

Well-being Challenge Solvers

(A Point of View)

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At the checkout at the supermarket was a pile of a free magazine called “Health and Beauty”. It contained 122 pages of advertising, mainly arranged in two-page spreads, one page displaying at least one beautiful young woman and the facing page showing an item for sale – skin moistener, hair shampoo, nail strengthener.

Was the use of the word “Health” as the first word in the title justified? Well...to some extent...maybe. The dictionary definition of Health begins with “soundness of body; freedom from disease or ailment”. The young women on the pages of “Health and Beauty” looked healthy enough...but there was nothing mentioned in those pages to assist in the achievement of “soundness of body” or “freedom from disease”. There was, however, much advice on how to achieve the *appearance* of health.

The World Health Organization, the most authoritative body in the field of health, provided the following definition in 1946, and there has been no revision: “ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. So, health is many forms of “well-being” – but then, the dictionary defines well-being in terms of “health”, so we go around in circles. In the real-world, however, well-being refers to having things go the way you want them to go, having enough to eat, being recognized for your efforts, not being insulted, in short, being reasonable happy and content.

The WHO was careful to state that health was not simply the “absence of disease or infirmity”. Why was that? The evidence indicates the WHO was wanting to health the world (after the violence of the Second World War) to go beyond pathology (germs, cancer, and broken legs) and into the province of “prevention” – so that pain, distress and even death, would no longer burden mankind. A grand view, but a monumental mistake.

Before 1946 there were two categories of people – healthy people who helped themselves and sick people who were helped by doctors and nurses. With the new WHO definition of health came three categories, packed into two lots. The first lot, as before, contained healthy people. The second lot now contained two groups, sick people and people with well-being problems. The disaster arose because while there were two groups in the second category, there was only one category of service provider – that is, doctors and nurses, the ‘health professionals’.

In earlier times, clergymen, the local copper, mothers and fathers, football coaches, teachers, neighbours, and family friends had a role in helping people with well-being problems. Now, such helping has been given/awarded to/foisted upon the doctors, nurses, social workers and psychologists, all of whom have and are employed to provide professional service. Formerly, when a person was losing too much at the races, or taking too much alcohol, or disagreeing with ‘the spouse’, non-professional, acquainted, life-experienced people would attempt to

advise/help out. These responsibilities are handed over to (sometimes seized by) the ‘health professionals’ who are not qualified by training for this sort of real-world stuff.

If we are to have three groups – 1) healthy, 2) sick, and 3) well-being challenged - we need a new, additional category of service providers/operative. Doctors and nurses and other ‘health professionals’ for the sick, and distinct well-being challenge solvers. The necessary qualifications for well-being challenge solvers was once gained during time spent at the ‘school of hard knocks’. With the increasing professionalization additional training of this work force may be considered advisable. Certainly, society is less cohesive and supportive of individuals than it once was – and well-meaning neighbours and others, if available, have been discredited. However, there is some sign of change. In suicide prevention, for example, fellow citizens are being encouraged to engage with others and ask how they are ‘travelling’. This is not a giant leap, but certainly a step in the right direction.

Human distress is a medical problem, if there are germs, cancer or broken limbs - but most human distress is not a matter for ‘health professionals’, instead, it is a matter for society as a whole, and individuals as individuals to manage (humanely) to the best of their ability.