A qualitative study of high level wellness, health and happiness

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Abstract

The World Health Organization (1946/2006) recognises that everyone has the right to enjoy the highest possible standard of physical, mental and social wellbeing (high level wellness, health and happiness), regardless of their socioeconomic circumstances, ethnicity or beliefs. Decades of research have provided a good understanding of the factors that facilitate high level wellness, including healthy food, physical activity, supportive relationships and equitable access to money, power and resources (Commission on Social Determinants of Health, 2008; Donaldson, Dollwet, & Rao, 2015; World Health Organization, 2015b, 2017a). However, relatively few people appear to be flourishing (Huppert & So, 2013; Keyes & Simoes, 2012), suggesting that this growing body of knowledge on wellness determinants has not translated into ‘high level wellness for all’. Qualitative research on the lived experience of high level wellness could complement existing initiatives, by providing new perspectives on what this way of being is, and how people attain and maintain it. This information could benefit a range of audiences, including people who have not experienced high level wellness first hand, or known anyone who has.

This study aimed to provide a new understanding of high level wellness, based on interviews with 25 Australian adults. It focused on two research questions: (1) ‘What is high level wellness?’; and (2) ‘How do people attain and maintain this way of being?’ Participants were recruited via traditional and social media (i.e., newspapers, radio, television, Facebook, LinkedIn, Twitter and email). These people were over the age of 18, lived in South East Queensland (Australia), and reported a high (or very high) level of ‘wellness’, ‘health’ and ‘happiness’. The 20 female participants ranged from 25 to 65 years of age (M=43.6), whereas the five males were aged between 41 and 60 (M=53.4). Participants lived in Brisbane (n=14), Gold Coast (n=7), Logan (n=2), Ipswich (n=1) and the Sunshine Coast (n=1). Household income levels were described as low (n=7), medium (n=12) and high (n=4), with two participants not disclosing this information.

Intensive, semi-structured interviews were used to generate rich, qualitative data. Each participant was provided with an opportunity to discuss their understanding of high level wellness (including what types of words they used to describe it), their wellness journeys, what helped (and what made it harder), how they were similar to (and different from) less healthy happy people, and how others could become more healthy and happy. They also reflected on the type of day that made them feel particularly healthy and happy, and the type of day that did not. Follow up questions were used to elicit more information, and participants
were asked to comment on data patterns after providing their own responses. Each of the interviews lasted between 35 and 259 minutes (M=84 minutes). They were audio-recorded with participant consent, and transcribed into 470 pages (300,000 words) of data. Pseudonyms were used to conceal participant identities.

The data collection and analysis process was informed by Charmaz’ (2014) constructivist grounded theory method. Grounded theory methods provide “systematic, yet flexible guidelines” to enable researchers to develop theories directly from qualitative data (Charmaz, 2014, p. 1). Constructivist grounded theorists tend to focus on ‘what’, ‘how’ and ‘why’ questions to develop an abstract understanding (theory) of a phenomenon from interview transcripts (Charmaz, 2008, 2014, 2017a). The data collected in this study was analysed in three phases. Phase one began while the interviews were being conducted by: (1) undertaking initial coding, (2) comparing data, codes, categories and category properties in memos, and (3) exploring data patterns with participants. The second phase returned to the two research questions; developing a summary of each person’s wellness journey, recoding the data to identify information that might help to explain what high level wellness is, and crafting this information into a potentially generalisable definition. This was followed by selective codes and memos on several steps in a circular experiential learning process, as a way of testing tentative hypotheses about the data (abductive reasoning). This led to the development of a theoretical process and model. Phase three enabled participants to provide feedback on their wellness journey summaries (n=24 respondents) and the wellness theory (definition, process and model) developed from their data (n=7 respondents). Participants suggested that the theory reflected their experiences (resonance), and had the potential to help less healthy, happy people (usefulness); confirming two of Charmaz’ four grounded theory criteria (the others are originality and credibility). Participants also provided ideas for improvement, which were incorporated into the process, model and journeys.

This research process suggested that high level wellness is the sense of peace (wellbeing) that comes from knowing, liking and being one’s best self. Tuning into the presence or absence of this sensation prompts some people to move towards the people, places, perceptions and practices that align with their needs, values, energisers, strengths and joys; away from those that do not. There are three steps in this circular experiential learning process: (1) assessing the situation, (2) trying an action and reviewing the consequences, and (3) integrating lessons. This self-initiated learning process requires self-commitment, reflection on inner and outer circumstances (presence and awareness), and the ability to become one’s best (not perfect) self—including access to relevant resources (e.g., social support). People can initiate many learning cycles throughout their lives, in relation to a wide
range of factors. Over time, this can result in the adoption of several qualities and actions, which people express in their own unique ways (e.g., spending time with positive people and/or pets, doing something of value for themselves and others, finding a way of eating and moving that works for them, and not taking themselves too seriously). People start becoming what they perceive to be the best version of themselves, feel at peace, and flourish; while staying open to new opportunities to grow.

This process of becoming one’s best self through experiential learning was labelled an ‘experiential learning theory of high level wellness’ in this dissertation. For the purposes of this study, theory is defined as a statement of relationships between abstract concepts; one of many possible ways of understanding a phenomenon (Charmaz, 2014). The theoretical assertions described in this dissertation are partial, conditional and contextual, situated in a particular place and time, in line with the nature of constructivist grounded theory studies (Charmaz, 2014). They also appear to be resonant, useful, original and credible, addressing Charmaz’ (2014) four grounded theory criteria. It is important to note that constructivist grounded theory studies do not aspire to explain, predict, measure or control people’s behaviour—they just articulate one way of understanding an experience (in this case, high level wellness), based on the researcher’s interpretation of participant data (Charmaz, 2014).

The data-based (substantive) theory articulated in this dissertation connects existing concepts (e.g., self-actualisation and eudaimonic wellbeing) to a novel conceptualisation of experiential learning, and a quiet sense of peace as an inner compass. Additional studies could determine whether this understanding of high level wellness holds true within other populations and contexts (i.e., whether this substantive theory could become a formal theory). One way of doing this would be to: (1) sample for other people who self-identify as having a high (or very high) level of wellness, health and happiness, (2) follow the same interview guide, and (3) use this theory as an analytical framework, while staying open to new possibilities. Researchers and practitioners could also explore practical applications of this high level wellness theory by helping individuals and communities to design, implement and evaluate their own experiential learning processes, accompanied by broader efforts to ensure that everyone can access relevant resources (e.g., liveable incomes, affordable housing, services and so forth). These initiatives could be underpinned by ‘holistic, ecological, salutogenic health promotion’ principles and values (Gregg & O’Hara, 2007) and empowering, participatory facilitation frameworks, such as action research (Stringer, 2014) and positive deviance (Herington & van de Fliert, 2017). This dissertation describes the high level wellness theory developed in this study, including links to relevant data and literature.
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Statement of originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Connie Allen
Assistance received

Dr Jennifer Boddy and Professor Elizabeth Kendall provided ongoing advice and support throughout my candidature, including supervising the development of a journal article that is being considered for inclusion in ‘Health Promotion International’:


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Chapter 1: Introduction

1.1 Chapter overview
Chapter one introduces this qualitative study of high level wellness, health and happiness (hereafter referred to as high level wellness). It begins by explaining the need for this study, before describing research goals, methods and significance. This chapter also outlines the process and structure of this dissertation, including its exploration of several wellness terms.

1.2 Background and rationale
Every human being has the right to enjoy the highest possible standard of physical, mental and social wellbeing (high level wellness), regardless of their socioeconomic circumstances, ethnicity or beliefs (World Health Organization, 1946/2006). Decades of research have provided a good understanding of the various determinants of high level wellness. On a behavioural level, this includes eating healthy food, engaging in regular physical activity, avoiding tobacco, and minimising alcohol consumption (World Health Organization, 2014, 2015a, 2015b, 2017c). Practices that facilitate positive emotions, strengthen relationships, and engender a sense of achievement, meaning and purpose have also proven effective (Donaldson et al., 2015; Seligman, 2011). Equitable access to power, money and resources (e.g., housing, education and health services) is particularly valuable; enabling people to ascertain and accomplish their goals, address their needs, and change or cope with their environments (Commission on Social Determinants of Health, 2008; United Nations, 2016; Wilkinson & Pickett, 2009; World Health Organization, 1986).

Despite the proliferation of research into each of these wellness determinants, relatively few people appear to be flourishing across physical, social and mental domains. Poverty, inequality, unemployment, violence and extremism, natural disasters and resource depletion are common in many areas of the world (United Nations, 2015). Even affluent countries like Australia (where this study took place) are grappling with a high prevalence of chronic diseases such as heart disease, cancer, diabetes, depression and anxiety; particularly amongst poor, regional, rural and Indigenous populations (Australian Institute of Health and Welfare, 2016). Just over half of Australians (56%) reported a ‘very good’ or ‘excellent’ level of health in the last National Health Survey (Australian Institute of Health and Welfare, 2016), but only 15% of people indicated above average levels of mental health in one of its states—Queensland (Queensland Health, 2012). This mental health figure was similar to the percentage of adults found to be flourishing through a related survey instrument in America (17-18%) (Keyes & Simoes, 2012); higher than Portugal, Slovakia and Russia (10%), but lower than Scandinavian countries such as Denmark (41%) (Huppert & So, 2013). This type
of information suggests that we are a long way from high level wellness for all, as acknowledged by the World Health Organization (WHO, 2017b).

Qualitative research into the lived experience of high level wellness could provide valuable new perspectives to complement quantitative (numerical) studies. Qualitative studies aim to describe and understand people’s lived experiences, enabling research participants “to express their feelings and experiences in their own words” (Liamputtong, 2010, p. xi). Several people have advocated for more qualitative high level wellness studies, including researchers focused on health promotion (Baum, 1995; Kimiecik, 2011), positive psychology (Hefferon, Ashfield, Waters, & Synard, 2017; Rich, 2017) and humanistic psychology (Wertz, 2001). However, there does not seem to be a cumulative body of knowledge relating to this type of research (Csikszentmihalyi, 2001; Seligman & Csikszentmihalyi, 2000), so studies are scattered across different disciplines and journals, using many different terms. Some people have undertaken qualitative (or mixed methods) research into high level wellness constructs such as self-actualisation (Maslow, 1954/1970), self-realisation (Rogers, 1961/1995), flow (Csikszentmihalyi, 1990; Nakamura & Csikszentmihalyi, 2009), wholehearted living (Brown, 2010), longevity (Buettner, 2012), wellbeing (Harvey, 2014; Healey-Ogden & Austin, 2011) and happiness (Delle Fave et al., 2016). These researchers have described the most pleasant (positive) part of the health continuum as enjoyable (Csikszentmihalyi, 1990), achievable (Healey-Ogden & Austin, 2011), kind and gentle (Brown, 2010), and aligned with one’s inner essence (Maslow, 1954/1970). Some of these studies have produced practical guidance (e.g., Brown, 2010; Maslow, 1954/1970) and descriptions of relevant barriers and enablers (Harvey, 2014). No researchers have based their studies on interviews with people who describe themselves as having a high level of ‘wellness’, ‘health’ and ‘happiness’. This type of research has the potential to help less happy, healthy people understand this way of being; and inform a range of initiatives.

1.3 Research purpose and questions
This research aimed to provide a new understanding of high level wellness, by exploring the insights and experiences of 25 adults who lived in South East Queensland (Australia) and described themselves as having a high (or very high) level of ‘wellness’, ‘health’ and ‘happiness’. Two research questions were posed: (1) ‘What is high level wellness?’ and (2) ‘How do people attain and maintain this way of being?’ These questions directed this study towards the articulation of a concept and (related) process.

1.4 Research design
This study was informed by a constructivist grounded theory method of data collection and analysis, in the tradition of Charmaz (2008, 2014, 2017a). Grounded theory methods provide
systematic guidelines to enable researchers to develop theories directly from qualitative data (Charmaz, 2014). For the purposes of this dissertation, the term ‘theory’ refers to a way of describing relationships between abstract concepts, which may aim for understanding or explanation (Thornberg & Charmaz, 2012). Constructivist grounded theorists seek to develop an abstract understanding of a phenomenon, rather than a quest for explanation, prediction, measurement and control (Charmaz, 2008). Bryant and Charmaz (2012) say that the grounded theory “family of methods” (p. 11) are the most popular and widely used qualitative research procedures “across a wide range of disciplines and subject areas” (p. 1).

This study generated qualitative data through intensive, semi-structured interviews. Each participant was asked to describe what high level wellness meant to them, their wellness journeys, what helped, what made it harder, and their advice for less healthy, happy people. They also reflected on a fairly normal day that made them feel particularly healthy and happy, and one that did not. This data was analysed in three phases, starting immediately after the first interview. These phases included initial (exploratory) codes and memos, the development of a draft theory (drawing from selective codes and memos), and an opportunity for participants to provide feedback and ideas for improvement. This data-driven process led to the development of a high level wellness theory (definition, process and model). The combination of these three sets of theoretical findings were labelled an ‘experiential learning theory of high level wellness’.

1.5 Terminology
Several terms have been used somewhat interchangeably in this dissertation, including health, happiness, wellbeing, wellness and high level wellness. A more complete description of the similarities, differences and connections between each of these constructs is provided in chapter two. However, for now, suffice to say that this study sought to understand the most pleasant part of the health continuum, rather than a sense of neutrality or illness. The term ‘high level wellness’ was adopted to denote a positive conceptualisation of health and wellbeing that encompassed more than one dimension, as articulated in the WHO’s (1946/2006) conceptualisation of ‘physical, mental and social wellbeing’, and the notion of ‘health and happiness’ in general discourse. This term was used to point to the phenomenon of interest and identify relevant participants (i.e., people who thought of themselves as having a high level of wellness, health and happiness). It was not used to signify a sense of perfection (i.e., complete wellbeing). Participants were free to describe their experiences of high level wellness in their own words in interviews, and their insights formed the foundation of theoretical findings. This level of openness aligned with the constructivist grounded theory method adopted in this study, as described by Charmaz (2014) and Thornberg (2012).
1.6 Research location

This research was conducted in South East Queensland, Australia—a region with 12 local government areas, including Brisbane, Logan, Gold Coast, Ipswich and the Sunshine Coast. Australia was ranked as the ninth happiest country in 2017, based on subjective life evaluation scores (Helliwell, Huang, & Wang, 2017). As previously mentioned, just over half (56%) of the 24.4 million people living in Australia reported very good or excellent health in the most recent ‘National Health Survey’ (Australian Institute of Health and Welfare, 2016). Equivalent measures were not included in Queensland Health’s (2016) last biennial ‘Chief Health Officer Report’, which said that “most Queenslanders are satisfied with their health and report a good quality of life”, rather than stating the percentage of people with very good or excellent health (p. 19). A similar proportion of Queensland residents (55%) reported very good or excellent health in the previous edition (Queensland Health, 2014). The 2012 ‘Chief Health Officer Report’ included a self-reported measure of mental wellbeing, which suggested that 15% of Queensland residents had above average, though not necessarily exceptional, levels of mental health (Queensland Health, 2012). This mental health measure was not included in later editions of the ‘Chief Health Officer Report’. This low level of mental health (around one in seven Queenslanders) is significant, when considering the WHO’s “proposition that there can be no health without mental health” (Prince et al., 2007, p. 859; World Health Organization, 2005b), and the fact that studies on flourishing tend to focus on psycho-social wellbeing (e.g., Keyes, 2002; Keyes & Simoes, 2012). According to Queensland Health (2016), people living in cities and socio-economically advantaged areas, adult females and young people, tend to report the highest levels of health and quality of life in Queensland. Given the metropolitan emphasis of Queensland Health’s (2016) findings, it is likely that many of Queensland’s happiest, healthiest residents live in the most densely populated (south east) corner, particularly in relatively affluent cities such as Brisbane and the Gold Coast. Around 3.5 million people live in South East Queensland, according to the current South East Queensland regional plan (Queensland Government, 2017).

South East Queensland has relatively few people working on the concept of high level wellness at a strategic level, due to a dearth of professionals and researchers working in health promotion, positive psychology and related fields—and an associated lack of high level wellness funding, policies and programs. Over the last five years, this region has experienced significant changes in the way that wellbeing is perceived by its state health department (Queensland Health), starting with the removal of most of its health promotion workforce in 2012 (as part of a broader government restructure), a redirection of health promotion policy towards disease prevention (O’Hara, Taylor, & Barnes, 2016), and a trend towards omitting reports on the prevalence of positive health (and mental health) constructs in its ‘Chief Health Officer Reports’ (as discussed in the preceding paragraph). While positive
psychology has grown to the point that it has become “self-supporting” on a global scale (Donaldson et al., 2015; Seligman, 2011, p. 9; Seligman, Steen, Park, & Peterson, 2005), this field is still in its infancy in South East Queensland. Positive psychology courses have only been offered in local universities in the last few years, and these principles do not seem to have had much impact on policies and services known to affect health and wellbeing, including the field of health promotion. Some agencies are emphasising health and wellbeing (as opposed to just focusing on the related, often overlapping, field of disease prevention) in South East Queensland, including ‘Heart Foundation Walking’ (Heart Foundation), ‘Deadly Choices’ (Institute for Urban Indigenous Health), ‘Wellbeing Hubs’ (Relationships Australia), ‘Joining Hands’, and various community centres and wellness initiatives. However, long-term sustainability is often a concern in these types of programs due to an absence of ongoing funding. The lack of attention to high level wellness at a strategic (whole of government, university and community) level in South East Queensland suggests that this region could benefit from the type of study described in this dissertation—and sustainable funding, programs, policies and positions to support high level wellness capacity building, research and practice on a broader scale, including empowering, community-led wellness initiatives and efforts to improve fundamental wellness determinants (e.g., liveable incomes, affordable housing, professional services and the like). This study could contribute to that goal.

1.7 Originality and significance

This is the first study to construct a theory from interviews with people who describe themselves as having a high (or very high) level of ‘wellness’, ‘health’ and ‘happiness’. The ‘experiential learning theory of high level wellness’ developed from this data reflects, connects, extends and contextualises several existing constructs (e.g., self-actualisation and experiential learning); suggesting that people learn to become happy, healthy and well by making the most of each aspect of their lives; gradually becoming what they perceive to be the best version of themselves through a process of trial and error, informed by the presence or absence of peace. This new conceptualisation of high level wellness has the potential to provide less healthy, happy people with a better understanding of this way of being. This theory could help to inform a range of practical initiatives, including high level wellness support programs for individuals and communities, and efforts to ensure that everyone has the time, money and energy to honour their unique needs, values, strengths, energisers and joys. These types of endeavours could be informed by ‘holistic, ecological, salutogenic health promotion’ principles and values (Gregg & O’Hara, 2007) and participatory facilitation frameworks, such as action research (Stringer, 2014), community development (Ife, 2002), eudaimonic wellbeing coaching (Kimiecik, 2011), appreciative inquiry (Whitney & Trosten-Bloom, 2010) and positive deviance (Herington & van de Fliert, 2017). A research
component could determine whether this data-based (substantive) theory is helpful for other populations, and could thus become a formal theory.

1.8 Dissertation process and structure

Grounded theorists inductively and abductively build theory from data, rather than (deductively) shaping their studies through existing literature. This has a profound effect on the research and write-up process, which is not always evident to readers. Charmaz (2014) acknowledges that “the emergent character of grounded theory writing may conflict with [...] dissertation requirements” (p. 290). As such, she advises grounded theorists to “rethink the format and adapt it to [their] needs and goals rather than pour[ing their ...] work into standard categories” (Charmaz, 2014, p. 290). One of the issues that constructivist grounded theorists need to consider, is how they choose to situate themselves in their studies. Constructivists acknowledge that they ‘construct’ (rather than ‘discover’) their research findings (Charmaz, 2014). Their decisions about what to study, who to talk to, and what to discuss (along with their interactions with research participants), generate a data set that differs from anything produced by other researchers (Charmaz, 2014). Moreover, their world view, education, experiences and assumptions determine what they can see in the data, which means that their analysis is also unique to them (Charmaz, 2014). Constructivist grounded theorists enhance research rigour by disclosing how they have grappled with these issues (reflexivity and transparency), rather than attempting to portray themselves as “value-free” experts or neutral observers (Charmaz, 2014, p. 13; 2017a). Charmaz recognises that constructivist grounded theory researchers may feel pressured to exude a sense of “certitude and authority” that conflicts with the “ambiguity and uncertainty” embedded in the process:

Published writers often act as if they proceeded on a single path with a clear destination from choosing their topics to writing their conclusions. More likely, the path is neither single, nor the destination clear. And today you can write about the bumps in the road. (Charmaz, 2014, p. 290)

Pairing the inductive, abductive nature of grounded theory methods with the subjectivity and reflexivity of constructivism can be unnerving. It can take a long time to ‘unlearn’ conventional (quantitative, positivist, objectivist) research paradigms and trust the process—perceiving openness, uncertainty and ambiguity as strengths.

I experimented with several ways of presenting this research, before returning to a fairly conventional thesis structure, incorporating relevant reflections. I am mindful that this format implies a particular narrative, as outlined by Charmaz (2014), above. I am also conscious that researcher reflections can be unnerving for dissertation readers; punctuating professional mastery with personal vulnerability. However, it is important to note that I am
embedded in this research, as a wellness seeker rather than exemplar (model). I began this research with a good understanding of wellness determinants (from a health promotion and psychology perspective), but little knowledge of what high level wellness was like in practice. My curiosity about this way of being made me want to design a research project that enabled particularly healthy, happy people to share their experiences and insights, without concentrating on predetermined topics. I explored relevant literature in the lead up to this study, but endeavoured to put this aside during data collection and analysis, as recommended by several grounded theorists (e.g., Birks & Mills, 2011; Charmaz, 2014, 2017a; Urquhart, 2013). I collected data on participant wellness experiences, terms, definitions, journeys, enablers, barriers and lessons learned; systematically identified and documented data patterns; and checked my understanding of this data with participants. I then returned to the literature, developing a literature review framed by this study’s findings, with a level of depth and coherence I was not privy to before conducting this research.

Charmaz (2014) says “a theory can alter your viewpoint and change your consciousness”; enabling “you [to] see the world from a different vantage point and create new meanings of it” (p. 233). Collecting and analysing participant data helped me to make sense of information I could not relate to before. It provided a sense of context, making the idea of high level wellness more relatable, realistic and achievable. The seven participants who provided feedback on the experiential learning theory of high level wellness suggested that it was a good way of understanding their experiences, which had the potential to help others, including people who were less healthy and happy. More research will be required to determine whether this theory is transferable beyond study participants, including efforts to ensure that everyone has what they need to flourish (e.g., food, education, employment, housing and income, as well as social support, health and welfare services, and access to the people, places, perceptions and practices that provide a sense of energy and joy, and align with their strengths, values and needs). The next six chapters tell the story of this research and its findings. I review relevant literature, explain the research design, describe participant characteristics and experiences, document theoretical and descriptive findings, link the theory back to relevant literature, and provide recommendations and conclusions.

1.9 Chapter summary
This chapter explained the need for more qualitative research into the lived experience of high level wellness, to provide new perspectives to complement existing approaches. It then described this study’s research questions, method, originality and significance, as well as the dissertation process and structure. The next chapter will critically review relevant literature; defining key terms, describing two different approaches (health promotion and positive psychology), and exploring previous qualitative high level wellness studies.
Chapter 2: Literature review

2.1 Chapter summary
Chapter two starts by discussing the contested nature of literature reviews in grounded theory research and explaining how these tensions were managed in this study. It then describes existing knowledge on high level wellness constructs and examines literature relating to the two research questions, as well as the lived experience of this way of being.

2.2 The contested nature of literature reviews in grounded theory research
Literature reviews fulfil several important functions in doctoral dissertations. Describing previous studies helps to provide a sense of context; articulating what has been done before, why a particular study is needed, and how it extends on previous works (Charmaz, 2014). However, this part of the research process tends to present a “conundrum” for researchers employing a grounded theory method (Charmaz, 2017a; El Hussein, Kennedy, & Oliver, 2017, p. 1199). Grounded theorists aim to develop theories from data patterns, rather than ‘forcing’ their data through preconceived hypotheses, ideas and assumptions (Glaser & Strauss, 1967/2008). Glaser (one of the two founders of these methods) advises grounded theorists to avoid reviewing the literature before data collection, so they can remain “open to what is actually happening” (Glaser, 1978, p. 3). Charmaz (2014) disagrees, arguing that researchers are unlikely to enter their studies as ‘blank slates’, and that “delaying the literature review [...] can result in rehashing old empirical problems” (p. 306). Some grounded theorists (including Charmaz) advocate for a pragmatic approach; minimising preconceptions and “naïve empiricism” by undertaking a preliminary literature review before entering the field, but endeavouring to put this aside during data collection and analysis (Birks & Mills, 2011; Charmaz, 2014, p. 307; Urquhart, 2013). There is less dissension on the importance of reviewing relevant literature once data analysis is nearing completion, as all grounded theorists are encouraged to describe how their theories relate to previous works (e.g., Charmaz, 2014; Glaser, 1998; Stern, 2012). Given the inductive nature of this type of research, grounded theorists often explore one or more sets of literature before undertaking their studies, and review different bodies of knowledge after developing their data-driven theories (Charmaz, 2014). Charmaz (2014) urges grounded theory researchers to tailor the final version of their literature review to the purpose and argument of each manuscript, which may require a description of their journey across several topics and disciplines.

El Hussein, Kennedy and Oliver (2017) advise grounded theorists to undertake an iterative, non-linear process of literature review and reflection. Early reviews can identify research gaps and inform the development of interview guides, whereas practices such as bracketing
A qualitative study of high level wellness, health and happiness (Connie Allen)

(which are usually associated with phenomenological research methods) can demonstrate the researcher’s initial understanding of a phenomenon (El Hussein et al., 2017).

The important consideration is not just how or when to conduct the literature review but how to understand it as an embedded and integrated element within the larger research process. Important questions to ask may be: when do we revisit the literature review, when do we bracket it, and how do we best incorporate it into the sampling, analysis and theory generating process? (El Hussein et al., 2017, p. 1205)

Thornberg (2012) recommends the adoption of several literature review principles including:

- theoretical pluralism (being open to a range of different theoretical perspectives);
- theoretical agnosticism (understanding various theoretical positions and critically reviewing the ‘cracks’ and ‘spaces’ within and across existing theories); and
- theoretical playfulness (being creative with theories and concepts).

El Hussein et al. and Thornberg’s suggestions seem to align with the openness and reflexivity of the constructivist grounded theory method, including its sceptical assessment of existing literature and ongoing examinations of preconceptions (“what we take for granted to be true”) (Charmaz, 2017a, p. 5). Constructivist grounded theorists believe that data-driven theories can be developed with an understanding of previous works, as long as this knowledge does not overshadow the inductive nature of grounded theory research methods (Charmaz, 2017a; El Hussein et al., 2017; Thornberg, 2012).

The literature review process I employed in this study was iterative and non-linear, traversing a range of topics including different conceptualisations of high level wellness, disciplinary approaches and research methods. The pre-study literature review focused on positive psychology content and qualitative research methods, assuming that studies on the lived experience of high level wellness might be located in a discipline dedicated to wellbeing, using qualitative research techniques. I also explored studies of positive lived experiences, using a range of terms across several disciplines. I returned to the literature after data collection and analysis, examining some topics I had explored prior to data collection, as well as new areas that had emerged as important during the course of the study. Most of this chapter was prepared after data collection and analysis, to contextualise the study findings in relation to previous works. The next section describes wellness terms and definitions.

2.3 What is high level wellness, health and happiness?

This dissertation suggests that several terms may be intrinsically linked, as implied in the WHO’s (1946/2006) definition of health as the highest possible standard of physical, mental and social wellbeing. The terms ‘health’, ‘wellbeing’ and ‘wellness’ tend to be used interchangeably by health professionals and community members (Healey-Ogden & Austin,
2011), whereas the words ‘healthy’ and ‘happy’ are often used together in general discourse, as a way of articulating a positive way of being encompassing at least two domains (physical and mental wellbeing). The integration of physical and mental wellbeing is also evident in the WHO’s (2005b) acknowledgment that there can be “no health without mental health” (p. XIX). I adopted the phrase high level wellness (and ‘high level wellness, health and happiness’) to point to my area of interest (the most pleasant part of the health continuum) in a tentative manner, knowing that this phenomenon could be labelled in other ways. This section describes several wellness terms and definitions, starting with the word health.

2.3.1 What is health?

‘Health’ is an ambiguous, contested term that has been defined in many ways. One of the most common definitions of health is “simply normality”; an absence of disease or deviance (Blaxter, 2010, p. 4). This medicalised conceptualisation can be problematic, as the perception that someone has deviated from a prescriptive, descriptive or scaled notion of normality can lead to judgement, control and increased suffering (Blaxter, 2010). Lay (community) definitions of health often incorporate a sense of balance, functionality, physical fitness, self-control and energy (Baum, 2016; Blaxter, 2010). Health can also refer to the systems that treat and prevent disease and disability, and promote and protect wellbeing (Baum, 2016). Health definitions are important, as they influence the way people understand the world and make decisions (Baum, 2016). For example, conceptualising health as an absence of disease may prioritise an emphasis on physical health, risk factors and behaviour change, without accounting for underlying socioeconomic factors (e.g., the inequitable distribution of money, power and resources) (Baum, 2016; Commission on Social Determinants of Health, 2008), or the unintended harm that can arise through weight-centred paradigms (O’Hara & Gregg, 2006; O’Hara, Taylor, & Barnes, 2015). Curtis and Taket’s (1996) research on the adverse implications of various health constructs led them to conclude that accurate definitions of health and disease could be less important than examining the “multiple and complex ways” these terms are used, and how these conceptualisations impact on people’s lives (p. 72).

The WHO’s conceptualisation of health is embedded in several documents. They begin their 1946 constitution in the following manner:

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all. (World Health Organization, 1946/2006, p. 1)

A more recent WHO document (‘The Ottawa Charter for Health Promotion’) acknowledges that health is a resource, rather than reason, for living:

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. (World Health Organization, 1986, p. 1)

There are many ideas articulated in these two excerpts, including some that are problematic, as explored below.

The WHO (1946/2006) constitution implies that health is a continuum, with “disease or infirmity” at one end, the “absence of disease or infirmity” in the middle, and “complete physical, mental and social well-being” at its most positive point (p. 1). It can be helpful to perceive health as a continuum, but the WHO model has a number of limitations. Huber et al. (2011) argue that the disease profile has changed since the WHO constitution was developed, including an increased prevalence of chronic disease and disability, which can affect people for many decades.

In this context, the WHO definition becomes counterproductive as it declares people with chronic diseases and disabilities definitively ill. It minimises the role of the human capacity to cope autonomously with life’s ever changing physical, emotional, and social challenges and to function with fulfilment and a feeling of wellbeing with a chronic disease or disability. (Huber et al., 2011, pp. 1-2)

The most positive point of the WHO health continuum also presents a challenge, as few people could claim that they have a state of complete physical, psychological and social wellbeing (Baum, 2016; Huber et al., 2011; Smith, 2008). Huber and colleagues (2011) suggest that the WHO’s definition of health should concentrate on people’s ability to adapt and self-manage, as this would be more attainable for everyone, including people with disabilities and/or diseases.
Huber et al.’s (2011) focus on functionality is valuable, but their conceptualisation of health does not capture the WHO’s commitment to the highest attainable standard of wellbeing for “every human being without distinction of race, religion, political belief, economic or social condition” (World Health Organization, 1946/2006, p. 1). It is unlikely that the WHO meant to exclude people with disease and disability, aspire towards an impossible goal (i.e., complete physical, social and mental wellbeing), or create a sense of confusion by describing the highest possible level of wellbeing with a term (health) that denotes everything from illness, to neutrality and wellness. Taken as a whole, the WHO’s conceptualisation of health demonstrates their commitment to the highest possible standard of wellbeing for all; acknowledging that this is a fundamental human right that encompasses physical, social and mental dimensions. The WHO (1986) acknowledges that health is a personal resource that enables people to identify and realise aspirations, satisfy needs, and change or cope with their environments. It also recognises that health is political, suggesting that health and wellbeing should be protected and promoted by each State (government), in partnership with community members (WHO, 1946/2006, 1986). A recent WHO (2013a) report reiterates their position that “whole-of-society and whole-of-government” efforts are needed, including “increasing attention to and understanding of health and well-being”, in addition to efforts to reduce mortality and morbidity, and improve health service coverage and performance (p. x).

This study focuses on the WHO’s aspirational intent; assuming that each person has the potential to experience high level wellness, including those with disease and disability. This supports Tengland’s (2010) assertion that the most positive conceptualisation of health needs to move beyond a sense of functionality to incorporate subjective wellbeing. This phenomenon (“feeling good and functioning well”) appears to require its own terminology, to separate the most positive way of being from the sense of ‘normality’ implied by the word health (the quoted phrase was first cited in relation to the concept of ‘flourishing’ in Keyes & Annas, 2009, p. 197). This term could be something like ‘wellbeing’, ‘wellness’, ‘flourishing’, or ‘high level wellness’. A more expressive term (or phrase) could help to clarify the difference between the idea of ‘health for all’ in the sense of everyone being able to function (and/or having access to health and welfare services), and ‘high level wellness for all’, in the sense of everyone attaining their highest possible standard of physical, mental and social wellbeing (which could be assessed through subjective feelings). This standard of wellbeing is likely to be different for each person, depending on their circumstances. The next section explores two related approaches, wellbeing and happiness.

2.3.2 What is wellbeing and happiness?

‘Wellbeing’ is linked to happiness, just as much as it is linked to health. For example, the highest attainable standard of wellbeing articulated by the WHO (1946/2006), include[s]
health and happiness (physical, mental and social wellbeing), contribute[s] to “happiness, harmonious relations and security of all peoples”, and form[s] part of a broader conceptualisation of (physical, mental and social) health as a continuum (p. 1). Some researchers suggest that ‘wellbeing’ is a more useful construct than health and happiness; encompassing a sense of contentment that can be experienced alongside disease, disability and stressful life events (Liamputtong, Fanany, & Verrinder, 2012), which extends beyond “a cheerful mood” (Seligman, 2011, p. 13). The term ‘wellbeing’ tends to be used in a range of disciplines, including health promotion (World Health Organization, 1986), nursing (Healey-Ogden & Austin, 2011) and positive psychology (Seligman, 2011). The term ‘happiness’ tends to be most prevalent in positive psychology, particularly sources aimed at the general public (e.g., Lyubomirsky, 2007, 2013; Seligman, 2002, 2011).

There is some debate in the way that wellbeing and happiness are defined in the modern positive psychology movement. This field’s founder (Seligman) defines wellbeing as the five factors he believes “free people will choose for their own sake”: positive emotions, engagement, relationships, meaning and accomplishment (Seligman, 2011, p. 16). However, DeRobertis (2016) says that this tendency to focus on factors “seems to be a way of bypass[ing] the issue of what it is” (p. 73, original italics). DeRobertis (2016) suggests that qualitative descriptions of the lived experience of happiness and wellbeing could provide a more comprehensive understanding of this experience. Dell Fave and colleagues have also noted the need for more research defining wellbeing terms (i.e., happiness, satisfaction and the good life); especially qualitative and mixed methods studies that document lay perspectives (Carlquist, Ulleberg, Delle Fave, Nafstad, & Blakar, 2017; Delle Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011; Delle Fave et al., 2016). Few researchers have investigated the way that community members define wellbeing constructs, as most studies examine these concepts “through scaled instruments that are […] useful for assessing their levels, but not the meaning that participants attribute to them” (Carlquist et al., 2017, p. 482). Even fewer researchers have studied these concepts from the perspective of people who self-identify as having a high level of wellness (wellbeing). Section 2.5 explores existing qualitative studies, including works by DeRobertis, Delle Fave and Calquist (e.g., Carlquist et al., 2017; Delle Fave et al., 2011; Delle Fave et al., 2016; DeRobertis, 2016).

Psychologists and philosophers often differentiate between two types of wellbeing: hedonic and eudaimonic. Hedonic wellbeing concentrates on the attainment of pleasure and positive emotions (e.g., happiness, contentment and joy), whereas eudaimonic wellbeing focuses on the idea of “living well” (Compton & Hoffman, 2013, p. 43). Keyes and Annas (2009) refer to these distinct but related (often overlapping) concepts as feeling good (hedonic wellbeing) and functioning well (eudaimonic wellbeing), in their research on flourishing adults and
adolescents. The meaning of both of these terms has changed considerably since they were first discussed by ancient Greeks. Some philosophers (including Aristotle) used to perceive hedonic wellbeing in a derogatory manner, limited to “the pleasures of self-gratification” (see Fredrickson, 2016, p. 183). However, contemporary quantitative research has demonstrated that this form of wellbeing can have several important functions. Positive emotions seem to help people build a range of personal resources, including knowledge, skills and social bonds (Fredrickson, 1998, 2009, 2013a; Garland et al., 2010). They also predict greater levels of physical health, work performance and altruism, as well as better conflict resolution and higher quality relationships (Lyubomirsky, King, & Diener, 2005a). These findings suggest that positive feelings could help people move towards eudaimonic wellbeing (Fredrickson, 2016). The concept of eudaimonic wellbeing has also developed over time, moving from an emphasis on logically-determined virtues (e.g., excellence), to a focus on ‘self-actualisation’ and ‘self-realisation’, drawing on the work of humanistic psychologists such as Maslow and Rogers (Fowers, 2016). Current conceptualisations of eudaimonic wellbeing tend to concentrate on the idea of “finding one’s true self” and “fulfilling one’s potential” (Compton & Hoffman, 2013, p. 43; Ryan & Martela, 2016; Ryff & Singer, 2008; Waterman & Schwartz, 2013). Ryff’s (2013) eudaimonic wellbeing studies suggest that “the subjective experience of self-realization—that is, the feeling of becoming the best one can be, regardless of age or stage in the life course—may constitute an even greater protective resource” in the attainment of physical health, than other psycho-social factors such as intellectual abilities, personality attributes and social supports (p. 91).

Researchers have also explored ‘peak experiences’ and ‘flow’, which seem to combine hedonic and eudaimonic wellbeing (Csikszentmihalyi, 1990; Maslow, 1954/1970, 1962/2011; Waterman & Schwartz, 2013; Waterman et al., 2010). Maslow (1962/2011) described peak experiences as “the most wonderful [...] experiences”, including “being in love, [...] listening to music or suddenly ‘being hit’ by a book or a painting” (p. 61). Csikszentmihalyi’s (1990) conceptualisation of flow focuses on a particular type of peak experience; “a voluntary effort to accomplish something difficult and worthwhile”—creating a painting for example, rather than just observing it (p. 3). Both experiences tend to be self-validating and self-justifying (intrinsically rewarding), causing people to lose track of time (Csikszentmihalyi, 1990; Maslow, 1962/2011). However, peak experiences may or may not occur without effort, while flow is inherently purposeful, the result of a distinct set of actions (Csikszentmihalyi, 1990; Maslow, 1962/2011). Both states are accompanied by positive feelings, but these tend to occur in the moment in peak experiences, and afterwards (on reflection) in the case of flow (Csikszentmihalyi, 1990; Maslow, 1962/2011; Seligman, 2011). Maslow (1962/2011) suggests that people’s “happiest and most thrilling moments [...] are also moments of
greatest maturity, individuation, fulfilment—[and] health” (p. 80), once again suggesting a link between hedonic and eudaimonic wellbeing, and self-actualisation.

Researchers are still debating the best way to conceptualise and measure happiness and wellbeing (Kashdan, Biswas-Diener, & King, 2008; Vitterso, 2016, p. 1). Kashdan and colleagues (2008) argue that is not helpful to distinguish between different “types of happiness”, as “hedonic and eudaimonic well-being overlap conceptually, and may represent psychological mechanisms that act together” (p. 219). Hedonic wellbeing is usually assessed through the construct of subjective wellbeing (Diener et al., 2017; Diener, Suh, Lucas, & Smith, 1999), whereas eudaimonic wellbeing is measured through a number of different constructs, including eudaimonic identity theory (Waterman, 1984; Waterman & Schwartz, 2013), psychological wellbeing (Ryff, 1989, 2014), self-determination theory (Ryan & Deci, 2000, 2017) and flourishing (Keyes, 2002; Keyes & Simoes, 2012). Vitterso (2016) says that “the current state of conceptual ambiguity” may reside in “a general unwillingness to confront old ideas with new knowledge” or the need for a “novel integration of previously established facts” (pp. 12-13). Tiberius provides an alternative perspective; encouraging researchers to “embrace [...] a sort of pluralism”; aiming for ongoing reflection across several positions, rather than a single (potentially premature) conclusion on the nature and causes of wellbeing and happiness (Tiberius, 2016, p. 569; Vitterso, 2016). Vitterso and Tiberius both seem to believe that psychologists and philosophers are best placed to determine “what good lives and good societies look like”, using deductive, quantitative research methods (Tiberius, 2016; Vitterso, 2016, p. 3). However, Vitterso (2016) recognises that:

Quantification in science makes no sense until we have a proper understanding of what we would like to measure. Empirical tests offer no replacement for the tedious task of gradually improving our knowledge by continuously refining our concepts—and retiring the old and confusing ones. (p. 20)

It seems plausible that new approaches and perspectives could be valuable in this context of concept clarification, including the types of qualitative approaches1 employed by Maslow (1954/1970, 1962/2011), Rogers (1961/1995), Csikszentmihalyi (1990)—and the current study. The next section explores two final terms, wellness and high level wellness.

2.3.3 What is wellness and high level wellness?

‘Wellness’ and ‘high level wellness’ have also been defined in a myriad of ways, which link to health, happiness and wellbeing. These definitions suggest that wellness is an enjoyable way of being that incorporates an awareness and appreciation of each moment, and efforts

1 Quantitative research examines phenomena through numerical measurement tools (e.g., surveys) and statistical analyses, whereas qualitative approaches tend to begin with verbal reports (e.g., interview transcripts) that are interpreted through non-statistical techniques (Smith, 2015).
to maximise health, happiness, wellbeing, contributions and connections. Given the lack of clarity in health, happiness and wellbeing, it is not surprising that “the concept of wellness is still evolving” (Cohen, Elliot, Oates, Schembri, & Mantri, 2017, p. 141). Travis and Ryan (1981/2004) define wellness as:

[...] a choice—a decision you make to move toward optimal health.

[...] a way of life—a lifestyle [...] to achieve your highest potential for wellbeing.

[...] a process—a developing awareness that there is no end point, but that health and happiness are possible in each moment.

[...] a balanced channelling of energy—energy received from the environment, transformed within you, and returned to affect the world around you.

[...] the integration of body, mind and spirit—the appreciation that everything you do, [think, feel and believe impacts] on your state of health and the health of the world.

[...] the loving acceptance of yourself. (p. xvi).

Cohen (2008) describes wellness as a dynamic, multidimensional state of being ‘well’ that enables people to live long, fulfilling, enjoyable lives, whereas Myers, Sweeney and Witmer (2000) perceive it as “a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community” (p. 252). It is important to note that wellness is also used as a synonym for health, with all of the problems that can entail. For example, a recent article by Cohen and colleagues (2017) defined wellness as “a holistic concept best represented as a continuum, with sickness, premature death, disability, and reactive approaches to health on one side and high-level wellness, enhanced health, and proactive approaches to health and well-being on the other” (p. 141).

Roscoe (2009) found several similarities across wellness constructs when reviewing various assessment instruments. She noticed that most wellness frameworks:

1. classify wellness as something more positive than the absence of disease;
2. describe wellness as a dynamic interaction between a variety of synergistic dimensions;
3. assert the need for balance or “dynamic equilibrium” across each dimension;
4. perceive wellness as a self-motivated movement towards more optimal functioning; and
5. view this concept as a continuum rather than an end state (Roscoe, 2009, p. 218).

She then condensed several wellness models into a new framework with seven dimensions: physical, social, emotional, intellectual, spiritual, occupational and environmental wellbeing (Roscoe, 2009). Wellness dimensions discussed by other authors, but not considered in Roscoe’s (2009) model include cultural, educational, sexual, financial and ethical factors (Braun & Cohen, 2010), as well as self-responsibility, love, breathing, eating, moving, feeling, thinking, sensing, playing, communicating, finding meaning, transcending (Travis &
Ryan, 1981/2004), fun, adventure, contribution (Richardson, 1988), and community wellbeing (Rath & Harter, 2010). Roscoe (2009) went on to question the validity of all wellness theories, definitions and models (presumably including her own meta-model), arguing that most studies evaluated the psychometric properties of various wellness assessment tools, rather than exploring the concept itself. She urged researchers to go back to the fundamental question of “what is wellness?” to develop more comprehensive wellness definitions, models and theories to underpin assessment tools (Roscoe, 2009, p. 224). Roscoe (2009) argued that better assessment tools could enable professionals to help people explore various wellness determinants, quantify their current wellness levels for each factor, develop one or two achievable goals, prepare for potential “roadblocks”, and work towards optimum wellbeing (p. 224). This process sounds good in theory, but Kimiecik (2011) has argued that people are unlikely to move towards their truest, most fulfilled selves (i.e., eudaimonic wellbeing) if they are being urged to prioritise other people’s objectives, models and beliefs above their own, including the idea of obtaining balance across a set of wellness determinants or behaviours. In fact, Kimiecik (2011) suggests that the idea of balance is an “unattainable pipe dream” that can be “hurtful and destructive” (p. 775).

Dunn’s (1957) conceptualisation of high level wellness aligns with the intent of the WHO constitution, including the belief that optimal wellbeing is a fundamental human right. Like Kimiecik (and other contemporary eudaimonic wellbeing researchers), Dunn (1959) believed that people need to discover—and become—who they are, in order to achieve their highest possible level of physical, mental and social wellbeing. Dunn (1959) argued that the attainment of high level wellness for individuals and communities would require “a clear-cut concept and dedication to it; […] money and research; […] understanding, courage, and a reassessment of basic values [including] a positive orientation toward life and society” (p. 792). He felt that a high level wellness orientation could incorporate opportunities for creative expression, love and altruism; including interactions with wise mentors who had lived rich, fulfilling lives (Dunn, 1959). Ardell (1985a) also believed that people need to find out who they are and what they enjoy; following their “own unique pathways to excellence”, according to their situations, resources, opportunities and styles (p. 19). He developed a wellness continuum with ‘low level worseness’ at one end, followed by ‘middle level mediocrity’, ‘intermediate level tinkering with health and happiness’, and ‘high level wellness’ at the other end (Ardell, 1985a). This type of continuum has the potential to enable all people to gauge how they function and feel, rather than assuming that people cannot be healthy and happy if they have a disease or disability, or that anything less than perfect (i.e., complete wellbeing) is not enough (Ardell, 1985a).
The term high level wellness seems to best reflect the focus of this study, on its own, or as part of the phrase, ‘high level wellness, health and happiness’. Only a few people appear to have used this term previously: Dunn (1957, 1959, 1977), Ardell (1977, 1985a, 1985b), Travis and Ryan (1981/2004) and Cohen et al. (2017). This level of obscurity could be an advantage, as this term is less likely to carry the “cultural, social and professional baggage […] and strongly held values” that Baum (2016) attributes to the word health (p. 3).

2.3.4 How do these concepts relate to this study?
Health, happiness, wellbeing, wellness and high level wellness are linked in the literature, alongside terms such as flourishing, self-actualisation and self-realisation. The literature suggests that:

- health is a problematic term that tends to represent a sense of normality and functionality (i.e., the absence of—or ability to cope with—disease and/or disability), the positive side of the health continuum, or the health continuum as a whole;
- happiness is a good (positive) feeling that may or may not accompany a good life;
- wellbeing is a sense of feeling good and/or living a good life according to one’s inner self (with or without adversity), as well as a synonym for good health and/or happiness;
- wellness is a positive sense of health, happiness and wellbeing, or the positive side of the health continuum (similar to the term health); and
- high level wellness is a positive experience of wellness, wellbeing, health and happiness that reflects the WHO's aspirations for the best possible standard of wellbeing for all—and the (eudaimonic) notion of finding and aligning with one’s inner self.

The lack of clarity within and between these five concepts, suggests that new perspectives could be of value, including qualitative approaches that do not rule out people with diseases or disabilities. The term high level wellness is rarely used in conventional literature or general discourse. This could be advantageous for the purposes of this study—pointing to the most pleasant part of the health continuum, without being impeded by the problems associated with more ambiguous, contested terms (i.e., health).

2.4 How do people attain and maintain high level wellness?
This section moves beyond definitions to consider how health promotion and positive psychology professionals help people attain high level wellness. Both disciplines aspire towards a positive conceptualisation of health and wellbeing, but tend to adopt very different strategies. These disciplines have the potential to work together, but seldom do.

2.4.1 A health promotion perspective on high level wellness
The field of health promotion is closely aligned to the WHO and its notion of health (the
highest attainable level of physical, mental and social wellbeing) as a human right. This field was launched in 1986, through the ‘Ottawa Charter for Health Promotion’ (World Health Organization, 1986) and the first edition of ‘Health Promotion International’ (WHO Health Promotion Working Group, 1986). Health promotion is defined as the process of enabling people to increase control over (and improve) their health, so they can satisfy their needs, change or cope with their environments, fulfil their aspirations, and attain the highest possible level of physical, mental and social wellbeing (World Health Organization, 1986). This definition suggests that health and wellbeing are circular rather than linear: a resource for living, and the result of a life well-lived (Saan & Wise, 2011). Health promotion assumes that health and wellbeing are affected by several factors and actors. Health factors (determinants) can be political, economic, environmental, social, cultural, behavioural, psychological and biological; whereas health actors can include government, non-government, commercial, media and voluntary organisations, individuals, families and communities (World Health Organization, 1986). Health promotion professionals attempt to mediate between different interests; advocating for (and helping to create) the types of policies, environments, community actions, personal skills and services most conducive to health and wellbeing (World Health Organization, 1986). The WHO (1986) acknowledges that good health requires a secure foundation (e.g., equity, social justice, food, shelter, income, education, peace, a stable eco-system and sustainable resources); as well as a commitment to empowerment and community control. Health promotion principles and practices are described in several conference proceedings (World Health Organization, 1986, 1988, 1991, 1997, 2000, 2005a, 2009, 2013b, 2016), journals such as ‘Health Promotion International’, ‘Global Health Promotion’ and the ‘Health Promotion Journal of Australia’, and books (e.g., Baum, 2016; Labonté & Laverack, 2008; Laverack, 2007).

Gregg and O’Hara (2007) have provided a good overview of the way that health promotion values and principles impact on practice; contrasting “holistic, ecological, salutogenic health promotion” approaches (that have the potential to focus on high level wellness) with “conventional health promotion” perspectives, which tend to focus on disease prevention (p. 8). Holistic, ecological salutogenic approaches tend to be organic, constructivist, holistic, participatory and focused on health and wellbeing (for example), whereas conventional perspectives are characterised as mechanistic, objectivist, biomedical/behaviourist, professionally-determined, and focused on minimising behaviours that increase people’s risk of developing a chronic disease (Gregg & O’Hara, 2007). The conventional (disease-prevention) perspective has become so prevalent in Australia that many health promotion programs have been reframed as “preventive health” or “preventative health” (O’Hara et al., 2016, p. 1). These initiatives generally focus on factors such as tobacco, physical inactivity and unhealthy diets. For example, Queensland Health’s ‘Health and Wellbeing Strategic
A qualitative study of high level wellness, health and happiness (Connie Allen)

Framework aims to reduce the proportion of Queensland residents who are overweight or obese, smoke tobacco, or develop skin cancer; by helping people to increase healthy behaviours (e.g., eating vegetables and fruit) and decrease or eliminate unhealthy behaviours (i.e., smoking, physical inactivity, unhealthy eating and harmful sun exposure) (State of Queensland, 2017). This state government health department has committed to six disease prevention strategies: (1) health surveillance and research, (2) policy and legislation, (3) sector development, (4) risk assessment and early intervention, (5) social marketing, and (6) personal skill development (State of Queensland, 2017). These strategies build on epidemiological research (Australian Institute of Health and Welfare, 2016; Queensland Health, 2016), evidence-based behaviour guidelines relating to factors such as physical activity and healthy eating (e.g., Commonwealth of Australia, 2014; National Health and Medical Research Council, 2013), and national disease prevention policies (Australian Government, 2008, 2009). Some researchers have questioned the “weight-centred health paradigm” embedded in these types of approaches, arguing that such a strong emphasis on overweight and obese body mass index (BMI) scores can have “unintended harmful effects [...] including] body dissatisfaction, dieting, disordered eating, discrimination and death”, which could be reduced by focusing on ‘health at every size’ (O'Hara & Gregg, 2006, p. 261; O'Hara et al., 2015). Others have pointed out the need to address “the [underlying] causes of the causes”, including the conditions in which people live, learn, work and play, and the inequitable distribution of power, money and resources (Baum, 2016; Braveman & Gottlieb, 2014, p. 19; Commission on Social Determinants of Health, 2008). Baum and Fisher (2011) recommend that governments “reduce overall levels of socioeconomic inequality and free up resources for responsible social investment”, including infrastructure to enable local communities and agencies to collaboratively identify needs, build health capacity and resources, and create health-promoting environments (p. 324). These initiatives might include behavioural components, but they could also incorporate broader factors such as housing, education, employment, income, social connection and power.

Disease prevention strategies are important, but health and high level wellness may require more. Antonovsky (1979, 1987, 1996) suggested that efforts to focus on the origins of disease (pathogenesis) should be supplemented by attempts to explore the origins of health (salutogenesis). He explained his reasoning with an analogy. Rather than saving people from drowning (‘downstream’ disease treatment) or stopping them from falling into the river in the first place (‘upstream’ disease prevention), health promotion professionals could assume that everyone is in the “dangerous river of life” together, and learn from those who are ‘swimming’ well (Antonovsky, 1996, p. 14). This draws on his view of health as a continuum of ‘dis-ease to ease’, rather than a binary absence or presence of disease (i.e., in or out of the river). Antonovsky’s metaphor could also portray an egalitarian perspective, in
which everyone is equal and ‘in it together’—learning from and supporting each other, rather than ‘saving others’ or being ‘saved’—but he did not seem to write about this possibility.

Based on his research with female concentration camp survivors, Antonovsky (1979, 1996) hypothesised that people are most likely to achieve a reasonable level of health if they are (1) motivated to cope with life stressors (meaningfulness), (2) believe they understand various challenges (comprehensibility), and (3) feel that they can access the resources they require (manageability). He called this a ‘sense of coherence’, similar to self-efficacy and optimism (Antonovsky, 1996). Antonovsky suggested that people develop a strong sense of coherence through life experiences that enable them to cope with different stressors, obtain the assistance they need, and learn from “mistakes and failures” so they are “not doomed to repeat them” (Antonovsky, 1979; 1996, p. 15). He urged health promotion professionals to develop salutogenic programs by asking “What can be done in this ‘community’ [...] to strengthen the sense of comprehensibility, manageability and meaningfulness of the persons who constitute it?” (Antonovsky, 1996, p. 16). In other words, ‘What could enable these people to understand and access the resources they need to cope with stressors, experience a sense of ease, and be healthy?’ Antonovsky (1979, 1987, 1996) encouraged researchers to determine whether different programs produced a quantifiable difference in people’s sense of coherence, according to his questionnaires. Some researchers have explored the idea of salutogenesis in communities, schools and workplaces (e.g., Jenny, Bauer, Vinje, Vogt, & Torp, 2017; Jensen, Dur, & Buijs, 2017; Vaandrager & Kennedy, 2017), but these works often seem to retrofit existing knowledge to emphasise health resources, as opposed to disease risk factors. Antonovsky’s notion of salutogenesis has helped to draw some people’s attention towards health and coping, but few Australian health promotion professionals seem to know about, understand or use this approach, as evidenced by minimal (if any) references to salutogenesis in Australian health promotion courses, texts and journals (e.g., salutogenesis is not mentioned in the guide to health promotion theory produced by Nutbeam, Harris, & Wise, 2014).

Antonovsky’s conceptualisation of health (and his salutogenic sense of coherence) appears to be a mid-point in the WHO (1986) health promotion definition that goes from health, to living (e.g., fulfilling needs and changing or coping with the environment), to a high level of wellbeing (discussed at the start of 2.4.1). Antonovsky (1987) was most interested in people’s ability to cope with life stressors so they can attain a reasonable level of health and functionality. However, he also considered a possible relationship to wellbeing and “how one feels about one’s functioning”; arguing that “[i]f successful coping with life stressors has positive consequences for health” it may “also have positive consequences for satisfaction, happiness, morale and positive effect” (wellbeing) (Antonovsky, 1987, pp. 180-181).
Antonovsky (1987) said that he would be “flattered” if other researchers “report data linking the [sense of coherence] to other aspects of well-being but [would] not be too disappointed by limited results” (p. 182). He encouraged others to test his ideas and develop new ways of understanding the origins of health (Antonovsky, 1996; Mittelmark & Bauer, 2017).

One of the founders of health promotion (Kickbusch) praised Antonovsky for asking ‘What creates health?’, agreeing that this “must be the leading question of health promotion”, guiding research and practice away from “the deficit model of disease to the health potentials inherent in […] everyday life” (Kickbusch, 1996, p. 1; 2017). Kickbusch (2017) concurs with Antonovsky’s (1996) assertion that the absence of a firm salutogenic theoretical base could be one of the reasons behind the dominance of “individualistic and disease-based approaches” (p. v). However she argues that this state of affairs should also be attributed to “the lack of political and financial support” for a more positive approach, given health promotion’s proximity to “a health system that still runs on the medical model” (Kickbusch, 2017, p. v). Kickbusch seems to limit the scope of health promotion to dealing with life stressors in line with Antonovsky’s salutogenic conceptualisation of health, rather than including an emphasis on the highest attainable level of wellbeing (high level wellness) envisaged by the WHO (1946/2006).

Some health promotion professionals have advocated for a more explicit focus on high level wellness constructs, drawing on positive psychology, appreciative inquiry and eudaimonic wellbeing. For example, Kobau and colleagues (2011) encourage mental health promotion researchers and practitioners to adopt asset-based paradigms such as positive psychology and appreciative inquiry. They argue that these approaches could provide a greater focus on positive emotions (e.g., interventions to promote gratitude), positive traits (e.g., programs to promote resilience), and positive conversations between clinicians and clients (e.g., asking people to reflect on a time when they “had an exceptionally healthy lifestyle”, what they appreciated about this experience, and what helped this to happen) (Kobau et al., 2011, p. e6). Kimiecik (2011) suggests that health promotion professionals should concentrate on eudaimonic wellbeing (“in essence, who are you and are you living that out?”), recognising that prescriptive programs could move people away from what feels best for them (p. 776).

Eudaimonic well-being—if explored, understood, and implemented in a manner that holds true to the purity of the concept—offers significant promise for shifts in health promotion practices that may lead to transformative health experiences and enhanced quality of life. (Kimiecik, 2011, p. 769)

Kimiecik (2011) acknowledges that this would be a big shift from the biomedical paradigm of “cause and effect” disease prevention that has dominated health promotion “in spite of its relative ineffectiveness in impacting human behaviour” (p. 772). He also points out the
difficulties in getting health promotion practitioners to stop believing that they know what is best for other people, rather than recognising that “individuals are experts in matters concerning their lives” (Kimiecik, 2011, p. 786). Kimiecik (2011) says that a eudaimonic wellbeing perspective would “start with the person, not the health behaviour”; helping people to “collect data on when they feel alive and to share those experiences with others”, while providing a “sense of freedom to play and explore that leads them more naturally to healthy living” (787-788). There is a growing body of evidence demonstrating that learning about (and being true to) oneself can have a range of physical, psychological and social health benefits (e.g., Kimiecik, 2011, 2016; Ryff, 2013; Ryff, 2016), as described in 2.3.2.

The field of positive deviance could also be helpful for health promotion (and high level wellness) initiatives. This concept was first applied in the early 1990s, in relation to childhood malnutrition in Vietnam (Pascale, Sternin, & Sternin, 2010). The Sternins worked with local organisations and community members to: (1) document conventional feeding, caring and sanitation practices, (2) identify what poor families with well-nourished children were doing differently, (3) co-design a process to enable people to practice new behaviours (learning by doing), and (4) monitor and reflect on their results (Pascale et al., 2010). They instigated a fresh enquiry in every village, recognising that “the process of self-discovery was every bit as important as the actual behaviours uncovered” (Pascale et al., 2010, p. 42). This community-led process achieved a 65-80% reduction in childhood malnutrition in 22 Vietnamese provinces, with a combined population of 2.3 million people (Pascale et al., 2010, p. 5).

Positive deviance (PD) is founded on the premise that at least one person in a community, working with the same resources as everyone else, has already licked [solved] the problem that confounds others. This individual is an outlier in the statistical sense—an exception, someone whose outcome deviates in a positive way from the norm. In most cases this person does not know he or she is doing anything unusual. Yet once the unique solution is discovered and understood, it can be adopted by the wider community and transform many lives. From the PD perspective, individual difference is regarded as a community resource. Community engagement is essential to discovering noteworthy variants in their midst and adapting their practices and strategies. (Pascale et al., 2010, p. 3)

Positive deviance has been successfully applied across a range of disciplines and domains, including disease prevention, gender empowerment and public sector reform (Herington & van de Fliert, 2017). This facilitation tool seems particularly effective for complex issues; delivering tangible outcomes while mobilising, inspiring and empowering communities, enhancing problem solving and accountability, reducing reliance on external funders, improving social networks, and developing mutual respect amongst stakeholders (Herington & van de Fliert, 2017). A comprehensive positive deviance approach to high level wellness...
would need to adopt the ten principles for positive deviance outlined by the ‘Positive Deviance Initiative’, including “community and stakeholder ownership over the whole process, an emphasis on practice rather than knowledge, the leverage of existing and new social networks, and the collective involvement in intervention design, monitoring, and evaluation activities” (Herington & van de Fliert, 2017, p. 12). This process seems similar to the notion of action research, as described by Dick (2014) and Stringer (2014). Positive deviance appears to be consistent with the “holistic, ecological, salutogenic health promotion” principles and values described by Gregg and O’Hara (2007, p. 8). It also aligns with many principles of community development (see Ife, 2002). Positive deviance literature suggests that initiatives that seek to learn from people with a high level of wellness (such as the current study) could prove helpful. The next section focuses on a different ‘positive’ approach—positive psychology.

2.4.2 A positive psychology perspective on high level wellness

Positive psychologists tend to focus on mental and social aspects of high level wellness, using words such as happiness, flourishing and wellbeing. Positive psychology is defined as “the scientific study of what enables individuals and communities to thrive” (International Positive Psychology Association, 2014, p. 1). This aligns with one of psychology’s original missions: “making the lives of all people better” (Seligman & Csikszentmihalyi, 2000, p. 6). Seligman and Csikszentmihalyi (2000) launched “the field of positive psychology” in the millennial edition of ‘American Psychologist’ (p. 5), acknowledging that they, and some of their colleagues and predecessors, had explored positive topics before (e.g., their research on optimism and flow, and Maslow’s studies on self-actualisation), but that this work had “somehow failed to attract a cumulative, empirical body of research” (p. 13); leaving psychology to be dominated by an almost “exclusive focus on pathology” and mental illness (p. 5). This state of affairs was compounded by funding mechanisms that caused psychologists “to see themselves as part of [...] the health profession, and psychology [as] victimology” (Seligman & Csikszentmihalyi, 2000, p. 6). Seligman (2011) set out to address this imbalance during his tenure as the 1998 President of the American Psychology Association, supported by several of his colleagues and a US$1.5 million grant from ‘Atlantic Philanthropies’. Under his leadership, positive psychology became a way of providing “a more complete story about human nature”; uniting psychologists who had been working in relative isolation, attracting new scholars, and providing valuable information to practitioners, researchers and the general public (Lopez & Gallagher, 2009, p. 4). Positive psychologists hypothesise that people can adjust around 40% of their happiness levels through intentional activities (Lyubomirsky, Sheldon, & Schkade, 2005b); particularly initiatives relating to the five factors in Seligman’s (2011) theory of wellbeing (positive emotions, engagement, relationships, meaning and achievement). According to Lyubomirsky, Sheldon and Schkade
(2005b), life conditions such as housing, income, physical health and marital status only account for 10% of people’s happiness, with the other 50% being determined by genetic set-points with relatively unchangeable upper and lower limits. Positive psychology principles and practices are described in the Akumal Manifesto (Sheldon, Fredrickson, Rathunde, Csikszentmihalyi, & Haidt, 2011), general psychology journals, ‘The Journal of Positive Psychology’, ‘Psychology of Well-Being’, the ‘Journal of Happiness Studies’, and books designed for professional and lay audiences (e.g., Fredrickson, 2009; Seligman, 2011).

One line of positive psychology research suggests that people can improve their wellbeing by increasing the number of positive emotions they experience relative to negative emotions (Armenta, Fritz, & Lyubomirsky, 2017; Catalino & Fredrickson, 2011; Fredrickson, 2013b; Fredrickson & Losada, 2005, 2013). Studies suggest that emotions such as contentment, interest and joy allow people to access a broader range of ideas and actions, and build personal resources (e.g., strengths, skills, assets and relationships) that have the potential to create long-lasting physical, psychological and social benefits, and a new set of positive emotions (Garland et al., 2010). This circular process has been labelled “upward spirals of positive emotions” (Garland et al., 2010, p. 849), building on Fredrickson’s (1998, 2013a) ‘broaden-and-build theory of positive emotions’. Research has demonstrated that people can elicit positive emotions by counting their blessings, writing gratitude letters, performing acts of kindness, cultivating strengths, visualising their ideal future self, and meditating (Donaldson et al., 2015; Lyubomirsky & Layous, 2013; Seligman et al., 2005). Shiota and colleagues (2017) suggest that each positive emotion triggers a neural reward system to produce adaptive responses (e.g., contentment triggers oxytocin, connection, rest and good digestion, whereas gratitude produces opioids, physical and social warmth, connection and joy). A recent study by Armenta, Fritz and Lyubomirsky (2017) explored the behavioural responses relating to one of these emotions—gratitude. Acknowledging that one’s good fortune was bestowed by someone else’s altruism (gratitude) makes people feel more connected, motivated and satisfied with their lives, which can prompt them to embark on a process of “self-improvement and positive change” to become “a better person” (Armenta et al., 2017, p. 185). Seeking to become a better person reflects the notion of eudaimonic wellbeing outlined in 2.3.2. Some people suggest that this self-actualisation process could be supported by evidence-based positive psychology coaching (Biswas-Diener & Dean, 2007; McQuaid, 2017; Seligman, 2007); bearing in mind that goals and activities that align with each person’s unique “strengths, interests, values and inclinations” appear to be most effective (Lyubomirsky et al., 2005b, p. 122).
Most (88.5%) empirical positive psychology studies have employed quantitative or mixed methods\(^2\) research paradigms (Donaldson et al., 2015), but this field is becoming more open to qualitative approaches. Some researchers advocated for a greater adoption of qualitative research methods soon after positive psychology was launched (e.g., Rathunde, 2001; Rich, 2001; Wertz, 2001). For example, Wertz (2001) suggested that “the quiet and often unacknowledged tradition of qualitative research” could help humanistic and positive psychology researchers validate existing findings and discover new information (p. 234), while Rathunde (2001) urged positive psychologists to “be open to good work and good ideas” regardless of “methodological source” (p. 151). Hefferon and colleagues’ (2017) introduction to the first qualitative edition of ‘The Journal of Positive Psychology’ reiterated these positions, arguing that qualitative research methods could help positive psychology “achieve its aims and fully realize its potential” by “exploring under-researched areas”, “illuminating […] contextualized lived experience[s]”, and facilitating “the development of novel, bottom up theories” to provide “deeper understandings of [wellbeing] phenomena” (p. 211). Another article in this issue pointed out that eminent psychologists such as Freud, Piaget, Maslow and Rogers had made significant contributions to psychology based on qualitative research data, and that one of positive psychology’s leaders (Csikszentmihalyi) uses qualitative and mixed methods approaches (Rich, 2017). Qualitative and quantitative research methods are both important—increasing our knowledge of humanity in different but complementary ways (Baum, 1995, 2016; Hefferon et al., 2017; Hefferon & Boniwell, 2011; Maslow, 1966; Peterson, 2006; Pope & Mays, 1995; Rathunde, 2001; Rich, 2001, 2017; Ritchie, 2001; Wertz, 2001; Willig & Stainton-Rogers, 2008).

The four studies in the first qualitative edition of ‘The Journal of Positive Psychology’ help to demonstrate how qualitative research can support existing knowledge and provide valuable new perspectives. Chamodraka, Fitzpatrick and Janzen’s (2017) grounded theory research reflected Snyder’s (2002) theory of hope, whereas Synard and Gazzola’s case study (2017) lent weight to Ryff’s (1989) theory of psychological wellbeing, Ryan and Deci’s (2000) theory of self-determination, and Seligman’s (2011) theory of wellbeing (among others). These studies also presented a number of innovative and useful perspectives that had not emerged from previous research. In particular, these articles suggested that:

- clients feel most hopeful and empowered when their therapists provide the level of direction that matches their needs and preferences (Chamodraka et al., 2017);
- some socioeconomically disadvantaged students attain a sense of purpose when they feel like people believe in them, find something they are good at and love to do, and believe that these skills could help others, especially their family (Liang et al., 2017);

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\(^2\) In this instance, the term ‘mixed methods’ refers to studies that employ quantitative and qualitative approaches, as described in Donaldson and colleagues’ (2015) positive psychology review.
love, passion and peak experiences can help people become more self-determined and psychologically complex by prompting them to spend time with others (integrate) and grow as a person (differentiate) (Mouton & Montijo, 2017); and

- wellbeing may be a sense of being centred, accepting and at peace—linked to adaptation, coping, resilience and environmental control (Synard & Gazzola, 2017).

These studies highlighted the importance of mutually-beneficial relationships between people, communities and environments; in order to maximise growth, personal power, passion, connection, contribution and positive emotions (eudaimonic and hedonic wellbeing—function and feel).

Qualitative research could benefit positive psychology and other fields focused on health, wellness and wellbeing, by providing a nuanced understanding of high level wellness; including the way in which it is experienced, attained and maintained. Many of the topics examined by qualitative high level wellness researchers have already been studied in a quantitative manner for several decades, with several beneficial impacts on theory, policy and practice. However, “not everything can be reduced to numbers” (Ritchie, 2001, p. 173). Pope and Mays’ (1995) article in ‘The BMJ’ (British Medical Journal) explains that “qualitative work can reach aspects of complex behaviours, attitudes and interactions which quantitative methods cannot” (p. 45). They argue that qualitative studies can inform quantitative research, supplement quantitative work through a process of triangulation, and explore phenomena not amenable to quantitative methods (Pope & Mays, 1995), in line with arguments by Hefferon et al. (2017), Rich (2001, 2017), Wertz (2001) and Rathunde (2001). This suggests that qualitative research could underpin, complement and contextualise existing studies, resulting in a more comprehensive, and balanced, body of knowledge.

Qualitative research also has the potential to redistribute some of the power, platform, resources, inspiration and enthusiasm relating to the idea of a more positive way of being (and doing) to community members, policy makers, funders, practitioners and researchers—within and beyond positive psychology. Qualitative methods can provide community members with a way of expressing their ideas, insights and experiences; which could help to democratise the idea of ‘high level wellness’ and ‘high level wellness for all’. There is no doubt that “social and behavioural scientists” are well positioned to articulate an empirically sound “vision of the good life” as noted by Seligman and Csikszentmihalyi (2000, p. 5), but others may also have something valuable to contribute, including people who think of themselves as particularly healthy and happy, and those who would like to be. Qualitative research could help to give these people a voice. Data presented as words and stories could help to make complex concepts, processes and experiences more comprehensible (and actionable) to lay audiences, policy makers, funders and practitioners—challenging broader
power structures by influencing professional perspectives and agendas (Popay & MacDougall, 2007; Popay & Williams, 1996); resulting in a greater focus on high level wellness, and more policies, programs, positions, funding and support for wellness-promoting research and practice. “Unless data are turned into stories that can be understood by all, they are not effective in any process of change, either political or administrative” (Duhl, 1990, p. 98). This assertion may also relate to processes of personal change.

2.4.3 How do these professional fields relate to this study?
The fields of health promotion and positive psychology both aim to help people achieve a high level of wellness. Health promotion tends to focus on health (as the presence of physical, mental and social wellbeing and/or absence of disease), whereas positive psychology generally concentrates on happiness and (mental and social) wellbeing. There are some clear similarities between these two approaches. Both fields:

- are fairly new (health promotion is about 30 years old; positive psychology is almost 20);
- have developed within larger, older disciplines that emerged from the field of medicine (health promotion is part of public health; positive psychology is part of psychology);
- have acknowledged the pervasiveness of the medical model, arguing that disease prevention and treatment models need to be complemented by appropriately resourced initiatives focusing on the positive side of the health/wellness continuum; and
- are experiencing internal calls for change (health promotion is being asked to complement structured expert-led disease prevention programs with organic community-led wellbeing initiatives; positive psychology is being encouraged to expand its research methods to include qualitative approaches that give community members a voice).

Health promotion and positive psychology tend to focus on different factors (health behaviours and broader living and working conditions vs. positive emotions, relationships, qualities and self-actualisation), but there is evidence to suggest that these wellness determinants are all related; impacting on physical, mental and social wellbeing in several synergistic ways (Guodrun Guomundsdottir, 2011; Keyes & Simoes, 2012; Kimiecik, 2016; Ryff, Singer, & Dienberg Love, 2004; World Health Organization, 2013a).

A few researchers have started to call for a better sense of integration between these two fields. Some have suggested that health promotion could incorporate positive psychology and eudaimonic wellbeing principles (Kimiecik, 2011; Kobau et al., 2011), or adopt a more positive (salutogenic) orientation (Antonovsky, 1996; Kickbusch, 2017). Guodrun Guomundsdottir (2011) agrees with both of these assertions, but suggests that positive psychology could also benefit from health promotion, especially the sub-field of mental health promotion. Some researchers have explored the notion of positive psychology as a source of social change, focusing on systemic factors that health promotion professionals
would refer to as socioeconomic determinants of health, including initiatives aimed toward poverty alleviation (Biswas-Diener & Patterson, 2011) and prosocial spending (Aknin, Sandsrom, Dunn, & Norton, 2011). Meanwhile, Seligman (2008) has advocated for a whole new field relating to positive health, arguing that “a scientific discipline of health—beyond the mere absence of disease—barely exists” (p. 4). Seligman’s assertion seems to be somewhat accurate in Queensland, as described in chapter one. However, his articulation of positive health is different to the ‘positive health’ that I would advocate for, in terms of its emphasis on statistical data and researcher-led interventions, rather than a more balanced perspective with quantitative and qualitative approaches, led by researchers and communities.

Much has been done in health promotion and positive psychology, but the literature suggests that new perspectives could be valuable, to complement and extend existing knowledge. Some health promotion and positive psychology researchers advocate for a positive high level wellness orientation that provides community members with an ability to share their voice. Qualitative research into the lived experience of high level wellness could help to address this need. This type of research could also help to clarify various high level wellness constructs, by providing an opportunity for particularly healthy, happy people to reflect on the way they experience, attain and maintain this way of being—in their own words. This is one of the least studied and reviewed combinations of subject matter and methods across a wide range of health disciplines, due to the historic preoccupation with disease (assessment, treatment and prevention) and quantitative researcher-led methods, stemming from the pervasiveness of the medical model, and medically-defined conceptualisation, prioritisation and funding mechanisms. Health promotion and positive psychology have attempted to step away from some of the influences of the medical model, but there does not appear to be a dedicated field, sub-field or cross-disciplinary community of practice (and associated cumulative body of knowledge) for researchers who study high level wellness constructs through qualitative methods. The next section makes a start on this accumulation of knowledge, exploring qualitative high level wellness studies, across multiple disciplines and terms.

2.5 Qualitative research on the lived experience of high level wellness

Qualitative research methods explore, describe and interpret participant experiences through

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3 Wenger (2000) defines communities of practice as “the basic building blocks” of social learning systems, which help to collaboratively define competence on a particular issue (p. 229). This is similar to the “Copenhagen-Medici model” Seligman (2008) proposed for people wishing to explore the concept of positive health (p. 4). A high level wellness community of practice could start by identifying potential members, facilitating regular meetings, exploring possibilities and mutual interests, developing a shared agenda and undertaking a collaborative project (e.g., planning, implementing and evaluating community initiatives). This process could be guided by a number of texts (e.g., Webber, 2016; Wenger, 2000; Wenger & McDermott, 2002; Wenger, McDermott, & Snyder, 2002).
words and stories, rather than numbers (Smith, 2015). These types of studies can be difficult to locate in relation to high level wellness constructs, as evidenced by Healey-Ogden and Austin’s (2011) assertion that “specific research on the lived experience of well-being could not be found” in the lead up to their study (p. 86). This dissertation has already explained some of the reasons behind this apparent dearth of information, including health promotion’s emphasis on disease-prevention or health in general (rather than high level wellness or wellbeing), and positive psychology’s preference for quantitative research. Fortunately, some excellent qualitative high level wellness studies have started to be published in these fields, particularly positive psychology (e.g., Carlquist et al., 2017; Delle Fave et al., 2016). Health sociologists are often receptive to qualitative research, but they generally adopt a biomedical focus which prioritises the negative end of the health continuum (i.e., disease and disability). Lawton’s (2003) review of qualitative experiential studies in the ‘Sociology of Health & Illness’ journal stated that “virtually all of its articles have been concerned with experiences of illness rather than those of health” (p. 33). She encouraged health researchers to examine “supposedly health-promoting lifestyles” that may be accompanied by harmful behaviours, but did not seem to perceive high level wellness studies as a possibility (Lawton, 2003, p. 33). The multi-disciplinary ‘Qualitative Health Research’ journal says that it focuses on “health-care settings” (Sage Publications, 2017, p. 1), but it also accepts articles across the “health-illness continuum” (Morse, 2012a, p. 21), including a few studies on wellness and wellbeing (e.g., Harvey, 2014; Healey-Ogden & Austin, 2011; Jensen & Allen, 1994). Some qualitative high level wellness studies have also been conducted within humanistic psychology (Wertz, 2001), particularly foundational works by Maslow (1954/1970, 1962/2011) and Rogers (1961/1995). Others have been led by journalists (Buettner, 2012; Russell, 2015), social workers (Brown, 2010, 2017) and community members (Rubin, 2009). Dedicated forums for qualitative wellness researchers could help to bring these types of studies together; developing communities of practice and cumulative bodies of knowledge in the same way that positive psychology unified previously disparate works. This could occur within or across disciplines. The qualitative edition of ‘The Journal of Positive Psychology’ seems to be a good starting point within positive psychology (see Hefferon et al., 2017).

I began looking for qualitative high level wellness research while preparing for this study, made a point of collecting and/or reading this type of research whenever I came across it, and searched for new literature after completing data analysis. I adopted a broad conceptualisation of high level wellness when looking for qualitative research, just as I did in the rest of the study. I searched for a range of concepts including happiness, wellness, wellbeing and flourishing (using Boolean terms such as happ* or well* or flourish*), including dissertations, journal articles and books, as far back as I could go. Consequently, I reviewed original texts by Maslow (1954/1970, 1962/2011) and Rogers (1961/1995), through to
articles by Dell Fave et al. (Carlquist et al., 2017; Delle Fave et al., 2011; Delle Fave et al., 2016), and books by Blackie (2016) and Brown (2017). These studies used a range of qualitative research methods including grounded theory (Brown, 2010, 2017; Byron, 2011; Lorenz, 2009), phenomenology (DeRobertis, 2016; Healey-Ogden & Austin, 2011), case study (Synard & Gazzola, 2017), narrative inquiry (Buaklee, Fongkaew, Turale, Akkadechanunt, & Sansiriphun, 2017), participatory research (Barnes, Taylor, & Ward, 2013), mixed methods (Buettner, 2012; Csikszentmihalyi, 1990; Delle Fave et al., 2011; Vaillant, 2012), and various forms of auto-ethnography (Blackie, 2016; Poole, 2008; Rubin, 2009). Some studies had a global orientation (Buettner, 2012; Csikszentmihalyi, 1990; Delle Fave et al., 2011; Delle Fave et al., 2016). Others were based in America (e.g., Brown, 2010, 2017; Lorenz, 2009; Maslow, 1954/1970, 1962/2011; Rogers, 1961/1995), Canada (Healey-Ogden & Austin, 2011; Synard & Gazzola, 2017), the United Kingdom (Barnes et al., 2013), Norway (Carlquist et al., 2017), Thailand (Buaklee et al., 2017), Laos (Manolom & Promphakping, 2015), Mozambique (Galinha, Garcia-Martin, Gomes, & Oishi, 2016) and rural Australia (Harvey, 2014).

These studies could be categorised according to three participant selection techniques. The first sampling strategy focused on people who exemplified a positive way of being. Some researchers enabled participants to nominate themselves (Blackie, 2016; Csikszentmihalyi, 1990; Lorenz, 2009; Poole, 2008; Rubin, 2009); others chose people who they thought embodied a particular way of being (Ardell, 1977; Brown, 2010; Healey-Ogden & Austin, 2011; Maslow, 1954/1970; Mellor, 1991). Most of the studies that enabled people to nominate themselves tended to be auto-ethnographic or auto-biographic, undertaken by lay-researchers (community members). Csikszentmihalyi’s (1990) phenomenological and mixed methods analyses of thousands of people who had experienced flow, and Lorenz’ (2009) grounded theory study of six well university leaders (and one negative case) are two notable exceptions. The second sampling process focused on general (‘folk’ or ‘lay’) populations (Carlquist et al., 2017; Delle Fave et al., 2016; Manolom & Promphakping, 2015). These types of studies appear to be gaining momentum through the development of an innovative mixed methods data collection instrument (‘Eudaimonic and Hedonic Happiness Investigation’), which has helped to facilitate large, multi-nation studies on lay perceptions of happiness (Delle Fave et al., 2011; Delle Fave et al., 2016). The third sampling strategy focused on specific populations, including people with a particular age range (Barnes et al., 2013), gender (Harvey, 2014), cultural background (Browne-Yung, Ziersch, Baum, & Gallaher, 2013), occupation (Buaklee et al., 2017; Keckler, Moriaty, & Blagen, 2008; Toon, 2009; Weiner, Swain, Wolf, & Gottlieb, 2001), educational achievement (Batacan, 2010), or (physical or mental) illness (Bassi et al., 2015; Lloyd, Lloyd, Fitzpatrick, & Peters, 2017). Some of these types of studies concentrated on people who had received therapy (Rogers,
A qualitative study of high level wellness, health and happiness (Connie Allen)  

1961/1995), lost their jobs (Synard & Gazzola, 2017) or experienced extreme poverty (Garlinha, Garcia-Martin, Gomes, & Oishi, 2016). Others combined several categories, including Kabel's (2015) study of mid-to-older women living with cancer, Andrew's (2011) analysis of women with children and professional careers, Krahn-Stella's (2006) research with female employees, and Valliant’s (2012) longitudinal study of men who had attended Harvard University. The first sampling strategy concentrated on people who experienced a high level of wellness (assessed by self or others); whereas the second two approaches focused on general or specific populations, which were likely to include people with a range of different wellness levels. Formal research with participants who identified themselves as exemplifying a high level wellness construct (i.e., wellness or flow) was the most understudied sampling sub-category. These studies did not sample for people who reported a high level of ‘wellness’, ‘health’ and ‘happiness’.

The studies outlined in this section explored positive experiences through several constructs. Some prioritised psychological and social aspects, describing self-actualisation (Maslow, 1954/1970, 1962/2011), self-realisation (Rogers, 1961/1995), flow (Csikszentmihalyi, 1990; Nakamura & Csikszentmihalyi, 2009), flourishing (Andrews, 2011; Byron, 2011; Poole, 2008; Toon, 2009), happiness (Buaklee et al., 2017; DeRobertis, 2016), authenticity (Blackie, 2016) and belonging (Brown, 2017). Others included a physical component, studying health (Lindvall, Larsson, Weinehall, & Emmelin, 2010), healthy ageing (Buettner, 2012; Vaillant, 2012), happiness (Delle Fave et al., 2011; Delle Fave et al., 2016; Garlinha et al., 2016), authentic happiness (Lambert, 2012), wellbeing (Barnes et al., 2013; Browne-Yung et al., 2013; Healey-Ogden & Austin, 2011; Kabel, 2015), eudaimonic wellbeing (Kimiecik, 2011) wholehearted living (Brown, 2010) and wellness (Ardell, 1977; Batacan, 2010; Jensen & Allen, 1994; Keckler et al., 2008; Krahn-Stella, 2006; Lorenz, 2009; Mellor, 1991; Weiner et al., 2001). The similarities across many of these studies suggested that their authors were exploring various aspects of the same concept (optimal or high level wellness). The following section attempts to provide a deeper understanding of high level wellness by describing what it is like, outlining some theories based on wellness experiences, and pointing out a few broader implications of these findings. Where possible, this information has been linked to relevant literature on positive psychology, health promotion and wellness.

2.5.1 Experiences of high level wellness

Maslow's efforts to describe self-actualisation (trying to be all one can be) merit particular attention, due to the richness of his findings and his influence on contemporary theories of eudaimonic and psychological wellbeing, flourishing, peak experiences and flow. Maslow (1954/1970, 1962/2011) shaped his observations of public figures, colleagues and college students into composite impressions of various high level wellness characteristics and
values⁴. He suggested that highly functioning people are able to see things as they actually are, rather than being misled by wants, fears or character traits. They accept themselves and others; acknowledging that nobody is perfect, and playfully poking fun at the absurdity of people (including themselves) “who […] forget their place in the universe, or try to be big when they are actually small” (Maslow, 1954/1970, p. 141). Maslow said that these people seem to maintain a level of detachment from society, enjoying time alone, and being relatively stable in the face of adversity. They also feel a deep connection to the world around them; nurturing close relationships with a small number of like-minded people, retaining their humility and respect for others, and acting on a “genuine desire to help the human race” (Maslow, 1954/1970, p. 138). Some self-actualising people had ‘peak’ experiences that strengthened and transformed their lives, making them lose track of time and space, and attain a profound sense of ecstasy, wonder and awe; but Maslow (1954/1970) cautioned that these experiences were inherently episodic, as it is simply not realistic to live “happily ever after” (xxii). Mindful of this point, self-actualising people gratefully acknowledge (and add to) existing blessings, rather than wishing them away in the hope of attaining a more permanent state of bliss through other means. Maslow (1954/1970) hypothesised that peaking self-actualisers were more likely to create poetry, music, philosophies and religions; while non-peaking self-actualisers improved the world through politics, social work and personal crusades. He believed that self-actualising people rose above the ‘polarities’ that occur in less healthy, happy people. They combined reason with instinct, ethics with lust, introversion with extroversion, masculinity with femininity, and convention with eccentricity. They also found work pleasurable, focused on the ends while enjoying the means, acted in ways that were simultaneously selfish and selfless, and balanced maturity with childlike spontaneity, creativity and fun (playfulness). Maslow (1954/1970) summed up self-actualisers’ transcendence of various dichotomies by declaring that, “the higher and the lower are not in opposition but in agreement, and a thousand serious philosophical dilemmas are discovered to have more than two horns or, paradoxically, no horns at all” (p. 149).

Some studies suggest that high level wellness may be an underlying sense of calm that paves the way for the more ephemeral (peak) experiences noted by Maslow. Wellbeing has been described as a sense of being grounded and comfortable in one’s own skin (Brown, 2010); the peace, contentment and “soulful strength” that sustains people through their most rewarding and challenging times (Healey-Ogden, 2008; Healey-Ogden & Austin, 2011, p. 85). Others describe it as a feeling of harmony, balance, contentment and emotional tranquility (Jensen & Allen, 1994), which may persist (or even debut) in the face of tragedy,

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⁴ Maslow's observations have been left in their original (present) tense to denote their sense of energy and possibility. I have endeavoured to summarise his words, rather than adding my interpretations.
illness or impending death (Ardell, 1977; Healey-Ogden & Austin, 2011). Multi-country, mixed methods studies by Delle Fave and colleagues support all of these assertions, finding that lay people most commonly define happiness as a single construct comprising a sense of harmony, inner peace, emotional stability, tranquillity, inner balance, contentment, acceptance, detachment and psycho-physical wellbeing (Delle Fave et al., 2011; Delle Fave et al., 2016). DeRobertis’ (2016) review of phenomenological research also depicts happiness as a sense of contentment, peace, harmony, acceptance (transcendence), appreciation, personal growth, fulfilment and release—“a harmonious whole” (p. 83).

More fleeting but intense feelings seem to include wonder, excitement (Healey-Ogden, 2008; Healey-Ogden & Austin, 2011); vitality, exuberance, awe (Lambert, 2012); and a deep sense of spiritual connection and joy (Brown, 2010). Csikszentmihalyi examined the exhilaration some people feel when they stretch themselves to accomplish something difficult and worthwhile (Csikszentmihalyi, 1990; Nakamura & Csikszentmihalyi, 2009). His research into people’s most enjoyable moments helped him to learn about optimal experiences and flow—states where people are so involved in an activity that nothing else seems to matter, self-consciousness disappears, time becomes distorted, and the task itself becomes intrinsically valuable and rewarding (Csikszentmihalyi, 1990). Maslow’s investigations of the “pure delight” people feel in peak experiences were similar to Csikszentmihalyi’s conception of flow (as noted in 2.3.2), but Maslow’s participants were just as likely to have these feelings during relatively passive activities such as listening to music or examining a painting, rather than actively undertaking a difficult task (e.g., playing music or painting) (Maslow, 1962/2011, p. 68; Privette, 1983). These conceptions of happiness also appeared in DeRobertis’ (2016) depiction of happiness as “rapture”—and related experiences (such as pleasure and joy), which had the power to move people towards happiness (p. 81).

Several studies suggest that there is something about pleasurable experiences that stretches beyond the benefits identified in Garland et al.’s (2010) positive spirals of wellbeing theory and Fredrickson’s (1998, 2013a) broaden-and-build theory of positive emotions. Maslow (1962/2011) believed that peak experiences were not only a person’s “happiest and most thrilling moments, but [...] also [...] their healthiest moments” (p. 80). He considered peak experiences to be transitory periods of self-actualisation:

[Episodes] in which the powers of the person come together in a particularly efficient and intensely enjoyable way, and in which he is more integrated and less split, more open for experience, more idiosyncratic, more perfectly expressive (and) spontaneous. [...] He becomes [...] more truly himself, more perfectly actualizing his potentials, closer to the core of his being. (Maslow, 1962/2011, pp. 80-81)
Intensely satisfying feelings seem to put people in touch with their inner “daimon” or “true self”; a concept embedded in contemporary understandings of eudaimonic wellbeing, identity, intrinsic motivation, internal locus of control, principled moral reasoning, self-actualisation and flow (Waterman, 1993, p. 678). Waterman (1993) says that eudaimonic experiences are characterised by an intense awareness of being alive, unusually strong concentration, a feeling of “meshing” with an activity and being completely fulfilled, an impression that this is exactly what the person is meant to do, and an understanding that “this is who one really is” (p. 679). Peterson and Seligman (2004) hypothesised that people would experience these sensations when using strengths that honour their eudaimonic self; feeling a sense of invigoration and excitement, an unstoppable yearning to honour that part of themselves through their actions, and an appreciation that “this is the real me” (p. 18).

This raises a few interesting questions about the role and realisation of eudaimonic pleasure. If enjoyable experiences are meant to help people find and honour who they are at their core, how does this account for the pleasurable feelings generated by marketing campaigns⁵ and consumables, including the alcohol, drugs and food products that adversely affect people’s health? What if companies are masking people’s ability to connect to their daimon, with an artificial sense of self that requires brand loyalty and continual expenditure? Kimiecik (2011) maintains that “the feel of eudaimonia is not really the same thing as a ‘feeling good’ from smoking or the taste of a cheeseburger”, citing a study that confirms that “these health compromising vices do not really provide the pleasure that people think they do” (p. 781). He believes that people who are not honouring their true selves are more likely to use things like cigarettes and junk food in an attempt to silence their unfulfilled inner self (Kimiecik, 2011).

So how do healthy, happy people prioritise the experiences that will ultimately enhance their lives over those that will not? This was fairly straight forward for the marathon runners in Lambert’s (2012) study of authentic happiness. These people set goals for upcoming events; committing to a training regime that included regular jogs, healthy food and rest (Lambert, 2012). Others observed a more holistic decision-making process based on a few core values. For example, Brown (2010) found that wholehearted living requires compassion to know that “we are all made of strength and struggle”, the courage to be imperfect, and interpersonal connections “that can only happen when we believe that we are enough” (p. 50). Her family’s “ingredients for joy and meaning” include working out, nutritious food, weekends away, a sense of control over money, meaningful (non-consuming) work, rest, and time with family and friends (Brown, 2010, p. 102). Brown’s (2017) most recent study focused on the concept of connection to self and others. The importance of connection and

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⁵ Plassman, Zoega Ramsoy and Milosavljevic (2012) provide an overview of the way that marketing strategies utilise pleasure-promoting neuroscience studies and principles.
social interaction was also highlighted in several other studies (e.g., Barnes et al., 2013; Blackie, 2016; Browne-Yung et al., 2013; Carlquist et al., 2017; Delle Fave et al., 2011; Delle Fave et al., 2016; Rubin, 2009; Russell, 2015).

Ardell (1977) believed that people who had not adopted a wellness lifestyle might be able to appreciate its benefits by considering other people’s experiences. One of the participants in his study described wellness as a:

Peacefulness, warmth, and centeredness, which (is) possible even in the context of negative and painful feelings such as sadness, loneliness, and the like. In a wellness framework, I find it easier to love myself and to have that as a less abstract, more ‘real’ experience. An example is in losing weight through a natural non-efforting energy or by experiencing a sense of joy by virtue of eating sensibly. [...] I have [also] made a shift away from being involved in senseless, compellingly destructive behaviours like drinking alcohol and pursuing women I don’t really care about. In other words, I have shifted away from seeking out ‘pleasurable’ activities which in a deeper sense are actually painful or do not contribute to my self-esteem.” (Ardell, 1977, p. 90)

Poole (2008) provided an autobiographical depiction of his experiences as an artist flourishing with the “gift” of dyslexia (p. 14). He said:

I could write of the intensity of my days – how I cherish nearly every moment, sketching the mood and scene on tattered scraps of paper, cafe napkins or in the back of my mind. [...] Words would tumble over themselves in my excitement to tell you what I dreamed and found and painted. (Poole, 2008, p. 14)

Meanwhile, a runner in Lambert’s (2012) study reflected on the revitalising role of nature and physical activity; the times when, “you’re out in clean air [...] your blood is flowing, you are breathing hard [... and] you are [...] much more alive” (p. 184). These reflections suggest that there are many different paths to wellness. Ardell illustrated this point by concluding:

I do not believe there is a single cause for wellness, no one thing you can do to get into it, no course or book that alone will motivate and point the way. [...] What I have come to realize [...] is that wellness has many wonderful possibilities – you can come at it from whatever direction you choose. (Ardell, 1977, p. 6)

These studies suggest that the feeling of high level wellness is quite similar for different people (including a calm sense of peace and more euphoric states of pleasure), but that people need to find their own way to experience these sensations.

2.5.2 Wellness promotion theories that draw from lived experience

A few researchers have developed their own theories based on qualitative participant data;
including some that focus on wellness as a journey (process), and others that concentrate on various wellness determinants (factors). Mellor (1991) interviewed adults who had improved their health by changing their lifestyle, work, study or relationship dynamics. Her participants started with a sense of dissatisfaction with themselves or their life situation, a search for increased meaning, and a vision of what they wanted to become. They experienced a range of internal and external obstacles, prompting many to obtain help. Mellor’s (1991) participants eventually “came to know that they alone were responsible for improving their health” and experienced a range of positive post-change effects, including an enhanced sense of self (p. 66). Lorenz (2009) found that busy university leaders were most likely to cultivate a high level of wellness if they: (1) knew what wellness meant to them in terms of their own values, beliefs, interests and circumstances, (2) considered it to be an important aspect of their lives, and (3) facilitated this state through premeditated actions. Once this groundwork had been completed, his participants tended to improve their wellness by regularly reflecting on their progress, gauging their level of success, and adapting their philosophies and routines to enhance their personal or professional situation (he called this ‘the wellness maturity continuum’) (Lorenz, 2009). Brown (2010) encouraged people to cultivate authenticity, self-compassion, resilience, gratitude, joy, intuition, faith, creativity, play, rest, calm, meaningful work, laughter, song and dance, whereas Buettner (2012) promoted a strong sense of purpose, close family and friends, a modest plant-based diet, natural movement, minimal stress, spiritual practice, and being part of a like-minded community. Rogers (1961/1995) noticed that clients who were supported with warmth and empathic understanding started to move away from facades, “oughts”, other people’s expectations, and the idea of pleasing others; towards authenticity, self-direction, openness to experience, acceptance of self and others, and comfort with fluidity, change, complexity and contradiction (p. 168). The theories outlined by Mellor and Lorenz appeared somewhat reminiscent of Kolb’s (1984) action-learning cycle: several developmental phases, deepened by reflective pauses. The others seemed more like a list of things to do (or keep in mind) while embarking on a wellness journey, aligning with Brown’s (2010) use of the term ‘guideposts’. Each of these theories provided a unique contribution to the evidence base.

2.5.3 Wider implications of qualitative high level wellness research

These studies suggested that several needs must be fulfilled to achieve high level wellness. Maslow’s (1954/1970) “basic need hierarchy” included: (1) physiological requirements, (2) safety, (3) a sense of love and belonging, (4) esteem from self and others, and (5) the ability to accomplish one’s inner purpose (daimon) (p. 15). He based this motivational theory on observations of psychologically healthy people feeling safe, accepted, loved,

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6 Maslow did not present this information as a pyramid. Someone else did at a later date.
loving, respected and respect-worthy; rather than scared, selfish, miserable, apathetic or hostile (Maslow, 1954/1970). Maslow (1954/1970) believed most young people were not yet able to be their true selves, as they had not become sufficiently autonomous, developed their identity, found their calling, or experienced enough responsibility, tragedy, failure, achievement and success to shed perfectionistic illusions. Byron (2011) reflected many of these themes in her study; identifying independence (autonomy), delight in life purpose (calling), suffering and growth, social support and relationships (love and belongingness) as integral aspects of eudaimonic wellbeing. Brown’s investigations of wholehearted living led her to insist that “a deep sense of love and belonging is an irreducible need of all women, men and children” (2010, p. 26); a premise that was also reflected in Buettner’s (2012) studies, and proven possible to attain later in life if absent in childhood (Vaillant, 2012). Several studies also lent support to the need for a strong sense of self and purpose (Brown, 2010; Buettner, 2012; Lambert, 2012; Vaillant, 2012). Another wellness prerequisite has emerged over the last 25 years; the ability to devote sufficient time and energy to one’s own wellbeing, which can be related to one’s level of income and financial security (Brown, 2010; Buettner, 2012; Healey-Ogden & Austin, 2011; Lambert, 2012; Lorenz, 2009; Mellor, 1991; Poole, 2008; Toon, 2009).

Many of the factors identified in these studies have also been acknowledged as fundamental health prerequisites by the WHO (1997); a fact that sits quite uneasily when considering the millions of people constrained by situations that may never enable them to be all they can be. This point was reiterated in a recent study of “happiness among people living in extreme poverty in Maputo, Mozambique” (Garlinha et al., 2016, p. 67).

Only 16% of the participants reported being happy. Participants said that when basic needs are not satisfied happiness becomes impossible. [...] The main criteria for happiness were having basic living conditions, a job, and positive relationships with family and neighbors. After survival needs were met, social, spiritual, and personal aspects of life became important [...]. (Garlinha et al., 2016, p. 67)

Harvey’s (2014) study of women in a remote part of Queensland (Australia) found four dimensions of wellbeing: control, connection, belonging and identity. Participants suggested that their ability to flourish was affected by personal factors (e.g., self-awareness, self-management and interpersonal skills, and a good understanding of rights and entitlements, basic first aid, health eating and so forth), contextual factors (money, social networks and ‘health and welfare’ services), and structural factors (gender, location, race and ethnicity) (Harvey, 2014). They also required a “minimum level of physical, mental and social health”,

7 “Peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity. Above all, poverty is the greatest threat to health” (World Health Organization, 1997, p. 1).
which was categorised as another personal factor (Harvey, 2014, p. 606). These two studies demonstrate people’s innate awareness of the broad range of factors that impact on health, happiness and wellbeing, and the need to look beyond psycho-social approaches. This level of community awareness about wellbeing determinants was also evident in a program (Deadly Choices) that supported Aboriginal and Torres Strait Islander people who lived in South East Queensland to share and celebrate empowering, wellness promoting actions (McPhail-Bell, 2015; McPhail-Bell et al., 2017).

2.6 Chapter summary
This chapter described relevant terms and definitions, provided an overview of two wellness-promoting disciplines (health promotion and positive psychology), and explored a number of qualitative high level wellness studies. A lot of valuable work has been conducted in all of these areas across many decades, but there have been calls for greater clarity within and between various wellness concepts, and more opportunities for community members to reflect on positive ways of being. Several researchers have helped to contextualise the idea of high level wellness through rich, qualitative studies. However, few have focused on participants who describe themselves as embodying various high level wellness constructs, with none focusing on people who describe themselves as having a high level of ‘wellness’, ‘health’ and ‘happiness’. This suggests a gap that could be addressed by the current study.
Chapter 3: Research design and methods

3.1 Chapter overview
Chapter three explains how this research was conducted. It includes a description of the study’s qualitative, constructivist methodological framework, research purpose and questions. This chapter also describes research methods (intensive, semi-structured interviews, systematic coding and memos), ethics and rigour.

3.2 Methodological framework
‘Methodology’ is a way of describing the principles that underpin different types of research, whereas ‘method’ refers to the data collection and analysis techniques informed by one’s methodological position (Dew, 2007). Methodological frameworks help to make decision-making processes and assumptions more explicit, enabling readers to assess the trustworthiness and usefulness of each study in accordance with relevant ideologies (Liamputtong, 2010). Mills and Birks (2014a) say that the best qualitative studies aim towards “finely textured and nuanced” understandings, “anchored in a methodological school of thought” (p. 9). This section will describe the concept of researcher position, before explaining this study’s origins, qualitative approach and constructivist research paradigm.

3.2.1 Researcher position
Qualitative researchers recognise “that the writing of a qualitative text cannot be separated from the author, how it is received by readers, and how it impacts the participants” (Creswell, 2013, p. 215). They position themselves within their research, by acknowledging relevant experiences, values and beliefs (Altheide & Johnson, 2011). Creswell (2013) advises qualitative researchers to disclose the “cultural, social, gender, class, and personal politics” they bring to a study (p. 215). He also encourages people to discuss relevant “experiences with the phenomenon being explored” and reflect on how these experiences may have shaped their understanding of the topic (Creswell, 2013, p. 216). Some researchers also describe the way in which they have been transformed by their research (Liamputtong, 2010). Birks (2014) provides a different perspective of reflexivity; prompting researchers to explain how their philosophical beliefs on the nature of reality (ontology) and knowledge acquisition (epistemology) informed participant interaction, data collection/analysis and research dissemination. This tends to lead to an exploration of relevant research paradigms (e.g., positivist, constructivist or participatory) and methods (e.g., grounded theory).

It is important to consider the aims and implications of researcher reflections incorporated in published works. Self-disclosure should serve a practical purpose (Alvesson & Skoldberg,
helping audiences connect with an idea by letting its author be seen (Brown, 2012). While it is no longer acceptable to share too little (concealing one’s influence by backing into passive voice) (Creswell, 2013); it can also be inappropriate to reveal too much (“overshare”), as this can cause people to feel confused, depleted or manipulated, “as if we have shone a floodlight in their eyes” (Brown, 2012, p. 160). Finding the right balance between these two extremes could be particularly challenging for auto-ethnographers, who tend to adopt a “confessional” form of reflexivity to account for their multiple, vulnerable, contradictory and evolving selves (Foley, 2002, p. 474; Muncey, 2011). Altheide and Johnson (2011) say that the right level of reflexivity enables readers to “locate [the] inquiry within the process and context of actual human experience”, so they can understand how “the basic issues of data collection and analysis [...] were addressed, resolved, compromised, avoided, and so forth” (p. 591-592). Qualitative studies need to show the hand of the researcher; acknowledging their role in constructing a body of work (Altheide & Johnson, 2011; Creswell, 2013; Richardson & St. Pierre, 2005).

It was difficult to determine the correct level of self-disclosure to incorporate in this thesis, and where (and how) this information should be placed. I have always felt the need to acknowledge my role in this research; but did not want this information to overshadow the study itself, or instigate the type of reader discomfort that can arise from oversharing. The fact that I was writing an academic dissertation for assessment, rather than a book for a mainstream audience, also required careful consideration. However, Charmaz explains:

> If [...] we start with the assumption that social reality is multiple, processual, and constructed, then we must take the researcher’s position, privileges, perspective, and interactions into account as an inherent part of the research reality. It, too, is a construction. (Charmaz, 2014, p. 13)

With all of this in mind, I would like to disclose that I am a white, middle class woman who lives in South East Queensland, Australia (where this study was located), with her husband and grown up daughter. I have completed a Bachelor of Behavioural Science with Honours, a Graduate Diploma of Public Health and a Master of Public Health (Health Promotion). My career has spanned 15+ years, mainly in health promotion and public health positions in government, non-government and university sectors. I have also volunteered for several associations and created a peer support group for grounded theory researchers. Despite my professional achievements and understanding of health promotion and psychology, I tend to struggle with the notion of physical, mental and social wellbeing on a personal level. High level wellness does not come easily to me (if at all); but I believe that everyone has the right to flourish, and want to do what I can to support to high level wellness for all. I feel tied to the idea of high level wellness and committed to creating a better understanding of this concept. I will share more information on my role in this research throughout this chapter.
3.2.2 The origin of this study
The idea for this research arose in one of my most humbling moments—as I processed the loss of a job. It was 2012. A state government ‘downsize’ decimated my profession (health promotion and public health), and I was forced to reflect on where I had come from, and where I wanted to go. My sense of security was shattered, alongside my workaholic sense of self. I reflected on my own experience (i.e., a general lack of health and happiness) and started wondering if it was even possible to be really healthy and happy—and if so, what this might be like. I wanted to put everything I thought I knew to one side, to see what I could learn from particularly happy, healthy people in the region in which I lived; honouring their insights and experiences through co-directed interviews, rather than just focusing on factors such as physical activity. This brief, emotionally charged thought process had a profound impact on the qualitative, constructivist nature of this study, long before I could review relevant literature, refine the research question, and choose a method. Over time, I started framing this concept as high level wellness (or high level wellness, health and happiness), rather than ‘really/particularly/exceptionally healthy and happy’.

3.2.3 Qualitative research approach
‘Qualitative research’ is “an umbrella term for a heterogeneous group of methodologies with different theoretical underpinnings and [...] ways of thinking about knowledge” (Kuper, Reeves, Levinson, Eaton, & Eaton, 2008b, p. 2). “Qualitative researchers stress the socially constructed nature of reality, [...] intimate relationship between the researcher and what is studied, and [...] situational constraints that shape inquiry” (Denzin & Lincoln, 2011, p. 8). This valuable companion to quantitative research (Baum, 1995; Creswell, 2013; Pope & Mays, 1995; Ritchie, 2001) helps to answer ‘what’, ‘how’ and ‘why’ questions (Charmaz, 2008; Kuper et al., 2008b); revealing the human side of an issue (Mack, Woodsong, MacQueen, Guest, & Namey, 2005) by enabling people to speak for themselves (Kuper et al., 2008b). In a health context, qualitative methodologies allow researchers to examine “health and illness as they are perceived by the people themselves, rather than from the researcher’s perspective”; including the meanings people construct from their experiences (Morse, 2012a, p. 21). Qualitative researchers adopt an epistemological stance (way of knowing) that values subjective evidence based on people’s personal views, in an attempt to reduce the “distance” between them and their research participants (Creswell, 2013, p. 20). This approach seemed perfectly aligned with what I wanted to achieve in this study.

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8 24,000 Queensland public servants were made redundant in 2012 (Moore, 2015). This included all regional public health leadership, health promotion and nutrition positions in Queensland Health.

9 Qualitative researchers need to specify their methodological frameworks due to this diversity.

10 Quantitative studies answer ‘what’, ‘how much’ and ‘why’ questions (Kuper et al., 2008b).
Most of the research training I had undertaken before this Doctor of Philosophy (PhD) program was quantitative (i.e., statistics and epidemiology), but I had also gained a broad understanding of qualitative methods through my honours research on health service integration (Allen, 2003; Allen & Stevens, 2007) and various projects at the Heart Foundation and Queensland Health. I completed a qualitative health research subject in the first semester of my PhD to enhance my knowledge of this form of research, and immersed myself in relevant literature. I learned that whole journals (e.g., ‘Qualitative Health Research’ and ‘Sociology of Health & Illness’) had been devoted to the lived experience of disease, disability and dying (and relevant support systems), but their authors rarely focused on the experience of health, let alone high level wellness (Lawton, 2003). I also completed a subject on positive psychology, but found that these researchers tended to study high level wellness constructs through quantitative methods (e.g., experiments and surveys) (Hefferon & Boniwell, 2011; Seligman & Csikszentmihalyi, 2000). These two subjects provided a good foundation in the process (qualitative research) and content (wellbeing) of this study\(^\text{11}\), highlighting the fact that many researchers had studied negative content in a qualitative manner, or positive content in a quantitative manner. Far fewer had explored positive content through a qualitative approach, indicating a research gap that I could help to fill through this study (chapters one and two have more information on relevant literature).

3.2.4 Constructivist research paradigm

Research paradigms “represent a shared way of thinking in respect of how we view the world and […] generate knowledge” (Birks, 2014, p. 18). Lincoln, Lynham and Guba (2011) describe five research paradigms: positivism, post-positivism, critical, constructivist and participatory. My way of thinking seemed most congruent with constructivism for this study\(^\text{12}\). Constructivists aim to provide a contextualised understanding of an experience, rather than ‘objectivist’ efforts to explain, predict, measure and control people’s behaviour (Charmaz, 2014). Researchers who adopt a constructivist research paradigm: (1) appreciate the importance of subjective experience, (2) believe there are many possible readings of reality, (3) disclose their role in the research process, and (4) try to reduce power differentials between researchers and participants (Creswell, 2013; Lincoln et al., 2011). They also question “taken-for-granted knowledge” and recognise the importance of broader contexts (Burr, 2003, p. 2). Each of these aspects of constructivism aligned with the beliefs and values I brought to this study, including the desire to disclose my initial lack of understanding about high level wellness, position research participants as the experts on this topic, and

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\(^\text{11}\) These subjects also enabled me to upgrade my Graduate Diploma of Public Health to a Master of Public Health (Health Promotion) through the University of New South Wales (UNSW).

\(^\text{12}\) I believe there are many ways of experiencing and making sense of the world, but would not rule out non-constructivist research paradigms for future studies. All of the research paradigms that Lincoln et al. (2011) describe can be valuable, depending on the purpose and nature of each study.
prioritise their perspectives of high level wellness over existing theories and assumptions. I also demonstrated the adoption of a constructivist research paradigm by exploring and critically reflecting on several conceptions (constructs) of high level wellness in the literature review, rather than limiting this study to one, professionally sanctioned, point of view.

### 3.3 Research purpose, questions and scope

I aimed to develop a new understanding of high level wellness in this study, in line with its constructivist research paradigm. As discussed, I began with a sense of curiosity about whether it was possible to be particularly healthy and happy (well), and, if so, what this might be like. I gradually refined the research questions over time, as I attained a better understanding of existing research, and the nature, strengths and limitations of different research methods. As I reviewed other studies it became clear that the most pleasant part of the health continuum had been explored through various lenses and terms (see chapters one and two), including defining what it is (e.g., Liamputtong et al., 2012; Travis & Ryan, 1981/2004), describing what it is like (Healey-Ogden & Austin, 2011; Lambert, 2012), and theorising on how people become and stay this way (Brown, 2010; Fredrickson, 2001). Several perspectives had been presented, but there did not seem to be any definitive agreement within (let alone across) relevant terms and disciplines. I was not sure whether I should focus on describing what this way of being was like (which could be achieved through phenomenology\(^\text{13}\)), or exploring what it is and how it is attained and maintained (which could be done through grounded theory\(^\text{14}\)). Some authors have suggested that these two approaches can be combined in a single study (Annells, 2006; Starks & Brown Trinidad, 2007; Wilson & Hutchinson, 1991), but others have strongly cautioned against this form of “method slurring” (Baker, Wuest, & Stern, 1992, p. 1355; Silverman, 2006). Both types of questions (and methods) seemed appropriate for this understudied research purpose, but I realised that I wanted to move beyond description, towards a potentially actionable understanding (theory) of a process, as I thought this would be most useful for people who wished to obtain a higher level of wellness. The desire to produce a “catalyst for action” is one of the three criteria Lincoln and colleagues (2011) attribute to constructivist research, alongside trustworthiness and authenticity, which suggests that this decision aligns with the research paradigm utilised in this study (p. 99).

I chose to assume that high level wellness was possible based on what I was seeing in the literature, and made the first research question conceptual (what is it?), rather than

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13 Phenomenology is “a way of self-inquiry and dialogue with others aimed at finding the underlying meanings of important human experiences” (Moustakas, 1994, p. 18).
14 Grounded theory methods provide “systematic, inductive and comparative” guidelines for conducting research “for the purpose of constructing theory” (Bryant & Charmaz, 2012, p. 1).
A qualitative study of high level wellness, health and happiness (Connie Allen)

I then added a procedural question, to find out how people become and stay this way. My attempts to align personal interests with broader needs and potential impacts resulted in the following two research questions: (1) ‘What is high level wellness?’ and (2) ‘How do people attain and maintain this way of being?’ The first question (what is high level wellness?) suggested a way of defining an experience (concept), based on the insights of particularly healthy, happy (well) people. I used the term ‘high level wellness’ to point to this concept in a way that might make sense to a wide range of people; recognising that this was one of many possible labels synonymous with the notion of being particularly healthy, happy and well. ‘Attain and maintain’ implied some sort of process: a way of achieving and sustaining this experience/concept. ‘Way of being’ was kept tentative, as I did not yet know if this concept was fleeting (a state), fixed (a trait), or both.

I limited the scope of this study to: (1) people over the age of 18, (2) who lived in South East Queensland (Australia), and (3) described themselves as having a high level of wellness, health and happiness. Maslow’s (1954/1970) research lent support to the first criteria (focusing on adults), as he observed that people needed a certain amount of life experience to become their true (and thus most healthy and happy) selves, which people under the age of 18 may not yet have (see 2.5.3). Queensland Health’s (2016) ‘Chief Health Officer Report’ helped to justify the choice of location (criteria two), as it stated that people living in Queensland cities and socio-economically advantaged areas tended to report the highest levels of ‘health’ and ‘quality of life’ (which could be similar to happiness and wellness) in Queensland, compared to people who lived in other areas. This assertion seemed most applicable to South East Queensland, as this part of the state has the largest number of relatively affluent cities (see 1.6). South East Queensland’s population size was also important (3.5 million people, as cited by Queensland Government, 2017), as this number of people would increase the chances of obtaining a large enough sample of participants, in a state with only 15% (one in seven) of people reporting above average levels of mental health according to Queensland Health (2012; also discussed in 1.6). The third criteria addressed a distinct gap in the literature (i.e., the absence of studies focusing on people who described themselves as having a high level of wellness, health and happiness), as the few formal studies that had focused on self-identified high level wellness constructs concentrated on wellness (Lorenz, 2009) and flow (Csikszentmihalyi, 1990), as described in 2.5. The research purpose, questions and scope aligned with this study’s original goals and the literature more broadly. The next section describes this study’s research method.

I incorporated this information into an earlier version of the research question that appears in some of the study documents (‘How do South East Queensland adults who experience high level wellness conceptualise, attain and maintain this way of being?’); but found it better to focus on ‘what high level wellness is’ during data analysis, rather than how people conceptualise it. Grounded theorists generally refine their research questions over time (Birks & Mills, 2011).
3.4 Grounded theory research method

The quest to understand what high level wellness is and how people attain and maintain it, seemed best suited to a grounded theory method. Grounded theory methods are “research design[s] in which the inquirer generates a general [understanding or] explanation (theory) of a process, an action, or an interaction shaped by the views of a large number of participants” (Charmaz, 2014; Creswell, 2013, p. 83). These methods are particularly suitable for research into people’s lived experiences, and topics and populations being studied in new ways (Creswell, 2013), making them a good choice for this study’s research questions.

Grounded theory was first described by Glaser and Strauss in the 1960s, as a way of explaining the research strategy they developed in their study of dying hospital patients (Glaser & Strauss, 1967/2008; Glaser & Strauss, 1965). Glaser and Strauss (1967/2008) said that most books on social research methods (at that time) tended to focus on techniques for verifying existing theories, but failed to provide rigorous processes for generating those theories in the first place. They argued that “the adequacy of a theory […] cannot be divorced from the process by which it is generated”; asserting that theories developed through the systematic comparison of data could be more accurate, useful and universally understood, than theories “generated by logical deduction from *a priori* assumptions” (Glaser & Strauss, 1967/2008, pp. 3, 5, original italics). Glaser and Strauss (1967/2008) advised grounded theorists to undertake an iterative process of data collection and analysis; generating data in an open-ended way, inductively coding and comparing the data to specify categories and category properties, collecting more data to explicate those categories and properties (theoretical sampling), writing memos with relevant data examples, and then sorting these memos to generate an “integrated, consistent, plausible, close to the data” theory, that could be tested through quantitative methods. They stated that a researcher’s categories, category properties and hypotheses on how their categories and properties relate to each other should “emerge” from the data, rather than being directed by preconceived literature, theories and assumptions (Glaser & Strauss, 1967/2008, pp. 40-41).

Grounded theory has gone on to become “the most widely used and popular” family of qualitative research methods (Bryant & Charmaz, 2012, p. 1).

I spent a long time learning about grounded theory over the course of my PhD, through books, courses and groups. I started by reading general qualitative research texts (e.g., Creswell, 2013; Liamputtong, 2010; Mills & Birks, 2014b), before moving onto grounded theory books by Charmaz’ (2012), Birks and Mills (2011). I then delved into a range of other grounded theory books, including those by Corbin and Strauss (2008), Glaser and Strauss (1967/2008), Glaser (e.g., 1978, 1992, 1998, 2013), Brown (2008, 2010, 2012, 2015), Morse and colleagues (2009), and Urquhart (2013), among others. I found that there were three main grounded theory methods, championed by Glaser and his supporters (e.g., Gibson &
Hartman, 2014; Glaser, 1978, 1992, 1998, 2013; Martin & Gynnild, 2012), Strauss and Corbin (e.g., Corbin & Strauss, 2008), and constructivist grounded theorists such as Charmaz (e.g., 2011b, 2014, 2017a). I did what I could to understand each of these approaches, including hosting a few grounded theory discussions at Griffith University, attending training sessions by Kathy Charmaz and Cathy Urquhart, and organising Australia’s first classic (Glaserian) grounded theory master classes with Tom Andrews from Cork University (Ireland) and Helen Scott from Grounded Theory Online (England), with a Skype appearance by Barney Glaser (Sociology Press, The United States of America). I also started an online peer-support group (Grounded Theory Australia), which has over 400 members. I obtained a better appreciation of each of the three main grounded theory methods, but found that Charmaz’ (2014) constructivist version aligned most closely with my world view, values and beliefs—and the purpose and nature of this study.

Charmaz (2014) defines grounded theory methods as “systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories from the data themselves” (p. 1). Her rendering of the constructivist grounded theory approach reflects many of the principles of other types of grounded theory, including simultaneous data collection and analysis, inductive coding and theoretical sampling (Charmaz, 2014). However (unlike Glaser), Charmaz (2008) assumes that “reality is multiple, processual, and constructed”, that “the research process emerges from interaction”, and that researchers co-construct the data with research participants (p. 402). Charmaz (2008) encourages researchers to account for their own positionality, “as well as that of the research participants” (p. 402):

Rather than assuming that theory emerges from data, [constructivists]¹⁶ assume that researchers construct categories from the data. Instead of aiming to achieve parsimonious explanations and generalizations devoid of context, [constructivists] aim for an interpretive understanding of the studied phenomenon that accounts for the context. As opposed to giving priority to the researcher’s views, [constructivists] see participants’ views and voices as integral to the analysis—and its presentation. (Charmaz, 2008, p. 402)

Constructivist grounded theorists are encouraged to articulate their role in the theory development process, rather than believing that strict adherence to Glaser’s protocols will result in neutral theoretical explanations, uninhibited by preconceptions and values (Charmaz, 2017a; Simmons, 2011). Charmaz advises constructivist researchers to conduct preliminary literature reviews (rather than ignoring precedents in an effort to remain free of

¹⁶ This originally said “constructionist” as it was part of the “Handbook of Constructionist Research’ (Charmaz, 2008, p. 402). Charmaz (2014) normally uses the word ‘constructivist’ to signal the difference between her approach (which acknowledges “subjectivity and the researcher’s involvement in the construction and interpretation of the data”) and earlier forms of social constructionism; noting that her position is consistent with current models of social constructionism (p. 14).
preconceptions), collect rich data through the use of open-ended interview guides (instead of starting with a single ‘grand tour’ question), and record and transcribe interview data (rather than just taking field notes) (Charmaz, 2014). She also provides more flexibility in the way that data is analysed, written up and presented (Charmaz, 2008, 2011a, 2014, 2017a, 2017b). Theories developed according to Charmaz’ (2014) constructivist grounded theory method are assessed in terms of credibility, originality, resonance and usefulness, rather than Glaser’s (1978) notions of fit, relevance, work and modifiability. Constructivist grounded theories aim to provide a new understanding of a phenomenon, rather than attempting to explain, predict, measure or control people’s behaviour (Charmaz, 2014).

I endeavoured to follow Charmaz’ constructivist grounded theory guidelines in this study, while accounting for the practicalities of the research questions, participants and data. This included acknowledging my role in this research and providing a sense of context (e.g., describing the geographical region in chapter one, participant characteristics and experiences in chapter four, and the data that informed each theoretical assertion in chapter five). I conducted a preliminary literature review, co-constructed data through an open-ended interview guide, recorded and transcribed interview data, and started analysing data after the first interview through post-interview reflections, coding and memos. I also coded for actions and processes, compared ‘data, codes, categories and category properties’ in memos, worked towards theory construction (rather than description), and looked for data relating to each aspect of this study’s theoretical findings, including checking my understanding of the data with participants and working with them to strengthen this conceptualisation. I provide a more detailed description of my use of the constructivist grounded theory method later in this chapter, with reference to Charmaz and others.

### 3.5 Operationalisation and ethics

After deciding on the research framework, question and method, and obtaining university approval to proceed, I started operationalising several aspects of this study as part of the ethics application. Ethics are “a set of moral principles, which aim to prevent research participants from being harmed by the researcher and research process” (Liamputtong, 2010, p. 32). Ethical issues need to be considered at every stage of the research process, from study design to report writing (Creswell, 2013; Silverman, 2006). Australian research initiatives must align with the ‘Australian Code for the Responsible Conduct of Research’ (NHMRC & ARC, 2007), and the ‘National Statement on Ethical Conduct in Human Research’ (NHMRC & ARC, 2017). Griffith University PhD Candidates are required to submit a written research proposal and deliver an oral presentation as part of their confirmation process. Successfully completing this milestone at the end of their first year of candidature enables them to proceed with the next stage of their research.
Research’ (NHMRC, 2007). They also require ethics approval from relevant institutions, in my case, Griffith University.

The main ethical issues I had to consider in this study were data storage, participant recruitment, informed consent, confidentiality and the possibility of multiple interactions with participants. I developed secure data storage facilities for identifiable data (i.e., a password-protected computer and locked metal filing cabinet) and created a number of documents to support the recruitment process (media release, flyer and social media invitation templates, Appendix A, B and C), explain the nature of this research as clearly as possible (information sheet, Appendix D), and obtain written participant consent (consent form, Appendix E). I also developed an expression of interest (EOI) form (Appendix F) to determine participant eligibility, and an interview guide with several open-ended questions about wellness insights and experiences (Appendix G). Participant anonymity was protected through the use of pseudonyms. These protocols, processes and documents were approved by Griffith University’s Ethics Department in May 2014 (Reference Number: HSV/12/14/HREC), prior to participant recruitment. The next section describes the specific data collection and analysis processes employed in this study.

3.6 The research process: sampling, data collection and analysis

Grounded theorists adopt a unique array of sampling, data collection and analysis techniques—tailoring their approach to each situation, “as with all qualitative methods”:

[E]very time grounded theory is used, it requires adoptions [...] as demanded by the research question, situation, and participants for whom the research is being conducted. [...] Grounded theory is [...] primarily a particular way of thinking about data[, ...which] cannot be standardized. (Morse, 2009, p. 14)

This section describes how I managed sampling, data collection and analysis, informed by relevant literature and the practicalities of this research.

3.6.1 Sampling and participant recruitment

Grounded theorists adopt purposeful and theoretical sampling techniques (Birks & Mills, 2011). They start with a purposeful, convenience sample of “excellent informants” who have experienced the phenomenon under investigation and are able to share their insights in a reflective, articulate manner (Morse, 2012b, p. 231). Morse (2012b) says that purposeful samples “are initially selected to maximize variation of meaning [to determine] the scope of the phenomena”, which may include the tentative use of sociological categories such as gender (p. 236). Grounded theorists adopt theoretical sampling techniques once they have identified data patterns; seeking data that can help to clarify their understanding of particular
constructs (e.g., categories and category properties) and inter-construct relationships (Morse, 2012b). Theoretical sampling can be conducted with new or existing participants, bearing in mind that “excessive data is an impediment to analysis”, as “the investigator will be swamped, scanning, rather than cognitively processing, the vast number of transcripts”; not seeing the “forest” or the “trees” (Morse, 2012b, p. 233). Theoretical group interviews can be conducted towards the end of a study as another form of theoretical sampling; to obtain additional data, resolve theoretical conundrums and ambiguities, and find out how the new theoretical model applies to participant perspectives, contexts and experiences (Morse, 2012b). Morse (2012b) says that these are different from group validation interviews, as the latter are structured in a deductive manner to see if the emerging theory makes sense to participants and aligns with their experiences, rather than co-creating theory in an inductive manner. Grounded theorists “also purposely sample from [their] data, selecting and sorting, prioritizing or back-staging, as [they] craft [their] analysis” (Morse, 2012b, p. 243). They acknowledge that some participant stories and quotes illustrate theoretical findings better than others, and tend to incorporate this information in published works (Morse, 2012b).

This research required a sample of adults who lived in South East Queensland and thought of themselves as particularly healthy, happy and well (i.e., having a high level of wellness). There did not seem to be an obvious pool of people to choose from (e.g., an organisation dedicated to the lived experience of high level wellness), so I advertised this study through traditional and social media, using a range of templates that had been approved by Griffith University’s ethics department (see Appendix A, B and C). These templates said things like, “Happy healthy people wanted for new study” (media release) and “Participants needed for a new study on high level wellness, health and happiness” (flyer). Where possible, I disclosed the fact that I was interested in learning about this way of being because I did not know what it was like myself, and thought that a better understanding of this concept could help people to flourish by providing a sense of what is possible and the types of things that might support them in their wellness journeys. This level of self-disclosure seemed important, in line with my values, and the reflexive, co-constructive nature of this research paradigm and method. Griffith University’s media department distributed the media release to a range of outlets, which resulted in coverage via television (Channel 9 News, Gold Coast), radio (ABC, 612 Brisbane) and newspapers (e.g., Gold Coast Bulletin, Northside Chronical and North West News). I also distributed relevant information through Facebook, LinkedIn, Twitter and email contacts, and put up flyers at Griffith University. Some people also promoted this study to their contacts (e.g., the Happiness Institute e-newsletter). The promotional support I received from this recruitment campaign is described in Appendix H.
I provided people who contacted me about this study with an information sheet (Appendix D) and EOI form (Appendix F), and encouraged them to send me a completed version of the EOI form if they wanted to participate in this study. The information sheet advised potential participants of the nature of this study and what it would entail. The EOI form was designed to collect people’s contact, demographic and eligibility details, including checkboxes to indicate if they: (1) would like to participate in a study on high level wellness, health and happiness, (2) lived in South East Queensland, and (3) were over the age of 18. This form also asked people to indicate where they usually fitted on six wellness continuums (e.g., health, happiness and wellness), with possible answers ranging from ‘very low’ (1) to ‘very high’ (5), as shown in Figure 3.1. The checkboxes and wellbeing continuums helped to determine whether people were eligible for this study. I initially sought people who wanted to participate, were over the age of 18, lived in South East Queensland, and expressed a ‘high’ or ‘very high’ level of health and happiness. The people who reported a high (or very high) level of health and happiness also expressed a high (or very high) level of wellness, which meant that these people were still eligible when I broadened this study’s focus to include a more specific measure of wellness. The EOI form also asked people to indicate their level of physical, mental and social wellbeing (in line with the WHO’s 1946/2006 definition of health); but lower scores in these areas did not preclude people from participating if they met all the other criteria, as the literature suggested that people could have a high level of wellness, despite a range of other challenges, including chronic diseases and/or disabilities (as discussed in 2.3.1 and 2.3.2). The EOI form also asked people to state what name (pseudonym) they would like to adopt to protect their privacy.

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<th>Terms</th>
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Figure 3.1. Wellness continuums specified on this study’s expression of interest form

I received 41 EOI forms from people who wanted to participate in this study. I wanted to speak to as many eligible applicants as possible; choosing the sample in advance so that I could schedule interviews and let people know whether I would need to interview them or not. I decided to interview the first 20 people who submitted an EOI form and were eligible.
for participation (based on the selection criteria outlined above) to provide a large pool of data for analysis. I then selected another five people who were eligible to participate (based on the same criteria), but different to the first 20 participants, as a form of theoretical sampling. The second sample prioritised people who were male, had children living at home, high incomes and/or perfect wellness assessments, as these attributes were not as common in the first sample. It also included a medical doctor and someone who had lost a lot of weight, as these experiences also seemed different to the first sample. Both samples (n=20 and n=5) could be described as purposive; ‘excellent informants’ who had experienced high level wellness first hand. This sampling process resulted in a mixture of male and female participants from 25 to 65 years of age, including a range of income levels, family structures, occupations and personal experiences. Twelve applicants were eligible for this study but not included as the maximum number of participants had been achieved, and four were ineligible and thus excluded. I scheduled the interviews over a four month period (two to three interviews per week), in order to provide time to organise interview transcripts, commence data analysis, and obtain information on data patterns in later interviews (more theoretical sampling). I then got in touch with each of the other people who had submitted EOI forms to let them know that I would not be needing them for this study. The number of participants in this study (N=25) was fairly high compared to similar grounded theory studies. For example, the wellness theory Lorenz’ (2009) developed in his doctoral program was based on interviews with seven participants.

3.6.2 Data collection and analysis

Data collection and analysis tends to be conducted in a simultaneous, iterative manner in grounded theory studies (Charmaz, 2014). Charmaz (2014) suggests that grounded theorists get to know their data by coding each individual line of text or incident (initial coding), before separating, sorting and synthesising their data through focused coding. Memos provide a detailed record of this process, including ideas to be explored in subsequent interviews (Charmaz, 2014). Early memos “record what you see happening in the data”, helping to explore and fill out emerging codes, categories and relationships; while advanced memos describe what the topic looks like from different points of view, place the findings within an argument, and make comparisons within and between people, across categories, and in relation to existing literature and explanatory models (Charmaz, 2014, p. 169). Bringing raw data into memos helps to ground abstract analysis in lived experience, enabling comparisons with emerging concepts and descriptions of emerging patterns (Charmaz, 2014). The data collection and analysis process employed in this study occurred over three phases.

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18 Summaries of participant characteristics and wellness journeys are provided in chapter four.

A qualitative study of high level wellness, health and happiness (Connie Allen)
3.6.2.1 Phase one
The first phase of data collection and analysis consisted of 25 intensive, semi-structured interviews, as well as initial codes (labelled data segments), memos (written explorations of codes, categories and category properties), and theoretical sampling (asking participants to reflect on relevant data patterns). Ritchie (2001) explains that interviews are the best way to find out about people’s experiences, beliefs and perceptions. Semi-structured interviews balance the structure of predetermined open-ended questions with the freedom for interviewers and participants to pursue important ideas in more detail (Britten, 1995). This “allows the conversation to flow more naturally”, as well as providing opportunities to explore topics that may not have been anticipated before the interview (Hesse-Biber & Leavy, 2006, p. 126). Well-constructed interview guides can help researchers obtain “rich, substantial, and relevant data”, to enhance the quality and credibility of their study, and lay the foundation for a strong grounded theory (Charmaz, 2014, p. 32). Semi-structured interviews can also provide an opportunity to obtain more information on data patterns, as part of the theoretical sampling process (Charmaz, 2014). In fact, Charmaz (2014) mentions that she “often slipped additional questions into the conversation that pertained to [her] emerging theoretical interests after the research participant had initiated pertinent comments (p. 90).

I created a process to enable participants to co-direct the conversation, based on what was important to them (e.g., if participants answered a question on what helped them to be healthy and happy by talking about food and exercise, we would talk about that; if they mentioned spirituality or meditation, we would talk about that). Participants were sent a copy of the information sheet and consent form before their interviews, and were provided with an opportunity to receive a copy of the interview questions in advance if they wanted to do so. I started each interview by explaining the research process, obtaining written consent, and providing participants with a $20 gift certificate to thank them for their time\footnote{I wanted to give something back to participants in the spirit of reciprocity, but did not let people know about this gift certificate prior to their interviews.}. I then asked people about this concept as a whole. The interview guide (Appendix G) said, “What is high level wellness, health and happiness?” I tended to deliver this question in a much more tentative manner, by saying “I’m interested in exploring the concept of high level wellness, health and happiness, but I know that people tend to call this many different things, such as wellness, flourishing and wellbeing. What do you call it, and what does it mean to you?” This was followed by questions prompting people to describe what this way of being was like for them, whether they had always been this way, and how they would describe their wellness journey. I then explained that I was going to explore different aspects of this way of being by asking a question, letting them answer, and then asking an opposing question, starting with what help and what makes it harder. I asked participants to describe: (1) what helps them to
be this way, and what makes it harder; (2) what would make them more healthy and happy than they are today, and what would make them less healthy and happy, (3) a fairly normal type of day that makes them feel particularly healthy and happy, and one that does not, and (4) how they are different to people who are less healthy happy, and how they are similar. I also asked how other people could become more healthy and happy. Many interviews included theoretical sampling questions, asking participants to comment on data patterns I had noticed across interviews. I completed each interview by asking if there was anything else I needed to know to understand this way of being. I then explained what would happen from there (i.e., transcribing and analysing their data, providing an opportunity to discuss the draft theory, and letting them know the findings at the end of the study). I also found out whether they would like to receive their interview transcript and let them know that I would change anything they were not happy with. Each interview took between 35 and 259 minutes (M=84 minutes). I transcribed six interviews and employed a professional agency (Pacific Transcription) to do the rest, using a postgraduate researcher grant from Griffith University. The data collection process resulted in 470 pages (300,000 words) of data, describing many different aspects of high level wellness.

The first phase of grounded theory analysis helps researchers get to know their data, using “initial coding” to explore “theoretical possibilities” and inform “later decisions about [...] core conceptual categories” (Charmaz, 2014, p. 116). Grounded theorists question their data (e.g., ‘What is this person doing right now?’); breaking it into segments (codes), applying provisional labels, and considering what these sections of data mean, within and across codes, categories and category properties (Charmaz, 2014). I coded early interviews once they were transcribed (as shown in Figure 3.2), and wrote memos reflecting on what I was seeing in the data. Initial codes identified several wellness conceptions (e.g., feeling at peace and bursts of joy), enablers (e.g., acceptance, being disciplined and checking in with feelings) and barriers (feeling unsafe, being tired and not having control). I also explored data patterns in the interviews themselves, after people had expressed their ideas. For example, I noticed that participants tended to use the words ‘peace’ or ‘contentment’ at various points in their interviews. When participants mentioned these words, I let them know about this data pattern, and asked if they could provide more information on what this meant to them. This helped to delineate the properties of this tentative category (e.g., some people experienced it all the time, others fluctuated). I did the same when participants mentioned some form of reflection; briefly outlining the different ways participants had done this across interviews, and asking if this aligned with their experiences or if they did something else. This led to a range of category properties, including reflecting in a journal, while running, and

20 Some participants suggested minor changes (e.g., correcting typing errors), which I made.
with a partner. I also followed up on the sense of curiosity I felt when participants described an unhealthy, unhappy day; letting them know that this sounded like my normal day (using myself as a negative case). Participants tended to respond that they might feel that way from time to time, but did what they could to change. They refused to stay in a bad place, and had a range of strategies, systems and supports to help them return to their normal happy, healthy selves. These interactions helped to create a rich pool of data. They were also an important form of theoretical sampling, helping to increase my understanding of key categories and category properties.

<table>
<thead>
<tr>
<th>Data excerpt from first interview transcript (Elizabeth)</th>
<th>Initial codes</th>
</tr>
</thead>
</table>
| To me, wellness is a contentment. It's feeling at peace. It's very holistic. I'm into happiness, so I've read quite widely on it. But I think when you read stuff, you then check in with, 'Well, how does that really resonate with me?' And I love the fact that you can have hedonic happiness, which is your momentary bursts of joy – and then your underlying eudaimonic happiness, which is your meaning and purpose. And that really spoke to me, because I used to think that happiness was that you had to be upbeat and joyful all the time, and I realised that, well obviously that's not sustainable, that's not realistic. Even though I am pretty upbeat and happy all the time, there are times realistically (laughs) when life sucks and you're not. | Wellness=contentment  
Feeling at peace  
Checking in  
Types of happiness  
Bursts of joy (hedonic)  
Meaning + purpose (eudaimonic)  
Not always joyful  
Being realistic  
Generally happy  
Sometimes not |

Figure 3.2. Example of initial codes from first interview transcript

3.6.2.2 Phase two

The second phase of grounded theory analysis enables people to “sift, sort, synthesise, and analyse large amounts of data” through selective codes (Charmaz, 2014, p. 138). I started this phase after the interviews had been completed and transcribed. I began by returning a sense of context to the data; describing participants as a group (see 4.2) and developing an overview of each person’s wellness journey (see 4.3). This helped me to gain a better understanding of each interview transcript; enabling me to perceive the data in relation to 25 people, as opposed to a disconnected assortment of codes. I then questioned the data in relation to the first research question, locating information that helped to explain what high level wellness is in a broad sense, and more specifically in terms of the wellness conceptualisation (peace) that seemed most prevalent across interviews. Appendix I is an example of an early memo with some of the data relating to this round of selective coding. I grouped similar topics together, shaped this information into sentences and paragraphs, and developed a statement to record my understanding (theory) of this phenomenon; extrapolating a potentially generalisable high level wellness definition from the data collected and analysed in this study. I then thought about the second research question (How do
people attain and maintain this way of being?) and drafted a number of possible answers based on what I was seeing in the data, through verbal storylines and visual representations (models), as recommended by Birks, Mills, Francis and Chapman (2009), and Corbin and Strauss (2008). Some of these potential storylines ended up being quite similar to the theoretical findings depicted in chapter five (see example one, in Appendix J). Others had more (or different) categories. I coded the data to explore each tentative understanding; eliminating categories that did not seem helpful for the high level wellness theory (e.g., different childhood experiences\(^{21}\)), merging others that seemed to go together (e.g., combining ‘act’ and ‘reflect’ into one category ‘act and learn’), and noting my reasoning in an audit trail. I put similar information together, shaped it into sentences and paragraphs, and developed statements documenting my understanding (theory) of the way that people attain and maintain high level wellness. I thought of each chunk of information (i.e., theoretical assertion and supporting data) as a memo, and moved them around to reflect the data, and maximise comprehensibility to readers (memo sorting). Five examples of theoretical memos from this study’s audit trail are provided in Appendix J, including the memo mentioned earlier on this page, and a time when I noted some literature that related to the theory (this could be considered as a form of bracketing). Charmaz (2014) says that “theoretical sampling involves a particular form of reasoning, abduction, which distinguishes grounded theory” from other types of research (p. 200). Abduction is when researchers “make an inferential leap to consider all possible theoretical explanations for the observed data, and then form and test hypotheses for each explanation until arriving at the most plausible theoretical interpretation of the observed data” (Charmaz, 2014, p. 200). This is a good description of what I did in this phase of analysis, in order to develop the ‘experiential learning theory of high level wellness’ described in chapter five. I did not find it necessary to interview new participants in this phase, as I had already collected a large amount of data representing a variety of experiences, including theoretical sampling relating to data patterns (e.g., peace and reflection).

I put the different elements of the high level wellness theory (a definition, process and model) in present tense to denote that these were my (potentially generalisable) interpretations of the data. Supporting data was placed in past tense, with headings to indicate that this information had helped to inform each theoretical assertion, including some information that was specific to individuals. Some of the most well regarded grounded theorists place their theories in present tense to indicate that they are generalising from their data (theorising), not just reporting (describing) findings. Here are three examples:

\(^{21}\) The diversity of childhood experiences suggested that the theory might apply to people with different backgrounds, but the theory itself focused on what adults could do to enhance their wellbeing, rather than focusing on the types of childhood experiences most conducive to wellness.
Wholehearted living is about engaging in our lives from a place of worthiness. It means cultivating the courage, compassion, and connection to wake up in the morning and think, *No matter what gets done and how much is left undone, I am enough.* (Brown, 2010, p. 1, original italics)

Defining illness as an interruption means looking for recovery. Initially, it means looking for complete or nearly complete recovery; later on, it means looking to regain the last plateau. (Charmaz, 1997, p. 13)

In American hospitals, frequently the patient does not recognize his impending death even though the hospital personnel have the information. This situation can be described as a "closed awareness" context. Providing the physician decides to keep the patient from realizing [...] what his true status is, the problem is to maintain the context as a closed one. (Glaser & Strauss, 1965, p. 29).

The theory developed in this study is also a data-driven generalisation. It is one way of understanding of what high level wellness is, and how people attain and maintain it, based on my interpretation of participant data. Further studies would be needed to determine whether this high level wellness theory is applicable to other populations.

3.6.2.3 Phase three

I returned to participants in the third phase of analysis, providing them with an opportunity to validate and explicate theoretical findings, in line with Morse’s (2012b) description of group interviews. Charmaz (2014) says that “[t]he iterative process of grounded theory often brings researchers back to research participants whom they have already interviewed" to complete their theories through another form of theoretical sampling (p. 103). I emailed each participant to check if they were happy with the way I had summarised their wellness journeys (see 4.3), and if they would like to attend a feedback session to learn about (and enhance) the theoretical findings I had developed from their interview data. Twenty-four of the 25 participants endorsed their wellness summaries or suggested minor changes (which I made). The other participant replied to my emails, but did not say if she endorsed her wellness summary, despite multiple prompts. Seven participants attended a feedback session (two people in Brisbane, one in Logan, and four in the Gold Coast). I sent these participants a summary of the draft theory before these sessions (Appendix K) and provided a handout with the definition and model during the meetings (Appendix L). I talked to the major elements of this theory, and asked them to comment on how it applied to them (resonance) and how it might apply to others (usefulness)22. We also discussed ways of strengthening this understanding of high level wellness. Participant quotes were recorded by

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22 I also asked about two other theoretical models I had developed from the data. These seemed to be good conversation starters, but not necessary for this interpretation of the data.
the meeting co-hosts. A description of participant feedback is provided in chapter five. This was also incorporated into theoretical findings.

I completed the final phase of data collection and analysis by refining the way I presented the theoretical and descriptive findings in chapter five. This included adding an overview of my interpretation (theory) of high level wellness as a whole, to orientate readers to the theoretical nuances contained in this chapter. I also enhanced ‘signposting’, so that it was easier to tell the difference between theoretical and descriptive findings. Theoretical findings had the potential to be transferable to others, as part of ‘an experiential learning theory of high level wellness’, whereas some of the descriptive findings were specific to each individual (i.e., not transferable). This form of information was provided to add a sense of context and credibility, demonstrating what each theoretical assertion might look like in practice, and letting readers see the data underlying each aspect of the theory. It is important to note that all of the findings in this dissertation are partial, contextual and conditional, situated within a particular time and place, in line with the nature of constructivist grounded theory (see Charmaz, 2014). They provide a potential new way of understanding of high level wellness (not something that can be used for explanation, prediction, measurement and control), which is also consistent with Charmaz’ (2014) method. Charmaz (2014) notes that “theorizing is an on-going activity” (p. 244), which suggests that the theoretical findings described in this dissertation could be considered a ‘work in progress’, able to be refined (or reconceptualised) over time, in relation to new data or new readings of existing data. I returned to the literature after I had developed the theory and discussed it with participants. I describe how this theoretical interpretation of participant data (chapter five) relates to relevant literature in the discussion (chapter six).

3.7 Research rigour

Rigour is the “quality of qualitative enquiry” (Liamputtong, 2010, p. 20); the demonstration of a study’s worth, integrity and legitimacy (Tobin & Begley, 2004). Trustworthy studies are conducted in a fair and ethical manner, reflecting participant experiences as closely as possible (Padgett, 2008). I designed this study to follow the advice of Carpenter and Suto (2008), Kuper, Lingard and Levinson (2008a), Mays and Pope (2000) by:

1. matching the research strategy, method and techniques to the research question;
2. clearly articulating the research question, strategy, method and sampling process;
3. maintaining a systematic audit trail to articulate decision-making processes;
4. describing the research context to enable readers to relate findings to other settings;

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23 I co-hosted these sessions with four participatory leadership practitioners (Jan Elston from the Logan Wellbeing Hub, and Fiona Malcolm, Jane Geltch and Frank Martin from Purpose Partners). One of these people accompanied me in each of the three participant feedback sessions.
5. including the full range of possible cases to facilitate conceptual generalisations;
6. inviting participants to review transcripts, wellness summaries and theoretical findings;
7. providing rich descriptions of participant experiences without breaching confidentiality;
8. acknowledging the experiences, beliefs and values that might influence the study; and
9. ensuring that the study was worth doing and that it usefully contributes to knowledge.

I also endeavoured to address the grounded theory strategies articulated by Charmaz (2014) including: (1) iterative data collection and analysis, (2) coding for actions and processes, (3) using comparative methods, (4) developing new conceptual categories from data, (5) emphasising “theory construction rather than description or application of current theories”, (6) conducting theoretical sampling, and (7) searching for variation (p. 15). The way that I have presented this study’s theoretical findings also attempts to maximise research rigour, by helping readers to get to know each participant’s wellness experiences and insights (chapter four), and disclosing the data that helped to inform each aspect of the experiential learning theory of high level wellness described in chapter five.

3.8 Chapter summary

This chapter described the way that this study was designed and conducted. This included an overview of this study’s qualitative research approach, constructivist research paradigm and constructivist grounded theory research method. The next chapter describes the 25 happy, healthy and well adults who participated in this study, including an overview of group characteristics and a summary of each person’s wellness journeys.
Chapter 4: Participant characteristics and experiences

4.1 Chapter overview
Chapter four describes the 25 participants as a group, before summarising each person’s unique challenges, opportunities, strategies and insights. It is based on the information provided in participant expression of interest (EOI) forms and interviews. This snapshot of characteristics and experiences helps to contextualise the findings articulated in chapter five.

4.2 Participant characteristics and wellness assessments
The 25 research participants all lived in South East Queensland (Australia), were over the age of 18, and reported a ‘high’ (4) or ‘very high’ (5) level of ‘wellness’, ‘health’ and ‘happiness’ on their EOI forms. Most were female, with a low to medium household income, and no children living at home. The average self-assessments for wellness constructs were between 4.40 and 4.48 out of five, except physical wellbeing, which was a little lower (4.14). This section provides more details on these characteristics (4.2.1) and assessments (4.2.2).

4.2.1 Participant characteristics
Participants provided their address, gender, age, ethnicity, employment status, income and family structure on their EOI forms (see Appendix F). Additional details sometimes emerged (or were clarified) over the course of their interviews. Just over half of participants (56%) resided in the Brisbane City Council area (n=14), with the others located in the Gold Coast (n=7), Logan (n=2), Ipswich (n=1) and Sunshine Coast (n=1) council areas. The 20 female participants ranged from 25 to 65 years of age (M=43.6), whereas the five male participants were aged between 41 and 60 (M=53.4). Most participants described their ethnicity as Australian and/or Caucasian (n=20), however seven participants mentioned one or more other geographic areas (England, Europe, Ireland, Israel, Lebanon, New Zealand, Sri Lanka and the United Kingdom), with some people mentioning more than one country or region. Just under two thirds of participants (64%) were either working (n=14) or studying (n=2) in traditional or complementary health fields, including one person who received financial assistance to care for her partner. Others were retired (n=3), or employed in information technology (n=3), event coordination (n=1), teaching (n=1) or consulting (n=1). The large number of people employed in the health and caring sector was not clear from the outset, as some participants listed generic terms such as ‘manager’ or ‘student’ on their EOI form, and then mentioned that they were in a health/caring field during their interview. Three quarters of participants (76%) had a medium (n=12) or low (n=7) level of household income24, with

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24 The expression of interest form did not ask participants to specify the amount of income they and their families earned. Instead, they chose from three boxes: low, medium or high.
only 16% reporting a high household income (n=4), and two participants not disclosing this information. Just over half of participants indicated that they were in a relationship (n=13). Most participants (84%) did not have children living at home (n=21), but one of these people was pregnant when her interview took place.

4.2.2 Self-reported wellness assessments

Participants described their usual levels of health, happiness, wellness and wellbeing (physical, mental and social) on their EOI forms, using a five point scale ranging from ‘very low’ (1) to ‘very high’ (5) (see Figure 3.1 and Appendix F). Their responses are depicted in Table 4.1, using the pseudonyms they adopted for this study. Three of these measures were used to help with participant selection—to ensure that each participant thought of themselves as having a high (or very high) level of wellness, health and happiness. The other three concepts (physical, social and mental wellbeing) were included to see if these constructs tended to overlap with wellness, health and happiness. Participant scores were relatively consistent across the six different constructs. This sense of interchangeability was also evident in the interviews themselves when participants adopted a range of different terms to describe their lived experience including wellness, wellbeing and happiness. It is important to note that scores on the three wellbeing constructs (physical, mental and social wellbeing) were not considered as part of the participant selection process, as the literature suggested that it was possible to have a high level of wellness alongside disease, disability or disadvantage (e.g., Ardell, 1977; Healey-Ogden & Austin, 2011; Liamputtong, Fanany, & Verrinder, 2012). This aligns with the idea of attaining the highest possible level of wellbeing for each individual, rather than an unachievable state of perfection (i.e., complete wellbeing).

All participants reported a high or very high level of wellness, health and happiness, as specified by this study's selection criteria. The largest number of ‘very high’ scores were recorded for wellness (n=12), mental wellbeing (n=12) and social wellbeing (n=12); followed by happiness (n=11), health (n=10) and physical wellbeing (n=7). This order was also reflected in average scores: wellness (M=4.48), mental wellbeing (M=4.46), social wellbeing (M=4.44), happiness (M=4.44), health (M=4.40) and physical wellbeing (M=4.14). Only four scores lower than a ‘high’ (4) or ‘very high’ (5) were recorded across participants: three ‘neutral’ (3) and one ‘very low’ (1). These scores were distributed across the three types of wellbeing that were not included as selection criteria: a ‘very low’ and ‘neutral’ in physical wellbeing, a ‘neutral’ in mental wellbeing, and a ‘neutral’ in social wellbeing. The trend towards a slightly lower level of physical health for the group as a whole (indicated through less very high scores, a lower average score, and the presence of a very low and neutral score) also appeared in some interviews, when participants discussed physical conditions.
(e.g., chronic pain, injuries and disabilities) that they had learned to manage over time. All participants provided valuable insights into high level wellness that added to this study.
Table 4.1. Participant responses to various wellness measures (interview order)

<table>
<thead>
<tr>
<th></th>
<th>Pseudonym</th>
<th>Health</th>
<th>Happiness</th>
<th>Wellness</th>
<th>Physical wellbeing</th>
<th>Mental wellbeing</th>
<th>Social wellbeing</th>
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<td>High (4)</td>
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<td>Very high (5)</td>
<td>Very high (5)</td>
<td>High (4)</td>
<td>Very high (5)</td>
<td>Very high (5)</td>
</tr>
<tr>
<td>3</td>
<td>Rose</td>
<td>Very high (5)</td>
<td>Very high (5)</td>
<td>Very high (5)</td>
<td>High/Very high (4.5)</td>
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<td>Very high (5)</td>
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**Totals**

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4.3 Individual wellness journeys

This section provides a brief summary of the wellness journeys and insights each participant discussed in their interviews, as close to their words (and interpretations) as possible. These 25 synopses help to maintain the integrity of each person’s life story and highlight the diversity of experiences included in this study. They are presented in interview order, using the pseudonyms specified by each participant. Most participants (n=24) said that these summaries were an accurate representation of their interviews, but one did not respond.

4.3.1 Elizabeth

Elizabeth was in her early-50s. She had been “well” but “very overweight” as a child, before learning how to manage her weight, health and happiness. Elizabeth became conscious of her diet in high school and began exercising soon after graduation, swimming until the birth of her first child. She then struggled with postnatal depression, losing her “identity” amidst her new roles as wife and mother. Elizabeth chose to “create the life” she wanted; trying a few different approaches to see what worked best for her. She found most relief at a gym, enjoying an hour to herself and “happy endorphins”. She also “worked out that [she] needed to go back to work”. Elizabeth went on to create several other wellness foundations, including a supportive social network, an aesthetically pleasing home, regular meditation, and a sense of meaning, purpose, freedom, independence and safety. Elizabeth said that she has more time to “check in” with her feelings now that her children have left home, which enables her to savour “bursts of joy” and adjust anything that does not feel right. She credits her self-awareness, discipline and desire for continual improvement as the driving forces in her wellness journey. Her knowledge of health and happiness encompasses a range of areas including positive psychology and the Herrmann Brain Dominance Instrument.

4.3.2 Amy

Amy was in her mid-50s. She had experienced a few health problems over the years, including a serious illness that required two years of physical and mental rehabilitation, counselling and coaching. She also suffered from painful disabilities in her back and shoulder, and occasional bouts of anxiety and depression. A number of factors helped her to stay healthy and happy, including her wife (“a really good, strong supportive partner”), physical activity (including yoga and walking), gardening (“fresh air and sunshine”), healthy tasty food, a good education and career, always having something to do or think about (e.g., volunteering), and getting help when she needed it. Amy said that she tries to balance her social justice principles with self-care, to avoid running herself “ragged”. This means doing what she can to help others, while maintaining clear boundaries to safeguard her own
wellbeing (“having a controllable level of empathy”). Amy also keeps her expectations in check, by aiming for “a high level of good enough” rather than striving for “100% on everything, 100% of the time”.

4.3.3 Rose

Rose was in her late-30s. She spent many years working long hours at “120%”, before contracting a debilitating virus that left her “with no energy, flat as a tack on the couch”. She learned about the need to look after herself (“self-care”) from authors such as Cheryl Richardson, Wayne Dyer and Louise Hay25, but did not put these insights into practice straight away. Her wellbeing significantly improved when she stopped working for six months after accepting a voluntary redundancy. Rose said that she learned to value herself by investing in yoga, mantra meditation, bushwalking, volunteer work and deliberate efforts to be kind and grateful. She also worked with an integrative doctor to find the root causes of her fatigue and cultivate a more gentle form of self-talk. Rose hoped to maintain these practices in her new job, believing that she had learned these lessons “for a reason”:

> It’s almost like this half of this year has culminated in where I’m at now, and that I needed to spend six months looking after myself, learning the lessons properly. Not intellectually, but actually doing it, living it, to prepare myself; because this job has got a lot of travel and it probably will be quite demanding, and I will probably have to work hard at maintaining where I’m at. (Rose)

Rose transformed self-criticism, lethargy and illness into self-worth, vitality and wellness, by taking time to get to know (and fulfil) her specific needs and wants.

4.3.4 Bob

Bob was in his early-60s. He learned resilience as the youngest child in a family of boys:

> Because you’re a little kid, […] you learn to cope with life’s knocks that you get from your brothers and so on. That makes you, creates you as a person really. […] It gives you that inner strength to deal with setbacks. (Bob)

Bob said that he had known who he was and what he liked from a very early age—and structured his life around that knowledge. He described himself as an explorer; with a lifelong love of travel, climbing and mountaineering. Bob credited his wellbeing to his wife, family and friends, mountain walks, gym sessions and sense of being valued at work. He had a few medical conditions that affected his physical health (e.g., migraines and mild

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25 These authors are all part of Louise Hay’s self-help publishing company, Hay House Publishing.
multiple sclerosis (MS), but did not let that worry him. He said, “It’s about not dwelling on things that aren’t quite right. […] Be happy in yourself and let go of things you can’t improve”.

4.3.5 Jade
Jade was in her late-20s. She had grown up in a supportive environment, but spent time feeling very unhappy in early adulthood, due to a fall out with her closest friends that coincided with intense university study and familial stresses. Her ability to gain control of that situation gave Jade the confidence to know that she “could handle feeling that down again, and pick up and continue on”. It also taught her to value “quality over quantity” in her social circle. She said this experience had helped her to understand and appreciate what it was like to be well, “because otherwise you’ve got nothing to compare it to”. Jade looked after herself by getting enough sleep, eating well, exercising, balancing time with others and time on her own, managing her stress, travelling and being mindful. She reflected, “I have noticed that when I eat poorly or if I’m not eating enough, or the right foods, it […] affects my psychological attention, my memory. It affects me completely”. These types of insights (“self-awareness”) let her to know when things are not working, so she can get back on track.

4.3.6 Anne
Anne was in her early-60s. She had an unhappy childhood and a difficult time in her 40s, when her children struggled with anorexia, depression and drug addiction. She suspects that she learned joy from having known so much sorrow and despair. Anne now finds happiness “in the small things”, such as watching butterflies and spending time with her grandchildren. She enjoys nature walks, reading, gardening (growing a lot of her own food), spending time with friends and family, travelling, visiting spiritual places (including rainforests), intelligent conversations, optimism, laughter, mindfulness and acceptance. She also does what she can to protect the environment, by being a conscious consumer, recycling and removing litter from the beach. Anne has chronic pain, but notices it less, even though her condition has slightly worsened. She said, “I practise gratitude daily and am very happy”.

4.3.7 Ruth
Ruth was in her mid-50s. She had experienced many years of stress and migraines, as well as a difficult divorce. Things started changing for the better when she spent time interstate and undertook some counselling. This helped her to become “a better person”; someone “who will do what [she] can to change [her] mood”, rather than keeping everything in. Ruth practices “self-care” by spending time with friends, doing crochet, listening to music in her first language, walking, swimming, going on holidays and dying her hair. She also obtains a
sense of achievement and self-worth through her studies, and feels good when she gives back to her community through volunteer work. Ruth does her best to accept the things that cannot be changed, enhance the things that can, and get help when she needs it. She also tries to manage ongoing family struggles in a positive way, and does not let physical injuries, pain and illness stop her from enjoying her life.

4.3.8 Kelly
Kelly was in her early-30s. She and her husband moved to Australia to enhance their career prospects and wellbeing. She took almost a year out of the workforce when she arrived; cycling and lifting weights at the gym, eating lean nutritious food, and being “a domestic goddess”. During this time, Kelly radically improved her physical and psychological health, and lost 20 kilograms. She adopted more vigorous activities when she took on a sedentary job, becoming so fit that she experienced a sense “euphoria” for several months. She is now working on obtaining a more sustainable level of health and happiness, with less strenuous exercise, due to some injuries. Kelly’s partner, goals, routines, spirituality and positive self-talk are important components of her wellbeing. She enjoys going out for coffee, reading at the beach, meditating and being present in nature, “hearing the birds chirp” and “liking the way the sun feels on my skin […] or the way the leaves rustle”. Kelly looks for messages from the universe, including recurring sightings of butterflies. She prefers to go with the flow, rather than fighting against bad feelings and signs that things are not meant to be.

4.3.9 Gaz
Gaz was in his mid-50s. He spent a long time feeling “trapped” and “stuck”; wanting to “escape” from his life. An Australian ‘Happiness and its Causes’ conference gave him “a whole new perspective on things, and a lot of faith and courage […] to take the big leap”. Within a few months, Gaz had accepted a redundancy package and set out to “understand this happiness trip”, including a lot of overseas travel and direct experience. This helped him to build on his extensive knowledge of happiness, spirituality, philosophy, psychology and virtues. He met the love of his life, became very close to her and her family, and then lost her to cancer. Gaz said he was “more down to earth” than he used to be. He had created a life of semi-retirement, which enabled him to discuss spiritual matters and “make positive suggestions to people, to help motivate them towards health and wellbeing”. Gaz places “an enormous value on friendship”, practices yoga and meditation, travels, helps others, eats healthy food and enjoys music. His routines and rituals (e.g., going to the Woodford Folk Festival) honour his needs, values and beliefs; “guided by the wisdom of the ages”.

A qualitative study of high level wellness, health and happiness (Connie Allen)
4.3.10 BB

BB was in his mid-50s. His wife left him two years after the birth of their second child. Within six months he experienced a number of significant changes. He lost his job, went bankrupt, was diagnosed with MS, prescribed a medication that caused depression, and learned of a family member’s passing. BB does not remember much from that time, but knows that he had to be restrained from taking his own life. He moved overseas for a high-paid executive position soon afterwards, and spent five years building a new version of normal, with the help of a good friend (a psychiatrist) and anti-depressants. He now needs a wheelchair to get around, and knows that he will be quadriplegic sometime in the future. These experiences have given BB a profound sense of perspective, enabling him to realise how good and bad life can be. He believes he is “totally different” to his old self, and in some ways, much happier. He values his grown up children, friends, hobbies, sense of humour and playfulness; and watches his calorie intake to avoid weight gain. BB chooses to be light, happy, positive and grateful; focusing on the present and immediate future. He does not see the point of dwelling on negatives or worrying about things that are out of his control.

4.3.11 Sophia

Sophia was in her mid-20s. She was raised in a “supportive, nurturing family environment”, with a father who grew vegies and a mother who made healthy meals. She started out as a shy child who hated physical education classes at school. University was “a big blur” of studying, partying and experimenting with different ways of being. During that time, Sophia discovered that she enjoyed running, yoga and boot camp. These activities filled her with happy endorphins that made her want to do them again. She particularly liked running; seeing it as a type of moving meditation that helped her to reflect on how she was feeling and process her emotions. Sophia said that she had established a strong sense of identity since starting her first professional job. She was confident, and keenly aware of her personal values, the importance of practicing positive self-talk and maintaining a light focus on the present. Sophia enjoys spending time with other healthy happy people, and cherishes the qualities, attributes and actions that help to strengthen these relationships (e.g., trust, communication and kindness). She appreciates her partner and mum, and enjoys music, cooking and healthy food. Sophia was working on establishing flexible routines to enable her to maintain healthy, balanced habits, without having to give them too much thought.

4.3.12 Lisa

Lisa was in her mid-40s. Her “childhood wasn’t that good” due to a violent, alcoholic father. Things improved in her early 20s when she decided to travel overseas by herself. Being
exposed to different people and places made her realise how lucky she was to live in Australia. A lady on a plane told her about the ‘Relaxation Centre of Queensland’, which had regular workshops on positive thinking, meditation and inner peace. She tried many of their courses when she returned from her trip, and has continued to honour her love of travel. Lisa “knew that [she’d] experienced sadness in [her] life, but [that] it was up to [her] to change that, and to be more healthy and happy”. She gradually learned who she was over time, and became more positive and confident. She enjoys spending time with her partner, family and friends, as well as good food, music and laughs. She also likes to walk her dog, put flowers on her work desk, go away on weekends and give back to her community through volunteering. Lisa prefers to keep things fresh, rather than following routines.

4.3.13 Marie
Marie was in her mid-30s. She grew up in a stable family, and had always had a great social network. Over the last year, she had broken up with her husband, been “passed over for a job” and had to deal with the death of a family member. She had been “a bit foggy” for the first few months, but was starting to build a new life for herself. Marie was easing this transition by calling on the support of good family and friends, setting and achieving small goals, and making sure that she always had good things (like weekends away) to look forward to. She was also engaging in frequent self-reflection, spending time around water, going to the gym, and focusing on “manageable chunks, rather than trying to deal with everything at the same time or look too far into the future”. “Little sayings”, inspirational e-cards, wellness blogs and supportive texts and emails from friends and family were also very helpful. Marie thinks of herself as independent, confident and resilient. She said she knows who she is and what she likes, and sees this period of her life as “a bump in the road”. She also reported being excited by the idea of setting and achieving big goals in the future.

4.3.14 Jen
Jen was in her late-50s. She “had quite a terrible journey” through life, including debilitating chronic pain as long as she could remember. Jen went through a particularly challenging time 15 years before, when she experienced so much pain she thought God had abandoned her. This led to an intense spiritual experience, which lasted several days. Jen did not go into specifics, but said this incident taught her that one aspect of her purpose was to be part of God’s healing ministry. She learned to change the way she looked at things and accept her physical limitations, knowing that she would have good and bad days. “Instead of turning inward and being critical”, she can now “look outward and know how [she] can give as well”:

It’s almost like God is allowing me a certain amount [of pain] to keep me humble
[...] dependent on him. [...] Because I'll come to [healing] sessions and I'll say, 'Lord I've got nothing, I'm weak as. I've got nothing'. It's like he's saying, 'Great, now I can work through you'. [...] Then I witness what he does with people in their hearts and some healings in [their] bodies and I'm astounded, year after year. I never get bored. [...] It's very exciting. (Jen)

Jen said that she “knew what it was like to go under by the suffering” and refused to go back to that place. She chooses to stay content by turning to God, practicing her gifts, pacing herself, appreciating the good times, painting, dancing, listening to music, going to the gym, doing Pilates and eating well most of the time. Family and friends were also very important.

4.3.15 Asia

Asia was in her early-60s. She had a difficult childhood due to a cruel chauvinistic father, but “learned [...] that things didn’t have to be like that” after leaving home at 16. Transcendental meditation enabled her to let go of her past when she was 20 years of age. Asia said that:

Mediation [opened] the door to spirituality, to that connection, to the oneness. [...] We are all created by energy and a vibration that you carry. If you can stay in that same vibration of being connected with the oneness, or being in that calm place; that vibration [...] will spread through the room. [...] Others in the room will not have the same energy level, but the ones that do will be attracted. [...] That’s the way the universe wants it. [...] It is that protection that you will stay in this happy place, rather than get involved with whatever might be negative around you. That’s how I choose to live. (Asia)

Asia said she asks for, and generally receives, positive life experiences. She changes negatives into positives by figuring out “where she went wrong and fixing it”; “working through it rather than ignor[ing] it”. She enjoys tending to her permaculture vegetable garden, working on exciting projects with her husband, eating healthy foods, practicing yoga, and putting herself in “meditation mode”. She gets medical and spiritual help when she needs it, choosing “not to buy into illness”. Asia said she came to be this way by consciously breaking negative family patterns and trying different options to see what worked. She feels “grateful and privileged” to share her wisdom with young people seeking her guidance.

4.3.16 Jill

Jill was in her mid-60s. She grew up on a farm in a health-conscious family of vegetarian theosophists. Jill described theosophy as:
A combination of all the basic religions, probably with a bit more Buddhism. [...] You live for a purpose. So all the hardships you’re having, [...] you’ve got to learn something from them, and if you don’t learn you’ll have to do it again. (Jill)

She and her siblings were “encouraged to think and laugh and run around and be free” as children, which “was a lot of fun”. They were safe and loved, cuddled, encouraged to speak their mind in a polite manner, allowed to make mistakes, and given sensible advice and discipline when they needed it. Jill said that her formative years had “given [her] the skills and discipline” to flourish as an adult; as “the rules that you’re given when you’re a child [...] become automatic”. Jill and her husband had gone on to build a house in the bush (country), so that their children could grow up with the same freedoms and boundaries that she did. She believed this type of childhood “builds your confidence, because you know you’re going to have these people behind you that are going to let you explore, but keep you safe” (Jill).

Jill has always taken care of her physical and mental health. She reads prolifically, eats healthy (non-vegetarian) food, walks, practices tai chi, dances around her living room, sings in her car, visits family and friends, looks after a grandchild, travels and spends time “gazing”. Jill has experienced adversity (e.g., a childhood house fire and her husband’s passing), but does not let anything get her down. She said that she feels very lucky.

4.3.17 Wendy

Wendy was in her early-40s. She had moved to a lot of places and done many different jobs, but said she was now following her calling: working and studying in an industry that helped her to stand up for vulnerable people. Wendy had spent a long time learning to focus on the positive, find the good in each situation, and grow from her mistakes. Some of the things that had helped included a strong relationship with her brother and grandma, turning her car into a “university on wheels” (listening to self-improvement CDs), and attending annual Hay House ‘I Can Do It’ conferences and workshops. She said that “the energy you feel [at these events] is just incredible, and that’s how I want to feel all the time”. Wendy reads a lot, says daily mantras and affirmations, limits the time that she spends with negative people, avoids the news as much as possible, and retreats to the sanctuary of her home and pets; occasionally seeking guidance from trusted psychics. She writes down her goals and then hands them over to the universe, trusting that everything will turn out for the best. Wendy also tries new things without worrying about the possibility of failure, calling on Archangel Michael if she feels scared or alone. She stated, “I can feel the energy then”.
4.3.18 Geri

Geri was in her mid-20s. She grew up in a big healthy family, playing outside every night rather than watching television (TV). Geri sometimes struggled with chronic pain, stress and anxiety; but had a number of helpful coping strategies. She sees a chiropractor, swims and lifts weights to ease her pain, and calls her mum or friends if she is having a bad day. Her mum “listens and […] provides wise advice and good counsel”. One of her “go to friends” also helps to put everything in perspective. When Geri had a car accident, this friend said, “Oh, is everyone ok? Ok. Why are we having this conversation? Come on. Lodge a claim. You’ll be right”. Geri said this friend was “a breath of fresh air”, “really refreshing and a huge wakeup call […] whenever something does start to come up”. Geri eats healthy food, goes to the gym, and enjoys bushwalking and time with her boyfriend, friends and family. She does her best to stay disciplined, turning to ‘Fitspo’ and ‘Fitspiration’ (social media movements) for motivation when she feels like skipping the gym or ordering a brownie.

4.3.19 Heather

Heather was in her early-40s. She had been an introspective child, raised in a loving family. She started out quite career-driven; attaining undergraduate and postgraduate degrees, and professional positions. Heather became “far more relaxed and laid-back” after having a child. She experienced another life-changing event soon after divorcing her husband:

I was walking through a bookstore […] and] the ‘Art of Happiness’ by the Dalai Lama literally flew off the shelf at me, […] and I went ‘Oh, what’s that about?’ I’d never heard of it before in my life, read it, [and] changed my life. (Heather)

Heather realised that there was “absolutely no point in maintaining bitterness [about her ex-husband], because the only person hurting [was] me”. She said that concepts such as compassion, forgiveness, empathy, gratitude and resilience were important aspects of her wellbeing; reinforced by her studies of Buddhism and positive psychology. Heather strives to do a good job at work by being a positive leader; concentrating on what is in her control, and facilitating a sense of joy (occasionally breaking into song and dance). She shifts into her “other life” when she leaves the office, enjoying time with her child, friends and family; as well as listening to music, photographing beautiful aspects of nature, relaxing (e.g., watching TV or reading a book), writing, walking her dog, gardening and having a glass of wine.

4.3.20 Emma

Emma was in her late-20s. She struggled with a range of health issues when she was younger, including depression, loneliness, anger, despair, asthma, allergies and continual infections. She tried to alleviate these problems with medication (antibiotics, antihistamines
and puffers), “partying”, strict diets and gym routines; but these tactics just exacerbated the problems, resulting in a “disruptive” pattern of “lows and highs”. Emma started to feel more peaceful, stable and “alive” when she adopted an Ayurvedic way of living, including yoga, meditation and self-reflection. She dropped several unwanted habits over the years, starting with cigarettes, then moving to red meat, drugs and alcohol. Emma said that Ayurveda had changed her life in “an incredible way”, helping her to regain a sense of health, happiness, contentment, acceptance and understanding. She continues to nurture her wellbeing through self-enquiry, guidance from books and teachers, yoga and meditation, supportive friends and family, meaningful conversations, her tree-lined home, nature walks, and vegetarian food from local markets. Emma enjoys learning, helping others and connecting to nature, animals and her intuition. She said that she transcends negative thoughts by writing down what she is grateful for.

4.3.21 David
David was in his late-50s. He was born into an “awful” but financially successful family. Since leaving home, he had travelled through war torn countries, had his house blown up, been mugged, depressed and suicidal. He thought that these experiences had given him a better sense of perspective than most other people. Buddhism had also had “a major influence”, helping him to realise that possessions do not make people happy. David looked after himself by exercising, avoiding “junk food”, and trying to find the funny side in everything. He was also working on a business project that gave him a sense of meaning and purpose.

4.3.22 Bill
Bill was in his early-40s. He grew up in a loving environment with supportive (divorced) parents and an extended family who were always very good to him. His education had enabled him to travel to several countries and obtain a job he enjoyed in Australia. Bill felt that he had a duty to pass the help he had received on to others. He said, “It’s not about me. […] It’s about being the best you can be for other people. Because if it is about [me], it’s very selfish in many aspects”. Bill did not expect things to come easily. He welcomed the struggle (“onus”) of working hard and learning life lessons, in order to reap the rewards (“bonus”). Bill said that he sometimes failed to be the best version of himself, but other times he would succeed, and attain a sense of accomplishment. He thought there were three important aspects of his wellbeing: (1) work, (2) spiritual and philosophical beliefs, and (3) connection to family and friends, including his wife and children. Bill took time to reflect on what was important to him through prayer, meditation and conversation. He liked to surround himself
with smart people, so he could continually learn and grow as a person. He also tried to take time away from work: to relax, connect with others, and enjoy the beautiful land he lives in.

4.3.23 Joy
Joy was in her early-40s. She used to be very unhealthy, 50+ kgs overweight. She described this way of being as hard, heavy, dark and serious; living on "autopilot", impeded by "brain fog". A natural health practitioner (chiropractor/kinesiologist) provided non-judgemental assistance; going "above and beyond" to help her get to know herself, and change her food choices, exercise and attitude. Joy learned to process her emotions, rather than trying to find comfort in food and materialistic pursuits. She shed her excess weight over a two year period and started a company to inspire others. She said that she enjoys meditation, time in the sun, nourishing food and exercise (e.g., tennis, yoga, walking and working out with a personal trainer). She has a strong support network, and is always learning from her health practitioner, personal trainer, books and life experiences. Joy feels spiritually connected with the universe; living from an energy of love, gratitude, lightness and laughter.

4.3.24 Amelia
Amelia was in her late-30s. She learned about the benefits of physical activity and healthy eating from her parents and school, but “went off the health rails a little bit” in university. During this time she “drank a lot, didn’t do any exercise, put on a lot of weight […] and […] just felt awful physically and also mentally”. Amelia attained healthy new habits in her late teens by adopting a vegetarian diet. Since then, she had gotten married, had children, secured a stable job and created a nice family life. She recently obtained a lot more control over her alcohol consumption, established good fitness habits and lost 10kgs. Amelia said she now feels better than ever; satisfied that she practices what she preaches in her health role, and relieved to be much less anxious and overwhelmed than she had been in the past. Some of the things that help her to be healthy and happy include restful sleep, regular exercise (running and swimming), experiencing a sense of achievement in her career, spending time with her children, relaxing with her partner, and ending her day with a glass of wine. Amelia was also working on becoming more mindful and present, and strengthening her relationship with her husband.

4.3.25 Leanne
Leanne was in her late-40s. She grew up with her grandmother and was painfully shy until her early 20s. She then got married and lived with her husband for nearly 10 years, until they divorced. She originally found the idea of breaking up and becoming “a [divorce] statistic […]
really sad”, until she ‘came to grips’ with being on her own. Leanne said that she was proud of her accomplishments. She had bought her own house and had everything she needed, including wonderful friends. Some of these friends had helped her to recover from an illness 15 years before. Leanne enjoys social interactions at work, “girly dinners” laughing until her sides hurt, and Sunday brunches with a friend. She also loves to travel; collecting little mementos such as rocks and ferns, and storing them in glass memory jars. She likes to look at these keepsakes while doing the dishes, reflecting on the good times she was having when she found them. Leanne chooses to be vegetarian as she detests animal cruelty. She used to volunteer at a dog haven and now looks after other people’s dogs when they are away. She donates most of her dog-sitting money to worthy causes.

4.4 Chapter summary
The 25 people who participated in this study lived in South East Queensland (Brisbane, Gold Coast, Logan, Ipswich and Sunshine Coast), were aged between 25 and 65, and reported a 'high' or 'very high' level of wellness, health and happiness. Some grew up in supportive families, others did not. Most were somewhere in between. Many had endured some form of (minor or major) adversity, but they had also experienced much contentment, satisfaction and joy. Underneath surface-level differences (e.g., age, spiritual beliefs and family structures) there were many similarities, including a commitment to make the most of each aspect of their lives. The next chapter presents a new understanding (theory) of high level wellness, based on the insights and experiences these people shared through their involvement with this research.
Chapter 5: Theoretical interpretation of participant data (findings)

5.1 Chapter overview
Chapter five presents a new understanding (theory) of high level wellness, based on my interpretation of participant data. It begins by outlining the 'experiential learning theory of high level wellness' as a whole, before providing details on each of its nuances, supported by descriptive findings (e.g., quotes). Links to relevant literature are discussed in chapter six.

5.2 A synopsis of the high level wellness theory developed in this study
This section provides an overview of the experiential learning theory of high level wellness developed in this study26. This represents my current understanding of high level wellness, based on an interpretation of participant data that “see[s] beyond the obvious” (quote from Charmaz, 2014, p. 323). A literal depiction of the data would just say that participants described high level wellness in many ways; that some things helped and some made it harder. My approach is more theoretical (and potentially generalisable), as a result of the inductive and abductive nature of Charmaz’ (2014) constructivist grounded theory research method; simultaneously constructing “abstractions” from data comparisons and tying these interpretations back to relevant data (p. 323), as described in 3.6.2.2. This type of (constructivist grounded) theory prioritises understanding over explanation, prediction, measurement and control (see 3.4). More research would be needed to determine whether this theory could apply to (or help) other populations, as noted in 1.7 and 3.6.2.2.

An experiential learning theory of high level wellness
The data collection and analysis process employed in this study suggested that high level wellness is the sense of peace (wellbeing) that comes from knowing, liking and being one's best (not perfect) self. Tuning into the presence or absence of this sensation prompts some people to move towards the people, places, perceptions and practices that align with their needs, values, energisers, strengths and joys; away from those that do not. There are three steps in this circular experiential learning process: (1) assessing the situation, (2) trying an action and reviewing the consequences, and (3) integrating lessons. This self-initiated learning process requires self-commitment, reflection on inner and outer circumstances (presence and awareness), and the ability to become one’s best self—including access to relevant resources (e.g., social support). People can initiate many learning cycles throughout their lives, in relation to a wide range of factors. Over time, this results in the adoption of several qualities and actions, which people express in their own unique ways (e.g., spending

26 Many of these theoretical findings are also incorporated within Allen, Boddy and Kendall (In press).
time with positive people and/or pets, doing something of value for themselves and others, finding a way of eating and moving that works for them, and not taking themselves too seriously). People start being what they perceive to be the best version of themselves, feel at peace, and flourish (mentally, socially and physically); while staying open to new opportunities to grow. This experiential learning cycle is illustrated in Figure 5.1. This chapter provides more details on each aspect of this theory.

**Process enablers:**
- Reflection on inner and outer circumstances (presence and awareness)
- Commitment to minimise suffering, find balance, and flourish in one’s own way
- Ability to honour one’s unique needs, values, strengths, energisers and joys

Figure 5.1. An experiential learning cycle of high level wellness (Allen et al., In press)
5.3 Defining high level wellness as a sense of peace and self-actualisation

This section endeavours to answer the first research question (What is high level wellness?). It starts with a theoretical interpretation of the data, presented as an indented quote in present tense. This is followed by a description of relevant data (in past tense) to describe what this part of the theory might look like in practice, based on the insights and experiences of the 25 people in this study (recognising that others may experience this differently). The indented high level wellness definition has the potential to be generalisable (transferable) to people outside of this study, although this has not been tested. Some of the descriptive contextual information (data) is unique to specific participants, and thus not generalisable.

**High level wellness definition (potentially generalisable theoretical findings)**

Based on my interpretation of the data, I propose the following high level wellness definition:

High level wellness is the sense of peace (wellbeing) that comes from knowing (understanding), liking (appreciating/valuing) and being (actualising) one’s best self. This feeling can be fleeting, fluctuating or fixed. Inner peace enables happy, healthy people to savour the most enjoyable aspects of their lives, and manage everything else. Its absence lets them know it is time to try something different, by becoming more: (1) present, self-aware and self-determined, (2) respectful of their needs, and (3) aligned with their unique values, strengths, energisers and joys. Inner peace is an important inner compass. (Allen, Boddy, & Kendall, In press)

This definition has a number of components including: (1) the idea of peace as a foundation, gauge, and catalyst for action (particularly when absent), (2) a link to self-awareness, appreciation and actualisation, and (3) specific actions (e.g., savouring pleasant experiences or trying something different). These aspects of the theory will be discussed in relation to relevant literature in chapter six, including links to Maslow’s (1954/1970) self-actualisation theory. The following section describes the data that helped to inform this part of the theory.

**Descriptive findings to support these theoretical assertions (context)**

Participants described high level wellness in several ways. Some began by paraphrasing the World Health Organization’s (1946/2006) definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (p. 1). Most labelled their personal experiences with the words peace or contentment at some point in their interviews. They also mentioned self-awareness (e.g., Geri), self-acceptance (e.g., Jen), self-worth (Rose), self-confidence (Jill and BB) and self-control (e.g., Jade).

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27 I have used the abbreviated version of ‘for ‘example’ to denote where a concept was mentioned by several participants. Text that relates to one particular participant does not include this descriptor.
Other descriptors included a sense of presence (e.g., Sophia), openness (e.g., Gaz), optimism (Amelia), positivity (BB), achievement (e.g., Ruth), satisfaction (Bob), fulfilment (e.g., Jade and Amy), wellness (e.g., Elizabeth) and wellbeing (e.g., Amy). Participants also discussed safety (e.g., Bill), stability (e.g., Anne), resilience (e.g., Bob), balance (e.g., Amy), tranquility (e.g., Emma), inner joy (Joy), energy (Amelia), vitality (Rose), euphoria (e.g., Kelly), love (e.g., Elizabeth), connection (Bill) and oneness (Asia). Most of these terms described psychological, social and spiritual qualities; except ‘energy’, ‘vitality’, ‘wellness’ and ‘wellbeing’, which also implied a physical dimension.

At its core, each person’s explanation of high level wellness seemed to denote a sense of peace, fulfillment, wholeness and wellbeing, which arose from being (and doing) their best. Being and doing their best was not about being perfect or achieving other people’s goals. It meant: (1) being present and self-determined, (2) addressing their needs, and (3) embodying their unique array of values, strengths, energisers and joys. Participants thrived when they understood (knew), appreciated (liked/valued) and actualised (became the best version of) themselves; and this pleasant way of being provided the energy, optimism and self-assurance to lean closer to their truth—being more of who they were and doing more of what they loved. Bob illustrated the first part of this equation by saying, “Happiness is being satisfied with where I am in my life, what I am, what I’m doing”. Amelia explained the second, “If you’re feeling good about yourself, and good about where you are in life, then you can achieve the things you want to achieve”. Ongoing efforts to shape their lives around their favourite people, places, activities and qualities, enabled participants to “feel good about [themselves]” (e.g., Amy, Marie and BB). They said that this way of being felt “completely content and tranquil” (Kelly); “warm and safe, [... devoid of any] worries” (Jill). Emma spoke of “a nice euphoria, [... like] everything’s going to be ok no matter what”, while Asia explained, “You are in the most comfortable place, [... a] calm place”. “You learn to relax and that’s the basis of being [...] healthy [...]. Allow[ing] your body and mind to heal; instead of loading [them] up all the time” (Jill). Rose added, “You fall asleep with a clear conscience and you just feel good”. These reflections suggested that being the best version of themselves made people feel calm and content; joyfully authentic and at peace.

The peace of joyful authenticity appeared to require a sense of presence and acceptance. Participants “open[ed their] mind[s] to see things as they actually are” in each moment, rather than “imagin[ing] it differently” or being plagued by negative emotions (Gaz). They got

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28 The terms ‘energisers’ and ‘joys’ refer the people, places, activities and characteristics that enable people to feel energised and joyful (as opposed to ‘drains’, which deplete energy and joy).
to know and accept their intrinsic attributes (inner self), and take responsibility for their lives; befriending and empowering themselves. Jen explained, “It’s really growing into knowing who I am, and accepting it, and embrac[ing] it [...]. Really releasing myself into it. That’s how God made me”. Others proclaimed “an acceptance of all as it is. [...] My reality is wherever I am, and it’s ok” (Gaz). “Right here, right now, I’m happy” (Bob). Sophia said she was “in the present a lot more”, while BB declared that “the here and now is the single most important thing”. “All you can focus on is the here and now” (Bill). Participants learned to deal with whatever happened in each moment (Gaz); rather than rejecting themselves or reality. They were “conscious” (e.g., Kelly, Asia, Wendy and Heather), and self-controlled (e.g., Jade, Anne, Bill, Anne and Amelia); in charge of their own thoughts and actions (self-determined).

Years of being present, self-determined and reflective, enabled participants to learn how various attributes and actions affected their wellbeing. This included an awareness of their personal strengths, weaknesses, values, motivators (meaning/purpose), energisers, drains and joys (i.e., self-awareness). Participants tended to be quite explicit about these insights:

I’m really conscious of what drains me and what energises me [...] and I’ve gotten really clear on what my strengths are and what my values are. [...] So making sure that I’m living in tune with my values and that I’m using my strengths every day [is] really important [...]. Then I love interspersing the momentary bursts of joy. [...] I always like to have something to look forward to. It’s kind of like, ‘What are you counting down the sleeps to’. (Elizabeth)

Wellbeing [...] is being] content with your life, [...] knowing what your values are and staying true to [them]. (Sophia)

If you think that you’ve got a purpose in life, and do the best you bloody well can, you’ve got to be happy with that. (Jill)

They believed they were more likely to flourish when they: (1) embodied their joys, values and strengths, (2) optimised their energy, and (3) addressed their needs.

Participants suggested that wellbeing could be fleeting, fluctuating or fixed. Elizabeth and Gaz described peak experiences that arose spontaneously, passed quickly, and were fondly remembered thereafter. Elizabeth once experienced “a massive feeling of everything is at peace in my world” while walking home from the park. She said that this feeling dissipated when she heard some bad news a few days later, teaching her that everything passes, good and bad. Meanwhile, Gaz recounted feeling “really blessed” while witnessing a rainbow circle in cyclonic conditions at a waterfall. He added this peak experience to his list of lucky
moments; a personal connection to God through the wonders of nature. Some participants said that their experience of inner peace changed from one day to the next, or within a given day (indicating a state); particularly when they were undergoing personal challenges. Marie suggested that, “Happiness is different for everyone and maybe [it's] about being content or at peace, but that’s not going to be every day. [There are] going to be ups and downs”. Sophia concurred, “I don’t think anyone can be happy all the time, […] it can fluctuate from morning to afternoon”. Several other participants (particularly those aged 50+) described a more enduring sense of peacefulness (trait), which helped them to stay calm and centred no matter what was going on around them. They perceived inner peace as a stable foundation, enabling them to savour the best aspects of their lives and manage adversity (e.g., Elizabeth and Jen). Anne put it like this, “The solid base is the contentment with your life. […] It’s about] getting up each day and finding joy […]. Being able to survive the small upsets without damage and cope with the big upsets”. Many older participants said they could not see the point in being any other way (e.g., BB, Jill, Jen and Asia).

The people in this study appeared to perceive the presence or absence of inner peace as an inner “compass”; enabling them to distinguish the times they embodied “the things that really matter[ed] to [them] deep in [their] heart[s]”, from the times they did not (Elizabeth). Joy described what it was like to align with her most magnificent self and feel at peace:

Being the best version of me: a complete person […]. It feels like inner peace.
Very clear focus, very clear in the mind. When I’m connected with myself
everything is [at] ease. So there’s not a lot of internal disagreement. […] I just
have that real intuition and a really strong trust in [my]self. […] I stay connected
with what I am doing. (Joy)

Elizabeth explained what it was like to veer away from her best self, feel unsettled (an absence of peace), learn a lesson, and more consciously embody her values:

You know when you are in a work situation and [you’re …] talking about
someone else? […] I would join in, because I have a need to be liked and want
to be part of it. But I would walk away with this very uncomfortable feeling. […] And then one day I went looking at my values, and honesty was one of the big ones. And I realised that, ‘Wow. That was why I was feeling that! Because I wasn’t being honest about it’. And so now I try not to enter into those conversations. If work colleagues are talking, I try to steer the conversation off to something else. And I don’t always get it right. And I know when I don’t get it right because that feeling [in my stomach] comes back. […] That’s anxiety. And I’ll walk away, and I’ll feel it. Because now I’m conscious. And I’ll go, ‘Hang on a
minute!' And alarm bells will go off. And I’ll think, ‘What have I just done!’ [...] ‘I haven’t aligned. I’m not living that value’. [...] Most of the time I can’t fix it, but I’ll make a note to myself, ‘Don’t do it. Just don’t do it’.

The quest for high level wellness, authenticity, energy and joy was an active, ongoing process; informed by people’s ability to identify the presence or absence of inner peace, and consciously act on that information. The next section describes the process of attaining and maintaining high level wellness.

5.4 Attaining and maintaining high level wellness through experiential learning
This section endeavours to answer the second research question (How do people attain and maintain high level wellness?). This starts with a summary of the whole experiential learning process, before providing more information on each of its three steps. Once again, theoretical findings are presented in present tense, with relevant data denoted in past tense. Theoretical findings have the potential to be transferable; descriptive findings may not.

High level wellness process (potentially generalisable theoretical findings)
The data suggested that high level wellness tends to be learned through trial and error:

- Particularly happy, healthy people attain and maintain the peace of high level wellness over time, through a series of self-initiated experiential learning cycles. Each learning cycle provides an opportunity to: (1) assess the situation, (2) try an action and review the consequences, and (3) integrate lessons. Self-reflection is important at each stage of this learning process, enhancing people’s awareness of their inner and outer circumstances. People wishing to become more happy and healthy need to commit to their own wellbeing: to minimise suffering, find a sense of balance, and flourish in their own way. They also require the ability to honour their unique needs, values, strengths, energisers and joys. (Allen et al., In press)

This part of the experiential learning theory of high level wellness suggests that people need to tune into the presence of absence of inner peace identified in the definition (5.3), moving towards the people, places, perceptions and practices that align with their needs, values, energisers, strengths and joys; away from those that do not. The data suggested that people learn to be their best selves through a process of reflection and action, similar to Kolb’s (1984) conceptualisation of experiential learning. This learning process appears to be conditional; reliant on an awareness of inner and outer circumstances, commitment to minimise suffering and maximise wellbeing, and the ability to honour one’s unique needs, values, strengths, energisers and joys, which could include access to relevant resources such as social support, income, housing, meaningful employment and professional services,
as well as time out of the workforce, travel, nature, art, music, enjoyable physical activities and classes, and psychological qualities like positivity and self-confidence. These conditions and resources seem to relate to Antonovsky’s (1996) conception of ‘sense of coherence’, as well as writings on the importance of being able to address one’s needs (e.g., Maslow 1954/1970, World Health Organization, 1986).

The rest of this chapter will provide more information on the process of attaining and maintaining high level wellness. This focuses on the three steps of the circular experiential learning process: (1) assess the situation, (2) try an action and review the consequences (act and learn), and (3) integrate lessons, as identified in the indented quote (above) and Figure 5.1. In order to avoid confusion between potentially generalisable elements of the experiential learning theory of high level wellness, and supporting data that may not be transferable, the final three components of the theory are placed in boxes. The other aspects of this chapter describe the data that underpins each aspect of these theoretical assertions. This information helps to describe the nuances of each step (i.e., what this may look like in practice), providing a sense of context that could be particularly helpful for people who have not experienced high level wellness first-hand, or known anyone who has.

5.4.1 Step 1: Assess the situation

“The first step of the experiential learning cycle is to determine what is happening in one’s life. This can be achieved by identifying problematic issues that need to be managed (adapting), or considering pleasant options that might feel good and enhance wellbeing (aspiring). Potential strategies can be screened (and sometimes dropped) by realising that: (1) nothing is perfect, (2) worrying about the past or future will not help, (3) there is more to life than money and material possessions, and (4) it is important to safeguard one’s own wellbeing when helping others. Happy, healthy people prioritise their wellbeing by perceiving high level wellness as a choice; something they create for themselves by taking responsibility for their own thoughts, feelings and actions (self-care and/or self-discipline). From time to time, they choose one or more aspects of their life they would like to work on, initiating and driving this process for themselves—on their own, or in partnership with others.” (Allen et al., In press)

Descriptive findings to support these theoretical assertions (context)
This section describes four aspects of the first step of the experiential learning theory of high level wellness (assess the situation). This includes: (1) choose to be happy and healthy, (2) perceive unpleasant experiences as a catalyst for change, and (3) prioritise activities that
feel good and enhance wellbeing. The fourth aspect (adopt scoping strategies to focus on issues that can be addressed) includes several lessons that helped people to concentrate on factors within their control, including ‘do not expect anything to be perfect’.

5.4.1.1 Choose to be happy and healthy
The most important strategy participants appeared to employ in step one, was to perceive health and happiness as a choice. They saw wellness as something they had consciously created for themselves, by taking responsibility of their own thoughts, feelings and actions:

Happiness is a choice. [...] You manifest and [...] create the life [...] you want. [...] I do everything in my control to keep [...] healthy. (Elizabeth)

There is a certain stage in life that we all [...] look back and [say], ‘This is what other people brought me to, [...] and from this point on I’m responsible for my own journey. And I can make [it] a great journey or I can make [it] hell’. (Bill)

I’ve got a very strong internal locus of control, so when I’m able to control myself and my environment, then that’s when I’m happiest. (Amelia)

It wasn’t until I was able to gain control over the situation myself that [I was able to be] happier, [...] that then led to [...] the feeling of wellness. (Jade)

When you have a difficult childhood and you go into your life in control [...] as much as you can, [...] you feel very happy and [...] empowered. (Anne)

Perceiving health and happiness as a choice allowed participants to take ownership of their own wellbeing. This fostered a sustained sense of personal power (empowerment) and a commitment to actively maintaining their wellness on a daily basis.

Some participants identified specific points when they had taken charge of their own wellbeing; resolutely changing their lives for the better. Rose said she had spent years learning about the need for self-care, “but [...] fail[ing] dismally at it”. She stated that:

Leaving the job actually enabled me to start climbing my way out of [being ill] once and for all. [...] Having walked out of that job, I said, ‘You’re worth it. Yes. Commit the time. Commit the money’. I gave myself permission to do it. [...] So in this year since I’ve finished up, I’ve taken up yoga. I’ve taken up volunteer work, and I’ve spent time doing things for myself and for other people. (Rose)

Elizabeth reflected on her decision to go back to work after enduring postnatal depression:

When I had postnatal depression. [...] It wasn’t a very happy time. [...] I didn’t know what was going on, except that I’d had this baby and I didn’t want him. I wanted to go back home. I wanted my life to be how it was without him. [...] I honestly didn’t
believe anyone could help but me. No one could take my baby away from me, no one could turn back the hands of time. [...] The choice in me was that I had to fix it. [...] I worked out that I needed to go back to work, because then I could be away from [the baby] and get my identity back. [...] And when was I was home from work I was able to cope. (Elizabeth)

Joy also recalled “a defining time in [her] journey”; the day that her health practitioner gently admonished her for not taking responsibility for her health. He had explained, “If I said to you tomorrow that I’m heading off on an overseas trip and am going to be gone for six months, I’m telling you now your world would fall apart”. Joy took some time to process this information before realising, “Wow! I am putting a lot of responsibility onto [him], and it’s not his responsibility”. She consciously chose to say “goodbye” to her old self, once and for all:

It was with a sense of gratitude of, ‘That has been my path, but I’m not choosing that path any more’. [...] Even though I was feeling much fitter and healthier, [...] emotions would still come and cloud over me, and I needed to take that to another level. And grow even more as a person. (Joy)

Participants actively took responsibility for their own wellbeing. Perceiving health and happiness as something they could choose and work towards, helped them to do so.

5.4.1.2 Perceive unpleasant experiences as catalysts for change
Participants seemed to perceive unpleasant experiences as important catalysts for change; stimulating the self-worth, action, reflection and self-awareness, that pushed them towards the people, places, activities and qualities that facilitate high level wellness; away from those that do not. Many participants had experienced the type of adversity that had caused them to reassess some aspects of their lives and choose a new way of being and doing. This included difficult childhoods (Lisa, Anne and Asia), debilitating illnesses (Rose, BB and Amy), depression (Amy, Emma, BB and Elizabeth), divorce (BB, Marie, Ruth, Heather and Leanne), chronic pain (Jen, Geri, Amy, Ruth and Anne), over-commitment (Bob and Rose) and excess weight (Joy, Elizabeth, Amelia and Kelly). Other challenges that prompted personal reflection and growth related to:

- stress (Elizabeth, Lisa, Rose, Marie, Jade and Geri);
- negative people (Wendy, Leanne, Lisa, Geri and Sophia);
- unexpected changes at work (Leanne, Amy and Bob);
- unhelpful thoughts (Rose, Wendy and Sophia);
- anxiety (Leanne, Amy, Amelia, Elizabeth, Gaz, Geri and Marie);
- fatigue (Marie, Jade, Amelia, Amy, Elizabeth, Lisa and Ruth);
- poor food choices (Emma, Lisa, Amelia, David, Elizabeth, Kelly, Sophia, Joy and Jade);
It seemed that almost any internal or external struggle could motivate people to change.

The situations that caused people to suffer differed, but their overarching response did not. They tuned into their bodies, minds and spirits (self-reflection); and learned from unpleasant states. Geri explored emotions that had manifested in her body (e.g., stress-related headaches), believing that they needed to be addressed to prevent bigger problems in the future. Sophia also “work[ed] through” anything that was making her unhappy. “Rather than just trying to ignore it and put it behind [her, she chose] to confront it and go, ‘Ok. What’s creating it and what can I do to work past it?’” (Sophia). Elizabeth called this “checking in”:

So I’ll check in and go, […] ‘Something doesn’t feel right’. […] I’ll go searching for, ‘Oh, why do I feel like that? Hang on a minute, it’s this’. And I’ll need to go and work on that. […] It’s like an internal scan. […] Because I don’t tolerate not feeling happy. I always go, ‘Well, I don’t like this feeling, so the choice is to sit with the feeling that [I] don’t like or do something different’. (Elizabeth)

Geri thought that others might also benefit from turning inwards; advising less healthy, happy people to re-evaluate what they were doing on a daily basis. “What is it that’s making you unhappy? Maybe it’s something very obvious that they can fix? Their job or […] home environment [or] whatever” (Geri). The participants in this study tended to perceive undesirable states and situations as prompts to stimulate different insights, choices and actions; not something to endure ad nauseam.

Participants actively took control of their lives, “letting go of the things that don’t make [them] happy” (Ruth), or changing the way they perceived them to minimise distress. This process was often deliberate and intentional; a gentle vigil against personal ‘demons’. Rose stated:

Attitude is a big part of it; […] being deliberate. I think if you’re comparing [me] now to when I was unhealthy, I was on auto pilot all the time. I just did what came next. […] Breezing through life and not stopping to think, ‘Is this the right thing? Is this going to make me happy or healthy?’ I’d just do what was in front of me. […] If you notice you’re slipping into bad habits, you should make a point of] catching yourself out. Like, ‘Oh wow! Is that what I’m really doing?’ And then, without being hard on yourself, making up your mind that, ‘Ok, well let’s just get back on track here and go forward’. And don’t let it go. Don’t let it keep going backwards. You have to make a conscious decision. (Rose)

Jen did everything in her power to minimise psychological distress caused by chronic pain:
Instead of saying, ‘Why aren’t I better, what else could I do to be better?’ [...] I came to a place of saying, ‘Ok, this is what I live with, so what can I do?’ Instead of ‘What can’t I do?’ [...] I have to be deliberately intentional. (Jen)

Emma thought she must have finally “had enough [...] suffering and [...] made that choice to stop”. Others talked about “taking responsibility” (e.g., Heather and Jill) or “taking control” (Jade). Joy said, “It’s about [...] taking responsibility for [...] what you are processing now”.

Intentionally taking control of their lives sometimes included seeking and obtaining help from others; recognising that self-responsibility did not mean having to do everything on their own. Over the years, Amy had received: (1) counselling, coaching and physical rehabilitation to recover from a serious illness, (2) intermittent anti-anxiety medication, (3) treatment for a chronic physical disability, and (4) training in modalities such as kick-boxing and yoga. She advised others to get any help that they need:

> When you need help, ask for it. [There is] nothing wrong with that. It's not the actions of a lesser person to say, ‘I could do with a hand’, particularly, I think, around medical issues. [...] A lot of people put that aside and think it's a weakness, but I don’t see it that way. (Amy)

Rose’s doctor helped her to figure out was the underlying her lack of energy. This included helping her to learn how to “gently and lovingly” put her inner critic “in its place”, while finding and attending to a more positive and affirming inner voice. Rose acknowledged that:

> You can’t do it 100% alone. Certain aspects of it you have to. Like you have to make the decision not to eat that, or to focus on eating that, but [...] I credit a lot of where I am to the reading that I’ve done of other peoples’ work, listening to lectures, my doctor, my friends, my family. [...] You have to be a willing participant. You have to get past that worthiness and all the rest of it, and you’ve got to put the work in. [You’re not going to progress] if you’re the person that says, ‘I can’t be bothered going to yoga today. I’m just going to stay in bed’. But certainly, on the flipside, you can’t do it alone. (Rose)

Ruth said her friends often helped her to deal with problems, by providing different suggestions and ways of thinking. This gave her something to try, rather than sitting down and feeling sorry for herself or believing that everyone was against her. She advised others to “Try to fix [their problems] if [they] can, or let other people help [them] to fix it” (Ruth). Participants obtained assistance from a range of sources including partners (e.g., Sophia, Amy and Elizabeth), psychologists and counsellors (e.g., Amy), medical practitioners (e.g., Rose), friends (e.g., BB, Ruth and Geri), personal trainers (e.g., Jade), spiritual advisors
(e.g., Emma and Wendy), the internet (e.g., Ruth), books and courses (e.g., Heather and Kelly), and their sense of god (e.g., Jen, Bill and Gaz).

Over time, participants learned to value themselves through their thoughts, actions and environments; rather than continuing to suffer. This level of self-worth and self-love became a powerful lesson (scoping strategy) in itself, automatically enabling them to relinquish unhealthy options in favour of healthier ones. Rose observed that:

When you’re in the right mindset, you automatically do the right thing by yourself. So I actually think the whole thing comes back to your mindset and self-worth. Dealing with spiritual, mental, that sort of stuff. [...] For example, my husband used to go and buy a 30 cent cone from McDonalds. I just won’t put that in my body anymore. [...] I won’t even go to McDonalds full stop, because I have that self-worth to the point where I won’t put that in my body. (Rose)

Participants did their best to overcome any obstacles that came their way; choosing to tune into themselves and keep trying something different until they gained or regained a sense of peace (wellbeing). Perceiving adversity as an opportunity to try something new, prompted people to move to the second stage of the experiential learning cycle (act and learn), rather than becoming stuck in an unsatisfying way of being. Thus, challenges and setbacks could be seen as important catalysts for change (negative motivators), helping to initiate or deepen people’s experience of high level wellness, health and happiness. One participant suggested that this form of self-assessment could be called “adapting”, as people were trying to adapt to problematic internal and external circumstances. It could also be seen as a way of coping with one or more stressors.

5.4.1.3 Prioritise activities that feel good and enhance wellbeing

Participants did not just assess situations by taking responsibility for their lives and moving away from suffering; they also found out (and moved towards) what felt good and enhanced their wellbeing. Participants suggested that less healthy, happy people could discover what makes them happy and healthy, and incorporate more of that into their lives:

I would teach people happiness [by asking] them what makes them happy. [...] To really think about it, and then work out how they can facilitate that. (Anne)

Only you know what will make you happy, and only you know what you want or need. [...] It comes down to knowing the type of life you want to lead and then identifying what it is you need to do to fulfil that life. [...] Know[ing] what it is that [...] you enjoy, and [making] that happen. (Jade)
It’s about being able to actually write down and clarify what your values are, and then associate that with what health and wellness looks like to you as an individual. [...] Just acknowledging what’s important to you in life. (Kelly)

It has to start with self-awareness [...] and wanting to [...] discover or build self-awareness. [...] Once you’re aware [...] you can start to build on that. (Elizabeth)

[It’s] really getting to that deeper question of [...] ‘Who am I?’ ‘What am I doing here?’ [...] Striving to understand [that we already are who we are meant to be (‘love’), and letting go of everything else]. (Emma)

Identifying their unique assortment of joys, values, energisers, strengths and needs had helped participants to envisage, attain and maintain a happy, healthy life; and they believed that this approach could help others. It was about working out what people enjoyed and embodying that in their lives as much as possible.

Participants discovered their joys, values, energisers, strengths and needs by being open to several sources of learning. Many had gained valuable insights from books and courses, including religious texts (Gaz, Jen, Jill, Emma and Bill), health training (e.g., Ruth, Kelly, Lisa, Marie, Wendy, Emma and Amelia), positive psychology and mindfulness studies (Elizabeth, Gaz, Amelia and Heather), personality tests (Elizabeth) and self-care resources (Rose, Ruth and Wendy). Some had benefited from regular conversations with health professionals, including a holistic medical doctor, personal trainer, chiropractor/kinesiologist and Ayurveda practitioner (Rose, Jade, Joy and Emma). They had also learned from watching other people (e.g., Bob, Anne, Lisa, Jill and Bill), or seeking guidance from relatives (e.g., Sophia and Geri) and spiritual advisors (e.g., Jen, Gaz and Wendy). Rose thought that it was important to stay open to new insights:

I think the most important thing is being open to it. [...] I have given [Cheryl Richardson’s] book [‘The Art of Extreme Self-Care’] to many of my friends because I think it’s brilliant, but I’m in a place where mentally it makes sense to me and I value myself enough to actually put that into practise. But if you’re not ready, and you’re not open to that, then it’s never going to happen. (Rose)

Gaz said people needed to have an “element of the seeker”:

If you ain’t seeking, you’re not going to find. And if you ain’t seeking, you may never break through the ignorance. That’s where those that are educated [and] interested have much more to gain, in terms of understanding this life, and perhaps experiencing it to its full, and fulfilling themselves. (Gaz)

This quest for life-long learning seemed common across participants.
Participants also learned through a process of ‘trial and error’ as discussed several times in this chapter and theory (Leanne, Marie, Sophia, BB, Ruth, Kelly, Jade and Bill incorporated this phrase into their interviews, but almost everyone provided examples). Sophia explained:

I'll give anything a go and I'll see if I like it. [...] A few things I've tried, and I’ve just been like, ‘No, this isn’t for me’. Whereas running was one [I liked ...] and boot camp was one, and yoga was another. [...] I get the happy endorphins and then I just want more of that, so I just keep doing it. (Sophia)

She (and most other participants) thought less happy, healthy people might also benefit from trying new activities to see how they feel, and continuing to do things they enjoyed:

I think it’s trying to get that person over that line to get out of their comfort zone and go ok, I'll try it. I'll try it once and if I don't like it then that's ok I'll go back to where I was, but if I do like it I can keep going. Get them to experience that, because otherwise you can’t really describe [something like] that runner's high to someone until they do experience it. It’s like, ‘Ok, give it a go’. Just trying to get them to give it a go is probably a big thing. (Sophia)

Many participants turned inwards (reflected) to determine what they liked and disliked:

If it’s something that I’ve never experienced I take it as a challenge. If it makes me feel good about it I will continue doing it. If it's not I will just stop. (Ruth)

I've always [...] painted. [...] I get] very cranky if I haven't been painting. (Jen)

I [...] notice [...] how things feel. [...] I’ve learned to [...] understand where my emotions are. [...] I think that helps you work out where your joy is. (Heather)

Bill said it was about trying to be the best version of yourself, no matter how challenging:

People should have the right to be the best version of them. I mean, obviously it's challenging, right. Try and fail, and try and fail, and try and fail. But you keep trying. Because what happens, is a lot of people are just sad or they don’t want to fight anymore. They are just so overwhelmed [...]. I’m not judging anyone, but I think it is important that we are challenging ourselves somehow. (Bill)

This notion of trial and error, and the lessons participants learned from doing so, is taken up again in 5.4.2 (step two: act and learn).

Participants suggested that understanding who they were, what they wanted to achieve and how they wanted to live, provided a sense of direction that some people might lack:

A lot of times people just get so caught up in the day-to-day that they just follow that path aimlessly, and then realise ten years down the road, ‘Wow, I'm way over here and I actually need to be over here’. So if you just ask yourself [those] questions
A sense of self-awareness, clarity and direction helped people move towards the second step of the experiential learning cycle, by enabling them to choose thoughts and actions that might align with their unique joys, values, energisers, strengths and needs.

Learning to understand and honour their true needs and nature was be an act of self-love and self-care, which ultimately benefited others. Joy learned this valuable life-lesson by shedding half her weight and becoming a whole new person. She said:

I always saw self-love as selfish. That it was absolutely selfish. To be the best mum, the best wife, you know whatever we label ourselves, I need to take care of everybody else first. So that’s what I used to do. But in actual fact, the act of self-love, of nourishing yourself first, is actually the greatest gift that you can give. Because when you look after yourself first, [...] you are a better mum, [...] a better friend [...]. Because you are connected with yourself. [...] If you focus on you and your self-love and your whole wellness, you are actually offering more [...] value, to the world. Because ultimately, if we all did that, then imagine the type of world that we would live in! Because that allows you to be the best version of you, and so your neighbour and your work mates and everybody [are] operating from a place of happiness with their health and that big picture wellness. (Joy)

Many participants (e.g., Elizabeth, Amy, Rose, Jade, Anne, Jill and Bill) realised that their health and happiness was deeply embedded in other peoples’ wellbeing, and that making an effort to take care of themselves was likely to benefit others.

Participants also knew that that some of their priorities and needs might change over time:

I think it’s staying true to who I am, no matter what life throws at you or what people or negativity is around you. It’s just staying true to yourself and growing. [...] Where
I’m at now, I probably won’t be happy if I’m still here in five years’ time, so growing and developing my hobbies as well. [...] Just recognising that it’s ok to try something new and reach up. (Sophia)

It’s an ongoing thing because what I value now - I mean my underlying values will be the same - but in terms of superficial things, what I want in my 20’s will probably differ to what I’m striving for in my 30’s, my 40’s and my 50’s. So I think it’s an evolving thing. So for me, I’d like a job, so I’m focused on finishing my [studies].

When I finish my [studies] my priorities might change. I might like to travel or start a family, that kind of thing. So I think just having an idea about the type of life, whether it be just short term or long term, how you see your life panning out. And of course things will change, but being able to know what it is that you want at that time, what it is that you need to do or have or anything to achieve that, and then as that changes, your approach changes. (Jade)

[I]t has to be a complete package of nourishing my body in its entirety, so that means my mind, that means exercising, that means the foods that I put into my body. Continuing to evolve with that. Because our bodies change all the time. [...] So [...being] open-minded about my health and how I can continue to grow. (Joy)

Many participants described wellbeing as an ongoing journey to themselves. Jade said:

I think that’s what it kind of is, a journey. And it will fluctuate and it will change, but [people need to know] that [they] can reach that [high] level [of wellness]. And everyone can, it’s an individual and a personal journey. (Jade)

Most participants thought other people could attain high level wellness if they learned to understand and embody activities that felt good and enhanced their wellbeing, and responded to fluctuations in their priorities, needs and wants.

The clarity and direction participants experienced from understanding their joys, values, energisers, strengths and needs enabled them to choose thoughts and actions that aligned (or might align) with their sense of self. As such, continual awareness of their priorities, values, joys, opportunities, challenges, strengths, weaknesses, energisers, drains, needs and wants could be seen as a type of mental shortcut or heuristic, enabling people to assess each situation and expedite decision-making processes. Understanding that these factors were likely to change over time prompted people to stay focused on the present, rather than expecting things to stay how they were in the past. In this way, the quest to prioritise activities that feel good and enhance wellbeing could be viewed as a positive motivator, encouraging people to reflect on their needs and wants, and try a range of activities to discover what works best for them at that point in time (i.e., progress to the second stage of
5.4.1.4 Adopt scoping strategies to focus on issues that can be addressed

Scoping strategies helped some participants screen (and sometimes drop) potential actions, enabling them to focus on situations that could be addressed at that point in time. Four scoping strategies appeared particularly helpful:

1. Do not expect anything to be perfect;
2. Do not worry about the past or future;
3. Do not just focus on money or material possessions; and
4. Do not sacrifice one’s own wellbeing when helping others.

These strategies enabled participants concentrate on what they could do, rather than sabotaging themselves, or wasting time, money and energy on things that would not help, or could not be changed. They were important life lessons, learned through vicarious or lived experience, books, courses, mentors and (in some cases) spirituality and meditation.

Some participants learned to scope situations when they were quite young, in families that modelled effective coping techniques. Jill said that “If you’re given the right rules […] it becomes automatic. You don’t even think about it, so [you’re] not anxious”. Her home burned down when she was a child, but she was “fairly cocooned from that and […] felt safe […] and loved” (Jill). Jill’s parents demonstrated that it was possible to grow through adversity without blowing things out of proportion or holding onto them long after they had passed. She went on to adopt the following motto, “If you’re sad you’re living in the past. If you’re anxious you’re living in the future. So just be happy and live in the now. […] There is no point in worrying about things. […] Worry doesn’t help” (Jill). Bob’s family also exemplified the type of approach that engendered long-term resilience, albeit in a less “huggy”, “kissy” manner. Bob’s said that his parents “were caring people, but they did not take other peoples’ problems on board”. His mum was not a “touchy feely warm person, [so he …] never had a clingy mother to bounce off” (Bob). He thought that this had helped him to become more self-sufficient. Bob advised that “the way to get happy is to let go of things you can’t change. […] I rationalise things and say, ‘Does this impact me? Do I need to be concerned about this?’ […] If it affects me I’ll deal with it. If it doesn’t affect me, let it go”.

the experiential learning cycle of high level wellness—act and learn). One participant suggested that this form of self-assessment could be referred to as “aspiring”, as people were reflecting on who they aspired to be, and what they aspired to do, rather than adapting to particular stressors. The final section of step one describes four scoping strategies that helped participants focus on things within their control.
Participants also tended to discover scoping strategies as adults, by reflecting on personal experiences and integrating lessons. BB’s depression had led him to conclude that if “you think negative, you’ll get yourself into a downward spiral and [...] end up [...] wallowing, [...] which] doesn’t achieve anything. [...] I don’t see the point”. He continued:

I have hurt myself in the past. I’ve seen myself having car accidents over the years. Various things have happened [...] where you go into this slow motion sort of thing, [...] out of control. Now there’s nothing you can do. So wait until it’s finished and handle it afterwards. But [...] don’t dwell on the past [because ...] there’s nothing you can do about it. Look at it from a point of view as a lesson, and then if you've done damage, how can [you] fix what’s happened. Not fix, but how can [you ...] do something to make up for it. (BB)

Kelly had also learned to understand what was in and out of her control. She explained:

I've had to work very hard to get to where I am. [...] I've previously been very focused on [...] control. And thinking I have more power than I do. I think [I’ve advanced] just by accepting [that] the only thing I have control over is my own health, happiness, behaviour, thoughts and feelings. And then accepting other people for who and what they are. It's amazing the load that gets lifted off you when you realise you don't have control over any of that. And it’s empowering. Because you realise you have so much control over yourself. But you don't have to always be in control. So it feels really good. (Kelly)

These types of epiphanies (life lessons) enabled people to stay anchored to situations they could manage for themselves, rather than becoming lost in unhelpful thoughts and actions.

Several participants had also learned important life lessons from books, blogs, courses, mentors, spirituality, prayer and meditation. Elizabeth’s studies had enabled her to relax some of her expectations about happiness. She explained:

I'm into happiness, so I’ve read quite widely on it. But I think when you read stuff, you then check in with, ‘Well, how does that really resonate with me?’ And I love the fact that you can have hedonic happiness, which is your momentary bursts of joy, and then your underlying eudaimonic happiness, which is your meaning and purpose. And that really spoke to me, because I used to think that happiness was that you had to be upbeat and joyful all the time, and I realised [...] that’s not realistic. Even though I am pretty upbeat and happy [...], there are times, realistically, when life sucks and you’re not. (Elizabeth)

Joy’s journey began on a physical level, but then progressed to incorporate a more spiritual perspective. She obtained guidance from a health practitioner, who started teaching her
about dietary changes, but went on to assist with physical activity, relationships, spirituality and self-worth. Meanwhile, Heather “completely connected with what was written” in the Dalai Lama’s book ‘The Art of Happiness’, concluding that it “changed [her] life”. She said this book was about “cognitive reframing: […] thinking about things different[ly], […] which enabled her to] realise there[ was] absolutely no point in maintaining bitterness” towards her ex-husband, as she was only hurting herself (Heather). She said that the ancient wisdom of Buddhism (compassion, forgiveness, empathy and letting go) aligned with the ‘Science of Happiness’ edX course she completed years later, and her personal experiences, leading her to endorse the qualities of introspection, emotional intelligence and moderation:

“compassion”, “adequate sleep, not over-scheduling yourself, not over-eating, not over-drinking, not smoking, not over-exercising, not under-exercising, not restricting yourself from things you might enjoy” (Heather). Jen learned many of her personal principles through Christian texts, mentors and prayer; while Gaz had endeavoured to learn the “wisdom of the ages” through numerous spiritual and secular sources, meditation and yoga. Four coping strategies were cited repeatedly in this study: (1) do not expect anything to be perfect, (2) do not worry about the past or future, (3) do not just focus on money or material possessions, and (4) do not sacrifice one’s own wellbeing when helping others. Each of these strategies are described in more detail below, including relevant participant data.

5.4.1.4.1 Do not expect anything to be perfect

The data suggested that happy, healthy people do not expect anything to be perfect (i.e., perfection is out of scope). Participants said that they knew things would not always be ideal, but trusted that they would cope with (and grow through) the challenges that came their way:

[We] can never stop bad things from happening to us, but [it’s about] feeling like we can control the situation when something does go wrong. (Jade)

[It’s] being content with ‘that’s where it’s at, at the moment’, which can be frustrating. But still, you’ve got to learn to deal with that frustration, because as I said, ‘nothing’s ever perfect, or if it is, it’s a fleeting moment’. (Amy)

Sometimes [life] throw[s] you a curve ball, and there might be a negative. […] I see that as a lesson. To figure out what it is, where you went wrong, and fix it. […] Working through it rather than ignor[ing] it. […] It becomes a positive. (Asia)

Some days are not good [because of pain] and that’s ok. Like this morning was not good […], so I just paced myself. But I’m at peace with that. (Jen)

This pragmatic perception of reality allowed people to deal with the task at hand, rather than becoming engulfed in negative emotions like worry, anger or frustration.
Participants implied that they would always need to work on their wellness, including identifying and addressing needs and obstacles. Elizabeth described this as a “fine balance”:

So that’s my overall take on wellness. It’s a fine balance. Making sure that you’ve got everything in your life going well. And that sometimes one of those balances is not going to balance. And you know what? It’s never balanced. So career might be going well, you might have a great social network of family and friends, but maybe your health is not going real good. So then you focus on that for a little while and keep the other stuff going. And then that comes back up and something else might happen [...]. That’s just life. (Elizabeth)

Her most pressing ‘imbalance’ at the time, was a job that did not align with her strengths, values, energisers and joys. Elizabeth put this into perspective by noting that every position had “some aspects [...] that you don’t like doing”. She made “the best of that situation” by being grateful for the good parts of her role, and spending the rest of her week doing things that bought her a sense of joy, meaning and purpose (Elizabeth). Bill did not “see happiness as a lack of struggle” either. He thought “it was [about] incorporating struggle into your happiness [because] it’s part of the deal” (Bill). Bill explained, “You can ‘work the onus into a bonus’. [...] The onus is the struggle and the bonus is what you get out of [it]” (Bill). In other words, you have to do the work to get the reward; finding a solution to each problem in order to learn valuable lessons and grow as a person. Rose also saw obstacles as an important part of peoples’ wellness journeys. She believed people could never be “100%”, “because when you are, you don’t really have a reason to be here. [...] So there’s always something to work on”. Participants accepted that they had to work on their wellbeing on a day-to-day basis, continually learning and addressing life lessons.

Participants’ willingness to embrace imperfection and continual learning included efforts to avoid unrealistic expectations of themselves. Rose, Marie and Anne were recovering perfectionists who knew that impossible standards eroded their wellbeing:

I [have] this massive fear of making a mistake or letting people down, and I am a perfectionist for that reason. And let’s face it. Nobody’s perfect. So you’re setting yourself up to fail if you have that mindset. (Rose)

My father really could not be pleased. [...] That] creates this anxiety and this perfectionism. You know, ‘He won’t yell at me if I do this’. And of course, that was setting up all kinds of problems for the future. Whereas once I got out and started thinking about it, I realised that I didn’t have to be perfect. (Anne)
I'm a bit of a perfectionist as well. So I set myself up to fully fail quite a lot, and expect 110% of myself in everything I do. [...] It's a reality check. 'Ok, well bring yourself down a few pegs. [...] Take that pressure off yourself'. (Marie)

Amy and Gaz thought that achievable goals were better than striving for perfection:

You don't have to be 100% on everything. [...] There's something wrong with you if that's what you're striving for. Like why? Things still change. Good enough [...] is a pretty good place to be, [...] a high level of good enough. (Amy)

We're not necessarily going to get to the 100% that you might ascribe to the Buddha, but 80% is perfect. If you can get most of the way there. (Gaz)

It was clear that participants did not expect perfection for themselves or their lives. They suggested that it was more effective to aim for "a high level of good enough" (Amy).

5.4.1.4.2 Do not worry about the past or future (be present)

The people in this study did not dwell on situations that had passed, as these were outside of their sphere of influence, and thus out of scope. Bob generally left his past behind him:

I can put things behind me. Things that have gone wrong in the past, like things always do in life, I just put them behind me. [...] Don't worry unless it's impacting you right now or about to. [...] Just deal with it and move on. (Bob)

‘Letting go’ of difficult childhoods was a big part of Asia’s and Anne wellness journeys:

Transcendental meditation [...] was a true gift. The key to allow me to let go of my negative past. [...] All the [...] things that I had to worry about before are non-existent now. Life is very easy and very simple. (Asia)

I remember my daughter once said, ‘Mum, that is so terrible what happened to you. You should be angry’. And I said, ‘Well I was angry for a while, but you can’t be angry forever’. And now I actually see the benefits. Not that there’s any benefit from being treated badly. But you develop some strength. (Anne)

Sophia, Emma and Gaz saw the past as something to learn from, then move on:

I try not to dwell on things. [...] If something bad happens, it happens, but it’s just [...] trying to process it, work through it, see if there’s anything that can be done to move past that. [...] It’s like, ‘Yeah, I did that, [...] not proud of it, but it happened. I learned, and haven’t done it since’. That’s me. (Sophia)

I realised that I actually didn’t love myself. [...] I found out by being silent and watching my mind and what [...] thoughts were coming in. And they weren’t very nice. [...] I had a lot of letting go to do, with forgiving myself for doing those drugs [...]. I didn’t know that subconsciously I [was thinking] ‘I am not a good person. I’ve
done all these things’. Then I realised I was projecting that on my partner as well. I would be looking at him and I would be a bit too judgemental with him, and be like, ‘He’s not a good person’. But it was me who thought that about myself. I realised [...] that you actually do have to love yourself and forgive yourself before you can [love and forgive] other people. (Emma)

Gaz explained, “It’s the mistake that we make, [...] the shame that we feel [...] and] the guilt that we experience [...] that can [urge] us to seek redemption”. He had made a few declarations, deciding that “I’m going to make it better. I’m not going to do that anymore. It’s a good thing and it’s empowering” (Gaz). Participants learned from the past, then let it go, rather than worrying about things that had already happened and could not be changed.

Participants realised that negative fixations on the future were just as futile as being stuck in the past. Some found it difficult to answer a question on what could make them less healthy and happy in the future, because they just did not dwell in that space. Amy joked:

Oh. That’s a hard one to answer. I don’t know. I guess [a] zombie attack or anything that’s out of my control that impacts on me. [...] I’m not going to predict what those things are, or dwell on it, because none of that might happen. So don’t worry about things that may not happen. (Amy)

Others knew that their health, or that of a loved one, was likely to deteriorate in the future. However, they chose to focus the present, rather than worrying about would could be:

Where am I going to be in 20 years from now? I know that I’m going to be fully quadriplegic, probably in a home etc. etc. Now if I concentrate on the long term, I’m going to be, ‘Ah, ah, ah’. [...] I’m not saying ignore the things in the long term, because you’ve got to plan for it. [...] I do have to do little things to plan, and as opportunities arise, I do them, but I don’t sit back and think about it all the time. I think about what am I doing this week? What am I doing next week? What am I doing the week after? [...] I [used to] look at things in a five year point of view. Now I look at [...] a 12 month point of view. (BB)

My partner’s health is not fantastic, and for him to suddenly [...] get worse would slow things down for sure. But that’s not supposed to happen, so we don’t live in hypotheticals. Forget that bullshit. (Asia)

This refusal to waste time worrying about the future was common across participants.

Participants tended to focus on the present. Jen, Marie and Kelly had taught themselves to ‘stay in the now’. Jen’s solution involved a ‘fear chair’ in her backyard:
I’d realised I was living in fear, and it was stopping me from doing things. So […] I went right outside, where it was difficult to get to, and made a chair. I said, ‘Now, that chair is the only place I’m allowed to experience fear and worry’. So if I feel it, I’ve got to go there, sit on that chair, feel fear and worry, and when I get off that chair I’m not allowed to experience it. So I’d go there. Well, I’m not very good at sitting still for long, and I’d go, ‘Doodidoodidoo. That’s enough of that’. So off I’d go. [I just kept] go[ing] back there [and] sit[ting] there, until I learned that it was something I was putting on myself, this fear and worry, and how to turn it around. (Jen)

This ability to change their perspective when they could not change the situation was an important aspect of peoples’ wellbeing. Marie drew what she needed from the past, focused on “manageable chunks” in the present, and left everything else to the future. She was coping with a difficult period of her life by saying, “This [Marie] is just going to do this for today and then future [Marie] can worry about that that”. She also made sure she always had “something good to look forward to”. Marie explained:

Sometimes you have to think of what happened yesterday to know what you have to do today to move on, and then how’s that going to impact on tomorrow. ‘Well, ok. I’ve thought about that. That’s fine. Come back to the now’, sort of thing. But I can’t think too far into the future. […] I want to think about all these great things that I want to do, but I can’t really picture it yet. […] I can’t deal with that yet, so I’ll just do what I can for now. (Marie)

Time out of the workforce had helped Kelly to become more mindful and present. She learned to focus on what she was doing, from “cleaning the house [to] walking the dogs”:

I wasn’t thinking about tomorrow’s meetings, or yesterday’s difficult phone call, or whatever. It was literally, ‘I’m walking the dogs, and it’s beautiful out, and the birds are chirping’. […] I think it does boil down to mindfulness, and actually being able to be completely present, and accept that you’re not thinking about what’s happened, what’s going to happen, even necessarily what’s happening around you, but just that it is. (Kelly)

Once again, it was evident that (for these participants), high level wellness, health and happiness was about living in the now, not worrying about the past or future. This freed up time and energy to attend to the present.

5.4.1.4.3 Do not just focus on money or material possessions

Some of the people in this study said that they needed a certain level of material wealth to address important needs and wants, but that excessive amounts of money and material
possessions were unlikely to enhance their wellbeing in the long term. Heather drew some of her conclusions from positive psychology:

Once people earn over a certain amount ['around the $75,000 mark'], anything above that doesn't actually change [their] level of happiness. And often it actually reduces it, because of the volume of time spent to earn it. [...] For me it's about having a secure home base, a safe environment, food on the table [and a] glass of wine. Turn the TV on, computer’s on, we have internet. Knowing that all of that is there. It’s a first world environment without having the stresses of large mortgages and all of that sort of stuff. [...] So taking away any of those pressures that really don’t need to be there. (Heather)

This perspective was shared by many of the participants in this study:

Money helps to make life comfortable, [...] but you don’t have to be rich, you don’t have to have fancy things. (Lisa)

We’re not poor. We’re not well off. [...] I’m not going to worry about the fact that I haven’t got a Maserati or a Ferrari [...], or a two storey 10 bedroom house. I don’t want that. [...] Focus on what you’ve got, and what’s good about what you’ve got, but what you haven’t got and can’t get, don’t worry. (Bob)

I’ve got everything I need. I’ve got things that I don’t need that are nice to have. [...] I don’t look for the next thing. I’m happy with what I’ve got. (Leanne)

They were content to live within their means, rather than continually striving for more.

Participants thought that this way of looking at money and material possessions might be one of the qualities that separated them from some less healthy, happy people:

Quite a few people don’t realise that money is not everything. Happiness [...] can be influenced by external factors. But in all honesty, I think it’s internal factors that provide that happiness. (Lisa)

I believe that that feeling is within you. It’s not out there, it’s not in material possessions and all that kind of stuff. It’s somewhere within you. (Elizabeth)

Money does help, [...] but [...] it will not make you happy. (Wendy)

They believed health and happiness comes from within, not through excessive amounts of money or material possessions (objects).

Many participants thought people needed to work out what makes them healthy and happy, rather than succumbing to marketing hype. Anne said:
I think [people] need to think and assess. [...] They need to take time to realise that all the messages that we’re given by society are there so that somebody else can make some money. [They need to realise] that the reason they’re putting the big fancy car in front of you is to sell that car. It’s not to make you happy [like] their ad will tell you it is. I think recognition of the truth of things and of the world will contribute to happiness. And then realising what it is that will make you happy. If you sat down and wrote a list of all the things that make you happy, [...] most peoples’ lists would talk about the health and the wellbeing of their family. [...] That’s a great part of unhappiness, is people not realising that they don’t have to have all that stuff. [...] You should question everything. If someone wants you to do something, wants you to buy something, or even gives it in the form of advice, you should always ask, ‘Who is benefiting?’ And if they have a financial interest, [...] assess it more carefully. However if I say to my friend ‘I found that by giving up coffee I sleep better’, that’s a different thing. (Anne)

Anne urged people to reflect (and act) on their own needs and values, rather than being influenced by people and organisations with different values and motives. This required some degree of self-awareness and critical thinking.

Bill and Gaz provided similar advice, drawing attention to the hidden costs of continually accumulating new ‘things’, including time away from family and friends while people were working to pay back their debts, and the hassles of ongoing maintenance and storage:

There is just this perception that if you have things, then you are going to be happy. Society or marketing or branding has told you that if you have more, you will be happy. It can be. You know, I’m not denying that. You know, a good meal is nice, a good car is nice. But these are things that don’t last for very long. [...] And [...] what is the cost to you? What do you have to pay to get that? The time you are going to be away from the people that you love and the things that you want to do. [...] I think it’s part of you not stopping and realising, what is really important for me? Not what other people are telling me is important. [...] Not what marketing is telling me. (Bill)

We put value in the wrong place. We’re putting value on objects. When in fact we know from philosophy and psychology that the value is in the experience of life. At the end of it all, we’re not going to have all our possessions surrounding us and all the things we’ve ever bought. [...] It's ridiculous to just want more and more and more, because every single possession we have, even the smallest of things, requires some degree of care and maintenance. [...] You have a strange idea that this thing will satisfy that need. But there's a big problem in it, that everything that we
want, we lack. And that’s why philosophically we’re encouraged not to want. We’re encouraged away from greed and desire because they bring you suffering. [...] If only people can awaken to the truth within the wisdom. (Gaz)

Participants suggested that people might obtain a higher level of wellbeing by focusing on things other than money, assuming that they are able to satisfy most needs and wants.

5.4.1.4.4 Do not sacrifice one’s own wellbeing when helping others
The people in this study were generally compassionate, kind and helpful; but tried not to sacrifice their own wellbeing for others. They focused on what they could do, rather than becoming overwhelmed, realising that there was only so much they could do to help. As Wendy said, “You have to release it, because [...] you can’t] take on everyone else’s burden”. Anne and Jill both used the metaphor of a village, doing what they could on a small scale:

[It’s about] accepting that certain things are the way they are, you can’t change them and it’s no good even getting angry about them. I do get angry about lots of things in a global sense, but not in a personal sense. [...] I have decided that we are evolved for a village, [...] and so we can only take on a certain amount of distress and pain and anxiety. [...] We’re not in any way right to cope with an entire universe of sorrow. [...] So I decided that I would have to learn to ration my sorrow and try to [...] help where I saw it as positive. (Anne)

Anne went on to say that her conception of happiness was “wrapped up with other people”:

The people I know, the people I love, the area around me. And that gives you a sense of control in the world [...]. Whereas if someone said to me, ‘Well what are you going to do about the problems with the starving?’ [...] You’re just going to be in despair to think you have to try and fix that. (Anne)

Jill concentrated most of her attention on her children and grandchildren:

All generations have thought modern generations are going to be the ruin of the world. [...] But, you know, what can you do about it, other than trying to bring your children up to be as resilient as possible? [...] If everybody just concentrated on their surrounds, [...] do[ing] the best they could to help. That’s the way it spreads, [...] small, like a little Danish village. (Jill)

Anne and Jill both advocated for a version of ‘think global, act local’; limiting overwhelm by focusing most of their attention on their community, family and friends.

Participants did what they could to help, but did not feel compelled to fix every issue. Amy said this was about having clear boundaries and “a controllable level of empathy”: 
It's important to be a little bit objective about other people's stuff. [...] You've got to set yourself some boundaries. [...] I can be empathetic, but I can't afford to let that stop me from doing positive things. You've got to protect yourself a little bit, because otherwise there'd be no one left to help. So that's probably [...] the one selfish side of it [...]. You've still got to [...] protect [...] your own interests. (Amy)

Rose learned this lesson the hard way, by being repeatedly exploited by her colleagues:

I would find myself working until six, six-thirty at night. [...] And I used to get taken advantage of a lot because if somebody needed help I would help them, but then they'd go home at five o'clock and I'd be stuck there late, and then I'd resent it. And that's toxic, and takes you backwards in itself. So towards the end there, I did work myself into a way where [...] people would say, 'Can I have your help?' And I'd say, 'No. Look. [...] I've just been sick all year and I need to look after my own job'. But without having that excuse to fall back on, it's really hard for me to say no to a person. I can't help you. But you have to do it. You've just got to say no sometimes [...to say yes to you]. (Rose)

Leanne concluded, “I'll do things for people. But only because it makes me feel good. I won’t do it to my own detriment”. That was the essence of this scoping strategy.

The four scoping strategies discussed above helped participants to recognise their sphere of influence and drop what they perceived to be superfluous concerns. Scoping strategies sped up the assessment process (step one), instantly letting them know if a situation was within their control or not. If it was, they could progress to the next stage of the experiential learning cycle (step two), by trying an action, reviewing the consequences and learning some new lessons. If not, they just ‘let it go’, putting it out of their mind so they could focus on more appropriate issues. As such, these types of strategies appeared to be heuristics (mental shortcuts); deeply held beliefs about the nature of reality, which had proven useful in understanding and honouring their best selves. They were also a key aspect of personal empowerment, allowing participants to direct their skills, resources, time, money and energy towards areas that could help them to flourish, rather than being wasted on unnecessary angst. It was obvious that this level of clarity, focus and presence felt much better than clinging to less helpful ways of being. The data suggested that people could learn (and utilise) new scoping strategies (life lessons) with each loop of the experiential learning cycle, starting wherever they happened to be at the time. Successfully recalling and enacting a scoping strategy could prevent them from having to revisit a particular learning cycle, as articulated in Jill’s description of theosophy, “You live for a purpose. So all the hardships you're having, [...] you've got to learn something from them, and if you don't learn you’ll have
to do it again”. The next section of this chapter provides more information on the way that healthy, happy people translate their ideas into action (the second step of the experiential learning cycle), and the practices that seem most conducive to wellbeing. These aspects of the experiential learning theory of high level wellness are followed by relevant data.

5.4.2 Step 2: Act and learn

“The second step of the experiential learning cycle is to experiment with a particular approach (‘trial and error’), review the consequences and learn important lessons (e.g., what works for now, and what does not). A potentially unlimited range of factors can be explored in this step [...]. People may choose to focus on several parts of their life at once (a multi-strategy reset), concentrate on one aspect at a time (incremental change), or savour and tweak what is already working (general maintenance). Happy, healthy people tend to adopt a number of similar qualities and actions through years of trial and error, which they express in their own unique ways. This can include: (1) a sense of light-heartedness (not taking themselves or their lives too seriously), (2) the ability to maintain a pleasant equilibrium between contentment and joy, and (3) lesson seeking (looking for the good/insights in each situation). It may also involve: (1) spending time with positive people and/or pets, (2) doing something of value for themselves and others, (3) moving their body for health, happiness and balance, (4) eating in a way that aligns with their circumstances, needs and values, and (5) replenishing sleep and rest.” (Allen et al., In press)

Descriptive findings to support these theoretical assertions (context)

This section provides more information about each aspect of the second step (act and learn) of the experiential learning theory of high level wellness. This starts with general information about learning through ‘trial and error’, before describing three types of change: multi-strategy-reset, incremental change and general maintenance. This section then explores three wellness-promoting qualities and five wellness-promoting actions, as outlined above.

Many participants reported learning what made them flourish through a process of ‘trial and error’. They tried different things, maintained what felt right, and let go of everything else:

My life has been full of, ‘Give this a go, see what works and what fits’. [...] And then you keep going to maintain it. (Asia)

You need to have that courage to try things. And if it doesn’t work out, ok, it doesn’t work out. It’s a learning curve. [...] ‘What can I learn from that?’ (Joy)

You have to try. [...] And] what no longer serves, get rid of it. (Wendy)
Self-reflection ensured that people did not just focus on ‘what’ they were doing (e.g., dropping an unhealthy habit), but also ‘how’ these activities made them (and others) feel:

The challenge is really, how you do those things? What’s the point of doing those things? [...] And if you do those things, or stop doing them, are you still happy?]
Because if you are going to not do those things [e.g., drink less coffee] and be angry, that’s not the best version of yourself. So there’s that fine balance between living [life to] the fullest and also living in the moment. (Bill)

People needed to start with the intention (aim) of being their best self; trying a new approach, and reflecting on any positive and negative impacts on themselves and others. Wellness was a holistic concept with many life domains, including broader socio-economic determinants such as housing (e.g., Elizabeth), education and employment (e.g., Amy). Health and happiness (inner peace) required most aspects to be relatively fulfilled.

Participants tended to learn from life events. Emma said that life lessons were tailored to people’s immediate requirements: “You learn what you need to at the time”. Jill attributed her health and happiness to “the combination of life’s lessons”; advising people to make the most of each opportunity, rather than ‘frittering them away’. Some of this was about learning (and applying) the inner qualities that enabled people to be their best self:

I try and find the good in everything, even in people I don’t like. [...] They’re the most important people in our lives because they’re there to teach the biggest lesson. So I almost have to be thankful for them, the ones that annoy me and I think, ‘Well hang on. What is that person teaching me? To be patient? Not to be judgemental?’ [...] I just think, ‘Oh well that’s you, but you’re teaching me to be kinder’, and I’ll actually try and be even kinder because I think, ‘Well [...] if I was that person, I wouldn’t want someone to be nasty to me’. [...] That really takes self-control because it’s easier just thinking, ‘You’re a friggen idiot’. (Wendy)

Gaz tended to view “life [as] the testing ground”, enabling him to apply various “virtues”:

I can’t learn anything very much on my own, yes I can go into great contemplations but then I’ve got to put those to the test. I can do mantras and meditations on virtue, but until I’m confronted, what’s my response going to be? Clearly the virtues are guiding and guarding me, but if I am clear-headed enough not to respond just like an animal instinctive response, but to just pause for a moment and bite my tongue, just to think do I even give a response? Do I turn around and walk away? What are the risks and consequences here? Choosing the right action. [...]Practising virtue. (Gaz)

Jill encouraged people to align with what they knew to be right (“the path with heart”):
Do as much as you can. [...] Take the path with heart. [...] If you consciously think about it, you know [what’s] right. [...] How you treat someone or what you do next with this stage. [It] mightn’t be the easy way to do it, but in the long run, it pays. (Jill)

Ruth said that it can be “very hard” to learn life lessons “in the beginning”, but then you start to get “the hang of it” and “it becomes easier and easier”, “like everything in life”.

5.4.2.1 Start where you are (reset, incremental change or maintenance)
The people in this study started (and restarted) their wellness journeys wherever they happened to be at the time. Some created new ways of being by simultaneously resetting multiple aspects of their lives; while others undertook a more gradual transformation, beginning with their most pressing challenge or opportunity. Once participants had created the type of life that made them thrive, they tended to move to a maintenance phase; savouring the people, places, qualities and activities that brought the greatest sense of connection, joy, energy, meaning and achievement; and/or tweaking their perceptions, actions and environments until they aligned more closely with their current circumstances, needs and preferences.

5.4.2.1.1 Change many different life domains at once (multi-strategy reset)
Several participants had simultaneously upgraded many aspects of their lives at once (multi-strategy reset), to create a new happier, healthier version of normal. This approach tended to be triggered by major upheavals such as illness, job loss or divorce (e.g., BB, Rose, Ruth and Marie) and/or a deep sense of dissatisfaction (e.g., Kelly, Gaz and Emma). BB believed he had to endure a life shattering transformation process to get to where he is today:

> You’ve got to experience something really [...] bad. Something life shattering. You’ve got to have that. You’ve got to restart your life, because I think that’s what happened with me. I did not go back into the same environment. Job changed, wife changed, address changed. Everything changed. It was like a line in the sand. New life. (BB)

He advised people to “have a life changing experience, [...] pull yourself out of that life, and plug [...] into a new environment [...]. Total social change. And then you need to set yourself at an artificial [high] point and learn from that” (BB).

Multi-strategy resets often required a change of scenery, consolidation of resources and support, and a willingness to try a range of different approaches. Some participants went travelling (e.g., Lisa and Gaz); while others moved to a different suburb, city or country (e.g., Marie, Ruth, Emma and Kelly), or immersed themselves in new settings (e.g., Rose’s yoga studio). Most people undergoing a multi-strategy reset needed time to bring their new lives
into being. Some participants took lengthy breaks from the workforce (e.g., BB, Amy, Rose, Gaz and Kelly), while others were already out of paid employment (e.g., Jen and Ruth). Marie remained in her paid position, but let her supervisor and colleagues know what was going on, sought support when she needed it, took time off to recover from illnesses that did not pass as quickly as normal, and booked regular weekends away to recharge on her own by the sea. Participants tended to reach out to others for help during these challenging times, including friends and family (e.g., Marie and BB), wellness professionals (e.g., Ruth, Rose, Amy, Emma and BB), and wellness services such as gyms and yoga clinics (e.g. Kelly and Rose). Some sought spiritual guidance from their conception of god, nature, their inner selves, books or leaders (e.g., Gaz, Jen and Emma), whereas others took the opportunity to apply things they had already learned but not yet incorporated into their lives (e.g., Rose and Kelly). Some of these changes were supported by redundancy or social security payments.

5.4.2.1.2 Enhance one life domain at a time (incremental change)

Some participants took a more incremental approach to change, enhancing one aspect of their lives at a time before moving to the next (e.g., Jade, Joy, Elizabeth and Amelia). Amelia started her wellness journey by becoming vegetarian when she went to university. This was a way of "expressing [her] own individuality", honouring her values and breaking unwanted habits. "When I made the decision [to become vegetarian], it was for health reasons, but it was also for humane reasons and environmental reasons. [...] I needed to [...] to change my habits" (Amelia). Since then, she had created a family of her own, built a rewarding career, established sustainable physical activity practices, reduced her alcohol consumption, and become more mindful. Amelia said that she enjoyed the "strong sense of control" healthy choices provided and continually aligned with her desire to "be consistent" and "have integrity about what [she does]". Elizabeth was determined to keep trying different things until she found something that made her feel better. She originally attempted to overcome postnatal depression through play groups and psychologists (neither of which worked for her), then joined a gym and re-entered the workforce (both of which worked very well). These changes prompted a lifelong commitment to discovering and honouring different aspects of herself, including her joys, energisers, values, strengths and needs.

Joy started by finding a kinesiologist/chiropractor who did not judge her for excess weight:

When [his] words reached me without judgement, [...] something at an unconscious level tweaked inside of me, of 'You can work with this guy'. And so we just began from there. But that lack of judgement was probably very crucial to me receiving
what he said. Because if it had come down the line with any sort of judgement or negative connotations [...] I probably would have been more closed off to it. (Joy)

Once she had found a sense of positive regard, openness and trust; Joy was able to learn about nutrition, try new ways of eating, and tune into how different foods made her feel. She gradually enhanced her knowledge and actions, found enjoyable ways to move her body, learned to manage her thoughts and emotions, lightened her outlook, became a more conscious consumer, and started sharing her insights with others.

Elizabeth and Joy’s experiences suggested that an incremental approach was just as capable of facilitating major change as a multi-strategy reset; as people deepened their understanding of who they were (and wanted to be), and honoured their strengths, values, energisers, joys and needs. The key differences were intensity and duration; changing many life domains over a relatively short period (e.g., six to twelve months), or working on one thing at a time for many years. Both approaches seemed possible in a single life time.

5.4.2.1.3 Savour or tweak current approach (general maintenance)

Once people had created a happy, healthy way of life, they tended to savour, maintain and tweak that version of normal (e.g., Jill, Bill, Bob, Anne, Sophia, Leanne and Kelly), rather than making radical changes. Jill and Anne had both retired. They took time to relish nature, travel, grandchildren, good company, food and laughs. Jill was enjoying tai chi, reading, singing and dancing; whereas Anne loved daily beach walks, gardening and learning from books and intelligent discussion (e.g., listening to ABC radio shows while preparing meals). Bob and Bill balanced valued careers with opportunities to connect with family and friends, and be in nature. Meanwhile, Kelly and Sophia were both tweaking their exercise routines in line with new needs. Kelly considered herself to be “fitter and healthier than 80% of people” but was nursing some injuries. She was having “to completely rework” the activities she could “derive [her] happiness and [...] wellness [from]”, moving from “intense cardiovascular activities and heavy lifting” to “yoga and pilates” (Kelly). Kelly said she was “having trouble emotionally and psychologically and physically dealing with that. And it’s really not [...] that big of a deal, but just with work, with everything else going on, it does make it that bit more difficult”. She missed her old routines, the way high impact exercise made her feel, and the extra time that had helped her to reset her lifestyle a few years earlier. Sophia was adjusting her physical activity schedule to balance her energy:

[I’ve] been playing around with my routine to find out what works. [...] For me, exercise is ‘go out and push yourself as hard as you can’; whereas even now I’m still bringing it back and mixing it up. So I might do a boot camp or a run in the morning,
[... without running] in the afternoon. Whereas before I might run in the afternoon, and it was just trying to exert all the energy I had. Whereas now, if I’ve done a hard session in the morning, I’ll go and do yoga, or I might go out for a nice relaxing walk [in the afternoon].” (Sophia)

Savouring, maintaining and tweaking was about enhancing an already good life, rather than making sweeping changes through a multi-strategy reset or a undergoing a series of major incremental transformations—however participants might undertake these types of changes later in life, depending on fluctuating priorities, circumstances and needs.

5.4.2.2 Nurture body, mind and spirit

High level wellness seemed to be about tuning into one’s self, trying different actions, reflecting on the consequences, and learning about individual identity, likes, dislikes, needs and wants. The people in this study consciously moved towards peace, fulfilment, joy, energy and wellbeing; away from suffering and depletion. The best options spanned multiple polarities: balancing personal qualities with actions, contentment with joy, movement with stillness, sociability with solitude, and time in nature with indoor pursuits. Participants tended to cluster their favourite endeavours into enjoyable morning, afternoon, evening and weekend routines or rituals that nurtured their body, mind and spirit. This section describes participant insights into wellness-inducing qualities and actions.

5.4.2.2.1 Wellness-inducing qualities (ways of seeing and being)

Several participants believed that their thoughts were the most crucial wellbeing determinant within their control: a solid foundation that enabled them to pause and perceive each situation with more clarity, before making wiser choices and actions. BB declared that, “Positive thoughts are the number one thing [...], because generally, 99% of what happens is in your own head”. He illustrated this point by discussing one of the times he had fallen due to MS-related paralysis. Experience had taught him to focus on the funny side of these types of situations, rather than becoming overwhelmed with self-pity:

I’m lying on the bed, face down, with my pants around my ankles. As you do. [And I’m ...] going to call my gorgeous next door neighbour to come in and look at me in this situation. And [I] just start giggling on the bed. As I said, you’re in this situation. If you start crying, I suppose the ability to help yourself goes out the door, because you’re so wound up in, ‘This is shitful. Why am I here?’ But if you start giggling at it [...], if you’re positive about it, then you won’t go into this woe is me [state]. [...] bawling your eyes out. [...] That doesn’t achieve anything. Now I don’t have that. I don’t see any point in it. Is it a learned trait? Yes. Is it something I’ve learned
quickly? No. It’s something I started learning when all that stuff [e.g., losing his job, wealth, wife and health] happened to me. (BB)

BB implied that positive thoughts led to positive feelings, choices, actions, interactions and outcomes. Negativity did not. He refused to “think negative [and …] get [him]self into a downward spiral” (BB), as that just made everything more difficult.

Gaz provided additional insights, based on his lived experience and independent studies:

It’s about, ‘How do you get to that path of happiness and wellbeing’, […] ‘letting go of suffering’, and realising that ‘the way you think determines how badly you feel’. […] So much has to do with […] our power of awareness; where we place our attention. […] The great advice of the wise is to train one’s mind; […] how you think, […] how you see things. To open your mind to see things as they are, not to try and imagine it differently. […] You’ve got to get used to the idea of, ‘Ok, so I’ve got to train myself to be more patient, and I’ve got to do that intellectually. And I’ve got to observe my emotions rising, and I’ve got to observe my frustration in containing those emotions, and I’ve got to observe that it passes. And I’ve got to see that that’s how it works’. […] Different ways of thinking will alter the way you feel. So the person cuts in front of you and [your] temptation may be to give them the finger and yell and swear, or get angry, or feel not good. Or, on the other hand, you very quickly say, ‘Ah! They must be in a very big rush, perhaps to go to the hospital with a pregnant wife!’ You never know. And even the thought can make you laugh. So instead of having that ongoing frustration and build-up of stress, […] you have] a release. (Gaz)

Gaz called this “right thought”, in line with Buddhist teachings. There was a few aspects to this notion. His reflection (above) began by exploring the role of thoughts, awareness, attention and focus; before moving onto the way that people see things (perspective), and embody relevant qualities (e.g., presence, patience and humour). These observations seemed equally true for other people in this study. Participants saw the world through a particular lens, which helped them to act a particular way. They generally chose to see and be in the world in a way that enhanced (not detracted from) their wellbeing.

Three ways of seeing and being (light-heartedness, a pleasant equilibrium between peace and joy, and lesson-seeking) helped participants manage their emotions, actions and environments; and become the best version of themselves. These approaches could also be referred to as values (e.g., Sophia), virtues (e.g., Gaz), life-lessons (e.g., Jill), attitudes (e.g., Rose), strengths (e.g., Elizabeth), mindsets, attributes, characteristics, qualities, traits or states. They appeared integral to self-awareness and self-mastery.
5.4.2.2.1.1 Be light-hearted rather than overly serious

Participants tended to cultivate a sense of light-heartedness, rather than taking themselves (or their lives) too seriously. Joy said she had been “really serious” before beginning her wellness journey; believing that “life [was] very hard”, “dark” and “heavy”. Her family helped her to realise it was ok to “lighten up” and “have a laugh”; prompting her to “reprogram” herself “to be more light-hearted” and “feel that inner joy, that happiness” (Joy). She learned to see heaviness as a sign that she needed to process and release emotions, and take some time to relax. Anne had noticed that people with a sense of humour tended to cope better with challenges, which made her think “laughter [was] absolutely fundamental” to wellbeing. Gaz also appreciated the “transcendent” value of laughter, playfulness and fun:

In Thailand I really felt very much at home, and it was based on the attitude of the people. It was a recognition that these people smiled a lot more than people of other cultures, even compared to Australia. [...] There was something about these Thai people that was really light-hearted and happy. And I had a lot of experiences that were about playing: throwing flour around, throwing water around, singing joyfully, jumping in the water. [There was] a real sense of freedom, which ha[d] nothing to do with money and possessions. (Gaz)

Some of the initiatives that helped to foster a light-hearted way of being included singing and dancing (e.g., Jill, Jen and Heather), chuckling at themselves and their foibles (e.g., BB and Sophia), laughing with friends (e.g., Leanne) and playing with pets (e.g., Wendy and Lisa). Amy said, “Even when thing are at [their] worst I like to try to find something to laugh at. [...] There’s always […] a funny side”. Participants tended to welcome opportunities to laugh, smile, play and relax; often with other light-hearted beings. This quality helped people to make the most of each moment (‘being in the now’); amplifying joy, deepening interpersonal (and intrapersonal) connections, and releasing stress and strain.

5.4.2.2.1.2 Maintain a pleasant equilibrium between contentment and joy

Participants tended to complement activities that brought a fairly stable sense of peace, with initiatives that fostered more intense, but transient, experiences of happiness (bliss/joy). This was the first thing Elizabeth mentioned in her interview; explaining that she liked to “intersperse” the things that brought “real contentment” (e.g., a good social network, meaningful work and movement), with “momentary bursts of joy” (e.g., holidays). With regards to the latter, she said “It’s kind of like, ‘what are you counting down the sleeps to?’” (Elizabeth). Marie did what she could to maintain her wellbeing during the week (e.g., healthy food, time at the gym and social engagements), while scheduling lots of “good [things] to look forward to” on weekends. Some of these activities were quite calming
(e.g., being around water at the beach), while others were “exhilarating” and “euphoric” (e.g., skydiving). These endeavours helped Marie to maintain the energy, drive and enthusiasm she was known for, while navigating a difficult period of her life. Jen’s array of soothing and uplifting activities combined spiritual and artistic pursuits, including reading, writing, painting, listening (and dancing) to music, prayer and healing. Spiritual experiences “elevated” Jen from her foundation of contentment; especially since becoming “expectant” about a new divine calling overseas. Gaz advised people to schedule ordinary and extraordinary pleasures into their diaries; marking out the essentials (e.g., work, sleeping, exercise and meals) and identifying the “few little pockets” that remained for working on anything “that you need or want [...] in your life”. Leanne highlighted another aspect of this quality: taking time to reminisce on good times that had passed. She liked to display travel mementos (e.g., little artefacts and rocks) in glass memory jars, look at them while doing the dishes, and think about “where [she] was at the time [that she picked up a particular piece] and what [she] was doing” (Leanne). This way of seeing and being required:

- a level of self-awareness (knowing what people enjoyed or doing their best to find out)
- a desire to balance calming and invigorating initiatives
- an ability to plan, anticipate, savour and reminisce on treasured experiences.

This quality enabled people to extend the joy of fleeting pleasures; cherishing their unique assortment of restorative and revitalising practices before, during and after they occurred.

5.4.2.2.1.3 Look for the good (or lesson) in each situation
Participants tended to look for the good (lesson/meaning/significance) in each situation. Many said that overcoming obstacles in the past had provided them with a sense of strength, confidence and resilience in the present, and the belief that they would ‘bounce back’ from any challenges in the future (e.g., Bob, Geri and Jade). The union of hardship and hindsight also provided a sense of perspective; enabling participants to “understand how bad things can be” (BB) and “appreciate when things were going right” (Jade). Heather thought “difficult times” helped people to realise that wellbeing was more likely to reside in simple pleasures (such as family, friends and nature), than “something really ‘full on’ and extravagant”. Adversity also provided a sense of direction, meaning and purpose. Kelly said that she knew there were “always going to be difficult situations”, but chose to “flip” them over to find “the silver lining”; trusting that each event was happening for a reason, even if she did not yet know what that reason was. She looked for “signs” on what to do next; realising that she was “healthier, happier, [...] and on the path that [she] need[ed] to be on”, when she allowed herself to “go with the flow” (Kelly). “Whereas if you find yourself constantly unhappy, unwell, unhealthy and you feel like you’re fighting, then maybe you’re not on the right path. And
that's when you need to re-evaluate what you're doing” (Kelly). Gaz suggested that this might be why people are here:

Certain philosophical perspectives [such as Buddhism] would say that we have an obligation to continue learning [...] until we get to the end. [...] Everything will work out in the end. And if it hasn’t worked out, it’s not the end yet. That’s the attitude we’ve got to have if it’s really, really painful. If it’s really hard. (Gaz)

Seeking the lesson in each situation required a mindset of pragmatism, positivity and growth. Participants solved any problems they encountered (sometimes with help), learning more about themselves (and life) in the process. They did not delude themselves into thinking everything should be perfect or worry that things might not be resolved.

5.4.2.2.2 Wellness-inducing actions (ways of doing)

Wellness-inducing qualities (ways of seeing and being in the world) helped participants to make the most of their lives, but these needed to be accompanied by wellness-inducing actions (ways of doing). Rose exemplified the power of pairing a positive mindset with practical action. A big part of her wellness journey was learning how to “gently and lovingly” put her inner critic “in its place”, by finding and attending to a more kind and loving inner voice (Rose). However, this was just one element of her multi-strategy reset. She also resigned from a “toxic” job, obtained professional assistance, and took up yoga, meditation and volunteer work. Rose went from learning about self-care through books and audio tapes, and understanding this concept “on an intellectual level”, to “put[ting] it into practice and see[ing] the benefits”. At least five wellness actions were identified by participants: (1) spending time with positive people and/or pets, (2) doing something of value, (3) physical activity, (4) healthy eating, and (5) sleep/rest. This section describes the range of activities and insights that participants found helpful in each of these domains.

5.4.2.2.2.1 Spend time with positive people and/or pets

Family was important to most participant’s sense of wellbeing; particularly partners, children, grandchildren and pets. Anne said that her happiness was “wrapped up with people”, while Bob’s whole “life revolve[d] around people”. Several participants (e.g., Bob, Amy, Kelly, Anne, Bill, Joy, Elizabeth, Sophia and Geri) were particularly grateful for their partners, and the way that they had provided support, balance and perspective over the years. Elizabeth’s husband had always done his share of cooking and childcare, freeing time for both partners to exercise and relax. Kelly and her husband also “worked well together”; “moderating” each other’s extremes so they could “meet in the middle”. This had enabled Kelly to temper her “Type A” “overachiever” tendencies with a greater appreciation of “the value of a healthy
lifestyle and healthy relationships”, whereas her partner had learned to recognise “the importance of an education” and “career” to help finance their travels. Amy felt that “having a really, good, strong, supportive partner [...] make the world of difference”, helping her to “put things in perspective” and focus outside of herself. Participants also valued their children and grandchildren, including assorted ‘fur children’ (pets). Heather reflected that, “You get home and the dog’s tail’s wagging [...] and the cat’s purring and your child’s happy, and [...] all of those things [...] allow you to feel happy”. Lisa liked “getting that smile, that energy, that good feeling; [...] knowing that [her] dog [was] excited to go for a walk” and that they would both benefit from doing so; whereas Wendy’s pets helped to melt away the stress of “crappy days”. Anne said her grandchildren bought a sense of “absolute joy”:

The purity of the young children, and the freedom that you feel as an older person, being married together. When you’re the parent you’ve got this overwhelming sense of responsibility, whereas when you’re the grandparent, you can think of the things that you rather regret that you did with your children [...]. If the grandchildren want to do something, you drop everything and you do it, because that is the greatest joy. And they’re learning, and you get a chance to teach them things, and perhaps to pass on your philosophy more than [...] you did to your children. (Anne)

Not all participants had partners, pets, children or grandchildren; but they had all established a solid home base that helped to make them feel safe and loved (as opposed to unsafe and unloved). Wendy called hers a “sanctuary”.

Participants also enjoyed catching up with friends, extended family and colleagues:

I try and stay with motivated people and healthy people. (Wendy)

I surround myself with people who I enjoy being around; those happy, positive, supportive people, whether that be work colleagues or at home with friends and family or my partner. [...] Calling my mum and grandma. (Sophia)

I try, with my family and friends, to have a balance, so I do get that exposure to like-minded, positive people and work colleagues as well, which is good. (Lisa)

Spending time with other healthy, happy people tended to provide participants with a sense of connection and belonging. Lisa described connection as:

Feeling that warmth in your heart ["when you’re with like-minded people"]. And it could be just a friend, it could be a family member. And feeling comfortable within yourself. So you have that kind of inner peace. So you’re getting together with friends or family and having a good feeling or happiness. (Lisa)
Jade had learned to favour “quality over quantity”; catching up “with one person and not ten”. Connecting with positive, supportive people helped her to feel like she belonged; which she saw as a fundamental human need; “the nature of the human spirit”. “So if you feel a sense of belonging, and you have people to talk to, and you feel connected to people, that’s going to enhance your health” (Jade).

Connecting with positive people was rejuvenating, whereas people perceived as being perpetually negative or unhealthy tended to drain participants’ energy.

I’m always catching up with people, and that kind of feeds my soul. I will come away from a catch up with girlfriends and my heart would be brimming over with, ‘Oh my goodness! That was so good’. (Elizabeth)

That’s [...] the beauty of the hill, the mountain. Because we have a group of people who are of [a] similar mindset. We’re all positive people, and we can bounce ideas off [each other]. People that don’t fit, eventually they fall away [...]. But it’s a good group of people that we can bounce things off, and we’re on the same plain, the same mindset broadly. [...] The thing is, to have people around you that share the same kind of mindset, the same values in life. (Bob)

I value my friends, and the beauty in them is internal, that’s why they are my friends; they are good and kind and decent people. I will not be surrounded by people who make [me] unhappy. [...] When I was younger I would let those people affect me, and I would let them be part of my life. Maturity has taught me that I will not. [I value myself too much to do that], whereas when I was younger I thought I had to put up with those people. Then I realised that if they’re making [you] feel unhappy, you don’t actually have to like them. You can be polite, I’m not suggesting that you cut people dead, but you have every right to avoid them and encourage [...] people in your life who are happy. (Anne)

Anne and her friends did not necessarily agree on everything or share the same income levels, viewpoints or aspirations; they just enjoyed each other’s company. Jade also recommended moving away from “bad people” or people who are bad for you as a person, in order to spend time with more affirming friends, family and colleagues. “So as long as you’ve got positive people in your life, supportive people in your life; true friends or family members who are there [for you] no matter what” (Jade). Lisa had created most of her social networks as an adult. She encouraged people who had not yet found their ‘tribe’ to “think of different ways to be exposed to people that [they] feel happy and comfortable around”. She suggested that the internet could be a good place to start, as there were lots of groups to
become involved with. Lisa said, “Look into it, and do a bit of research, and talk to people [to ...] find other people that you feel more happy [around] and [that] have that inner peace”.

Participants seemed quite conscious of energising and draining qualities in themselves and others; doing their best not to burden others, but reaching out to receive and give help when required. Sophia said, “If you meet someone and they’re a really healthy person, then you kind of walk away and go, ‘That was nice’. But if you come to meet me [and] I was just here, really boring and sad, and [did not] want to be here, you’d probably walk away feeling drained, [thinking] ‘I don’t want to see her again’”. She (like most other participants) also tried to be the best version of herself; doing what she could to embody “people-orientated” “values” such as “honesty, commitment, communication, faithfulness [and] respect”. This is not to say that healthy happy people never felt down or reached out for support; just that they and their friends, family and colleagues spent most of their time being positive. They supported each other when they needed it, helping each other to return to this way of being when they were ready (e.g., BB’s friend helped him to recover from depression and Marie’s friend provided a place to stay when she broke up with her husband). Geri called her mum, girlfriends or grandma when she needed advice, including one “go to” friend who:

[J]ust completely puts things in perspective for me. Like, “Oh, what’s that? You had a car accident? Oh, is everyone ok? Yep. Ok. Why are we having this conversation? Come on. Lodge a claim. You’ll be right’. [...] She’s like, ‘Don’t even worry. [...] That’s what you have insurance for. Everything will be sweet’. She’s such a breath of fresh air. [...] Her style of communication, or support, or just her way, is really refreshing, and a huge wake up call for me whenever something does start to come up. I go, ‘Yeah, all good’. (Geri)

Lisa demonstrated her consideration for others when welcoming new colleagues at work:

I just have been mindful of other people’s [feelings]. Just in workplaces when I meet new people. Like some people, they’re a bit shy, and everyone’s different, but you just extend yourself to make that person feel welcomed and give them warmth in regards to conversation and making that effort. And some people that are shy may seem a bit [...]. rude, but you don’t understand until you make that effort to talk to that person. [...] I think I’ve always been like that. Maybe when I was younger I was more quiet, but [...] when I got into my early 20s I had [...] more confidence. And you still get more and more confidence as the years go by. But making that effort. (Lisa)

The balanced, generally positive nature of these relationships was important. Geri found it “annoying” when she had to downplay her joy, smiles, laughter and enthusiasm “so [her colleagues] don’t feel as crap for being down”. This made her feel inauthentic; disgruntled
that she had to accommodate their misery by emulating some of these tendencies herself. “Walking away from that situation, I don’t feel good. You know, I feel like there’s, not a missed opportunity, but oh, that’s really bought me down” (Geri). Participants’ experience of social support tended to be reciprocal, flowing to and from other people. Kelly, Marie, Geri and Heather referred to this as ‘social and emotional intelligence’.

5.4.2.2.2.2 Do something of value for oneself and others
Participants thought it was important to do something of value for themselves and others. Amy called this being “productive”, whereas Lisa talked about ticking things off her to do list, keeping herself busy, and using her time well. This could include enhancing their self-care practices (e.g., Rose and Joy), spending time in nature (e.g., Amy and Anne), meditating (e.g., Elizabeth and Asia), completing household chores such as shopping and cleaning (e.g., Rose and Lisa), volunteering (e.g., Emma and Leanne), studying (e.g., Ruth), undertaking paid employment (most participants had a job or business), helping family and friends (e.g., Jill), making someone smile (Amy), or progressing personal goals like buying or paying off a house (e.g., Sophia and Leanne). It could also include adventurous pursuits such as mountaineering (Bob), skydiving (Maree) and international travel (e.g., Leanne and Lisa). Many participants also valued creative interests such as listening to music, dancing, reading, writing and painting (e.g., Jen, Jill and Heather), and connecting to their conception of god/spirit (e.g., Gaz, Jen and Bill). These types of tasks tended to engender a sense of:

- satisfaction (Amy, Bob, Heather, Rose, Ruth and Joy);
- achievement (e.g., Amy, Rose, Bob, Ruth, BB, Sophia, Heather, Amelia and Leanne);
- accomplishment (Jade, Marie, Bill, Joy, Leanne and Gaz);
- fulfilment (Gaz, Bill, Bob, Elizabeth, Amy, Jade and Lisa);
- meaning (Jade, Jen, Jill, Asia, Elizabeth, Emma, Bill, Joy and Gaz); and
- purpose (e.g., Sophia, Jen, Elizabeth, Gaz, Bill, Jade, Rose, Asia, Wendy, Joy and Jill).

Rose said that doing something of value enabled her to go to bed grateful, happy and relaxed; “feeling that, ‘Yes, I’ve achieved’. [...] You fall asleep with a clear conscience [...] rather than feeling] like you’ve spent the whole day being frivolous”.

Participants felt best when they did their best; complementing their endeavours to nurture their own wellbeing with efforts to help others. They did not just focus on themselves:

The world’s not just about you. It’s about being able to pull things together and help other people to do the same. [...] Never losing that [...] aspiration to do more, [...] achieve more, help more. [...] Just feeling good about yourself. (Amy)

It’s not about me. Right. It’s about [...] being the best you can be for other people.
Because if it is about you it’s very selfish in many [respects]. You’ve got to be there for everybody you know, for society. [...] I mean, obviously it’s challenging, right. Try and fail, and try and fail, and try and fail. But you keep trying. [...] I think it is important that we are challenging ourselves somehow. [...] You’ve got to do some things and leave a legacy. I think that is a part of [...] happiness. That we make a better world because we’ve been here. So that, to me, is what happiness is - making other people happy. (Bill)

I don’t think it’s possible to be happy when your focus is on yourself. [...] Somehow it’s all got to do with the other. [...] The Dalai Lama very cleverly connects the idea that we will find our meaning [and] our purpose [...] by contributing to other peoples’ happiness. By helping others to be happy. By helping others to overcome suffering in so many ways. (Gaz)

They talked about “providing a service” (Bob), giving back to the community (Ruth, Rose and Lisa) and performing “random acts of kindness” (Rose). Heather, Lisa and Emma also mentioned helping other people without any expectation of return. Emma went on to say:

I feel good when I see other people feel good. [...] It’s the higher purpose thing. And everyone’s in it together. Every little good thing makes another good thing. [...] So it’s just contributing to that, to the good of everything. (Emma)

Asia described this as “team humanity”; seeing “humans as humans, connected to you because they’re also humans. [...] We’re all one. All of us on this planet, [...] we’re one family. [...] We’re connected. [...] It’s about wanting to have a better humanity”. Looking after their own needs and feeling good in themselves, seemed to inspire participants to do what they could to help others. Their good deeds were rewarded with a sense of contribution and connection; enhancing their wellbeing and motivating them to do (and be) better.

Participants relished initiatives that aligned with their unique joys, strengths, energisers, values and needs; as opposed to the depleting forms of giving outlined in 5.4.1.4.4 (do not sacrifice your own wellbeing when helping others). Some were remunerated for these ventures through their careers or businesses. Bob said that he felt perfectly suited to his paid employment. His “broad shoulders” allowed him to deal with “left field” problems “there and then”, or refer colleagues to “the correct person”:

I basically pick up things that need doing. [...] That makes me feel valued and valuable at work, and that’s important to me. I wouldn’t like [...] doing a job that’s not valued, and the people think, ‘Oh, why is he bothering?’ sort of thing. But I know the work I do is valued and is useful to my co-workers and the organisation, and that
makes me feel good. [...] For instance, there was a new person [... who] specifically sought me out to thank me for what I’ve done. (Bob)

Bill was also “privileged enough to be one of those people who absolutely loves” what he does at work. He reflected that, “A good chunk of our time is spent at work. […] So if you’re not fulfilling yourself there, […] you might end up spending] your whole week dreaming about your weekend” (Bill). However participants were not always paid for their contributions. Many provided services on a voluntary basis with organisations, friends, colleagues and others:

I actually had [the] really big privilege to do my placement in there at the community services, and I’m still going there. [...] It’s just great, you know, the satisfaction [you get] out of it. [...] It makes me feel good until the next time I’m there again, because it […] makes] a difference. (Ruth)

I’ve got a few friends that have been diagnosed with depression, and I just do little things like make that time to contact them, send them a message or see if they want to have a coffee – just to make them feel better, and it makes me feel better knowing that I can cheer them up and make a difference. (Lisa)

I’m very grateful and privileged nowadays that my little shining light attracts younger ones. The new souls, or should I say, old souls that have come back. Because they seek me out. [...] People […] who are wanting wisdom, wanting the explanation, just like we are having this conversation right now. (Asia)

I’m elevated out of my condition to see what God does with people. That is so astounding. It is bigger than the smallness of my life. So that’s where I no longer have to keep looking inwards and going, ‘Oh, poor me, poor me’. I look outwards and say, ‘Wow! Look what God’s doing!’ I see peoples’ lives just changed. I can see it in a session. I can see them coming in darkness and leaving in lightness. [...] It’s really amazing. (Jen)

These examples demonstrate some of the diverse forms of remunerated and unremunerated giving, including jobs, formal placements with community agencies, informal contact with friends and family, mentoring people, and providing spiritual counsel to troubled souls.

Finding their particular ‘niche’ or ‘calling’ was uplifting and invigorating; enticing participants to want to integrate these activities alongside other commitments. Joy discovered that she loved to motivate people after speaking about her experiences at an event. She went home feeling so “energetic” that her husband suggested she continue this path by developing her own business. Her financial situation meant that she could help others to progress their wellness journeys without having to bring in much income, enabling her to shape her business in line with her “own morals and values” (Joy). Jen was also able to follow her
passion of mentoring and healing others without needing to cover all of her expenses; whereas Lisa and Ruth had found a way to balance enjoyable jobs and studies with fulfilling volunteer positions. Leanne discovered that she could “get the fun factor and [...] comfort” by looking after other peoples’ dogs, and redirecting her dog-sitting earnings to her favourite charities, without impacting on her paid employment. Meanwhile, Rose and Elizabeth were seeking ways to continue their passions without jeopardising their family’s financial wellbeing. Rose said that “having enough money in the bank” could help her to feel more healthy and happy in the future by enabling her to negotiate for part-time paid work and “have more time to do volunteer work”, self-care and random acts of kindness:

One of my biggest fears about [my new job] is that I have to give away my volunteer work because I [w]on’t have time to do it [...]. And I wish I could keep it up, because I see how much it helps them [and] I get something out of it. [... Money would give me] the time and the space to be able to still give back to myself, give back to the community, [and do] random acts of kindness. (Rose)

Elizabeth spent a few days a week working on a business that gave her a sense of meaning and purpose, but had to spend the rest of her time at a paid job that did not align with her joys, energisers, strengths and needs. Greater financial freedom would enable her to work on her passion project full-time, doing what she most loved to do and helping others.

Participants wanted to honour their joys, values, energisers, strengths and needs through paid and unpaid contributions. They did not want to settle or see others do so.

I want [my new job] to be something I really am passionate about. [...] There’s heaps of jobs out there that I could take, but I want to be passionate about it and really use my skills and my experience. And feel that [I am] respected, [...] important and needed. And I really get that from [the organisation I’m working for now], so I want to find that somewhere else. [...] I didn’t get that in one of my last positions, so to have that here is like, ‘Wow. These people really respect who I am and what I do and value me and trust me’. [...] I have the freedom to use innovation and [...] and take the reins. (Marie)

We don’t want to be trashed, we want to be [...] appreciated. [...] I’ve got a job to do and I’ve got to do that job. Don’t get caught up with the masses, [...] don’t just do what everyone else is doing; you’ll never achieve your purpose [that way]. Just go through those life experiences and listen to the silent messages [on what you are here to do, and do that]. (Gaz)

Amy said that this was about seeing “health as a holistic entity”, rather than just focusing on doctors and hospitals (the provision of health care services):
So health as a holistic entity is that sense of wellbeing. [...] Prospering. [...] People feeling that they are worthy. That they’re doing a job that is valuable and valued. That they are getting a fair pay for a fair day’s work. (Amy)

She (and some other participants) lamented that many other people were not able to achieve the same level of enjoyment, autonomy, authenticity and support from their endeavours as they did. Amy felt that “a caring society and [...] government” should put things in place to help everyone achieve a high level of health and happiness through their employment, housing, transport, social support, access to services etc., including refugees, Indigenous people, and those requiring humanitarian, legal and economic aid. She did what she could to contribute to this agenda through paid and unpaid employment.

5.4.2.2.2.3 Enhance health, joy and balance through physical movement

Participants engaged in many forms of physical activity (movement) including:

- walking (e.g., Bob, Anne, Ruth, Lisa, Marie, Jill, Wendy, Geri, Heather and Leanne);
- running (Elizabeth, Jade, Sophia, Geri, Joy, Kelly, Joy and Amelia);
- yoga (Rose, Amy, Kelly, Gaz, Sophia, Asia, Emma and Joy);
- strength-training (Elizabeth, Bob, Jade, Marie, Jen, Geri and Joy);
- dancing (BB, Jen and Heather);
- swimming (Ruth and Amelia);
- gardening (Anne, Amy and Asia);
- pilates (Kelly and Jen);
- tai chi (Jill);
- and tennis (Joy).

Some exercises (like going to the gym) were not immediately enjoyable to some participants, but made them feel good afterwards; they were described as “a habit, just like brushing your teeth” (Elizabeth), or something to tick off your ‘to do’ list (Bob). Other activities brought a profound sense of joy. Running flooded Sophia’s body with “happy endorphins”, making her feel light, fresh and energised (“on top of the world”) for hours at a time.

Some participants talked about physical activity providing a sense of balance. Amelia said that physical activity made her feel good, but that “it’s possibly more of a mental thing”, as she also felt bad when she did not exercise (as did many other participants). Several participants exercised to offset sedentary occupations (e.g., Bob and Kelly), obtain relief from stressful situations (e.g., Amy and Marie), or regain wellbeing after illness or injury (e.g., Rose and Amy). Sophia tweaked her activities to optimise energy, while others adjusted their regimes to account for disabilities and injuries (e.g., Kelly, Jen, Anne and
Amy), or keep things new and novel (e.g., Lisa). Amy demonstrated this sense of balance, when describing how she had alleviated workplace stress through kickboxing:

Working at [a previous workplace] was never an easy thing [...]. You were always torn and pushed and pulled. Always. So I started kick boxing as an extension to just being in the gym. I loved it. So you work out all that frustration in your mind, through your own body, and take control of it. Have a good session kick boxing on a Saturday morning. Work doesn't matter anymore, because you feel strong and you feel capable. [...] It's like, ‘Shake it off’. (Amy)

Amy had replaced kick boxing with less strenuous activities such as yoga and walking over the years, due to a number of “injuries and wear and tear”. She said, “Walking is great. You can do that every day and feel good about it” (Amy).

The most rewarding, sustainable forms of physical activity formed part of a cluster of enjoyable actions that crossed many wellness domains, provided a sense of connection to themselves and others, and aligned with participant’s unique joys, values, energisers, strengths and needs. For example, Bob (the self-proclaimed “explorer”) and his wife loved twice weekly mountain walks: exercising in nature, socialising, and enjoying the view. They spent time alone (taking separate walking trails) and time with others; meeting new people “at the top”, expanding existing friendships, talking through their problems, and listening to other peoples’ problems and world views. Kelly teamed time alone, time with her partner, movement and stillness in her weekend routine. She liked to sleep in every Saturday, do a yoga class, walk her dogs, go out for coffee with her husband, and then spend a few hours reading at the beach or on her veranda; naturally mindful of the sights and sounds of nature. Rose often treated herself to a nice lunch after a bushwalk, healthy breakfast, meditation and yoga class. She then spent time doing errands or housework, walking her dog, chatting to her husband and sharing a healthy dinner. The “body, mind, spirit” element of her yoga and meditation practices permeated her whole day; providing an opportunity to quieten her mind, focus on one thing at a time, move and be still.

There was much more to each participant’s favourite forms of activity than just moving their bodies. Sophia thought of running as a moving meditation, giving her “time to work through [her] feelings and do a bit of self-checking”, while Anne found that walking in nature was a great way to connect with (and honour) her conception of spirit. Gaz’ experience of yoga was part of a more far reaching quest for wisdom, whereas BB’s wheelchair dance moves helped to foster a sense of fun and friendship. Participants said that they tended to discover their preferred ways to move, meditate, connect, play and learn through trial and error;
discovering what worked best for them, clustering valued pastimes together to create energising and restorative routines and rituals, and changing things up as required.

5.4.2.2.4 Align food choices with values, needs and circumstances

Some participants did not believe their diets played a significant role in their experience of health and happiness, while others felt that it was one of the many factors that contributed to their wellbeing. Bob did not mention his dietary habits at all, while BB announced that what he ate “doesn’t matter [because …] it all comes out brown” (he consumed the same high fibre, calorie controlled diet every day to avoid weight gain). Several participants talked about how bad they felt (or slept) when ingesting too much unhealthy food, alcohol or caffeine; and how much better their lives were when they made healthier choices (Elizabeth, Rose, Jade, Lisa, Jen, Geri, Emma, Joy and Amelia). Emma raised an important point about the accessibility of healthy food, saying that while she normally tended to eat fresh produce from local farmers markets, she was only able to access “deep fried stuff” when travelling to rural and regional areas for work, which made her “feel really yuck […] and heavy” for several days. Elizabeth had a similar experience when travelling overseas. Leanne said good food was essential, helping her to be as healthy as possible, rather than burdening others by becoming ill. Bill also though healthy food was important, but felt that other factors like spending time with family and being of service were more crucial to his overall wellbeing.

Despite the range of food beliefs outlined above, many participants had put some thought into what and how they ate at some point in their lives, particularly the women. Some had consciously adjusted their diet to lose weight (e.g., Elizabeth, Kelly, Joy and Amelia), avoid animal products (e.g., Emma, Amelia and Leanne), eliminate alcohol (Emma), or reduce their consumption of “junk food” (David), meat (Rose) or sugar (Kelly). A few of these changes had been an important first step (gateway) on their path to health and happiness (e.g., Elizabeth becoming more conscious of what she ate as a teenager, Joy’s efforts to obtain dietary assistance from her chiropractor / kinesiologist, and Amelia’s move to vegetarianism). It became obvious that there was much more to people’s food experiences than a source of nutrition (or what Kelly called “food as fuel”), just as there was much more to their physical activity preferences than just moving their bodies. It could be a way of maintaining control of their health (e.g., Elizabeth, Jade, Kelly and Amelia), connecting with the earth through growing some of their own produce (e.g., Rose, Anne, Asia and Jill), honouring their commitment to animal rights (e.g., Emma, Amelia and Leanne), or becoming a more conscious consumer (e.g., Joy, Emma, Gaz and Anne). Anne felt that good food, company, conversations and laughter helped to make life much more enjoyable, and several participants included opportunities to eat out with friends and family (or by themselves) in
their descriptions of the type of day that left them feeling most healthy and happy (e.g., Elizabeth, Joy, Geri, Kelly and Emma).

Self-awareness, developed through personal experience, reflection, and a desire to be the healthiest, happiest version of themselves, enabled participants to steer themselves towards nourishing nutritional habits and infrequent indulgences, even if this did not come naturally or easily (e.g., Elizabeth did not like eating healthy or exercising, but enjoyed the way this made her feel afterwards). Jade tried to limit chocolate and cake in favour of regular meals with “protein, veggies, fruit, meat and that kind of thing”, as she realised that “eat[ing] poorly, [...] not eating enough, or [not eating] the right foods” impaired her concentration, memory and moods. Rose said that “certain bad habits” helped her to realise when she was slipping backwards: “When you eat something and you feel like rubbish afterwards, but then you eat it again because you’re eating it for pleasure, but then you forgot the fact that, ok you enjoyed eating it, but then you felt crappy for the next day”. She saw this as “a learning process”; an opportunity to “catch [her]self out”, “get back on track [...] and go forward”; “mak[ing] a conscious decision” rather than “being hard on [her]self” or continuing to go “backwards”. Food was also a fundamental aspect of Joy’s wellness journey, as she learned to replace things like sausage rolls and sweets with healthy whole foods, under the guidance of her health practitioner. She now helps others transition from regular flours, sugars and fats to a ‘paleo’ style diet comprising vegetables, fruit, meat, nuts and seeds.

There was no single diet adopted by all participants; they just ate in a way that aligned with their current needs, values and circumstances, whether this meant weet-bix (BB), green smoothies (Jen, Elizabeth and Asia), salmon and vegetables (Amy), vegetarian fare (Leanne, Emma and Amelia), or a range of other wholesome choices. Many participants said they enjoyed healthy, tasty, unprocessed food (e.g., Amy, Rose, Anne, Sophia, Gaz, Emma and Joy), and several appreciated an occasional (or daily) glass of wine (e.g., Anne, Kelly, Heather, Joy and Amelia). Some also consumed treats (e.g., chocolate or a slice of cake) from time to time (e.g., Elizabeth, Kelly, Jen and Amy); but none habitually dined on unhealthy foods such as burgers, chips and soft drink. Jill said she did not believe:

[You should give your soul to the priest and your body to the doctor. You’re living in your skin, you look after it. And you shouldn’t put any rubbish in it. [...] But you don’t want to be obsessive about it. [...] Food’s really just something you have to do, so you may as well do it right. (Jill).]

Several other participants shared this point of view (e.g., Heather and Asia).
5.4.2.2.2.5 Sleep, rest and replenish

The quality and quantity of people’s sleep was also an important aspect of high level wellness. Several participants began describing the type of day that made them feel particularly healthy and happy by discussing the rejuvenating powers of sleep:

- A really good day for me [starts with...] sleeping well at night. (Amy)
- Getting a good sleep. That’s the most important thing. So waking up feeling like I’m well rested and then getting into my routine. (Amelia)
- Waking up refreshed. Waking up ready for the day, and not having to drag myself out of bed. You want a good start to the day. (Jade)

A good night’s sleep helped to provide the energy people needed throughout the day.

Personal experience had taught participants that it was difficult to flourish when struggling with fatigue. Elizabeth found it hard to eat healthy food when she was tired:

- Fatigue is like, ‘I can’t be bothered to eat healthy’. [...] Most of the time I’m disciplined enough [to avoid the “stodgy pommy food” that “I love” [...] but when I get tired I don’t have the mental capacity to do it. I can’t fight it, so it’s just like, ‘Oh, a nice hot chip sandwich’. And that makes me unhappy, because I then go on a rollercoaster, and it’s like, ‘You know what you need to be doing, why can’t you just do it?’ And that’s frustrating. (Elizabeth)

Jade had discovered that her body needed “eight hours of sleep”, and that she was “more likely to snap at people” if she did not have this amount of rest. Waking up “tired”, “drained” and “cranky” could trigger a day of stress, hunger and regret; rushing to get things done, skipping meals and exercise, and putting off outings with friends and family (Jade). Lisa noticed that she did not have the same level of resilience when she was tired:

- You can’t deal with things like you normally do. [...] If I wake up tired, I can be unmotivated. [...] I won’t be angry or grumpy, but I’ll just be less quiet, and just feel like I don’t have the energy to be as happy as I normally am. (Lisa)

Participants said that inadequate sleep and energy impaired their functioning; reducing the discipline, patience and resilience they needed to avoid unhealthy thoughts and behaviours.

Participants described a number of factors that reduced their ability to get enough sleep and maintain a good level of energy. These ranged from the need to tend to small children (Amelia) to ingesting stimulants like coffee (Anne), recovering from an illness (Rose), or being stressed (Jade and Kelly) and worried (Ruth and Marie). Fatigue could also indicate that people were doing things that did not align with their joys, values, strengths, energisers
and needs (e.g., Rose’s old habit of overworking and undervaluing herself, and Joy’s past efforts to find comfort in “junk food” and material possessions). Looming deadlines (Jade), long work days and commutes (Rose and Elizabeth), new tasks (Ruth), and difficult transitions (Marie) were other contributing factors; alongside interactions with negative people and a lack of healthy habits, energisers (e.g., laughing with friends) and things to look forward to (e.g., weekends away).

One of the ways participants said that they differed from less healthy, happy people, was their refusal to remain in a negative spiral. They used their understanding of their unique opportunities, challenges, strengths, weaknesses, needs and wants to get back on track; rather than perpetuating a cycle of poor sleep, impaired functioning and unhealthy physical, psychological and social habits. This tended to be based on their awareness of how different actions impacted on their body, mind and spirit; as a result of years of careful observation, trial and error. For example, Jade had found that a deep understanding of the way that “all-nighters” affected her body, mind and health, enabled her to prioritise sleep as one of the health “fundamentals” (along with healthy food and exercise) that was always within her control. Where possible, participants enhanced their energy levels by limiting draining activities like long work-days (Elizabeth), unfulfilling jobs and leisure activities (Elizabeth and Sophia), unhealthy habits (Jade) and pre-bed computer work (Lisa). They also engaged in replenishing initiatives such as meditation (Asia), spending time at home (Marie and Wendy) or out with friends (Elizabeth, Sophia and Jade), arts and crafts (e.g., Jen and Ruth), relaxing before bed with music, books, baths, television or family time (Amy, Lisa, Heather, Joy and Emma), or going to bed early (Jill and Amelia). Ruth found it helpful to write down her worries before going to sleep, while Emma enjoyed connecting with nature. She said, “I [recently] had an owl hooting every night by my bedroom window and I just loved it” (Emma).

The next section of this dissertation describes the third (and final) step in the experiential learning theory of high level wellness—integrate lessons.
5.4.3 Step 3: Integrate lessons

“The third step of the experiential learning cycle is to integrate the lessons learned in step two (and previous learning cycles). These lessons enable people to develop a cohesive sense of self over time; succinctly describing who they are, what they value, and what they do not value, in a positive, compassionate manner—and acting on that knowledge. This level of self-awareness, appreciation and actualisation engenders a sense of confidence and resilience, and informs future actions. Happy, healthy people set themselves up to flourish: creating, refining and consolidating personal environments, systems and supports that help to maintain various aspects of their identity and wellbeing (e.g., habits, environmental cues and relationships). They also tend to look out for ideas (e.g., positive psychology and self-care strategies) that could further enhance their wellbeing, and acknowledge when they are suffering. Both situations can prompt them to initiate new learning cycles.” (Allen et al., In press)

Descriptive findings to support these theoretical assertions (context)

This section provides more information on each aspect of the third step (integrate lessons) of the experiential learning theory of high level wellness. This includes a section relating to self-awareness and identity (embody joys, energisers, strengths and values) and six wellness promoting maintenance strategies. This is the final step in the high level wellness theory.

5.4.3.1 Embody joys, energisers, strengths and values

Some experiential learning cycles provided participants with opportunities to identify pressure-points (challenges/things that were not working), formulate potential solutions and ‘try them on for size’; to determine which strategies worked best at that point in time, and which ones did not. Other learning cycles enabled people to think about what might enhance their wellbeing, and experiment with different ways of seeing, being and doing. This ongoing process of experiential learning helped participants gain a deeper understanding of themselves (self-awareness) over time, including an ability to separate themselves from problems, and recognise (and address) recurring challenges. Some went on to formulate new, self-chosen identities. Ruth explained: “I can recognise [...] the doctor ticking the boxes, ‘You’ve got this, this, this, this’. Yes. There probably is a file there, but it’s not me, it’s a file”. Her studies had taught her to separate herself from her problems: “This is the problem and this is [me]. I used to put them together” (Ruth). She now chooses to describe herself as someone who tries new things, keeps doing what feels good and lets go of everything else—rather than defining herself through various medical conditions. Bob did not identify with other people’s labels either. He was not migraines or MS. He was a strong, resilient explorer;
able to deal with anything that comes his way. Joy and Rose had learned to identify and ameliorate their patterns, triggers and challenges, by becoming more conscious of their diet and lifestyle, rather than just going on “autopilot”. Emma found that meditation helped her to regain a sense of stability, peace and consistency; and ascertain, overcome and release anything pushing her off centre. Participants no longer described themselves with disempowering (negative) words such as “shy” (e.g., Sophia, Leanne and Ruth), “overweight” (e.g., Joy and Elizabeth), “trapped” (Gaz), “unhappy” (e.g., Anne and Lisa) or “exhausted” (Rose). They had learned to define themselves through more empowering (positive) characteristics (e.g., strong, confident and resilient), values (e.g., love, compassion and kindness), activities (e.g., runner, explorer and artist) and attributes (e.g., seeker, thinker and feelings-person). They were happy and healthy; exactly what this study sought to find.

The participant’s self-chosen identities prompted them to be who they felt they must be, and do what they felt they must do; solidifying a positive sense of self, in an authentic, emboldening and enduring manner. These labels denoted the acquisition of wisdom; developed through reflection, courage, experimentation, integration and self-worth. Participants learned to embody their energisers, joys, strengths and values; rather than clinging to unpleasant ways of being. The data suggested that they saw themselves as being whole, fulfilled, at peace and empowered; able to savour the most satisfying aspects of their lives and overcome any obstacles and impediments.

### 5.4.3.2 Create and refine support systems

The people in this study created a range of personalised support systems. These included:

1. finding some ways to reflect on their experiences, needs and wants;
2. letting go of unhelpful people, places, activities, perspectives and things;
3. cultivating supportive relationships;
4. scheduling time for the activities that made them most healthy and happy;
5. living, working and reviving in wellness-promoting environments; and
6. developing empowering insights and mottos to guide daily practice.

They set themselves up to succeed; shaping their social, temporal, physical and psychological environments in line with their reflections, insights, needs and wants. These systems built on the lessons from step two (act and learn) and previous learning cycles, while informing future experiential learning cycles. The rest of this section will describe each of these support systems in more detail, with reference to relevant data.

#### 5.4.3.2.1 Find ways to engage in self-reflection

Most participants engaged in self-reflection at several points in the cycle (as discussed), including recognising when things were (or were not) going well, reflecting on past
experiences, planning for the future, gauging the success of each learning experiment, and discovering important life lessons. Some of the ways they contemplated their lives included:

- meditating, yoga, ‘gazing’ or spending time in nature (e.g., Emma, Jill and Kelly);
- learning their personal patterns (e.g., Kelly noticed that she felt “sad”, depleted or “irritable” in the week leading up to her periods, if her diet/exercise had not been ideal);
- tuning into how people, places and activities made them feel (e.g., Elizabeth and Joy);
- discussing shared goals, experiences and plans with partners (e.g., Anne); and/or
- connecting with their sense of spirit, god or love (e.g., Jen, Bill, Elizabeth and Wendy).

Self-reflection enabled participants to pause; connecting to their thoughts and feelings, so they could gain a (self-directed) sense of presence, perspective, clarity and focus. This could be done on a daily basis (e.g., Sophia liked to contemplate her day when she ran or did the dishes), at regular intervals (e.g., Anne formally reflected and planned with her husband every five years), or on an as-required basis (e.g., Elizabeth checked in with herself whenever something did not feel right). Participants suggested that reflective practices may fluctuate over time, becoming more frequent during difficult times (e.g., Marie was going to the beach by herself more often while transitioning to life without her husband) or less pressing demands (e.g., Elizabeth had more time to reflect now that her children had left home). Self-reflection was generally positive and constructive, as opposed to the cognitive traps identified in 5.4.1.4 (i.e., worrying about the past/future, expecting perfection, or fixating on money or material possessions). Reflecting on the suffering incurred through worry, unrealistic expectations and unsatisfying goals had taught participants to avoid the latter, by keeping these ways of seeing, being and doing out of scope.

5.4.3.2.2 Let go of unhelpful people, places, activities, perspectives and things

Participant reflections, actions and lessons sometimes prompted them to let go of the people, places, activities, perspectives and things that impeded their health and happiness. Many learned to minimise the impact of harmful, negative, draining and unsupportive individuals (e.g., Asia and Lisa avoided abusive family members, Jade moved away from alienating old ‘friends’, and Leanne stopped trying to “buoy” people who seemed determined to stay miserable). Some left problematic settings and situations (e.g., Kelly relocated from a place with limited career opportunities, Rose left a stressful job, and Ruth distanced herself from a difficult divorce), while others shed unhelpful activities and habits (e.g., Emma stopped smoking tobacco, drinking alcohol and eating red meat). Bob started “pull[ing] back from responsibilities” that did not make him happy when he noticed that too many social obligations tended to “tie [... him] up in knots”, taking valuable time away from other goals (e.g., work and study). Anne dropped several unwanted perspectives (e.g., replacing her
father’s perfectionism with more achievable expectations). She learned to celebrate her achievements without comparing herself to others (e.g., being happy with second place rather than disappointed at not coming first), and being comfortable with doing things badly and cheering people up in the process. Anne also let go of the “belief that stuff would make [her] happy” by “shedding things, emptying cupboards and giving it away”. She said “That was liberating [...] and definitely made me happy. [...] I gave things away and I’ve never missed anything” (Anne). Bob suggested that people could reach a higher level of happiness and wellness “by letting go”. “The way to get happy is to let go of things you can’t change, you can’t influence, they don’t directly affect you” (Bob). Releasing health and happiness blocks made way for more supportive practices.

5.4.3.2.3 Cultivate supportive relationships

Participants tended to be energised, empowered, lightened and affirmed by spending time with other happy, healthy people (also discussed in 5.4.2.2.1). Supportive friends, family, partners, colleagues and pets helped people savour the most enjoyable aspects of their lives (e.g., some participants loved catching up with girlfriends, brimming over with good feelings (Elizabeth) and “laugh[ing] till [their] side hurts” (Leanne); others enjoyed relaxing in nature with their partners (e.g., Kelly), or playing with their pets (e.g., Wendy)). Bob had developed “a core group of friends who [were] sensible [and] trustworthy”; people (such as his wife and hiking buddies) who had similar values and mindsets, that he could “learn from” and “bounce ideas off”. Anne loved to be with her partner, children, grandchildren and friends; laughing, learning and enjoying each other’s company. Her “village” was filled with “good”, “kind” and “decent” people, with a wide range of income levels, preferences and views. Bill also liked to surround himself with “the right people”; “good people” who help you to “stretch”. These relationships helped participants to be light, playful and inspired when times were good.

Support networks also served a second function: helping people to notice problematic thoughts, behaviours and situations, persevere through difficult times, and reconnect with their joys, energisers, strengths and values. Sometimes this role was played by partners, friends and family members (e.g., Marie’s friends and family provided “supportive texts”, “emails, “inspirational e-cards” and “memes” to lift her spirits). Other times, participants sought help from a broader base, including health professionals (e.g., Rose’s holistic doctor and BB’s psychiatrist), wellness practitioners (e.g., Joy’s chiropractor), support groups (e.g., Jen’s prayer groups), spirit guides (e.g., Wendy’s psychic), and books, courses, conferences and audio-tapes (e.g., Rose and Wendy both learned a lot from HayHouse books, audio-products and symposiums, Gaz changed his life after a ‘Happiness and Its Causes’ conference, while Heather preferred positive psychology courses and books on Buddhism).
Participants often mentioned their desire to ‘pay it forward’, by helping others when they were in a position to do so. Over the years, Amy had received assistance from her partner, counsellors, and physical and mental rehabilitation coaches. She now liked to support others by taking on more of the housework when her partner was “flat out”, volunteering for different organisations, and advocating for peoples’ needs and rights. Bill received a lot of support from his immediate and extended family when he was growing up, as well as various schools and universities. This “loving and caring environment” acted as a “safety net”, which enabled him to “bounce back” from challenges, attain “confidence” and “feel ok”. Bill felt that it was important “to close the loop”, by “being the best [he] can be for other people”, and helping his wife, children, friends, colleagues and students. “Doing some things and leav[ing] a legacy”—making the world a better place “because we’ve been here”. Participants tended to get help when they needed it, and did their best to help others in turn.

5.4.3.2.4 Schedule time for activities that enhance health and happiness
Participants scheduled time to honour their own needs and wants. Gaz advised that “there’s no magic formula, no pre-set formula. You’ve got to look at your own circumstances”:

If I was trying to help someone […], I would […] start with a calendar […]. And I would […] say], ‘Ok, now on your typical working week, what hours do you start on which days, from when to when, and how much time do you need before that to be well-fed and clean and ready to go, not rushed or stressed?’ So you allocate that time […] and […] start working around that. ‘Ok, what other obligations do you have, what other commitments […], favourite TV programs?’ And once you start putting away all of [that] pre-assigned time, you find that […] most of the week is taken up anyway. We’re only dealing with a few little pockets, or a couple of hours on that day, and a couple of hours on that night, and a little bit of time on that night. ‘Ok, now what is it that […] you need or want [in your life]?’ […] You can suggest different [activities and times]. Those that do not plan do not accomplish so much. (Gaz)

Some of the ways participants managed their time included:
- creating morning and evening routines/rituals (e.g., Joy’s morning coffees in the sun);
- finding enjoyable jobs (e.g., Bill liked his job and did not waste time waiting for weekends);
- doing their best to ameliorate difficult situations (e.g., Elizabeth focused on what she was grateful for while working a job she did not enjoy, and made the most of non-work days);
- balancing different types of exercise (e.g., Bob went to the gym during the week and hiked on weekends, while Sophia balanced running/boot camp with walking/yoga);
- preparing in advance (e.g., Sophia got her clothes, lunch and bag ready each night);
• flagging opportunities (e.g., Gaz recorded upcoming events in his electronic calendar);
• ensuring they always had something to look forward to (e.g., Marie’s weekends away);
• arranging regular catch ups with partners, friends and family (e.g., Leanne’s dinners);
• celebrating milestones (e.g., Gaz marked the end of each year with a bonfire); and
• making time for spontaneity and fun (e.g., Lisa liked discovering new places).

These happy, healthy people did not leave things to chance. They made time for the people, places and activities that made them flourish, and changed their priorities and schedules as required (e.g., Kelly was undertaking less vigorous types of physical activity due to injuries). Habits and routines helped to automate important tasks, so people did not have to give them too much thought (Bob stated, “There’s no thought should I, shouldn’t I? You just do it”). Rituals, spontaneity and adventures helped to keep life fun, fresh and interesting, so people always had “something to look forward to” (Elizabeth), savour and remember (e.g., Leanne).

5.4.3.2.5 Live, work and revive in wellness-promoting environments

Many participants said they valued wellness-promoting environments in which to live, work and revive (e.g., Elizabeth explained that “my surroundings are really important to me”). People’s homes seemed particularly crucial. Wendy thought of hers as a “sanctuary”; a place to “retreat and regain [her] thoughts”. She liked to keep her home fairly “private”, whereas BB’s was designed to welcome guests. Elizabeth needed somewhere safe, light and aesthetically pleasing. Anne enjoyed simplicity. Some people’s homes connected them to other aspects of their lives (e.g., Bob lived near his favourite walking trails, explaining “It’s why we live here, we have our boots in the garage, and we get up out of bed, get our boots on, walk out the door, round the corner and we’re in the hill”). Marie was “close to work” to minimise commutes. Participants mainly commented on the social aspects of work environments (if at all), cherishing supportive managers, colleagues and friends (e.g., Sophia and Leanne). Bob liked knowing that “the work [he does] is valued and [...] useful to [his] co-workers and [...] organisation”; and felt good when a co-worker “sought [him] out to thank [him] for what he had done to help. Natural environments also played a big role in many participants’ sense of wellbeing, helping people to tune into the “way the leaves rustle or whatever” (Kelly), gain a sense of calm (e.g., Marie, Emma and Wendy), and “feel the positive energy” and “spirituality” (Anne). Some participants liked to broaden their perspectives through travel (e.g., Gaz and Lisa), and Joy had found a way to “integrate every [...] single aspect of [her] wellness” into her holidays (e.g., running, playing tennis, swimming and eating well). Other environmental qualities that participants mentioned included music (e.g., Sophia sometimes listened to music at the end of a busy day) and temperature (e.g., some of Amy’s bones tended to ache in the cold, so she preferred warmer
climates and seasons). Several years of ‘trial and error’ had taught participants what they valued most in different settings.

5.4.3.2.6 Develop empowering insights and mottos to guide daily practice

The experiential learning process seemed to provide participants with a range of empowering insights and mottos, which informed day-to-day practice. These included:

- looking for the good in each situation and deliberately being grateful;
- knowing their own patterns/triggers and deploying appropriate coping strategies;
- committing to wellness-promoting practices even when they felt tired or unmotivated;
- understanding their needs and limits at each point in time, and establishing boundaries;
- being kind and helpful to others, rather than just focusing on themselves; and
- knowing that they can deal with any challenges and setbacks that come their way.

Elizabeth chose to "look at the good" elements of her job (e.g., "I will constantly be saying to myself, 'I'm grateful because I've got a really good bunch of people to work with'"), rather than dwelling on its limited opportunities for growth. This did not solve the problem (or make her "any happier in that actual instance"), but made work-days a little more bearable while she worked on a more enjoyable solution. Jade realised that she managed her stress better when she went to the gym, ate three healthy meals a day, got eight hours of sleep each night, and balanced alone-time with social-time. She understood her triggers:

> I know that for me, if I'm not healthy and happy, I need to change some things. [...] Easter is always a tough time, I'll always consume way too much chocolate. So you know there's going to be times when [...] you're not healthy in that sense, but you can identify it and make changes. (Jade)

Geri found that Instagram (e.g., Fitspo and Fitspiration) helped to motivate her when she was feeling down and thinking about missing a gym session or ordering a brownie. Rose learned to say no to others, so that she could say yes to herself, honour her own needs, and regain (and maintain) a sense of vitality, health and happiness. Amy realised that, “The world's not just about you. It's about being able to pull things together and help others to do the same”. Meanwhile, Bob knew that he had “the inner strength to deal with setbacks”. He said, "I rationalise things and say, 'Does this impact me? Do I need to be concerned about it? [...] If it affects me I'll deal with it, if it doesn't affect me [I] let it go" (Bob). The people who participated in this study learned to be positive, grateful, self-aware, committed, mindful of their own needs and limits, kind, helpful, resilient and confident. They made the most of each situation, did what they could to address any problems, and embarked on new learning cycles as required.
5.5 Participant feedback

The seven participants who attended feedback sessions responded positively to the experiential learning theory of high level wellness (e.g., "Love your theory. Amazing. Incredible. Awesome"). They said that it resonated with their experiences (e.g., “That sounds like me”, “I could recognise where I am”, “Resonates with my heart and belief principles”). They also described a number of potential uses including helping others to reflect on their circumstances and choose actions. Participants were curious about how this model might work with different personality types, populations and cultures—and thought that it would be a good starting point for conversations on wellness. Some participants mentioned that this perspective “might not make sense to some people” or be able to help, particularly those who are unhealthy and unhappy but do not want to change. They said that they would be careful about investing too much of themselves in this instance, helping others but not jeopardising their own wellbeing in the process. They also suggested minor changes to the learning cycle, including reframing some of the scoping strategies (particularly ‘things out of your control’ and ‘not sacrificing your own wellbeing’) and assessment strategies (e.g., ‘adapting to difficult situations’ and ‘aspiring to align with their identity/values/principles’), which have now been incorporated into the theory. Some also suggested one or more extra ‘bands’ around the model to represent: (1) awareness of inner and outer circumstances, (2) desire to minimise suffering and maximise joy, and (3) the ability to adapt to situations and honour needs, values, strengths, energisers and joys. Awareness would encompass the notion of self-reflection already identified in the theory but removed from the model as it applied to each section. The desire to minimise suffering would capture the sense of control/choice that participants articulated throughout the study, including their acceptance that good and bad things will happen and refusal to stay in a bad mood/situation/place. The ability to adapt and honour their needs would incorporate aspects of the definition, as well as the need for a responsive inner and outer environment—and/or the ability to get help. This tied into participant questions around how this theory might work with different types of people, populations, cultures, situations and contexts, their continued acknowledgement of the importance of social support, and a concern about this theoretical interpretation implying that wellness is purely a personal issue by highlighting the need to ensure that everyone has what they need to flourish, including food, housing, income, education and access to help. These ‘bands’ have been added as dot points at the bottom of Figure 5.1.

5.6 Chapter summary

This chapter described the experiential learning theory of high level wellness developed from interviews with 25 Australians who identified as being particularly healthy, happy and well;
accompanied by the data that helped to inform each theoretical assertion. This theory suggested that high level wellness is the sense of peace (wellbeing) that comes from knowing, liking and being one’s best self. The people in this study attained and maintained this way of being through a series of self-initiated experiential learning cycles: (1) assessing the situation, (2) trying various strategies, reviewing the consequences, and learning more about themselves, and life in general (act and learn), and (3) integrating the lessons learned in step two (and previous learning cycles) into a coherent understanding of themselves, support systems to maintain their wellbeing, and mechanisms to let them know when they were not at peace. This process required presence, self-commitment, action and reflection, as well as the ability to honour one’s unique needs, values, strengths, energisers and joys. This theory was represented in a visual manner (model) in Figure 5.1. The participants who attended group interviews said that this was a good way of describing their experiences, which might help others to understand, attain and maintain high level wellness. The next chapter discusses how this experiential learning theory of high level wellness relates to relevant literature.
Chapter 6: Discussion

6.1 Chapter introduction
Chapter six summarises the data-driven theory described in chapter five, before comparing it to relevant literature. The experiential learning theory of high level wellness provides a new way of understanding the most pleasant part of the health continuum, suggesting that high level wellness is a paradoxical combination of peace and learning, self-acceptance and growth; attained (and maintained) through self-commitment, presence and awareness, situation assessment, trial and error, integration, and access to relevant internal and external resources. This theory supports some ideas (e.g., recent studies on happiness as a sense of peace) and extends others, including adding an aspirational component to Antonovsky’s (1996) theory of salutogenesis. It also provides a sense of context, through numerous participant quotes demonstrating what each part of the theory could look like in practice. This theory could inform a range of initiatives including community conversations on ‘high level wellness’ and ‘high level wellness for all’. One theory condition—the notion of being able to honour one’s needs, values, energisers, strengths and joys—is particularly important; connecting the idea of individual change to supportive environments, communities, services, programs and policies, as described in ‘The Ottawa Charter for Health Promotion’ (World Health Organization, 1986). This caveat could help to ensure that high level wellness initiatives combine individually-focused initiatives (e.g., Kimiecik’s 2011 conceptualisation of eudaimonic wellbeing coaching), with efforts to enhance broader wellness determinants, including equitable access to power, money and resources (Commission on Social Determinants of Health, 2008). This chapter finishes with a description of study strengths and limitations, and an exploration of possible next steps.

6.2 Summary of experiential learning theory of high level wellness
The data-driven theory depicted in chapter five suggests that high level wellness is a sense of peace that comes from knowing, liking and being one’s best self. The presence or absence of peace acts like an inner compass, guiding people towards some people, places, practices and actions; away from others. People seem to attain and maintain high level wellness over time, through a circular experiential learning process with three, inter-related steps. Step one (assess the situation) incorporates a sense of self-determination (taking responsibility for their own wellbeing), adaption (perceiving unpleasant experiences as an opportunity for change), aspiration (prioritising activities that feel good and enhance wellbeing), and pragmatism (using scoping strategies to focus on issues that can be addressed). Step two (act and learn) suggests that people can try a range of different
potentially wellness-promoting approaches at once (multi-strategy reset), focus on one change at a time (incremental change), or savour and tweak what is already working (general maintenance). The participants in this study “chose which aspect/s of their lives they wanted to address, avoid, accept or enjoy at each point, in relation to their internal and external circumstances” (Allen et al., In Press). This included “standard health determinants (e.g., safety, social support, employment, housing, food and physical activity) and less conventional factors (e.g., travel, mindfulness, simplification, relaxation, time in nature, and time out of the workforce)” (Allen et al., In Press). Some wellness-inducing qualities (ways of seeing and being) seemed particularly helpful: (1) being light-hearted, (2) maintaining an equilibrium between contentment and joy, and (3) looking for the good (lesson) in each situation. Wellness-inducing actions (ways of being) included: (1) spending time with positive people and/or pets, (2) doing something of value for oneself and others, (3) moving one’s body for health, joy and balance, (4) eating in a way that aligns with one’s values, needs and circumstances, and (5) obtaining sleep, rest and replenishment. Step three (integrate lessons) consolidates the lessons people learn in step two (and previous experiential learning cycles) into a growing sense of self-awareness, identity, self-worth and personal power. People set themselves up to flourish by creating and refining personalised systems that enable them to be their best self. This can include: (1) finding some ways to engage in self-reflection, (2) distancing themselves from unhelpful people, places, activities, perspectives and things, (3) cultivating supportive relationships, (4) making time for wellness-promoting activities, (5) favouring wellness-promoting environments, and (6) developing empowering insights and mottos to guide daily practice. New learning cycles can be self-initiated as required—enabling people to move towards what makes them feel most peaceful as a whole (and thus most aligned with their inner self); away from the people, places, activities, perspectives and things that do not help them to be the most happy, healthy version of themselves. The experiential learning theory of high level wellness incorporates the definition, process and model (Figure 5.1), which may or may not be contextualised by participant stories and data. It is important to note that this is an idealised interpretation of the high level wellness process, which seemed to represent participant experiences but may not work for everyone, particularly people who do not want to change, or do not have the resources to do so. It is possible that this type of theory could support advocacy efforts for the latter, including the types of communities, environments, services, programs and policies that help people to be their best selves and live their best lives.

6.3 How do this study’s theoretical findings relate to existing knowledge?
This section explains how the experiential learning theory of high level wellness relates to previous studies, as outlined in Table 6.1. It has a particular emphasis on concepts such as
peace, self-actualisation, eudaimonic wellbeing, experiential learning and salutogenesis. Many of these topics have been researched for several decades (and philosophised about for far longer), but others seem to have emerged fairly recently in academic literature.

Table 6.1. How this high level wellness theory relates to previous studies

<table>
<thead>
<tr>
<th>Relationship to this study</th>
<th>Details</th>
</tr>
</thead>
</table>
| Ideas supported by this study (6.3.1) | 1. High level wellness (peace) enhances the ability to live well  
2. Inner peace relates to wellbeing and self-actualisation  
3. The presence or absence of peace can be an inner compass  
4. Self-evaluation can trigger approach-avoidance mechanisms |
| Ideas extended by this study (6.3.2) | 1. People can become well through experiential learning  
2. There is more to wellness than coping with life stressors |
| Ideas that seem to be new (6.3.3) | 1. The high level wellness theory as a whole  
2. Examples of what high level wellness may look like in practice |
| Unknown relationship to previous studies (6.3.4) (more research required) | 1. Links to self-actualisation and eudaimonic wellbeing measures  
2. Enhancing advocacy for high level wellness supports |

6.3.1 Ideas supported by this study

This section discusses four ideas that seem to be supported by this study, including: (1) the notion of high level wellness enhancing people’s ability to live well, (2) the links between inner peace, wellbeing and self-actualisation, (3) a conceptualisation of peace as an inner compass, and (4) the idea that self-evaluation can trigger different actions.

6.3.1.1 High level wellness (peace) enhances the ability to live well

The data-driven theory in chapter five describes high level wellness as a sense of peace (wellbeing) that enables people to savour the best aspects of their lives and manage everything else (i.e., live well). The idea of happiness as a sense of peace already appears in the literature, particularly research based on qualitative and mixed methods data, and depictions of Buddhism. Dell Fave and colleagues’ (2011, 2016) mixed methods studies found that lay people most frequently describe happiness as a single construct comprising peace, harmony, contentment, emotional stability, tranquillity, acceptance and psycho-physical wellbeing. This multi-faceted sense of peace aligns with DeRobertis’ (2016) description of happiness as “a harmonious whole”, including peace, contentment, acceptance, appreciation, personal growth, fulfilment and release (p. 83). Other qualitative researchers have shown that people with a high level of wellness tend to feel calm, grounded and comfortable in their own skin, which helps them take care of themselves, and make the most of each aspect of their lives (Ardell, 1977; Brown, 2010; Healey-Ogden & Austin, 2011; Jensen & Allen, 1994). Researchers have noticed that it is possible to
experience this form of “soulful strength” alongside a range of challenges (e.g., disease, disability and impending death), and that some people appear to obtain a sense of peace in their most difficult times (Ardell, 1977; Healey-Ogden & Austin, 2011, p. 85; Liamputtong et al., 2012), similar to Park’s (2011) conceptualisation of meaning making and post-traumatic growth. This understanding of peace is also reflected in Buddhism:

The peace that we are looking for is not peace that crumbles as soon as there is difficulty or chaos. Whether we’re seeking inner peace or global peace or a combination of the two, the way to experience it is to build on the foundation of unconditional openness to all that arises. Peace isn’t an experience free of challenges, free of rough and smooth, it’s an experience that’s expansive enough to include all that arises without feeling threatened. (Chödrön, 2011, p. 87)

These ideas align with the definition of high level wellness developed from participant data, particularly the link between peace and adversity (i.e., people being able to manage various challenges when they are at peace, and developing a sense of peace and acceptance when faced with particularly difficult experiences).

**6.3.1.2 Inner peace relates to wellbeing and self-actualisation**

The experiential learning theory of high level wellness suggests that inner peace is related to wellbeing and self-actualisation, including contemporary conceptualisations of eudaimonia (i.e., knowing, liking and being one’s best self). Quantitative researchers have been examining the role of ‘positive’ emotions since the inception of Seligman’s positive psychology movement, but ‘negative’ emotions have been studied far longer. Research suggests that continual exposure to (negative) emotions such as fear and stress, triggers the “fight, flight or freeze” response in the sympathetic nervous system; releasing stress hormones (e.g., cortisol and adrenalin) and glucose, inhibiting digestion, depleting energy, and increasing the risk of anxiety, obesity, burnout and chronic disease (Baron, 1998; Weaver, 2015, p. 66). Positive emotions such as joy and contentment seem to have the opposite effect, engaging the parasympathetic nervous system, releasing ‘neural rewards’ such as oxytocin and opioids, stimulating digestion, restoring energy and increasing personal and interpersonal resources (Fredrickson, 2001, 2016; Shiota et al., 2017; Weaver, 2015). Fredrickson and Garland have demonstrated that positive emotions enable people to broaden their range of responses, and build knowledge, skills and social connections, which have the potential to result in long-term benefits (Fredrickson, 1998, 2001, 2013a, 2016; Garland et al., 2010). Positive emotions also predict greater levels of physical health, success and altruism (Lyubomirsky et al., 2005a). Some researchers have started examining responses to specific positive emotions; hypothesising that peace and contentment facilitate
connection (tend and befriend), rest and good digestion (rest and digest) through the release of oxytocin, while gratitude fosters physical and social warmth, connection and joy through the release of opioids (Shiota et al., 2017). A qualitative study by Armenta and colleagues (2017) suggested that people who acknowledge that their good fortune was bestowed upon them by someone else (and thus feel grateful), tend to feel more connected, motivated and satisfied with their lives, which can make them want to improve themselves and become “a better person” (p. 185). Fredrickson (2016) has also suggested that positive emotions can help people move towards the best version of themselves (i.e., eudaimonic wellbeing and self-actualisation). These studies appear to be consistent with this study’s definition of high level wellness, suggesting that a peaceful baseline could help people obtain physical, mental and social wellbeing, and support the experiential learning process (i.e., becoming their best selves). It seems plausible that people who regularly experience peace and contentment would be well positioned to savour some aspects of their lives and manage others through the ‘tend and befriend’, ‘rest and digest’ neural pathways outlined above, particularly if they have ‘good fortune’ and social support.

6.3.1.3 The presence or absence of peace can be an inner compass
The definition of high level wellness described in this study suggests that people can learn to be their best self by tuning into (and prioritising) what makes them feel most at peace, and perceiving the absence of peace as an opportunity to become more: (1) present, self-aware and self-determined, (2) respectful of their needs, and (3) aligned with their unique values, strengths, energisers and joys. As discussed in chapter two, the idea of becoming the best version of oneself aligns with contemporary readings of eudaimonic wellbeing that incorporate self-actualisation and self-realisation (Fowers, 2016). This interpretation of eudaimonic wellbeing is about being true to one’s daimon (inner self) (Keyes & Annas, 2009; Ryan & Deci, 2017; Ryff, 2016; Waterman & Schwartz, 2013). Waterman and Schwartz (2013) explain that “the daimon refers to those potentialities of each person that, when realized, represent the greatest fulfilment in living of which the person is capable”, including some potentialities shared by all human beings, and others that are unique to each individual (p. 101). The daimon represents “the best within us”; a sense of excellence that can provide “direction and meaning to one’s life” (Waterman & Schwartz, 2013, p. 101). A eudaimonic perspective suggests that each person would benefit from striving to understand and be the best version of themselves (i.e., “know thyself and become what you are”) (Norton, 1976; Ryff & Singer, 2008, p. 13). This includes a sense of self-acceptance and self-worth, as “Taking good care of yourself presupposes that your life is worth taking care of” (Ryff & Singer, 1998a, p. 22). The importance of “loving” self-acceptance is also noted by Travis and Ryan (1981/2004, p. xvi).
Norton (1976) suggests that eudaimonic wellbeing includes an evaluative component:

Eudaimonia is both a feeling and a condition. As a feeling it distinguishes right from wrong desire. Moreover it attends right desire, not only upon its gratification, but from its first appearance. Because eudaimonia is fully present to right living at every stage of development, it cannot constitute the aim of such living, but serves instead as merely a mark, a sign. It signals that the present activity of the individual is in harmony with the daimon that is the true self. (p. 5).

A qualitative study by Synard and Gazzola (2017) brought many of these elements together (in line with this study’s findings), suggesting that people tend to perceive happiness and wellbeing as an overall assessment of life satisfaction, which includes a sense of peace, calmness, acceptance, stability and personal growth; “being true to one’s values” and “stay[ing] centred in the face of change” (p. 253). Liamputtong and colleagues (2012) also picked up on this concept of life-evaluation, asserting that wellbeing is a “general contentment with life”; signifying that nothing is wrong (p. 4). The feelings that help people to recognise their best self (daimon) have been studied in relation to specific actions, including intrinsically motivated tasks (Ryan & Deci, 2017), peak experiences (Maslow, 1962/2011), personal expressiveness (Waterman et al., 2010) and flow (Csikszentmihalyi, 1990; Nakamura & Csikszentmihalyi, 2009). They have also been assessed in the context of overall function, recognising that most people tend to feel positive about a life in which they are functioning well, and negative about a life in which they are “malfunctioning or functioning poorly” (Keyes & Annas, 2009, p. 198). Thus, the idea of peace as an inner compass, helping people to assess whether a situation aligns with their best self and maximises their wellbeing supports (and is supported by) existing literature.

6.3.1.4 Self-evaluation can trigger approach-avoidance mechanisms

This study’s experiential learning theory of high level wellness goes on to suggest that people can move towards some things and away from others, in relation to their perception of the presence of absence of inner peace. This aligns with Layard (2011) and Rogers’ (1961/1995) descriptions of approach-avoidance mechanisms. Layard’s (2011) understanding of various cognitive psychology experiments led him to assert that:

[T]here is an evaluative faculty in each of us that tells us how happy we are with our situation, and then directs us to approach what makes us happy and avoid what does not. From the various possibilities open to us, we choose whichever combination of activities will make us feel best. In doing this we are more than purely reactive: we plan for the future, which sometimes involves denying ourselves today for the sake for future gratification. (Layard, 2011, p. 26)
Rogers (1961/1995) observed a similar pattern in his self-actualising clients, noting that an environment of positive regard (without any specific therapist instructions) tended to prompt people to move away from false identities (what they were not), their image of what they “ought to be”, societal expectations, and the desire to please others (p. 168). These people started to move towards “self-direction” (i.e., “being autonomous”), perceiving life as a process (i.e., not fixed or entirely under their control), acceptance of all the different (sometimes changing and contradictory) aspects of themselves, openness to (and curiosity about) their experiences, self-trust, and acceptance of others (Rogers, 1961/1995, p. 170). The theory described in this dissertation supported Layard (2011) and Rogers’ (1961/1995) observations, by suggesting that people can move towards the people, places, perceptions and practices that are most conducive to their wellbeing; away from those that are not. Rogers’ (1961/1995) reflections suggest that this process could be supported through the provision of non-directive positive regard; listening without providing instructions. This sentiment is reflected in a number of contemporary practices, including Kimiecik’s (2011) conceptualisation of eudaimonic wellbeing coaching and Pascale and colleague’s (2010) descriptions of positive deviance. Participatory processes could be integral to the success of high level wellness initiatives, ensuring that they are directed by community members rather than experts, in line with Baum’s (2016) call for health services to be provided “on TAP, not on TOP” (p. 542). These processes could be supported by the experiential learning component of the theory, providing procedural guidance that could be filled with an almost unlimited range of content. For example, some people could choose to concentrate on finding a meaningful job, while others focus on joyful, energising hobbies.

6.3.2 Ideas extended by this study
The experiential learning theory of high level wellness extends some aspects of the literature, including the notion that people can enhance their wellbeing through experiential learning, and the idea of focusing on pleasant options, not just coping with life stressors.

6.3.2.1 People can become well through experiential learning
The experiential learning theory of high level wellness extends the writings of Kolb (1984), Lewin (1947) and Campbell (1949/2008) by incorporating a data-driven conceptualisation of learning relating to wellbeing and self-actualisation. Merriam and Bierema (2014) say that most people’s “lives play out in a circular pattern, where learning often leads to new experiences that are themselves sources of learning” (p. 104). Kolb (1984) has provided the most “famous manifestation” of experiential learning (Tomkins & Ulus, 2016, p. 160); “the prototypical—and most influential […] model” (Seaman, 2008, p. 5; Vince, 1998). His experiential learning cycle has four steps (concrete experience, reflective observation,
abstract conceptualisation and active experimentation), replicating the essence of Lewin’s experiential learning model (Kolb, 1984). Kolb’s theory suggests that people undergo an experience, reflect on what occurred, develop a conceptual understanding of the situation, and test their hypotheses through their actions. He believed that these movements “between opposing modes of reflection and action and feeling and thinking”, could eventually lead to wholeness, integration and integrity (“a state of self-actualization, independence, pro-action and self-direction”) (Kolb & Kolb, 2013, p. 7; Kolb, 1984, p. 140). Kolb (1984) also talked about the need to consider value judgements alongside scientific facts, so that people can move away from harmful short-term approaches that harm populations and environments, towards life-affirming intentions and actions guided by courage, love, justice, wisdom and integrity. Kolb’s theory has been successfully applied in many fields including management, education, entrepreneurship, psychology and social work (Kolb & Kolb, 2013). It has also demonstrated an alignment with eastern principles of “wholeness”, “stillness” and “stay[ing] true to yourself” (Trinh & Kolb, 2011/2012, pp. 29, 38, 41), and research on mindfulness (Kolb & Yeganeh, 2012; Yeganeh & Kolb, 2009).

Although Kolb’s theory “remains the clearest exposition of the concept of experiential learning”, it has been criticised for not representing people’s lived experiences (Smith, 1998, p. 63). Jarvis suggested that this misalignment between theory and practice could be attributed to the process in which Kolb formulated his theory; synthesising the work of other scholars, rather than testing his approach in practice (Dyke, 2017; Jarvis, 2012). Jarvis (2012) developed a new learning theory in consultation with 400 adult educators. His research (and theory) suggests that it is possible to learn in the moment (in line with Schon’s writings on reflecting-in-action); simultaneously acting and reflecting rather than following a sequential pattern of “experience-reflect-learn” (Jarvis, 2012; Schon, 1991; Seaman, 2008, p. 11). Jarvis found that people learn in different ways; building on previous experiences, learning from other people’s experiences, enhancing skills and attitudes (not just knowledge), and sometimes not learning at all (Dyke, 2017; Jarvis, 2012). Several researchers have started examining the role of internal and external environments (e.g., emotions and social support) in experiential learning, suggesting that learning can incorporate the whole person and group, informed by research on positive emotions, embodiment, learning environments, and so forth (Abe, 2011; Houge Mackenzie, Son, & Hollenhorst, 2014; Seaman, 2008; Tomkins & Ulus, 2016; Vince, 1998).

The experiential learning theory of high level wellness was developed from the lived experiences of people who led their own development process, as opposed to most learning theories which describe formal education processes led by professionals. Its three step cycle
suggests that people can reflect throughout the learning process, incorporating their whole selves (e.g., thoughts, feelings and actions), and drawing on whatever resources they need. These steps (assess the situation, act and learn, and integrate lessons) resemble the idea of planning, implementing and evaluating in health promotion initiatives (Green & Kreuter, 2005; Nutbeam et al., 2014), Lewin’s (1947) notion of unfreeze, move and freeze, and the concept of a beginning, middle and end within a story or narrative, similar to Campbell’s (1949/2008) reflections on the hero’s journey. The experiential learning theory of high level wellness could be presented as a simple three step theory and model (linked to the definition), that is fairly easy to explain and understand (similar to Appendix K and L). However, it could also include additional details and context (i.e., participant quotes and wellness journeys), as described in this dissertation. Both versions of the theory could be important additions to the literature, describing a self-initiated learning process that allows for simultaneous reflection and action, and links to high level wellness and self-actualisation.

6.3.2.2 There is more to wellness than coping with life stressors
The first step in the experiential learning theory of high level wellness suggests that people can assess their situation by identifying problematic issues that need to be managed (adapting) or considering pleasant options that might feel good and enhance wellbeing (aspiring). It goes on to say that some people expedite this assessment process by drawing on a range of scoping strategies that help them to focus on issues that can be addressed at that point in time, as part of a three step experiential learning cycle. The idea of ‘identifying problematic issues that need to be managed (adapting)’ is incorporated within Antonovsky’s (1996) theory of salutogenesis. As discussed in 2.4.2, Antonovsky’s theory suggests that some people develop a ‘sense of coherence’; overcoming challenges by identifying and utilising various resources (Eriksson & Lindström, 2008). The notion of ‘considering pleasant options that might feel good and enhance wellbeing (aspiring)’ is not incorporated within Antonovsky’s theory, but he noted that if “successful coping with life stressors has positive consequences for health [... it might also] have positive consequences for satisfaction, happiness, morale, and positive effect” (Antonovsky, 1987, p. 180). Antonovsky (1987) chose not to test this hypothesis, but said that he would “be flattered” if other researchers reported data linking his ‘sense of coherence’ construct to other aspects of well-being, [but] would not be too disappointed by limited results” (p. 182). Antonovsky (1996) implied that people develop a sense of coherence (and thus health) through life experiences, but did not describe an explicit experiential learning process, or discuss positive actions or scoping strategies. These aspects of the theory developed in this study seem to be important additions to knowledge, which have the potential to extend the field of health promotion beyond disease prevention and health, to high level wellness.
6.3.3 Ideas that seem to be new

Two aspects of this research seem to be new—the theory as a whole and the sense of context provided by participant data. These are the most original, significant contributions.

6.3.3.1 The high level wellness theory as a whole

The experiential learning theory developed from participant data provides a new understanding of high level wellness, suggesting that some people tune into themselves and their situation, choose and try one or more actions (moving towards what feels best, away from what does not), and integrate their findings into a compassionate sense of self. They embrace and embody who they are, setting themselves up to flourish through supportive practices, relationships and environments. Experiential learning ensures that people keep growing, changing, aspiring and adapting—because this is a process of being, becoming and self-actualising in each moment, not a single, non-changing destination. Being the best (most peaceful, relaxed) version of themselves enables people to savour the most enjoyable aspects of their lives and grow through adversity; potentially by activating rest and digest, tend and befriend neural pathways (and developing resources such as relationships), rather than being locked in a chronic state of fight, flight or freeze. As Anne said, “The solid base is the contentment with your life. [...] It’s about] getting up each day and finding joy [...]. Being able to survive the small upsets without damage and cope with the big upsets”. Feeling good and functioning well—in line with eudaimonic wellbeing theories (e.g., Keyes, 2002; Ryff 1989) that draw from qualitative studies with self-actualising adults (such as Maslow, 1954/1970, 1962/2011; Rogers, 1961/1995). The intent of the high level wellness theory as a whole (including the definition, process and model) aligns with the basic premise of health promotion and psychology (including positive psychology), helping to provide a holistic understanding of high level wellness that could underpin empowering, community-led initiatives. Future studies could explore the relationship between different theories, including the types of environments that are most conducive to empowerment and self-determination29 (e.g., Ife, 2002; Laverack, 2007; Pascale et al, 2010; Ryan & Deci, 2017). This theory could also help to reinforce the Ottawa Charter for Health Promotion, complementing efforts to enhance health (i.e., disease prevention) with initiatives that enable people “to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment”. This could include whole-of-community efforts to advocate for wellness determinants (e.g., liveable incomes, affordable housing, social justice and equity), enable people to take control of their

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29 ‘Empowerment’ refers to people’s ability to enhance their wellbeing by increasing the power (control) they have over each aspect of their lives (Labonté & Laverack, 2008). ‘Self-determination’ denotes a similar concept—the movement towards psychological growth, wellness, and the realisation of one’s capacities and talents (Ryan & Deci, 2017).
lives, and mediate between interests to collaboratively work towards ‘high level wellness for all’ (Allen et al., In press; Saan & Wise, 2011; World Health Organization, 1986, p. 1). The experiential learning theory of high level wellness does not appear in previous literature.

6.3.3.2 Examples of what high level wellness may look like in practice

The participant data in chapters four and five provides an idea of what high level wellness can look like in practice, while recognising that this will be different for each person. This type of contextual information could be most useful for people who have not experienced high level wellness for themselves or known anyone who has; helping to make this concept more relatable and (potentially) attainable and maintainable. This study suggested that high level wellness is not limited to people with high incomes, an absence of disease and disability, and supportive childhoods—although those things would certainly help. It asserts that people can learn to be their best selves (and live their best lives) through a conscious process of trial and error, continually moving towards the people, places, perceptions and practices that align with their strengths, values and needs, and help them to be most joyful, energised and at peace. Some of the interesting nuances of the experiential learning theory of high level wellness include the suggestion that some self-care strategies (e.g., going to the gym) may not be enjoyable at the time but are helpful in the long run (like brushing one’s teeth), but others can form part of a cluster of activities that help people to feel good. The idea that some people may occasionally need to take a considerable amount of time out of the workforce to undertake a ‘multi-strategy reset’ (i.e., changing multiple aspects of their lives at once) could have important implications for public policies and funding mechanisms to ensure that people are able to do so (including access to financial and other supports). This study suggested that it is important to do something of value for oneself and others to achieve a sense of satisfaction, achievement, accomplishment, fulfilment, meaning and purpose. However, this needs to be something that adds to (rather than detracts from) people’s energy, so they do not have to sacrifice their own wellbeing in the process. This could be work or volunteer related, but it could also be something like travel, art, music, time in nature, being kind to others and/or enhancing self-care. Strong, reciprocal, mostly positive (and always supportive) relationships seemed particularly important, alongside the ability to distance oneself from any bonds that cause harm. The idea of learning through trial and error could be helpful (eliminating the need to get things ‘right’ first time), as well as the idea of evolving over time, and finding ways to deal with things (like chronic pain) that cannot be changed. The notion of solidifying lessons learned through a more positive, empowered, compassionate sense of self, environmental cues, social supports and habits (for example) could also be helpful, alongside the adoption of scoping strategies (e.g., accepting that nothing will ever be perfect). Many of these factors might seem like ‘common sense’ to
people who take high level wellness for granted, but those who have not embodied or observed this way of being first hand may have had no way of coming across these ideas, putting them together in a coherent whole, or understanding some of the different ways that these principles and practices have been adopted by others. It is important to note that this theory was developed from interviews with people who thought of themselves as being particularly healthy, happy and well. People who are struggling might need additional help, including time, money and support to make changes, and the knowledge that this is inherently a process of trial and error (i.e., some things may not work for them, but others might). This points to the importance of combining individually orientated programs with broader community and organisational strategies, including cultural, structural, environmental, program and policy initiatives to ensure that everyone has what they need to flourish, rather than reinforcing or exacerbating existing disadvantage. More research would be needed to determine whether this theory could help a range of different people, including advocacy for relevant resources, support systems, policies, programs, and the like.

6.3.4 Unknown relationship to previous studies (more research required)
It is unclear how this study links to existing wellbeing measures. This study’s ability to enhance advocacy efforts are also unknown. More research is required in both cases.

6.3.4.1 Links to self-actualisation and eudaimonic wellbeing measures
It is unclear how the experiential learning theory of high level wellness relates to existing eudaimonic wellbeing measures that incorporate the idea of self-actualisation. Most eudaimonic wellbeing researchers study this construct through quantitative survey instruments (e.g., Deci & Ryan, 2008; Diener et al., 2017; Keyes, 2002; Ryff, 2016). These tools identify the relationships between different variables; demonstrating the proportion and types of people most (and least) likely to flourish, the factors that support (and thwart) people’s wellbeing, and the interventions that are best (or worst) placed to improve the way people function and feel. The concept of subjective wellbeing has been studied for almost 50 years (Biswas-Diener, Diener, & Tamir, 2004; Diener & Chan, 2011; Diener et al., 2017; Diener et al., 1999). Diener and colleagues (2017) define subjective wellbeing as people’s overall evaluations of their lives and [...] emotional experiences, including “broad appraisals, such as life satisfaction and health satisfaction judgements, and specific feelings that reflect how people are reacting to the events and circumstances in their lives”, including high levels of positive emotions and low levels of negative emotions (p. 87). Ryff (2016) developed her method of assessing ‘psychological wellbeing’ by looking for the commonalities across humanistic, developmental, clinical and existential psychology theories, as well as Aristotle’s reflections on eudaimonia. She based her survey instruments on six points of convergence:
autonomy, environmental mastery, personal growth, positive relationships, self-acceptance and purpose in life; suggesting that personal growth and purpose in life accounted for “the two pillars of eudaimonia” (Ryff, 1989; 2013, p. 85; 2016). Keyes integrated Ryff’s six factors into his measure of ‘flourishing’; alongside five social dimensions (social wellbeing, social integration, social contribution, social coherence, social actualisation and social acceptance) and three indicators of emotional wellbeing (presence of positive affect, absence of negative affect, and perceived satisfaction with life) (Keyes, 1998, 2002; Keyes, Kendler, Myers, & Martin, 2015). Ryan and Deci (2000, 2017) took a different theory-driven approach, exploring the social conditions that help to satisfy three psychological needs (competence, autonomy and relatedness) that contribute to ‘self-determination’. Other approaches seem to help people to understand themselves. Waterman focused on activities that produce feelings of ‘personal expressiveness’ and hedonic enjoyment, before integrating this approach into a broader ‘eudaimonic wellbeing’ questionnaire to assess “self-discovery, perceived development of one’s best potentials, a sense of purpose and meaning in life, intense involvement in activities, investment of significant effort, and enjoyment of activities as personally expressive” (Waterman, 2008; Waterman et al., 2010, p. 41). Meanwhile, Kimiecik (2011) suggested that people could assess eudaimonic wellbeing by asking:


Antonovsky’s (1979, 1987, 1996) efforts to examine people’s sense of coherence through meaningfulness, comprehensibility and manageability may also be relevant. Other researchers have adopted different terms, definitions and measurement tools, as described by Huta and Waterman (2014), Vitterso (2016) and Besser (2016). The current study used a brief assessment tool to assist with participant selection (see Figure 3.1), but did not specifically set out to measure existing wellness constructs. More research would be needed to identify relationships between existing measures and the high level wellness theory depicted in chapter five, including whether these types of approaches could be used together (e.g., determining whether Kimiecik’s questions could inform initiatives underpinned by the high level wellness theory developed in this study).

6.3.4.2 Ability to support advocacy for high level wellness resources

The experiential learning theory of high level wellness suggests that people need to be able to honour their unique needs, values, strengths, energisers and joys. The ability to access relevant life resources has started to be recognised through quantitative eudaimonic wellbeing studies relating to constructs such as flourishing and psychological wellbeing. For
example, Keyes found that only 17-18% of American adults met his criteria for flourishing, and that these people were more likely to be male, older, married and highly educated (Keyes, 2002; Keyes & Simoes, 2012). Ryff (2013) discovered that some aspects of wellbeing (e.g., environmental mastery and autonomy) increase with age, while others decrease (e.g., personal growth and purpose in life) or show little age variation (e.g., positive relationships with others). She found that psychological wellbeing (particularly purpose in life and personal growth) tends to increase as “a function of educational advancement”, demonstrating that “the opportunities for self-realization are not equally distributed, but occur via the allocation of resources, which enable some, but not others, to make the most of their talents and capacities” (Ryff, 2013, p. 85). Ryff (2013) hypothesised that people who become the best version of themselves are more likely to practice good health behaviours, be able to deal with stress, and lead longer, happier lives. These assertions seem to be supported by a number of studies (Ryff, 2013; Ryff & Singer, 1998a, 1998b; Ryff et al., 2004). Keyes and Annas (2009) argue that a growing body of research:

[P]oints to one conclusion: anything less than flourishing in adolescents and adults is associated with greater burden to self and society [...] as measured by lost work productivity, increased disability, increased risk of cardiovascular disease, more chronic physical illness [...], worse psychosocial functioning [...], and increased healthcare utilization. (pp. 199-200)

Flourishing people seem to be healthier, happier and more productive than other people. They also appear to be more educated and less disadvantaged.

The idea that the most privileged people in society are most likely to be happy, healthy and well lends scientific credibility to a number of health promotion and human rights principles around providing “equal opportunities and resources” (World Health Organization, 1986, p. 2). It also aligns with other research on the detrimental effects of inequity and inequality (Commission on Social Determinants of Health, 2008; Marmot, 2015; Marmot et al., 1998; Wilkinson & Pickett, 2009). Health promotion literature suggests that people are most likely to be able to “identify and realize aspirations, to satisfy needs, and to change or cope with the environment” (self-actualise) when they are able to live, love, learn, work and play in supportive communities and environments (Commission on Social Determinants of Health, 2008; United Nations, 2015, 2016; World Health Organization, 1946/2006, 1978; 1986, p. 1; 1988, 1991, 1997, 2000, 2005a, 2009, 2013b, 2016). This aspect of the literature reflects the section of this study’s definition dealing with needs, and the associated process enabler (condition) relating to people’s ability to honour their unique needs, values, strengths, energisers and joys. This part of the theory is particularly important, as individuals are less
likely to be able to know, like and be their best selves (and feel at peace) if they are restricted by oppressive families, communities, cultures, organisations, services, policies, fiscal and legal contexts, and physical environments.

This study focused on individuals, but these individuals lived in a society that enabled them to honour their unique needs, values, strengths, energisers and joys, even if this meant moving away from their families, taking time out of the workforce or making other changes. Recognising the link between individuals, communities, organisations and governments has the potential to support advocacy and societal change to ensure that everyone has what they need to flourish, especially when combined with the evidence outlined above, and relevant health promotion research, policies and principles. The experiential learning theory of high level wellness was developed to share some people’s insights and experiences in a way that might help others. It was not created as a way of reinforcing the idea of individual change, with no acknowledgement of (or efforts to improve) broader societal structures, policies, programs, environments and cultures. Initiatives aimed at helping individuals must be paired with efforts to ameliorate structural disadvantage.

6.4 Strengths, originality and significance
The experiential learning theory of high level wellness provides an original, significant contribution to the literature, based on interviews with 25 Australian adults who described themselves as having a high level of wellness, health and happiness. This theory suggests that high level wellness is about knowing, liking and being one’s best self, through an experiential learning process with a built-in guidance system (the presence or absence of peace) to assist decision-making. The three step learning cycle embedded in this theory addresses some of the issues relating to Kolb’s (1984) learning cycle (e.g., recognising that people can reflect throughout the whole learning process), adds to Antonovsky’s (1996) conceptualisation of salutogenesis (e.g., including the possibility to aspire towards positive ends, rather than just adapting to challenges), and reinforces the health promotion principles outlined in the Ottawa Charter for Health Promotion (World Health Organization, 1986). This theory has the potential to help less healthy, happy people understand what this way of being is, and how to attain and maintain it. It could also inform a range of practical applications including coaching and community development initiatives. This could occur in tandem with other approaches such as positive deviance, subjective wellbeing measures and simple positive psychology strategies—or on its own. This theory could also help to inform advocacy efforts around wellness determinants, and the need for a greater emphasis on high level wellness for all, supported by a dedicated community of practice and sustainable funding.
This study’s theoretical findings align with Charmaz’ (2014) definition of constructivist grounded theory (a way of understanding a phenomenon) and four grounded theory criteria (originality, credibility, resonance and usefulness). The originality of this theory was demonstrated throughout this chapter, highlighting how this conceptualisation of high level wellness links, extends and contextualises previous works; providing new insights that could inform a range of initiatives. Credibility was demonstrated through the depth and breadth of data collected and analysed, efforts to show how theoretical findings were systematically developed from relevant data, and the inclusion of a wide range of quotes to illustrate what each part of the theory could look like in practice, bearing in mind that some descriptive findings are unique to relevant participants. Seven participants verified that the theory made sense to them, reflected their experiences and provided a new way of conceptualising high level wellness, suggesting that this theory had resonance. Resonance was also established by portraying “the fullness of the studied experience”, including broader “taken-for-granted meanings” (Charmaz, 2014, p. 337), such as people’s ability to honour their unique needs, values, strengths, energisers and joys, which could incorporate internal factors such as self-confidence, as well as external factors such as safety, housing, income, employment, food, social support and so forth. This theory also appears to be useful, describing high level wellness in terms of a generic process (experiential learning) that people could undertake to achieve a sense of peace through knowing, liking and being the best version of themselves. Focusing on high level wellness as a process linked to peace and self-actualisation (rather than the attainment of complete physical, mental and social wellbeing) could make this concept more relatable, meaningful and potentially achievable, in a way that does not rule out people with existing diseases or disabilities. This way of understanding high level wellness could help to complement efforts to treat and prevent disease and disability, with initiatives that support people to make the most of their lives. It could also “contribute to a better world” (Charmaz, 2014, p. 338) by prompting people to reflect upon, talk about, and work towards the notion of ‘high level wellness’ and ‘high level wellness for all’.

6.5 Limitations and opportunities for further research

The experiential learning theory of high level wellness is partial, conditional and contextual, in line with Charmaz’ (2014) rendering of the constructive grounded theory method. This theory is partial, in the sense that it does not account for every aspect of high level wellness (no theory could) and may not apply to all people. Some of the conditions explicitly outlined in this theory include the ability to: (1) reflect on inner and outer circumstances (presence and awareness), (2) commit to minimising suffering, finding balance and flourishing in one’s own way, and (3) honour one’s unique needs, values, strengths, energisers and joys. Moreover, the fact that this study was based on the experiences of people who lived in
South East Queensland (Australia) in 2014, means that it may not apply to people with different belief systems, policy and legal structures, and cultures; or even to people with different personality types within South East Queensland, as noted by participants during the three feedback sessions (see 5.5). More research would be needed to determine the parameters of this theory’s transferability, and understand non-transferable components (or components that need to be modified for different populations). These caveats are important to acknowledge, but they do not necessarily detract from the value of the theory. Being upfront about these limitations could guide community consultation about the types of resources people need, and the best ways to ensure that these resources are available, noting that some people may require extra assistance. Participatory high level wellness facilitation processes could be informed by a range of approaches including community development (Ife, 2002), positive deviance (Herington & van de Fliert, 2017; Pascale et al., 2010), appreciative inquiry (Kobau et al., 2011; Whitney & Trosten-Bloom, 2010), holistic, ecological, salutogenic health promotion values and principles (Gregg & O'Hara, 2007), eudaimonic wellbeing coaching practices (Kimiecik, 2011) and action research (Dick, 2014; Stringer, 2014). They could also incorporate some of the context embedded within this theory (e.g., providing examples from participant data), as well as helping to create new stories and examples unique to each new situation, aligning with the idea that the self-discovery, appreciation and actualisation process seems to matter most (not predetermined solutions), whether this relates to an individual (Kimiecik, 2011) or a community (Pascale et al., 2010). It would be ideal if these types of initiative were accompanied by formal research within a larger (sustainably managed and funded) high level wellness community of practice, with links to relevant disciplines (e.g., participatory leadership, health promotion, experiential learning, eudaimonic wellbeing, salutogenesis, positive deviance, positive and humanistic psychology, community development, appreciative inquiry and qualitative health research).

6.6 Potential next steps (recommendations)
This research could instigate a range of initiatives. First, the theory could provide individuals with an interesting new understanding of high level wellness; prompting them to embark on their own wellness journey in order to know, like and become their best selves through multiple experiential learning cycles. They could undertake this process by themselves, in partnership with other community members or helping professionals (e.g., coaches and counsellors), or in groups. Researchers could help to record, evaluate and improve the success of these types of initiatives, guided by a simplified conceptualisation of this theory. Second, this research process (e.g., expression of interest form, self-identified wellness criteria and interview guide) could be replicated with other populations, with researchers creating their own grounded theories on this way of being or using the experiential learning...
theory of high level wellness as an analytical frame. The latter option could help to determine whether this substantive (data-based) theory could become a formal theory, generalisable to a range of populations. It would also help to address some of the limitations of this study by enabling larger numbers of participants and researchers. Third, this study could help to demonstrate the value of qualitative research into high level wellness experiences and the need for a sustainable community of practice to support this type of work and facilitate linkages to other approaches. While some researchers have dabbled in this space over the last 100+ years, this area needs far more coordination, funding and support. Other disciplines such as health promotion, positive psychology and qualitative health research (as well as fields such as participatory leadership, salutogenesis and experiential learning) could be potential partners and guides. Fourth, this study could prompt community conversations (and research) to envisage and work towards ‘high level wellness’ and ‘high level wellness for all’, underpinned by the experiential learning theory of high level wellness, and participatory leadership practices and principles. This could include high level wellness programs, as well as workshops to discuss potential uses within different professions (e.g., coaching) and relationships with related theories (e.g., salutogenesis). These four recommendations could be supported by promoting this theory through a range of forums including professional journals and associations, as well as community groups and publications, and resources for professionals, groups and individuals.

6.7 Chapter summary
This chapter showed how the experiential learning theory of high level wellness reflects, connects, extends and contextualises a range of theories and studies, while providing its own unique understanding of high level wellness. Study strengths and limitations were explored alongside potential next steps. This theory makes an original, significant contribution to knowledge, which could be applied in many populations and professions.
Chapter 7: Conclusion

7.1 Chapter summary
Chapter seven summarises the thesis as a whole and provides researcher reflections. It reiterates the original, significant contributions that the experiential learning theory of high level wellness has made to knowledge, particularly in relation to the field of health promotion. The pictorial model embedded within this theory is also revisited in Figure 7.1.

7.2 Thesis summary
This study aimed to provide a new understanding (theory) of high level wellness, based on the insights and experiences of 25 particularly happy, healthy and well adults who lived in South East Queensland, Australia. This goal was achieved through the adoption of a constructivist grounded theory research method, which supported the development of an ‘experiential learning theory of high level wellness’ directly from participant data. This theory suggests that high level wellness is the sense of peace that comes from knowing, liking and being one’s best self; obtained over time through a circular experiential learning process. This theory reflects, connects, extends and contextualises a range of concepts, providing an original, significant contribution to existing literature. Participants suggested that the experiential learning theory of high level wellness resonated with their experiences and had the potential to help less healthy, happy people understand (and potentially attain and maintain) this way of being. This theory also addressed the other two constructivist grounded theory criteria (originality and credibility), as discussed in chapter six.

Chapter one introduced this study and its findings. It began by explaining the need for this research, highlighting the fact that relatively few people seem to have obtained the highest possible standard of physical, mental and social wellbeing (high level wellness) that the WHO (1946/2006) recognises as a fundamental human right. This chapter suggested that qualitative research into the lived experience of high level wellness could provide valuable new perspectives to complement quantitative studies. South East Queensland (Australia) was a fitting location for this type of research, as few people seem to be working on high level wellness at a strategic, whole of government, university and community level in this region, due to a significant reduction in health promotion staffing levels, a redirection of resources towards disease prevention, and limited positive psychology infrastructure. Queensland Health’s (2012) ‘Chief Health Officer Report’ stated that only 15% (one in seven) of Queensland residents reported an above average (though not necessarily exceptional) level of mental health, with more recent reports omitting this type of information.
Chapter two situated this study within relevant literature. It suggested that health, happiness, wellbeing, wellness and high level wellness tend to be related (and often overlapping) concepts, alongside terms such as flourishing, self-actualisation and self-realisation. Several researchers have acknowledged the lack of clarity within and between these concepts, with some arguing that new perspectives could be of value, including those derived from qualitative research methods. This chapter then described the way that health promotion and positive psychology professionals help people attain and maintain high level wellness. Both approaches have tended to focus on behaviour-change initiatives, in order to decrease chronic disease (health promotion) or increase wellbeing (positive psychology). Health promotion generally focuses on factors such as physical activity and nutrition (and related social, physical and policy environments), whereas positive psychology concentrates on gratitude diaries, acts of kindness, and the like. Both disciplines are being urged to complement expert-led approaches with community-based (qualitatively researched) wellbeing initiatives that give everyday people a voice. Some qualitative high level wellness studies have been conducted, but few have focused on people who describe themselves as having a high level wellness, health and happiness (with none specifically sampling via these criteria). This information suggested a need for the study described in this dissertation.

Chapter three explained this study’s research design and methods. I started by disclosing relevant experiences; explaining that I am deeply committed to the idea of high level wellness and high level wellness for all, but tend to struggle with this concept in a personal sense, despite health promotion and psychology training, and a relatively privileged social position (i.e., white, middle class woman). This was followed by a detailed description of this study’s qualitative, constructivist research paradigm, questions (What is high level wellness and how do people attain and maintain this way of being?) and constructivist grounded theory method. This chapter also explained this study’s participant selection criteria (i.e., South East Queensland adults with a high or very high level of wellness, health and happiness), interview guide, and data collection and analysis procedures (i.e., interviews with 25 participants, inductive and abductive coding, memos, and group interviews co-facilitated by participatory leadership professionals), as well as efforts to enhance rigour.

Chapter four provided an overview of participant characteristics and experiences, enabling readers to get a sense of the people who were interviewed in this study. All participants lived in South East Queensland, were over the age of 18, and described themselves as having a high (or very high) level of wellness, health and happiness. Participants lived in five council areas: Brisbane (n=14), Gold Coast (n=7), Logan (n=2), Ipswich (n=1) and Sunshine Coast (n=1). Most were females (n=20) aged between 25 and 65 (M=43.6); the five males were
aged between 41 and 60 (M=53.4). The largest number of ‘very high’ scores were recorded for wellness (n=12), mental wellbeing (n=12) and social wellbeing (n=12); followed by happiness (n=11), health (n=10) and physical wellbeing. This order was also reflected in average scores. The wellness journeys and insights each participant provided in their interview were summarised as close to their words and interpretations as possible, and verified by participants (n=24). Underneath surface-level differences (e.g., age, spiritual beliefs and family structures), there were a number of distinct data patterns across participants, including a commitment to make the most of each aspect of their lives.

Chapter five presented a new understanding of high level wellness (an ‘experiential learning theory of high level wellness’), based on participant data. This theory suggested that high level wellness is the sense of peace (wellbeing) that comes from knowing, liking and being one’s best self. Tuning into the presence or absence of this sensation prompts some people to move towards the people, places, perceptions and practices that align with their needs, values, energisers, strengths and joys; away from those that do not. There seem to be three steps in this circular experiential learning process: (1) assessing the situation, (2) trying an action and reviewing the consequences, and (3) integrating lessons. This self-initiated learning process requires self-commitment, reflection on inner and outer circumstances (presence and awareness), and the ability to become one’s best (not perfect) self—including access to relevant resources (e.g., social support). People can initiate many learning cycles throughout their lives, in relation to a wide range of factors. Over time, this can result in the adoption of several similar qualities and actions, which people express in their own unique ways (e.g., spending time with positive people and/or pets, doing something of value for themselves and others, finding a way of eating and moving that works for them, and not taking themselves too seriously). People start becoming the best version of themselves, feel at peace, and flourish (mentally, socially and physically); while staying open to new opportunities to grow. This theory was also illustrated through a model (see Figure 5.1). Descriptive findings were provided to describe the nuances of each part of the theory, provide a sense of context, and demonstrate the origin of each theoretical assertion. The theory itself has the potential to be generalisable (although this has not yet been tested), whereas participant data is specific to relevant people, and thus not generalisable.

Chapter six reviewed this study’s theoretical findings in relation to relevant literature. This process suggested that the experiential learning theory of high level wellness reflects, connects, extends and contextualises a range of other studies and theories. This includes research suggesting that ‘happiness’ can be a sense of peace (Delle Fave et al., 2016), post-Maslow conceptualisations of eudaimonic wellbeing as an alignment with one’s inner
self (Fowers, 2016), and the idea of being able to assess happiness and well-being through a sense of peace, contentment and life satisfaction (Synard & Gazzola, 2017). The circular experiential learning process explicated the approach-avoidance mechanisms outlined by Layard (2011) and Rogers (1961/1995), addressing some of the issues relating to Kolb’s (1984) experiential learning theory, and adding a positive, aspirational component to Antonovsky’s (1996) salutogenic model of coping (adapting) with stressors. As a whole, the experiential learning theory of high level wellness provided a new way of understanding this phenomenon, which addressed Charmaz’ (2014) four criteria for constructivist grounded theory studies: credibility, originality, usefulness and resonance. Several recommendations were made for future initiatives, including the development of a sustainable community of practice, and efforts to assess the utility of this theory with various professions and populations, progressing toward ‘high level wellness for all’.

7.3 Researcher reflections

In 1996, Kickbusch built on Lewin’s statement about there being “nothing more practical than a theory” by asserting that “there is nothing more practical and efficient than asking the right question” (p. 5). She praised Antonovsky for consistently having the courage to ask how health is created—arguing that this “must be the leading question of health promotion”, guiding research and practice away from “the deficit model of disease to the health potentials inherent in […] everyday life” (Kickbusch, 1996, p. 1; 2017). Twenty-one years later, after developing a data-driven theory of high level wellness, I am left with the same conclusion. This all seems to come back to questions, answers and conversations; within and across individuals. It is also about who is able to ask and answer those questions, whose voice is heard, and who is considered an expert.

This study started with a sense of curiosity about high level wellness, which led to interview questions and conversations with people who had been observing and improving their well-being for many years. These people had: (1) asked themselves questions (assess the situation), (2) experimented with different answers (act and learn), (3) embedded the ones that worked into their lives, and dropped everything else (integrate lessons). Some had managed to do this on their own, but others sought help from a wide range of sources including doctors, counsellors, books, teachers, family and friends. Eventually, the people in this study developed a strong sense of who they were, what they liked and what they did not like; culminating in a deep understanding of their needs, values, energisers, strengths and joys. They acted on this knowledge and felt a sense of peace (well-being), starting new learning cycles as required. This process was not always easy, and did not always lead to
success; although finding out what they did not like (and what did not work for them at that point in time) appeared just as helpful.

This process was articulated as an experiential learning theory of high level wellness in this dissertation, with extensive interview quotes to show what this might look like in practice. It was written with the hope that it could be adopted in relation to any wellness determinant (as indicated within participant data), ranging from health prerequisites such as the need for food, housing and income, through to enjoyable movement, art, music, travel and the like. However, the unfortunate truth is that these factors are not accessible to all. Even within Australia, where this study took place, there are many people struggling with poverty, unemployment, underemployment, homelessness, social isolation, depression and anxiety (Mackay, 2017). As Falzon (2017) says, “Inequality is not a personal choice – it’s a choice governments make” through inadequate social expenditure, punitive policies relating to the poorest most vulnerable members of society, and ongoing disregard for people’s needs (n.p.). Australia’s ‘Newstart’ (social welfare) payment is an example; this financial support (around AUD$538 a fortnight) has not increased in “real terms since 1994”, while housing has become unaffordable and inaccessible to many (Australian Government, 2017; Falzon, 2017, n.p.). There are deep structural inequalities in most (if not all) societies, based on inequitable distribution of money, power and resources (Commission of Social Determinants, 2008). There are also pervasive, professional beliefs about problems and solutions—including health promotion’s preoccupation with weight loss, even though this runs the risk of stigmatising individuals, causing harm, and overlooking very real problems relating to a lack of resources (such as time, money and energy) and chronic ‘fight, flight or freeze’ responses (the absence of a sense of peace and contentment) that seem to promote weight gain through the release of cortisol, adrenaline, glucose and so forth (Baum & Fisher, 2011; O’Hara & Gregg, 2006; O’Hara, Taylor & Burns, 2015; Weaver, 2015). These issues seem to be compounded by a non-government sector “self-silencing” advocacy efforts due to a “fear of losing government funding [or facing] other forms of political retribution” (Carson & Maddison, 2017, n.p.). Within this context, there is a danger that the high level wellness theory developed in this study could be used as another tool to direct attention towards individual change and professional agendas, without consideration of broader needs, systems, policies, cultures, environments, services and programs.

Health promotion was initially set up to advocate for the broad range of health determinants, “enable all people to achieve their fullest health potential” and mediate between different interests by “building healthy public policy”, “creating supportive environments”, “strengthening community actions”, “developing personal skills” and “reorienting health
services” (World Health Organization, 1986, pp. 1-3). I wonder what all of this would look like if it were to focus on ‘high level wellness’ and ‘high level wellness for all’, with more opportunities for everyday people to voice their needs and wants; and systems to provide relevant supports, including positive changes to housing, social welfare, incomes, employment, policies and services. What if we genuinely viewed everyday people as the experts in their own lives, and engaged with them in ways that enabled them to be in charge—providing services “on TAP, not on TOP”, as recommended by Baum (2016, p. 542). This aligns with Kimiecik’s (2011) suggestions around learning to listen; “helping people to become their true selves by supporting them to tell their stories, tune into how their lives feel, and playfully explore different approaches, even if they do not know where this will lead” (cited in Allen et al., In Press). This way of working resembles eudaimonic wellbeing life coaching, community development, participatory leadership, action research, storytelling, positive deviance and appreciative inquiry; as well as the “holistic, ecological, salutogenic health promotion” values and principles outlined by Gregg and O’Hara (2007, p. 8), and the notion of not telling people what to do (McPhail-Bell, 2015, McPhail-Bell et al., 2017). This aligns with health promotion’s original intent, but is quite different to the conventional, top-down, disease-centric models that tend to be used in practice (Greg & O’Hara, 2015; O’Hara & Greg, 2006; O’Hara et al., 2015; 2016).

In the past, new bodies of work have gained strength by creating communities of practice with their own meetings, journals, funding streams, positions and professional bodies. The idea of ‘high level wellness' and ‘high level wellness for all’ could warrant this type of approach; providing a space for conversations, ideas and experiments (trial and error), research, and the distillation and sharing of lessons learned—incorporating the widest possible range of voices, including community members. The WHO (1946/2006) says that everybody has the right to enjoy their “highest attainable standard” of physical, social and mental wellbeing, as articulated by the WHO (p. 1). In an ideal world, everyone would be able to reflect on what this means for them, what they need or want to try, what supports they might require, what they have learned in the past, and what they could do next. They would have access to people who could provide non-directive, positive regard (Rogers, 1961/1995) and advocate for their interests (World Health Organization, 1986), as part of a system committed to ensuring that everyone has what they need to flourish, particularly those who have been disadvantaged by structural inequalities. I do not claim to have all the answers and know that this dissertation is just one tiny step in that direction. I also know that other people are already working for positive change with individuals, communities, organisations and broader systems. A community of practice could help to bring these
initiatives together, focusing on questions, joint-ownership, shared values and visions. Some ongoing inquiries could include:

1. What is high level wellness for me? How can I attain and maintain this way of being?
2. What is high level wellness for us as a whole, including our communities, organisations, governments and planet? How can we attain and maintain high level wellness for all?

The theory itself could also be reframed to include various questions, as well as space for people to provide their own answers, stories and ideas. I believe that the idea of high level wellness and high level wellness for all is worth focusing on, funding and growing; guided by the notion of continual learning (assessment, act and learn, and integration of lessons) developed in this dissertation (also shown in Figure 7.1), and a willingness to embrace openness, uncertainty, ambiguity, hope, connection and shared values, visions and actions in a broad, inclusive, sustainable community of practice. Time will tell whether others agree.
1. Assess the situation
Explore what is happening and choose a focus.

2. Act and learn
Try something, review the consequences and learn.

3. Integrate lessons
Know, like and be one’s best self. Establish support systems.

**Process enablers:**
- Reflection on inner and outer circumstances (presence and awareness)
- Commitment to minimise suffering, find balance, and flourish in one’s own way
- Ability to honour one’s unique needs, values, strengths, energisers and joys

Figure 7.1. An experiential learning cycle of high level wellness (Allen et al., In press)
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A qualitative study of high level wellness, health and happiness (Connie Allen)


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A qualitative study of high level wellness, health and happiness (Connie Allen)


Appendix A: Media release

Media release: Happy healthy people wanted for new study

Griffith University is seeking around 40 participants for a new study on health, happiness and wellness. This research aims to develop a better understanding of these concepts, from the point of view of people who have experienced them. People over the age of 18, who live in South East Queensland, and feel exceptionally well, healthy and happy will be able to participate.

This study is being conducted by Connie Allen as part of her PhD. Connie said that she wanted to do this research to get a better understanding of what a high level of health, happiness and wellness would be like, after realising that she didn’t feel that way herself. She thinks that a better understanding of these concepts could help more people to flourish, by providing a sense of what is possible and the types of things that might support people in their wellness journeys. She said, “I love the idea of learning from people who are already living the types of lives that most of us want to live”.

People who choose to participate in this study will just need to talk about their experiences in individual or group interviews. This could occur in person or via Skype, at a time that suits participants. Connie said, “I want to make this process as easy as possible for participants”.

This study is being conducted through the Griffith Health Institute, under the guidance of Professor Elizabeth Kendall and Dr Jennifer Boddy. It is being supported through an Australian Postgraduate Award (APA) scholarship and a grant from Griffith University’s Population and Social Health Research Program. Connie will also be seeking funding and support from a range of other sources to help her develop, promote and apply key findings.

Please contact Connie Allen if you would like to participate in this study or find out more about it. You can email her at xxxxxxxx or telephone xxxx xxx xxx.
Participants needed for a new study on high level wellness, health and happiness

Eligibility criteria
- Over the age of 18
- Live in South East Queensland (Australia)
- Feel particularly well, healthy and happy

What are the expected benefits of this research?
This study could help to develop a new understanding of high level wellness, as both a destination (outcome) and journey (process). This could help to make this concept more accessible to less healthy happy people, providing a greater sense of possibility for themselves and their communities, and guidance on some of the things that might support their paths to high level wellness. It could also be useful for a range of helping professions including life coaches, wellness counsellors, public health professionals and community development officers; as well as communities and organisations who would like to place a greater emphasis on wellness and wellbeing. This study may also benefit participants by enabling them to share their experiences and clarify their ideas on health, happiness, wellness and wellbeing.

Contact Connie Allen for more information
Email: xxxxxxx | Telephone: xxxx xxx xxx
Appendix C: Social media invitations

Twitter
Exceptionally healthy happy people needed for study. Must be 18+ & live in SEQ (Aus).
Email: xxxxxxx
Promoted to public Thursday, 15 May 2014 after receiving ethics clearance

Facebook and Linked In

Can I interview you for my wellness PhD? Please email me if you are 18+, live in South East Queensland (Aus), and feel exceptionally healthy and happy - connie.allen@griffithuni.edu.au (feel free to share)
Promoted to public Thursday, 15 May 2014 after receiving ethics clearance

Email
Participants needed for new study on health and happiness

Could you please consider participating in this study - and circulate this email to your families, friends, partners, colleagues and clients.

Do you feel exceptionally healthy and happy? Would you like to help the rest of us to understand what this is like so that we can achieve it too? If so, please contact Connie Allen (email: xxxxxxx or telephone: xxxx xxx xxx).

The fine print:
I am studying high level wellness, health and happiness as part of a PhD through Griffith University. This research aims to develop a better understanding of these concepts, from the point of view of people who have experienced them. People over the age of 18, who live in South East Queensland, and feel exceptionally healthy and happy will be able to participate.

I decided to do this research to get a better understanding of what a high level wellness is like, after realising that I didn’t really feel that way myself. A better understanding of these concepts could help more people to flourish, by providing a sense of what is possible for individuals and communities, and the types of things that might support people in their wellness journeys. I love the idea of learning from people who are already living the types of lives that most of us want to live.

This study is being conducted through the Griffith Health Institute, under the Guidance of Professor Elizabeth Kendall and Dr Jennifer Boddy. It is being supported through an Australian Postgraduate Award (APA) scholarship and a grant from Griffith University’s Population and Social Health Research Program. I will also be seeking funding and support from a range of other sources to help me to develop, promote and apply key findings.

You can find out more about me at http://www.linkedin.com/in/connieallenwellnesswayfinders.
Please let me know if you would like to discuss this study in more detail.

Kind regards
Connie

Attachments: information sheet, expression of interest and flyers

Blind carbon copied to 38 friends and colleagues on Thursday, 15 May 2014 after receiving ethics clearance. These people were based at a number of organisations including Griffith University, The University of Queensland (UQ), Queensland University of Technology (QUT), Logan City Council, Brisbane City Council, and various associations (e.g., Soroptimists International, Logan Food Growers, Australian Health Promotion Association, and Public Health Association of Australia).
Appendix D: Information sheet

Information sheet: High level wellness, health and happiness

Who is conducting this research?
Connie Allen, PhD Candidate, Griffith University
Griffith Health Institute, School of Human Services and Social Work
Population and Social Health Research Program
(Healthy People, Healthy Places)
Email: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | Telephone: xxxx xxx xxx

Academic advisors:
Dr Jennifer Boddy, Email xxxxxxxx | Prof Elizabeth Kendall, Email xxxxxxx

Why is the research being conducted?
This study aims to improve our understanding of the way that everyday people experience high level wellness, health and happiness. In particular, this research seeks to answer the following research questions: (1) What is high level wellness, and (2) How do people attain and maintain this way of being? This study is being conducted through Griffith University, as part of Connie Allen's Doctor of Philosophy (PhD) program. The findings will be disseminated in a number of ways including journal articles, dissertation chapters, presentations and updates.

What are the expected benefits of this research?
This study could help to develop a new understanding of high level wellness, as both a destination (outcome) and journey (process). This could help to make this concept more accessible to less healthy happy people, providing a greater sense of possibility for themselves and their communities, and ideas on how they might be able to find and follow their own paths to high level wellness. This study could be useful for a range of helping professions including life coaches, wellness counsellors, public health professionals and community development officers; as well as communities and organisations who would like to place a greater emphasis on wellness and wellbeing. It may also benefit participants by enabling them to share their experiences and clarify their knowledge of health, happiness, wellness and wellbeing.

Who will be eligible to participate in this study?
People over the age of 18 who live in South East Queensland (Australia) will be eligible to participate in this study. This could include people in the following council areas: Brisbane, Gold Coast, Ipswich, Lockyer Valley, Moreton Bay, Noosa, Redland, Scenic Rim, Somerset, Sunshine Coast and Toowoomba.

What will you be asked to do?
You may be asked to participate in one or more individual or group interviews to discuss your wellness experiences and insights. You may also choose to share your knowledge in other ways, such as inviting Connie to join you somewhere that helps you to feel healthy and happy, or providing her with an example of something that enhances your wellness (e.g. a particular

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30 This originally cited a previous version of the research question: How do South East Queensland adults who experience high level wellness conceptualise, attain and maintain this way of being?
piece of music, an excerpt from your journal or a favourite recipe). Your investment is not likely
to exceed a few hours. Data collection is expected to finish in June 2015.

**Your participation is voluntary**
Your participation in this research is completely voluntary and you will be able to withdraw at any
time. Your participation or withdrawal from the study will not impact on your relationship with
Griffith University in any way.

**The basis by which participants will be selected or screened**
An initial sample of five participants will be purposively sampled based on their experience of
high level wellness and their ability to articulate what this is like for them. Connie will be aiming to
maximise variation in this initial sample to ensure that various ages, genders, income levels and
ethnicities are represented, as this will help to increase the conceptual generalisability of the
findings. Subsequent participants will be sampled in response to key questions that arise
throughout the process. For example, if the first five participants all happen to attend a gym,
Connie may actively seek a participant who doesn’t go to the gym to see if their experience of
health, happiness, wellness and wellbeing is similar to (or different from) the first five
participants. She may also need to seek negative cases to compare to previous participants
(e.g. people who are not healthy and happy)\(^{31}\).

Invitations to participate in this study will be circulated throughout South East Queensland
(Australia) via flyers, media releases, presentations to interested organisations and associations,
email, Facebook, Linked In and Twitter, with a request to forward this information to anyone who
might be interested in participating in this study. People who express an interest in participating
in this study will be contacted by email or telephone when Connie needs to identify participants
with particular traits, unless they opt out of this form of contact. It is important to note that some
people who express an interest in participating may not be required for this particular study, but
that this may not be known until the end of the data collection phase (June 2015).

**Your confidentiality**
A number of steps will be taken to safeguard your confidentiality throughout this research
process, including the ability to choose an alias. Identifiable data such as your name and contact
details will be collected, but individual participants will not be identifiable in publications or
reports. Your data will be kept in secure research software (NVivo), a password protected
computer and a locked filing cabinet. Some data will need to be kept for five years, as per
standard research protocols. People who participate in group interviews will be asked not to
discuss any private information that comes up during discussions outside of the interview setting.

**Risks to you**
This study is unlikely to cause you harm. Please email or call Connie if you would like to discuss
this research or ask any questions. Lifeline (13 11 14) can provide free 24 hour assistance if you
experience any distress.

**The ethical conduct of this research**
Griffith University conducts research in accordance with the *National Statement on Ethical
Conduct in Human Research*. If you have any concerns or complaints about the ethical conduct
of the research project you should contact the Manager, Research Ethics on (07) 3735 4375 or
research-ethics@griffith.edu.au.

**Privacy Statement – non disclosure**
The conduct of this research involves the collection, access and/or use of your identified

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\(^{31}\) This represented the researcher’s original sampling plans. This changed over the course of the
research. She interviewed the first 20 participants who met the selection criteria, and then chose
another five eligible people (from the participant pool) to maximise diversity in relation to the first 20.
personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University’s Privacy Plan at http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan or telephone (07) 3735 4375.

Feedback to you
You will be able to find out about the progress and results of this research if you would like to do so, including a one page overview of the key findings.

Questions / further information
Please contact Connie Allen if you would like any additional information about this project. Email: xxxxxxx | Telephone: xxxx xxx xxx
Appendix E: Consent form

Consent form: High level wellness, health and happiness

Research Team  Connie Allen, Dr Jennifer Boddy and Professor Elizabeth Kendall
Griffith Health Institute, School of Human Services and Social Work
Population and Social Health Research Program, Griffith University

Email: xxxxxxx | Telephone: xxxx xxx xxx

By signing below, I confirm that I have read and understood the information package; and
would like to participate in this study.

In particular, I understand that:

- I may be asked to participate in one or more individual or group interviews;
- I may also choose to provide information through other means (e.g. emails etc.);
- My data will be de-identified, professionally transcribed and stored in a secure manner;
- The information that I provide will inform a number of publications and presentations, but
it will not be able to be linked to me in any way (i.e., it will be anonymous);
- A de-identified version of this data may be used for other research purposes;
- My participation in this research is voluntary;
- I am free to withdraw at any time, without explanation or penalty;
- I will not directly benefit from my participation in this research;
- I can contact Connie if I have any additional questions;
- I can contact Lifeline on 13 11 14 to access free 24 hour assistance if I experience any
distress;
- I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics
Committee on (07) 3735 4375 (or research-ethics@griffith.edu.au) if I have any concerns
about the ethical conduct of the project.

☐ I acknowledge that Connie has answered my questions to my satisfaction.

☐ I agree to participate in the project.

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
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</tr>
</tbody>
</table>
Appendix F: Expression of interest (EOI) form

Please complete this form and return it to Connie Allen as soon as possible.

**Email:** xxxxxxx  OR

**Post to:** Connie Allen (confidential), School of Human Services and Social Work, Griffith University Logan Campus, University Drive, Meadowbrook Qld 4131.

Contact details:

Name: 
Telephone: 
Email address: 
Postal address: 

What is the best way and time to contact you about this study?

Demographic details:

Date of birth: Gender: Ethnicity: 
Household income: □ low / □ medium / □ high 
Occupation: 
Marital status: Number of children living at home with you: 

Additional questions:

1. Would you like to participate in a study on high level wellness, health and happiness?
   □ Yes □ No

2. Do you live in South East Queensland? □ Yes □ No

3. Are you over 18 years of age? □ Yes □ No

4. Where do you usually fit on the following continuums?

<table>
<thead>
<tr>
<th>Terms</th>
<th>Very low (1)</th>
<th>Low (2)</th>
<th>Neutral (3)</th>
<th>High (4)</th>
<th>Very high (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happiness</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Wellness</td>
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<tr>
<td>Physical wellbeing</td>
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<td></td>
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<tr>
<td>Mental wellbeing</td>
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<td></td>
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</tr>
<tr>
<td>Social wellbeing</td>
<td></td>
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</tbody>
</table>

5. What name (e.g. Tom/Amy) would you like me to use to keep your identity private on your interview transcript and any written data excerpts? 

Thank you for completing this form. Please send it to Connie Allen via email or mail.
Appendix G: Interview guide

Build rapport ➔ Be open ➔ Listen ➔ Be comfortable with silence ➔ Let people think

Is it ok if I record this interview so that I can get it typed up? You can stop the recording anytime.

General background:
- This study aims to find out how people with a high level of wellness, health and happiness conceptualise, attain and maintain this way of being. In other words, (1) ‘What is high level wellness, health and happiness?’, (2) ‘How do people come to be this way?’, and (3) ‘How do they stay this way?’.
- I am going to interview some people who say that they have a high level of health and happiness to find out how they answer these questions. I will then analyse the interview transcripts to look for patterns that help me to describe and explain high level wellness. I’m hoping to develop a new theory to help more people to flourish.
- Some participants may choose to help me to refine this theory through a group interview (focus group).
- This study will form the basis of my PhD. I am also hoping to share my findings with community members, wellness practitioners and academics through articles, books, blogs and presentations.
- What’s in it for you?
  - the chance to share your wellness insights and experiences
  - a copy of the transcript from today’s interview if you would like one
  - a summary of my findings
  - a Coles/Myers gift certificate to thank you for meeting with me today.

Ethical information:
- This study has ethical clearance through Griffith University.
- Here is a copy of the study’s information sheet and consent form that I emailed to you earlier this week.
- This interview should take around 60 minutes, but we can stop the interview or recording at any time.
- I will keep your name and contact details confidential, but may use some things that you say to explain different concepts or illustrate key points. I will use a pseudonym to protect your anonymity, so that nobody will know that this has come from you.
  What pseudonym would you like me to use for you?
  Pseudonym: __________________ | Do you have any questions before we begin?
- Do you consent to this interview? Yes / No
  Could you please sign and date this consent form.

Start of interview:
I’m hoping that you can help me to get a better understanding of exceptional health and happiness, including what it means to you, what it is like, and how you have managed to become and stay this way.

Interview questions:
1. What is high level wellness, health and happiness?
2. How would you describe this way of being? What is it like?
3. Have you always been like this? How would you describe your wellness journey?
4. What helps you to be this way? How?
5. What makes it harder for you to be this way? How?
6. What would make you more healthy and happy than you are today? How?
7. What would make you less healthy and happy than you are today? How?
8. Describe the type of day that makes you feel particularly healthy and happy. Please describe the type of day that doesn’t make you feel particularly healthy and happy.
9. How are you different to people who are less healthy and happy? How are you similar?
10. How could other people reach a high level of wellness, health and happiness?
11. Is there anything else I need to know to understand this way of being?

Thank you for helping me to learn about high level wellness, health and happiness. I will get this recording typed up so that I can compare your insights and experiences to the other data I collect in this study.

- Do you have any questions?
- Please feel free to contact me if you have any questions down the track or would like to share any more information. Email is easiest for me, or you can leave a message on my mobile.

Follow up questions
1. I will probably have some more questions to ask you, once I’ve had a chance to talk to more people and see some patterns across different people’s data. Is it ok if I ask you some more questions sometime later? What is the best way to do this? Phone / Email / F2F
2. Would you be interested in attending a group interview / focus group to help refine the new theory in about six months? Yes / No / Not sure
3. Would you like to receive a copy of the transcript from today’s interview? No / Email / Mail
4. Would you like me to send you my findings in early 2016? No / Email / Mail
5. Do you have any suggestions for accessing other healthy happy people for this study? Yes / No

Details:

Thank you so much for meeting with me today.
**Appendix H: Promotional support received for study**

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsolicited (GU approached for happiness/wellness expert OR promoted via contacts)</td>
<td></td>
</tr>
<tr>
<td>Gold Coast Bulletin</td>
<td>Sat 7/7/14</td>
</tr>
<tr>
<td><em>Part of three page story with cover mention in GC Eye lift out (pp. 10-12)</em></td>
<td></td>
</tr>
<tr>
<td>[PDF][Allen_GC Eye 7_7_14.pdf]</td>
<td></td>
</tr>
<tr>
<td>Happiness Bank blog (promoted via a LinkedIn connection)</td>
<td>Mon 4/8/14</td>
</tr>
<tr>
<td>Home schooling network (promoted via a Facebook contact)</td>
<td>Mon 4/8/14</td>
</tr>
<tr>
<td>Solicited in response to a media release developed by Connie Allen and Louise Durack</td>
<td></td>
</tr>
<tr>
<td>Channel 9 News - Gold Coast (GC)</td>
<td>Mon 11/8/14</td>
</tr>
<tr>
<td>mygc.com.au</td>
<td>Mon 11/8/14</td>
</tr>
<tr>
<td>ABC Radio, Brisbane, GC &amp; Qld + Twitter (4pm 612 Brisbane)</td>
<td>Tues 11/8/14</td>
</tr>
<tr>
<td>Northside Chronicle, Brisbane (p.4)</td>
<td>Wed 20/8/14</td>
</tr>
<tr>
<td>North West News (p.12)</td>
<td>Wed 20/8/14</td>
</tr>
<tr>
<td>GC Bulletin</td>
<td>Sat 23/8/14</td>
</tr>
<tr>
<td><em>Half page story with large photo of GU Gold Coast students (p. 3)</em></td>
<td></td>
</tr>
<tr>
<td>Story in electronic GC Bulletin with extra photo</td>
<td></td>
</tr>
<tr>
<td>Solicited in response to personal request by Connie Allen</td>
<td>Mon 10/8/14</td>
</tr>
<tr>
<td>Tim Sharp’s (aka Dr Happy) Happiness Institute Newsletter</td>
<td></td>
</tr>
<tr>
<td>(12,000 recipients)</td>
<td></td>
</tr>
<tr>
<td>Self promotion via website and social media</td>
<td></td>
</tr>
<tr>
<td>Distributed through my 160 Facebook contacts, 1600+ Linked In Contacts and personal contacts via email. Some of these people promoted this study to their contacts. Study participants have also asked others.</td>
<td>July + August 2014</td>
</tr>
</tbody>
</table>
Appendix I: Early memo on what high level wellness is

What is high level wellness, health and happiness?
Participants described high level wellness in many ways (see Table 1). On the surface, these conceptualisations seemed quite diverse, but a deeper analysis suggested that most participants were talking about different aspects of the same concept (high level wellness as a sense of peace and personal power—connected to their sense of self).

Table 1. Participant descriptions of high level wellness (a snapshot from each interview)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Example quotes on what high level wellness is</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth</td>
<td>“To me, wellness is a contentment. It’s feeling at peace.” ... “It’s a fine balance. Making sure that you’ve got everything in your life going well.”</td>
</tr>
<tr>
<td>Amy</td>
<td>“It’s not expecting everything to be perfect.” ... “It’s being busy, being occupied, and being content with ‘That’s where it’s at, at the moment.’”</td>
</tr>
<tr>
<td>Rose</td>
<td>“Vitality. I think a high level of wellness is actually a really good description. That certainly resonated with me because I’ve been unwell.”</td>
</tr>
<tr>
<td>Bob</td>
<td>“Happiness is being satisfied with where I am in life, you know, what I am, what I’m doing, that’s happiness.”</td>
</tr>
<tr>
<td>Jade</td>
<td>“I think wellness is also that state of positive wellbeing” ...(being) “able to take control of my life.” “If I hadn’t gone through that feeling down, I wouldn’t have appreciated when things were going right”</td>
</tr>
<tr>
<td>Anne</td>
<td>“I suppose what I think of it (as) is getting up each day and finding joy in the day. Being able to ...survive small upsets ... and cope with big upsets.”</td>
</tr>
<tr>
<td>Ruth</td>
<td>“I’m happy and I can consider myself healthy. OK, I can’t run and jog ... but overall, you know, I’m still doing what I’m doing.”</td>
</tr>
<tr>
<td>Kelly</td>
<td>“I think it feels really good because I haven’t always – I’ve had to work very, very hard physically and psychologically to get to where I am.”</td>
</tr>
<tr>
<td>Gaz</td>
<td>“Awareness of the body, contentment, freedom from suffering ... peace of mind, joy, delight, serendipitous adventure, acceptance of all as it is.”</td>
</tr>
<tr>
<td>BB</td>
<td>“Positive. I’m not affected by negative too much.”</td>
</tr>
<tr>
<td>Sophia</td>
<td>“A general happiness and content with your life and values, knowing what your values are and staying true to your values.”</td>
</tr>
<tr>
<td>Lisa</td>
<td>“It makes me feel great and it just makes my life more enjoyable as well ... my journey ... feels much more complete and things fall into place.”</td>
</tr>
<tr>
<td>Marie</td>
<td>“Being able to get out of bed and knowing there’s all these issues or things going on in the background, that you can still function and ... feel good about yourself ... and come to work and put a smile on your face.”</td>
</tr>
<tr>
<td>Jen</td>
<td>“The contentment is always there.” ... “So even when it’s really bad ... I ride it out. ... Then when I get to the really good times I appreciate them.”</td>
</tr>
<tr>
<td>Asia</td>
<td>“I call it the oneness. I stay with the oneness.” ... “We are all connected”</td>
</tr>
<tr>
<td>Jill</td>
<td>“Just that I know I can cope with everything. Yeah. Nothing gets me down.”</td>
</tr>
<tr>
<td>Wendy</td>
<td>“I think it is truly in your mind, what you think. I’m always happy because I just think, ‘Well, what’s the point of? I don’t like being depressed.”</td>
</tr>
<tr>
<td>Geri</td>
<td>It just feels that anything that happens will be ok. That might be the overarching thing. That it’s all good.” ... “I feel full, kind of, inside.”</td>
</tr>
<tr>
<td>Heather</td>
<td>The ability to be resilient, to bounce back, to have the strategies, the coping mechanisms to deal with that and to still focus your goals on achieving something that brings you a sense of satisfaction and joy.”</td>
</tr>
<tr>
<td>Emma</td>
<td>“Stable and steady and consistent, narrowing the peaks between the lows and the highs. More of a general feel good without being too hyperactive.”</td>
</tr>
<tr>
<td>David</td>
<td>“You’re not dead ... I’ve met a lot of people in my profession who are dead.”</td>
</tr>
<tr>
<td>Bill</td>
<td>“I think at the end of the day, it’s not about me. Right. It’s about being the best you can be for other people.”</td>
</tr>
<tr>
<td>Joy</td>
<td>“I describe it as being the best version of me. And that looks different for everybody. But if I describe it for myself, it’s like, as a complete person. It feels like inner peace. Very clear focus. Very clear in the mind.”</td>
</tr>
<tr>
<td>Participant</td>
<td>Example quotes on what high level wellness is</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Amelia</td>
<td>“I call it a sense of wellbeing. A sense of energy in life. Optimism, I guess. A feeling that you can achieve ... the things you want to achieve.” ... “It just feels like nothing is too much trouble.”</td>
</tr>
<tr>
<td>Leanne</td>
<td>“Just content, happy and lucky. ... I’ve got everything I need. ... I’m happy with what I’ve got.”</td>
</tr>
</tbody>
</table>
Appendix J: Example memos on high level wellness as a process

Example 1:
My current sense of the data is that:
1. Really healthy happy people experience a sense of peace in themselves across most of the dimensions of their lives. This is their ‘go to’ point, a nice normal that they want to maintain and grow. They know and like who they are. They do the things that they enjoy and try to make the most of their lives. They are also confident, resilient and well-balanced.
2. Really healthy happy people learn to become this way over time (e.g., experiencing ups and downs to gain a sense of perspective, learning through books/role models, aspiring to be their best selves, being kind and compassionate to themselves and others, and checking in with themselves and others). They continually choose to be this way through their actions (including thoughts, beliefs, attitudes and behaviours); drawn towards the people, places and things that make the feel best in the long term, away from those that do not. The more they invest in their wellbeing and get to know and trust themselves, the healthier and happier they get, and the better they feel. They accept that things will not always be perfect or controllable, but they will change whatever they can to feel good about themselves and their lives, including knowing that they will be able to get back on track if they wander from their path. They value themselves too much to stay in a bad situation. The biggest take homes seem to be their self-compassion and kindness, their feedback loop (action, reflection and modification), and slow and steady progress in whatever area most needs attention.
3. Really healthy, happy people stay this way by establishing systems (e.g., routines/rituals, relationships and coping strategies). Once they get some things that are working really well, they can just keep doing that and focus on other areas. Their action learning cycle (feedback loop) will let them know when things are becoming unbalanced, so that they can be addressed.

Example 2
I coded for high level wellness as inner peace and found that most people describe it in this way. This has become the centre of my diagram. I'm now working my way through a four step experiential learning cycle: (1) assess the situation, (2) choose an action, (3) reflect and learn, and (4) integrate lessons. The first stage of the cycle has three components: (1) using personal scoping rules to focus on what you can actually change, (2) seeing unpleasant experiences as a catalyst for change, and (3) prioritising activities that enhance their wellbeing and make them feel good. The four scoping rules are: (1) do not adopt unrealistic expectations, (2) do not worry about the past or future, (3) do not expect to find inner peace through commercial objects, and (4) do not over-empathise with other people's problems.

Example 3:
I've gone to a three step model, as act and reflect (steps two and three) go together. I can't help but talk about them at the same time for each element. Act and reflect has a few subcategories:
1. Start where you are (multi-strategy reset, incremental change or maintenance)
2. Nurture your body (rest; move, rejuvenate and relax; and eat nourishing food)
3. Free your mind (do more of what you love to do, and choose empowering thoughts).
The final category (integrate lessons) will include: (1) find out and be who you are (identity) and (2) set yourself up to succeed (habits, environmental cues, sharing the load, and getting help when you need it. [...] I have a pretty good understanding of the data and how it all fits together. I am sifting through this data in my brain to work out the best way of framing it and then checking to see if this works through my coding. [...] I guess I'm trying tentative codes based on my understanding of the data and the emerging theory, trying to find something
that fits with (and explains) the data. I’m capturing as much participant wisdom (and data variation) as I can without overwhelming the reader with extraneous detail. I am leading with a big picture approach, and then looking for the detail (after having first spent a lot of time exploring detail and ways of looking at the data). I change my approach when the data doesn’t fit, or the big picture model can be explained with more clarity in another way. It is about honouring the data/participants and maximising benefit to the reader.

Example 4:
Overcoming obstacles TURNS INTO positive experiences, feelings, life lessons and self-concepts. You reflect on your choices, actions and results; moving towards the things that make you healthy and happy, away from those that don’t. You build strong foundations across all the different areas of your life. Other problems will come up and you will deal with them. You will also take advantage of various opportunities; establishing and maintaining wellness practices, planning for and savouring the best aspects of your life, and developing strong, mutually beneficial relationships. You stay focused, in the present, and grow.

Example 5:
Note: I made this audit trail entry after developing the definition of high level wellness and summarising each participant’s wellness journeys. I had a good idea of the data from previous rounds of initial and selective coding (and memos), but hadn’t started coding for potential steps in an experiential learning cycle. This audit trail entry was part reflection and part data storyline (i.e., telling the story of what I was seeing in the data). It was also a way of documenting my awareness of Kolb’s learning cycle (now bolded), as a form of bracketing (i.e., acknowledging prior knowledge and its impact on data analysis).

I feel as though I understand the data. This study arose from a deep dissatisfaction with my own life, an awareness that I wasn't healthy or happy and didn't know anyone who was. I became curious about what this way of being was like, and how people managed to become and stay this way. I embarked on a PhD to find out. I put out a call for participants and had 41 people express an interest in my study. I chose to speak to 25 people who had indicated a high or very high level of health and happiness - the first 20 on a first-come-first-served basis, then another five to maximise sample diversity. I asked a series of open questions about their experience of health and happiness, how they came to be this way, what helped and made it harder, what could make it better or worse into the future, what a typical good and bad day looked like, and if they had any advice for others. I tried to minimise my impact on study questions to let participants discuss the things that were most meaningful to them.

I found data analysis very difficult. I didn’t know what to write up as field notes and my reflections on the first participant seemed to be rebuked by the second. While I struggled to record my understanding of each interview on paper, the interviews themselves kept moving in a productive manner. People shared their insights on health and happiness and I followed up with prompts around words, concepts and experiences that seemed particularly important. The concept of checking in (reflection) came up many times in the first interview. When I noticed this sense of turning inwards before and after acting coming up in other interviews, I asked more about it, often describing the different ways that I had heard people say that they do this and asking if any of these applied to them. Another concept that came up in early interviews, which I checked with subsequent participants, was the idea of health and happiness as a reward or confirmation for being on their path (i.e. doing everything they needed to do to be healthy and happy). They tended to agree, although some of them worded it a bit differently.
I spent a long time coding the data and trying to memo on what I was seeing. At first I struggled with the concept of gerunds, finding myself doing more of a thematic analysis than a grounded theory study. Workshops in classic and constructivist grounded theory helped me to understand the importance of coding for action, and the way that this type of coding could help me to group similar chunks of information. For example, when I first coded people’s descriptions of health and happiness, I ended up with words like contentment and peace, but also vitality, satisfaction, knowing that life is good, and different actions like keeping busy. Coding all of these chunks of data as ‘describing health and happiness’ helped me to perceive this data as a homogenous group (category) with important differences that I needed to account for (properties), as opposed to seeing them as separate groups (separate categories) which were hard to compare. Seeing the data in this way helped me to realise that some people were talking about a sensation or realisation that they experienced after overcoming a recent obstacle. For example, Rose talks about health and happiness as an “awesome” sense of “vitality”, which she experienced after overcoming a debilitating ross-river type virus that had left her “flat as a tack”, completely drained of energy. Amy talked about health and happiness as always having something to do and a plan to move forward, in response to her experiences of being out of the workforce. Sensations like peace and contentment seemed to arise as a result of doing things like spending time in nature and having most aspects of your life going quite well; being aligned with your strengths, values and preferences.

I was particularly struck by the interplay between feelings, actions, reflections, sense of self and the circumstances that people found themselves in. These people currently experienced the world in similar ways, even though this looked very different from the outside. They knew and liked who they were, and did their best to embody their strengths, values and preferences. They did many of the same sorts of things, including being physically active, eating nourishing food most of the time, catching up with cherished friends and family, spending time in nature, and being of service in a sense of meaning and purpose. Some people also did what they could to learn more about things that they enjoyed, and had a deep connection to their conceptualisation of god, spirit or a higher power. They balanced the things that they had to do or couldn't change of control, with a variety of activities that bought them great joy.

I felt the importance of people’s sense of identity in the interviews before I fully understood it on a cognitive level. When I asked people to tell me about the type of day that doesn't make them feel healthy and happy (after they had just told me about the type of day that does make them feel healthy and happy), I felt like they were describing my version of normal. They talked about waking up tired, working in jobs that they didn't enjoy, or being so stressed and time poor that they didn't have time to do the things that helped them to be healthy and happy. However, these people did not see this as normal, they saw it as something abnormal that they needed to fix. They refused to live this way, and would consciously choose to do something different, going to bed earlier, trying to find things that they were grateful for, getting outside to exercise. This reluctance to accept this way of being as normal was often one of the things that triggered their wellness journey in the first place. Many of them had endured adversity and drawn a line in the sand, refusing to identify with this way of being or experience it any longer. This prompted them to move away from what they didn't like, to find something that they did. They acknowledged what was going on in their lives and embarked on an experiential learning process of reflection and action, which helped them to gain a sense of self-confidence, resilience and peace, knowing that they would be able to deal with anything else that came their way. It also provided a sense of perspective, knowing that things could be much worse, and a deeper understanding of what they could (or could not) control. They developed a deeper understanding of themselves, coping strategies, and personal values/rules to aid in future decision-making processes.
I was particularly struck by the sense of joy, awe, connection and peace that people expressed in their interviews, as it was also very different to my experiences. I was fascinated by the richness of their descriptions of different activities and the extraordinarily positive emotions and thoughts that they experienced after doing them. This seemed deeply enticing and rewarding, a far cry from the 'long list of shoulds and inevitable failure' that I had assumed health and happiness to be. Rather than identifying with bad days and troubling situations, these people chose to internalise the activities and experiences that made them feel their best. Sophia went from hating physical education as a child to introducing herself as a runner. Bob came across some adventure books as a child and went on to think of himself as a resilient explorer and mountaineer. These healthy, happy people structured their lives around the things that bought them most joy, including the location and layout of their homes, their hobbies, social circles, habits and routines.

The notion of energy ran alongside the interviews, weaving into people's wellness stories. Many people talked about the way that unhealthy happy people drained their energy. Healthy, happy people tended to avoid these people, or limit their time with them. They preferred spending time with other healthy, happy people who helped them to maintain good levels of energy. Some of them also spoke about being conscious of the way that they impacted on others, wanting to help others and be a positive influence on their lives. These people knew who they were, and part of that was knowing what drained and energised them. This knowledge needed to be put into practice to be of any use, so people moved away from what drained them, towards what energised them. Elizabeth talks about this is being an internal compass.

As I coded and wrote memos on the data, I started to notice the cyclical nature of the learning process. People didn't start out knowing who they are and what they like or dislike. Some people (like Jill) were lucky enough to be given a good wellness foundation, compass and rules in childhood that they could build on in adulthood. Some had a fairly good wellness foundation, but needed to form their own compass and rules through experience. Others don't start with anything apart from a strong understanding of what they don't like and an urge to find another way. The more people went through life, noticing what is, acting, reflecting, internalising life lessons and building their external world to match, the more they learned about themselves and improved their wellbeing. They gradually started becoming their best selves and building the systems that enabled them to continue to grow and thrive.

I started to put the different categories that I was seeing into a circle template, including committing, checking in, acting, reflecting and internalising life lessons. I began with lots of different categories and lots of cross-over between the different categories. Commitment seemed important to some people, but did this go before or after noticing what was going on? Checking in seemed to require an existing level of self-awareness, including an understanding of what high level wellness felt like, and rules to determine what was in or out of your control. This definition fit the data that I was seeing, but didn't account for the way that this knowledge built up over time. These people didn't have all of this knowledge at the start of their wellness journey, they just noticed that something was happening that they either liked, disliked or didn't mind either way. This observation and visceral assessment prompted an action, reflection and integration of learnings into their sense of self and circumstance. Once this happened, they were able to incorporate these insights into future check in processes. I scanned the data in my mind, thinking about how it would work for each of the participants. Some seemed to fit quite neatly, particularly once I unpeeled the layers of learning that they had developed over many years and focused on the things that first prompted them to focus on their own wellbeing. Some seemed a little more tenuous, as they skipped over different parts of the model, as if they were a given. I talked this through with my husband and we worked out this wasn't necessarily because they don't do each part of the model, they might just do it very quickly and not articulate it as clearly as others. I quelled my urge to throw out the model and start again, as it seemed to be the best way of
explaining all of the elements of their learning process - the trigger, the action, the reflection, the internalisation of lessons and the way that they changed their external lives to match.

I was conscious that my model, which had reduced from eight to four possible categories, now resembled Kolb’s four stage experiential learning theory. I knew that mine had been developed from my attempts to understand the data through codes and memos. I glanced at some information on Kolb’s model, noting that mine had some important differences and then progressed my analysis, promising myself to explore Kolb’s version in more detail after I had finished developing my findings.

I remembered that constructivist grounded theory is about coming up with a “conceptual rendering of the data” (Charmaz, 2014, p. 337-338). It is just one way of looking at the data out of many potential ways (not Glaser’s one true interpretation emerging from the data). I just needed to portray what I was seeing in an effort to help others. I could continue to second guess my understanding of the data or draw my own line in the sand, acknowledging that I had spent a lot of time trying to transform 300,000 words of data into an explanation of the underlying concept and process (theory). I had coded multiple ways on paper transcripts and electronically through NVivo. I had developed memos on my process and findings, gaining a deeper understanding of various nuances of the data. I had written a narrative of each person's wellness journey, which had helped me to see their story as a whole. I had talked through my findings with my supervisors, husband and daughter. I had even started to internalise my understanding of the data in my own life, significantly improving many aspects of my wellbeing. I couldn't think of a better (more clear and concise) way of representing what I was finding without losing its depth.

Part of me wanted to exhaustively assign every piece of data to an open code and transform every early memo into a work of art. The other part just wanted to get this study done. I had reached saturation. I had spent over twelve months of my life wading through an enormous data set. I had developed a tentative account of what I was seeing, and decided that it was good enough. I was good enough. It was time to start recoding what I was seeing for the readers. While I knew that this whole piece of work was ultimately being written for academics, I decided to write my findings with my original audience in mind. The person who had thrown her hands up a few years earlier, admitting that she had no idea what it was like to be healthy and happy, despite undergraduate and postgraduate qualifications in psychology, public health and health promotion, and 15 years working in the field. The person who had put everything she had into her career only to realise that she and her colleagues had been declared redundant. My previous self, and others like me. People who thought that the path to health and happiness was learning lots and working hard, sacrificing their wellbeing for the illusion of safety and security—and those whose wellbeing was thwarted in other ways. I wanted to develop something that helped these people to get a better sense of what I was seeing in the data, and understand high level wellness as a whole, so that they might be able to attain and maintain it for themselves.
Appendix K: Theory summary sent to feedback session attendees

Connie Allen: High level wellness theory (confidential)

Thanks for helping me with my research once again. Here is an overview of the theory of high level wellness that I developed from interviews with 25 healthy happy people. I’ll be going through this during our feedback session, but it’s here as well, in case you would like to read it in advance. There will be some extra points and diagrams on the day. I’ve also included the questions that I’ll be asking on the day (at the end of this document). Please keep this information confidential, until I’ve passed my PhD and published relevant articles.

What is high level wellness?

High level wellness is the sense of peace (fulfilment/wholeness/wellbeing) that comes from understanding (knowing), appreciating (liking) and actualising (being) one’s best self. This feeling can be fleeting, fluctuating or fixed. Inner peace enables happy healthy people to savour the most enjoyable aspects of their lives, and manage everything else. Its absence lets them know it is time to try something different, by becoming more: (1) present and self-determined; (2) respectful of their needs, and (3) aligned with their particular energisers, values, strengths and joys.

How do people attain and maintain high level wellness?

Healthy happy people attain and maintain this way of being over time, through a series of self-initiated learning cycles. Each learning cycle provides an opportunity to: (1) assess the situation, (2) choose an action and review the consequences, and (3) integrate lessons. People initiate new learning cycles when they want to feel more aligned with their unique needs, values, strengths, energisers and joys. Self-reflection is important at each stage of this process, enhancing self-awareness, support structures, resilience and wellbeing.

Step 1: Assess the situation

The first step of the experiential learning cycle is to determine what is happening. This can be achieved by identifying problematic issues that need to be managed, or considering pleasant options that could feel good and enhance wellbeing. Potential strategies can be screened (and sometimes dropped) by acknowledging that:

- Nothing is perfect
- There is no point worrying about things that are out of your control
- Money and material possessions do not bring an enduring sense of peace
- It is not sustainable to sacrifice your own wellbeing in an attempt to help others.

Healthy, happy people prioritise their wellbeing by perceiving high level wellness as a choice; something they create for themselves by taking responsibility for their own thoughts, feelings and actions (self-care). From time to time, they choose one or more aspects of their life they would like to work on; initiating and driving this process for themselves—on their own, or in partnership with others.

Step 2: Act and learn

The second step of the experiential learning cycle is to experiment with a particular approach (‘trial and error’), review the consequences and learn important lessons (e.g., what works for now, and what does not). A potentially unlimited range of factors can be explored in this step. People may choose to focus on several parts of their life at once (a multi-strategy reset), concentrate on one aspect at a time (incremental change), or savour and tweak something that is already working fairly well (general maintenance). Happy healthy people seem to adopt a number of similar qualities and actions through many years of trial and
error, which they express in unique ways. For example, most of the participants in this study demonstrated: (1) a sense of light-hearted presence, (2) the ability to maintain a pleasant equilibrium between contentment and joy, and (3) lesson seeking (looking for the good in each situation). Most participants also prioritised: (1) replenishing sleep and rest; (2) a way of eating that aligned with their circumstances, needs and values; (3) moving their body for health, joy and balance; (4) spending time with positive people and/or pets; and (5) doing something of value for themselves and others.

Step 3: Integrate lessons

The third step of the experiential learning cycle is to integrate the lessons people learned in step two (and previous learning cycles). These lessons enable people to develop a cohesive sense of self over time; succinctly describing who they are and what they value in a positive, compassionate manner—and acting on that knowledge. This level of self-awareness, appreciation and actualization engenders a sense of confidence and resilience; and guide future actions. Healthy happy people set themselves up to flourish; creating, refining and consolidating personalised systems that help to maintain various aspects of their identity and wellbeing (e.g., habits, environmental cues and support people). This tends to include a series of safeguards that let them know when their wellbeing is suffering, prompting them to initiate new learning cycles as required.

Questions:

1. How does this apply to me? (resonance)
2. How could it apply to others? (usefulness)

These are two of the four evaluation criteria for this type of research. The other two are originality and credibility.
Appendix L: Handout provided to feedback session attendees

What is high level wellness, health and happiness?

High level wellness is the sense of peace (fulfilment/wholeness/wellbeing) that comes from knowing, liking and being one’s best self. This feeling can be fleeting, fluctuating or fixed. Inner peace enables happy healthy people to savour the most enjoyable aspects of their lives, and manage everything else. Its absence lets them know that it is time to try something new, by becoming more: (1) present and self-determined; (2) respectful of their needs, and (3) aligned with their particular energisers, values, strengths and joys.

How do people attain and maintain this way of being?

Figure 1: Experiential learning cycle of high level wellness, health and happiness

1. Assess the situation
   Explore what is happening and choose a focus.

2. Act and learn
   Try something, review the consequences and learn.

3. Integrate lessons
   Know, like and be your best self.
   Set yourself up to flourish.