Well-being: What’s in a name? By Paul Terry

When a sonnet passes the test of time, it must be touching on one of those relentless truths that makes us think and nod and think again. Shakespeare wrote: “What’s in a name? That which we call a rose, by any other word would smell as sweet.” Recall that this line captured the high stakes conundrum of Capulet and Montague identity politics. Juliet was desperate to rise above history’s trappings and Romeo responds: “Call me but love, and I'll be new baptized; Henceforth I never will be Romeo.” And so to it seems the health promotion profession wants to nevermore be about wellness. The national shift from wellness to “well-being” has been rapid yet, does the newly accepted usage of the well-being term mark a subtle shift or a fundamental change in our professional orientation? That the health promotion profession hopes to divest of an inordinate focus on individual health habits and exert a broader influence on families, communities and life quality is a worthy aim. Whether “well-being” enables this more than “health promotion” or wellness depends on what’s in these names.

I recently hosted a [webinar](http://healthpromotionjournal.com/index.php?com_route=view_video&vid=137&close=true) that featured Stephanie Pronk, the practice leader for AON Hewitt’s National Health Transformation Team along with Don Ardell, a bountiful writer who many credit as the “Forefather of Wellness.” Ardell promotes “REAL wellness” an acronym for reason, exuberance, athleticism and liberty. To me, “REAL” is aspirational and a way of being. Similarly, if you study uses of the well-being term to date you’ll find a litany of associations about how health is influenced by financial, psychological, physical and many other dimensions. That’s not the case for definitions of health education or health promotion. These terms have an action orientation. To wit, the scholarly [consensus definition](http://www.oxfordbibliographies.com/view/document/obo-9780199756797/obo-9780199756797-0044.xml) is: “any combination of learning experiences designed to facilitation voluntary actions conducive to health.”



Stephanie Pronk

Stephanie Pronk is nothing if not an action oriented leader in our profession and that’s why I was not surprised at AON Hewitt’s definition of Well-being as “a state of balance that consists of having the appropriate resources, opportunities and commitment needed to achieve optimal health and performance for the individual and organization.” I like it. It’s a definition that captures the duality of individuals and their environments and includes a call to action. Decades ago, the original definition of health education ended with “voluntary behaviors conducive to health” but later was changed to “actions conducive to health.” This was to counter the perception that the work of the profession was to target the individual rather than being about influencing political and cultural actions as well.

**“To be or not to be?”**

Reflecting on the national imperative of reducing the “weight of the workplace”, Pronk described AON’s “all-encompassing” approach to obesity management with its tacit acknowledgement that a focus on individual behaviors simply hasn’t worked well for most. Time will tell whether the well-being term will denote a similarly broad action orientation. I polled our webinar audience on this issue and found the variation downright fascinating. Pronk summarized attributes of an “all-encompassing approach and we asked:

**Which best describes your organization’s readiness for an “all-encompassing” approach?**

* + A: We have the will and know the way. We’re on it! = 28%
  + B: We know the way but lack the will (political, thought leadership) = 30%
  + C: I don’t know = 13%
  + D: We have the will but I doubt we know the way. = 25%
  + E: No how, no way! = 4%

That there are as many who feel they have the know-how but lack organizational support as there are that lack know-how but have organizational support bespeaks a time where identity politics are a palpable part of our profession. Per Romeo: “Call us but well-being and we’ll be new baptized?” Perchance to dream.



Don Ardell

Will Well-being be a way of being like Ardell’s “REAL” or a way of doing like Pronk’s “all-encompassing approach?” I’ve reviewed many well-being definitions and have yet to find one that is derived from consensus. And since most are associations oriented rather than action oriented, I was struck by Rachel Dodge’s article entitled: “The Challenge of Defining Well-being.” Dodge and colleagues believe the way forward is to define how individuals achieve Well-being, rather than simply describe what it is. Rather than the common approach to making Well-being about factors and correlations, Dodge writes that “in essence, stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge.” I like it.

At HERO, the research and education Think Tank where I work, we had a long standing vision about improving best practices in “employee health management.” It is a worthy aim still but I’m all the more charged up about our new vision: “All workplaces will positively influence the health and well-being of employees, families and their communities.” Perchance to dream indeed. I’m all for being. But if our profession is to surmount our high stakes conundrums, we must also be about doing.

**References:**

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1. Elaine Auld, Definition of Health Education. <http://www.oxfordbibliographies.com/view/document/obo-9780199756797/obo-9780199756797-0044.xml>
2. Dodge, Rachel et al. “The challenge of defining wellbeing.” *International Journal of Wellbeing* 2, no. 3: 222-235.