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Humanistic Wellness Services for Community Mental Health Providers

JOLYNN V. CARNEY



The author examines the unique ability of mental health providers to offer humanistic services in a highly competitive atmosphere by using a wellness approach. J. E. Myers and T. J. Sweeney's (2005) 5 second-order factors are offered as a conceptual model. Therapeutic techniques and humanizing benefits for individuals, families, and communities are provided.



A young woman recently asked if she could discuss with me her experiences at a local mental health clinic. She was not displeased with the work of her counselors or the provider organization and thought that she had made some progress, but she still felt as though something was missing from her therapy. The following is a summary of what she presented.

The woman described her therapeutic work as dealing with depression and understood that her depression stemmed from a traumatic experience during early childhood. Counseling gave her a reasonable understanding of the problem, medications, side effects, and anticipated outcomes of drug treatment. She clearly explained the exercises she had been given to do at home and stated that the counselor was using cognitive-behavior therapy to guide her treatment. She recognized the progress she had made through her counseling sessions, to a certain extent, yet something still seemed missing.

It was becoming clear that she saw herself in terms of problematic parts, not a health-seeking whole. She understood her deficits but could not identify her strengths and how to use them. The counselor was providing quality treatment that adhered to appropriate standards of care, yet this interaction highlighted a common missing component in treatment by mental health providers. The missing component was a humanistic wellness perspective that emphasized wellness and the whole person by integrating body, mind, and spirit to optimize human behavior and functioning (Myers, Sweeney, & Witmer, 2001).

This client is like many others in counseling who are working to improve problems by eliminating deficits. Professionals can miss the diversity of strengths and vehicles for support that provide clients with opportunities to make positive change. People attend to strengths when they are feeling

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their best, but these strengths tend to be ignored by clients, and often by counselors, during difficult times.

Many would attribute the lack of a professional holistic focus to the emphasis that managed care places on pathology, which leads to a medical model of treatment that focuses instead on drugs and remediation (Carney & Hazler, 2005). Several researchers proposed that successful treatment outcomes are limited by the ineffectiveness of the medical model in dealing with multiple risk factors and each person's unique environmental context (Cowen, 2000a; Durlak & Wells, 1997). The medical model's focus on deficits and fixing the problem has value, but it is not sufficient to promote the full functioning of individuals. A more holistic humanistic model is needed for that purpose.

The counseling profession has long advocated theoretical models of wellness, which go beyond the medical sense of health as being a lack of illness (Sweeney, 2001). These models that are designed to explain the wellness concept emphasize maximizing human potential for a full and vibrant life (Dunn, 1977) and commonly focus on the connections between multiple human functions and the environments. Elements such as mind, body, and spirit (Adams, Bezner, & Steinhardt, 1977; Crose, Nicholas, Gobble, & Frank, 1992) are viewed as being intimately connected to life involvement activities such as work, recreation, and friendships (Witmer, & Sweeney, 1992). The humanistic view of wellness levels connects individuals' overall levels of life satisfaction (Hermon & Hazler, 1999) to issues such as anxiety and depression (Harari, Waehler, & Rogers, 2005).

Those who provide mental health services should focus more attention on the words *community* and *health*, which represent the essence of humanistic wellness alternatives (Cowen, 2000b). It is just such a wellness model that looks beyond specific problems to a more systemic view of the needs, desires, and conditions experienced by individuals and communities. Expanding the wellness orientation of community mental health providers (CMHPs) requires building on the foundation of efficacy-based research through the widest variety of strengths and prevention opportunities available to CMHPs, staff, and clientele (Albee & Gullotta, 1997; Durlak & Wells, 1997; Myers et al., 2001; Weissberg & Greenberg, 1998).

The purpose of this article is to offer a structure for conceptualizing the application of a CMHP wellness model by highlighting (a) potential for incorporating wellness into their practice; (b) a specific wellness model (Myers & Sweeney, 2005) that may be used to expand current therapeutic models; (c) direct treatment strategies; (d) indirect treatment strategies; and (e) implications for theory, research, and practice.

WELLNESS POTENTIAL FOR CMHPs

Community mental health agencies and other providers were pressured to become more business oriented when federal funding began a downward spiral starting in the 1970s (Cypres, Landsberg, & Spellmann, 1997). Physical

management required close attention to acquiring financing for all clients in ways that balanced with agency expenses. These government funded agencies, along with other mental health providers, were further hampered by the growth of managed care and its requirements. The emphasis on shorter counseling interventions that were based on formal diagnostic criteria, medication management, and emergency services, along with the added paperwork needed to verify the standard of care, only exacerbated the workload (Cypres et al., 1997). The full range of treatment and prevention programs that community agencies were initially designed to provide is in danger of becoming extinct because of the evaporation of resources in general and additional reduction of prevention funding in favor of crisis-intervention funding.

Survival of the health-focused aspects of CMHPs will be dependent on locating new sources of funding. Providers must look beyond medical model blinders to identify additional financial as well as human benefits using the perspective of a wellness model (Myers et al., 2001). The humanistic wellness model can expand the focus of provider operations from one of regarding treatment as dealing strictly with problems to renewed attention on the personal and community resources that can promote holistic wellness for everyone in a community.

There is research evidence that there is increasing public support for holistic, wellness, and primary prevention issues (Brown, 2001; Hartwig & Myers, 2003; Mead & Hilton, 2003; Okonski, 2003). The sooner CMHPs recognize and act on this financial and service potential, the more they will enhance their future influential role in society.

One study by Landmark Healthcare and Interactive Solutions (1998) confirmed what professionals are seeing. In the year preceding the study, 42% of respondents had used alternative forms of health care, 45% said they would pay out of pocket to get the care they thought they needed, and 71% believed there would be increasing public demand for alternative health care opportunities. What a different view this is from the "If I have to pay" perspective that often accompanies the way people think about their copayments under managed care plans. Thanks to abundant media information (i.e., special health documentaries, magazine and newspaper articles, even pharmaceutical ads on TV), Americans today are much better educated and assertive about their well-being and health care needs. They are more than willing to seek and purchase nonreimbursed care that will help them to help themselves.

Business and industry already devote attention to wellness programs and wellness research in their organizational literature. Counselors have already established a presence in business and industry by having a positive impact on employees (Mitner & Thomas, 2000). Companies such as Aetna, AT&T, Kodak, and Motorola have formed support groups, in which counselors can play a major role, to increase employee wellness (Kahnweiler & Rioridan, 1998). Connolly (2005) extensively discussed professional counselors' roles in the expanded integration of wellness programs into business and

industry. Connolly (2005) suggested that a key concept associated with wellness in business and industry that counselors should learn is "return on investment (ROI)" (p. 258). She also suggested that counselors should increase their understanding of organizational culture and capitalize on a relationship with organizations interested in wellness.

Sociological issues are placing additional pressure on the counseling profession to expand the scope of treatment and prevention models (Tseng et al., 2002). The European American models for medicine and mental health are no longer accepted as right for everyone (Cross, 2003). Meaningful attention to the culture and the worldviews of minorities requires familiarity with their folk remedies, religious beliefs, and indigenous interventions (Koss-Chiokino, 2000). Attention to diversity, including racial, ethnic, religious/spiritual, and gender issues, is pressuring physical and mental health establishments to be more responsive to differences in the ways people define, establish, and maintain an effective and well-rounded existence.

A good place to begin to examine wellness activities for CMHPs is with the use of a model that is well supported, such as the research-based five second-order factors outlined by Myers and Sweeney (2005). In the current article, I (a) use the five second-order factors, (b) discuss specific benefits of a wellness model for CMHPs, (c) provide a practical basis for the adaptation of the model, (d) offer examples of various proven direct and indirect wellness approaches to counseling, and (e) highlight a template for establishing a wellness research agenda to promote the long-term success of the model. One might ask, "What would a successful model look like in practice?" I offer the vision of a *wellness mall* as a culminating answer to this question—a concept with practical application and benefits to individuals, communities, organizations, businesses, and even financial investors.

WELLNESS MODEL BENEFITS FOR CMHPs

People are eager and willing to pay for their wellness without the support of managed care companies. Myriad fitness centers, natural food stores, nutritional supplement shops, sleep centers, homeopathic services, massage establishments, church-related support centers, and other human service opportunities have become commonplace. These services are sponsored by private and public individuals and groups desiring something more than basic mental or physical health care. Such services are the potential market for the future expansion of CMHPs into the lucrative business of wellness, whereby clients' direct payments can help support services for those who must rely on declining government funding.

In addition to increasing the number of paying customers, a CMHP can also benefit by incorporating a wellness model for its staff. Using wellness models as the basis for employee assistance programs has resulted in savings for businesses on insurance costs, fewer employee workdays missed, and increased staff productivity (Emener, Hutchison, & Richard, 2003).

Such a humanistic environment would reduce the common problems of burnout and turnover in CMHP operations by creating a healthier staff in a wellness-oriented environment (O'Halloran & Linton, 2000).

Bringing alternative forms of primary prevention and treatment services together into a more holistic model will facilitate the wellness of the community as well as individuals. Because people have become more assertive at seeking alternative forms of treatment, they have also become more insistent that communities be responsive to their wellness needs. The overwhelming reduction of places where people can smoke is the clearest example of this phenomenon, which has united individuals, businesses, and communities to promote healthy living environments for everyone. As more and more businesses recognize the economic value in society's desire for more emphasis on wellness, public community mental health agencies and other providers are centrally positioned to use their historical service orientation to become major players in this trend.

APPLICATION OF WELLNESS

Effective integration of wellness into CMHP practices would be enhanced by one of several wellness models to provide the necessary framework for providers (e.g., Granello, 2000; Myers & Sweeney, 2005; Myers, Sweeney, & Witmer, 2000). I use Myers and Sweeney's five second-order factors, delineated below, as one potential template that provides opportunities to identify resources and practices that can be matched with specific wellness needs of clients and the community. This model includes the following factors: Physical Self, Creative Self, Social Self, Coping Self, and Essential Self.

The Physical Self is perhaps the most commonly recognized wellness focus, with its emphasis on exercise and nutrition. Creative Self combines thinking, emotions, control, positive humor and work in ways that can enhance or exacerbate one's capacity to live life fully. Social Self emphasizes friendship and love, including issues such as family, friends, isolation, and intimacy. The Coping Self relates to the ways in which people manage their lives, such as leisure activities, stress management techniques, a sense of self-worth, and the degree to which people hold realistic beliefs. The existential aspects of oneself, including spirituality, self-care, gender identity, and cultural identity, are the focus of the Essential Self. The combination of these five factors provides an effective way to conceptualize holistic wellness for individuals and communities (Myers & Sweeney, 2005).

The components of these five second-order factors can be measured using the Five Factor Wellness Inventory (Myers & Sweeney, 2005). Research on these factors offers support for their general value to people and also for their inclusion in mental health treatment plans. Taking action to include this model in the efforts of CMHPs is one way to begin designing a wellness approach to mental health.

CMHPs have the opportunity to enhance their counseling and prevention practices by implementing specific wellness techniques related to these factors in conjunction with current therapeutic models. The challenge is to have the foresight to find ways to integrate a viable wellness model into a full range of applications. The wellness market in the private sector is growing rapidly (Myers et al., 2001), and now is the time for CMHPs to systematically enter the business. CMHPs who fail to take such actions will miss their greatest humanistic and financial advancement opportunity in decades.

CMHPs have increasing opportunities to expand from strictly illness-oriented treatment models into wellness-oriented ones, the efficacy of which is supported by empirically based outcomes. These opportunities include activities that can be used (a) directly in counseling sessions, (b) as indirect components to systematically support the environment of the provider organization, and (c) to develop new collaborations with other wellness service providers in the area.

Direct Wellness Strategies for Therapy

Direct treatment strategies that incorporate a wellness perspective can be infused into the entire counseling process. For example, Granello (2000) presented a case study using a wellness approach with suggestions to assist mental health practitioners who would like to incorporate wellness work into their practices. The five second-order factors (Myers & Sweeney, 2005), which I also use in this article, propose that a wellness approach is applicable to the entire process of therapy. Such an approach begins at the intake process with a thorough assessment of the client's nutritional and exercise routines that focuses on the Physical Self. The Essential Self and Coping Self are also intentionally incorporated into every counseling session by focusing on important self-care issues, including gender, cultural, and spiritual concerns.

To support such a humanistic wellness model, a variety of viable wellness techniques are available, including acupuncture, therapeutic touch, imagery, nutritional and herbal remedies, reflexology, and the creative arts to include dance/movement therapy (Cass & Cott, 2002; Corsini, 2001; Dimatteo, 1999; Graham-Pole, 2002; Mott, 2002; Shannon, 2002). Other innovative approaches that have been tested in actual practice are eye movement desensitization and reprocessing, thought field therapy, spiritual therapy, and body-centered therapies that evolved from Wilhelm Reich's work (Corsini, 2001; Milton & Benjamin, 1999; Shannon, 2002). Limited space precludes a more thorough exploration of direct alternative approaches to therapy, but two significant sources, Shannon's *Handbook of Complementary and Alternative Therapies in Mental Health* and Corsini's *Handbook of Innovative Therapies*, are particularly useful for a more detailed review. Three examples of these direct alternative strategies can demonstrate the potential for integrating similar techniques

into humanistic wellness model practices both for individual counselors and mental health agencies. These examples are music in therapy; aroma, plants, and flowers in therapy; and animals in therapy.

Music in therapy. Music is a documented source of inspiration, expression, and relaxation that has important therapeutic benefits (Diamond, 2002; Hendricks, Robinson, Bradley, & Davis, 1999). Campbell (1997, 2002) proposed that the power of music can assist the body in healing, stimulate brain functioning, and provide a creative vehicle for the spirit. From the wellness model perspective, musical therapeutic techniques touch the Creative Self and also increase the power of the Essential Self and the Coping Self. Integrating music therapy into counseling can promote a holistic wellness approach to treatment for stress reduction, chronic pain, anxiety, depression, and attention deficit disorder, to name a few (Diamond, 2002).

Music therapy can be used to foster creativity, complement imagery techniques, and expand client investment in the counseling process. Consider what the client compliance ratio might be if music rather than behavioral logs were assigned as homework for clients. Music therapy can incorporate a range of styles from the sounds of nature, to mainstream popular music, and classical symphonic works such as Mozart, Bach, and Vivaldi (Sultanoff, 2002). Some research studies indicate that more success is found in balancing mood and therapeutic effect when clients choose music and sounds that match their personal preferences (Diamond, 2002; Sultanoff, 2002). Counselors can encourage clients to trust their personal sensitivities, experiment with their musical tastes to find what works best for them therapeutically, and experience the music they love to enhance their Creative Self and Coping Self.

Aroma, plants, and flowers in therapy. These mediums provide unique avenues to increase a wellness focus in counseling by enhancing emphasis on the Essential Self, the Creative Self, and the Coping Self of clients. Scents can increase a client's overall sense of well-being (Buckle, 2003) because the sense of smell, although used less consciously, is one of the strongest senses that humans possess. Many excellent resources are available that highlight the benefits associated with using specific aromas in healing (e.g., Cooksley, 2002; Mojay, 1999), and taking advantage of these benefits has become common practice in other professions, such as nursing (Buckle, 2003). Counselors can assist clients to explore the use of scents in daily living, such as lavender as a calming agent, citrus as an uplifting agent, or rosemary and clary sage as mental clarity agents. CMHP staff can also benefit from aromatherapy by using a vaporizer or spritzer to infuse scents into the work setting. One caveat is the need to ensure that people with allergies or scent sensitivities are not negatively affected (Carney, Crouse, Roth, & Nosal, 2000; Cooksley, 2002).

Flowers can be alternative vehicles for expression during individual or group counseling sessions in which clients explore issues of wellness and strengths as well as deficits through working with flowers. The flowers are

used as symbolic objects on which clients can project their thoughts and feelings. Greenberg (2001) uses flowers in this way as transformational work, allowing children who have been traumatized to express their emotions by creating a *feeling bouquet*, with various colors that represent many of the child's feelings related to the trauma. Flowers can also tap clients' senses, emotions, and cognitions through the stimulation of smell, sight, and touch. The olfactory, optical, and tactile senses are quite often powerful triggers that can elicit recall of feelings, memories, and thoughts (Carney et al., 2000).

Although there is currently little written about the applications of flowers (Carney & Hazler, 2005), their use in counseling is considerable and is a valid creative arts practice similar to dance and movement, music, drama, imagery, drawing, literature, and humor, each of which promotes attention to all five wellness factors. No knowledge of flowers or skill in design is essential, and there is no right or wrong approach for their use, just a living expression of feelings and thoughts.

Floral therapy can be used with children, adults, individuals, and groups. It can support wellness development; play a useful role in addressing clinical issues such as grief and loss, trauma, depression, self-esteem, or trust; and also build cohesiveness in a therapeutic group (Carney & Hazler, 2005). The following are a few concrete examples for using flowers in counseling sessions.

- *Family of origin* (approximates family sculpting): Individual clients or group members choose flowers to represent family members and place them in an arrangement similar to a family sculpture. Discussion then revolves around why a particular flower was chosen to represent the family member and why it was given that specific position in the arrangement. This technique can elicit many family-of-origin issues both within the immediate counselor–client discussions and by the clients who write in personal journals about the process for homework (Carney et al., 2000).
- *Trust issues* (giving and receiving help): This particular floral work will assist clients in tapping trust issues. Group work is the best forum for this work, but counseling with a single client is also appropriate. Each person is given a container and flowers to begin designing but must ask the member on the right for advice and then assist the member on the left by providing input. During this creative expression, clients discuss more global trust issues and practice very important give-and-take skills (Carney et al., 2000).
- *Garden of dreams* (creating goals and making choices): Plants are selected for a dish garden to represent goals and dreams in clients' lives while discussing the choices being made. Hardy and easy-to-care-for plants in the dish garden tie clients to the positive benefits of gardening on a small scale. Awareness begins to develop

of how plants can create an atmosphere of wellness and growth in clients' homes or work environment (Carney et al., 2000). Creating the dish garden is directly related to horticultural therapy, which has been extensively used and researched (e.g., Shapiro & Kaplan, 1998; Simson & Straus, 1998).

Animals in therapy. Using animals, almost as cotherapists (Parshall, 2003), with clients assists them in connecting to the Social Self and enhancing the Coping Self. The presence of animals in therapy has been found to lower clients' anxiety and increase their motivation (Fine, 2000a; Hanselman, 2001), produce psychosocial benefits (Hart, 2000), possibly curb violence in schools (Ascione & Weber, 1996), and facilitate a trusting bond between counselor and client (Friedmann, 2000). The animal can lessen tension during sessions and provide a form of unconditional positive nurturance and attention to a client that is qualitatively different from that provided by the counselor. Ascione and Weber found that the enhancement of positive attitudes toward animals was generalized to human-directed empathy even after a 2-year follow-up with research participants. Guides for using animal-assisted therapy (Fine, 2000b; Odendaal, 2002) and a literature review focusing on the relationship between participants' interaction with animals and their wellness (Barker, Rogers, Turner, Karpf, & Suthers-McCabe, 2003) have given recognition and support to the viability of using animals in counseling.

Connections to music; aromas, flowers, and plants; and animals are examples of powerful healing forces that can be used to assist clients and counselors in a common quest for wellness. An example of this powerful, healthy connection is found in *The Eden Alternative*, which is a systematic introduction of plants, music, pets, and other normal aspects of living into settings in which care is provided for older persons. The *Eden Alternative* was initiated as a way to reduce feelings of loneliness, boredom, and helplessness among nursing home residents through their interactions with plants, animals, music, and children in their environment (Barba, Tesh, & Courts, 2002). The added stimuli in the *Edenized* environment helps promote physical and social functioning among older residents (Hinman & Heyl, 2002).

Indirect Wellness Strategies

Indirect treatment strategies can also result in client benefits to the Essential Self, the Creative Self, and the Coping Self through relaxation and involvement in waiting room activities. Two approaches are often found in treatment centers, yet their important emphasis on wellness is easily overlooked. One simple approach is to include music as part of the waiting room atmosphere, where its healing properties can begin producing positive effects before a counselor is even seen. In music, CMHPs have at their immediate disposal

an important, inexpensive medium with positive healing power that can easily be incorporated. Another viable treatment strategy, already used in many CMHP settings, is to incorporate living plants into the waiting room. The interconnection between people and plants is an excellent means to increase overall wellness of clients and staff in CMHP operations. Plants not only have a calming effect on people but also moderate the humidity and pollutants in a room (Simson & Straus, 1998).

Why not make the waiting room a healing room? Offering clients unique formats to express themselves, such as sand tray and flower arranging in a waiting room, will significantly tap into their Creative Self and Coping Self. Encouraging clients to allow themselves freedom of expression by concretely working with a sand tray or choosing a cut flower that appeals to them will provide materials to work with once the counseling session begins. For example, through work with flowers, I have found that clients will often choose a particular flower because it holds an unconscious meaning for them (Carney & Hazler, 2005). Imagine the atmosphere in a waiting room where clients are relaxed and involved rather than sitting in isolation, staring at the walls, avoiding eye contact, and mindlessly flipping through a magazine. Listening to music or being encouraged to interact with plants, flowers, and sand trays in the waiting room can tap the Coping Self, Creative Self, and Essential Self even before the client enters the counseling session and also provides potential grist for the session.

COLLABORATIVE WELLNESS SERVICES

Financially viable options to expand a provider organization's wellness agenda require including some services that may not be traditional systemic parts of the operation. Providers with ample resources and finances might create alternative treatment services in-house, but many such treatment options (e.g., nutrition consultation) will also be available in the community at large, where collaboration with other service providers can benefit everyone involved. Establishing connections among service providers for such a wellness effort is not currently common practice. However, an example of a template systemic model already in existence can be found whenever a school, CMHP, bureau of vocational rehabilitation, and children's services collaborate to provide the best treatment possible for an individual or family. In the following sections, a few examples are provided to encourage creative thinking about first steps toward additional wellness collaboration opportunities.

Physical Modality Collaborations

The Physical Self must be addressed for a focus on wellness to be complete. The benefits of diet and exercise are well-known factors. "Studies have shown a striking parallel between the prevalence of mood disorders and the risk of cardiac mortality across 60 countries suggesting a common role

for diet in the etiology of disorders" (Settle, 2002, p. 105). The quality of overall nutrition and diet and lack of exercise have been linked to depression, postpartum mood disorders, infant development, cognitive development, attention deficit hyperactivity disorder, and schizophrenia (Copeland & Copans, 2002; Katon, 2003; Shannon, 2002). One recent study of migraine patients found that wellness-oriented interventions were effective both in reducing stress and increasing wellness (Degges-White, Myers, Adelman, & Pastoor, 2003). Establishing collaborative relationships with nutritionists, herbologists, physical trainers, and exercise groups who deal with physical wellness can promote client progress while also changing the public view of the roles of counselors or CMHPs from that of professionals with a limited focus on illness alone to one of professionals who have a broader concern with healthy lifestyles.

Mind-Body Collaborations

There is evidence supporting the existence of the mind-body interface (e.g., biofeedback, mediation, and hypnosis; Corsini, 2001; Shannon, 2002), which focuses on the Essential Self and the Physical Self. Biofeedback empowers clients by allowing them to observe, become more aware of, and learn to control their bodily processes (Moss, 2002). This empowerment stems from being able to bring the mind-body processes under personal control. Other self-regulatory techniques such as meditation, progressive muscle relaxation, hypnosis, self-hypnosis, yoga, and breath work all focus on the same underlying theme of empowering clients (Lowenstein, 2002). These self-regulating experiences become a powerful prelude to gaining control in other aspects of life and specific mental health issues such as anxiety, depression, attention deficit disorders, and addictions (Moss, 2002). Combining talk therapy with mind-body work provides a significant complementary approach that will attract a new group of clients willing to pay for better health, in addition to those already being treated for illnesses. The combination is one that can make mental health establishments more attractive to attend and also produce additional funds needed to support underfunded groups (e.g., individuals without health insurance or from low socioeconomic status).

Mind-Body-Spirit Collaborations

Much has been written about the theory, practice, and ethics of integrating spirituality into traditional therapy models (e.g., Faiver, Ingersoll, O'Brien, & McNally, 2001; E. W. Kelly, 1995; Richards & Bergin, 1997; Sperry, 2001). Studies have investigated components of spirituality and the effectiveness of using spiritual practices and concepts in treatment (e.g., Ingersoll, 1998; E. W. Kelly, 1990; Miller, 2003). Counseling for spiritual wellness is then an important point for consideration in focusing on aspects of the holistic interface between mind, body, and spirit.

Spiritual healing is one of the oldest known treatments, having been practiced in virtually every culture throughout recorded history (Benor, 2002). "Mind-body techniques improve mental and physical wellness by training and focusing our mental activity. The spirit-emotion aspect interfaces with and guides healing and health by structuring the broadest beliefs, attitudes, and perspectives with which we create our existential viewpoint" (Wyker, 2002, p. 288). This mind-body-spirit connection is integrally connected to the wellness model by enhancing the Essential Self (especially the spiritual component), Physical Self, Creative Self, and Coping Self. Simultaneously assisting clients with their personal and spiritual development creates an interaction of these two dimensions that promotes more growth than concentrating on either one alone.

Collaborations of systems that support spiritual development create a synergetic and exciting energy that helps focus client work toward wellness. Spiritual psychotherapies facilitate mental health and holistic healing. Supplements of works such as *A Course in Miracles* (Foundation for Inner Peace, 1992), and *Conversations With God* (Walsch, 1998) are cited as being helpful (Wyker, 2002). Collaborative arrangements with organizations such as spiritual or retreat centers that emphasize ecumenical approaches to spirituality might have unique value for CMHPs and their clients.

RESEARCH FOR ETHICAL PRACTICE, MARKETING, AND WELLNESS PROMOTION

Combining research with the practice of wellness interventions and primary prevention programs is an essential ingredient of the growth of humanistic approaches to wellness and their practical value. Wellness research has particular significance because it expands the epidemiological risk factor focus to include protective factors (J. G. Kelly, 2000). Concerns that the viability of wellness actions and collaborations mentioned here may not be sufficiently supported need to be considered in the context of the way in which accepted counseling techniques have evolved. Professional counselors would not, for example, be using person-centered, cognitive-behavioral, or brief therapy models today if they had not been practiced before adequate research was available. Primary prevention and intervention techniques only become increasingly viable as they are tested in the field and refined through research and revision. It is through the initial application process that the necessary research can be accomplished. A full discussion of wellness research initiatives is beyond the scope of this article, but readers are encouraged to begin with Ginter (2005).

Accepting research as a critical component of the integration of humanistic approaches raises the question of how research is to be supported with limited resources. Actually there are a number of places to begin looking for ways to support research projects. The first places, and in many cases most important, are institutions of higher education. One of the three pri-

many functions of these institutions is to conduct research that adds to an understanding of the world. Counselor educators are increasingly pressured to focus on this aspect of their work, and what they often lack most are providers that are anxious for involvement in research. Reaching out for collaboration with counselor educators is a critical step toward bringing together the types of interest and expertise needed to alleviate the need for every counselor to become an expert researcher or for treatment providers to become research institutes.

Funding is always a problem when it comes to conducting quality research. State and federal mental health agencies prefer to fund innovative research ideas and collaborative efforts. In addition, these funding sources are impressed by and more likely to support projects that have already acquired smaller amounts of money from sources like local governments, service organizations, churches, universities, and even health maintenance organizations or drug companies. Such sources are more closely tied to wanting specific healthy outcomes, and the more directly they are connected to local CMHPs, the more likely they are to contribute funds, materials, space, or volunteer time. The importance of starting the search for funding and support locally cannot be overestimated because the work effort, funding potentials, and interest in desirable outcomes all begin at the local level, where the motivation is highest.

THE WELLNESS MALL

Skeptics in the mental health field will point out that federal research funding is difficult to obtain for wellness-oriented mental health studies. A viable response is that there are many individuals and groups other than federal funding sources who would provide the needed support based on their current activities and motivations.

One source of support is officials in local government who, even though they are always struggling to meet the needs of their communities, are increasingly in favor of spending money to promote the health and well-being of citizens. The development of community gathering places and recreation fields are just some examples of the government's efforts to meet the wellness-related needs of those it serves. Projects aimed at bettering the lives of people in their communities are often supported by service and religious organizations. Recent government rulings have opened doors that make these groups legitimate, funded collaborators in the community. Bringing just a few of the many public service groups together to combine funding and people power that they already expend on wellness activities is a critical step toward the maximum consolidation and use of community resources.

Private investment is an underutilized resource for providing funding support for implementation and research in community wellness programs. Major retail chains regularly contribute substantial money to community

efforts for no reason other than the public benefit and positive public relations. These retailer funded projects offer additional benefits to their customers. Thus, such investors can be seen as a crucial component in the provision of community-based wellness programs.

Imagine a *wellness mall* as a standard business setting one might expect to see alongside health food stores, bookstores, or gardening centers. Now add to that image children and family services, community mental health services, a day care center, a spiritual center, a therapeutic massage business, biofeedback labs, an exercise studio for adults, a climbing wall for children, an arts studio, and an education center (i.e., computer training). Extending the concept even further, add a children's exercise playground located inside a senior center at such a wellness mall. The possibilities are many. Many of those operations would be profit-making establishments, and, therefore, large chain stores, movie theaters, and restaurants would be eager to purchase adjoining properties. They want to be where people congregate! Yes, the incentive for private investment in wellness is clearly viable. By expanding the limited vision of mental health services, CMHPs can take a lead in collaboratively building a wellness culture in their communities.

CONCLUSION

Mental health providers stretch limited government and insurance funding as far as possible to meet client needs, but they are always frustrated about how much more remains to be accomplished. The solution is not likely to be simply providing more work, with increasing efficiency. Societal influences will always have an impact on more people with greater frequency than the mental health profession is able to affect by serving individuals. To dramatically influence the overall health of the masses will require mental health practitioners and agencies to begin playing a more central role in promoting wellness in society.

The information I have presented in this article supports the need for efforts to bring wellness activities into the mainstream of mental health practice. I have presented examples of therapeutic adaptations that can improve counseling outcomes while also creating a positive image of mental health professionals clearly invested in the growing societal interest in health and wellness. I have suggested further steps for integrating cooperative research projects into service provision to increase confidence in the profession and in wellness techniques. Dramatic increases in wellness funding will not be coming to mental health professionals primarily from the government or other typical funding sources. To influence wellness in an economics-driven society, collaborations are needed with similar minded nonprofit and health-related for-profit groups. Finally, I have offered the idea of a wellness mall to demonstrate how such collaborative wellness efforts can be economically practical as well as desirable for all members of society.

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