Wellness is a term increasingly being used in South African society. However it’s use is inconsistent and confusing. Even certain medical aids are using the term to promote their particular products and increase their membership - claiming to be offering their clients something ‘special’ and ‘different’. Many complementary and alternative medicine practitioners have also jumped onto the Wellness bandwagon. ‘Stress management’ features prominently. Some biokineticists and exercise physiologists use Wellness to describe their particular approaches.

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There are those who advocate certain nutritional approaches to Wellness; and it also includes our medical colleagues who espouse so-called ‘natural’ approaches to health and healing.

In the field of psychology, Wellness has been studied quite extensively in terms of ‘resilience’ and individual ‘strengths’. Their own particular Wellness jargon includes terms like ‘fortigenic’ and ‘salutogenic’. (Fortigenesis = development of strength; salutogenesis = development of health.) These emphases, unlike most of the other approaches, build upon what is already ‘healthy’ in a person’s life, rather than using a pathology-initiated focus. (At the WONCA2001 conference Greenthalgh’ alluded to work where general practitioners were exploring patient-strengths.)

Many persons offering a variety of Wellness approaches attended the second SA National Wellness Conference held recently at the University of Port Elizabeth. A handful of invited USA speakers gave their inputs, as did Professor Bruce Sparks in a keynote address.

The conference incorporated a wide spectrum of Wellness approaches. At one end: the ‘clean cut white male’-macho-physical-bulging pecs and biceps’ approach to Wellness, was modelled by the majority of the American visitors. At the other end: the ‘sentimental spirituality’-safe-and-gentle one. In between however, the overall sense was one of genuine caring about people, about the environment, and about authentic Wellness in all its manifestations.

Wellness in the workplace programmes\textsuperscript{14} not surprisingly remain a prime focus for Wellness in South Africa and most countries - particularly the USA, where some individual States have their own Wellness Councils.

Conspicuous by its absence however was awareness of basic issues around poverty (access to safe water, sanitation, food and money). HIV and AIDS were merely touched on.

The thorny issue of effective behaviour change was alluded to in various ways - from mere information provision, right through to active interventions. The favoured theoretical approach seemed to be Prochaska’s ‘stages of change’ model.\textsuperscript{1} New models using Wellness constructs are in the process of development.

One of the achievements of the conference was the launch of the Wellness Council of Southern Africa - WELLCOSA. This is a non-statutory ‘council’ established to serve Wellness in Southern Africa. The management committee will define the specific functions of the organisation, the categories of membership and what membership fees will be payable.

The multi-, inter- and trans-disciplinary nature of Wellness represented at the conference could be considered both one of its strengths and its potential downfall. Unscrupulous and unethical persons claiming to offer Wellness programmes could project an unwarranted credibility and legitimacy for their work through having attended, and/or presented at such an all-inclusive conference. Perhaps one of the functions of WELLCOSA will be to ensure that this does not happen in future.

If it’s not already too late, perhaps there is even a chance of preventing the abuse of the term ‘Wellness’ itself so that, unlike the word ‘holistic’, it could hopefully in fact retain its essential meaning despite conflicting agendas, vested interests and commercial overlays.

It would also be important in South Africa to ensure that Wellness is not perceived to be yet another luxury for the middle class or a predominantly wealthy and/or white phenomenon.

EXPLAINING WELLNESS

Is Wellness just another word for ‘healthiness’? Is Wellness a synonym for health promotion? Is Wellness mainly about providing health information and health education? Is Wellness not just a reformulation of ‘holism’? Is it the nature of a particular intervention which defines Wellness? How is Wellness related to wellbeing? (or as Karel Botha expressed it: ‘well-becoming’).
People are not ‘at risk’ of Wellness and nor do they ‘fall well’. There’s no reason for people to seek out Wellness without the prompting of pathology – perceived, potential or real. As family physicians we don’t usually ask: ‘what’s right?’ or ‘what’s working in your life?’ (except perhaps when it comes to bowel function) but most often: ‘what’s wrong?’

Most organisations offering Wellness programmes or running Wellness clinics tend to focus on detecting and fixing pathology or potential pathology – whether that be ‘distress’ or obesity – rather than building upon ‘healthiness’. Wellness in the Workplace programmes are often imposed on employees through the marketing tactics of programme providers, medical aids, or other funders.

Claims of ‘return on investment’ by introducing ‘Wellness in the Workplace’ programmes echoed throughout the conference. These claims – e.g. by investing in Wellness programmes now, you later reap the benefits of improved employee productivity, reduced employee illness and absence from work – could unfortunately not be substantiated with up to date South African data but were extrapolated from sometimes rather old American data. This kind of statement is usually focused on dollar values: e.g. for every dollar invested in a Wellness programme, three to five dollars are saved in the long term. Multiple confounding variables are usually ignored in measuring and calculating these values.

It is interesting to note that the United States Preventive Services Task Force (USPSTF) have adopted a ‘cost effectiveness analysis’ approach in preference to the ‘return on investment’ approach.5

It’s not surprising therefore that, in terms of what Wellness really is, most of us, along with Professor Bruce Sparks, are, as he forthrightly proclaimed ‘confused’.7

ORIGINS

The term Wellness was coined in the 1950s by Dr Halbert Dunn who defined it as follows: ‘Wellness is an integrated method of functioning which is oriented toward maximising the potential of which the individual is capable.’1 The title of his book: High Level Wellness reflects this potential.1

Importantly, however, Travis also recognised that Wellness is not static but a dynamic process and he further postulated an Illness-Wellness Continuum. The value of this was that it highlighted the direction in which a person was moving: towards Wellness (even if ill or disabled) or towards Illness and premature death (even if fit and healthy).3 Figure 2.

CONCEPTS AND DEFINITIONS OF WELLNESS

Travis and Ryan4 list six components or aspects of Wellness as follows:

- Wellness is a choice – a decision you make to move toward optimal health.
- Wellness is a way of life – a lifestyle you design to achieve your highest potential for well-being.
- Wellness is a process – a developing awareness that there is no end point,

Figure 1: The Iceberg Model of Wellness

State of health
Life Style / Behavioural Level
Psychological / Motivational Level
Spiritual / Being / Meaning Level

Figure 2: The Illness-Wellness Continuum

Illness & Premature Death
Moving towards Wellness
Moving away from Wellness towards Illness
Treatment model (only to health)
High Level Wellness
Health
but that health and happiness are possible in each moment, here and now.

- Wellness is an efficient channelling of energy – energy received from the environment, transformed within you, and sent on to affect the world outside.

- Wellness is the integration of body, mind and spirit – the appreciation that everything you do, and think, and feel, and believe has an impact on your state of health.

- Wellness is the loving acceptance of yourself.

**DIMENSIONS OF WELLNESS**

Although Wellness is a truly holistic concept, most descriptions break it up into various dimensions. The usual body, mind, emotions and spirit predominate, but other important dimensions such as sexual, environmental, social/interpersonal/relationships, community, work-life, and financial dimensions are often included. More difficult to define dimensions would be the cultural, religious, ethical and moral dimensions of Wellness.

Many practitioners involved in Wellness focus only on one or another of these dimensions depending on their particular expertise and training – however they invariably espouse the doctrine (or is it a tyranny?) of ‘balance’.

Travis also alludes to: ‘a kind of “neo-fascism” . . . in the holistic health [Wellness] movement. Peer pressure and covert or overt means are applied to get people to adhere to a particular lifestyle. There are “nutrition nuts” who want everyone to take high doses of a particular supplement or go on a particular diet. There are runners who want to make marathoners out of everyone. There are meditators who want everyone to meditate their way. Health [Wellness] becomes equated with a certain set of behaviours or practice, and pressure is applied to make people conform to the group norm.’

Just as the World Health Organisation definition of health as a state of complete physical, mental and social well-being is an ideal, so too is the concept of ‘balance’. Most people tend to accept this without questioning and nod sagely in agreement whenever it is mentioned – it seems so logical and obvious. Whether the word is used as a noun or as a verb does not seem to make any difference.

But, does balance imply a kind of equilibrium between all the dimensions of one’s being? Or would, as for so many of us, the excesses in one dimension (e.g. cognitive capacity) compensate for ‘[balance]’ the deficiencies in another dimension (e.g. lack of exercise)? If all dimensions of our lives have an impact on every other dimension, is it the overall homeostasis ‘[balance]’ that counts? Or are there levels of hierarchy with definite boundaries within each of those dimensions? These concepts have not yet adequately been addressed in the Wellness (or health) arena. In his remarkable critique and synthesis of many diverse concepts – presented in a profound work: A Brief History of Everything, psychologist Ken Wilber provides possible frameworks to consider these issues.

Perhaps the most disturbing implication, for Family Physicians, of ‘Wellness’ developing as a discipline in its own right, is that we are seen to be irrelevant to optimal or high level health, because we function mainly as ‘disease-catchers’.

The general public clearly

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*Original references available on request.*
have no idea that Family Medicine is in its own right an ‘holistic’ discipline. The malaise that has struck at, and continues to eat away at the core of our profession is complex and multifactorial. It could be argued that as individuals we ourselves are the main cause of the general dissatisfaction of our patients – seemingly engendered primarily by inadequate and insufficient two-way communication and possibly the occasional dose of bad manners and lack of respect for patients.

However, as Professor Sparks questioned: ‘Is Wellness a field medical practitioners should even be involved in? Is there not a chance that doctors would end up medicalising what should be a normal process – as has been done with childbirth?’

Another point of view is that Wellness has in fact already been appropriated by various vested interests whose main concern is profit-oriented rather than any kind of concern for persons or communities. Is this ‘business-ising’ of Wellness any less problematic than the medicalising of Wellness would be?

CONCLUSION

In all this confusion and conflicting territorialism, the 1986 ‘Ottawa Charter for Health Promotion’ provides guidance, particularly in the following paragraph which seems to epitomise Wellness:

Health [Wellness] is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health [Wellness] is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health [Wellness] by all its members.

Declaration of conflict of interest:
Dr Johnson is a member of the management committee of the Wellness Council of Southern Africa (WELLCOSA) and an adviser to Wellness Project Management (Pty) Ltd.

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2. Greenhalgh T, Collard A. Storytelling as a technique in education and training of health professionals. Proceedings of the 16th World Congress of Family Doctors; 2001 May 13–17; Durban, South Africa.