Health promotion or 'wellness'?

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The expression 'wellness' has an unfamiliar sound to UK readers, but its use in highlighting a particular philosophy of health education deserves wider currency. However, is there a fundamental distinction between the concepts of 'illness-proofing' on the one hand and wellness or 'enabling' health education on the other – or do they just represent different stages on the same ladder?

A review of 24 issues of *Education and Health* finds little mention of 'wellness', well-being, or the wellness movement. This suggests that the movement is not yet well established in the United Kingdom. Assuming that this will change, this article is intended to serve as an introduction.

Wellness, as it is observed by this writer, is a process intended to improve individuals' status in specific areas of structure and function. Wellness professionals, operating out of centres in hospitals, factories, or universities, develop and implement programmes to improve body composition, cardiovascular endurance, smoking cessation, dietary practices, and stress management. These programmes utilize a number of approaches in fostering improvement, including health education, counselling, and participant involvement in a variety of risk-reducing activities. These programmes can be found in a variety of settings, including educational institutions, hospitals, health maintenance organizations, and an array of work sites. The professionals who staff these programmes are trained in areas such as exercise science, health education, dietetics, counselling, psychology, and business management. Graduate-level programmes in wellness management are now offered in two American universities. (1)

A wide variety of people participate in wellness programmes. Participants include students, employees of corporations and institutions, and persons whose involvement has been ordered by their physicians. The observable outcome of their involvement is a leaner body, better cardiovascular function, freedom from smoking, improved eating patterns, and more effective approaches to stress management. Participants are told that involvement in these programmes will result in enhanced life satisfaction, or, as it is referred to by wellness professionals, a sense of well-being. Corporations that have wellness programmes anticipate lower use by employees of group health insurance, greater job productivity, and enhanced employee morale.

To this writer, the most interesting aspect of the wellness movement in the United States has been its ability to market itself as being significantly differ-

ent from the health promotion movement and health promotion programmes that have existed for decades. This differentiation appears to be based on the movement's success in presenting health promotion as 'reactive' in the sense that it only seeks to avoid illness. Health promotion, according to wellness professionals, is only interested in a leaner body as a means of forestalling obesity; cardiovascular conditioning as a means of preventing heart disease; smoking cessation as a means of preventing lung cancer; improved dietary patterns as a means of preventing malnutrition, and stress management as a means of preventing psychosomatic illnesses. Accordingly, high-level health (the outcome of health promotion) is, at best, a state of being 'illness-proofed'. In comparison with health promotion, wellness is presented by its advocates as being 'proactive', largely unconcerned about illness, and dedicated to moving participants in the direction of increased life satisfaction.

If on the basis of this description, you are confused as to whether a difference really exists between wellness and health promotion, you can be comforted by the fact that a number of health professionals in the United States appear similarly confused. To be certain, the 'reactive' versus 'proactive' explanation is attractive. Yet, when the processes used by both groups are compared, the similarities in approach lead one to question how such different outcomes can be achieved.

This writer is particularly troubled as he observes that the wellness movement provides little direction for participants regarding the application of their improved structure and function. Without knowing what is to be accomplished more easily or more completely as a result of having undergone wellness training, how will participants recognize their newly-achieved state of well-being? What will participants have to feel better about, having undergone a wellness programme, than the reduced morbidity and mortality that would also be associated with health promotion and 'high-level health'?

Professionals who believe that wellness could become 'proactive', and substantively different from health promotion, await evidence that wellness professionals are focusing on the contributions that their training can make to the growth and development of participants in areas related to intimacy, parenting, community involvement, and employment. So long as the only (or primary) concern of the wellness movement is with improved structure and physiological function and altered high-risk behaviours, its claim to be 'proactive' and different from health promotion will remain largely semantic.

Note

1. Graduate level programmes in wellness now offered in American universities include:

   American University, Washington, DC: Health/Fitness Management (1979)

   Ball State University, Muncie, Indiana: Wellness Management (1988)

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A 5-year national programme to reduce smoking by teenagers

The autumn of 1989 will see the national launch of a 5-year HEA programme to reduce the prevalence of smoking amongst teenagers, especially girls.

Its targets are well-defined, and in the discussion document the major ones have been presented as follows:

By November 1994...

1. Prevalence of regular smoking in England among 11-15 year olds, as measured by a survey comparable to the 1986 OPCS study, should be 5% for both boys and girls. (The 1986 OPCS study