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# Social Implications of Wellness

Mary Fisher

**Abstract:** This article presents the existing health disparities between populations of varying socioeconomic statuses in the United States as part of a broader discussion in the modern wellness industry. The discussion highlights the threat modern wellness poses to the individual and society, and the implications these threats have on the health and future of the United States if the wellness industry is left unchecked.

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Wellness could perhaps be measured by daily steps and calories, meditation classes, trips taken to resort spas, or even in the number of anti-wrinkle serums on the bathroom shelf. Who is to say any one conception of wellness is wrong? What is undeniable, however, is that wellness has become a commodity; in 2014, globally, the wellness industry was a \$3.4 trillion market.<sup>1</sup> It consisted of wearable technologies to count steps, protein shakes, yoga retreats, and treadmill desks, among many other things. With the industry booming, Americans are in a wellness arms race, quick to devour the next new thing the industry generates. Despite this growing industry, what seems peculiar is the overwhelming amount spent on healthcare. Healthcare spending in the United States touched a record \$2.9 trillion in 2013.<sup>2</sup> More money spent on perfecting one's diet and exercise regimen would be thought to equal less money spent on surgeries and doctor visits, but this wasn't the case. Spending aside, it seems very nonsensical that the United States, a nation obsessed with wellness, has some of the highest prevalence rates for non-communicable diseases such as obesity, diabetes, and heart disease when compared to its other western counterparts.<sup>3</sup>

It could be understood that the poor health outcomes of this nation are at the faults of those who do not cultivate wellness in their lives. This implies that wellness is attainable for all, but, more realistically, perhaps it is not. Often unrecognized is the disparity driven nature of wellness due to its inherent exclusivity. This article will discuss how wellness obsessions of current day might pose a threat to the United States' future by the perpetuation of inaccurate perceptions of low socioeconomic status (SES) people who have considerably worse health outcomes than their affluent counterparts.<sup>3</sup> It will first discuss the subjectivity of wellness, health, and SES, as they are all social constructs. Second, it will present the disparities of health that exist between levels of SES to establish an understanding of the impact of the social gradient in health. Third, the discourse of choice in regards to health behaviors will be discussed as a foundation to understanding the social implications of wellness.

## TERMS DEFINED

Acknowledging the frameworks of wellness, health, and SES as social constructions is integral to the discussion, as these terms each hold different meanings for different audiences. Thus, establishing a common ground is crucial.

As aforementioned, wellness has many variables of measurement and can therefore be defined in a myriad of ways. The Global Wellness Institute (GWI) foundationally defines wellness in line with the widely accepted World Health Organization's definition of health: "a state of complete physical, mental, and social well-being."<sup>2</sup> Further, the GWI's definition regards wellness as something that emphasizes the proactive maintenance and improvement of health and well-being.<sup>1</sup> Although the interplay of health and wellness are important, for the intent of this discussion, they will not be interchangeable. Wellness will be understood as a measure taken through the purchase of a good and/or service in order to maintain or improve health. While wellness can be internal and does not always come with a price sticker, it will be referred to as an assumed commodity via the wellness industry.

Health is another construct that differs throughout this discussion. The most frequently cited definition of health is that of the aforementioned World Health Organization (WHO). Rather than one encompassing definition, some choose to define health through focused perspectives. The most well-developed is the Medical Model of health, which places importance on the lack of disease and understands health as an exclusively physiological entity. In contrast, the Sociocultural Model of health regards health as being relative depending on one's role in society. This model views being unhealthy as deviance as it hinders one's societal function. Lastly, the Stress Model of health has a more general focus on a person's wellbeing, which is dependent on the amount of stress one experiences.<sup>4</sup> These four definitions are all of importance and their mere existence in accordance with each other reinforces the subjective nature of health. Most studies utilize self-reporting for health,

therefore when understanding the comparison of health between levels of SES populations, it is important to remember that there is not one agreed upon definition of health. For the intent of this discussion the broad generalization of poor health will be understood as the presence of disease and/or sickness, communicable or non-communicable.

Finally, socioeconomic status is a combined measure, usually of income, education, employment, wealth, and occupation. SES is an important factor in determining social position in relation to others and can be very telling of health outcomes.<sup>5</sup> For this discussion, SES will serve as an encompassing term to compare those in generally low income to others in high income.

## THE SOCIAL GRADIENT

One cannot deny the existence of the social gradient in health, that is, the existence of inequalities in health due to inequalities in social status. Within the U.S., populations of low SES experience worse health outcomes than their affluent counterparts. Interpreted data from the National Health Interview Survey suggests that adults of families that are not poor reported very good health while adults of poor families reported worse health. Adults of poor families had higher rates of kidney disease, liver disease, and diabetes than their higher SES counterpart families. Additionally, adults of poor families were twice as likely to report feeling sad and hopeless.<sup>6</sup> Realizing the poor health outcomes of low SES populations is foundational in grasping the dangers of a society obsessed with wellness. Wellness, as understood here, is the proactive maintenance of health; those who occupy themselves with wellness would presumably already possess a sound base of health of which to improve upon via goods and services. It is unrealistic for someone in poor health to prioritize wellness if they lack a base of sound health from which to start.

## CHOICE

Common discourse suggests that the poor health of these populations is a consequence of unfavorable health behaviors such as eating junk food, not exercising, and smoking. While it has been reported that adults of poor families are more likely to smoke and be less physically active, determining why has been debated.<sup>6</sup> Many studies have attempted to understand why disadvantaged populations engage in these behaviors at a higher frequency than their affluent counterparts. Some literature argues it may be due to higher levels of stress, lack of knowledge regarding negative health outcomes, or fewer perceived benefits of healthy behaviors.<sup>5</sup> While these inferences are indeed justified, researchers have not found definitive proof of the exact cause of poor health in these populations.

The power of choice frequently gets overlooked when studying health behaviors. However, choice lies at the cornerstone of wellness and health. It is perceived that one makes healthy choices, such as eating vegetables and getting enough

sleep, and therefore is healthy. Choice is often misconstrued to be something that is available for everyone. In the context of health, it is imperative to understand that one is not healthy solely because of their choice, but rather, one is healthy because of their access to choices. Low SES populations are often believed to have a poor faculty of choice; they choose junk food over vegetables, they choose sedentary lifestyles over physical activities, and so on. In actuality, these populations lack the availability of choice. They choose junk food because it's the only food available, and they choose not to exercise because they lack available space or resources to do so.<sup>7</sup>

This disparity of choice for those of low SES often goes unseen. Portraying poor health as an individual failure of good choice establishes a discourse that removes responsibility from agencies equipped with resources to aid these people. The declining health of this nation, coupled with the increasing amount spent annually on healthcare, is then no longer seen as a social or political problem but as an individual problem. To perpetuate this, wellness and its industry capitalize on placing priority upon the individual in order to ascertain wellness as a matter of morality: those who buy into wellness believe they are doing what is right; those who do not participate as consumers of the industry are wrong. In the eyes of privileged wellness adherents, low SES populations are therefore constructed as failures and rightful recipients of their poor health outcomes.<sup>8</sup>

## THE DANGERS OF OBSESSION

The potential threat that wellness obsession poses to this nation is twofold. First, as previously stated, wellness's inherent exclusivity demonizes the outside population that does not participate, namely those of low SES. As wellness begins to dominate our society, already riddled with misconceptions of choice, its discourse further jeopardizes the health of those on the outside by manipulating its champions into unwaveringly believing in health as a solo endeavor of best choice. This manipulation has the potential to keep disadvantaged populations from receiving the aid they may need due to misconceptions of individualization that strip advantaged populations of empathy. Individualizing health often feeds into a cycle of oppression and a state of social immobility. Those of low SES with poor health are believed to be undeserving of help and therefore do not receive the help they need, further preventing them from making a change. Their poor health hinders them from being productive members of the workforce, as it has been found that healthier workers are the most productive.<sup>9</sup> Allotting sufficient funds both federally and privately to enable low SES populations better access to choices regarding health could be considered a direct investment in the economy. Further, children of poor families are more likely to be in poor health in comparison with children of families in higher SES.<sup>10</sup> Poor health in childhood years may be associated with increased odds of disability that inhibits or hinders work performance, as well as increased odds of chronic disease in adulthood.<sup>11</sup> The fate of

these children rests in the hands of their parents, who, without proper resources or range of choice, lack the ability to provide a lifestyle that fosters good health. As innocent and voiceless participants of society, children deserve the resources necessary to grow healthfully as they are our future leaders. Their poor health is a direct threat to the fate of this nation.

Second, wellness obsession can also be dangerous for those who strictly adhere to the tenants of wellness. Wellness has become very idealistic, with the industry always producing the next cure to what one didn't even know ailed them. Maintaining a perfect state of health via the wellness industry becomes impossible. Modern wellness has purposefully come to be constructed as a commodity so that consumers are in constant state of "keeping up with the Joneses." Feeding into this obsession to consume is perhaps the addictive nature of the perceived morality that accompanies adhering to wellness. This textbox deception can establish a dangerous fixation of self but is camouflaged by discourse so as to be seen as a morally right endeavor of self-fulfillment. Further, the social construction of modern wellness creates intense pressure to be proactive about one's health via goods and services, which can ultimately lead to a paradoxically unhealthy obsession. Rates of orthorexia nervosa, an obsession with proper nutrition that may facilitate extreme anxiety and compromise health, have been on the rise. While the diagnostic basis of orthorexia and other health obsessive behavioral disorders are currently under discussion by the scientific and medical communities,<sup>12</sup> it has been suggested that healthcare professionals be on high alert for the consequences of extreme compulsion regarding diet.<sup>13</sup> Despite minimal literature on such disorders, the mere emergence should raise concern. It is perhaps too early to establish a causal relationship between wellness-dominated culture and health obsession disorders, but the pressure-inducing manner of the wellness industry should be taken into consideration.

## CONCLUSION

Unknowingly or not, by fundamentally denouncing others, modern wellness and its discourse propagate oppression of the most needy by constructing them as blameful for their misfortunes. It should be considered that adherents of wellness, who choose to validate themselves and their wellness industry consumption via morality, recognize their actions as perhaps anything but moral. To patronize an industry that fosters a fixation on self-righteous ideology and that also admonishes disenfranchised populations is detrimental to the progression of humanity and the fate of the United States. Furthermore, being outwardly cognizant of the social gradient in health, the disparity of choice, and the social implications of wellness are foundational in cultivating a society in which all peoples are celebrated.

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## References

1. Centers for Medicare & Medicaid. *National Health Expenditures 2013 Highlights*. 2013:1.
2. Global Wellness Institute. *Statistics & Facts*. 2015.
3. The National Academies Press. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. 2013:2-3.
4. Budrys G. *Unequal Health*. 2nd ed. Lanham: Rowman & Littlefield Publishers; 2005:16-21.
5. Pampel F, Krueger P, Denney J. Socioeconomic disparities in health behaviors. *Annu Rev Sociol*. 2010;36. doi:10.1146/annurev.soc.012809.102529.
6. Centers for Disease Control and Prevention. *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012*. Centers for Disease Control and Prevention; 2014.
7. Patel R. *Stuffed and Starved*. Brooklyn, N.Y.: Melville House Pub.; 2012:272-283.
8. Cederström C, Spicer A. *The Wellness Syndrome*. Cambridge: Polity Press; 2015:3-8.
9. World Health Organization. *Poverty and Health*. OECD; 2003.
10. Centers for Disease Control and Prevention. *Summary Health Statistics for U.S. Children: National Health Interview Survey, 2012*. 2013.
11. Haas S. The long-term effects of poor childhood health: an assessment and application of retrospective reports. *Demography*. 2007;44(1):113-135. doi:10.1353/dem.2007.0003.
12. Koven N, Abry A. The clinical basis of orthorexia nervosa: emerging perspectives. *Neuropsychiatr Dis Treat*. 2015:385. doi:10.2147/ndt.s61665.
13. Moroze R, Dunn T, Craig Holland J, Yager J, Weintraub P. Microthinking about micronutrients: a case of transition from obsessions about healthy eating to near-fatal "orthorexia nervosa" and proposed diagnostic criteria. *Psychosomatics*. 2015;56(4):397-403. doi:10.1016/j.psych.2014.03.003.

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