a responsibility to the public to lead the way in lifestyle improvement endeavors (Hettler, 1984, p. 17).

Wellness Education as General Education

The premise of wellness as general education is based primarily on the contribution of wellness education to the general education objective of physical and mental health and well-being, as well as to personal, psychological, and physical development. A course in wellness, to a lesser extent, also contributes to the objectives of developing written and oral communication skills, mathematical computation skills, an understanding of the health and behavioral sciences, and an understanding of themselves and their environment. Wellness education may be adapted or structured to contribute in some degree to all of the major basic objectives of general education in the undergraduate curriculum. (See Figure 6.) As an example, the contribution of a wellness course has been applied to the 12 general education objectives from General Education in Action (Johnson, 1952, pp. 11-12).

1. General Education Objective:

"Exercising the privileges and responsibilities of democratic citizenship."

Wellness Course Contribution:

An understanding of the influence of political and economic institutions on personal wellness.

2. General Education Objective:

"Developing a set of sound moral and spiritual values by which he guides his life."

Wellness Course Contribution:

An understanding of the relationship of moral and spiritual values to a balanced, wellness lifestyle.

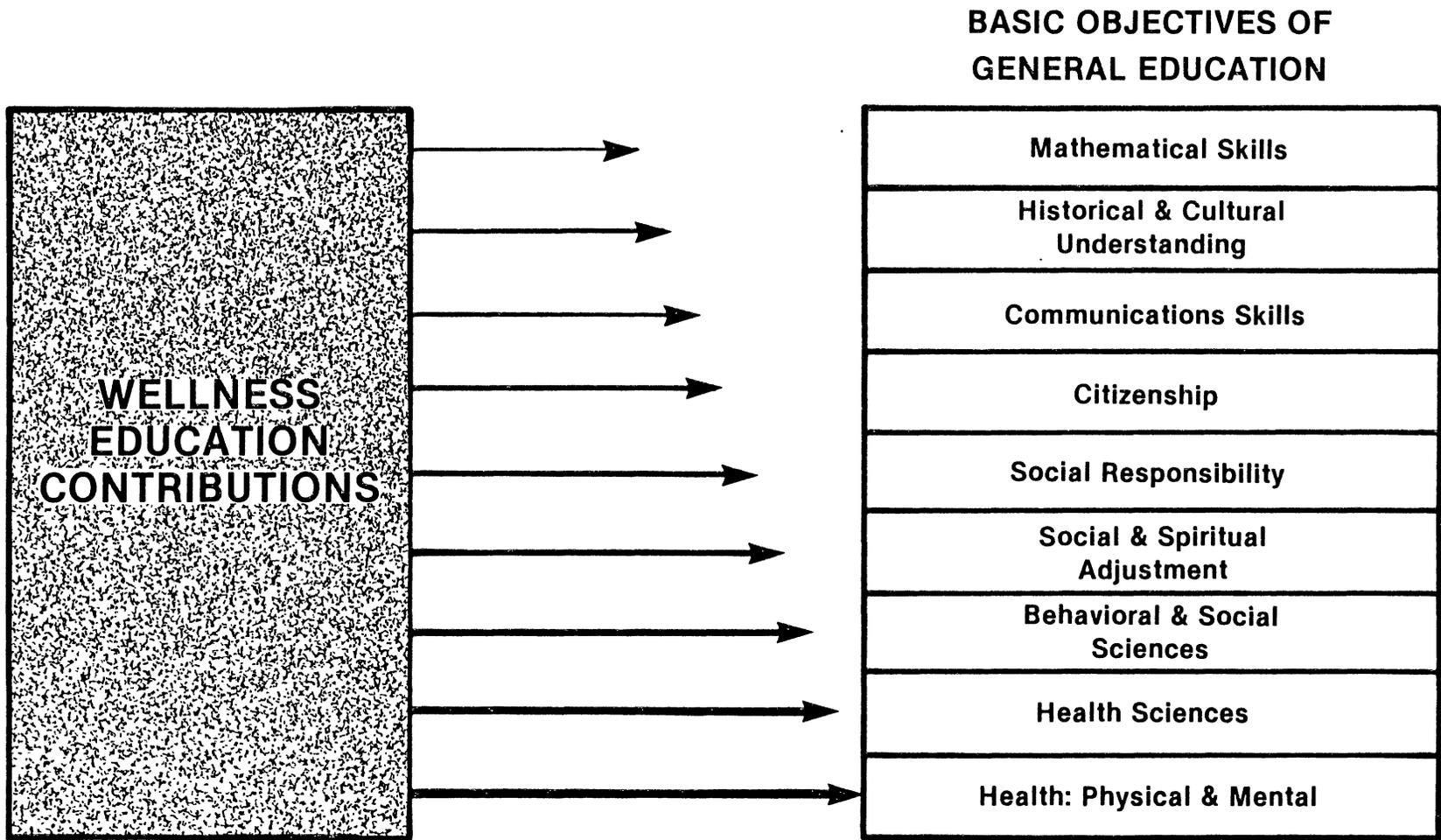


Figure 6. Contributions of Wellness Education to the Basic Objectives of General Education

3. General Education Objective:

"Expressing his thoughts clearly in speaking and writing and in reading and listening with understanding."

Wellness Course Contribution:

The expression of wellness principles and individual behavior through essays, projects, reports, group discussions and class presentations.

4. General Education Objective:

"Using the basic mathematical and mechanical skills necessary in everyday life."

Wellness Course Contribution:

The measurement, calculation and computation of fitness testing and nutritional projects.

5. General Education Objective:

"Using methods of critical thinking for the solution of problems and for the discrimination among values."

Wellness Course Contribution:

An investigation of the role of medical institutions in the promotion of health and wellness and the provision of services for death and dying.

6. General Education Objective:

"Understanding his cultural heritage so that he may gain a perspective of his time and place in the world."

Wellness Course Contribution:

An understanding of the historical and cultural evolution of health and wellness. Compare the pursuit of wellness between developed and underdeveloped countries.

7. General Education Objective:

"Understanding his interaction with his biological and physical environment so that he may better adjust to and improve the environment."

Wellness Course Contribution:

An understanding of the relationship of the physical and biological environment to personal wellness and how that environment may be coped with and adapted for optimal health.

8. General Education Objective:

"Maintaining good mental and physical health for himself, his family, and his community."

Wellness Course Contribution:

An understanding of the principles and skills for the attainment and maintenance of physical and mental health through the practice of wellness.

9. General Education Objective:

"Developing a balanced personal and social adjustment."

Wellness Course Contribution:

An understanding of personal adjustment and social interaction as a basic dimension of wellness.

10. General Education Objective:

"Sharing in the development of a satisfactory home and family life."

Wellness Course Contribution:

An understanding of interpersonal relationships and human sexuality as an aspect of wellness. Knowledge to address personal health problems of family members.

11. General Education Objective:

"Achieving a satisfactory vocational adjustment."

Wellness Course Contribution:

An understanding of wellness as an ability to enhance vocational adjustment and professional performance.

12. General Education Objective:

"Taking part in some form of satisfying creative activity and in appreciating the creative activities of others."

Wellness Course Contribution:

Demonstrate as appreciation and participation in creative activities, recreational and leisure pursuits, sports and the arts to enhance well-being and self-fulfillment.

Sorochan (1981) has developed a list of characteristics and components of well-being which contribute to the general education of the undergraduate. They may be considered as characteristics of the well-rounded individual and appropriate objectives for general education.

1. Physical fitness (maintenance of body processes)
 - a. Efficient functioning of body systems and organs.
 - b. Ability to resist infections and communicable diseases.
 - c. Freedom from disease, infirmity, or physical disorder.
 - d. Avoiding substances and experiences hazardous to optimal physical fitness.
 - e. Eating a variety and a balance of foods regularly.
 - f. Overall minimum muscular strength.
 - g. Minimum cardiovascular-respiratory-muscular endurance.
 - h. Neuromuscular coordination, flexibility, and balance.
 - i. Weight normal for body height, age, sex, and body density.
 - j. Appropriate amount of body fat (adipose tissue).
2. Emotional (mental) fitness (feelings, thoughts and self-identity)
 - a. Coping successfully with the stresses of daily living.
 - b. Being flexible in all social situations.
 - c. Feeling worthwhile and adequate as a person.
 - d. Feeling content and happy.
 - e. Feeling a sense of accomplishment and self-realization (success).
 - f. Facing up to and accepting reality.
 - g. Feeling worthwhile as a member of society by meeting the demands of life.
 - h. Having emotional stability.
 - i. Exercising self-discipline and self-confidence.
 - j. Accepting responsibility for one's behavior and social roles.
 - k. Feeling good about self and others.
 - l. Having worthwhile hobbies and recreational interests.
 - m. Being able to give, express, and accept love.
 - n. Having an adequate self-image.
 - o. Having an identity structured by commitments.
3. Social fitness (interacting with others)
 - a. Having a human approach to living and dealing with others.
 - b. Setting up minimum moral standards of conduct (rectitude).

- c. Having ethical integrity in interpersonal relationships.
 - d. Wanting to share with others and to contribute to their happiness and welfare.
 - e. Feeling responsible for others.
 - f. Socializing by doing things with others and becoming involved with others.
 - g. Cultivating close friends.
 - h. Being able to make new friends.
 - i. Being able to relate to people of all ages.
 - j. Behaving in socially acceptable ways (morals).
4. Spiritual fitness (aspirations, ideals, and inner strength)
- a. Inner strength or energy acquired from social interaction, self-hypnosis, and so forth.
 - b. Aspiring toward a safer and more abundant life for oneself and one's society.
 - c. Aspiring toward 'the better things in life.'
 - d. Feeling an awareness of a purpose in life and that living is worthwhile.
 - e. Being able to appreciate aesthetics.
 - f. Having ambition to achieve and to accomplish.
 - g. Being able to give way to creative imagination and to express creativity.
 - h. Being able to set attainable goals and to experience the self-fulfillment of reaching them.
 - i. Having the courage to face the unknown.
 - j. Willing to take calculated risks.
 - k. Feeling that what one does is worthwhile and appreciated by others.
5. Cultural fitness (identity with community)
- a. Feeling a sense of belonging ('rootedness') to a community.
 - b. Responsible involvement in community affairs.
 - c. Serving others as a public servant.
 - d. Being a contributing member of society.
 - e. Participating in cultural festivities and social functions, such as attending concerts and plays, and visiting museums. Cultural involvement would include music, art, dance, drama, and other aesthetic aspects of living wherein the talents and creativities of self and/or others may be publicly appreciated. One receives culture, as a passive spectator; one gives culture, as a performing musician or actor (Sorochan, 1981, pp. 6-7).

Wellness Education as Curricular Reform

In a period of curricular reform, wellness education is appropriate as a general education requirement within the undergraduate curriculum. Wellness education may be applied and adapted to all seven of the recommendations for the development of general education courses which were proposed in Chapter II. (See Figure 7.)

1. Develop lifelong learning and functional skills.

Wellness education does contribute to lifelong learning and development, as well as the acquisition of functional skills, capacities and abilities. Wellness courses are based on Dunn's (1961) concept of "a method of functioning" for optimal performance in life. Wellness education promotes the "creative adaptation" ability of the individual within his or her environment. According to Bonaguro (1981), wellness is similar to "habilitation", a process increasing the student's skillful capacity to function and enabling the individual to live more successfully. A wellness course contributes to general education through the development of the individual's ability to function and adapt within an ever-changing world. Wellness education is lifelong learning. It promotes knowledge, behaviors and skills that are used for a lifetime.

2. Encourage the growth of the whole person: body, mind and spirit.

Wellness education does encourage the growth and education of the whole person: body, mind and spirit. A course in wellness utilizes four domains in the learning process: cognitive, affective, physical and psychomotor (Annarino, 1977). For total development and

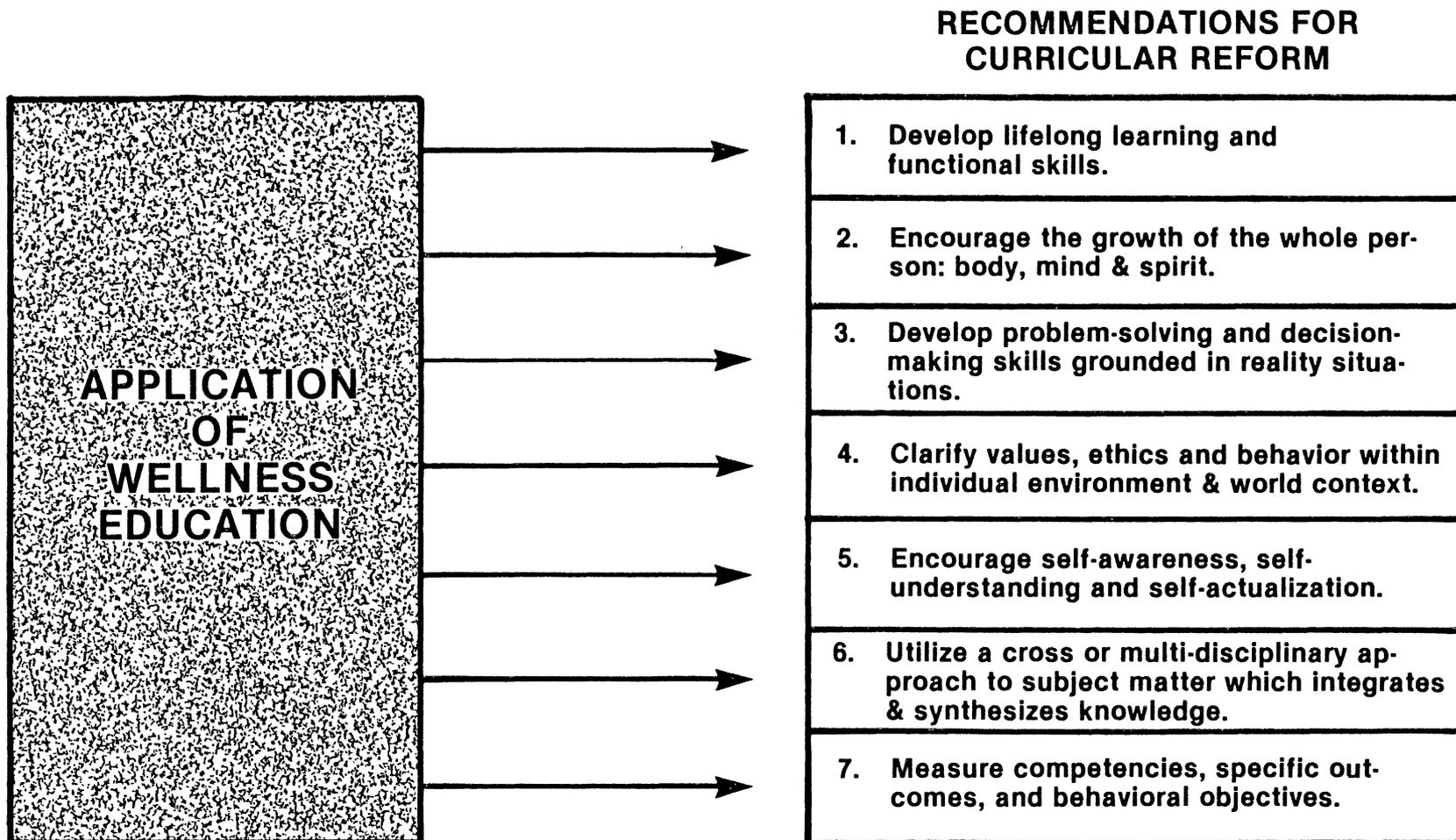


Figure 7. Application of Wellness Education to the Current Recommendations for Curricular Reform

education, all four domains of the learner may be addressed by wellness education. As an example, the contribution of wellness has been applied to the four domains of learning.

<u>Domains</u>	<u>Contribution of Wellness</u>
1. Cognitive:	An understanding of the principles, dimensions, components and elements of health and wellness.
2. Affective:	An exploration of personal values, beliefs, attitudes and behaviors that affect health and well-being.
3. Physical:	Participation in activities and exercise for cardiovascular endurance, muscular strength and endurance, and flexibility.
4. Psychomotor:	Participation in wellness activities, physical testing, sports, games and relaxation techniques (Annarino, 1977, p. 23).

3. Develop problem-solving and decision-making skills grounded in realistic situations.

A wellness course focuses on problems and decisions affecting the student's own behavior, actions and environment. The student is required to solve problems and make decisions which concern his or her functioning and adaptation to the environment. According to Ardell (1979), self responsibility is the core of the wellness lifestyle. In a wellness course, the student learns of the consequences and outcomes of his or her behavior and actions. In this area, wellness education relies on many techniques for problem-solving and decision-making developed in health education courses.

4. Clarify values, ethics and behavior within the individual's environment and the world context.

Wellness education does foster the clarification of values and

ethics that relate to personal health behaviors within the context of the individual's cultural and social environment. In a wellness course, the student learns how values, ethics, and attitudes may affect behavior. The influence of the social and cultural environment upon the individual's behavior is studied, as well as the ramifications of the individual's behavior applied to the larger political or world context. According to McCrory (1984) and Russell (1986), an individual's philosophy of life, spiritual dimension, values or attitudes unite or are at the core of the wellness process or lifestyle. A number of techniques for the clarification of values and attitudes have been developed through health education which may be drawn upon for wellness education.

5. Encourage self-awareness, self-understanding and self-actualization.

Wellness education does encourage self-understanding and self-actualization through the development of individual potential. A course in wellness promotes self-awareness and self-understanding through the examination of mental well-being and healthy psychology. Maslow's (1968) concept of self-actualization, the drive to achieve full individual potential, is central to the wellness lifestyle. The characteristics of self-actualization have been accepted as characteristics of wellness. In the consideration of self-awareness and self-actualization, health education has provided a strong, curricular foundation for wellness education to build upon.

6. Utilize a cross or multi-disciplinary approach to subject matter which integrated and synthesizes knowledge.

Wellness education does utilize a cross or multi-disciplinary

approach to subject matter. A course in wellness draws material from many areas in order to address the various components of the individual: physical, mental, psychological, emotional, intellectual, social, cultural, aesthetic, spiritual, vocational and avocational (Hettler, 1980; Eberst, 1984). As an academic area of study, wellness integrates and synthesizes knowledge and practices from a variety of fields, disciplines and sciences. The multi-disciplinary nature of wellness is enhanced by its connection with the multi-disciplinary fields of health education and the behavioral sciences.

7. Measure competencies, specific outcomes, and behavioral objectives.

Wellness education does measure competencies, specific outcomes and behavioral objectives through a variety of tests, exams, assessments, and evaluations of various domains. Sorochan (1981) proposed a series of tests for assessing an individual's potential for well-being. The physical tests included: a treadmill-EKG, chest x-ray, body fat, blood pressure, biochemical tests, and a previous illness and immunization record. Sorochan (1981) also recommended assessments for emotional well-being: the Holmes-Rahe Social Readjustment Scale, a heredity checklist, and a health risk appraisal. Shuffield and Dana (1984) identified a battery of tests to assess wellness. The physical components consisted of tests for nutrition, cardiorespiratory endurance, body composition, muscular endurance, and flexibility. The psychological components involved tests concerning the health locus of control, self-esteem, and stress and coping skills. Hettler (1984) advocated the use of the Lifestyle Assessment Questionnaire Wellness Inventory to measure aspects of wellness.

The inventory assessed the following areas: physical exercise, physical nutrition, physical self-care, physical vehicle safety, physical drug abuse, social-environmental, emotional awareness and acceptance, emotional management, intellectual, occupational and spiritual.

These tests and assessments may be used as pre- and post-tests to measure specific change within the student. The tests may also be administered later in the undergraduate years or repeated after the student has graduated. This provides the individual with specific information concerning long-range changes and behaviors.

Wellness education and assessments have the advantage of lifelong usefulness and benefits; consequently, wellness assessments are also related to the first recommendation for curricular reform: develop lifelong learning and functional skills. The application of wellness education to the current recommendations for curricular reform has provided a full circle of contributions to the undergraduate curriculum.

Wellness as Function and Adaptation

As a life-enhancing ability and skill for creative adaptation, wellness is an appropriate goal or component in the undergraduate curriculum. As an objective of general education, wellness is a functional capacity or competence which maximizes or optimizes the performance of the individual within their environment. Wellness entails a wholeness of function and being--an integration of human potential and capacity maximizing the development and utilization of the total person: body, mind and spirit. This capacity reflects Dunn's (1961, pp. 4-5) definition of wellness as "an integrated method

of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning."

Wellness promotes the individual's creative and dynamic adaptation to all of his various spheres of functioning, including his physical, personal, social, political, cultural and vocational environments. Wellness enables the individual to mobilize all of his or her resources for optimal performance and application during vocational and avocational activities and tasks. It may be defined as a professional skill or asset. Wellness is a dynamic state of being which extends beyond health maintenance or the creative use of leisure time. It affects the individual's capacity and potential in all of life's endeavors; it is a tool or skill for enhancing success and achievement.

The interaction and synthesis of the dimensions of well-being (physical, social, emotional, intellectual and spiritual) provide the individual's capacity for daily functioning and creative adaptation. The individual's functioning and adaptation within his or her environment results in optimal performance or wellness. (See Figure 8.)

Wellness may be defined as an ability which is similar to White's (1963) concept of individual competence.

The competence of a living organism means its fitness or ability to carry on those transactions with the environment which result in its maintaining itself, growing, and flourishing . . . (p. 34).

Chickering (1969) maintained that the achievement of competence was one stage of human development that should be addressed by undergraduate education. According to Chickering, competence was based on the development of intellectual, social and physical skills. Wellness

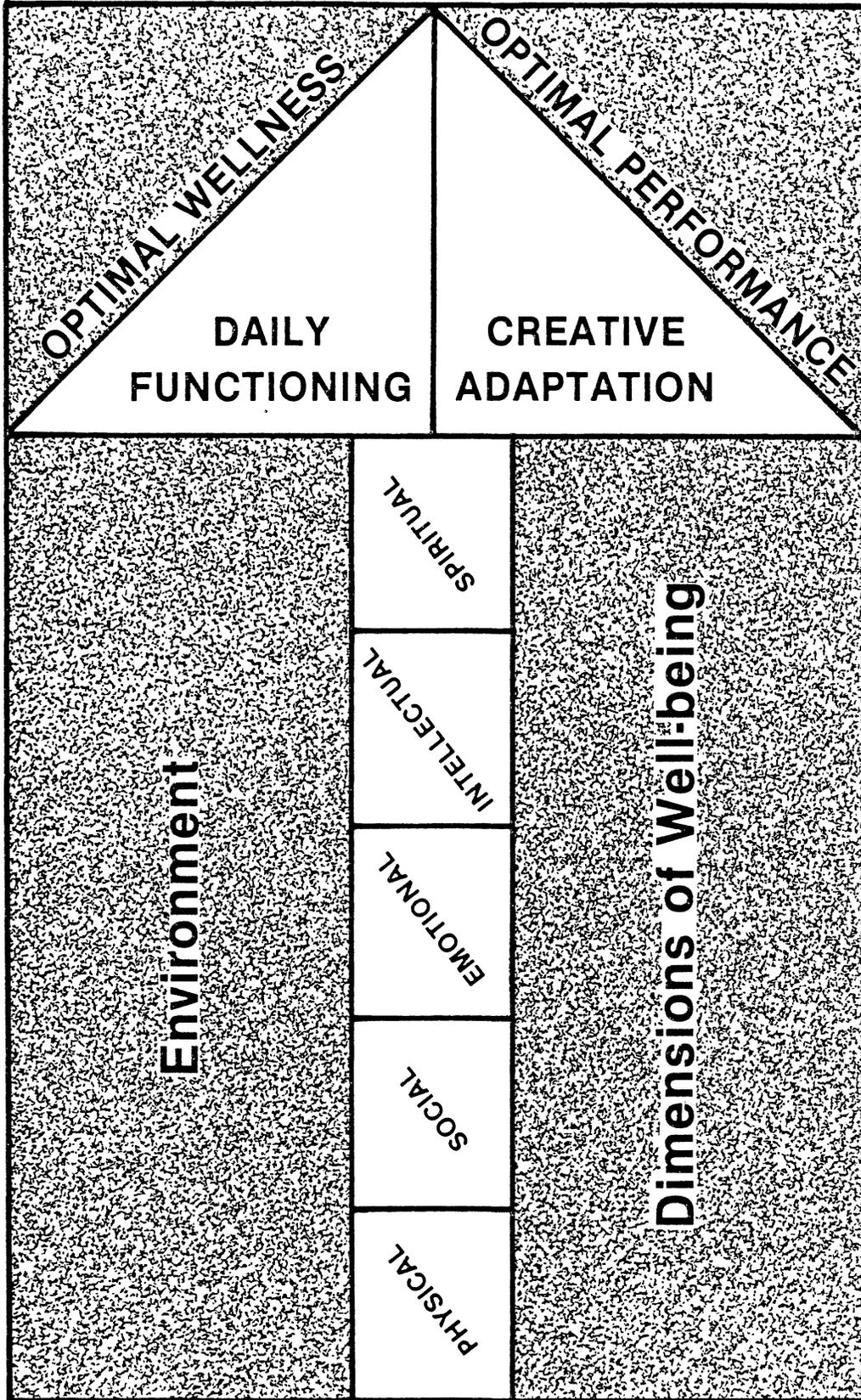


Figure 8. Functional/Adaptation Model for Wellness

education contributes to the development and achievement of competence due to its multi-dimensional approach to human development.

Wellness may be seen as an ability which contributes to the basic purposes of education identified by Bailey (1977). The goals of the basic curriculum should be:

. . . to help persons anticipate and increase their capacity for creative engagements with major predictable changes (physical and psychological) in their stages of development . . . to help persons in their concentric communities to cope, to work, and to use their free time in ways that minimize neurotic anxiety and boredom and that maximize inner fulfillment and joyful reciprocities . . . (pp. 254-255).

In conjunction with Bailey's view of basic education, wellness is a basic survival, life-adjustment or coping skill which promotes appropriate responses to life's passages, crises and stressful events.

Wellness education also involves Rathbone and Rathbone's (1971) concept of creative adaptation and healthy functioning. The dynamics of creative adaptation encompass:

1. Wholeness of function and being
2. Appropriateness of response
3. Movement toward self-actualization
4. Relating effectively
5. Creative use of potential
6. Seeing things in perspective
7. Coordination of attitudinal, physiologic, and behavioral adaptation
8. Use of effective symbols
9. Reasonable freedom from disease
10. Realistic interpretation of experience (p. 82).

Rathbone and Rathbone have identified these characteristics and abilities as appropriate educational goals for undergraduates in colleges and universities.

Self-actualization has also been identified as one of the goals of general education. Wellness education contributes to the self-actualization of the individual, enabling the "actualization of

potentials, capacities and talents, as fulfillment of mission . . . as an unceasing trend toward unity, integration or synergy within the person" (Maslow, 1968, p. 25). Similar to self-actualization, wellness education may be termed human-enhancement education--the liberation or freeing of the unique individual and human potentials. All of these concepts (wellness, self-actualization, and individual liberation of potential) are appropriate outcomes of the undergraduate experience.

Wellness education also contributes to Roger's (1961, p. 35) concept of the "fully functioning human organism." Wellness fosters healthy functioning and organic harmony within the individual and promotes

. . . the urge which is evident in all organic and human life--to expand, extend, become autonomous, develop, mature--the tendency to express and activate all the capacities of the organism, to the extent that such activation enhances the organism and the self (p. 35).

Rogers (1961) identified four steps in the process of personal change and growth.

1. An increasing openness to experience.
2. Increasingly existential learning, . . . a maximum of adaptability, a discovery of structure in experience, a flowing, changing organization of self and personality.
3. Increasing trust in his organism.
4. The process of functioning more fully (pp. 187-191).

This concept of individual growth and change is compatible with the idea of wellness as dynamic adaptation. It strengthens the contribution of wellness education to the undergraduate curriculum. As a life-enhancing skill and a capacity for optimal performance, wellness is significant to the general education of the well-educated individual.

Wellness Adapted to Student Needs and Problems

An undergraduate course in wellness may be adapted to address the special and unique needs and problems of college and university students. In addressing the personal needs and development of students, a course in wellness acts as a positive factor in aiding personal adjustment and increasing the rate of retention within institutions of higher education. By focusing on the student's well-being, wellness education functions as counseling and preventive therapy for potential problems of the undergraduate.

Erikson (1968) defined the developmental struggle and creative turmoil among traditional undergraduates or late adolescence as the "identity crisis". Since the task of forging an identity is predominant in this stage of personal development, a course in wellness addresses the establishment of personal identity.

Rathbone and Rathbone (1971) have also identified the resolution of the identity crisis and the search for self as central to the personal development of college and university students. The sources of conflict for students include the adaptation to a new environment and institution, the new found freedom of a lifestyle based on self-discipline and self-control, as well as the often lonely years of the search for self and personal identity. Colleges and universities may become "anxiety mills" of academic pressure and competition. The student's anxiety is built upon present and future concerns, as well as attitudes from the past. Rathbone and Rathbone (1971) outlined 12 "burdens of the past" which contribute to academic pressure:

1. Parental expectations
2. Value conditioning
3. Attitudes about self

4. Attitudes about education
5. Give-up-itis
6. Judging self-worth by grades
7. Unrealistic expectations
8. Compensation for social ineptitude
9. Loss of perspective
10. Need for self-punishment
11. Need for status
12. Need to compete (p. 226).

A wellness course for general education addresses some of these specific problems of the undergraduate.

According to Rathbone and Rathbone (1971), the healthy student is defined as an individual who resolves the conflict of identity and academic stress through creative adaptation within his or her new environment. Wellness education may contribute to creative adaptation through the use of stress management techniques. To counteract the stress of academic pressure, Rathbone and Rathbone contend that students may attempt to reduce anxiety, escape, or "lose the self" through sports, exercise, recreation, extracurricular activities, entertainment, alcohol, tobacco, drugs or sexual activity. None of these activities is either negative or positive in and of itself. "However, when an activity, whatever its nature, diverts one's life energies from the tasks of self-actualization, it is destructive" (Rathbone and Rathbone, 1971, p. 228). A course in wellness promotes appropriate responses to stress in the undergraduate.

The Role of Wellness Within Higher Education

A proposal for wellness within institutions of higher education should include: (1) the inclusion of a wellness course within the general education requirements, and (2) the extension and promotion of wellness programs and services throughout the undergraduate experience.

Based upon its contribution to the objectives of general education, a wellness course warrants inclusion within the general education requirements or required as part of the core curriculum of the undergraduate. It is recommended that the wellness course be taken during the first semester or near the beginning of the undergraduate experience, so that the student may derive the greatest benefits from the wellness experience. Due to its emphasis of personal development and health, the wellness course might be taught and graded on a pass/fail basis to reduce academic pressure.

In order to promote the maximum advantages of wellness, institutions may offer wellness programs and services to students as a part of student services, health services or extracurricular activities. In this way institutions extend the benefits of wellness to the students even after the wellness course has been taken for academic credit as a general education requirement. According to Lovett (1978), a wellness resource center is

. . . a concept whose time has come for adoption by university and college health services. The wellness resource center is the most appropriate name for the campus health center of the future (p. 178).

Lovett proposed that a wellness resource center be an integral part of any future health care delivery system on campus.

Hettler (1980, p. 60) viewed the university environment as "an ideal location to attempt to a wellness promotion program." As the Director of the University Health Service at the University of Wisconsin at Stevens Point (UWSP), Hettler (1984) maintained that an integration of student services and academic resources would result in a more effective program of wellness promotion.

We try to instill within each student the concept of a futuristic look at their own life and a realization that they can direct the most likely outcome through positive action and learning experiences today (p. 15).

The Wellness Program at UWSP has been recognized as a model program for the promotion of wellness within institutions of higher education. Hettler's (1984, p. 13) definition of wellness as "an active process through which individuals become aware of and make choices toward a more successful existence," has been adopted by the institution. The Wellness Program at UWSP has focused its programming efforts to address Hettler's six dimensions: social, occupational, spiritual, physical, intellectual and emotional.

The UWSP Wellness Program began in the early 1970's within the University Health Service. The Wellness Program has developed into a cooperative project involving the Student Life Division, as well as academic and administrative dimensions of the university. Programs may be conducted in the university center or in the residence halls by Lifestyle Assistants.

A course in wellness for general education and the undergraduate curriculum has been developed and adopted at UWSP. Health promotion programs and courses have been included as part of the basic skill offerings of the institution (Hettler, 1984). Students may take lifestyle improvement classes for credit to satisfy the physical education requirement.

As the Assistant Chancellor of Student Life at UWSP, Leafgren (1984) has proposed 12 strategies for coordinating student services to enhance and promote opportunities for wellness on campus:

1. Establish administrative leadership and support.

2. Inventory existing programs to identify those programs presently serving a wellness function.
3. Identify staff who are interested in and are living a wellness oriented lifestyle.
4. Identify students already interested in and committed to a wellness lifestyle.
5. Bring all existing personnel resources together for a meeting early in the planning stages.
6. Involve all student affairs units in a partnership for wellness program implementation.
7. Identify other campus resources available to assist in the comprehensive wellness program development.
8. Inform students and faculty about the program and their opportunities.
9. Establish a priority for implementing the various facets of the total comprehensive program.
10. Provide adequate training for professional staff and students involved in implementing the program.
11. Evaluate the programs that are being implemented for comprehensive wellness.
12. Research accomplishments of your comprehensive wellness programs (pp. 9-12).

These strategies promote the effective use of the institution's resources, enabling it to provide the most comprehensive and effective wellness program for students.

Institutions of higher education may adopt student wellness programs that are similar to or patterned after employee fitness programs or corporate wellness programs. The student programs may share staff, resources and facilities with existing employee, staff or faculty wellness or fitness programs offered on campus. Many of the goals and benefits of employee wellness and fitness programs may be applied and adapted for the student: improved morale and self-concept, increased productivity, reduced health care costs, and a

healthier work force and student body (Chen and Jones, 1982; Lawson, 1985). Through the promotion of wellness, healthier behaviors and stress management, students function at a more effective level, reducing absenteeism and increasing the rate of retention.

If the wellness experience and services are extended throughout the undergraduate years, the program becomes a greater factor in retention beyond its initial role as a general education requirement. An improvement in student health status, as well as the positive effect that a wellness program has on the individual's self-concept and ability to cope may reduce the number of dropouts. The extensions of the wellness program also provides students with exposure to the concept and practices of employee and adult fitness programs before they enter the professional world. As Chancellor of the University of Wisconsin at Stevens Point, Marshall (1984) contended that a combination of wellness courses, programs and services enhances the university environment for students. "A campus with an emphasis of health promotion programming gains a competitive edge for attracting, retaining, graduating, and placing students" (Marshall, 1984, p. 6).

The National Wellness Institute at the University of Wisconsin at Stevens Point reported recently that approximately 20% of higher-education institutes offer health or wellness promotion programs. That number is expected to increase rapidly during the next decade (McMillen, 1986).

As an example, the Rochester Institute of Technology (RIT) has adopted a campus-wide wellness program to promote the wellness process by giving students an active role in planning, presenting and evaluating

components of the program. Chandler (1985) outlined the goals of the RIT wellness program.

1. Create an environment supporting a wellness-oriented culture and promoting positive lifestyles and attitudes.
2. Bring about positive changes in student behaviors and attitudes with emphasis on the development of the whole person.
3. Coordinate campus-wide programming focusing on an integrated wellness approach (p. 18).

The RIT program utilized the resources of several departments and offices of student services and activities to extend the wellness concept beyond the classroom.

These student wellness programs offer health screenings, tests and assessments, informational and educational resources, counseling for goal-setting and behavioral change, and the coordination of fitness activities. The wellness programs draw upon several academic departments, offices of student services, health and medical services, counseling and recreational services in order to serve the needs of the student. Wellness may be promoted through student health fairs, peer counseling techniques, and as an extracurricular activity through a wellness center or organization.

Aspects of the wellness program may be adapted to the special needs of the undergraduate. For example, institutions may address student problems with alcohol, tobacco, drugs, human sexuality, and contraceptives through its wellness programs and services.

Institutions may also consider post-testing and assessments for health and fitness as a follow-up to the initial tests and evaluations of well-being from the general education course in wellness. Periodic or annual testing and re-evaluation may encourage students to

maintain or improve their own levels of wellness. Finally, institutions of higher education may consider adopting a wellness proficiency test or evaluation as a degree or graduation requirement. The post-wellness evaluation may be viewed as a measured competency of the well-educated individual.

In this chapter, the contributions of wellness education to the objectives of general education and the undergraduate curriculum have been delineated through: (1) the application of wellness education to the objectives of general education; (2) the application of the curricular recommendations for general education to wellness education; (3) the examination of wellness as functional capacity and as a skill for creative adaptation; (4) the contribution of wellness education to the needs of undergraduates; and (5) a proposal for the position and role of wellness education and programs within institutions of higher education.

Wellness education is both humanistic and pragmatic education which promotes creative adaptation and skills for optimal functioning. A course in wellness enhances both the vocational-professional, as well as the avocational-leisure pursuits of the undergraduate. It assists the student in coping with immediate problems and stresses of college life, while teaching skills to be used throughout the life span. As education for the whole person (body, mind and spirit), wellness may be considered as a characteristic of the well-educated individual.

CHAPTER V

SUMMARY AND CONCLUSIONS

This study has been a philosophical delineation of the contributions of wellness education to the objectives of general education within the undergraduate curriculum. The purpose was to provide a justification and examination of the benefits of wellness education within institutions of higher education. It was assumed that the philosophical delineation and justification of wellness education would have an impact on the inclusion of wellness education in general education and the undergraduate curriculum.

The philosophical delineation was based upon the philosophical analysis and synthesis of the following 12 areas.

1. A review of the goals and objectives of general education to provide a basis and context for wellness education within the undergraduate curriculum.

2. An examination of the current recommendations for the curricular reform of general education which may be applied to a general education course in wellness.

3. A review of antecedents and previous examples of health and physical education courses within the undergraduate curriculum which serve as precedents for the inclusion of wellness education within general education.

4. A review of the philosophy of health and the principles of health education which may contribute to general education and act as a foundation for wellness education.

5. An examination of the emerging concept of wellness and its philosophies and components which may contribute to general education.

6. An exploration of the relationship between health and wellness; health as a foundation for wellness; and the expansion of wellness beyond health to make wellness more appropriate as general education.

7. An examination of the principles, components, elements, course objectives and behavioral outcomes of wellness education which may contribute to general education.

8. An examination of the contribution of wellness education to the objectives of general education within the undergraduate curriculum.

9. An application of wellness education to the current recommendations for the curricular reform of general education.

10. An explanation of wellness as a functional capacity, an important skill for creative adaptation, and life-enhancing ability which is an appropriate outcome of the undergraduate experience.

11. An explanation of the potential of wellness education in addressing the unique, personal problems of the undergraduate student.

12. A proposal for the role and position of wellness education within the undergraduate curriculum; wellness education as a general education requirement and as a program or service extended throughout the undergraduate experience.

The inclusion of wellness education within the undergraduate curriculum may be justified by the basic principles of general

education--education and development of the whole person: body, mind and spirit. As the functional capacity and ability for optimal performance, wellness may be considered an appropriate outcome of any basic curriculum. Wellness education reflects a concern for the well-being of the individual student which should be a part of general education. "The ultimate aim of education is the improvement of the human condition and therefore, the quality of life" (Engelhardt, 1980, p. 10).

This study has provided many examples of goals and objectives of general education which specifically mention the development of physical and mental health and well-being. In addition wellness education may be readily applied and easily adapted to the current recommendations for curricular reform in general education. The content of wellness education has been accepted within the general education objectives of the past and will be adaptable to the curriculum of the future.

Many antecedents for wellness education have occurred within the general education curriculum of the past. Previous examples and instances of courses in health and physical education in the undergraduate curriculum serve as precedents for the inclusion of wellness as general education.

In the past, the philosophy of health and the principles of health education have contributed much to the objectives of general education. Health philosophy and health education also provide a rich and abundant foundation for wellness education. Wellness education builds upon the previous contribution to general education from health education. The distinction and expansion of wellness beyond health

only increases its contribution and appropriateness as general education.

Wellness education is also justified as general education based on the personal needs and preferences of the undergraduate students. Wellness education addresses the special problems of undergraduates as they cope with academic stress and their own search for identity and personal development. Wellness as general education is also supported by student preference; 99.1% of the undergraduates surveyed by the Carnegie Foundation ranked health as an important part of their life and education (Jacobson, 1986). The unique nature of wellness allows institutions of higher education to offer wellness as: (1) a course for general education and (2) a program or service extended throughout the undergraduate experience.

Conclusions

This study has presented a detailed, philosophical delineation of the contributions of wellness education to the objectives of general education within the undergraduate curriculum. The justification for the inclusion of wellness in the undergraduate curriculum is based on three basic premises. First, as a significant concern of contemporary society, well-being and health should be reflected within the curriculum of higher education. Secondly, there is much historical evidence and many philosophical foundations concerning health and well-being within the literature and theory of general education to support the consideration of wellness as general education. Finally, the content of wellness education is inherently appropriate to a

progressive, curricular approach to the education of the whole person within the undergraduate curriculum.

Recently, William J. Bennett (April, 1986), the current Secretary of Education, said that one role of education was "to restate the obvious." Perhaps the benefits and importance of wellness are so obvious that they are assumed rather than restated. Even in higher education, the simplest truths may require a complex vision. In the academic pursuit of excellence, advanced knowledge, and sophisticated science and technology, the most basic of human educational needs may have been overlooked.

Wellness education at its best is general education for a contemporary world which requires creative adaptation. It teaches the individual the value of personal challenge, the virtue of constant self-renewal, and the capacity to maximize performance throughout life. In a modern and ever-changing world, wellness is the ability to cope with crisis, to thrive on change, to maximize individual talents, to fulfill individual potentials, and to optimize human interaction within one's environment. Within general education and the undergraduate curriculum, there can be no greater outcome than the student's potential and ability that wellness education may develop.

Recommendations for Further Research

This study may also indicate and suggest the need for further research concerning wellness and general education. It would be useful to determine the extent of wellness education within institutions of higher education; a survey of institutions offering wellness

education, as well as those requiring wellness courses as general education.

Further philosophical research may also be indicated: an expansion and examination of the distinction between health and wellness. It may also be beneficial to expand upon the adaptation of wellness education to the curricular reforms within general education and the undergraduate curriculum. Further research could provide more detailed models of wellness curriculum for general education and programs for the extension and coordination of wellness services throughout the undergraduate experience.

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A Catalog of Goals of Higher Education

I. Goals for Individual Students

A. Cognitive Learning

1. Verbal skills. Ability to comprehend through reading and listening and to speak and write clearly and correctly. Effectiveness in the organization and presentation of ideas in writing and in discussion. Possibly some acquaintance with a foreign language.
2. Quantitative skills. Ability to understand elementary concepts of mathematics and to handle simple statistical data and statistical reasoning. Possibly some understanding of the rudiments of accounting and the uses of computers.
3. Substantive knowledge. Acquaintance with the cultural heritage of the West and possibly of other traditions. Awareness of the contemporary world of philosophy, natural science, art, literature, social change, and social issues. Command of vocabulary, facts, and principles in one or more selected fields of knowledge.
4. Rationality. Ability and disposition to think logically on the basis of useful assumptions. Capacity to see facts and events objectively--distinguishing the normative, ideological, and emotive from the positive and factual. Disposition to weigh evidence, evaluate facts and ideas critically, and to think independently. Ability to analyze and synthesize.
5. Intellectual tolerance. Freedom of the mind. Openness to new ideas. Willingness to question orthodoxy. Appreciation of intellectual and cultural diversity. Intellectual curiosity. Ability to deal with complexity and ambiguity. Historical perspective and cosmopolitan outlook. Understanding of the limitations of knowledge and thought.
6. Esthetic sensitivity. Knowledge, interest, and responsiveness to literature, the fine arts, and natural beauty.
7. Creativeness. Imagination and originality in formulating new hypotheses and ideas and in the producing of new works of art.
8. Intellectual integrity. Understanding of the idea of "truth" and of its contingent nature. Disposition to seek and speak the truth. Conscientiousness of inquiry and accuracy in reporting results.

9. Wisdom. Balanced perspective, judgment, and prudence.
10. Lifelong learning. Love of learning. Sustained intellectual interests.

B. Emotional and Moral Development

1. Personal self-discovery. Knowledge of one's own talents, interests, values, aspirations, and weaknesses. Discovery of unique personal identity.
2. Psychological well-being. Progress toward the ability to "understand and confront with integrity the nature of the human condition." Sensitivity to deeper feelings and emotions combined with emotional stability. Ability to express emotions constructively. Appropriate self-assertiveness, sense of security, self-confidence, self-reliance, decisiveness, spontaneity. Acceptance of self and others.
3. Human sympathy. Understanding of human beings. Humane outlook. Capacity for empathy, thoughtfulness, compassion, respect, tolerance, and cooperation toward others including persons of different backgrounds. Democratic and non-authoritarian disposition. Skill in two-way communication with others.
4. Morality. A valid and internalized but not dogmatic set of moral principles. Moral sensitivity and courage. Sense of social consciousness and social responsibility.
5. Religious interest. Serious and thoughtful exploration of purpose, value, and meaning.
6. Refinement of taste, conduct, and manner.

C. Practical Competence

1. Traits of value in practical affairs generally. Virtually all of the goals included under cognitive learning and emotional and moral development are applicable to practical affairs. In addition, the following traits, which are more specifically related to achievement in practical affairs, may be mentioned:
 - a. Need for achievement. Motivation toward accomplishment. Initiative, energy, drive, persistence, self-discipline.
 - b. Future orientation. Ability to plan ahead and to be prudent in risk taking.

- c. Adaptability. Tolerance of new ideas or practices. Willingness to accept change. Versatility and resourcefulness in coping with problems and crises. Capacity to learn from experience. Willingness to negotiate and compromise. Keeping options open.
 - d. Leadership. Capacity to win the confidence of others, willingness to assume responsibility, organizational ability, decisiveness, disposition to take counsel.
 - 2. Citizenship. Understanding of and commitment to democracy. Knowledge of governmental institutions and procedures. Awareness of major social issues. Ability to withstand propaganda and political argumentation. Disposition and ability to participate actively in civic, political, economic, professional, educational, and other voluntary organizations. Orientation toward international understanding and world community. Ability to deal with bureaucracies. Disposition toward law observance.
 - 3. Economic productivity. Knowledge and skills needed for first job and for growth in productivity through experience and on-the-job training. Adaptability and mobility. Sound career decisions. Capacity to bring humanistic values to the workplace and to derive meaning from work.
 - 4. Sound family life. Personal qualities making for stable families. Knowledge and skill relating to child development.
 - 5. Consumer efficiency. Sound choice of values relating to style of life. Skill in stretching consumer dollars. Ability to cope with taxes, credit, insurance, investments, legal issues, etc. Ability to recognize deceptive sales practices and to withstand high-pressure sales tactics.
 - 6. Fruitful leisure. Wisdom in allocation of time among work, leisure, and other pursuits. Development of tastes and skills in literature, the arts, nature, sports, hobbies, community participation, etc. Lifelong education, formal and informal, as a productive use of leisure. Resourcefulness in overcoming boredom, finding renewal, and discovering satisfying and rewarding uses of leisure time.
 - 7. Health. Understanding of the basic principles for cultivating physical and mental health. Knowledge of how and when to use the professional health care system.
- D. Direct Satisfaction and Enjoyments from College Education
- 1. During the college years.
 - 2. In later life.

II. Goals for Society

- A. Preservation and dissemination of the cultural heritage.
- B. Discovery and dissemination of knowledge and advancement of philosophical and religious thought, literature, and the fine arts--all regarded as valuable in their own right without reference to ulterior ends.
- C. "Improvement" in the motives, values, aspirations, attitudes, and behavior of members of the general population.
- D. Progress in the broad social welfare as reflected in religion, health, order, justice, information, care of the under-privileged, etc. Progress toward the identification and solution of social problems.
- E. Economic efficiency and growth.
- F. Enhancement of national prestige and power.
- G. Progress toward human equality.
- H. Progress toward personal freedom and autonomy.
- I. Rendering of useful services to various groups of society.
- J. Direct satisfactions and enjoyments received by the population from living in a world of advancing knowledge, technology, ideas, and arts.
- K. Over the long periods of time, exerting a significant favorable influence on the course of history as reflected in the evaluation of the basic culture including the fundamental social institutions.

Source: Bowen, Howard. Investment in Learning: The Individual and Social Value of American Higher Education. San Francisco: Jossey-Bass, 1977, pp. 55-59.

VITA

Victoria Diane Sturgeon

Candidate for the Degree of

Doctor of Education

Thesis: A PHILOSOPHICAL DELINEATION OF THE CONTRIBUTIONS OF WELLNESS EDUCATION TO THE OBJECTIVES OF GENERAL EDUCATION WITHIN THE UNDERGRADUATE CURRICULUM

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