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Webs of Wellness: The Sites of Well-Being

Sister Margaret was a 72-year-old nun who was suffering from persisting back pain. She was accepted at an outpatient pain management program where I, Ora, was providing psychological consultation. Due to my hectic schedule, I was unable to see Margaret until she was well into her physiotherapy and occupational therapy program. In fact, I was told that she had made significant physical gains and would be discharged from the program in the coming weeks. It was unlikely that I would need to see her beyond the initial screening.

As it turned out, Margaret and I met for some eight counseling sessions. I took an immediate liking to her and appreciated her openness and willingness to share her life story. Margaret, who had never been to a psychologist before, confirmed that her physical pain had significantly subsided. Nonetheless, she had some issues in her life that were weighing her down and causing significant distress. She welcomed the opportunity to explore them.

Over the next 8 weeks, I was privileged to hear about Margaret's life in a Catholic mission. With four other nuns, she was sharing a small house owned by the parish. They were all assigned to live there by a central committee in charge of housing. According to the custom in that congregation, the cooking, cleaning, and other household tasks were shared among the housemates. Meals were eaten together, and weekly meetings were held to discuss the budget, plan the week ahead, and make joint decisions. Most of the day was dedicated to different aspects of community work and social action.

I am sharing this with you as it provides the backdrop for Margaret's struggle for personal, organizational, and community well-being. Margaret committed her life to serving God and the community. Working as a public health nurse until her retirement, she was highly committed to serving underprivileged members of the community. In addition to her nursing job,

she volunteered her time for various social justice initiatives. Margaret certainly gave to her community.

Yet, Margaret was unhappy and frustrated when she came to see me. She told me about the deaths of her brother and a close friend in the past year. She told me about how she now spends most of her time in the house as she is no longer working and is unsure what contribution she can make. Most important, Margaret told me about the distress associated with her current living arrangement.

Of the four women she was house-sharing with, Margaret was close to one, on agreeable terms with two others, and at great odds with the fourth. The more she talked about this conflictive relationship and the distress that it was causing, the more apparent it became that these issues were never properly addressed. These women, who were assigned to live together by an organizational committee, had no tools to address their differences and resolve conflict.

Ironically, the high value attributed to harmony and the greater good stood in the way of personal and organizational well-being. Margaret told me that in the weekly meetings, nothing of substance was discussed, no feelings were shared, and feedback was never offered. In fact, Margaret reasoned that the congregation had totally neglected members' need for control over their lives, for emotional connectedness, and for personal validation.

Throughout our work together, Margaret and I searched for ways to enhance psychological wellness at the personal, organizational, and community levels. She decided that it was time to make some changes in the overall philosophy of the congregation, placing greater emphasis on personal empowerment, agency, and control. We planned how she could approach those at the top of the organizational hierarchy with her suggestions. On the interpersonal front, Margaret was determined to instigate some in-house changes.

Things had gotten so bad that she was uncomfortable making references to her back problems and was doing chores that were clearly counterindicated for her condition. We discussed the irony of living with people who are committed to equality and justice on the outside and who are oblivious to the needs of those on the inside.

Margaret took great interest in some of the resources I lent her on interpersonal communication and problem solving. We discussed the possibility that part of each weekly house meeting would be dedicated to sharing feelings and giving constructive feedback. She thought that this might work, especially if strengths were acknowledged and positive feedback was also provided.

What about community well-being? Margaret had been finding some of her house chores exhausting and often had back pain as a result. We reasoned that a redistribution of tasks was called for. Some of the younger housemates would take on the more physically demanding chores, affording

Margaret more time and energy to pursue community work. Margaret thought that this would work, as the problems were never really about chores but about poor interpersonal and organizational communication.

We began to discuss Margaret's reinvolverment in the community work that she so valued and missed. I have to say that I was of relatively little help to her in this domain. Margaret could teach me, and I suspect many others, about ways to contribute to one's community.

Sister Margaret's story says a great deal about the three main topics of this book: personal, organizational, and community change for well-being. Her story shows the interdependence of these three facets of life. Her personal well-being was being diminished by the lack of organizational wellness in her living arrangements. Community well-being, a big part of her life, was also being affected by her health and emotional state. The more she contributed to community well-being, the better she felt.

WHY THIS BOOK?

Personal, organizational, and community change influence each other in multiple ways. If we want to promote one, we need to know about the others. If we want to understand one, we need to understand how they all interact. This is the mission of this book: to understand how personal, organizational, and community well-being are part of a web, a web of wellness. A change in one affects the others; an improvement in one increases the chances of betterment in others. Building on knowledge about networks and interactions, we want to show how personal, organizational, and community change can work in unison to enhance the well-being of individuals and the community alike.

The lessons we want to share can be helpful to those working with people in multiple contexts and settings: health and human services, schools, community agencies, businesses, universities, government and nongovernment organizations, grassroots movements, and in general all people who have an interest in promoting their own well-being and the health and prosperity of others.

If you're in the helping business, we hope you will find here strategies that go beyond the dogmatic application of theories and practices that concentrate on single sources of well-being. Wellness is a complicated issue that defies simplistic explanations and magic solutions. Yet, we believe a methodical and comprehensive approach to wellness can help us get unstuck, individually, organizationally, and collectively.

Missed Opportunities

Many problems have biological, social, and economic as much as psychological roots. People suffer because of lack of resources and power inequality,

but also because of psychological put-downs, verbal and emotional abuse, and plain disrespect.

There is good reason to make health and the economy social priorities; people require these resources to meet basic needs. But it would be a mistake to neglect the importance of psychological wellness, for the lack of it is costing us millions of dollars in health care and lost productivity, not to mention immeasurable psychological pain.

There is much to be gained from educating ourselves about the benefits of empathy, effective communication, and social skills. We teach children all kinds of things, but we neglect psychological wellness: how to deal with personal feelings like anger, frustration, and aggression; how to listen to others without judging; how to cry without feeling guilty.

No, we're not suggesting that psychological wellness is a panacea for our social ills, nor that it should be our single focus of attention. But the fact is that we have a great deal of knowledge about how to improve human relationships that we don't use. There is a tremendous body of research that informs the development of psychological wellness, but it is largely wasted. As a society, we don't have a plan for systematically developing interpersonal and psychological health. There is a huge gap between what we know and what we do in families, schools, and the workplace.

Many problems could be prevented if we methodically fostered psychological wellness in families, schools, and jobs. Families are ideal places for the promotion of emotional wellness. Unfortunately, many parents are not equipped to teach it to their children because they lack it themselves. We know that a secure attachment is crucial for psychological development, that consistent rules with emotional support are highly beneficial, and that family cohesion protects children against adversity. However, secure attachments, effective parenting, and family harmony are not easy to come by.

Although parenting courses are offered to the public, not all parents realize how crucial it is to learn from others and to obtain support in this life-long endeavor. In Sweden, there is a major national campaign to teach parenting throughout the life cycle. In Ontario, Canada, there is currently a push to make parenting courses mandatory in schools.

Schools are another ideal site for the development of psychological wellness. We have no doubt that many teachers foster in children interpersonal respect, sensitivity to others, and the desire for conflict resolution. Their excellent efforts notwithstanding, this type of instruction is rarely systematic or an integral part of the regular curriculum. Social and emotional learning improves school climate and tolerance, reduces bullying, and helps children to resist pressure to smoke, drink, and engage in premature sex. Yet, we're still waiting for these findings to be implemented and institutionalized.

Interpersonal conflict at work is a major source of stress for millions of people. Insensitive bosses, inflexible rules, and weak leadership are major causes of aggravation. People stay home because of conflict, go to incred-

ible lengths to avoid certain people at work, endure put-downs, and suffer from negative working environments. Many people in positions of authority don't have a clue how to treat others. Workplaces should do much more than they currently do to train managers and workers in psychological wellness.

Interpersonal harm cannot be completely prevented, but much can be done to curtail it. Both of us have seen firsthand the pain that interpersonal harm can cause and the benefits that prevention can bring. To improve personal well-being, we need to intervene at the organizational and community levels. It is not enough to undertake one-on-one therapy, however helpful that might be. As we shall see in this book, community changes can lead to more equality, more justice, and more respect for diversity.

Sins of Omission, Sins of Commission

Each of us, Ora and Isaac, has more than 20 years of experience working as psychologists, counselors, teachers in schools and universities, and consultants in organizations and government. We have worked in clinics, counseling centers, rehabilitation hospitals, schools, and universities in four countries: Israel, Canada, Australia, and the United States. Wherever we have worked, we have witnessed sins of omission and sins of commission.

We have felt these sins not only in our professional lives, but in our personal lives as well. How often do we fail to attend to a child's need for attention? How often do we neglect to inquire about a peer's well-being? People close to us make affectionate gestures that we ignore because we're too busy or preoccupied. These are sins of omission.

What about sins of commission? Are you sick of people telling you how to live your life? For us, a sin of commission is when others try to shape or control your life in ways that don't make sense or don't feel right for you. How many people have given you unsolicited advice or tried to impose on you a point of view that didn't respect who you are or didn't appreciate your emotional state? In Isaac's case, the worst unsolicited advice he ever got was to "be a man" and not to cry.

We are very concerned with one-size-fits-all therapies and types of advice that don't respect your unique situation. Have you ever shared a problem with a friend or professional helper, only to find out that this person was so eager to give you advice that he or she didn't even listen to the whole story? Details are important. General advice that doesn't seriously consider your unique personality or family situation doesn't work. We've seen this time and time again in our professional and personal lives.

Some of our counseling students are so eager to give advice that they sometimes jump to conclusions before the client has had a chance to share the whole story. Yet, they wholeheartedly admit that what they value most is for others to listen to them without interruptions. Our friends sometimes

respond judgmentally to some of our decisions because of their personal issues, not because our decision is necessarily wrong. Some of them hasten to offer advice that is based not on our needs but on theirs. Not only that, some of the advice we get is based on others' insecurities, unfinished business, or projections or other defense mechanisms that reflect their own unresolved issues and not ours.

We're also very concerned about prefabricated advice. A cookie-cutter type of help is not suitable for human beings. We're not as malleable as dough, nor are we like the previous cookie. And one-line mantras don't fit into our lives because our lives can't be reduced to one line.

We doubt we're beyond reproach ourselves, though. Both of us have offered plenty of unsolicited advice to our son. We're sure that Matan, our 19-year-old son, has had to endure more than his fair share of parental sins, which probably accounts for his occasional parental deafness.

To overcome sins of commission we need an antidote for arrogance. To overcome sins of omission we need antidotes for blindness and passivity. Both of us have developed some antidotes. For the sin of arrogance, we try not to make assumptions about people before we know them well. We don't presume to know more than we do, and we refrain from giving advice that doesn't suit the person or the occasion. Although sometimes we think a particular opinion may help somebody, we know that the timing may not be right. If the timing is not right, the person won't be in the right frame of mind to hear or assimilate the advice. Finally, we try not to commit character assassinations by telling clients or colleagues that they are "defensive," "immature," or "fixated" on certain issues.

To avoid the sins of blindness and passivity we try to see beyond the obvious, and we try to act beyond the comfortable. As a psychologist, a counselor, consultant, friend, or a parent, it's very easy to ascribe emotional problems to the person in front of you. After all, she is the person seeking advice or making your life miserable. But the person in front of you may be reacting to family or social circumstances that are bringing her down, not to some deep-seated psychological trauma we should cure. Furthermore, she may be reacting to the fact that *you* are making her life miserable!

We have to see people in context. No matter how strong our tendency to blame people for their misfortune, we should see the personal, interpersonal, organizational, and social components of their problems.

In fact, it's always comfortable to think of problems in terms of other people's psychological issues because they don't require us to change something about ourselves, our family, or our society. Our friends and relatives are uncomfortable when our behavior doesn't suit their expectations. Does that mean we have to change our behavior, or that they have to change their expectations? When Isaac became a vegetarian, his Argentinian meat-eating family had a hard time accepting his new habit.

To overcome the threat of passivity, we have to think about helping people on their own terms. Furthermore, we have to think about help that addresses the psychological, the interpersonal, and the social as well, even if it goes against the received wisdom that “it’s all in your head.”

A little bit of knowledge is a dangerous thing. If all we have is a hammer, all our problems are going to look like nails. If we know how to use only a psychological hammer, all our sources of suffering will look like psychological nails. We favor a holistic approach that incorporates a range of theories and techniques and that tries to match the solution to the problem, not the other way around: trying to make everything look like nails because all we’ve got is a hammer. To move beyond our comfort zone we have to contemplate various sources of suffering and multiple ways of addressing them.

How, you ask, is our toolbox different? We believe in your own expertise and in your ability to create a path of wellness for yourself and others. We think we all need help in seeing things more clearly, in avoiding arrogance, in illuminating blind spots, and in moving beyond our comfort zones. Our approach to wellness builds on personal, organizational, and community change to promote personal, organizational, and community well-being at the same time. It’s not one or the other: It’s the collective synergy that makes for holistic wellness.

It’s not enough to be free of anxieties, fears, and obsessions to experience psychological wellness. We need to experience satisfaction in relationships, and we need to live in thriving communities. Many approaches to emotional health fail to grasp the importance of social settings.

Psychological changes often need to be accompanied by changes in families, relationships, organizations, and communities. We often blame victims and expect them to change something within themselves when in fact something external, oppressing them, needs to be changed. When we struggle to change the social context we help ourselves by feeling empowered and in control of our lives. In this book, we go beyond the personal, the interpersonal, and the social. We integrate the three perspectives to offer a holistic view of wellness. Throughout the book we search for psychological wellness in unlikely places that combine the personal, the organizational, and the collective. What we invariably find is that psychological wellness is always better promoted and better preserved when personal, organizational, and community needs come together at once.

THE FIVE Ss OF WELL-BEING: SITE, SIGN, SOURCE, STRATEGY, AND SYNERGY

We can talk about the well-being of a person, an organization, or a community. These are different *sites* where well-being takes place. We can tell by certain signs if each one of these sites or places is experiencing well-being. A sign of personal well-being is a sense of control over your life, something

that Sister Margaret had in short supply. Many decisions about her life were being made by the organization, without a lot of input from her. Physical health is another sign of personal well-being. Sister Margaret was suffering from physical pain that also diminished her well-being.

Worker participation in decision making is a sign of organizational well-being. Good communication among workers and colleagues is another. Clear roles and productivity are also important signs of organizational well-being. Sister Margaret's organization was definitely not showing some of these signs. Communication among housemates and with the church was poor.

A clean environment, freedom from discrimination, safe neighborhoods, good schools, and employment opportunities are signs of community well-being. These are communal goods that benefit everyone. Sister Margaret worked with the poor, a group that is often deprived of these resources.

The next *S* stands for *sources*. Personal, organizational, and community well-being derive from a variety of sources. Experiences of mastery and success contribute to self-esteem and personal well-being, and participatory structures, clear roles, and efficient practices bring about organizational wellness. Community well-being, in turn, derives from multiple sources, such as a sense of cohesion, belonging, equality, universal access to health care, and democratic traditions.

The fourth *S* is for *strategies*. To promote well-being in each of the sites of interest—persons, organizations, and communities—we need a plan of action. Sister Margaret chose to discuss the division of labor in the house and made a decision to communicate better her concerns. She also worked on her physical ailments and had some ideas about promoting community well-being among the poor and disadvantaged.

Synergy, the fifth *S*, comes about when we combine an understanding of sources and strategies. In accord with the concept of webs, the best results for any one site of wellness come about when we work on all fronts at the same time. Sister Margaret could not improve her back unless she addressed the organizational communication problems, nor could she improve her mood while feeling isolated. Personal solutions often include organizational solutions. Organizational solutions, in turn, are supported by collective norms of respect for the well-being of workers and by communal expectations of ethical practice. When collective norms weaken, corporations and public institutions cease to be responsive to community needs. Personal, organizational, and community solutions are closely linked. We create synergy among various solutions when we address a problem on multiple fronts at the same time.

If you work in human services, you know the experience of working with clients on a strategy, only to see it diminished by overwhelming social forces. How far can you go in helping a teenager feel safer when he goes back to a crime-infested neighborhood? How effectively can we curb vio-

lence against women when the media and the culture are full of it? Collective problems require collective solutions.

Although there are things we can do to help people individually, such as making fitness plans, offering assertiveness training, and teaching communication skills, many of these problems are organizational and communal, and as a result they demand organizational and communal solutions. This book is about ways to tackle personal, organizational, and communal issues at the same time. We have tried doing one at a time, and it hasn't worked very well. It surely hasn't worked for many of the problems that health and human service workers face, problems such as child abuse, addictions, poverty, diabetes, crime, teenage pregnancy, gang violence, poor parenting, educational underachievement, obesity, and unemployment. The time has come to address problems comprehensively and synergistically. Research has shown that the mere act of working with others on collective problems can improve self-esteem, self-efficacy, social support, and empowerment. It is not only the outcome that matters, but the process itself (Nelson, Lord, & Ochocka, 2001). Of course we wish to be successful in our efforts to eliminate child abuse and violence against women, but even if results are not readily apparent, we, and all the people who struggle against these issues, derive personal benefits from the struggle itself. This is in part how the helper-therapy principle operates: I help myself by helping others—in my family, my circle of friends, and the community (Reissman, 1965).

To promote well-being we need an understanding of its main constituents. To recap: Well-being consists of sites, signs, sources, strategies, and synergy. There are three primary sites of well-being (personal, organizational, and collective), each of which has specific signs or manifestations, sources or determinants, and strategies. Once we understand what well-being is all about, we can identify the most promising approaches to its maximization.

Various traditions within the health and social sciences have concentrated on either personal or collective correlates as manifestations of well-being. Whereas psychology has focused on subjective reports of happiness, well-being, and psychological wellness (Seligman, 2002), sociology and public health have focused on collective and objective measures, such as longevity and infant mortality (Marmot & Wilkinson, 1999). A group of medical sociologists and investigators has also concentrated on the importance of relationships, an important part of personal and organizational well-being (Berkman, 1995). Our claim is that well-being is not one or the other, but rather the combination of personal, organizational, and collective sites, signs, sources, and strategies of well-being (Nelson & Prilleltensky, 2005). In other words, well-being is not either personal, organizational, or collective, but the integration of them all. For any one of these spheres—personal, organizational, or collective—to experience well-being, the other two need to be in equally good shape.

In our view, well-being is a positive state of affairs, brought about by the synergistic satisfaction of personal, organizational, and collective needs of individuals, organizations, and communities alike. There cannot be well-being but in the combined presence of personal, organizational, and collective wellness (I. Prilleltensky & Nelson, 2002). We use well-being and wellness interchangeably in this book, and we refer to psychological wellness as a state of affairs in which the person feels that his or her personal, organizational, and collective needs are fulfilled. Of course, these definitions beg the question “What are the needs of well-being at each one of the personal, organizational, and collective levels?” Table 1.1 shows the main needs that we have to fulfill to experience personal, organizational, and community well-being. In addition, Table 1.1 displays the values associated with each one of these needs. Needs require actions, and actions require values to guide them. We uphold these values to promote, morally and responsibly, actions that meet the needs for well-being. Without them we could not know what the most ethical way to behave is.

Sites of Well-Being

As noted earlier, sites refer to the location of well-being. Here we concern ourselves with *where* well-being is situated. We maintain that there are three primary sites of well-being: individual persons, organizations, and communities or collectives. Although we can distinguish among the well-being of a person, an organization, and a community, they are highly interdependent. Each of these entities is unique and dependent on the others at the same time. None can be subsumed under the others, nor can they exist in isolation. They are distinguishable sites, but inseparable entities all the same. Figure 1.1 makes it clear that the three sites of well-being are separate but interconnected at the same time. Well-being is like a three-legged stool: Take any one of the legs, and the stool collapses.

There is empirical evidence to suggest that the well-being of relationships in informal and formal organizations such as families and work has beneficial effects on individuals (Ornish, 1998). Likewise, there is a wealth of research documenting the deleterious consequences for individuals of deprived communities and the advantageous consequences of prosperous communities (Hofrichter, 2003).

Communities as sites of well-being embody such characteristics as affordable housing, clean air, accessible transportation, and high-quality health care and education. All these factors take place in the physical space of communities. Organizations, in turn, are sites where exchanges of material (money, physical help) and psychological (affection, caring, nurturance) resources and goods occur. People work for money, but not only for money. Exchanges of affirmation and appreciation, in both informal and formal organizations, are a vital part of participation in organizations. Persons,

Table 1.1 Basic Needs and Values for Personal, Organizational, and Community Well-Being

Basic Considerations	Sites of Well-Being			
	Personal Well-Being	Organizational Well-Being	Community Well-Being	
Needs	Mastery, control, self-efficacy, voice and choice, skills, growth, spirituality	Emotional and physical well-being	Effectiveness, sustainability, productivity, clear roles	Participation, involvement, dignity, and respect for identity
Values	Self-determination, freedom, and personal growth	Health, caring, and compassion	Accountability and responsiveness to common good, transparency	Sense of community, cohesion, formal support
Definition of values	Promotion of ability of children and adults to pursue chosen goals in life	Protection of physical and emotional health, expression of caring and support	Promotion of transparent ethical behavior and procedures to protect and uphold the well-being of all stakeholders affected by an organization's activities	Support for community structures
			Promotion of fair processes whereby children and adults can have meaningful input into decisions affecting their lives, respect for diverse social identities	Promotion of fair and equitable allocation of bargaining powers, obligations, and resources in society



Figure 1.1 The Synergy of Well-Being.

finally, are sites where feelings, cognitions, and phenomenological experiences of well-being reside. In this book we sometimes also refer to interpersonal wellness, which is not a site of wellness per se, but an important aspect of relationships in families, organizations, and communities. Interpersonal wellness can be a sign of personal well-being, as in feelings of caring and compassion that we experience in close relationships, and also a sign of organizational well-being, as in respect for diversity and participatory structures. It can also be an expression of community well-being, representing signs of belonging, solidarity, and cohesion. Interpersonal or relational wellness is the glue that connects personal, organizational, and community wellness.

We have to be able to honor the uniqueness of the three sites of well-being and their interdependence at the same time. We can have a community endowed with excellent jobs, schools, parks, and hospitals where many people feel miserable because relationships in the community are acrimonious or alienating. If we thought of well-being only in terms of community, we would miss the experiential component of personal well-being and the influential role of organizations and relationships in advancing personal satisfaction. Conversely, we can have a select group of people who, despite poor community conditions, experience high levels of well-being because of privilege. In this case, exclusive focus on the well-being of these people might miss the need to heal, repair, and transform the community conditions (poverty, discrimination, epidemics) that are diminishing the well-being of those who cannot protect themselves.

From this general level of geographical and physical location of well-being, we can proceed to ask more specific questions about signs of well-being in each of the three sites. Although they are interconnected, we will see that each site has distinct signs of well-being.

Signs of Well-Being

By signs, we refer to manifestations or expressions of well-being at the different sites we explored earlier. Signs answer the question “How do I know that this site is experiencing well-being?” At the personal level, signs of well-being are identified by looking at correlates, by asking people to share what they feel and think when they are happy, satisfied, or experience a high quality of life. A variety of research methods have been used to look at personal signs of well-being, including surveys, interviews, observations, and comparative analyses (Snyder & Lopez, 2002). Similarly, multiple approaches have been used to find out the signs, characteristics, or correlates of well or healthy communities and organizations (Eckersley, Dixon, & Douglas, 2002).

Based on multiple sources of evidence, a few signs of personal well-being come to the fore: self-determination and a sense of control, self-efficacy, physical and mental health, optimism, meaning, and spirituality. Signs of organizational well-being include respect for diversity, democratic participation, collaborative relationships, clarity of roles, and learning opportunities. Expressions of collective well-being include a fair and equitable allocation of bargaining powers, resources, and obligations in society; gender, ability, and race equality; universal access to high-quality educational, health, and recreational facilities; affordable housing; employment opportunities; access to nutritious foods at reasonable prices; safety; public transportation; a clean environment; and peace. Though not exhaustive by any means, these lists are fairly representative of the research on well-being at the three levels (Goleman, 1998; Maton & Salem, 1995; Totikidis & Prilleltensky, 2006).

Each of these signs is intrinsically beneficial to the well-being of a particular site and extrinsically beneficial to the well-being of the other two sites. Supportive organizations foster self-determination of their members, and just communities contribute to personal growth through a fair allocation of opportunities in society.

Sources of Well-Being

Each one of the sites of well-being and their corresponding signs has particular sources or groups of determinants. Self-determination, for example, derives from prior opportunities to exercise control, voice, and choice. In the organizational domain, participation and collaboration derive from

traditions of inclusion, learning, and horizontal structures. Signs of collective well-being, such as high-quality public education, depend on policies that promote social justice, which, in turn, distribute resources fairly.

Personal wellness is based on a number of sources. We all require a sense of control over our lives, a sense of mastery and a measure of stability. We need to be nurtured, cared for, and appreciated. Our needs for health, control, optimism, empathy, and emotional nourishment are a precondition for psychological wellness.

But it wasn't until Sir Michael Marmot (1999; Marmot & Feeney, 1996) published the Whitehall studies that health and social scientists could really appreciate the impact of control on personal wellness. The British scientist, who was knighted for his groundbreaking research in England, studied the lives of thousands of British civil servants for more than 25 years. After he eliminated all other possible sources of health and illness, he realized that workers who experienced little control over their jobs were two, three, and even four times more likely to die than those who experienced a lot of control over their jobs.

Marmot divided the civil servants into four groups: manager, professional, clerical, and other. Managers had the most amount of control over their jobs, whereas the group called "other" had the least. Professionals were second and clerical staff third. As can be seen in the graph in Figure 1.2, compared to managers, professionals were twice as likely to die, clerical staff three times as likely, and the group called other, which included people with few skills, were four times as likely to die. If anyone had doubts about the role of control in personal wellness, Marmot erased them.

Although specific sources refer to particular signs, we have to remember that each sign has multiple sources and that the different determinants always interact. Thus, access to high-quality public education, a collective

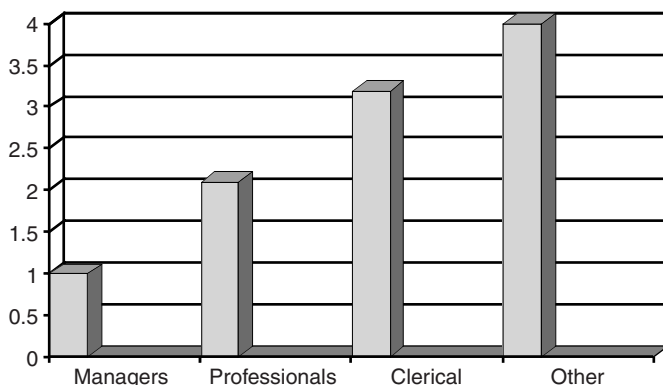


Figure 1.2 Risk of Death by Employment and Level of Control.

sign of well-being, enhances opportunities for control and self-efficacy of students, which are signs of personal well-being. As noted earlier, sites, signs, and sources of well-being are interdependent, as are the strategies to promote them.

Strategies for Well-Being

The key to successful strategies is that they must be specific enough to address each one of the sites, signs, and respective sources of well-being at the same time. Interventions that concentrate strictly on personal sites neglect the many resources that organizations and communities contribute to personal well-being. Paradoxically, strategies that concentrate exclusively on personal well-being actually undermine well-being because they do not support the infrastructure that enhances well-being itself. This has been a major gap in previous efforts to sustain individual well-being through strictly psychological means such as cognitive reframing, positive thinking, information sharing, and skill building. Individuals cannot significantly alter their level of well-being in the absence of concordant environmental changes (Smedley & Syme, 2000). Conversely, any strategy that promotes well-being by environmental changes alone is bound to be limited. There is ample evidence to suggest that the most promising approaches combine strategies for personal, organizational, and collective change (Stokols, 2000). It is not one or the other, but the combination of them all that is the best avenue to seek higher levels of well-being in the three sites of our interest.

Take, for example, the powerful influence of social support on health. Support for the soul can increase or restore health and wellness in two ways. First, social support can enhance wellness through bonding, attachment, appreciation, and affirming messages. The more support I have, the better I feel, and the better I feel, the more likely I am to withstand adversity and develop resilience. According to our model, interpersonal wellness leads to personal wellness.

The second mechanism through which social support enhances wellness is by providing emotional and instrumental support in times of crises. The stressful reactions associated with divorce, moves, transitions, and loss may be buffered by the presence of helpful and supportive others.

Compared with people with lower levels of supports, those who enjoy more support from relatives or friends live longer, recover faster from illnesses, report better health, and cope better with adversities (S. Cohen, 2004). Studies have shown that women with advanced breast cancer have better chances of survival when they participate in support groups. For example, after a follow-up of 48 months, Spiegel and colleagues (Spiegel, Bloom, & Kraemer, 1989) reported that all the women in their control group, who did not participate in a support group, had died, whereas a

third of those who received group support were still alive. The average survival for the women in the support group was 36 months, compared to 19 months in the control sample. This study, reported in the prestigious British journal *Lancet*, made medical history.

One year later, Richardson and colleagues (Richardson, Sheldon, Krailo, & Levine, 1990) made similar claims on a sample of patients with blood malignancies. Their study, published in the *Journal of Clinical Oncology*, claimed that “the use of special educational and supportive programs . . . [is] associated with significant prolongation of patient survival” (p. 356). Finally, Fawzy and colleagues reported in 1993 that patients with malignant melanoma were more likely to die or experience recurrence of the disease if they did not receive the group intervention that the experimental group received. Out of 34 patients in each group, only 7 of those who received group support had experienced recurrence and 3 had died at the 5-year follow-up, compared with 13 who experienced recurrence and 10 who had died in the control group. Altogether, these three teams of researchers found that social support can enhance health and longevity in the face of deadly diseases.

One way to make sure that we maximize the benefits of social support is by enhancing our sense of community and the availability of support throughout the life cycle, and not just in times of need. There is a role here for the community at large and for public institutions in promoting belonging, affection, and mutual help. We need to think of public institutions as promoters of well-being and not only as restorers of well-being when our physical or emotional integrity is compromised by illness or crisis.

Synergy of Sites, Signs, Sources, and Strategies

We can integrate sites, signs, sources, and strategies in the following formulation: The well-being of a *site* is reflected in a particular *sign*, which derives from a particular *source* and is promoted by a certain *strategy*. To wit, personal well-being is reflected in control, which derives from opportunities to exercise voice and choice, and is promoted by empowerment. In this case, the site is personal wellness, the sign is control, the source is opportunities to experience voice and choice, and the strategy is empowerment.

In the organizational domain, we can integrate the four Ss as follows: Organizational well-being is reflected in the presence of supportive relationships among workers, which derive from a culture of trust and reciprocity, and is promoted by empathy and opportunities to give and receive caring, compassion, and constructive feedback. In the collective domain, we can claim that collective well-being is reflected in universal access to health care, which derives from policies of social justice, and is promoted by social movements that strive to create, maintain, and improve institutions that deliver services to all citizens, irrespective of means.

In synthesis, then, the well-being of site q is reflected in sign x , which derives from source y , and is promoted by strategy z . By using this simple formulation, we can integrate a vast amount of research in operational and actionable terms. Table 1.2 shows examples of signs, sources, and strategies for different sites of well-being.

An example of synergy is the beneficial effects that accrue from community cohesion. Individuals, organizations, and communities all gain when high participation and reciprocity are the social norm.

Wellness always takes place in a context. Contexts of discrimination create resentment, and contexts of crime and violence breed disharmony. Conversely, cultures of acceptance foster harmony and cohesion. Our personal, interpersonal, and collective lives are intertwined, and so should be the

Table 1.2 Synergy: Examples of Signs, Sources, and Strategies of Different Sites of Well-Being

		Sites of Well-Being		
		Personal	Organizational	Community
Signs	Personal	Control	Worker satisfaction	Sense of community
	Organizational	Satisfying peer relationships	Participatory structures	Community supports institutions
	Community	Community health	Institutions responsive to community needs	Support for the poor and for universal health care
Sources	Personal	Experiences of self-efficacy	Workers skilled in team work	Personal contribution to common good
	Organizational	Peer support	Culture of respect and affirmation	Agencies that work at multiple levels
	Community	High quality health and education	Norms that promote collaboration	Culture that understands and fosters interdependence
Strategies	Personal	Empowerment	Development of empathy and social skills	Collective and political intelligence
	Organizational	Voice and choice in teams	Conflict resolution and growth orientation	Social support and rewards for participation in social change
	Community	Participation in political process	Norms that affirm mutuality and oppose competition	Social movements that fight injustice

means of wellness promotion. Personal and interpersonal wellness began to attract attention in psychology in the past few years, and *community cohesion* and *social capital* started gaining currency in sociology and political science not long ago (Blakeley, 2002; Putnam, 2001). These terms speak about the potential of communities to improve the well-being of their members through the synergy of associations, mutual trust, sense of community, and collective action. We all have community needs. They are the need to live in a safe, friendly, and cohesive community with good schools and employment opportunities for everyone. We need access to health care, transportation, and recreation. We require places with a wealth of social capital.

In his widely popular book *Bowling Alone: The Collapse and Revival of American Community*, Robert Putnam (2000) distinguished among physical, human, and social capital: “Whereas physical capital refers to physical objects and human capital refers to properties of individuals, social capital refers to connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them” (p. 19).

In our view, social capital refers to collective resources consisting of civic participation, norms of reciprocity, and organizations that foster trust and improve the community. Social capital, in the form of connections of trust and participation, enhances community capacity to create structures of cohesion and support. Research indicates that cohesive communities and civic participation in public affairs enhance quality of life for everybody. Communities with higher participation in volunteer organizations and local and professional associations perform much better in terms of health, education, crime, and welfare than communities with low rates of participation. This finding has been replicated at different times across various states, provinces, and countries.

Putnam (2000), a political scientist from Harvard, studied community participation and volunteerism in the United States during the past century. Armed with data from surveys going back decades, he discovered that communities where people volunteer and participate more in social affairs have better educational achievements, less crime, less child abuse, and better health outcomes overall than communities with low rates of volunteerism.

When people associate with others for the benefit of the community, there are tangible outcomes. Putnam (2000) calls the networks of trust and reciprocity *social capital*. The more social capital there is in communities, the more personal wellness for their residents. In the United States, Minnesota, Vermont, and the Dakotas are some of the states with higher levels of social capital and better outcomes in terms of health, education, welfare, and crime. The more social capital there is in various states, the higher the levels of health, welfare, education, and tolerance. The only pattern that works in reverse is crime: The lower the social capital in a state, the higher the level of crime.

In addition to community participation, economic equality is another predictor of personal and interpersonal wellness. Richard Wilkinson (1996) compared levels of inequality and health among the wealthy nations of Japan, Sweden, and the United States. In his book *Unhealthy Societies: The Afflictions of Inequality*, he reported that in countries like Sweden and Japan, where the gap between rich and poor is relatively small, people live longer than in other rich countries like the United States and England, where the gap between rich and poor is much wider. Researchers claim that economic equality is a central feature of community wellness that is reflected in how long people live. Inequality breeds jealousy and envy that, in turn, increase stress to achieve more and more. How exactly inequality and envy are translated into longevity is not clear, but the consequences are clear enough: The smaller the gap between rich and poor, the longer people live.

Because of more egalitarian income distribution, the life expectancy of Japanese people increased by 7.5 years for men and 8 years for women in 21 years. This dramatic increase took place between 1965 and 1986. Japanese people experience the highest life expectancy in the world, near 80 years, in large part because in that period of time they became the advanced society with the narrowest income differences. Communities with higher levels of social cohesion and narrow gaps between rich and poor produce better health outcomes than wealthier societies with higher levels of social disintegration.

In summary, social capital, community participation, and inequality play a big role in personal and community wellness. We search for wellness not only in the depths of our mind, but also in community and economic exchanges.

ROWS FOR WELLNESS

Exercise 1: Your Personal Situation

All of us experience risks, opportunities, weaknesses, and strengths (ROWS). They all influence our psychological wellness. Risks and opportunities refer to external factors affecting our life, whereas strengths and weaknesses refer to internal factors. You can think of risks and opportunities in terms of organizational and community wellness. Strengths and weaknesses, in turn, refer to personal wellness.

A risk to wellness may be related to acrimonious relationships with your partner. Poor relationships are a risk to your interpersonal and psychological wellness.

Moving to a cohesive community with good schools may be a definite opportunity for wellness, for yourself and for your kids. Applying to a new job with better pay and better working hours may be another great opportunity for wellness.

Good interpersonal skills and a caring attitude may be strengths of yours. A good sense of humor may be another. You may be good with your hands or with kids, or you may know a lot about certain topics, such as history, music, sports, or pottery. Perhaps you have good leadership and organizational skills, or you're an expert in gardening or cooking. We all have strengths that we need to nourish and polish.

Personal weaknesses may relate to lack of confidence, anxieties, obsessions, a tendency to overwork, and pleasing others at a personal cost. Each of us is very different, and it's important to know our own personal ROWS.

In this and following chapters of the book, you will have a chance to consider the ROWS affecting your life. Each chapter deals with a different aspect of wellness. Hence, in each of the following chapters you will consider different ROWS affecting your life. After you do the ROWS exercise, you will have a chance to assess your readiness for wellness. To see how it works, we provide a case study from our work. After you see how it works for the people in the case study, you can do your own exercise and measure your own readiness. Consider first the case of Jane.

Jane's Dilemmas

She turns off the alarm clock and snuggles beneath her blankets. It's 5:45 A.M. She has 15 minutes of peaceful reflections before the hustle and bustle of the morning routine sets in. There are children to wake up and get ready for school, lunches to make, and a house to put in order. At least this is the 1 day a week when she doesn't have to get ready for work herself.

Jane is a 38-year-old mother of two. She has been married to Michael for 13 years and has a 9-year-old girl and a 7-year-old boy. Jane is a speech therapist and works 4 days a week at a child guidance clinic. She loves her family, enjoys her work, and derives satisfaction from her volunteer work as a phone counselor. However, Jane can no longer ignore the high level of stress in her life. She feels like she is on a fast-moving train that never stops and rarely slows down.

Jane knows that something has to change. She is simply too busy for her own good. Michael leaves the house at 7:00 A.M. to begin his long commute to work. He is rarely home before 7:00 P.M. After getting up and making the children's lunch, Jane runs around getting herself, her children, and her home ready for an 8:00 departure. She then drives the children to school and rushes off to work. Some days she goes to the clinic for meetings or report writing. On other days she goes to one of the four schools she services. Her days are spent on individual therapy sessions, assessments, and meetings. She often eats her lunch on the go as she commutes from one school to the next.

Wednesday is her only day off. However, despite her intentions to take some time out for herself, the day just whizzes by. It's not that she doesn't

know where the time has gone. By the time she picks up the kids at 3:30, she would have done the weekly grocery shopping, put in a couple of hours of volunteer work, and paid a visit to her mother-in-law. This is a new addition to her day “off.” Her mother-in-law has recently moved to a senior citizen home and is having troubling adjusting. Jane’s visits mean a lot to her.

Jane knows that she is not doing very well. She hasn’t been sleeping well lately and often feels tired and irritable. She hasn’t had time to exercise properly or to read for more than a few minutes at night. Reading and exercising are two activities that she loves, that she knows she needs for her own sense of well-being.

But how to change it all? What to give up? And at what price? Jane knows that Michael is working very hard. She appreciates the patience he has for the kids at the end of the day and on weekends. However, he does most of the fun stuff, like story reading and soccer coaching, while she runs the ship. Shopping, cooking, laundry—it never seems to end. At least they have help with cleaning once a week, otherwise she is sure she would collapse altogether.

Give up her job? Never. They need the money, and besides, she finds it satisfying and rewarding. If she could only protect her time better, rather than try to meet every request that comes her way. She knows that she is a competent clinician and is highly respected at the schools she services. However, she tends to be a pleaser and is not good at turning down requests. So, when they asked her to assess one more student, she gave up her precious time for report writing and said yes. The report will be written at night, once the kids are in bed.

What about asking Michael to do more at home? Seeing how exhausted he is at the end of the day prevents her from bringing it up. On weekends, Michael plays basketball between children’s activities and family commitments. How can she ask him to give up basketball? But can’t he see how tired she is? Is he even aware that she barely has time to exercise? That she falls asleep after 5 minutes of reading? She knows that he appreciates the fact that she visits his mother. She also knows that it is the right thing to do. But at what price to herself?

Finally, her volunteer work is taking up 5 hours a week—2 hours on Wednesday and 3 on Saturday. But give that up? After all the training she has been through? Giving back to her community is consistent with Jane’s values. She has always taught her children that life is not just about meeting your own needs. She also enjoys phone counseling, despite its hectic nature. At times, it can be emotionally draining.

And is she spending enough time with the kids? As much as she loves them and enjoys their company, it seems that most of her time is spent on “child-servicing” tasks: cooking, driving, supervising homework. Only yesterday, 9-year-old Natalie complained that it has been ages since Jane has played a game with her. Her 7-year-old brother seems to get more of

Mom's time. He has just started school this year and is having some difficulty with reading. Although his teacher said not to worry, Jane doesn't want him to fall behind. She has been spending a lot of time with him on reading games and activities that he seems to enjoy. But is she short-changing Natalie just because she is doing so well?

Form 1.1 shows how Jane would complete the ROWS exercise. Jane knows that these are some of her ROWS related to wellness. Ideally, she would try to do something to maximize her opportunities and strengths and to minimize the risks and weaknesses.

Now, what are your own personal ROWS? Using Form 1.2, think about your life and write down your own ROWS. In doing the exercise, think about factors related to personal, organizational, and community wellness. Remember that wellness emerges at the intersection of these three spheres. Remember also that interpersonal wellness is a big part of personal, organizational, and community wellness. Don't limit yourself to your work or family situation; consider community factors as well.

What can you do about your ROWS? You can reinforce strengths, or you can fight risks and weaknesses. Ideally, you would do both. Each person is at a different stage in his or her development of wellness. To help you assess where you are with respect to your own development, we have created a wellness readiness scale that is completely personalized to fit your profile and not somebody else's. Before we ask you to do this, however, let's see how this would work in Jane's case.

Wellness Readiness Check 1: Synergy in Jane's Case

We saw in the ROWS exercise some of the factors affecting Jane's life and your own life. The question now is what can be done about them. To help you create a plan, we have devised a series of wellness readiness scales. The first one is called synergy because this is the main message emerging from this chapter. Wellness is about the synergy or coming together of personal, organizational, and community wellness.

Next to each one of the ROWS, we ask you to put a checkmark under one of the following options:

1. I never thought about doing something about it.
2. I'm thinking about doing something about it.
3. I'm prepared to do something about it.
4. I'm doing something about it.
5. I've been doing something about it for some time.

These five options parallel a well-known theory of personal change developed by psychologists Prochaska, Norcross, and DiClemente (1994). By assessing your own situation along these five options, you will create your

own wellness map. Let's see how this would work in Jane's case. What we do is quite simple: We take the ROWS that Jane described and we insert them in the table. Next to each one of them we ask Jane to check what she's doing about her ROWS. In some cases, she is doing something about them, in others she is only thinking about them. We would encourage Jane to try to do something to reinforce her strengths and maximize her opportunities. Similarly, we would encourage her to do something to minimize risks and address weaknesses. Form 1.3 shows how we think Jane would have completed this wellness readiness check.

Now that you've seen a complete example, it can be pretty easy to complete your own wellness readiness check. Simply transfer the ROWS from the previous exercise into Form 1.4 and put a checkmark below the option that suits your situation best. When you finish, think about what can be done to maximize opportunities and strengths and how you may minimize risks and weaknesses. In chapters to come, you can check your wellness readiness for various aspects of your life.

Form 1.1 ROWS Exercise 1: Jane’s Case

Risks	Michael’s long working day
	My own hectic schedule
	Insufficient help at home
	Daniel and my mother-in-law needing a lot of my time
Opportunities	Michael’s easy-going nature and willingness to engage in dialogue
	My parents’ willingness to help with the kids
	A new volunteer who may be able to share some of my shifts
	Raise possibility of hiring another speech therapist at work
Weaknesses	Tendency to please others at work—without thinking of outcome
	Feeling like I have to be perfect at everything I do
	Too readily giving up favored activities
	Not fully sharing my frustrations with Michael
Strengths	Commitment to family
	Commitment to community
	Hard-working
	Ability to juggle many tasks and responsibilities

Form 1.2 ROWS Exercise 1: Your Personal Situation

Risks
Opportunities
Weaknesses
Strengths

Form 1.3 Wellness Readiness Check 1: Synergy in Jane’s Case

	1	2	3	4	5
ROWS	I never thought about doing something about it.	I’m thinking about doing something about it.	I’m prepared to do something about it.	I’m doing something about it.	I’ve been doing something about it for some time.
Risks					
Michael’s long working day	X				
Insufficient help at home				X	
Daniel and my mother-in-law needing a lot of my time		X			
My own hectic schedule			X		
Opportunities					
Michael’s easy-going nature and willingness to engage in dialogue			X		
My parents’ willingness to help with the kids		X			
A new volunteer who may be able to share some of my shifts			X		
Raise possibility of hiring another speech therapist at work	X				

Form 1.3 *(Continued)*

	1	2	3	4	5
ROWS	I never thought about doing something about it.	I'm thinking about doing something about it.	I'm prepared to do something about it.	I'm doing something about it.	I've been doing something about it for some time.
Weaknesses					
Tendency to please others at work without thinking of outcome			X		
Feeling like I have to be perfect at everything I do	X				
Too readily giving up favored activities			X		
Not fully sharing my frustrations with Michael			X		
Strengths					
Commitment to family					X
Commitment to community					X
Hard-working					X
Ability to juggle many tasks and responsibilities					X

Form 1.4 Wellness Readiness Check 1: Your Personal Situation

	1	2	3	4	5
ROWS	I never thought about doing something about it.	I'm thinking about doing something about it.	I'm prepared to do something about it.	I'm doing something about it.	I've been doing something about it for some time.
Risks					
Opportunities					
Weaknesses					
Strengths					