

# Lifelong Healthy Lifestyle and Wellness

## *Yaşam Boyu Sağlıklı Yaşam ve İyilik Hali*

Fidan Korkut Owen, Nur Demirbaş Çelik

### Öz

Yaşam boyu her alanda sağlıklı olabilmek ve iyilik halini sürdürebilmek bireylerin doğrudan kontrollerinde olmayan, aileden getirilen kalıtsal etmenler, hava kirliliği gibi çevresel etmenler ve yetersiz sağlık sistemi gibi sistemik etmenler nedeniyle her zaman olası ya da kolay olmayabilir. Öte yandan bireyler sağlıklı yaşam alışkanlıkları ile pek çok hastalığı önleyebilmektedir. İyilik halinin sağlıklı yaşam biçimi olarak tanımlandığı dikkate alındığında bunu sağlayan davranışların neler olduğu önem kazanmaktadır. Bu davranışlar, yeterli ve dengeli beslenme alışkanlıklarına sahip olma, stresi iyi yönetebilme, düzenli fiziksel etkinlik yapma, spiritüel büyümeyi destekleyici etkinlikler yapma, kişilerarası ilişkileri canlı tutma ve bu konularda sorumluluk alma olarak özetlenmektedir. Bu makalede yaşam boyu gelişim dikkate alınarak çocukluk/gençlik, beliren yetişkinlik ve yetişkinlik/ileri yaştaki yetişkinlik dönemlerindeki bireylerin iyilik hallerine yönelik yapılan çalışmalar özetlenmiştir. Ayrıca her dönem için tüm ruh sağlığı profesyonellerinin yapabileceklerine ilişkin bazı öneriler sunulmuştur..

**Anahtar sözcükler:** Yaşam boyu sağlıklı yaşama, sağlıklı yaşam davranışları, iyilik hali.

### Abstract

Being lifelong healthy in all fields and maintaining wellness may not always be possible or easy because of environmental factors including not directly under the control of individuals, hereditary factors run in the family, air pollution and also systematic factors like inadequate health system. On the other hand, healthy living habits of individuals can prevent many diseases. When considering the wellness is defined as a health-promoting lifestyle, it becomes important that what behaviors provide it. These behaviors are summarized as having an adequate and balanced nutrition habits, managing stress better, making regular physical activity, doing spiritual growth supportive activities, keeping interpersonal relationships alive and taking responsibility for these issues. In this article, considering the lifelong development, studies on the wellness of individuals in childhood/youth, emerging adulthood and adulthood, old aged adulthood stages were summarized. Moreover, some suggestions were presented with respect to doings by professionals who are interested in the development of individuals such as psychologists, psychological counselors and nurses for every period.

**Key words:** Lifelong healthy living, health-promoting lifestyle, wellness.

**HEALTHY** living is an important right for all individuals. So much so that it was included in the Universal Declaration of Human Rights which was accepted by the United Nations General Assembly in 1948 and published in the Official Gazette by the Turkish Grand National Assembly in 1949. The first sentence of Article 25, Clause 1 of the declaration, it states that everyone has the right to a standard of living adequate

for the health and well-being of himself and of his family, including food, clothing, housing and medical care (Official Gazette 1949). As for being healthy, as per the World Health Organization (2017) it is defined not as a state of absence of disease, but as a complete physical, mental and social well-being, since 1946. In this description, it is seen that health is considered to be multi-factorial and well-being is underlined.

This article emphasizes the connection between the closely related concepts of being healthy, healthy behaviors and wellness. Pursuant to a study conducted by Demirbaş-Çelik and Korkut-Owen (2017) where the 68% of total wellness is explained with the healthy lifestyle behaviors, the concept of wellness as a healthy lifestyle has been made the focus of this article healthy lifestyle. In the literature, there is debate about confusion in the use of the concepts of wellness and health, life quality and well-being, and these constructs being used interchangeably in some studies (Rachale et al. 2013). Rachele et al. (2013) have drawn attention to this confusion with a summary of studies where these concepts had been used interchangeably. According to them, approaching wellness as behaviors oriented towards being healthy at an optimal level, —because health does not allow for functioning at an optimal level, the evaluation of these two concepts being part of the same meaning poses a problem. Also, the concept of life quality differs from wellness due to it being a concept that focuses on the conditions affecting the functionality status of the individual. Meanwhile, the concept of well-being is mostly comprised of the individual's subjective judgements pertaining to their life, and differs from the concept of wellness as it expresses a lifestyle that helps make the individual feel better. As a result, Rachele et al. (2013) state that these concepts are related to each other, and though they have overlapping aspects, wellness, as explained in more detail below, is different.

## Healthy Lifestyle

This involves individuals controlling all behavior that might affect their health; in other words, choosing and practicing behaviors in their daily planning that would improve their health (Walker et al. 1987). Walker et al. (1987) define healthy lifestyle behaviors as behaviors that serve to maintain and raise individuals' own wellness level. These behaviors involve adequate and balanced dietary habits, stress management, regular physical activity, self-actualization/spiritual growth, interpersonal relationships/support, and taking responsibility for the protection and improvement of one's health (Walker and Hill-Polerecky 1996). Adequate and balanced dietary habits are concerned with the individual's selection and arrangement of meals, and their values in their food choices. Stress management has to do with the individual being able to determine and mobilize their physiological and psychological resources for reducing or effectively controlling the stress they experience. Regular physical activity includes practising certain light, moderate and vigorous physical activity in a regular basis. Spiritual growth focuses on the development of the internal resources. The individual working towards their goals in life is the maximization of their power in regards to their wellness status. For this reason, Walker et al. (1987) use this feature as self-actualization in their certain studies. Interpersonal relations/support involve the individual's relationships with others. As for the responsibility for the protection and improvement of health; this regards to the individual actively feeling responsible for their own wellness.

Studies indicate that many diseases encountered in adulthood actually can be pre-

vented with an effective lifestyle. As examples, we can point to some the most common causes of death; like heart diseases, diabetes, chronic breathing problems, and cancer (Song and Giovannucci 2016). Similarly, according to the National Disease Burden 2004 study, cardiovascular diseases cause 43% of all male deaths and 52% all female deaths in Turkey (Kılıç 2011). Studies show that the common risk factors that lead to chronic diseases actually only make up a short list comprised of tobacco use, a poor diet, little movement, alcohol use, uncontrollable high blood pressure and high body fat percentages (Mokdad et al. 2004, Farley et al. 2010). According to Anand et al. (2008), the percentage of cancer cases caused by genetic disorders is only 5-10%, and cancer is mostly caused by environmental factors and lifestyle choices. According to the research results, it was emphasized that many adult diseases such as heart attacks, paralysis, chronic respiratory disorders and cancer may actually be prevented by healthy living habits established in the early years (Amuna and Zotor 2008, Danaei et al. 2009). Healthy lifestyle involves a series of acquired skills. The concept of wellness and its models play a big part in teaching the skills concerned with healthy living.

## Wellness

The concept of wellness has been increasingly utilized in the fields of medicine, psychology, and psychological counselling. In a study conducted by McMohan and Fleury (2012) in which they evaluated a number of studies on the concept of wellness in medical literature, whereas the studies done in the earlier years were mostly conducted in order to define wellness, studies have moved beyond that in recent years. In fact, the concept of wellness has come to be used as a strategy related to enhancement of health, and even in the implementation of health programs. In addition to this, wellness has evolved towards a concept that is applied in all health-care services and other industries (McMohan and Fleury 2012). There are studies that associate this term with a series of other concepts which they view as similar.

Rachele et al. (2013) state that even though there are overlapping aspects between the concepts of wellness and psychological well-being, health, and life quality; wellness has the some distinguishing features. Wellness is both holistic and multi-factorial; it focuses on healthy lifestyle behaviors, it relates to actions or processes and examines the interrelationship between the individual and the environment. Miller and Foster (2010) have also examined definitions of wellness in the literature. Consequently, they found that in these definitions, wellness is viewed as a choice, a process, and a lifestyle. Moreover, they determined wellness to be subjective and relative; that it displays a holistic structure despite being multi-factorial. It is about balance and reflects the traits of healthy people.

Although the wellness has many definitions, the most common one was made by Myers et al. (2000), according to whose definition, wellness is the whole of behavior-oriented towards becoming healthy at an optimal level. These behaviors include one's efforts to achieve their personal goals and their goals for a more meaningful life, the integration of their body, mind and soul, and maintaining a life that is functional in all fields—social, personal and ecological. These explanations underline that wellness is a lifestyle. As summarized by Miller and Foster (2010) and Roscoe (2009), there have been a series of models in the literature developed in order to explain wellness. One of the most studied wellness models is The Wheel of Wellness Model developed by

Myers et al. (2000). There have been publications on this model (Korkut 2004, Doğan and Yıldırım 2006) in our country as well. This model was subsequently changed in content and structure by Myers and Sweeney (2004) in their studies, becoming *The Indivisible Self: An Evidence-Based Model of Wellness*. Although the model does not carry the name of indivisible self like other ones, it displays a multi-factorial structure. Myers and Sweeney (2004) named these dimensions, of which there are five, as the essential self, the coping self, the creative self, the social self and the physical self. Another model was developed by Renger et al. (2000). Subfactor which include six factors: physical, emotional, social, mental, spiritual and environmental.

In Turkey, Korkut-Owen and Owen (2012) have developed a five-factor model utilizing the star metaphor, named *The Well-Star Scale Model (WSSM)* that benefits from factors underlined in most models in the literature. These factors are named emotional, meaning of life and being goal-oriented, cognitive, social and physical factors in a later study (Korkut-Owen et al. 2016). Emotional wellness includes such characteristics as realizing one's own emotions, being able to control them, and being able to take care of themselves, for their life situations and any conflicts in a realistic, positive and constructive way. Meaning of life and being goal-oriented wellness includes such traits as searching for the purpose and meaning of life, determining a goal and target and making an effort for that. The cognitive wellness factor involves traits like enjoying being intellectually active, being open to learning, and problem solving. Social wellness shows the quality and degree of individuals' interactions with others. In addition, this factor involves the social support perceived to be given by people who are important in the individual's life. As for physical wellness, it involves elements related to a healthy lifestyle, generally implementing physical health oriented behaviors such as having balanced and adequate dietary habits, and maintaining a physically active life.

These models serve an instructive function as they point to which niches need examination when working with an advisee. When carrying out psychological services, the use of these models facilitate the efforts of psychological counselors and other mental health professionals. The article written by Myers et al. (2000) plays a highly instructive role in this subject.

## **Healthy Lifestyle Behaviors and Wellness**

Stating that there is confusion about the connection between the concepts of wellness and health, Greenberg (1985) argues that health is a conceptualization of social, cognitive, emotional, spiritual and physical elements, and asserts that, conceptually, wellness is a consolidation of these elements, and high-level wellness is the state of these elements being in balance. In health related professions, the state of being healthy is approached in the form of improving, protecting and maintaining health. To actualize this, Zaybak and Fadiloğlu (2004) state that individuals need to maintain their healthy lifestyle behaviors and that these behaviors are features that maintain and raise the wellness levels of individuals.

In the literature, we see that wellness is viewed as a healthy lifestyle (Myers et al. 2000, Miller and Foster 2010). Additionally, Corbin et al. (2010) indicate that a healthy lifestyle reduces the risk of contracting certain diseases, and increases wellness, and therefore a healthy lifestyle affects health and wellness. According to them, even though factors not directly controlled by individuals—such as environmental factors like

air pollution, hereditary factors, and factors like an inadequate healthcare system-affect their health and wellness, their healthy living habits can still prevent some diseases. In the literature, studies on the relationship between wellness and healthy lifestyles appear to be limited. For that purpose, as a result of a study done by Demirbaş-Çelik and Korkut-Owen (2017), it was determined that a major 68% of total wellness can be explained via dietary habits, spiritual growth and interpersonal relationships. Also, in analyses related to the subfactors of wellness, it was found that the subfactors of wellness are predicted by some healthy lifestyle behaviors. In short, according to studies, there is a close relationship between a healthy lifestyle and the wellness of an individual.

In this part, different developmental periods were discussed in the three groups. These groups are the childhood-adolescence period, the university student/emerging adulthood period and the adulthood/advanced age period.

### **Childhood-Adolescence Period and Wellness**

It is stated that no group is as important as children and young people in the learning and adoption of healthy behaviors and healthy lifestyle choices (Tatar and Myers 2010). The reason for this is that most healthy or unhealthy habits are learned in childhood and adolescence periods and are often hard to change. In a qualitative study examining the wellness of children, it is stressed that the caregivers responsible for the child's care are important for the child's healthy lifestyle (Sisson et al. 2017). It was seen that even though the caregivers had the role of giving care for the child, they did not adopt the role of conveying a healthy lifestyle. However, it is not only the caregivers but also the environment in which they are present that is important for the wellness of children. In this regard, it has been proven that wellness based prevention programs in schools involving body image, personal attitude, and eating behaviors are effective (Russell-Mayhew et al. 2007). In certain states in America (e.g: Colorado), the implementation of wellness policies is mandatory in schools (Belansky et al. 2009). In a qualitative study conducted with 25 young Americans in the emerging adulthood period, it was determined that childhood experiences influence the emotional, physical and spiritual wellness (Brooks and Moore 2016). All kinds of practices related to healthy lifestyles such as healthy eating habits and physical activities at school and at home affect the wellness in emotional, physical and spiritual aspects in different ways. In a meta study examining overweightedness/obesity in children, the importance of increasing life quality and mental health through wellness was emphasized (Russell-Mayhew et al. 2012).

Most lifestyle choices (Hallal et al. 2006, Craigie et al. 2011) and health-threatening risky habits (Williams et al. 2002) are acquired during the period of adolescence. Unhealthy habits and lifestyles chosen during this period can lead to certain physical and emotional diseases in later years. In fact, there are opinions and studies on how some early deaths in adulthood can be mitigated by encouraging healthy habits during the adolescence period (National Center for Health Statistics 2000). For this reason, it is beneficial to teach children and adolescents how they can live healthier lives and improve their wellness in a concrete way at early ages. Especially, if the habits of keeping a healthy diet and being physically active are gained during childhood, these habits remain persistent through adolescence as well (Cohen et al. 1990).

In the literature, we may encounter studies about wellness of adolescents (Makinson and Myers 2003, Hattie et al. 2004, Dixon Rayle et al. 2005, Tatar and Myers

2010). Additionally, when we examine studies conducted with young people, some studies on the concepts of healthy behaviors (Steiner et al. 1998) involved in wellness, subjective well-being and life satisfaction (Gilman and Huebner 2006) may be found, even if they may not have to do with wellness directly. Interventions aimed at raising wellness have a positive impact on the academic, emotional, social and physical development of children and young people (Omizo et al. 1992, Mills et al. 1988). According to Omizo et al. (1992), parents, teachers, administrators, psychologists and psychological counselors are responsible for raising the wellness level of children. A high level of wellness protects adolescents from a series of problems such as substance-use (Epstein et al. 2002). The prevention of problematic behaviors such as substance-use, risky sexual behaviors, violence and the increase of healthy behaviors like a balanced diet, and being physically active are important for the national health. This is especially true for adolescents. Because these risky behaviors show a tendency to coexist during the adolescence period (Catalano et al. 2012). There is research that show that adolescents have risky health behaviors in Turkey (Alıkaşifoğlu and Ercan 2009, Tümer and Şahin 2011). The wellness of adolescents is an important indicator of their future health and lifestyle habits. For this reason, the evaluation of the wellness level of adolescents especially in the school environment and the determination of the variables pertaining to wellness are viewed to be important for effecting healthy lifestyle behaviors.

In a study conducted with young people in various ages in the age range of 12-17 years, it was found that young people at the higher end of the age spectrum have lower wellness scores than others (Preskitt et al. 2015). Other studies also demonstrate this tendency (Leslie et al. 1999). Similarly, the results of a comparative study on the total, creative, essential and physical wellness of Israeli students conducted by Tatar and Myers (2010) display significant differences in favor of the younger students. As we can see, the research indicates that wellness tends to decrease as ages increase during adolescence. The developmental traits brought on by adolescence might concern with the explanation of this tendency.

Due to their importance in gaining healthy habits in childhood and adolescence, it is important that the individuals responsible for the education of the children and young people—parents, teachers, mental health professionals, and especially psychological counselors working in schools—be models and conduct activities related to provide wellness improving skills to children and young people. At this point, providing the children with healthy dietary habits during the period from infancy through childhood, and taking the necessary precautions for them to maintain these habits at school may play an important role. Thus, a range of health and social problems that may occur in the future can be prevented. Moreover, providing conditions that support physical activity for students in schools may contribute to raising their wellness level. Especially seeing as how the amount of time that children spend in front of a television or computer screen gradually increases, providing opportunities that enable children to play games involving physical activity and do exercises are thought to be important.

## **University Students-Emerging Adulthood and Wellness**

The concept of emerging adulthood is used to define the period from the late teens until the mid-twenties even the late twenties (Arnett and Eisenberg 2007). The individuals between these ages, which include university students, are in transition to their

adult lives and display different characteristics. This period is different from both adolescence and adulthood as individuals have their own specific characteristics in the emerging adulthood period (Arnett 2004). Due to these characteristics, the emerging adulthood period is a transitional period that includes a search for identity, and changes, a period where an individual focuses mostly on themselves and opportunities increase (Atak and Çok 2010). According to Kessler et al. (2005), the age range between 18-24 years is the the period where some lifelong mental problems may emerge. Some studies support this finding, expressing that consultations increase at university psychological counseling centerscenter (Kitzrow 2003, Holm-Hadulla and Koutsoukou-Argyraia 2015). According to a report by Douce and Keeling (2014), one third of university students have depression. In addition, it was determined that one fifth of students have suicidal ideations at some point in their lives; and one in twenty among them has attempted suicide.

In Turkey, university students have been found to have issues not being able to adapt to the environment, feeling anxiety about the future, having personal and family problems, purposelessness, feeling spiritually empty, and lacking in self-confidence; in addition to problems related to economic status and the physical environment (Şahin et al. 2009). In another study, it was stated that university students have the most problems emotionally, then academically, and thirdly economically (Erkan et al. 2012). In a study with university students who consulted with a psychological counseling center, conducted by Türküm et al. (2004), it was found that young people have problems such as having economic difficulties, yearning for family, having anxiety about the future, being unable to study, and having unhealthy eating habits. In a study among university students (ranging between ages 18-23) in the emerging adulthood period and those of older age (24 years and older), conducted by Hermon and Davis (2004), it was found that the two groups differ on the wellness scale in the subfactors of realistic beliefs, a sense of control, physical activity and self-care. Dubois (2006) has discovered findings that as the ages of university students increase, so do their levels of displaying healthy behaviors closely related to wellness. In a study conducted by Kasapoğlu (2014), it was found that wellness among senior year university students is higher than wellness among students in their earlier years. On the other hand, in a study with individuals in emerging adulthood period, conducted by Demirbaş-Çelik et al. (2016), it was determined that individuals of different age groups have different averages and a decrease in wellness scores is found with increasing age.

Result of the study by Doğan and Yıldırım (2006) which examines the factors that affect friendship and love subfactors of wellness in university students revealed that female students have higher wellness levels in comparison to male students in friendship and love dimensions; and students who have a friend from the opposite sex have higher wellness levels in the love dimension in comparison to the students who do not. In another study on this subject, Gürkan (2014) has found that there are significant differences between psychological resilience and wellness scores of university students varying by their universities, years and departments. In an experimental study, Oğuz Duran and Tezer (2007) developed a psychological counseling program with a group based on increasing wellness by enrichment with artistic activities, and examined its effect on university students. The results of the study showed that the implemented

program had positive effects on the general wellness and cognitive-emotional and life goal dimensions of wellness in the university students.

Because the treatment of chronic diseases is a hard and expensive process, preventative efforts towards preventing these diseases and enhancing wellness (Korkut-Owen et al. 2016) are quite important. In fact, research on this subject reveal the effectiveness of wellness programs (Williams et al. 2001, Burkett et al. 2002, Oğuz Duran and Tezer 2007). Hence, doing studies on improving wellness in university students is extremely important as university students may ignore their own wellness while they focus on their academic and personal lives. When viewed from these aspects, there is a need for determining the wellness level of university students and planning studies towards these fields. There are psychological counselling centers in most universities even though they may go by other names. Studies aimed at improving the wellness of university students can be conducted through these centers. The students can be helped to gain awareness through student clubs at universities through various tools such as conferences and short films about healthy lifestyles.

## **Adults-Old Aged Adults and Wellness**

According to Levinson (1986), the adulthood period is a timeframe that huge changes, wealth, energy, opportunities, and positive results are achieved (Aktu 2016). These are the years where relatively higher life satisfaction is achieved on the subjects such as building romantic relationships emotionally and socially, playing social roles, establishing a family life, career progression, productivity, earning respect and reaching the life purposes. On the other hand, at the same time, adulthood is a period where the negatives such as enormous contradictions, stresses, risks, despair and broken dreams emerge as well (Shanahan et al. 2005). The adulthood period brings with it a range of life requirements such as responsibilities and problems related to romantic relationships, marriage, work, and having children. The stresses related to marriage, economic status, and career are some of the difficulties in adults' lives.

In research conducted with adults, it is seen that the age level is important with regards to wellness. In the study comparing young adults aged 18-22 to adults aged 35-77 in terms of wellness, Granello (2001) determined that on the general wellness level and nine of The Wellness Scale's subscales, the younger group have scored higher. In another study related to the subject, there are statements that indicate differences related to wellness with among university students in emerging adulthood period (Oleckno and Blacconiere 1990, Mobley and Booth 2003, Hermon and Davis 2004, Myers et al. 2004, Dubois 2006) and old aged adults (McMahon and Fleury 2012, Barwais et al. 2014) as age increases.

In recent years, we see the term of healthy aging is frequently used (Bryant et al. 2001, Peel et al. 2005, Kim and Jazwinski 2015). Bryant et al. (2001) found that aging-old people define healthy aging as conducting meaningful physical and mental activities and being outside (with other people). Based on these results, Bryant et al. (2001) developed a four-factor model related to healthy aging. According to this model, these factors include engaging in valued and desired activities, being able to conduct said activities, and having the sources that provide for these activities and having a positive attitude on life. Peel et al. (2005) mention that healthy aging is a process that involves the improvement of health, and the physical and mental wellness and its lifelong main-

tenance, living independently, and having good life quality. The studies on aging indicate that aging is influenced by a series of genetic and non-genetic factors (Kim and Jazwinski 2015). This situation shows the effects that behavioral traits without genetic ground have on aging. Indeed, in their study Peel et al. (2005) stress that behavioral risk factors affecting healthy aging can be reduced with the lifestyle changes. As for these risk factors, they list them as such; the consumption of tobacco products, alcohol consumption, the level of being physically active, the body mass index, the diet and health oriented behaviors. These behaviors are included in the list of healthy behaviors and wellness models by different sources. Thus, healthy lifestyle behaviors can support healthy aging in individuals.

Some of the research about wellness in adults pertains to old aged adults. The increase of life expectancy is a victory for humanity, for the individuals and for society as a whole (WHO 2008). As a result of this, with the average life expectancy increasing steadily, the number of individuals aged 65 years and up increases rapidly. On the other hand, this situation does not mean that all old aged adults live in good conditions. The risk of chronic disease, the decline in functions and other physical symptoms brought on by aging threaten the well-being of old aged individuals (McMohan and Fleury 2012). Besides the change of physical and health related conditions, old aged individuals spend less time on social and leisure activities as their age advances (Federal Interagency Forum on Age Related Statistics 2010). These circumstances cause old aged individuals to be gradually more vulnerable (Flacker 2003, Innouye et al., 2007). A study cited by Kang et al. (2008), sought to determine the problems that old people face the most often. Consequently, it was determined that old people have health problems such as a poor diet, high cholesterol, high blood pressure, heart disease, arthritis, hearing impairment, osteoporosis, diabetes and other problems like the inability to sleep well, to deal with changes, engage in physical activity, to cope with the loss of a partner. In a study on 328 individuals aged 65 years and older conducted by Footit and Anderson (2012), it was found that there is a positive relationship between perceived wellness and life quality. Moreover, it was determined that general physical health and mental health are the strongest predictors of the perceived wellness. In a focus group study on 28 elders aged 85 years and older conducted by Footit (2009), it was stated that elders thought being healthy is tied to being socially connected.

At these ages where a number of physical health problems are experienced, healthy living is not just about taking the necessary medications and healthy eating. As wellness only possible when all of the individual's functions and health conditions are compatible with one another, there is also the need for experiences that stimulate the individual physically, socially and cognitively. For this reason, the aspects of good nutrition, being active, being included in activities that protect social and mental health are important in order to increase wellness in elders. Wellness also involves the maintenance of the individual's meaningful activities and connections with loved ones, meanwhile helping them discover their purposes, hopes, strengths and goals (McMohan and Fleury 2012). Thus, there are some daily routines such as eating healthy (a balanced diet), taking walks, taking a shower, talking to someone and reading/solving puzzles that individuals at an advanced age can do in order to maintain or increase their wellness. It is important that doing these activities is suggested and that there is support from their family

members or physical or mental health workers in the case where they may have difficulty in engaging in them.

One of the activities that can be done in regards to wellness, especially for working adults at their workplaces, is benefiting from wellness model factors when organizing in-service activities aimed at personal growth (Korkut 2004). The possible activities in terms of wellness in workers at the workplace may include awareness training for the workers on the issues related to wellness (providing information), support for healthy living management (personal change) and increased healthy workplace environment conditions (organizational support). For unemployed adults, efforts can be done through community centers.

Wellness can be raised even through some simple daily routines involving physical, social, and cognitive factors. There are the activities that all institutions, all community healthcare professionals can do to maintain and increase the wellness in elders. Providing transportation, shopping and opportunities for social activities, broadcasting messages on television directed to them, developing projects that provide elderly individuals to get together with young people are a few suggestions to help elders participate in life, raise their wellness and prevent health problems that may occur. Meetings and programs after work can be organized to include activities such as sport, art and dining which may strengthen the relationship between working adults. This way, an environment can be created for any individuals who are unable to do physical activity, have regular eating habits or contact with other people outside of work. On the other hand, through social responsibility projects such as physical activities like running for disabled people might help raise awareness in adults about the subject of wellness..

## Conclusion

There is a close tie between a healthy lifestyle and the wellness of an individual. For this reason, teaching and popularizing lifelong wellness enhancing activities are essential for popularizing healthy lifestyle behaviors. For this to be done, it must include all periods of life, from infancy to adulthood. When planning wellness enhancing activities, it is extremely important that firstly family, then schools, and finally workplaces should be given awareness on this subject.

Even though being lifelong healthy and maintaining wellness in each aspect is difficult, the healthy living habits of individuals can prevent many diseases. The healthy lifestyle behaviors are summarized as having adequate and balanced nutrition habits, managing stress better, engaging in regular physical activity, doing activities that support spiritual growth, keeping interpersonal relationships alive and taking responsibility for these issues. In the Well-Star model, being healthy in all aspects involves displaying these behaviors: a healthy and balanced nutrition and being physically active; having social bonds with other people, finding life meaningful and being goal-oriented, being cognitively open to new learnings; positive thinking, self-contentment, being able to forgive. Corbin et al. (2010) regard being healthy in all aspects simply as eating healthy, being physically active and knowing how to cope with stress effectively. These behaviors are such that they can be taught to people all ages. There are a series of activities that a range of professionals such as psychological counselors, psychologists, psychiatrists, doctors, nurses, social work specialists can do in order to help individuals be physically, mentally, socially, emotionally, and spiritually healthy. In this regard, schools,

hospitals, healthcare centers, youth centers, student health and psychological counseling centers, senior centers, the human resources and health related departments at workplaces can all provide the facilities that will support the health of individuals as a whole. Because the basis of a healthy lifestyle acquired from the family, trainings can be organized for families, or even the caregivers for the children on this subject. Professionals who work in this field can prepare seminars on the subject of teaching families, teachers, and children's caregivers healthy lifestyle behaviors. In these seminars, the importance of being a role model can be underlined.

## References

- Aktu Y (2016) Levinson'un kuramında ilk yetişkinlik döneminin yaşam yapısı. *Psikiyatride Güncel Yaklaşımlar*, 8:162-177.
- Alikaşifoğlu M, Ercan O (2009) Ergenlerde riskli davranışlar. *Türk Pediatri Arşivi*, 44:1-6.
- Anand P, Kunnumakkara AB, Sundaram C, Harikumar KB, Tharakan ST, Lai OS (2008) Cancer is a preventable disease that requires major lifestyle changes. *Pharm Res*, 25:2097-2116.
- Arnett JJ (2014) Sometimes Goodbye is a Second Chance: Resilience in Emerging Adulthood. New York, Oxford University Press,
- Arnett JJ, Eisenberg N (2007) Introduction to the special section: emerging adulthood around the world. *Child Dev Perspect*, 1:66-67.
- Arnuna P, Zotor FB (2008) Epidemiological and nutrition transition in developing countries: Impact on human health and development. *Proc Nutr Soc*, 67:82-90.
- Atak H, Çok F (2010) İnsan yaşamında yeni bir dönem: beliren yetişkinlik. *Çocuk ve Gençlik Ruh Sağlığı Dergisi*, 17:39-50.
- Barwais FA, Cuddihy TF, Tomson LM (2014) Adult total wellness: group differences based on sitting time and physical activity level. *BMC Public Health*, 14:234.
- Belansky ES, Cutforth N, Delong E, Ross C, Scarbro S, Gilbert L et al. (2009) Early impact of the federally mandated Local Wellness Policy on physical activity in rural, low-income elementary schools in Colorado. *J Public Health Policy*, 30(Suppl 1):S141-S160.
- Brooks JE, Moore DD (2016) The Impact of childhood experiences on perceptions of health and wellness in African American young adults. *J African Am Stud*, 20:183-201.
- Bryant LL, Corbett KK, Kutner JS (2001) In their own words: a model of healthy aging. *Soc Sci Med*, 53:927-941.
- Burkett L, Rena CG, Stone KWJ, Klein DA (2002) The effects of wellness education on the body image of college students. *Health Promot Pract*, 3:76-82.
- Catalano RF, Fagan AA, Gavin LE, Greenberg MT, Irwin CE Jr, Ross DA et al. (2012) Worldwide application of prevention science in adolescent health. *Lancet*, 379:1653-1664.
- Cohen RY, Brownell KD, Felix MR (1990) Age and sex differences in health habits and beliefs of schoolchildren. *Health Psychol*, 9:208-224.
- Corbin CB, Welk GJ, Corbin WR, Welk K (2010). *Concepts of Fitness and Wellness: A Comprehensive Lifestyle Approach*, 9th ed. St. Louis, McGraw-Hill.
- Cowen EL (1991) In pursuit of wellness. *Am Psychol*, 46:404-408.
- Cowen EL (1994) The enhancement of psychological wellness: challenges and opportunities. *Am J Community Psychol*, 22:149-179.
- Craigie AM, Lake AA, Kelly SA, Adamson AJ, Mathers JC (2011) Tracking of obesity-related behaviours from childhood to adulthood: a systematic review. *Maturitas*, 70:266-284.
- Danaei G, Ding EL, Mozaffarian D, Taylor B, Rehm J, Murray CJ et al. (2009) The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Med*, 28;6:e1000058.
- Demirbaş-Çelik N, Korkut-Owen F (2017) Sağlıkli yaşam biçimi davranışlarının iyilik halini yordayıcılığı. *Journal of Strategic Research in Social Science*, 3:69-88.
- Demirbaş-Çelik N, Korkut-Owen F, Doğan T (2016) Wellness of university students according to gender and age groups. *Innov Res Educ*, 3:203-209.
- Doğan T, Yıldırım İ (2006) Üniversite öğrencilerinin iyilik halinin "arkadaşlık" ve "sevgi" boyutlarının incelenmesi. *Eğitim Araştırmaları*. 24:77-86.
- Douce L, Keeling RA (2014) *A Strategic Primer on College Student Mental Health*. Washington DC, American Council on Education.
- Dubois EJ (2006) *Assessment of health-promoting factors in college students' lifestyles* (Doctoral dissertation). Auburn, Alabama, Auburn University.

- Epstein JA, Griffin KW, Botvin GJ (2002) Positive impact of competence skills and psychological wellness in protecting inner-city adolescents from alcohol use. *Prev Sci*, 3:95-104.
- Erkan S, Özbay Y, Cihangir-Çankaya Z, Terzi Ş (2012) Üniversite öğrencilerinin yaşadıkları problemler ve psikolojik yardım arama gönüllükleri. *Eğitim ve Bilim*, 37(164):94-107.
- Farley TA, Dalal MA, Mostashari F, Frieden TR (2010) Deaths preventable in the U.S. by Improvements in Use of clinical preventive services. *Am J Prev Med*, 38:600-609.
- Federal Interagency Forum on Aging Related Statistics (2008) Older Americans 2008 Key Indicators of Well-Being. Washington DC, US Government Printing Office.
- Flacker JM (2003) What is a geriatric syndrome anyway? *J Am Geriatr Soc*, 51:574-576.
- Footit J (2009) Wellness in older adults (PhD thesis). Queensland, Queensland University.
- Footitt J, Anderson D (2012) Associations between perception of wellness and health-related quality of life, comorbidities, modifiable lifestyle factors and demographics in older Australians. *Australas J Ageing*, 31:22-27.
- Gilman R, Huebner ES (2006) Characteristics of adolescents who report very high life satisfaction. *J Youth Adolesc*, 35:293-301.
- Granello PF A (2001) Comparison of wellness and social support networks in different age groups. *Adultspan Journal*, 3:12-22.
- Greenberg JS (1985) Health and wellness: a conceptual differentiation. *J Sch Health*, 55:403-406.
- Gürkan U (2014) Üniversite öğrencilerinin yılmazlık ve iyilik halinin bazı değişkenlere göre incelenmesi. *E-Journal of New World Sciences Academy*, 9:19-35.
- Hallal PC, Victora CG, Azevedo MR, Wells JCK (2006) Adolescent physical activity and health: a systematic review. *Sports Med*, 36:1019-1030.
- Herman DA, Davis GA (2004) College student wellness: a comparison between traditional- and nontraditional-age students. *Journal of College Counseling*, 7:32-39.
- Holm-Hadulla RM, Koutsoukou-Argraki A (2015) Mental health of students in a globalized world: prevalence of complaints and disorders, methods and effectivity of counseling, structure of mental health services for students. *Ment Health Prev*, 3:1-4.
- Inouye SK, Studenski S, Tinetti ME, Kuchel GA (2007) Geriatric syndromes: clinical, research, and policy implications of a core geriatric concept. *J Am Geriatr Soc*, 55:780-791.
- John AH, Jane EM, Thomas JS (2004) A factor structure of wellness: theory, assessment, analysis, and practice. *J Couns Dev*, 82:354-364.
- Kang M, Russ R, Ryu J (2008) Wellness for older adults in daily life: Wellness for older adults in daily life. *Oklahoma Cooperative Extension Fact Sheets*, T-2237. Oklahoma, Oklahoma University
- Kasapoğlu F (2014) İyilik hali ile özgeçmiş arasındaki ilişkinin incelenmesi. *Düşünce-Yorum Sosyal Bilimler Araştırma Dergisi*, 7:271-288.
- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62:593-602.
- Kılıç M (2011) Kronik hastalıkların önlenmesinde davranışsal risk faktörlerinin önemi. *TAF Prev Med Bull*, 10:733-740.
- Kim S, Jazwinski SM (2015) Quantitative measures of healthy aging and biological age. *Healthy Aging Res*, 4:26.
- Kitzrow MA (2009) The mental health needs of today's college students: challenges and recommendations. *J Stud Aff Res Pract*, 46:167-181.
- Korkut F (2004) İş Yaşamında iyilik hali çemberi modelinin kullanılması. (27-28 Nisan) EDOK, Kişisel Gelişimde Çağdaş Yönelimler Sempozyumu Bildiriler El kitabı, 301-310.
- Korkut-Owen F, Doğan T, Demirbaş-Çelik N, Owen DW. (2016) Development of The Well-Star Scale. *Journal of Human Sciences*, 13:5013-5031.
- Korkut-Owen F, Owen DW (2012) İyilik Hali Yıldızı Modeli, uygulanması ve değerlendirilmesi. *Uluslararası Avrasya Sosyal Bilimler Dergisi*, 3:24-33.
- Leslie J, Yancy A, McCarthy W, Albert S, Wert C, Miles O et al. (1999) Development and implementation of a school-based nutrition and fitness promotion program for ethnically diverse middle-school girls. *J Am Diet Assoc*, 99:967-970.
- Malkoç A, Yalçın İ (2015) Relationships among resilience, social support, coping, and psychological well-being among university students. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 5(43):35-43.
- McMahon S, Fleury J (2012) Wellness in older adults: a concept analysis. *Nurs Forum*, 47:39-51.
- Miller G, Foster LT (2010) Critical Synthesis of Wellness Literature. Victoria, Faculty of Human and Social Development, University of Victoria.
- Mills RC, Dunham RG, Alpert GP (1988) Working with high-risk youth in prevention and early intervention programs: toward a comprehensive wellness model. *Adolescence*, 23:643-660.
- Mokdad AH, Marks JS, Stroup DF, Gerberding JL (2004) Actual causes of death in the United States, 2000. *JAMA*, 291:1238-1245.

- Myers JE, Mobley AK (2004) Wellness of undergraduates: comparisons of traditional and nontraditional students. *Journal of College Counseling*, 7:40–49.
- Myers JE, Mobley AK, Booth CS (2003) Wellness of counseling students: practicing what we preach. *Counselor Education Supervision*, 42:264–274.
- Myers JE, Sweeney Myers TJ, Sweeney JE (2004) The Indivisible self: an evidence-based model of wellness. *J Individ Psychol*, 60:234–245.
- Myers JE, Sweeney TJ, Witmer M (2000) The wheel of wellness counseling for wellness: a holistic model for treatment planning. *J Couns Dev*, 78:251–266.
- National Center for Health Statistics (2001) Healthy People 2000 Final Review. Hyattsville, Maryland, Public Health Service.
- Official Gazette (1949). İnsan Hakları Evrensel Beyanamesi. Resmi Gazete, 27 Mayıs 1949 tarihli, 7217 sayılı.
- Oğuz Duran N, Tezer E (2007) Sanat etkinlikleriyle zenginleştirilmiş grupla psikolojik danışma programının üniversite öğrencilerinin iyilik hali üzerine etkisi. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3(28):63–77.
- Oleckno WA, Blacconiere MJ (1990) Wellness of college students and differences by gender, race, and class standing. *Coll Stud J*, 24:421–429.
- Omizo MM, Omizo SA, D'Andrea MJ (1992) Promoting wellness among elementary school children. *J Couns Dev*, 71:194–198.
- Parks KM, Steelman LA (2008) Organizational wellness programs: a meta-analysis. *J Occup Health Psychol*, 13:58–68.
- Peel NM, McClure RJ, Bartlett HP (2005) Behavioral determinants of healthy aging. *Am J Prev Med*, 28:298–304.
- Preskitt JK, Menear KS, Goldfarb SS, Menachemi N (2015) Wellness among US adolescents ages 12–17 years. *Child Care Health Dev*, 41:1207–1215.
- Prilleltensky I, Nelson G, Peirson L (2001) The role of power and control in children's lives: an ecological analysis of pathways toward wellness, resilience and problems. *J Community Appl Soc Psychol*, 11:143–158.
- Rachele JN, Washington TL, Cockshaw WD, Brymer E (2013) Towards an operational understanding of wellness. *Journal of Spirituality, Leadership and Management*, 7:3–12.
- Rayle AD, Myers JE (2004) Counseling adolescents toward wellness: the roles of ethnic identity, acculturation, and mattering. *Professional School Counseling*, 8:81–90.
- Renger RF, Midyett SJ, Soto Mas FG, et al (2000) Optimal living profile: An inventory to assess health and wellness. *Am J Health Behav*, 24:403–412.
- Roscoe LJ (2009) Wellness: A review of theory and measurement for counselors. *J Couns Dev*, 87:216–226.
- Russell-Mayhew S, Arthur N, Ewashen C (2007) Targeting students, teachers and parents in a wellness-based prevention program in schools. *Eat Disord*, 15:159–181.
- Russell-Mayhew S, McVey G, Bardick A, Ireland A (2012) Mental health, wellness, and childhood overweight/obesity. *J Obes*, 2012:281801.
- Shanahan MJ, Porfeli EJ, Mortimer JT, Erickson LD (2005) Subjective age identity and the transition to adulthood: when do adolescents become adults? In *On the Frontier of Adulthood: Theory, Research, and Public Policy* (Eds RA Settersten Jr., FF Furstenberg, RG Rumbaut):255. Chicago, Chicago University Press.
- Sisson SB, Smith CL, Cheney M (2017) Big impact on small children: child-care providers' perceptions of their role in early childhood healthy lifestyle behaviours. *Child Care Pract*, 23:162–180.
- Song M, Giovannucci E (2016) Preventable incidence and mortality of carcinoma associated with lifestyle factors among white adults in the United States. *JAMA Oncol*, 2:1154–1161.
- Steiner H, Paveleski R, Pitts T, Human RM-CP (1998). The juvenile wellness and health survey (JWHS-76): A school based screening instrument for general and mental health in high school students. *Child Psychiatry Hum Dev*, 29:141–155.
- Şahin İ, Şahin-Fırat N, Zoraloğlu YR, Açıköz K (2009) Üniversite öğrencilerinin sorunları. *E-Journal of New World Sciences Academy*, 4:1435–1449.
- Tatar M, Myers JE (2010) Wellness of children in israel and the united states: a preliminary examination of culture and well-being. *Couns Psychol Q*, 23:17–33.
- Tümer A, Şahin S (2011) Ergenlerin riskli sağlık davranışları. *Sağlık ve Toplum*, 21:32–38.
- Türküm AS, Kızıldaş A, Sarıyer A (2004) Anadolu üniversitesi psikolojik danışma ve rehberlik merkezi hedef kitesinin psikolojik ihtiyaçlarına ilişkin ön çalışma. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3(21):15–27.
- Walker S, Hill-Polerecky D (1996) Psychometric Evaluation of the Health-Promoting Lifestyle Profile II. II. Unpublished manuscript. Omaha, University of Nebraska Medical Center.
- Walker SN, Sechrist KR, Pender NJ (1987) The Health-Promoting Lifestyle Profile: development and psychometric characteristics. *Nurs Res*, 36:76–81.

- Williams KA, Kolar MM, Reger BE, Pearson JC (2001) Evaluation of a wellness-based mindfulness stress reduction intervention: A controlled trial. *Am J Health Promot*, 15:422-432.
- Williams PG, Holmbeck GN, Greenley RN (2002) Adolescent health psychology. *J Consult Clin Psychol*, 70:828-842.
- World Health Organization (2008) WHO Global Report on Falls Prevention in Older Age. Geneva, World Health Organization.
- World Health Organization (2017) Constitution of World Health Organization: Principles. Geneva, World Health Organization.
- Zaybak A, Fadilođlu Ç (2004) Üniversite öğrencilerinin sağlığı geliştirme davranışı ve bu davranışı etkileyen etmenlerin belirlenmesi. *Ege Üniversitesi Hemşirelik Yüksekokulu Dergisi*, 20:71-95.

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**Fidan Korkut Owen**, Bahçeşehir Üniversitesi, İstanbul; **Nur Demirbaş Çelik**, Alanya Alaaddin Keykubat Üniversitesi, Antalya.

**Yazışma Adresi/Correspondence:** Nur Demirbaş Çelik, Alanya Alaaddin Keykubat Üniversitesi, Antalya, Turkey.

E-mail: nur.celik@alanya.edu.tr

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