
Wellness

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Synonyms

Good and sound living; Healthy lifestyle

Definition

Wellness is the capability of living a healthy and good life by an adequate combination of personal resources, everyday life practices, and environmental conditions. Wellness is more than fitness because it considers a wider perspective that includes the pursuit not only of ► physical well-being but also of the psychological, social, spiritual, and environmental dimensions of a sound living.

Description

Wellness considers the regulatory dimensions of daily life, but also the maintenance of an evolutive and adaptive equilibrium during life course, coping with the changing conditions of personal and social life. Wellness includes ► personal projects and ► capabilities in regulating individual times, practices, and relationships oriented to maintain an equilibrium (► *homeostasis*) and evolves during the life course (*morphostasis*), but it includes also all regulatory actions within daily life environments (school, work, leisure time spaces, etc.), urban and social environments (cities, local communities), and natural environments (nutrition supplement, natural conditions of life, ecological sustainability) oriented to supply services, creating collective conditions and facilitate healthy living styles of populations.

Historical Developments of the Concept

During different historical periods were developed several organic *corpus* of knowledge directed to define a repertoire of learning, practices, and rules of life to be taken by those who wanted to give themselves a good and sound life plan. Among them, in ancient times, it may be remembered that contained in the Greek *gymnasium*, which included gymnastics and philosophical studies, also recalled by Michel Foucault's famous book on the "self-care" in the classical world (1984). During the period of Roman imperial era, we find the indication of Iuvenalis (II sec. DC) "mens sana in corpore sano" [*A sound mind in a sound body: Saturae*, X, 356], which reflects both the need to maintain a hardened body and to accompany the exercise of "valetudo" (referring mainly to the strength, dexterity, and courage of the soldier) with the moral and civic virtues of a Roman citizen. In medieval times, you can remember the famous *Regimen Sanitatis Salernitanum*, prepared by the Medical School of Salerno, which highlights the adaptations of the body in the changes of the seasons, while, in the Renaissance, we find the treatise "De vita sana" [*About sound living*: 1489] of the medical humanist Marsilio Ficino, who indicated in the combination of care of "corporeal spirit," "incorporeal spirit," and "veneration of the truth" the formula for a long life, guided by a composite knowledge and developed by everyone with proper care.

It can be said that both in classical Greek-Roman and in the first humanism, the wellness was the result of a body care (tempered on the basis of physical exercises and military skills) mediated by the pursuit of moral and civic virtues, a guarantee of a healthy mind. These ideas were opposed to others of Platonic ascendancy who preached the silence and the mortification of the body. They try to reconcile the dualism that pervades Western thought since the beginning – in particular in the field of philosophy, but also in the empirical field, such as the Hippocratic medicine – through a systematic and integrated way of life. It should be reminded that all proposals are directed solely to the male gender and wealthy class with women considered

unsuitable for “valetudo,” because of their physical frailty and the prevailing maternal role, while manual workers were excluded from the culture and then from “moral” care of one’s own soul.

In modernity, the medicine turns to the scientific-positivist view of the pathology, divesting the semi-holistic vision, focused on healthy living, which had developed in previous centuries (with many approximations), but also the philosophy loses interest in the development of ► wisdom in daily life. Some pedagogues of the nineteenth century, such as F. L. Jahan, P. Ling, and W. W. Jaeger, try, through the gym, to return to the classical view of *paideia*, while other scholars, through the hygiene and prevention, are involved in creating environmental conditions not detrimental to human life, especially in large towns. It also develops health education, which seeks to promote the learning of individual practices able to avoid the new typologies of risks in the industrial world. It has lost, however, the integrated vision of sound and good living that the humanistic guides had tried to renew taking the best of medical and philosophical thinking applied to everyday life. In this period grew wider the dualism and oppositions between “nature” and “culture,” “physical” and “metaphysical,” “flesh” and “spirit,” each assigned to Boards that do not communicate, contrast each other, and draw reductive visions of personal and collective sound life.

At this stage, the women come very late and adopt a limited view of physical training, though, as mothers, are considered target of health education projects for the proper rearing of their children. The middle class, with the progressive increase of income and time available, enters the perspective of prevention, adopting suggested daily habits, such as hygienic customs, screenings, and regular checkup.

Recent Elaborations

A significant change in the horizon matures during the eighties of the twentieth century: the proposal of ► health promotion (World Health Organization [WHO], 1986) revalues personal responsibility in the definition of healthy

lifestyles but joints it to the role of policies and collective actions in creating environments conducive to health. Health promotion adopts an incremental view of the individual and collective health potentialities. It is affected by the development that the term *wellness* has had since the 1960s: the proposal of the concept of “high-level wellness”, defined as “an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable”, is due to the epidemiologist Halbert L. Dunn (1961). Subsequently, some followers of Dunn, as John W. Travis (Travis & Ryan, 1981/1988/2004) and Robert Rodale, proceed to the foundation of the *Wellness Resource Center* in Mill Valley, California [1975], and provide application to the ideas of “wellness enhancement” and “wellness promotion” in personal lives and in community environments, such as those of working. For his part, Donald B. Ardell (1976) develops for over 40 years a complex project of personal wellness that has had wide audience among the US public. In the same period, Elizabeth Neilson founded the journal *Health Values: Achieving High Level Wellness* (renamed the *American Journal of Health Promotion* in 1996), which was dedicated to Dunn and reprinted one of his papers in its first edition.

After incubating in the two previous decades, the term wellness has spread, since the 1990s, in an increasingly attentive public that wants to react to the *Medical Nemesis* stigmatized by Ivan Illich (1976), looking for a reappropriation of capacity assessment and intervention on his health. Terms like self-care, ► empowerment, ► quality of life, ► ecology, ► health promotion, and wellness emerge to indicate the new attention paid to the rediscovery of an active and global vision of healthy lifestyles, of well-living oriented to quality of life, and of the creation of favorable conditions in everyday environments and in the relationship with nature.

In this field, three major theoretical and applied tendencies developed. The first is marked by the need of a new post-dualistic view of ► health that becomes a scientific and political objective which recognizes different lines of thought. Between these, the eco-systemic and

complexity thinking, where it can be reminded the charismatic figure of Gregory Bateson (1972), which stresses the need for a new epistemology with respect to utilitarianism and the causationism typical of Western thought. Can also be placed in this field the scientific and cultural currents influenced by Eastern philosophies (Capra, 1986), supported by the spread of “holistic” wellness practices, such as yoga, zen, transcendental meditation, and “alternative” Chinese and Indian medicine. Relevant contributions come from new psychological trends – such as humanistic psychology (Maslow, 1968; Rogers, 1980), psychology of well-being (Keyes, 1998), psychosynthesis (Assagioli, 1965), transpersonal psychology (Wilber, 1983), and psychoneuroimmunology – which develop the concepts of psychological and ► social well-being stressing also the relational, symbolic, and spiritual dimensions of it. Also important is the contribution of the sociologist Aaron Antonovsky (1979), with the concept of ► salutogenesis, which focuses on the possible establishment of health even in very adverse conditions due to coping skills possessed by people and the learning of a kind of inner wisdom generated by the ► *sense of coherence*. Several are the attempts to coordinate these contributions on a scientific level, creating a new science of health (Lafaille & Fulder, 1993).

These new approaches have been taken and disseminated to a broad audience by exponents of the “new age” and “positive thinking” currents, such as Deepak Chopra (1991) and Andrew Weil (1997), or doctors converted to an integrated view of medicine, such as Michael Roizen and Mehmet Oz (2005), who proposed a number of *manuals of good life* oriented to combat the most common adverse lifestyles in the Western world.

These currents of thought seek, in general, to combine the mind and body care with some ethical and spiritual vision of life. In this sense, they propose a change of vision compared to the widespread idea of the delegation of our own health to the medical and pharmacological technologies, but mainly they are focused on the development of appropriate personal motivations to support sound practices.

A second tendency can be defined as *social wellness*. It wants to intervene on the conditions of life changing important aspects of urban environments and public intervention. It is in this line that can be included the indication of ► health promotion as “healthy public policy,” developed by WHO since the 1980s (Milio, 1986). In this context, a critical orientation against the bureaucratic organization of the welfare state has been developed, in favor of the activation of personal skills and nonprofit actors, participation in welfare community, and ability to promote wellness, especially for disadvantaged social groups. The social wellness is developed primarily as a critical and compensatory orientation opposite to the major risks of urban life, such as obesity, cardiovascular diseases, and cancer and, in general, to the unhealthy lifestyles typical of the Western world, including the abuse of drugs and medical therapies that can be avoided by adopting healthy lifestyles. It also highlights new risks, typical of the planetary era, linked to the disintegration of social capital and the bonds of belonging, supporting local and network projects to promote ► social well-being (Ingrosso, 2006).

A third tendency, characterized by a *pragmatic and application-oriented attitude*, developed especially in the USA, but then more and more popular also in Europe, develops the idea of wellness through practices and experiences to achieve in special *health centers*, leisure places (*wellness tourism*), and *thermal waters* (spa, hammam, saunas, etc.) or through special *programs in workplace* (Pelletier, 1984) and in other contexts of daily life. In this line, we can also include the spread of critical currents toward the practices of fitness, too oriented to the physical performance and body appearance (*body building*). Adopting this fashion, many products and businesses have begun to denote themselves as “wellness goods and services,” attributing a meaning very fragmented and utilitarian to the term but exploiting the symbolic aura evoked by it. The uncontrolled spread and ambiguous use of the term have generated distrust and ambiguity surrounding this concept (Zimmer, 2010).

Problems and Prospects

The articulation of meanings and tendencies highlights difficulty of a consensus around the term wellness. It indicates more a field and a general approach aimed at promoting well-being in the daily life than a set of clear and defined programs. It assumes the available scientific knowledge in various areas (such as nutrition, physical education, and psychoneuroimmunology) but calls science to widen its vision of and its methods giving a focus to biographies, paths of sound life, and interactions between different dimensions of well-living (for scientific studies on evidence, see Watt, Verma, & Flynn, 1998). It wants to integrate the symbolic, cultural, and spiritual dimensions of living in wellness research (Myers, Sweeney, & Witmer, 2000; Powell, Shahabi, & Thoresen, 2003), making it a foundational dimension and characteristic of life in the *societies of health* (Kickbusch, 2005), highlighting the positive effects on collective meanings and ways of life that would have to adopt sustainable and sound lifestyles. It is important to underline the role of mass media and new media to widespread information, adopt practices, define health cultures, and support competent and ▶ active citizenship, but also in a market-oriented application of wellness (Ingrosso & Alietti, 2004).

This approach develops individual responsibility but also personal ▶ freedom through a deeper awareness of healthy choices that a person can play in everyday life. At the same time, it is sensitive to a cooperative and communitarian vision of social life and to a deep interaction with the environment and natural resources. In general, moving to an integrated vision and aesthetics of the personal and interpersonal life opens to ▶ spirituality, interpreted according to a secular perspective or through a more explicitly religious adherence.

The perspective of wellness is addressed to all genders and social classes. In particular, women show strong interest to these guidelines that enhance the care of self and others, the affective and relational dimension of living, and the sensitivity to biographical and symbolic aspects of everyday life, especially prevalent in the female gender.

It remains open the issue of a suitable socialization of the younger generations to the promotion of personal and collective ▶ health and the development over time of an inclusive approach to the various dimensions of life in which only part of the population succeed in accessing. Without definition of basic courses, investment in a collective effort for the creation of “health houses,” and availability of professional references for the entire population, these guidelines do not seem able to find wide application and affect more deeply unhealthy lifestyles prevailing today. As Zygmunt Bauman has written (2008), the pursuit of happiness and self-assertion in a consumer society often leads to hedonistic ways, but the need for an *art of life* in which man is raised in a state of responsibility to himself and to others continues to keep open the search for well-living.

Cross-References

- ▶ Active Citizenship
- ▶ Capabilities
- ▶ Community Participation
- ▶ Disability and Health
- ▶ Empowerment
- ▶ Environment and Health
- ▶ Environmental Quality
- ▶ Everyday Life Experience
- ▶ Freedom
- ▶ Health
- ▶ Health Care
- ▶ Health Promotion
- ▶ Homeostasis
- ▶ Mass Media and Quality of Life
- ▶ Personal Projects
- ▶ Personal Well-Being
- ▶ Physical Activity
- ▶ Physical Well-Being
- ▶ Positive Psychology
- ▶ Psychological Well-Being Inventory
- ▶ Public Health
- ▶ Quality of Life
- ▶ Salutogenesis
- ▶ Sense of Belonging
- ▶ Sense of Coherence

- ▶ Social Ecology
- ▶ Social Health
- ▶ Social Policy
- ▶ Social Well-Being
- ▶ Spirituality
- ▶ Well-Being, Spiritual
- ▶ Well-Being at Work
- ▶ Wisdom
- ▶ Women's Well-Being

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Wellness as Fairness

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Description

Whether by design or by default, the pursuit of well-being in ▶ quality of life research is open to multiple interpretations of the ▶ good life and the good society. Inferring from leading social scientists and philosophers what characteristics they would have ascribed to the good life and the good society, it is quite certain that wellness and fairness would have risen to the top of the list. Here I would like to suggest why they would have made it to the list and why they are key ingredients of high quality of life. Based on a previous paper published in the American Journal of