

Personalizing Wellness: A Grounded Theory Study

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Abstract

The impetus for exploring how people created wellness using classic grounded theory rose from an interest in understanding behavior that shaped a health-conscious lifestyle. The grand tour question was, "what does wellness look like to you; how do you see yourself cultivating that in your life?" Thirty-three data samples were collected from interviews, a diary, and field observations. The substantive theory of personalizing wellness outlined three stages in forming a health-conscious lifestyle. Stage 1, *Awakening a Vision of Wellness*, begins the change process through experiencing disruption and personal discovery. Stage 2, *Integrating Strategies*, involves assuming responsibility by prioritizing wellness and handling complexity associated with one's inner and social life. Stage 3, *Living Wellness*, represents mastery levels of personal responsibility maintained through lifelong learning, sustaining energy resources, radiating vibrancy, and sharing wisdom. Coach-practitioners may utilize this theory for determining stage-appropriate interventions that support health-conscious behaviors.

Keywords: autonomy, coaching, health-conscious, self-determination, flow

Introduction

Personal responsibility in health has gained traction during the last three decades as individuals take ownership of their wellbeing by increasing health-conscious behaviors (Kraft & Goddell, 1993; Wiese et al., 2010). Health-conscious refers to "individuals who lead a 'wellness-oriented' lifestyle [and who] are concerned with nutrition, fitness, stress, and their environment. They accept responsibility for their health" (Kraft & Goddell, 1993, p. 18). A consumer-driven market for health-promoting goods and services prompted the healthcare industry, albeit hesitantly (Fulder; 1993), to take notice of shifting trends from disease management (Fulder, 1993; Kraft & Goddell, 1993; Wiese et al., 2010) to "using medical knowledge to prevent disease by altering lifestyle behaviors such as eating, sleeping, exercising, and smoking" (Kraft & Goddell, 1993, p. 19). Some researchers have highlighted the concern that research focusing continually on disease rather than on the experience of health or wellness will only continue to spotlight the disease process and experience and hinder understanding of the process and experience of health and wellness (Antonovsky, 1987; Fulder, 1993).

Antonovsky (1987) addressed the fundamental differences between studies that focus on the science of disease versus the science of health, mainly concluding that whatever the study focuses on will determine the questions, hypotheses, methods, and conclusions that guide the study. The motivation behind this study was initially to understand the health behaviors of people who, hypothetically, contributed to and helped sustain the "*historic change in public choice*" (Fulder, 1993; p. 108) in their quest for wellness. It became evident from the data that the main concern for participants in the study was relieving suffering by personalizing their approach to creating wellness to meet individual needs, preferences, interests, and wellness values, forming a dynamic *relationship-to-self*. Relationship-to-self refers to recognizing and responding to meeting needs, preferences, interests, and wellness values. Personalizing wellness introduces a three-stage process of developing a personal approach to living a wellness lifestyle.

Theory Development

This classic grounded theory study was conducted by a doctoral student at Saybrook University (Author, 2018). Wellness lifestyles were the topic area of research. Preconception was limited by not conducting a preliminary literature review and journaling to set aside personal biases and preconceptions, as Glaser (1998) recommended. Also, under the mentorship of the dissertation committee chair, when preconceptions appeared in the doctoral students' work, the mentor addressed the issue, and the student corrected course. In this manner, preconceptions and personal biases were acknowledged and let go to reduce and eliminate interference in the study.

Criteria for selecting adult participants were based on observing the participant exhibiting behaviors that the author perceived as wellness orientated before the invitation to participate in the study. Observed behaviors included, but were not limited to, meal choices, mind-body practices, energy therapies and, biomechanical therapies (Jones, 2005). The author conducting the study was immersed in multiple community environments where these observations were possible.

Consenting participants were asked the grand tour question, "what does wellness look like to you, and how do you see yourself cultivating that in your life?" Later the question evolved to "tell me about wellness in your life." Concurrent data collection and analysis began for this study at the outset of the first interview. For this study, 33 data samples were coded and analyzed according to the CGT process and integrated accordingly. The data included six interviews lasting 1-1.67 hours, audio-recorded, transcribed (as required by the university), and line-by-line coded as data (Glaser, 1978). Twenty-two additional field observations of those interviewed were coded as data. A detailed wellness diary written during the course of a year by a participant was coded as data, along with four anonymous field observations of people not interviewed also coded as data. Data collection lasted approximately 2.5 years, whereas constant comparative analysis and theoretical sampling guided data collection.

Coding and constant comparative analysis were used to produce codes and discover theoretical patterns when weaving the concepts back together using constant comparative analysis. Memo writing captured the relationships among concepts. Memos were sorted to create a theoretical outline which was used to organize the theory.

Personalizing Wellness

Glaser (1978, 2001) instructed that the main concern is present through the duration of the grounded theory study, though only becoming conceptually recognizable by the constant reworking of the data via the constant comparative analysis process. Constant comparative analysis revealed the main concern for participants in this study: relieving suffering, which resolves by *personalizing wellness*--an autonomous process that involves cultivating a self-led, wellness-oriented lifestyle, with attention given to acknowledging and integrating personal interests, preferences, needs, and wellness values into one's lifestyle (Author, 2018). Within personalizing wellness, wellness is characterized by feelings of openness, motivation, focus, creativity, strength, flexibility, and connection. Wellbeing is the aimed purpose of personalizing wellness and is defined as an internalized sensation of joyful contentment and openness towards life's experiences. *Personalizing wellness* includes three stages of subsequent development: Awakening a Vision of Wellness, Integrating Strategies, and Living Wellness, together resembling a framework of discovery, integration, and mastery.

Personalizing wellness commences at an intersection of discomfort and desire and moves forward when individuals recognize themselves as experts of their experience and in possession of a personal vision that elicits self-led action. Thus, simultaneously transforming discomfort and suffering by leaning toward the possibility of wellbeing via action. Awakening a vision of wellness is experienced as an epiphany of wellbeing, providing experiential guideposts to aim for when personalizing wellness. Introspection, self-evaluation, and exploration are behaviors associated with Stage 1. Stage 2, integrating strategies, is characterized by establishing and stabilizing wellness-oriented behavior systems. Stage 2 deals with handling complexity, internally and externally. The final stage, living wellness, is a culmination of knowledge, skills, and behaviors. Personal mastery expresses as an alive, fluid, dynamic expression of intentional wellness-oriented living and results in one sharing wisdom and teaching others how to live a wellness-oriented lifestyle.

Stage 1: Awakening a Vision of Wellness

Stage 1, *awakening a vision of wellness*, begins the change process with a catalyzing agent, disruption. Experiencing a disrupter and personal discovery are two distinctive yet dynamic behaviors that arouse awakening a vision of wellness.

Experiencing a Disrupter

Experiencing a disrupter interrupts routines and thinking patterns and is a disconcerting experience that most people prefer to avoid. Disrupters are significant disturbances that destabilize routines, grab attention, instigate inquiry, and motivate decisions. These disrupters lead to an examination of one's behaviors and their impact on one's wellbeing.

In grabbing attention, experiencing a disrupter forces attention to the quality and conditions of one's interior and exterior life, namely as it affects wellbeing. Conditions that are problematic in the first place and being coped with grab attention and magnify a problem. Uncomfortable feelings may manifest as overwhelm or fear, especially if the problem is life-threatening or can create or compound a disability. Fractured routines pronounce limitations or barriers associated with suffering. Grabbing attention breaks through habitual thinking patterns drawing attention to a desire to relieve suffering. The momentary awareness leaves a

lasting impact, instigating inquiry.

Instigating inquiry mitigates the effects of stress associated with the influx of feedback when insights emerge. Instigating inquiry is uncovering unconscious or unacknowledged issues related to the consequences experienced in the disruption. It is employed by asking questions inwardly and toward others, such as professionals, family, and friends, and examining the problem. Two types of knowledge become accessible for decision-making when instigating inquiry. First, factual knowledge examines the explicit behaviors that led to the predicament. Second, intuitive knowledge captures insights from experiences and offers glimpses of solutions—empowering individuals onward. Intuitive knowledge may be more impactful when motivating behavior than factual knowledge because it is experienced emotionally. The personally derived intuitive knowledge anchors meaning and urgency, motivating decision-making about the problem. Taking responsibility is not fully present in behaviors, but the idea of personal responsibility begins to form in one's thinking, and feelings of empowerment (possessing personal power) grow. For those beginning personalizing wellness, experiencing a disrupter serves as a wake-up call.

Personal Discovery

Following disruption, individuals seek to understand themselves better through personal discovery. Personal discovery is an introspective and exploratory behavior toward making conscious one's interests, preferences, needs, and wellness values by reflecting, exploring, and experimenting. It sets the foundation for implementing wellness behavior systems later (Stage 2 behavior).

Reflecting is a thought process of considering present conditions, past choices, known consequences of those choices, forgotten or neglected ideas, and memories. Reflecting aims to understand self-image, feelings of self-worth, sabotaging behaviors, and ideas related to wellness. Reflecting increases awareness of needs related to wellness. Reflecting occurs through thinking, writing, art-making, conversations, and mindfulness, focusing on witnessing one's experience. Reflecting enhances developing self-awareness and accessing inner resources. One participant reflected that three years of seeking help from medical providers to resolve a chronic health issue had proved to be fruitless. Having exhausted all medical options, she reflected, "what am I doing? Am I causing this"? These two questions were pivotal in shifting the participant's attention toward behavior and lifestyle.

Reflecting activities evolve into exploring activities as individuals seek to understand their inner psychological-psychoemotional environment and know options in the exterior environment that may add value to their quest for wellness. Exploring within personal discovery aids in familiarizing with the internal and external environment. Exploring includes (a) making conscious interests associated with wellness, (b) preferences for how to engage in wellness activities, as well as preference for the environment one desires to be in, including the social environment, (c) needs associating with psychological, emotional, physical, social, and spiritual concerns, and (d) wellness values which directs participation in meaningful activities cohesive with one's value system.

Exploring leads to experimenting, adding experience-based, direct knowledge to the repertoire of possibilities for wellness-building activities. Experimenting is exposure to novel behaviors via direct experience. All interviewed participants in the study cited spontaneous flow states when experimenting as pivotal in crystalizing dynamic visions of wellness. A vision of wellness is an inner resource that manifests as imagined ideas, impressions, and a felt-sense experience that transforms into a guiding aim for behavior. Within personalizing wellness, flow state is an engaged, focused presence in the moment, whereas a simultaneous peripheral awareness and an embodied sensation of coherence and connection with the environment are experienced. A sudden "knowing" experienced as an epiphany provides an embodied reference point for wellness, enabling self-led action for the personalizing wellness process.

One participant said:

The club gives you feedback of that golf shot, it's like a vibration in your hands, and you feel the absolute perfection of that golf shot...finding that bliss is like finding perfection...finding that bliss is to know you are in perfect harmony with the world... that's the feeling I was able to get into...I got to where I could go there at will.

The embodied sensation of the vision of wellness serves as an orientation, aligning vision and motivating action. Orienting toward a vision of wellness maintains aim, while engagement in wellness behaviors develops coherence, increasing perception of capability, and challenges further development. The direct experience associated with experimenting provides direct knowing to individuals—direct knowing influences and helps resolve the dilemma regarding 'who is the expert' in one's wellness, a concern affecting motivation within personalizing wellness. Resolving the dilemma of expert empowers self-led behavior, initiating momentum toward the vision of wellness with purpose. Finely attuned attention to internal feedback provided through experience shapes wellness behaviors in concrete ways, making the wellness experience personally their own and provoking ownership towards one's wellness. Ownership of wellness completes the first stage in personalizing wellness and shifts individuals into the second stage, Integrating Strategies.

Stage 2: Integrating Strategies

Stage 2, *integrating strategies* begins when individuals initiate prioritizing wellness and handling complexity in their lives. Integrating strategies are behaviors individuals do to create an effective system that supports a wellness lifestyle and includes prioritizing wellness and handling complexity.

Prioritizing Wellness

Prioritizing wellness places the behaviors associated with wellness front and center in an individual's attention, and they learn and integrate wellness-orientated behaviors into daily routines. Imagery and sensations spark memory of the vision of wellness, which remains a guiding focal point throughout stage two. The vision of wellness fades from conscious awareness but reappears periodically, most often when experiencing flow states. Experiencing flow provides feedback that serves two purposes. First, the input informs the vision of wellness, resulting in its dynamic quality. Second, the input includes information used when self-evaluating progress in

personalizing wellness.

Establishing a primary wellness behavior initiates the routine to integrate wellness-oriented behaviors. It involves doing a central wellness-oriented behavior to establish familiarity, routine, and a base for furthering integration. Commonly, flow-inducing activities from experimenting direct establishing a primary wellness behavior. For example, one participant experienced a flow state while experimenting in a community ecstatic dance class and later engaged in the same wellness behavior (dancing) when establishing a primary wellness behavior. The experimental activity developed into a weekly commitment. The participant said, "It started with one class. I first joined a 12-week series."

Generating momentum moves wellness-oriented action forward, signifying that prioritizing wellness is proceeding. The cumulative effects of establishing a primary wellness behavior build energy and momentum of wellness behaviors keep the personalizing wellness process in motion. The doing of the primary wellness behavior summons ongoing and iterative engagement for individuals. The circular feedback of engaging generates momentum of the primary behavior. In the previous paragraph's dancing example, participation in weekly dance classes generated momentum over three consecutive years for the participant. In the participant's words, "[the] next thing I knew, I had been dancing for three years in multiple committed groups lasting twelve weeks each. ...showing up every Tuesday night for two hours."

Other such phenomena of generating momentum of wellness behaviors appeared throughout the data. Generating momentum is regulated by establishing rhythms.

Establishing rhythms emerges from needs to prevent burnout and monotonous pacing of engagement in wellness behaviors. Sensitivity to subtle feedback from one's perceptions, emotions, physical feelings, and coherence with the wellness vision, guide establishing rhythms. Establishing rhythms honors need that allows for variations and fluctuations in personal energy and activity levels and rests on developing a receptive and responsive relationship-to-self. It also helps maintain structure for action because of the responsiveness to fluctuating needs without demolishing the behavioral structure created. Establishing rhythms helps mitigate the change process when integrating new behaviors, perceptions, and experiences. Establishing rhythms regulates the personalizing wellness process, aiding in maintaining vitality, interest, and connection in continuing the process. Well-established rhythms may be a pivotal factor in graduating to stage three of personalizing wellness. One participant established rhythms by first tracking personal energy levels daily through charting various indicators in a journal. The participant later used the data to determine which lifestyle activities to engage in and when.

Handling Complexity

Integrating and maintaining a wellness lifestyle within the complexity of modern life challenges the personalizing wellness process. Handling complexity involves managing competing priorities of one's life while simultaneously integrating strategies and maintaining one's commitment to a wellness lifestyle. Competing priorities create adversity for individuals and test commitment to prioritizing wellness. Individuals may spend years in stage two due to handling complexity and working out prioritizing wellness. Knowledge development during stage two builds the scaffolding for competency in personalizing wellness. When handling complexity, three common experiences

occur: hitting a wall, relapsing, and recovering.

Hitting a wall occurs when individuals advance when generating momentum yet have not sufficiently established rhythms to regulate the change underway. Competing behaviors signal a need for developing sensitivity to nuance for one's preferences, needs, interests, and wellness values. It also involves appraising and jettisoning incongruent behaviors to prioritizing wellness. It takes time and experimentation for individuals to develop self-awareness in these areas. Some continue at it, eventually resolving the conflicts involved in handling complexity. Some do not and instead relapse into habitual behaviors that lead to the crisis experienced in stage one.

Relapsing is falling back into habitual patterns and losing touch with the vigor and energy of self-led discovery. One fundamental behavior associated with relapsing is letting go of self-led action on one's behalf and behaving reactively rather than through intentional choice. For some, this occurs in favor of indulgences intended to satisfy an unmet need, which is where developing sensitivity to nuance, signaling preferences, needs, interests, and wellness values becomes relevant. Excessive indulgences may include working, sexual activity, substance or alcohol use, or food intake. For others, relapsing involves self-deprivation behaviors, all of which were seen within the data.

The relationship-to-self and relapsing dynamic manifest when unexpected life challenges occur. Habitual response patterns to life's challenges may interfere with personalizing wellness. Contributing factors to relapsing are surprising or troubling events, new or unhealed trauma (physical or psychological), loss, a significant change (positive or negative), and impulsivity related to overconfidence or grandiose perceptions about oneself. Relapsing may also signal a loss of meaning and purpose in personalizing wellness; hence releasing self-led action. When individuals experience feeling well within themselves over an extended amount of time, the sense of urgency for continuing wellness-oriented behaviors diminishes for some.

Recovering is a series of conscious choices that involve reprioritizing wellness. Reestablishing connection to meaning and purpose through reestablishing a primary wellness behavior, generating momentum, and reestablishing rhythms are the means for reprioritizing wellness. Flow is reexperienced through an instigating behavior, triggering a feedback sensation perceived coherence with the vision of wellness. Experiencing flow ignites comprehension of necessary behaviors for getting back on track with personalizing wellness and quickens recovery. It may take several iterations of relapse and recovery for a comprehensive enough awareness of the dynamics that influence the relationship-to-self for behavior to change. Repeated exposure to experiencing flow develops awareness of which behaviors contribute to remembering the feeling of wellness and which behaviors diminish the sensation of wellness.

Stage 3: Living Wellness

Stage 3, *living wellness*, signifies mastery in personalizing wellness and is an adaptive and dynamic expression of deliberately living a wellness-oriented lifestyle. For those individuals consistently prioritizing wellness, their experience of making wellness happen becomes a reality. Persistent attention toward a quality relationship-to-self catalyzes the living wellness reality. A deep sense of care and devotion to demonstrating care in the way one lives is vibrantly present in stage three. Consistent persistence and personal ownership for one's wellbeing are key

properties in living wellness. Five main behaviors characterize living wellness: lifelong learning, mastering energy resources, ritualizing wellness, radiating vibrancy, and sharing wisdom.

Lifelong Learning

Self-led discovery and learning and applying solutions to problems form the matrix of lifelong learning. Lifelong learning is continuous learning and deepening study in wellness and beyond that are personally relevant and for helping others. Curiosity and personal ownership for wellbeing motivate lifelong learning. Commitment to developing practical knowledge over one's lifetime maintains the iterative nature of lifelong learning. One participant addressed lifelong learning this way: "It sounds crazy, but to not be well is almost a gift so that we're able to find how to live toward what we've steered away from."

Mastering Energy Resources

By the time one has reached living wellness in stage three of personalizing wellness, individuals have developed an acute sense of embodied knowledge. In contrast, one can predict wellness needs based on sensory and explicit knowledge of where one is in their energy cycle, in terms of the day, weeks, months, and year and respond to the feedback provided through the knowledge. When integrating strategies in stage two, specifically when establishing rhythms, individuals developed sensitivity towards their physical, mental, emotional, and spiritual needs when regulating energy began more intentionally. Mastering energy resources at this stage is a refined version of using rhythms to regulate energy. Restoration behaviors help master energy resources. The key behaviors associated with mastering energy resources include sensitivity to cues, awareness of needs, and congruent action. These behaviors are in development throughout the personalizing wellness process, though the finely attuned awareness coupled with action becomes a significant lever in governing self-led behavior in Stage 3. Nearly habitual responsiveness helps to carry through the self-regulation behavior of mastering energy resources. In this way, a reinforcing loop strengthens personalizing wellness.

Ritualizing Wellness

Self-care and devotion to living well manifest in Stage 3 as ritualizing wellness which is approaching one's life and self-care with reverence. By now, individuals refer to wellbeing and wellness as synonymous with spiritual experience. Self-care practices can be any number of activities impacting various human experiences; psychological, physical, spiritual, and social. Multiple behaviors are sequentially stacked together during the practice period forming an overall ritual and initiating varying degrees of flow state experiences in the process. The flow state evokes feelings of connection and coherence, deepening the sense of reverence and feeding into the meaning and purpose of activities. A participant shared,

It seems like there's a heightened ability to perceive what's occurring in, in all fields, like in another person and in myself and in the environment...overall it feels like an increased experience of aliveness...on the path to experiencing wellness is really an opportunity to be alive. Like to find how to be alive!

Radiating Vibrancy

Radiating vibrancy is a consequence of a way of living, punctuated by an embodiment of prioritizing wellness, life-long learning, mastering energy resources, and ritualizing wellness. Radiating vibrancy is the visibly attractive, robust, stable, and joyful expression of living wellness. It appears as bright shining eyes, an easy smile, and a glow to one's skin, with shoulders relaxed, easy movements, bouts of spontaneous laughter, and full-bodied presence, as observed in participants in Stage 3. When radiating vibrancy, individuals in this stage attract followers who have a keen interest in learning from those who have managed to embody a vibrant expression of living well. Presently, individuals model living wellness to others, who may become devoted followers in the modern-day version of clients or students. An embodied knowing of living wellness evolves into an outpouring of knowledge through sharing wisdom.

Sharing Wisdom

Expertise through knowledge and experience accumulates as wisdom, and a readiness to share that wisdom casually and professionally arises. A dynamic process of encounters and interactions with others unfolds the held wisdom in incremental, as-needed, small bites of suggestions that others may incorporate in personalizing wellness. Some of the sharing occurs informally through modeling and casual conversations. Sharing wisdom also occurs deliberately through formalized means such as therapeutic, educational, and supportive professional channels. When sharing wisdom occurs through professional channels, individuals have assumed responsibility as a leader by teaching, coaching, and assisting others in their pursuit of wellness. Assumption of responsibility as a leader may support individuals in ongoing learning and feed personalizing wellness.

Conclusion

The main concern present through the duration of this grounded theory study was relieving suffering. The antidote for resolving the problem of suffering is personalizing wellness. Personalizing wellness is the distinctive, self-guided process of embodying a wellness-oriented lifestyle, with consideration given to acknowledging and integrating personal interests, preferences, needs, and wellness values, all of which mitigates through relationship-to-self. Though the process involves many peaks and valleys and starts and stops, for those who continue to act on their behalf for the benefit of wellness, the iterative process gives way to a transformed expression of living wellness, one of embodied living wellness. Personalizing wellness occurs through a three-stage process, whereas a pattern of behaviors shaping a lifestyle that is unique to the individual unfolds over time. Individuals prioritize wellness because of awakening a vision of wellness after a catalyzing experience, whereas individuals decide to solve the problem(s) experienced. A network-type foundation of behaviors forms while integrating strategies which include developing skills in handling complexity. With the ongoing engagement of wellness behaviors in personally meaningful ways over time, one's life transforms by self-led personalizing wellness, and living wellness becomes a reality.

Discussion

Generated by an intrinsically motivated commitment to an inner vision, the ever-evolving and dynamic relationship-to-self mitigates the personalizing wellness theory. Though ample literature dedicated focus on models, frameworks, and theories of health promotion and health behaviors,

no literature regarding a straightforward process that explains human behavior when making wellness happen was found. However, several theories earned relevance to the theory of personalizing wellness: transpersonal crisis, agentic theory, self-determination theory, flow state theory, transtheoretical model of change, experiential learning theory, and adult learning theory. Each will be briefly explained in the next subsections.

Transpersonal Crisis

Triggered by a crisis that is transformed into a catalyzing event, personalizing wellness begins when an individual wants to relieve the suffering associated with the crisis. The experience of suffering creates a psychological opening for some individuals, and a mental representation for wellness rises into awareness. In a qualitative study using a phenomenological approach (Taylor, 2017), 32 individuals experienced a crisis involving turmoil or suffering as a common precursor to permanent psychological change. In Taylor's study (2017), participants' experiences were characterized by periods of intense suffering followed by abrupt shifts in perception. In other related research, transpersonal crisis, also known as spiritual emergency, may indicate that an individual is undergoing a natural-evolutionary development process during periods of intense suffering (Grof & Grof, 2017). Transpersonal crisis (Grof & Grof, 2017) implies that one has the "potential for emotional and psychosomatic healing, creative problem-solving, personality transformation, and consciousness evolution" (p. 30).

A literature review (Reidy, 2013) examined characteristics of human awakening associated with transpersonal crisis, notably coinciding with the personalizing wellness concept of experiencing a disrupter, as ending denial by confronting and embracing reality. Grof and Grof (2017) also stated that individuals must be willing to "undergo the pain of confronting underlying experiences" (p. 31) to relieve the suffering associated with transpersonal crisis. Reidy's (2013) awakening concept included enhancing awareness and developing personal agency, which closely resembles personal discovery in the theory of personalizing wellness. To advance from Stage 1 to Stage 2 in personalizing wellness, individuals confront the current reality of suffering they experience and its influencing factors. Additionally, they must summon personal agency to do something about the problem of suffering.

Agentic Theory

Agentic theory (Bandura, 1977) provides insight regarding the autonomous and self-guided behaviors present in personalizing wellness. Social cognitive theory suggests that individuals are instrumental in constructing the course their lives take (Bandura, 1977, 2018). Self-efficacy, defined as the perceived capabilities one has about their ability to act, at varying levels of challenge, to achieve acting on a specified course of action (Bandura, 1977). Throughout personalizing wellness, self-efficacy influences decision-making and action.

Self-efficacy underpins motivation and foretells achievement and performance (Bandura, 1977, 2004, 2018). In agentic behavior, one's functioning and life circumstances occur via three properties: forethought, self-reactiveness, and self-reflectiveness (Bandura, 2018). Forethought is demonstrated through self-initiated motivation and guidance to plan, adopt goals, and visualize outcomes of such actions (Bandura, 2018). In personalizing wellness, individuals act on their behalf, often without a guide, by formulating plans, adopting a series of goals, and using their

vision of wellness as the intended outcome of their aim. The second property, self-reactiveness, relate to self-regulation within a greater system of self-governance. Adoption of standards for the self-governing system evolves from self-evaluation of performance (Bandura, 2018). The property of self-reactiveness manifests in prioritizing wellness through establishing rhythms in the second stage and mastering energy resources in the third stage; all are variations of self-regulation in personalizing wellness. The third property in agentic behavior is self-reflectiveness, whereas individuals reflect on their efficacy of "given challenges, the soundness of their thoughts and actions, their values and the meaning and morality of their pursuits" (Bandura, 2018, p. 131). Within the personalizing wellness theory, individuals adapt to emergent challenges and situations while evaluating their choices affecting or regarding wellness-related behaviors.

Self-Determination Theory (SDT)

As a meta-theory, SDT (Ryan & Deci, 2002) explains an integrative perspective regarding behavior and motivation, resembling aspects of the personalizing wellness theory. Organismic perspective underlies the SDT theory, which views humans as active organisms possessing a disposition toward developing and mastering challenges, contingent upon nutriments being available. Nutriments are the beneficial effects of fulfilling the innate requirements of basic needs (Ryan & Deci, 2002). Optimal expression is related to the fulfillment of innate requirements. The basic needs Ryan and Deci (2002) identified are competence, relatedness, and autonomy.

Competence

Competence is feeling confident and effective in doing and having opportunities to express one's capacities (Ryan & Deci, 2002). In personalizing wellness, increasing competence motivates engagement in activities as one learns wellness behaviors. The absence of competence impedes some individuals from taking action for short or long periods when learning new wellness behaviors. However, the initial crisis experienced at the onset of the process motivates action early on, despite competence-related concerns. When individuals progress through the stages, the development of competence underlies progress.

Relatedness

Relatedness is the social aspect of psychological needs. Relatedness is caring about and relating to others, and it provides a sense of belonging and security with others (Ryan & Deci, 2002). In personalizing wellness, relatedness may influence engagement in wellness activities. For some, being a part of a social group motivates behavior to engage in wellness behaviors. For others, discovering they belong within a group is an unexpected but positive side effect of doing wellness behaviors.

Autonomy

Autonomy is the self-regulation of behavior based on personal interests and self-endorsed values (Ryan & Deci, 2002). Solving the problem of suffering via personalizing wellness is ameliorated through self-guided and self-regulated actions. Autonomy is "being the perceived source or origin of one's own behavior" (Ryan & Deci, 2002, p. 6). Individuals in personalizing wellness use intrinsic and extrinsic motivation. Intrinsic motivation refers to doing an activity for enjoyment or

interest, while extrinsic motivation refers to doing something because it leads to a particular outcome. Autonomy is a core feature motivating the personalizing wellness when individuals decide to act and stop waiting for others to resolve their problem of suffering. Fulfilling the need for autonomy provides intrinsic motivation in a highly personal area: health and wellbeing.

Flow State Theory

Experiencing flow carries through the personalizing wellness process. Flow state is an optimal state of functioning in cognitive and physical performance (Csíkszentmihályi & Csíkszentmihályi, 1988; Nakamura & Csíkszentmihályi, 2014). Though initially associated with positive psychology, researchers have situated flow state within the framework of cognitive psychology for understanding flow components and cognitive processes (Simlesa et al., 2018). Additionally, new developments posit flow as "a dynamic psychological process rather than a mere state (Simlesa et al., 2018, p. 234). Being "in the zone" is a familiar axiom for flow state. Experiencing flow may be an essential ingredient for human wellbeing (Simlesa et al., 2018). Increased flow frequency improves the quality of life through increased concentration, creativity, and positive emotions (Nakamura & Csíkszentmihályi, 2002). Simlesa et al. (2018) cited flow as being so important for human wellbeing that it deserves to be "requisite for contributing to the improvement of human lives" (p. 233). The personalizing wellness theory discovered flow as a common motivator for wellness behavior.

Transtheoretical Model of Change

Personalizing wellness explains a process of voluntarily changing behaviors over time. The Transtheoretical Model (TTM) similarly explains a voluntary process of change over time. It includes a five-stage process of change (DiClemente & Prochaska, 1982), five levels of psychological problems in the change process (Prochaska & DiClemente, 1984), and decisional balance (Velicer et al., 1985), which illustrates motivational aspects of change. Aspects of TTM related to the personalizing wellness theory will be explained next.

Processes of Change

Processes of change explain *how* individuals change (Prochaska & Velicer, 1997). Five behavioral (i.e., counterconditioning, helping relationships, reinforcement management, self-liberation, and stimulus control) and five experiential processes (i.e., consciousness-raising, dramatic relief, environmental re-evaluation, self-re-evaluation, and social liberation) form processes of change (Biddle & Nigg, 2000). Behavioral and experiential processes of change exist in each stage of personalizing wellness. Biddle and Nigg (2000) demonstrated that individuals commonly engage in experiential processes of change *earlier* in the change process when supporting exercise-involved activity and behavioral change *later* in the process. Experiential discovery processes primarily occupy Stage 1 in personalizing wellness, whereas behavioral change mainly occurs in Stage 2. Experiential processes of change involve acquiring information independently through experience (Burkholder & Nigg, 2001). Experiential processes in personalizing wellness provoke personal discovery, eliciting the vision of wellness. Behavioral change follows awareness induced by experiential processes in personalizing wellness.

Stages of Change

TTM stages of change involve five levels: precontemplation, contemplation, preparation, action, and maintenance. TTM stages of change do not explain how or why people move across the stages but rather explain *when* people change related to motivation (Prochaska & Velicer, 1997). Personalizing wellness explains a progression of behaviors through a three-stage process: awakening a vision of wellness, integrating strategies, and living wellness. Each stage represents when change occurs in personalizing wellness.

Decisional Balance

Decisional balance relates to the decisional and motivational aspects of change (Velicer et al., 1985). Considerations include costs and benefits of doing or not doing particular behaviors when temptation, the urge or desire to engage in behaviors that threaten to derail intentions, arises. Self-efficacy, discussed in agentic theory, influences decisional balance (Velicer et al., 1985). Throughout personalizing wellness, evidence of decisional balance is noticeable in Stage 2, Integrating Strategies, when prioritizing wellness and handling complexity.

Experiential Learning Theory

According to Kolb (1984), experiential learning can be understood best as a process, much like personalizing wellness. Kolb (1984) identified experiential learning theory as "a holistic, integrative perspective on learning that combines experience, perception, cognition, and behavior" (p. 21). The personalizing wellness theory experience informs, motivates, and integrates ideas and feedback related to the learning process.

Adult Learning Theory

Learning is a "basic human endeavor" (Merriam & Bierema, 2013, p. 24) and occurs throughout personalizing wellness. The foundation of ALT includes behaviorism, humanism, cognitivism, social cognitivism, and constructivism. ALT rests on two main pillars: andragogy and self-directed learning.

Andragogy

Andragogy (Knowles, 1973; Merriam & Bierema, 2013) is concerned with adult learning and adult learning environments. Andragogy is defined as the "art and science of helping adults learn" (Knowles, 1980, p. 43). According to Knowles (1973, 1980), six ideas influence andragogy. First, self-directed behavior arises out of an independent self-concept. Next, experience accumulates as resources for learning. Third, social tasks adults have to deal with influence readiness for learning. Fourth, adult learning is tied to the immediacy of use, focusing on problem-centered learning rather than subject-centered learning. Fifth, internal motivation directs adults to learn. Sixth, adults need to understand the reasoning behind learning something.

Self-directed behavior propels individuals toward realizing interests, preferences, needs, and wellness values when personalizing wellness. When integrating strategies and establishing a primary wellness behavior, familiarity from experience influences actions. Adults faced with the problem of suffering, make choices to learn how to relieve suffering. Having to confront the truth of one's reality regarding wellness, or lack of wellness, creates interest and readiness to learn wellness behaviors. The vision of wellness motivates learning behavior.

Self-Directed Learning

Knowles (1975) defined self-directed learning as a personal characteristic and a process. As a characteristic, Knowles (1975) said self-directed and autonomous behavior may result from a predisposition. When defined as a process (Knowles, 1975), self-directed learning is initiated by individuals, with or without the help of others who assess learning needs, goals, and resources for learning while also choosing and implementing learning strategies and performing self-evaluations of learning outcomes. The characteristic and process features of self-directed learning are evident in the personalizing wellness process.

Implications for Practice

The theory of personalizing wellness reveals that individuals actively seek personalized solutions to their wellness-related problems. Autonomy (Ryan & Deci, 2002) and experiential learning (Kolb, 1984) are two core properties of personalizing wellness, with crisis (Grof & Grof, 2017) and flow states (Csíkszentmihályi & Csíkszentmihályi, 1988) being mobilizers in the process. Practitioner attunement to the core properties and mobilizers of the personalizing wellness process can be leveraged to enhance support to clients through the stages, whether through therapeutic relationships, such as healthcare, mental health, substance abuse treatment, or personal development relationships such as life or wellness coaching. The following paragraphs present implications for practice.

A vision of wellness motivates a reduction of problematic behaviors and increases beneficial behaviors for wellbeing. Mental health and substance abuse practitioners may benefit their clients by utilizing consciousness-raising (Prochaska & Velicer, 1997) processes to assist their clients in recognizing their vision of wellness as a starting point in treatment. Keeping in mind the vision of wellness is dynamic. It is key that self-agentic (Bandura, 1977, 2004, 2018) behavior be respected by practitioners and allow for autonomy and self-efficacy to shape the personalizing wellness process. Engagement in the personalizing wellness process affords individuals opportunities to confront problematic issues. Throughout the study, self-agentic behavior directed confrontation with physical and mental health problems, including substance abuse. A deliberate avoidance or reduction in substance and alcohol use occurred for some individuals where individuals recognized interference to one's vision of wellness. Additionally, those who learned to invoke flow states increased motivation for wellness behaviors.

Leveraging behavioral change through personalizing wellness orients the professional helping relationship to respect the voluntary process of self-led change. Many helping professionals believe in the Rogerian adage to meet their clients *where they are* [emphasis added] (Rogers, 1983). However, if a helping professional is unfamiliar with their client's personalizing wellness process, they may miss a valuable perspective regarding client-centered care. For instance, a client who knows there is a problem but lacks belief in a personal vision of wellness will not take action to solve their problem (Bandura, 2004; Prochaska & Velicer, 1997). A practitioner can help the individual solve the problem of belief. Individuals who *do not believe* (Bandura, 2004) may not have awakened a personal vision of wellness. Nevertheless, it is not enough to tell a client they should believe in a vision of wellness; a client must *experience* [emphasis added] a vision of wellness to activate intrinsic motivation.

Several therapeutic actions may instigate awakening a vision of wellness. Modes of therapeutic actions (MTA) cause something to happen to improve some condition (Jones, 2005). Practitioners aware of the personalizing wellness process and who possess a working knowledge of various MTAs (Jones, 2005) can facilitate experiential interventions. For clients who have not awakened a vision of wellness, a practitioner may utilize specific consciousness-raising (Prochaska & Velicer, 1997) activities with clients to promote awakening a vision of wellness. Once the problem of a vision of wellness resolves, practitioner and client attention can shift toward exposure of wellness lifestyle activities and later towards developing competence in the next stage of personalizing wellness, where attention shifts toward building healthy habits. Practitioners have an essential role in possessing diverse knowledge of MTAs across fields while appropriately discriminating recommendations of MTAs with awareness of contraindications and cautions associated with the MTAs and the client. If the personalizing wellness process is honored by professionals working with clients, they may better provide client-centered care, enhancing intrinsic motivation and commitment to personalizing wellness.

Experiencing flow states is a mobilizer in personalizing wellness via intrinsic motivation. Practitioners may invoke curiosity with clients by educating them on how wellness-related activities can provoke "highly enjoyable psychological states" (Kowal & Fortier, 1990, p. 356) through flow state. Training in flow states is not needed to experience it. Nearly all people are likely to have experienced flow spontaneously within their lifetime. However, in personalizing wellness, those who recognized the flow state phenomenon in their experience developed regular practices to invoke flow and thus advanced through the stages. Practitioners knowledgeable in the flow state framework may lend vital informational support relevant to clients' experiences and motivate health and wellness behaviors. In this regard, specific training in accessing flow states could reduce time experimenting. Worth noting is that many mind-body approaches may induce flow states such as dancing, tai chi, qi gong, and yoga. Numerous other activities do, too, such as gardening, writing, running, walking, sporting, biking, and art-making. The key to flow state activation is engagement (Nakamura & Csikszentmihályi, 2014). Exposure to health and wellness activities that induce flow state and education about flow state may enhance autonomy for individuals while also aiding clients in developing life skills that support wellness.

The ideas offered in this section concerning implications for practice are not comprehensive but offer a starting point for consideration. The most compelling areas of interest for future practice and scholarship involve the relationship between autonomy, experiencing flow, consciousness-raising, and change behavior. TTM literature pointed to engagement in experiential processes involved in consciousness-raising endeavors as essential factors in the change process (Prochaska & Velicer, 1997). Practitioners who apply the implications presented here can utilize a practical approach toward helping their clients develop wellness lifestyles.

Limitations and Future Research

Limitations exist in this study. Criteria selection for the study were based on the researcher's perception of wellness behaviors. Some of those perceptions were informed by the researcher's education in integrative health science and former profession in addiction treatment. Additionally, actual behavioral changes over time were not captured but rather perceived change as self-reported by interviewees. Albeit, the fracturing of data and constant comparative analysis

created categories that participants themselves were not aware which structured a conceptual story grounded in data. A longitudinal study focused on observed behaviors, and an increased number of data sets may produce greater parsimony of the theory. Another limitation of this study is that a doctoral student and novice in research methodologies completed the research. The study is limited to the skills of the researcher at the time of writing up the theory. Glaser's (1978, 2009) support toward novice researchers as ideal candidates for conducting CGT studies allows generous room for learning via the practice of conducting research. He said CGT is

done best in the hands of the novice PhD and MA candidates because not only of their quest for relevancy, in the face of extant literature that does not fit, work or is not relevant, they are still open to "whatever," still enthusiastically learning, still unformed by QDA methods, lack QDA identity protection, and their skill development fledgling status is uniquely suited to skill development required in the GT process. (Glaser, 2009, p. 1)

Conclusion

This study sought to reveal how individuals created wellness and discovered a three-stage process which revealed a voluntary, self-led, learning and change process toward a personal vision of wellness named personalizing wellness. Wellness is not a stagnant objective to be obtained but rather an alive and dynamic interaction of experiences and processes to be lived.

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