Health and Wellness:
A Conceptual Differentiation
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ABSTRACT
Confusion exists regarding the terms of health and wellness. This article presents a conceptualization of health as consisting of social, mental, emotional, spiritual, and physical components; a conceptualization of wellness as the integration of these components; and a conceptualization of high level wellness as the balance of these components. Implications of these conceptualizations for health education are presented. Iatrogenic health education disease is discussed and a distinction is made between health education and health indoctrination.

INTRODUCTION
I could not help wondering if Jim was healthy. Several years have passed—five to be exact—since we last saw each other and I was looking forward to catching up on old times. When I asked the standard, “How’ve ya been?” Jim replied that he never had felt better. He took up jogging and now was up to 50 miles a week. As a result, he gave up cigarettes, became a vegetarian, and had more confidence than ever.

In spite of Jim’s reply, I needed further assurance. Jim looked like “death warmed over.” His face was gaunt, his body emaciated. His clothes were baggy, creating a sloppy appearance. He had an aura of tiredness about him.

“How’s Betty?” I asked.
“Fine,” Jim replied. “But we are no longer together. Betty just couldn’t accept the time I devoted to running, and her disregard to her health was getting on my nerves. She still is somewhat overweight, you know, and I started viewing her differently when I became healthier myself.”

To many, Jim’s condition is no surprise. Many people know a “Jim,” and may have wondered if Jim’s becoming healthier really is healthier. This article explores issues of health and healthy behavior, contrasts these issues with a new concept of wellness, and draws inferences for the practice of health education.

HEALTH DEFINED
Read five authorities and there may be five different definitions of “health.” Many writers speak about the holistic nature of health. Horowitz sees self-awareness as a key component of health, but also includes skills development, values awareness, goal setting, and positive self-concept, cognition and “will power” development among numerous other variables. Eberst discusses traditional factors of health in his multidimensional model, but includes vocational health as well. Papenfuss speaks of wellness in the context of preventing ill health and describes the rational for a wellness education program as changing lifestyles, which endanger health. Perhaps Cmich best describes the situation:

“One problem is that the terms holism, holistic health, and wellness are fast becoming popular words used in a variety of settings by professionals and nanoprofessionals alike. The exact meanings of these terms often appear vague and nebulous.”

For the meantime, disregard the academic descriptions of what it is or is not healthy and consider operationalizing those terms. When Jim started jogging, quit smoking cigarettes, ate better, and had more confidence, many would likely consider him healthier. He probably decreased his chances of contracting coronary heart disease, lung cancer and stroke. Yet, many people know Jim’s physical health is but one component of his total health. Greene wrote:

“A businessman might be 15 pounds overweight for no apparent reason other than careless eating habits, or an unawareness of the advantages of a trim physique, and ignorance of the basic principles of weight control. This should be classed as a remedial health defect and one important indicator of health status. However, let us compare this case with the case of another businessman, equally overweight, who happens to be well-informed and enthusiastic amateur gourmet. His library of cooking books includes directions for preparing many of the most popular dishes of other cultures. He spends many interesting hours in off beat markets shopping for hard to get food items. The meals he prepares constitute focal points of an interesting and satisfying social life. This man realizes he is overweight; he knows how to reduce and control his weight and he may be suspect that his coronary may arrive a year or two ahead of schedule, but he does not care. His overweight condition constitutes a health defect only in the absolute
sense. When viewed in relation to his value system, it represents a logical concomitant to his particular pattern of good health.”

This businessman sacrificed some physical health to acquire some social health. Ask him the same question asked about Jim: Is he healthier?

Health is a multifaceted concept:

- Social health is the ability to interact well with people and the environment and having satisfying interpersonal relationships.
- Mental health is the ability to learn and includes intellectual capabilities.
- Emotional health is the ability to control emotions so that one feels comfortable expressing them when appropriate and does express them appropriately. It also is the ability not to express emotions when it is inappropriate to do so.
- Spiritual health is the belief in some unifying force. For some, that will be nature, for others it will be scientific laws, and for others it will be a god-like force.
- Physical health is the ability to perform daily tasks with energy remaining for unforeseen circumstances: biological integrity of the individual.

Yet, most people think of health as synonymous with physical health. If told that “Aunt Mary” is unhealthy, many people would assume that she is physically ill, at least until more information is acquired about her condition. This reality influences the professional practice of health education and that influence will be discussed later. First, consider the relationships of health and illness.

HEALTH ILLNESS CONTINUUM

It is important to consider health as separate from illness. Many people define illness as ill health and health as lack of illness. These people might depict health and illness as a straight-line term that line a health continuum. This conceptualization is depicted in Figure 1 with ill health at one end and perfect health at the other. However, when the components are considered separately, the continuum cannot show the illness and health overlapping. At some point, one component must stop and the other must begin. This conceptualization appears in Figure 2. Illness occupies the right half of the continuum ending at the midpoint. Health begins at the midpoint and occupies the left half of the continuum.

It may be argued that, even if someone is ill, that person may have some degree of health. A physically handicapped person who exercises regularly and participates in the Wheelchair Olympics may be healthier than a person who is “outwardly” normal but not physically fit. For now, the author asks that objections be withheld until the intended use of the continuum is explained.

WELLNESS

If the health-illness continuum were placed under a microscope, it would become evident that the line isn’t a line at all, but a series of dots (Figure 3). A more powerful microscope, focused on one of the dots on the continuum, would reveal the illustration in Figure 4. Each dot on the continuum is composed of the 5 components of health. Now the puzzle can be completed. Wellness is the integration of social, mental, emotional, spiritual and physical health at any level of health or illness. In other words, people can be well regardless of whether they are ill or healthy.

This statement is contrary to the traditional thought about health and wellness, and some elaboration is needed. Wellness is always a positive state and illness a negative state. How can positive and negative states exist simultaneously? The answer rests in the on the concept of potentiality. Certain illnesses limit the potential for health. Within that limitation is also a potential for variability. Two paraplegics may be defined as ill but if one becomes depressed and angry and isolated from other human beings while the other does not, they surely differ in their degree of social health. When one joins the Wheelchair Olympics and stays physically active and the other does not, certainly they differ in their degree of physical health.

Since health and illness are multidimensional, when one component of either is affected, they are totally affected. Consequently an ill person cannot be healthy but can have wellness. Paraplegics may not be defined as healthy, but they can achieve high-level wellness by maximizing and integrating the five components of health. Within their physical limitations, they can live a quality life. They may interact well with family and friends (social health), do well at school, on the job or at a hobby (mental health), express their feelings when appropriate (emotional health), sense how they fit in to the “grand scheme of things” either through a religious belief or a belief in laws of nature (spiritual health) and exercise within their capabilities, such as completing a marathon on crutches or in a wheelchair (physical health). When
these components of health are enhanced near their potential, and are integrated, a person may achieve wellness in spite of being ill.

Each person has some degree of wellness. A person may be ill yet possess high-level wellness or may be healthy but possess low-level wellness. A person who is physically healthy may not have satisfying interpersonal relationships, may “fly off the handle” easily, and may even maintain a low-level of physical fitness. There are gradations between these two extremes. At any point on the continuum, a person may have some components of health at high levels and other components at low levels.

The integration of these components is important. One may emphasize a component of health until the other components suffer. “Jim” probably fits this description. Many people are so concerned with physical health that it becomes an obsession; they jog, lift weights, or do calisthenics for so many hours a day they have no time for developing other aspects of total health-meaningful relationships, reading and so forth. Other individuals only socialize and sacrifice adequate physical fitness or success in school. The person possessing high-level wellness can integrate each component of health into a lifestyle that includes other components of health.

HIGH-LEVEL WELLNESS

Recalling that wellness is the integration of the five components of health - social, mental, emotional, spiritual, and physical – into one’s life so one component is not improved at a significant cost to the others, consider exercise as an example to better understand wellness.

Many people can remember the tough unsympathetic physical education teacher they experienced sometime during one’s schooling. Call that teacher “A Symmetrical.” “A” believed that people, children in particular, had to be pushed and threatened to tolerate that pain of physical activity. Without such pain, “A” believed fitness was not being improved. Left to themselves, people would not go beyond the pain and would not develop high levels of physical fitness. So “A Symmetrical” pushed and “A Symmetrical” threatened. If the students were young and sufficiently scared, they may have even become more physically fit, while hating every minute of it.

The world is full of sedentary people who were turned off of regular exercise by an “A Symmetrical.” To them, physical activity is associated with “pain,” “threat,” and “scare”. “A Symmetrical” exaggerated the physical component of health to the detriment of others. Creating an “A Symmetrical” dot on the health-illness continuum (Figure 5). The dot is no longer round; if used as a tire, it would give a bumpy ride. When people’s health components are organized in this manner, they too get a bumpy ride, and eventually suffer for it. One typical reaction is to deflate that large portion of the tire, in this case physical health, while inflating the others. This is what “A Symmetrical” students are doing when they are so turned off to physical activity they get sedentary.

Wellness is the integration of the components of health into a meaningful whole; high-level wellness is achieving a balance in the integration. Balance means that, as people work to improve one aspect of their health, they also need to work to improve others.

Returning to Jim, it can now be seen that he improved one aspect of his health (physical) while diminishing another (social). To determine whether he is now more or less healthy requires another consideration – values. Is the improvement in Jim’s physical health worth the price he paid giving up some of his social health? The answer depends on how highly physical and social health are valued. Consequently, different people would answer differently. This difference highlights for all people to determine for themselves if a behavior is worth the price paid for it and whether it makes a person more or less healthy. If a person decides the time given up to exercise is too valuable and as a result, decides not to exercise, was that a healthy decision? If a person decides the side effects of hypertension are too high a price to pay to control blood pressure and ceases taking the medication, did the person make a healthy or unhealthy decision? Such questions are more difficult to answer than they first appear.

Did Jim’s behavior move him towards high-level wellness? No, as Jim emphasized physical health behavior to an exaggerated degree. Consequently, Jim experienced an imbalance in his components of health, wound up with an out-of-round tire, and proceeded to have a bumpy ride down the road of life. Jim would have been better off to inflate his tire evenly. He might have jogged with his wife or other friends to improve his social health, read books about physical fitness to improve his mental health, jogged through parks or nature paths to experience the order of the universe and improve spiritual health, and express his feelings for his new found love of exercising with wife to improve social and emotional health. The lesson: when improving one component of health, consciously work on improving all other components of health.
IMPLICATIONS FOR HEALTH EDUCATION

The health educator concerned with wellness will attempt to create a well-rounded dot—and person. This enlightened health educator will help people identify exaggerated emphases on selected components of health and suggest ways to remedy these situations. This goal can be accomplished through questioning. “Have you considered the effect of these activities may have on your social life?” question suggestion, “It seems to me that the price you pay by engaging in this activity may not be worth the benefits you derive;” example, “In my own life...” or numerous other educational strategies discussed elsewhere.

IATROGENIC HEALTH EDUCATION DISEASE

Not recognizing the need for integration and balance of the components of health can lead to unhealthy results. Illich described iatrogenic disease as that caused by medical practice, for example, acquiring a staph infection during a hospital stay. Iatrogenic health education disease is caused by the practice of health education. Discussed in greater detail elsewhere, iatrogenic health education disease is caused by over zealous health instructors who are so convinced how students should behave, that they program people—as computers are programmed—through what the organization designates as “learning experiences,” to behave in these predetermined ways. By predetermined, the author means “healthy,” as determined by the health instructor. The result of such a process is the loss of some measure of control by the learner and, therefore, iatrogenic disease. What is health education’s raison d’etre if not to free people to behave in ways consistent with their values as long as their behavior does not detrimentally affect others? If health education is devoted to having people behave in ways predetermined to be healthy, it is indoctrination not health education.

Specific to the previous discussion of wellness, health educators who devote themselves to programming learners to behave, as health educators would like, risk putting these learners out of round. Seldom do health educators, or other health educators, or other health professionals, concern with the whole person to the extent of learning activities are designed to improve all components of health concurrently and comparably. Health educators not employing the learners themselves as partners in the learning process will have great difficulty in accomplishing any holistic—wellness—goal. The learner is the one who knows the totality and essence of the learner best.