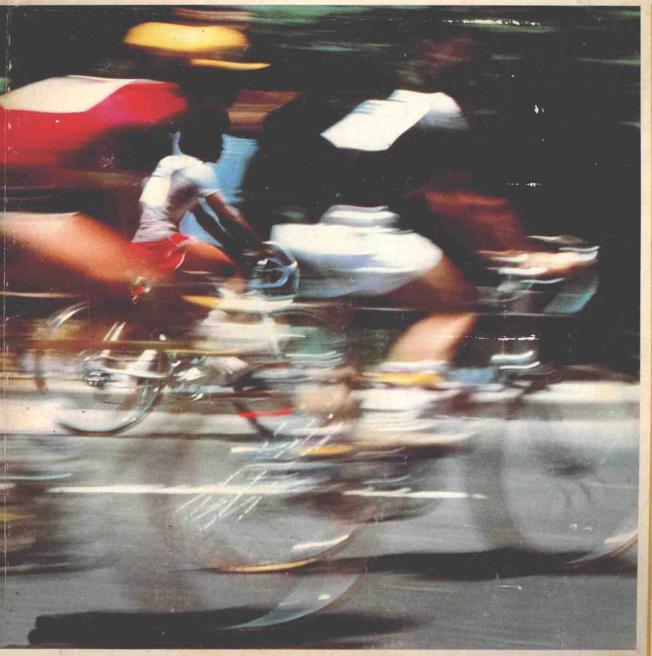
Well-Being



An Introduction to Health

# Well-Being An Introduction to Health

John Dorfman
Sheila Kitzinger
Herman Schuchman
University of Illinois at Chicago Circle

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### Preface

Health is . . . not merely the absence of disease. . . . [It is] a state of complete physical, mental, and social well-being.

-World Health Organization

Traditionally, being healthy has meant being free from disease. The person with no clinical symptoms was considered a "healthy" person. Today, health professionals and the public are beginning to move toward a more expansive definition of health as total well-being. Anything that affects one part of human functioning will, inevitably, affect other parts; emotional wellness (or illness) tends to contribute to bodily wellness (or illness). By this standard, the healthy person is one who interacts actively and successfully with his or her environment and who moves in the direction of self-actualization, the full realization of individual potential.

If we want to educate a student about health in a way that will help him or her make responsible decisions for years to come, facts alone are not enough. Facts are soon forgotten, and they are also subject to change. What we need to do is affect the way the student thinks about health decisions. Throughout Well-Being: An Introduction to Health, we provide students with conceptual tools that will help them maximize their own well-being in the face of continually changing facts.

In health decision making, certainties are few. On many health issues (marijuana, food additives, sun bathing, the cardiovascular effects of exercise, and so on), there is considerable information available, but the information is imperfect. We have to weigh fragments of knowledge, and sometimes contradictory studies, to

reach a conclusion. Some books try to make decisions for the students. Our approach is to present the evidence, contradictions intact, and encourage students to make their own decisions. We suggest risk-benefit analysis as a useful tool in the decision-making process: students are encouraged to balance the emotional and physical risks of a course of action against the benefits. Such analysis is especially important in the areas of drug use and use of the health-care system.

Because of the close link between emotional and physical functioning, we begin this text with two chapters on emotional health. Emotional development is presented first because we feel students will understand themselves much better if they understand how personalities are molded. Emotional needs are discussed next, with particular emphasis on how to cope with unmet needs. Since emotional needs and sexuality are closely tied, the next three chapters explore various aspects of sexuality, including sexual behavior, marriage, contraception, pregnancy, and child-birth.

Emotional and physical well-being are often affected by the use of psychoactive substances, including alcohol, nicotine, and caffeine, as well as other drugs. Rather than treat each of these substances separately, we discuss them in a single, lengthy chapter because many of the concepts for decision making overlap from one drug to another. Further, the problem of adverse drug reactions has increasingly become one of multiple use and of interactions of more than one substance.

Nutrition, weight control, and fitness, the topics of the next two chapters, are subjects of much popular interest. We try to present concepts that will help students interpret information in the popular media and separate valid information from myth. Then we provide three individual chapters on each of the preeminent threats to life: cardiovascular disease, cancer, and accidents, as well as a chapter on communicable disease, including issues involved in epidemiology.

With some understanding of pathogens and their transmission, students are prepared to think about the problem of toxins in the environment. Our chapter on environmental health tries to help students understand multisource pollution and emphasizes the importance of individual action in affecting the environment. Capping our discussion of well-being is a chapter on using the health-care system. Here, we tie together some concepts introduced earlier and again encourage students to be active participants in, and to take major responsibility for, their own health care.

In each chapter, students will find certain material highlighted in vellow. These boxes treat topical issues that reinforce concepts in the text and show applications of various health concepts. Since students will move more effectively toward a state of well-being when habitual actions and behaviors are made conscious, we use self-assessment inventories and questionnaires throughout the text so students can monitor their attitudes, attributes, and progress in changing their health-related behavior. Other suggestions for activities to involve students in their own well-being may be found in the instructor's manual.

A large number of teachers, reviewers, and editors have made major contributions to Well-Being by clarifying thoughts, suggesting additional material, assuring accuracy, and caring about making this text an outstanding one. We express grateful appreciation to all of them.

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J.D.

S.K.

H.S.

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# Part 1 Emotional Well-Being

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# 1 | Emotional Development

How are you?

The question is asked dozens of times a day, and no one expects a complete answer. The question includes so much: Who are you? How happy are you? How productively are you working? How does your body look and feel? Are your emotional needs being met?

These questions are all connected with each other, for much of what we ordinarily think of as physical health is based in emotional health. The connection between mind and body is a seamless and fascinating one. You are probably already very aware of how your sense of physical well-

being is related to your emotional state. Who has not experienced a headache before an exam or a jittery stomach before an important date? Sometimes the physical symptoms themselves are alarming, which in turn worsens the stress. Knowing more about your body and your emotions (and how you got to be the person you are) can help you cope better.

On a day-to-day basis, many of us operate without awareness of the close tie between emotional and physical functioning. Because awareness of this tie is so important to total well-being, we have chosen to begin this book by

### Stages in the Life Cycle: The Evolution of Self-Concept

Childhood Adolescence Early Adulthood Middle Adulthood Old Age

### Death and Dying

The Kübler-Ross Research
The Needs of the Dying Person
The Needs of the Living

### Theories of Development

Freud's Theory of Psychosexual Development Erikson's Theory of Ego Development

### Crises in Development: Self-Concept in the Crucible

Illness
Loss of Job
Divorce
Death of a Close Friend or Relative
Suicide and Suicidal Thoughts
Impact of Crises

looking at personality development and emotional needs.

What kind of person are you? You probably have a fairly clear answer to that, an intuitive grasp of how you would react in various situations. You know how you feel when you do well in a tennis tournament, or poorly in a job interview—or the other way around. You know how you would react if you saw someone cheating on a test, or if your boyfriend or girlfriend decided it was time to break up. You know yourself—fairly well, at least.

You can understand yourself and your emo-

tions even better if you have some knowledge of how you got to where you are. When you think about it, you realize that you've changed a great deal over the years, and doubtless will change more in the future. Situations you were not even aware of ten years ago concern you intensely now. Your feelings about sex, about politics, about school, about drugs, all may have undergone subtle or even dramatic transformations. Watching these changes in yourself gives you insight into where you are coming from and where you may be heading. You are not static, but changing; not a rock, but a river.

There is an intimate, ecological relationship among the stages in the life cycle. Coping skills learned at one age are carried over into the next. Needs fulfilled at one stage may build a reservoir of strength for the next stage. Needs you leave unfulfilled may return, in an identical or altered form, to shape your actions as you proceed to the next stage of life. Norms, values, roles, behavior patterns—the things you prize and the things you avoid—are all conditioned by your previous experience.

Understanding the dynamics of various stages in the life cycle may help you better understand not only yourself but others with whom you deal. Most likely you interact frequently—perhaps sometimes with friction—with people who are in a different stage of life than your own. Improving communications with other people is another reason to study the process of emotional development.

The various ways of dividing up the life span for analysis are largely arbitrary. In this chapter, we find it convenient to discuss the life span in five segments: childhood, adolescence, early adulthood, middle adulthood, and old age.

Until a few years ago, the discussion might have ended right there. To talk about death and dying was taboo. In the past few years, however, the silent treatment for the subject of death has been ending. On college campuses and elsewhere, people have been eager to discuss with others their feelings and ideas about death, their experiences with dying friends or relatives, and their ways of coping with the emotional realities of death. We regard this as an extremely healthy development and have devoted a section of this chapter to the topic of death and dying.

Next, we look briefly at the views of personality development offered by some leading theorists—Sigmund Freud and Erik Erikson. This discussion gives a more formal perspective on the process of development and may provide frameworks or concepts which you will find useful in organizing your own perceptions about the life span.

### SHAKESPEARE'S SEVEN AGES OF LIFE\*

. . . At first the infant,

Mewling and puking in the nurse's arms. Then the whining school-boy, with his satchel And shining morning face, creeping like snail Unwillingly to school. And then the lover, Sighing like furnace, with a woeful ballad Made to his mistress' eyebrow. Then a soldier, Full of strange oaths and bearded like the pard, Jealous in honor, sudden and quick in quarrel, Seeking the bubble reputation Even in the cannon's mouth. And then the jus-

In fair round belly with good capon lin'd,
With eyes severe and beard of formal cut,
Full of wise saws and modern instances;
And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose and pouch on side,
His youthful hose, well sav'd, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans every
thing.

\*As You Like It, Act II, sc. vii, 142, The Complete Works of Shakespeare, 3rd edition, David Bevington, ed. (Glenview, Ill.: Scott, Foresman, 1980), pp. 373–74.

Finally, we discuss those times when a person's self-concept and ability to function are put to the extreme test: times of crisis. Of the many potential crises in emotional development, we have selected five to discuss in some detail—illness, loss of a job, divorce, death of a close friend or relative, and suicide or suicidal thoughts. At times, these crises may seem far removed from everyday life, but you may have been directly affected by one or more of them, or you may have tried to help a friend confronting one of them. There are no easy answers to hard problems; however, we hope that a discussion of

emotional crises may help you cope better with crises as they arise and better understand your own feelings.

### STAGES IN THE LIFE CYCLE: THE EVOLUTION OF SELF-CONCEPT

Your self-concept is the idea of yourself that you carry in your mind. It is the way you perceive and experience yourself. This fundamental feeling determines or colors your relationships with other people, your willingness to take on tasks or challenges, and, to a large degree, your success in dealing with the events of life.

Where does your self-concept come from? How did you come to think of yourself as studious, or athletic, or sexy, or good at bridge, or bad at math? The answers can be found in the continuous learning process in which you have been engaged since childhood.

#### CHILDHOOD

The self-concept originates in childhood. Early experiences mold human personality more powerfully than any others. One reason for this is the law of primacy: If one experience precedes another, the first experience can affect how you perceive and react to the later experience. If your parents always gave you the feeling that you were likable and lovable, you may well carry that feeling throughout your lifetime. If they were always telling you how clumsy you were, you are not too likely to consider yourself graceful and well coordinated, even today. A self-concept, once it emerges, changes slowly and with some difficulty. It is worth noting that these perceptions may hold constant whether they are justified by objective evidence or not.

Some factors that affect your self-concept operate even before birth. Your genetic inheritance influences your size, appearance, physical and mental abilities and disabilities. At least equally important, however, are environmental influences. The nature of your family, the num-

