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THE GENESIS AND EVOLUTION OF THE WELLNESS CONCEPT IN SCIENTIFIC DISCOURSE

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*The study is devoted to the genesis of the concept of "wellness", the transformation of its meaning throughout the 20th and early 21st centuries, and the origins of conceptual and terminological heterogeneity. The **subject of the study** is the evolution of the concept of wellness as a scientific and sociocultural idea formed within the framework of interdisciplinary discourse on health, well-being, and quality of life. The **purpose of the article** is to analyse the formation of the concept of wellness, to identify and characterise the key stages of its evolution. The **research methodology** is based on a conceptual review of classical and contemporary scientific sources using methods of theoretical analysis, comparison and generalisation of definitions and models, as well as a historical and logical approach to tracing the sequence of transformations of the concept. The selection of sources was carried out according to the criteria of thematic relevance and conceptual integrity, with an emphasis on multidimensional interpretations of wellness. The study **found** that the concept of wellness emerged as a result of a gradual shift from a biomedical interpretation of health to a procedural and multidimensional view of human functioning. The variable nature of the structure of wellness and its dependence on the sociocultural context were identified. A generalised periodisation of the evolution of the concept of wellness is proposed, which reflects the logic of its expansion and explains the lack of a single theoretical consensus. The **practical significance of the results** obtained lies in the possibility of their use in the formation and interpretation of proposals in the field of wellness tourism and in the educational process. It is **concluded** that the modern concept of wellness functions as an open analytical framework, the multidimensionality and contextual sensitivity of which is the result of the historical layering of theoretical approaches. The proposed periodisation allows us to interpret the conceptual variability of wellness not as theoretical inconsistency, but as a manifestation of the concept's adaptability to various research and applied tasks.*

Keywords: wellness, evolution of wellness, structure of wellness, periodisation of the concept of wellness, wellness tourism.

ГЕНЕЗА ТА ЕВОЛЮЦІЯ КОНЦЕПЦІЇ ВЕЛНЕСУ В НАУКОВОМУ ДИСКУРСІ

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Дослідження присвячено генезі поняття «велнес», трансформації його змісту впродовж XX – початку XXI століття та витокам концептуальної і термінологічної неоднорідності. Предметом дослідження є еволюція концепції велнесу як наукової та соціокультурної ідеї, сформованої в межах міждисциплінарного дискурсу про здоров'я, благополуччя та якість життя. Метою статті є аналіз становлення концепції велнесу, виокремлення та характеристика ключових етапів її еволюції. Методологія дослідження ґрунтується на концептуальному огляді класичних і сучасних наукових джерел із застосуванням методів теоретичного аналізу, порівняння й узагальнення дефініцій і моделей, а також історико-логічного підходу для простеження послідовності трансформацій концепції. Відбір джерел здійснювався за критеріями тематичної релевантності та концептуальної цілісності з акцентом на багатовимірні інтерпретації велнесу.

За результатами дослідження встановлено, що концепція велнесу сформувалася внаслідок поступового відходу від біомедичного трактування здоров'я до процесуального й багатовимірного бачення людського функціонування. Визначено змінний характер структури велнесу та її залежність від соціокультурного контексту. Запропоновано узагальнену періодизацію еволюції концепції велнесу, яка відображає логіку її розширення та пояснює відсутність єдиного теоретичного консенсусу. Практичне значення отриманих результатів полягає в можливості їх використання під час формування й інтерпретації пропозицій у сфері велнес-туризму та в навчальному процесі. Зроблено висновок, що сучасна концепція велнесу функціонує як відкрита аналітична рамка, багатовимірність і контекстуальна чутливість якої є результатом історичного нашарування теоретичних підходів. Запропонована періодизація дає змогу інтерпретувати концептуальну варіативність велнесу не як теоретичну неузгодженість, а як прояв адаптивності концепції до різних дослідницьких і прикладних завдань.

Ключові слова: велнес, еволюція велнесу, структура велнес, періодизація концепції велнес, велнес-туризм.

Problem statement. In the second half of the 20th century and early 21st century, a significant shift took place in scientific discourse regarding the understanding of health and the factors that influence it – from a predominantly biomedical interpretation to a comprehensive approach that takes into account the physical, psychological, social, cultural and spiritual aspects of a person's living environment. In this context, the concept of wellness is emerging, which represents health not

as a static state, but as a dynamic process and active lifestyle practice aimed at achieving holistic and balanced functioning that goes beyond the purely physical dimension [1].

The relevance of studying the evolution of the concept of wellness is determined by several interrelated factors. First, modern societies are facing the consequences of urbanisation, the acceleration of the pace of life, the growth of psycho-emotional stress and environmental risks, which makes the search for new

approaches to maintaining and restoring health relevant. Secondly, wellness is increasingly seen not only as a medical and social category, but also as a socio-cultural idea closely linked to recreation, the organisation of the living environment and the development of tourism practices. Thirdly, despite the widespread use of this term in tourism theory and practice, particularly in the field of wellness tourism, its meaning remains conceptually heterogeneous and terminologically unregulated.

Review of recent studies and publications. The conceptual variability and terminological inconsistency characteristic of wellness, against the backdrop of its transformation into the mainstream, has prompted scholars to conduct a more in-depth analysis of the formation and development of this phenomenon.

J. W. Miller [2] in his study “Wellness: The History and Development of a Concept” (2005) traces the linguistic and conceptual transformation of the term “wellness”; M. Oliver, D. Baldwin, and S. Datta examine the evolution of its theoretical models [3]. K. I. Thal [4] describes the evolution of wellness primarily through the socio-cultural stages of the USA in the 20th and 21st centuries. M. Smith and L. Puczko [5] examine these transformations using the example of the history of the development of health practices. The evolution of scientific knowledge and academic interest in this topic can be traced in the work of N. P. Babu and S. Abraham, which presents a scientometric periodisation of wellness research in tourism for the period from 1990 to 2020 [6].

One of the most recent and systematic attempts to classify wellness models is an article by H. Y. AlNujaidi, which examines the evolution of the concept based on the focus of scientific interest at a specific point in time. The researchers identified individual-oriented models (1960s–1980s), socio-ecological and systemic models (since the 1990s and dominant today), and specific and inclusive models (2020s) [7].

Despite a significant body of scientific publications describing its linguistic history, changing medical paradigms, typology of models,

and sociocultural contexts, there is no holistic view of the logic behind the formation and development of the concept of wellness as a dynamic scientific phenomenon.

The *purpose of this article* is to analyse the genesis of the concept of wellness, identify the key stages of its evolution, and systematise the main approaches to defining the concept in order to overcome conceptual fragmentation and clarify the analytical framework for the use of wellness in modern scientific research.

In this study, we distinguish between the terms 'genesis' and 'evolution' of wellness, using them in their generally accepted scientific sense. By 'genesis,' we mean the period of the formal emergence and fixation of the term (1940s), while 'evolution' covers the subsequent structural transformations of the concept and its expansion in the following decades.

The *research methodology* is based on a conceptual review of scientific sources covering classical and contemporary theoretical approaches to understanding wellness. Within this approach, a comparative analysis of definitions and models of wellness was used to identify common structural elements and trace changes in their interpretation over time. The periodisation method was used to form a generalised periodisation of the genesis of the concept, and systematisation and generalisation were used to structure the material and formulate conclusions.

The study is based on a conceptual review and a historical–theoretical analysis of scientific publications dedicated to the genesis and evolution of the wellness concept. The analytical base consists of over 300 peer-reviewed sources, selected according to the criteria of thematic relevance, theoretical significance, and interdisciplinary influence.

The main theoretical core is formed by 23 key works that reflect the fundamental stages in the formation and transformation of the wellness concept. To clarify the evolutionary logic, the results of systematic reviews published in leading academic journals were also used. The geographical coverage of the analysis includes

classical theoretical contributions from North American scientific schools, as well as contemporary research conducted in European countries and the Asia-Pacific region, which made it possible to trace the spatial and cultural variability of wellness interpretations.

Exposition of the Main Material. Wellness is not a static theoretical construct that is gradually enriched by a more detailed description of the same relatively stable phenomenon. Instead, it is a dynamic concept that has been shaped over several decades in response to the transformation of scientific ideas about health, socio-cultural demands and living conditions. Its content has developed simultaneously under the influence of external factors and within the scientific discourse through successive attempts to understand and conceptualise the phenomenon of healthy and balanced human functioning.

Given this logic of development, it is appropriate to view the evolution of the concept of wellness as a sequence of interrelated stages (Fig. 1) that reflect a non-linear accumulation of knowledge but rather a shift in analytical focus and a gradual expansion of the research framework – from rethinking the phenomenon of health to forming a multidimensional concept.

Consider it in more depth. The genesis of ideas that were later interpreted as wellness spans a long historical period measured in millennia. The practices of ancient civilisations in the East (India,

China) and West (Greece, Rome), in medieval Europe and in the intellectual and medical movements of the 19th century in the United States reveal the key principles of a preventive and holistic approach to health. It is these religious, philosophical and medical traditions that have formed the conceptual basis of the modern concept of wellness [1; 8], which was not distinguished as a separate category for a long time and was used mainly as a counterpart to illness [2].

The beginning of the formation of the concept of wellness is associated with the establishment of the idea of holistic health. In 1948, the World Health Organisation (WHO) proposed to consider health as a complex phenomenon that encompasses not only physiological but also mental and social dimensions [9]. The expansion of the analytical field was of fundamental importance, as for the first time the non-medical aspects of a complete and balanced human life became a full-fledged subject of scientific analysis. Against this backdrop, the semantics of the term ‘wellness’ also changed, with its meaning gradually shifting towards completeness and balance [10].

Meanwhile, up to this point, health was mostly seen as something that was just a given, not something people actively worked on through healthy habits and smart life choices. So, the idea of wellness wasn't really a thing yet and was still used as a synonym.

The second stage in the development of the concept of wellness (1950s) is associ-

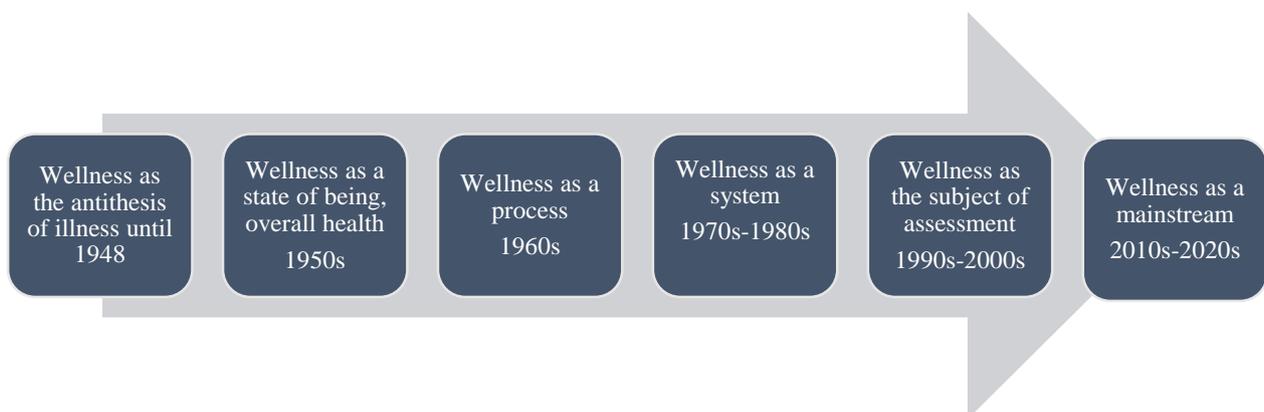


Fig. 1. Reasoning and timeline of the evolution of the wellness concept

Source: developed by the authors

ated with a rethinking of health not as a fixed state, but as a dynamic process that is shaped by a person's everyday choices, lifestyle and desire to maintain an inner balance between different areas of life.

In H. L. Dunn's work [11], wellness is presented as a concept for the first time: it is described as a continuous process of moving towards the best possible state of life, associated with the realisation of human potential and the alignment of everyday practices with personal life meanings. This approach significantly expanded the analytical boundaries of the concept, including not only medical indicators, but also behavioural habits, psycho-emotional state, social relationships and environmental influences, which later became the basis for most modern interpretations of wellness.

J. W. Travis [12] and D. B. Ardell [13] developed these ideas into a practically oriented philosophy of lifestyle, emphasising the principles of self-responsibility and active participation in maintaining one's own health. Their approaches emphasised the importance of behavioural and value factors – from nutrition and stress management to personal reflection – and marked the transition from a purely theoretical construct to a sociocultural idea that directly influences everyday life practices. In this context, as noted by A. K. Dillette and other scholars, health emerges as a target orientation, while wellness is a process and the logic of achieving it [14].

In the further development of the concept, these approaches became the basis for establishing several key characteristics of wellness, which, with certain variations, are repeated in many scientific conceptualisations. The most common among them are the ideas of wellness as: a) a phenomenon that goes beyond the simple absence of disease; b) a positively oriented and at the same time subjective experience; c) a continuous continuum rather than a fixed state; d) a multidimensional and dynamic process in which different components are in constant search of balance [15].

It was precisely the awareness of the multidimensionality of wellness that led to the tran-

sition to the stage of its structuring, which in scientific literature is most often associated with the work of B. Hettler [16]. The model he proposed was one of the first systematic attempts to present wellness as a set of interrelated dimensions that require coordination and balance. In this conceptualisation, wellness encompasses physical, social, emotional, intellectual, spiritual and professional dimensions, which do not exist in isolation but form a holistic picture of a person's life. It was the idea of balance between these domains, rather than their fixed list, that became the key methodological innovation of this stage and determined the further development of domain models.

The empirical research in the field of tourism also confirms the multidimensional nature of wellness. In particular, an analysis of the experience of international wellness tourists has shown that wellness is experienced as a combination of physical, mental, spiritual and environmental dimensions that function in interconnection and cannot be reduced to a single domain [14].

Further research has shown a tendency towards expanding the domain structure of wellness. In addition to basic measurements, environmental and economic components are increasingly being included. They are considered to be interrelated elements of wellness, the formation of which occurs in the interaction of the individual with spatial, environmental and socio-economic contexts, and is not limited solely to individual behavioural practices [17; 18].

After analysing 44 wellness models (developed by scientists between 1970s and 2022), K. Kauppi and other scientists calculated that the number of domains ranges from 4 to 30, but they were unable to determine the optimal model or trace trends in the change in the number of its elements [15]. The assumption that the number of domains increases with the length of the study period does not hold true, as one of the most popular modern models, Inspired Wellness, consists of only six domains: basic (life meanings and how a person interacts with the world), social, intellectual, physical, self-esteem, and self-management [19].

The variability of domain models is manifested not only in the number of dimensions, but also in the ways they are grouped, hierarchised, and visualised.

However, the absence of a unified domain structure for wellness is not so much a methodological shortcoming as it is a consequence of the historical accumulation of theoretical approaches, depending on the purpose and conditions of the research. In this sense, it is advisable to consider wellness domains not as a fixed list, but as an analytical framework that changes depending on research goals and context of application and combines breadth of interpretation with analytical flexibility.

The establishment of a multidimensional structure of wellness and the emergence of numerous domain models have brought the issue of their practical application to the fore. While the structuring stage focused on defining the components of wellness and their interrelationships, the further development of the concept brought to the fore the problem of operationalisation – the search for ways to assess, compare and empirically record this complex phenomenon. Within the framework of this search, a distinction began to be made between objective and subjective [20], as well as hedonistic and eudemonistic [21] approaches to understanding wellness.

The introduction of concepts such as quality of life, happiness, and subjective well-being has expanded the analytical capabilities of wellness research, while also increasing the subjectivity of the assessments obtained. In response to this, recent studies [3] propose the integration of physiological indicators, in particular indicators of the autonomic nervous system, as a way to improve the validity of wellness measurements. However, studies in the field of tourism [5; 14; 17; 18; 21; 22] show that even with common basic measurements, specific manifestations of wellness significantly depend on environmental conditions, the format of the experience and the individual expectations of participants, which limits the application of universal assessment models.

Generally, attempts to standardise the measurement of wellbeing have demon-

strated the limitations of approaches that abstract from the conditions in which health and wellbeing experiences are formed. The continued interchangeable use of the terms wellness and wellbeing, with which we agree with other researchers [3; 22], maintains conceptual uncertainty and complicates the comparison of empirical research results.

Recognition of these limitations prompted a reorientation of the concept of wellness towards broader, interdisciplinary approaches that take into account the diversity of human living conditions. At this stage, not only the composition of the disciplines involved is changing, but also the very logic of analysis: wellness is increasingly understood not as an individual characteristic, not as something that exists in a person on its own, but as the result of a person's interaction with their environment: where and how they live, in what conditions they make decisions every day, and what those decisions are.

The accumulation of such approaches has gradually taken the concept of wellness beyond purely theoretical understanding and created the basis for its active application in applied fields, primarily in tourism and recreation. Empirical studies in the field of wellness tourism [14; 17; 18] show that the wellness experience is formed at the intersection of bodily sensations, psycho-emotional states, social interactions and environmental characteristics that cannot be fully explained within the framework of a single discipline. Given these conditions, the research focus shifts from describing individual behavioural practices to analysing the contexts in which these practices arise, are supported, and acquire meaning.

Interdisciplinary expansion has also led to a change in explanatory models: instead of searching for universal indicators, attention is focused on identifying differences in the formation of wellness depending on lifestyle, environment and the nature of social interactions. The understanding of wellness as a process sensitive to specific conditions and experiences that cannot be adequately described within a single scientific paradigm is consolidated at this stage.

According to this logic, wellness is increasingly viewed not only as an individual experience or the result of personal practices, but as a phenomenon shaped by the interaction of tourists, local communities, environmental characteristics, and institutional conditions for tourism development. This approach, as noted by researchers [22], marks a transition from purely individualised interpretations of wellness to a broader analysis of social connections and the spatial organisation of experience.

The modern understanding of wellness covers an extremely broad subject area – from philosophy and medicine to economics, politics and psychology. This not only confirms the interdisciplinary nature of approaches, but also explains the rejection of universal models in favour of interpretations that are sensitive to specific living conditions. In this sense, wellness goes beyond specialised practices and is gradually becoming part of the social mainstream, integrating into everyday lifestyles, tourist motivations and public discourse on health.

The post-pandemic stage of wellness concept development is not associated with the emergence of fundamentally new theoretical foundations, but with a sharp increase in attention to those components that previously remained on the periphery of scientific analysis. Studies conducted after the COVID-19 pandemic [6; 17; 18; 21; 22] show that the ability to maintain physical and psycho-emotional well-being in crisis conditions largely depends on access to recovery resources – natural landscapes, recreational opportunities and local forms of tourist activity. This has contributed to a rethinking of wellness as a process closely linked to spatial differences and uneven opportunities for recovery.

Within this context, wellness is increasingly viewed as an adaptive and situationally determined process capable of responding to social risks, everyday constraints, and transformations of habitual practices. This approach does not contradict previous conceptual developments, but shifts the analytical focus from the search for universal models to the analysis of the conditions in which these models actually function.

The pandemic has heightened attention to psycho-emotional stability, the importance of contact with nature and the quality of the living environment, which has led to growing interest in wellness and health tourism as forms of response to stress and uncertainty.

Empirical studies of the post-pandemic period [23; 24] confirm the validity of multi-dimensional models of wellness, in particular approaches in which physical and mental dimensions, combined with spiritual and environmental contexts, play a key role in shaping the wellness experience. In this sense, wellness is increasingly positioned as a tool for maintaining mental health and holistic recovery, which has contributed to its final transition into the mainstream of recreational practices. It should be noted that not all scientists have responded positively to the mainstreaming of wellness. For example, J. W. Miller believed that this changes the focus of the concept: the profound philosophical idea of “active health” is sacrificed for the sake of consumer convenience and commercial gain [2].

At the same time, contemporary researchers emphasise that the post-pandemic stage highlights the need to abandon unified models in favour of approaches that are sensitive to specific social, cultural and demographic contexts, in particular life cycles, gender characteristics and non-Western cultural environments [7]. This indicates a further expansion of the analytical boundaries of the concept of wellness without revising its basic principles of multidimensionality and processuality. Scientists draw attention to the growing role of digital tools in supporting psycho-emotional well-being, in particular through online formats of recreation, self-reflection, and wellness practices.

Consequently, post-pandemic actualisation does not form a separate theoretical paradigm, but rather reinforces the understanding of wellness as an open concept capable of integrating new challenges by strengthening the role of context, space, and social inequality in shaping opportunities for maintaining health and balanced functioning. In the same vein, the interpretation of wellness as a way of life

that goes beyond individual practices and integrates into everyday strategies of adaptation and self-regulation is growing [25].

Based on the research conducted, the following periodization of the evolution of the concept of wellness can be formulated (see Table 1).

The proposed periodisation reflects the evolution of the concept of wellness from a general holistic understanding of health to a complex interdisciplinary idea that combines individual experiences, social conditions and characteristics of the living environment. Each stage of this evolution does not replace the previous one, but builds on it, which explains the current variability of wellness domains and the lack of a single theoretical consensus.

For research in the field of tourism and recreation, it is essential that in the later stages of concept development, the conditions in

which health maintenance practices are formed become increasingly important. These include the quality of the natural and man-made environment, the availability of recreational resources, the level of development of tourism infrastructure, and local cultural practices. In this context, wellness emerges not only as a characteristic of an individual's condition, but also as an analytical tool for understanding why health promotion opportunities vary across destinations.

The extension of the domain model in the later stages of the concept's development should be seen not as a sign of theoretical vagueness, but as a response to new social and economic challenges – urbanisation, environmental risks, the transformation of labour practices and the growing demand for recreational and health services. In this sense, the variability of wellness domains is a manifestation

Table 1

Evolution of the Wellness Concept as a Scientific and Sociocultural Idea

Period	Cronological limits	Key features
Pre-paradigm	Before the 1940s	Wellness during this period exists not as a concept, but as a set of meanings and practices related to health
Forming a holistic understanding of health	1940s	The transition from a biomedical interpretation of health to an understanding of its multidimensional nature; consolidation of physical, mental and social components
Conceptualisation of wellness as a process	1950s–1960s	Wellness is defined as a dynamic process and continuum; emphasis on realising human potential, self-regulation and meaningfulness of life
Structuring the wellness model	1970s–1980s	Developing multidimensional wellness models; identifying domains (physical, social, spiritual, professional, intellectual, emotional, etc.); emphasising the balance of components
Institutionalisation and operationalisation	1990s–2000s	Development of indicators and measurement models; attempts at standardisation; dissemination of the concept in applied research; emergence of numerous assessment tools
Interdisciplinary extension	2010s	Integration of environmental, economic and socio-cultural dimensions; growing attention to the living environment and context; lack of consensus on the structure of wellness
Post-pandemic actualisation and contextualisation	2020s – present day	Increased attention to the procedural nature of wellness, social vulnerability, spatial inequalities and the role of the living environment; rethinking domains without forming a new universal model; consolidating the contextual and adaptive logic of the concept

Source: developed by the authors.

of the concept's adaptability to different tourism and regional conditions.

Conclusions. We found that the genesis of the wellness concept reflects the transformation of ideas about health – from a biomedical interpretation to a dynamic, holistic view of well-being. The development of wellness is gradual: from processuality and the active role of the subject to the structuring and operationalisation of multidimensional models, and in contemporary

discourse – to contextually determined social, spatial and environmental interpretations. The proposed periodisation systematises this evolution and explains the preservation of the concept's ambiguity as a result of the historical layering of theoretical approaches.

The application of the evolutionary model in tourism and recreation studies is promising for a deeper analysis of the formation of wellness experiences and strategies for the development of recreational areas.

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