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WELLNESS: THE HISTORY AND DEVELOPMENT OF A CONCEPT


Abstract: Both the term and the concept of wellness have a complex past. Some of the ideas that are packed into the term have their origins in nineteenth-century American religious and cultural movements. A definition of the term focussed on active health promotion through lifestyle change emerged in the 1950s and spawned the wellness movement in the 1970s. The term then took on additional meanings as it began to be used as a marketing tool, and as it has since become linked with certain esoteric ideas. This article traces the development of the concept wellness as it moved through these various transformations.

Introduction

The use of the term wellness varies greatly from context to context, as it is a product of a rather complex formation process, a fact that makes a single definition of the term difficult. As a concept it has some origins that can be traced back to 19th-century American intellectual and religious movements. Some of these strands began to be associated with the term wellness beginning as early as the 1950s in the United States and were tied to ideas about active health promotion through lifestyle change. A wellness movement grew out of this definition of the term, beginning in the 1970s. Here an informal network of individuals scattered through the U.S. was crucial to the spread of both the term
and the concept. Since then, however, the meanings of the word have multiplied in a process of mutation. In some circles, for example, the term has begun to gain an esoteric tinge.

In Europe it has come to be associated in particular with spas and the non-medical treatments that they offer. It even began to be used to market products of all descriptions, many of which have only a distant relationship at best with health and well-being, a trend that has been especially observable since the 1990s. A crass, but by no means unique example of this can be found at http://www.melaleuca.com where under wellness products one can find a stain remover, a laundry detergent, a tub-and-tile cleaner and a dishwasher detergent – all marketed under the rubric of "wellness for your home." This use of wellness as a marketing tool was skewered very nicely by MICHAEL STECK in a gloss published in Stern in 1999, unfortunately without the slightest reference to the word’s original use (STECK, 1999). As a consequence of these multiple redefinitions of the word, recently some of those who endorse active lifestyle change as a means of promoting health have distanced themselves from the term altogether.

The first written record of the word that the sleuths of the Oxford English Dictionary were able to find is a diary entry from 1654 by the Scot, ARCHBALD JOHNSTON, LORD WARISTON: "I ... blessed God ... for my daughter's wealness" (Wellness 1971). LORD WARISTON, of course, meant simply that his daughter was no longer ill. Wellness as the antonym of illness continued to be the common meaning of the term until the middle of the twentieth century, and could be encountered in any decent dictionary of the time. It must be said, however, that it was not a widely used word. Thus the common notion in the German-speaking world that the word was a Kunstwort or invented term formed from the words well-being and fitness (see, for example, KNAPP 2001:32) is simply a misperception.

"Wellness" as a holistic concept of health combining physical, mental, spiritual and social well-being dates to the 1950s, but many of the ideas behind this positive definition of health go back much further than the use of the term itself in this context. In the nineteenth century already, the United States was a hotbed of new ideas about health and how best to maintain it. Although we now look back in amusement at some of the ideas that were widely accepted then, certain aspects of nineteenth century thought still have currency.

1. Nineteenth-Century Origins

Of particular importance in this connection is a movement that emphasized the relationship between spirituality and health. WILLIAM JAMES, in his landmark work, The Varieties of Religious Experience, referred to this as the "mind-cure movement" and argued that it was the "only decidedly original contribution to
the systematic philosophy of life to come out of the United States (JAMES 1902:94). The „mind-cure movement“ is more generally known as New Thought and Christian Science; these two interrelated developments were instrumental in propagating the idea that one of the primary sources of physical health is one’s mental and spiritual state of being. The central idea is that divinity expresses itself in human beings and manifests itself in „health, supply, wisdom, love, life, truth, power, peace, beauty, and joy“ (Declaration of Principles, as quoted in ANDERSON 1995:1). New Thought originated with a Maine clockmaker called PHINEAS QUIMBY (1802-1866). After contracting tuberculosis, he became interested in non-traditional approaches to healing and experimented with mesmerism for a time. He eventually came to the conclusion that disease was best treated, not by traditional medicine, but by alterations of attitude:

The idea of curing disease without medicine is a new idea and requires quite a stretch of the imagination to believe it, and to me it was as strange as to any person; but having had twenty-five years of experience, I have found out that all our evils are the result of our education and that we imbibe ideas that contain the evils that we complain of. Ideas are like food, and every person knows that in almost everything we eat and drink, there is some idea attached. So ideas are food for the mind, and every idea has its effect on mankind. Now seeing how ideas affect the mind, I find that when I correct the ideas, I cure the sick (QUIMBY 1864).

QUIMBY opened a healing practice in Portland in 1859 (he had never had any formal medical training, however) where he eventually was to „treat“ over twelve thousand patients before his death in 1866 (QUIMBY 1888).

One of QUIMBY’s most famous patients was MARY BAKER EDDY (1821-1910), the founder of Christian Science. In the first four decades of her life she suffered repeated bouts of illness until she met up with QUIMBY in 1862. Her health improved dramatically as a result of the auto-suggestive techniques he applied. After his death she explored his ideas further on her own, particularly in the context of her understanding of the healing ministry of Jesus. She began practicing spiritual healing herself and in 1875 published her ideas in book form, Science and Health with Key to the Scriptures. This was followed four years later by the founding of her own church, the Church of Christ, Scientist – otherwise known as Christian Science. By the time of her death in 1910, the sect had spread throughout the United States and into Europe as well.

QUIMBY and BAKER’s long-term influence goes far beyond the New Thought movement itself. Ideas about the spiritual nature of disease and the power of the mind and spirit to influence the course of disease were a commonplace in American popular concepts of health. The basic assumption was that a healthy body was the product of a healthy mind and spirit. WILLIAM JAMES referred to this as the „religion of health-mindedness“ (JAMES 1902:77-124), and it influenced such well-known health reformers as HORACE FLETCHER (1849-1919) and JOHN HARVEY KELLOGG (1852-1943).
Like QUIMBY, HOrACE FLETCHER maintained that the key to health was positive thinking and the behavioural changes that such positive thinking could bring about (WHORTON 1982). FLETCHER is perhaps best known for his doctrine that many diseases can be avoided by proper mastication. Popularly known as Fletcherism, the idea was that if one chewed food until all trace of flavour was gone, one could vastly improve health. He proved the technique on himself. At the age of 39 he had a Body Mass Index of 34, suffered from constant fatigue, repeated bouts of influenza and dyspepsia. He tried to get life insurance and was turned down, which eventually led him to undertake a radical change in lifestyle. He tried everything that traditional medicine had to offer without success, so then decided to consult Mother Nature herself. He assumed that Mother Nature did not err, so that if he had problems with his health it must have something to do with his own behaviour, not with some sort of faulty biological design of the human body. Sickness was the result of sin – the sin of improper behaviour on the part of the individual, whether it be nutritional sin or sin regarding some other sort of behaviour. Assuming that Mother Nature took over as soon as food was swallowed and in her infinite wisdom and benevolence she would not thereafter willingly do anything to destroy or harm her creation, he came to the conclusion that many health problems began with what one put in one’s mouth and what one did with it once it got there. These were the things over which one had control, and therefore one had the individual responsibility to change what one could control so as to avoid sin. Mother nature had given humans the sense of taste in order to encourage them to consume what was good for them. The problem was that humans then ate without concentrating on the pleasure that eating provided. If one thoroughly chewed food, one could extract the greatest pleasure possible from it. (WHORTON 1981:64-68).

The impact on FLETCHER’s health of chewing each morsel of food for a hundred bites or more was rapid and convincing. He dropped from 93 kilos to 74 kilos in a period of three months and regained his youthful vitality in the process. He accordingly once again took up the rigorous athletic activities that he had enjoyed in his youth, but which his excessive girth in middle age had made impossible. He undertook extraordinary bicycle tours and other tests of endurance into old age, feats that were well beyond the reach of most men of his age (WHORTON 1981). Although the chewing dogma of Fletcherism waned in popularity by the time of its author’s death, some elements of his ideas remained popular. Particularly the notion that health or ill-health was the consequence of one’s own actions and that positive thinking was crucial to maintaining well-being far outlived FLETCHER.

One of those who accepted FLETCHER’s ideas at least partially was his contemporary, JOHN HARVEY KELLOGG. KELLOGG was raised in a family that adhered to Seventh Day Adventism, a then new Christian sect that shared some ideas with New Thought. Seventh Day Adventists took quite literally
the New Testament idea that the body is a temple of the Holy Spirit (see I Corinthians 6:19-20). Accordingly, they felt a religious obligation to lead a healthy lifestyle, for anything else would be an affront to the Holy Spirit. For them this meant avoiding excessive consumption of meat (many were vegetarian altogether), alcohol, non-medicinal drugs and tobacco. In addition they advocated physical exercise and lots of fresh air (ROBINSON 1965). KELLOGG studied medicine at the University of Michigan medical school and at Bellevue Medical Hospital in New York, where he earned his medical degree in 1875. A year later he was appointed director of a small medical facility in Battle Creek, Michigan, which had been founded nine years earlier by the Seventh Day Adventist Church. He soon renamed it the Battle Creek Sanitarium, and under his guidance it grew to be one of the most famous medical facilities in the United States, rivalling for a time the Mayo Clinic as the preferred medical centre for the rich and famous. Patients included WILL MAYO – himself one of the founders of the Mayo Clinic, GEORGE BERNARD SHAW, HENRY FORD, JOHN D. ROCKEFELLER, JR., THEODORE ROOSEVELT, WILLIAM JENNINGS BRYAN, HARVEY FIRESTONE, J. C. PENNEY and COMMODORE RICHARD E. BYRD. KELLOGG promoted the San, as his health clinic was popularly called, as a „place where people learn to stay well“ (as quoted in Dr. JOHN HARVEY KELLOGG 1996), and this emphasis on education as the path to health remained KELLOGG’s chief message. This was despite the fact that he carried on an extensive surgical practice, performing some 22,000 surgeries in the course of his life.

At the San KELLOGG combined aspects of lifestyle change with frequent enemas to clean out his patients’ colons. The diet at the San was strictly vegetarian and focussed on lots of fresh water (he recommended 2 litres a day), fresh fruits and vegetables, grains, nuts and yogurt – a diet at once high in fibre and low in fat. In addition, a regimen of vigorous physical exercise, fresh air and strict abstinence from coffee and alcohol contributed to the health-bringing benefits of what KELLOGG called „biologic living“ (KELLOGG 1932). KELLOGG also emphasized that one’s state of mind contributed greatly to health and emphasized not only clean living, but also clean thinking. While he thus gave a nod to the New Thought movement, he also propagated some rather rigid ideas about sexuality along the way – arguing that masturbation and the sexual fantasies that might accompany it, for example, contributed to a complete collapse of an individual’s physical health (KELLOGG 1884). Less bizarre from a current perspective was his correct evaluation of the dangers of tobacco, including its addictive effects (KELLOGG 1922). In his search for ways to aid people in attaining physical wellness, he also experimented with food processing techniques, developing corn flakes (eventually marketed by his brother, W.K. KELLOGG), peanut butter, granola, and soymilk (FEE/BROWN 2002). KELLOGG lived until 1943, and although his notions about the negative effects of masturbation and sex in general have largely died a well-deserved death, some other aspects of „biologic living,“ particularly the emphasis on diet and...
fitness, were to influence the later development of wellness in the United States. And it is not just a coincidence that he joined the American Public Health Association not long after its founding in 1872. As we shall see, there was an intimate connection between the public health community in the United States and the creation of the wellness movement.

2. Wellness Awareness: The Work of HALBERT LOUIS DUNN

While figures such as KELOGG, QUIMBY, EDDY and FLETCHER contributed to the development of the concept of wellness, the use of the term wellness in connection with this concept was the accomplishment of a fascinating individual, Dr. HALBERT LOUIS DUNN. DUNN was born in 1896 in New Paris, Ohio and died in 1975 in Silver Spring, Maryland. He received his medical and doctoral degrees from the University of Minnesota in 1922 and 1923, respectively, and along the way he developed considerable expertise in statistics. After stints in New York and at the Mayo Clinic and as Associate Professor of Biometry and Vital Statistics at the JOHNS HOPKINS school of Hygiene and Public Health, he went on to head the University of Minnesota Hospital before becoming chief of the National Office of Vital Statistics in Washington, D.C. in 1935, a post he retained until his retirement in 1961 (HALBERT LOUIS DUNN, n.d.; H.L. DUNN 1975). This office became part of the Public Health Service in 1946.

Perhaps because he was not himself a practicing physician, his approach to health went far beyond a simple battle with disease. His background as a statistician also played a role here, since he spent much of his life documenting health trends. He was astoundingly prescient in anticipating the long-term impact of the demographic changes then being brought about by the conquest of infectious disease. Increasing life expectancy and the replacement of infectious disease as the chief source of mortality by „civilization“ diseases such as cardiovascular disease and cancer made a concentration on wellness, as opposed to illness, a matter of great urgency:

Who can doubt...that the problems of elder citizens involve much more than just the saving of life or curing chronic disease? The great challenge at the older ages is how to keep a person fit until he dies, functioning as a dynamic unit in the population and contributing to society so that he can maintain his sense of value and dignity. It is quite possible that much of chronic disease could be eliminated if physicians knew how to recognize various levels of wellness. If, as seems certain, in the lower levels of wellness exist the precursors of future illness, it becomes increasingly important to recognize levels of wellness (DUNN 1957:229-230).

It was in the context of this set of problems that he found the Constitution of the World Health Organization, which had been promulgated a decade earlier,
particularly helpful. For him the WHO constitution propagated a notion of „positive health“ that was in principle identical with wellness. At its root was a holistic concept of health, which the WHO had defined as „a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity“ (Constitution 1947). Dunn therefore defined high-level wellness as „an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning“ (DUNN 1961:4-5).

The social dimensions of wellness were particularly important for Dunn. Here he was heavily influenced by the work of the President’s Commission on the Health Needs of the Nation, which had been formed in 1951 by President TRUMAN to provide recommendations about how to meet the nation’s immediate and long-term health care requirements. The commission published a landmark work touching on issues of health promotion (as opposed to disease treatment) in 1952/53 (Building America’s Health 1952/53). The so-called MAGNUSON Report (for the Commission’s chairman, Dr. PAUL A. MAGNUSON) was unusual in its attention to the social component of health, an emphasis that DUNN adopted as well (DUNN 1957:232). One of the report’s basic conclusions was that if a person’s social environment involved a lack of security about such basics as food, shelter, or employment, the achievement of positive health was much more difficult than if these were not a source of stress. Appropriate governmental policies, as well as a thick network of supportive social and cultural institutions therefore were necessary to support the individual in his quest to achieve high level wellness.

The social component of wellness went beyond providing security for families and developing healthy communities, however. Dunn was also influenced by eugenics and fearful of the impact of radiation on the genetic future of humanity. Both in his first articles on wellness and later on in his 1961 book, High-Level Wellness, he placed great importance on genetics as a way to improve the human condition. His fascination with the work of the famous British eugenicist, Sir JULIAN HUXLEY, led him to devote an entire chapter of High-Level Wellness to the question of whether society should help nature along in the process of natural selection, in order to yield individuals, who from birth on would be genetically better able to achieve high-level wellness (DUNN 1961:63-70). DUNN was himself a member of the American Eugenics Society, which is in some ways difficult to square with the humanism expressed in his wellness philosophy (Eugenics Watch n.d.).

In addition, DUNN emphasized the mental and spiritual dimensions of wellness. He was dissatisfied with the medical profession’s conceptualization of human beings as little more than biological machines, and saw the concept of wellness as a way to break down this misconception:
Many of us, as physicians and health workers, have become increasingly dissatisfied with our disciplines, which are designed as though the sum total of our concern is for the body and the mind of man, leaving to metaphysics and religion the affairs of the spirit. As if we could divide the sum total of man this way! If we are to move in the direction of high level wellness for man and society, we cannot ignore the spirit of man in any discipline. In fact, the essence of the task ahead might well be to build a rational bridge between the biological nature of man and the spirit of man – the spirit being that intangible something that transcends physiology and psychology (DUNN 1959a).

He traced this misconception to the tradition in Western culture of strictly separating body, mind and spirit. The first was the business of the physician, the second of the psychiatrist and the third of religious authorities. High-level wellness, on the other hand, required harmony between these three areas and the recognition that each impinged on the other. Indeed, Dunn questioned whether any of the three could be dealt with in isolation. Here again, his holistic thinking was apparent, a fact illustrated by the diagram he chose for the cover of High Level Wellness (see Figure 1):

The three interlocking orbits represent the human body as a manifestation of organized energy, and also symbolize the body, mind and spirit of man as an interrelated and interdependent whole. The dart symbolizes the life cycle of the individual as he strives to achieve his purpose in living and grows in wholeness toward maturity in self-fulfilment (DUNN 1961:vi).

For reasons that are not entirely clear to this author, Dunn chose to offset the dart in the diagram, rather than centre it on the three rings – perhaps it was simply to indicate direction and not to suggest that a person’s life course must always be centred fully at the intersection of body, mind and spirit.

As the previous quote illustrates, another component of Dunn’s wellness concept had to do with the role of energy in the maintenance of life: “High level wellness involves an interrelatedness of energy fields“ (DUNN 1961:22). These
included social, personality, and magnetic fields, among others. In each individual the interplay of these energy fields is different, which is what makes the individual unique. If these energy fields reinforce one another, they help propel the individual in the direction of high-level wellness. "If self-integration deteriorates, it impedes the flow of energy and sets up resistance and crosscurrents which interfere with efficient functioning and can ultimately become destructive to body tissues, thus leading to psychosomatic or mental illness and death" (DUNN 1959b:450).

Although DUNN’s ideas about energy were not very thoroughly presented in his article and in *High-Level Wellness*, they did anticipate some of the ideas developed much later by the esoteric wing of the wellness movement. It is therefore perhaps useful here to summarize which core elements of the fully developed concept of wellness were already present in DUNN’s work. These include the following:

- Wellness is a continuum rather than a specific fixed state. All individuals, depending on their particular circumstances, are located somewhere along the continuum between death and wellness.
- Wellness is a holistic approach to health, encompassing physical, mental, social, cultural and spiritual dimensions.
- Mental wellness is the responsibility of the individual and cannot be delegated to someone else.
- Wellness is about potential – it involves helping the individual move toward the highest state of wellbeing of which he or she is capable.
- Self-knowledge and self-integration are the key to progress toward high level wellness.

While all these elements were already present in Dunn’s philosophy of wellness, they were developed further by several individuals who came after him. By the same token, his own work did not arise out of thin air. Very significant contributions to his thought were provided by several contemporary psychologists, including ERICH FROMM and CARL ROGERS. DUNN’s notion of wellness as a matter of potential and movement rather than stasis was adopted in particular from GORDON ALLPORT and ABRAHAM MASLOW (ALLPORT 1955; MASLOW 1954). Allport’s theory of personality emphasized the importance of self-esteem and a realistic sense of self in the development of the mature individual – these provided the basis for emotional security and warm emotional ties with others. For DUNN, in turn, these were basic building blocks of mental wellness – what he referred to as „maturity in wholeness“ (DUNN 1961:143-150). By the same token, ABRAHAM MASLOW contributed to DUNN’s definition of wellness. One element of high level wellness – the ultimate goal toward which all people should strive – is based on MASLOW’s idea of self-actualization, an idea to which DUNN paid extensive attention (DUNN 1961:159-165). Dunn put these various elements together in what he called a new „Health Grid.“ High-level wellness existed in the right hand quadrant of his grid (see figure 2), where positive health and a favourable environment...
intersected. As can be seen by his diagram, individual responsibility for the achievement of wellness was not especially central in DUNN’s thinking. This was an idea that was to be emphasized to a much greater extent by his successors, though it was to take a decade before his ideas gained much of a following. An occasional article dealt with the topic of wellness (KAUFMANN 1963), but it was not really until the early 1970s that DUNN’s ideas began to gain wider currency.

![Diagram of Wellness Grid]

3. The Growth of the Wellness Movement in the 1970s

DUNN’s death in 1975 coincided with the founding of the Wellness Resource Center in Mill Valley, California. The founder of the centre was JOHN TRAVIS (1943-), who like DUNN had a background in public health. He was enrolled...
in a preventative medicine program at the Johns Hopkins University of Public Health when he first encountered DUNN’s ideas. Based on DUNN’s work, Travis developed what he called a wellness inventory to assess an individual’s state of wellness on a total of 12 dimensions, ranging from self-love to nutrition, exercise and social environment, among others (TRAVIS 1975). He also altered DUNN’s „Health Grid,“ reducing it to a single continuum from premature death on one end to high level wellness on the other (see Figure 3). Since 1975 TRAVIS' wellness continuum has evolved further. For the most recent iteration, see his website: http://www.thewellspring.com/Pubs/iw_cont.html

One of the most significant of TRAVIS' contributions to the concept of wellness was a much greater emphasis on individual responsibility. For TRAVIS, it was the responsibility of each individual to move toward high level wellness. It was not a development for which the individual’s physician could take responsibility. Accordingly, TRAVIS’s Wellness Resource Center concentrated on helping clients to take responsibility for their own health. The contrast to traditional health centres is apparent already in this terminology. As a client, the individual controls the process, while patients, on the other hand, are all too frequently simply the subjects of the physician’s intervention. While DUNN’s wellness philosophy remained a set of ideas without much immediate practical application, Travis translated DUNN’s ideas into a concrete eight-month program with a price tag of $1500. It involved learning relaxation strategies, self-examination, communication training, coaching to encourage creativity, improved nutrition and fitness, visualization techniques, and the like. The idea was to help clients to know themselves better, so they could take better care of themselves. As a handbook to accompany and reinforce these techniques, TRAVIS developed the Wellness Workbook, which is now in its third edition and has sold more than 175,000 copies (TRAVIS 1977, 1981, 2004).

Because of a very limited printing by a relatively unknown press, DUNN’s work was not very widely known, but TRAVIS did much to popularize the basic concept of wellness. In addition, a 1974 report issued by the Canadian Minister of Health and Welfare, MARC LALONDE, gave the wellness concept much needed exposure. A New Perspective on the Health of Canadians emphasized the

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**Figure 3. The Wellness Continuum**

influence of poor lifestyle choices on the part of individuals in influencing the rates of premature mortality and disability, and challenged many of the assumptions about how best to provide for a healthy population. It is not clear to what extent Dunn’s ideas were behind this work, but it is at least conceivable, since he was a member of the Canadian Public Health Association and had presented a landmark paper on the subject before the association’s annual meeting in 1959 (Dunn 1959b). Hetlinger (1998) maintains that the report was heavily influenced by research done by American public health officials from the Public Health Service’s Centers for Disease Control. The Lalonde report was widely read in the United States and did much to encourage a much greater emphasis on health promotion and prevention (Ardell 1985:40-41).

The works of Donald Ardell (1939-) were instrumental in presenting these ideas to the public at large. Indeed, he was primarily responsible for making wellness a household term. If anyone in the United States can claim to be a wellness guru, it is Ardell. In contrast to Dunn and Travis, Ardell was not trained as a physician. He began his career as a health planner and then got on the wellness bandwagon in 1977. In contrast to Dunn’s writing style, which was rather turgid and dense (despite the fact that High Level Wellness was originally delivered as a series of 29 lectures in a Washington-area Unitarian church), Ardell developed a rather breezy conversation style that was much more accessible for the average lay reader. His books, such as High Level Wellness: An Alternative to Doctors, Drugs, and Disease (1977) and 14 Days to a Wellness Lifestyle (1982) sold extremely well and launched his career as a well-paid speaker on the subject of wellness. He has since written 16 books on wellness, produced a very successful wellness newsletter (the Ardell Wellness Report) and a very popular website (www.seekwellness.com), and founded a wellness centre.

One important difference between him and Travis and Dunn is his rejection of the spiritual aspects of wellness, as he has little but contempt for any “insight” that religion might have to offer. Indeed, in a paper delivered before the 2004 National Wellness Conference he recently argued that the wellness movement would be better off without its past concern with spiritual approaches to well-being:

The wellness movement in general and national conferences in particular have been supported and shaped over a quarter of a century by persons, mostly from the medical or religious communities, oriented to such notions as mind/body/spirit, alternative healing methods, 12 step and other approaches to recovery from emotional traumas and an inordinate fondness for consensus/congeniality, harmony, righteous cooperation and uncritical love. This has given many the impression that wellness is mushy, vague, New Age and quasi-religious. It is, at least insofar as the National Wellness Institute [author’s note: see below] is concerned, but do we want this to continue and, more important, how would YOU like to perceive and thus pursue a wellness lifestyle? This session offers an alternative view of wellness focused on critical thinking, personal responsibility, physical fitness, a secular quest for added meaning and purpose.
and a comprehensive, positive view of health set far beyond the margins of normalcy and moderation (ARDELL 2004).

Ardell has consistently pursued wellness from a completely rationalist, secular point of view, which has led some of his wellness colleagues to label him „controversial“ (HETTLER 1998). Despite this label, it is more his ability to convey ideas effectively than the originality of his ideas that has made him such a commercial success. That is not to diminish this contribution to the movement – without his missionary work, it would never have reached so many people. In addition to his publicity work, Ardell also served as director of the University of Central Florida’s Campus Wellness Center from 1984 to 1996 (DONALD B. ARDELL 1999).

Campus wellness programs gained in popularity in the 1970s in the United States and represent an important milestone in the development of the wellness movement. The original university wellness program was established at the University of Wisconsin – Stevens Point, at least in part as a consequence of contacts between university staff and JOHN TRAVIS. The university had already an initiative to assess student health, particularly in relationship with risk behaviours. Early in the 1970s, MARY FLEISHAUER, a nurse in the university’s student health services centre, attended a workshop conducted by TRAVIS at the Wellness Resource Center in California. Under her influence, her boss, DON JOHNSON, purchased materials from TRAVIS, including his wellness inventory, and launched the university wellness program on campus. One of the Health Services staff physicians, BILL HETTLER, building partly on TRAVIS’ wellness inventory, created a Lifestyle Assessment Questionnaire that has since been widely copied for campus wellness programs elsewhere to assess college students’ state of wellness and help in encouraging long term lifestyle change. The Questionnaire has been developed further and is now marketed under the name TestWell. In addition, HETTLER and his colleagues organized the National Wellness Institute at Stevens Point in 1977, out of which grew the first national conference on wellness in 1978 (HETTLER 1998). ARDELL was one of the featured speakers and more than 250 people attended from all over the United States. It was a propitious beginning for a conference that has been taking place annually on the Stevens Point campus ever since and has played a seminal role in the spread of the wellness movement in the United States. One of those 250 attendees was HANS DIEHL of the UCLA Center for Health Enhancement, as representative of the Seventh Day Adventists (Curriculum vitae Dr. HANS DIEHL, n.d.) As the Seventh Day Adventists were „then the healthiest sub-population in the United States,“ Dr. DIEHL was assumed to have special credentials in wellness (HETTLER 1998). Dr. DIEHL’s presence at the conference represented the continuing influence of Seventh-Day Adventist thought in the wellness movement. The conference now attracts some 1,600 participants a year, and although it still bears the title, National Wellness Conference, it has, in fact, become an international affair.
By the late 1970s, then, the wellness movement was well under way in the United States. Nelson Rockefeller, former governor of New York and Undersecretary of Health, Education and Welfare in the Eisenhower Administration, commissioned a group of experts to examine health care policy in the United States and make recommendations for reform. The result emphasized several ideas being promoted by the wellness movement, and it was published as a special issue of *Dædalus*, a journal with wide circulation among American intellectuals (Doing Better and Feeling Worse 1977). Some businesses were beginning to offer workplace wellness programs. One of the pioneers here was Sentry Insurance, and it is not a coincidence that its headquarters is in Stevens Point, Wisconsin. Within a few years the company was even making use of ArdeLL’s *14 Days to Wellness* book as a keystone of its employee wellness program (Donald Johnson, Sentry’s vice-president and medical director, as quoted in Ardell 1982, rear cover). Another pioneer in this regard was the Mendocino School District in California, which used monetary rewards to encourage its employees to adopt healthier lifestyles (ArdeLL 1985:41). Schools also began to incorporate wellness education into their curricula, with the Madison, Wisconsin School District playing the pioneering role. State and local governments began to actively promote wellness programs in hopes of reducing health care costs, which were becoming an increasing drain on budgets. The State of Wisconsin, for example, was the first to create a Council on Wellness to promote wellness initiatives (ArdeLL 1985:49). As this listing makes clear, two states in particular were at the forefront in promoting wellness, namely California and Wisconsin. In addition, some professional associations began to actively push for more wellness programs and incorporated a wellness philosophy into their corporate activities. Noteworthy here was the American Association of Occupational Therapy (Reitz 1992). Even the federal government got involved. In 1979 the surgeon general, Julius Richmond, published a far-reaching report devoted to health promotion, disease prevention and wellness, which followed up on a more famous report more than a decade before that had outlined the dangers of tobacco. The Report asserted that “further improvements in the health of American people will be achieved – not just through increased medical care and greater health expenditures – but through a national commitment to efforts designed to prevent disease and to promote health” (Healthy People 1979:1).

All these initiatives began bearing fruit. A popular book of the time, *Mega-trends: Ten New Directions Transforming Our Lives* identified wellness, which the author dubbed the new health paradigm, as one of the ten most important new developments that would shape people’s lives in the decades to come (Naisbitt 1982). The awareness among the general public of the benefits of lifestyle change increased and participation in lifestyle sports such as jogging, weight training and aerobics boomed beginning in the 1970s. While the hippie generation of the 1960s had done much to popularize so-called health foods,
in the following decade concerns about the level of fat in the American diet and its implications for the risk of heart disease encouraged the spread of nutritional awareness outside of counterculture circles (GOLDSTEIN 1992). At the same time the wellness movement began to mutate in many different directions, some of which bear the stamp of the nineteenth-century discourse about the relationship between health, morality and spirituality.

4. Mutations of Meaning: The Religious and Spiritual Dimensions of Wellness

On the one hand an overtly secular discourse on wellness emerged which equated certain kinds of behaviour with virtue and others with sin – albeit sin without reference to god, the devil or hellfire. If one smoked or was fat, it was not just bad for you, but also a transgression against the commandments of wellness. If one wanted to be saved, one had to keep these commandments (CRAWFORD 1984). Tobacco use, in particular, came to be seen increasingly as a sign of moral weakness, and consequently those who succumbed to the weed’s seductions should be shunned. By the same token, to be able to stick to a diet was a sign of moral fibre, and it is not coincidental that the language associated with dieting took on a religious tone. To eat chocolate was „sinning,“ to revert to one’s previous eating habits was „backsliding“. One study of this wellness/morality nexus concluded: „Concordant with the ritualistic nature of the wellness syndrome, forces of good and evil are pitted against each other in a morality play which takes the form of getting into shape“ (NICHTER/NICHTER 1991:256). In a society that was undergoing increasing secularization, the new gospel of wellness served as a sort of secular path to personal salvation (GILLICK 1984). „In modern society, where health is such a dominant value, the body provides a forum for moral discourse and wellness-seeking becomes a vehicle for setting oneself among the righteous“ (CONRAD 1994:398). This discourse reminds one directly of the words of FLETCHER in particular.

A less secularized version of the wellness/religion connection may be found both in some traditional religious denominations and in the New Age movement. Catholic theologians have been busy connecting wellness to Christian traditions of healing going back to Biblical times and to St. Francis (PILCH 1998; MORGANTE 2002). The website of Lifeway Christian Resources, an arm of the Southern Baptist Convention, with over sixteen million members the largest Protestant denomination of the United States, has individual sections devoted to physical, spiritual, mental and emotional wellness, with articles like „You are what you eat, and so are your kids!“ and „Eight ways to Exercise.“ Such articles share space with ones devoted to the anti-abortion campaign and the initiative to introduce Creation Science into public school curricula (Health
and Wellness 2001). Among some other fundamentalist Christian groups, on the other hand, there is scepticism about the wellness movement (Miller, n.d.). Donald Ardell’s almost militant secular humanism may have played a role in this development (Ardell, n.d.; Ardell 2002). Particularly among certain Christian fundamentalist groups, the idea that health is a matter of individual behaviour rather than God’s blessing or punishment for sin (and here the sins of gluttony and inactivity are not meant) stands in contradiction to Holy Scripture. In addition, with its alternative therapies, some of which have far Eastern origins, wellness is sometimes associated with the New Age movement, which discredits it for these people altogether (Miller, n.d.).

One point of intersection between the New Age movement and wellness has been examined in great detail by Catherine Albanese, a professor in the Religious Studies department of the University of California at Santa Barbara (Albanese 2000). Dunn’s insistence that a key to wellness lies in the various energy fields in which an individual moves may be found in an altered form in the metaphysics of New Age religion. Albanese writes, “If this orientation is followed out into cultural practice regarding health and healing, one enters a world in which religion and therapy mingle freely in ideas and acts that center on human energy phenomena“ (Albanese 2000:30). Albanese examines in particular the teachings of Barbara Ann Brennan, a well-known spiritual healer and head of a school of healing headquartered in Boca Raton, Florida, which also has a branch operation in Mondsee, Austria (see http://www.barbarabrennan.com). Brennan’s school even offers a Bachelor of Science degree in Brennan Healing Science. Over three million copies of Brennan’s book, Hands of Light have allegedly been sold worldwide (Albanese 2000:32). For Albanese, Brennan is a representative par excellence of the complexities of New Age religion.

Brennan’s ideas are based partly on the work of Wilhelm Reich, the Freud pupil who emigrated to the US in 1939 and argued for the existence of orgone, a form of cosmic energy that has since been associated both with the Chinese concept of qi and with auras. In addition, Albanese traces a number of Brennan’s teachings back to several nineteenth-century American and English thinkers and healers such as the theosophists Helena Blavatsky (1831-1891), Henry Steel Olcott (1832-1907) and Charles W. Leadbeater (1847-1934), the spiritualist Andrew Jackson Davis (1862-1910), as well as liberal Protestant spiritualists associated with groups such as the Society of Friends, otherwise known as the Quakers, and with the clairvoyant, Edgar Cayce (1877-1945). Cayce, for example, insisted that all healing came from within the individual and that if an individual fell ill, the key to restoring him or her to health was tapping the healing resources already existent within (Mein/McMillin 2000). Reiki also plays a role in Brennan’s philosophy, so like the New Age thinking that she represents, Brennan’s spirituality is a colourful jumble of ideas. There is no evidence, however, that Brennan was directly influenced by Dunn.
BRENNAN’s approach to healing involves observations of auras, or subtle energy, around individuals and then suggesting ways to change behaviour, relationships and perceptions to heal the wounds so identified: „Modern science tells us that the human organism is not just made up of molecules, but that, like everything else, we are also composed of energy fields... Most diseases are initiated in the energy fields and are then, through time and living habits, transmitted to the body, becoming serious illness“ (BRENNAN as quoted in ALBANASE 2000:33). Because subtle energy healers such as BRENNAN make use of some of the language and concepts of wellness in their esoteric approaches to healing, the lines between health promotion through positive lifestyle change, on the one hand, and New Age spiritual notions on the other, becomes more difficult to draw. One prominent practitioner of alternative medicine and significant figure in the wellness movement, Dr. C. NORMAN SHEALY, refers to this syncretism as „going beyond logic to common sense“ (SHEALY 2004).

5. Mutations of Meaning: The European Meaning of Wellness

Another shift that has occurred in the meaning of wellness is one that has a geographical component. Europeans associate wellness to a much greater extent than Americans with such things as pleasure, feeling well (what in German has been called the Wohlfühl trend), status and certain forms of conspicuous consumption. The spa industry has been instrumental in promoting this notion of wellness, beginning in the late 1980s and early 1990s. Although the European wellness model borrows from American ideas about wellness, and the broader meaning of the term was not ignored completely, the pleasure principle is much more central to European understanding of the term. As one study put it, „Prosecco and Cappuccino were the insignia of a culturally refined wellness, in which the cultural bourgeoisie proclaimed its hegemony: it was no longer the quantity of pleasure that counted, but its quality“ (HORX, n.d.:7). The term also became increasingly associated with beauty in general and the pursuit of a beautiful body in particular (ILLING 1999:8; BINGLE, n.d.:6). Because pleasure and status have long been recognized as some of the most powerful tools in marketing, the term quickly began to crop up in many different contexts that had little in common with DUNN’s original concept of the term.

6. Conclusion

The problem for the scholar that this malleability of the term wellness presents is that it is extremely difficult to define precisely what is meant by it, and the
refoe to adequately trace its origins. It is really only possible to define the
term within a specific context. In the context of the academic health commu-
nity in the United States, the six-dimensional model of wellness developed by
BILL HETTLER of the National Wellness Institute will serve as well as any. The
six dimensions are: social, occupational, spiritual, physical, intellectual and
emotional and include the following precepts:
Social:
• It is better to contribute to the common welfare of our community than to
  think only of ourselves.
• It is better to live in harmony with others and our environment than to live
  in conflict with them.
Occupational:
• It is better to choose a career which is consistent with our personal values
  interests and beliefs than to select one that is unrewarding to us.
• It is better to develop functional, transferable skills through structured
  involvement opportunities than to remain inactive and uninvolved.
Spiritual:
• It is better to ponder the meaning of life for ourselves and to be tolerant of
  the beliefs of others than to close our minds and become intolerant.
• It is better to live each day in a way that is consistent with our values and
  beliefs than to do otherwise and feel untrue to ourselves.
Physical:
• It is better to consume foods and beverages that enhance good health rat-
  her than those which impair it.
• It is better to be physically fit than out of shape.
Intellectual:
• It is better to stretch and challenge our minds with intellectual and creati-
  ve pursuits than to become self-satisfied and unproductive.
• It is better to identify potential problems and choose appropriate courses
  of action based on available information than to wait, worry and contend
  with major concerns later.
Emotional:
• It is better to be aware of and accept our feelings than to deny them.
• It is better to be optimistic in our approach to life than pessimistic
  (National Wellness Institute, n.d.).

Once one moves out of this very specific context, however, the problems of
definition multiply exponentially, and along with them the problems of tracing
the heritage of the term. This contribution to the discussion therefore can
only begin to scratch the surface in this regard, and a great deal more research
is needed to examine the development of the term, particularly in mapping the
network of ideas that have culminated in the present proliferation of meanings
for wellness.
This proliferation has gone so far as even partially to discredit the term among the health community in the United States. JOSEPH DONNELLY, for example, the head of the Department of Health Professions, Physical Education, Recreation and Leisure Studies at Montclair State University in New Jersey, reports that his department is considering dropping the word wellness from the title of a proposed academic program focusing on health promotion, precisely because he and his colleagues fear that it would create the wrong impression. „The term wellness is now the kiss of death for academic programs in the United States“, he reports. If wellness were in the title, rather than a program in health promotion, students might come to Montclair expecting something a good deal more esoteric, which would neither be to their advantage, nor to that of the program itself (personal interview in Montclair, New Jersey, May 20, 2004).

The morning I finished this article, the morning paper brought with it a stack of coupons stuck to the front cover. Advertising the wares of a local baker, they were labelled, „Wellness Coupons,“ and proclaimed that anyone who bought his exquisitely baked buns would enjoy the well-being that went with the happy combination of delicate taste and inexpensive prices „under the motto of save and enjoy“ (Wellness Bons 2004). The reduction of the wellness concept to a mere advertising slogan represents a complicated process of redefinition and mutation that the term has gone through in the past fifty years, as well as a significant cultural difference. It would be unusual for the same advertisement to appear in an American newspaper, for the term there has not been so closely associated with pleasure, comfort and enjoyment. If it were, JOSEPH DONNELLY would have yet another reason to reconsider the name of his new program.

**Literature**


Schwerpunkt: Wellness


HALBERT LOUIS DUNN Biographical Information (1954, October 6): Record from the Biographical Files of the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions, Baltimore, Maryland.


Schwerpunkt: Wellness

