Low-Cost Approaches to Promote Physical and Mental Health
Low-Cost Approaches to Promote Physical and Mental Health

Theory, Research, and Practice

Edited by

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This book is dedicated to my beloved grandchildren,
Alessandra and Ian Sterling L’Abate,
so as they grow up
they can use some of the approaches in this book
and to Dennis D. Embry, Ph.D.,
who started the ball rolling with his vaccine metaphor.
The purpose of this book is to cover the wide range of prescriptive approaches that have been found to produce noticeable and known physical, behavioral and psychological benefits with a minimum of cost and maximal mass-administration. Being possibly self-initiated and self-administrated activities, or interventions administered by others, face-to-face (f2f) contacts and talk are kept to a minimum. After learning how to use a particular activity, participants can go on their own without further contact with whoever is administering the approaches. In most cases, short written instructions may suffice.

In editing this book, to keep its focus clear and specific, there was no interest in including or overlapping with prevention-oriented approaches (Albee & Gullotta, 1997; Baum & Singer, 2001; Bloom, 1996; Camic & Knight, 1998; Dalton, Elias, & Wandersman, 2001; Gullotta & Bloom, 2003; Kessler, Goldston, & Joffe, 1992). Consequently, no prolonged and costly approaches were included, such as training in social, or psycho-educational skills, assertiveness training, or anger management. Also not included were prolonged face-to-face talk-based interactions between participants and professionals, like traditional primary, secondary, and tertiary prevention approaches, such as psychotherapy, or crisis activity. The aim was to create a new tier of promotional approaches in their own right. If these approaches are contained within what has been called primary universal prevention, so much the better.

The classification of prescriptive approaches, as defined by the Table of Contents, is completely new and cannot and will not be found anywhere else in the psychological literature, as far as this editor knows. This book is a “first” in many respects. To support this contention, one needs to compare its contents with those of other authoritative sources. For instance, its closest competitors can be found in Jason and Glenwick (2002), Bloom (1996), Norcross et al. (2000), and Gullotta & Bloom (2003). In Jason and Glenwick’s book, for instance, except for a chapter about promoting mental health in later life, all chapters deal with primary and secondary prevention. It does not cover specific approaches the way we do here: Approaches covered in this volume are physical survival and mental health enjoyment as dependent variables. All the chapters in Jason and Glenwick’s work are based on programs and research relying on prolonged interactions and complex methods to prevent physical and mental illness. Furthermore, none of the approaches covered in the present book are anywhere to be found in that book. Hence, the overlap between these two volumes is minimal. To make this point clear, readers will not need a research grant to implement any of the approaches covered in the present book unless they are interested in evaluating whether a particular approach works or not.

In stark contrast with programs reviewed in Jason and Glenwick, the present book contains a different set of easy-to-administer, simple-to-implement, and sufficiently concrete approaches to represent standard operating procedures repeatable from one participant to another, or from one intermediary to another, either at no cost, low cost, or cost effectively. Most of the approaches reviewed in the present book fall within the province of being administered by sub professional, para professional, or semi-professional intermediaries, by mail or through the Internet. These approaches do not address the complex outcomes of earlier preventive work, such as delinquency, homicide, child abuse, and the effects of racism, among many others. The same conclusion about complexity and length leveled about programs covered by Jason and Glenwick’s book could be repeated about standard health psychology texts (Camic & Knight, 1998; Sarafino, 1994).
Bloom’s (1996) contents also could be compared with this book. He did cover nutrition (5 pages), lifelong exercise (5 pages), and social support, mutual assistance, and self-help groups (6 pages altogether). This book devotes one chapter for each topic, bringing them up-to-date with recent research and practice.

The only overlap between the contents of this book and another text could be found in Norcross et al.’s (2000) guide. The guide covers self-help books, audio- and video-tapes, films, as well as Internet resources available for help, autobiographies and support groups. This is why we have kept self-help books, audio- and video-tapes, and films out of this volume. However, various structures of writing (Section IV this volume) including self-help workbooks, were not contained in Norcross et al. The research to demonstrate the usefulness of many resources reviewed in this “authoritative guide” is limited, questionable, and not very encouraging. We hope to do a better job in two overlapping areas, autobiographies (Chapter 12 this volume) and support groups (Chapter 23 this volume).

Another distinction between prescriptive approaches, as defined here, and traditional primary preventive approaches, as commonly practiced (Gullotta & Bloom, 2003), must be made. Traditionally, preventive approaches have been intended to avoid negative behaviors, as found, for instance, among high-risk populations, addicts, abusers, and criminals. To use Jason and Glenwick’s (2002) work as a representative example of such primary prevention practices, 10 of their 15 chapters were related to preventing physical and sexual abuse; school failure; delinquency and antisocial behavior; depression in youth; alcohol, tobacco, and other substance abuse; HIV and AIDS; chronic health problems; marital disorder; and racism and sexism. Even chapters devoted to promoting effective parenting practices, mental health in later life, and healthy communities through community development presented rather complex programs that at first blush appear difficult to replicate unless a research grant is obtained.

Another example of a competing source can be found in Gullotta and Bloom’s (2003) encyclopedic work on primary prevention and health promotion. In this work, preventive and promotional approaches seem to overlap without any clear delineation and differentiation between promotion and prevention. Even one chapter devoted exclusively to a brief history and analysis of “health promotion” (Bingenheimer, Repetto, Zimmerman, & Kelly, 2003), or another chapter on theories of prevention and promotion (Silverman, 2003) included physical diseases and their prevention. Furthermore, most contents of the whole work included few positive conditions to promote prevention, such as: academic success, five chapters devoted to creativity across the entire life span, environmental health, strengthening families, health promotion in older adulthood, identity promotion in adolescence, marital enhancement and satisfaction, five chapters on nutrition over the entire life cycle, four chapters on parenting over the life cycle, perceived personal control, physical fitness, four chapters on religion and spirituality over the life cycle, resilience, self-esteem, social competency in adolescence, and three chapters on social and emotional learning in early childhood, childhood, and adolescence, and sports. These chapters composed about one third of the topics reviewed.

The major difference between Gullotta and Bloom’s (2003) work and the present classification lies in their considering topics by the nature of the behaviors to be prevented, while the classification presented in the present work is by replicable methods to promote physical and mental health in functional populations. Very few, if any, methods to promote physical and mental health were included in Gullotta and Bloom (2003). Hence, the aims of the present classification are different from those found in the prevention literature, including Gullotta and Bloom, among others. The latter, encyclopedic treatise, covers any possible condition known to date. However, it differs from this book in several ways:

1. Their encyclopedia fails to distinguish between primary prevention and health promotion, and lumps them together as if they were synonymous. There is no clear line of demarcation between promotion and prevention, as achieved in this book.
2. Their encyclopedia is organized around topics to be prevented, rather than methods, and lumps together positive as well as negative conditions. For instance, creativity, religion and spirituality,
among other positive topics, are included without distinction with the bulk of the book that deals with negative topics, like abuse, criminality, etc.

3. By dealing with topics to be prevented, their encyclopedia fails to stress the importance of no-cost or low-cost methods to promote physical and mental health. As already noted, positive and negative topics are lumped together without distinguishing, as we do, between primary prevention versus health promotion. For instance, it is difficult, if not impossible to know which methods of prevention have been used, if any. Admittedly, we do separate between Part I, Physical, and Part II, Mental Health, strictly to break down the two parts. We know full well that a demarcating line between the physical and mental is artificial and no longer sustainable, conceptually as well as empirically.

4. In their encyclopedia, no attention is given to costs, in spite of having a whole chapter on cost-effectiveness analysis. Traditional lengthy and complex prevention approaches are included that are difficult, if not impossible to replicate without external funding. Indeed, there is a whole chapter devoted to financing primary prevention and health promotion, definitely very important and relevant topics for prevention but not for promotion.

5. In their book, one chapter devoted entirely to health promotion covers diseases that have been effectively reduced by a variety of physical means, like medication, exercise and diet. Hence, the distinction was not made between promotion to approach and augment health and prevention to avoid and decrease risks of disease.

Hence, there is little if any overlap between the contents of the present book and the monumental encyclopedia by Gullotta and Bloom (2003) that represents a milestone in the progress of prevention of mental illness.

In sum, as far as prevention goes, all the approaches reviewed in selected sources are based on prolonged rather than short-lived, low-cost approaches. Many programs used in most prevention or community programs covered in those references will not be replicated. They cost too much. For instance, many promising and interesting preventive programs covered in these references have not been replicated, as far as this writer knows. Most preventive programs receive support from research grants and from the federal government. Consequently these and other preventive programs found in the edited books cited above are limited to researchers who qualify for external funds. If funds are limited, these programs do not occur. None of the approaches we cover here need grant money. They can be implemented with very little monetary investment if any.

Furthermore, many texts cited here and elsewhere in the present book are no longer up-to-date with the conclusions of the New Freedom Commission on Mental Health (2003) or the recommendations of the Surgeon General of the United States by the Department of Health and Human Welfare (U.S. Public Health Service Office of the Surgeon General, 1999) about mental health and prevention. Both reports either ignore prevention altogether or leave it to future efforts, let alone promotion. Most, if not all, approaches covered in this volume require a minimum of external support.

**Intended Audiences**

The intended, primary audience for this book includes professionals, teachers and researchers who subscribe to a public health rather than to a private health ideology. Even in the latter case, these approaches might convince professionals in clinical practices to prescribe as many approaches reviewed here to couple with face-to-face talk-based approaches. These approaches can be administered by practically anybody, volunteers, graduate students, practitioners, and researchers in the mental health helping professions (clinical psychology, psychiatry, social work, marriage and family therapy, school counseling). Professionals in prevention, psychotherapy, and rehabilitation, as well as graduate students and professionals in related disciplines, such as nutrition, sports, physical education, and leisure time activities, could conceivably profit by using the approaches reviewed in this book.
The Need for Theory to Account for Practice

Contributors to each chapter of this book were allowed complete freedom to link their specific approaches to whatever conceptual or theoretical framework or model best suited that activity. What about a theoretical framework that would account for the field of health promotion as contained in this book?

As noted above, while prescriptive approaches are directed toward the approach of positive low-cost activities to increase physical and mental health, most preventive efforts are directed toward the reduction and avoidance of mental illness. This important distinction finds its theoretical basis in Higgins’ (1998) seminal distinction that leads to further theoretical expansions, especially in the area of motivation (Elliot & Church, 1997; Elliot & Covington, 2001; Impett, Peplau, & Gable, 2005). A dimension based mostly on distance, and defined by extremes in approach-avoidance, therefore, forms the basis for communal/expressive relationships based on closeness (love, care, concern, and compassion) covered in some ways in Section V of this book. By the same token, another dimension, based on control, and defined by extremes in discharge-delay, forms the basis for agentic/instrumental relationships covered in some ways in Section VI of this volume, involving bargaining, problem-solving, and negotiation (L’Abate, 2005). This distinction finds its physiological counterparts in Gray’s (1987) distinction between appetitive activation and aversive inhibition (Gable, Reis, & Elliot, 2000). Chapter 1 expands on this distinction while this distinction is expanded at a biological level elsewhere (L’Abate, 2006).

Above and beyond theoretical distinctions, the notion of prescriptive approaches used in this book is in line with approaches based on positive psychology. Indeed, this notion finds its validation in positive psychology. For instance, self-help exercises, administered through the Internet and lasting a few minutes a day for one week, produced effects lasting up to six months in two out of five exercises. Writing about three good things that happened in one day and using signature strengths of character each day, showed that these exercises indeed performed as vaccines, that is, they were: (1) easily self-administered, (2) economical to administer to a large mass of participants, and (3) produced significant effects that lasted for some time (Seligman, Steen, Park, & Peterson, 2005).

Organization of the Book

The first section serves as an historical introduction with a chapter devoted to distinguishing promotion from prevention approaches (Chapter 1, L’Abate). Even though there is a very thin line between physical and mental health, for purposes of classification, the first part of this book focuses on approaches that are primarily related to physical health, such as nutrition and physical activities. In the first section nutritional approaches cover diets and weight control (David Katz et al., Chapter 3) and the current obesity epidemic (Chapter 4, Finke and Huston). Omega-3 fatty acids require a Chapter 4 of their own because of the amount of research devoted to their benefits (Umhau and Dauphinais).

In Chapter 5 Edward Giovannucci covers the vitamins, minerals and supplements most beneficial to most consumers. Along the same lines, in Chapter 6, Sharin Akhondzadeh explores how simple, inexpensive herbal medicines help in treating psychiatric and neurological disorders. At this point the reader may ask why this chapter was included since it involves “treatment of diseases” rather than promotion of health. This editor feels justified in including this chapter for the very simple reason that “herbal medicines” are available to practically everybody without a medical prescription. Consequently, they follow within the rubric of “low-cost prescriptive approaches."

Section III covers secondary approaches related to motoric, nonverbal vaccines. In Chapter 7, Calogero and Pedrotty discuss their original distinction between “mindless” and “mindful” exercise, a very important distinction that they follow up with very clear guidelines. In Chapter 8, Angele McGrady covers relaxation, meditation, and related techniques, like mindlessness, imagery, and
acceptance. In Chapter 9, Dianne Dulicai and Schelly Hill cover expressive movements, as seen in dancing. In Chapter 10, Joan S. Anderson covers pleasant, pleasurable, and positive activities in relation to their health benefits.

The second part covers approaches that impact more directly on mental health. Section IV includes secondary approaches based strictly on writing. In Chapter 11, Minna Levine and Ronald Calvanio review what in the past might have been called journaling and diaries but which now implies recording of personal information as an activity and as electronic health support. In Chapter 12, Duccio Demetrio and Chiara Borgonovi cover autobiographical methodology that involves more than just requiring participants to simply “Write your autobiography.” It takes more than this instruction to write an autobiography. In Chapter 13, Ewa Kacewicz, Richard Slatcher, and James W. Pennebaker et al. cover what has now become known as the “Pennebaker paradigm” formerly known also as “Expressive Writing.” In Chapter 14, Luciano L’Abate and Demian Goldstein review application of workbooks to promote mental health and life-long learning. They confront the paradox that in outpatient therapy, workbooks seem to prolong the number of sessions while in a hospital, workbooks seem to reduce the number of days spent there. In Chapter 15, Myron Pulier, Tim Mount, Joe McMenamin, and Marlene Mahue review the revolutionary effects that computers and the Internet already have had and will have on our lives.

Section V includes secondary relational approaches, where an interaction between two or more human beings is involved. In Chapter 16, Ruth Feldman reviews parent-infant skin-to-skin contact as a contributor to physical, cognitive, social, and emotional growth. In Chapter 17, Nancy Aaron Jones and Krystal Mize review the research evidence from normative and at-risk groups about how tactile stimulation and massage positively affect development. In the same vein, in Chapter 18, Andrew K. Gulledge, Michael Hill, Zephon Lister, and Carolyn Sallion review how close, nonsexual physical contact, like affection, leads directly to mental and physical benefits. In Chapter 19, Chad Cross and Gerald Weeks survey whether sex, sexuality and sensuality show any demonstrable physical and mental benefits, while in Chapter 20 Anita Vangelisti and Gary Beck demonstrate the benefits of intimacy and the costs of avoiding it, especially when intimacy is defined as the sharing of joys and hurts. In Chapter 21, Lindsey Root and Michael McCullough review low-cost approaches to promote forgiveness and its connection to physiological concomitants. Closely allied but still separate from forgiveness lies the difficult area of spirituality covered in Chapter 22 by Leonard Sperry, Louis Hoffman, Richard H. Cox, and Betty Ervin Cox. In Chapter 23 by Patricia M. Sias with Heidi Bartoo survey how friendships and social support show direct links to physical and mental health.

Section VI consists of tertiary approaches that involve the presence of more than two individuals. In Chapter 24, Luciano L’Abate reviews the widespread use of animal companions and their effects on mental and physical health. In Chapter 25 David Ryback and Laura Sweeney survey applications of emotional intelligence in the classroom and the workplace.

In the final Section VI and conclusive Chapter 26, Cornelius Hogan shows with direct applications how prescriptive approaches do promote physical health with serious implications for policy, promotional, epidemiological, and public health ideologies and approaches.

Luciano L’Abate
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References


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Last but not least, I am grateful to the collaborators of this volume. They seemed to understand from the outset what I was trying to accomplish and responded to my editorial requests with speed and graciousness. It was a distinct pleasure and honor to work with such a distinguished group of collaborators. I am very proud of their contribution and to have them as my colleagues.
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