Health promotion: a linguistic analysis

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IN RECENT DECADES the Western World has seen a technological revolution that has essentially conquered infectious disease. But faith in technology has waned with the awareness that today's chronic diseases are less responsive to its tools and with the acknowledgement of the high costs (physical, emotional, and financial) of tertiary care. It is not surprising, then, that in recent years a great deal has been heard about the need to shift the emphasis in health care away from cure and toward prevention of disease and disability. In addition, concern is being expressed that goals of health care should be directed toward quality of life and not just duration of survival. To many, this means turning away from a preoccupation with illness in the health care system and focusing instead on health.

This shift in thinking is not always based on philosophical concerns. Sometimes it results primarily from the expedient weighing of cost-benefit ratios. Kennedy[1] and Nassif[2] are among those who point out the

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potential for cost containment in health promotion and disease prevention and suggest that a greater percentage of the health care dollar be spent in this area. But whatever the motive, many voices are calling for change in the health care system.

Although the call for change is clear, the nature of the desired changes is not always clear. Terms such as disease prevention and health promotion are often used interchangeably and without clear definition. Change in direction within the health care system requires that these terms be given explicit meanings. Otherwise, communications about needed changes will hold different meanings for different people, and consequently, change efforts will be directed toward ambiguous ends.

Nursing has traditionally embraced health promotion as a goal of high priority. Nurses increasingly involve themselves in practice and research related to health promotion, so it is important for nurses to help define health promotion. Definition of terms important to nursing will also be beneficial in the development of nursing science. This article uses techniques of linguistic analysis to examine the meaning of the term *health promotion.*

WHAT IS LINGUISTIC ANALYSIS?

Wilson[3] describes linguistic analysis as a way of thinking about concepts. It differs from thinking about facts in that there are no right or wrong answers. Concepts carry the meanings assigned to them on the basis of reasoning. Linguistic analysis attempts to discover the actual and possible uses of terms in order to make wise choices about how to use them. The analysis springs from a conceptual question. In this case, since the purpose of analyzing health promotion is to differentiate points of focus within the health care system, the conceptual question is, When is health care health promotion?

Linguistic analysis begins with an examination of how authors in various fields use the term. The literature is used to answer questions such as what other terms are used interchangeably with health promotion, and what terms have similar meanings? What do writers say is essential in the meaning of health promotion, and what is definitely excluded by the term? Among additional techniques of linguistic analysis are the creation of model cases (situations that exemplify the concept), contrary cases (situations that do not exemplify the concept), borderline cases (situations that are ambiguous), and invented cases (situations outside known experience). Examination of these cases helps to determine essential and nonessential characteristics of the concept. Following review of pertinent literature, created cases will be analyzed as a mechanism to raise questions suggested by the literature and requiring answers in order to derive a satisfactory definition of health promotion.

Review of current usage of the term *health promotion* will be directed toward the term as a whole. Much attention has been given by other authors to defining health. To provide background for analysis of health promotion, the following definitions of health and promote are presented. The dictionary indicates that to promote is "to help or encourage to exist or flour-

ish."[4(p1151)] For the meaning of health, Smith's summary of four models of health[5] is instructive. The four models are as follows:

1. the eudaemonistic model, in which health is self-actualization;
2. the adaptive model, in which health is flexible adaptation to the environment;
3. the role-performance model, in which health is viewed as the ability to carry out social roles; and
4. the clinical model, in which health is the absence of signs or symptoms of disease or disability.

Definitions of health promotion reflect these various models of health.

CURRENT USAGE

Nursing literature

Nursing literature does not deal extensively with health promotion. The term is not even indexed by the *Cumulative Index to Nursing and Allied Health Literature.*[6] Frequent reference to the topic is found in nursing textbooks, however. Beland and Passos[7] note the failure of the literature to differentiate health promotion and disease prevention. They suggest that conditions contributing to healthful living can be considered health promotion, whereas measures more directly related to preventing specific diseases can be called disease and disability prevention. Yet, their classification of measures such as accident prevention as health promotion leaves the reader unclear on the differentiation.

For the meaning of health, Smith's summary of four models of health is instructive: the eudaemonistic model, the adaptive model, the role-performance model, and the clinical model.

Murray and Zentner[8] do not contribute to greater clarity. In the context of defining health as adaptation, they indicate that health promotion involves those factors that aid the person in attempts to maintain stability; they include actions related to early diagnosis and treatment of disease within health promotion.

Similar mixing of health promotion, health maintenance, and disease prevention is illustrated by Johnson-Saylor,[9] who lists health promotion goals as

- health maintenance geared toward prevention of disease;
- early detection; and
- guidance toward wholeness, balance, and optimum functioning.

Nowakowski[10] describes a health promotion program without defining the term or differentiating it from maintenance and prevention. Her program focuses on health education, which is defined to include affective changes as well as information transfer. Although both King[11] and Siegel[12] suggest that the factors that prevent disease are not necessarily the factors that promote health, they also fail to differentiate or define terms.

Shamansky and Clausen,[13] in a linguistic analysis of the three levels of prevention, separate generalized health promotion and specific protection against disease as two categories of health care within primary prevention. According to them, health promotion encourages optimum health and

personality development to strengthen the capacity to withstand stressors and includes education about adequate nutrition, exercise, and hygiene. In their view, its aim is to protect healthy individuals from disease by reducing risk, and specific protection simply consists of more specific actions such as immunization. A similar view is expressed by Diekelmann et al.[14]

Pender's recent book on health promotion[15] suggests that greater clarity results from separating the two aspects of primary prevention. Pender describes health promotion as "activities directed toward *sustaining* or *increasing* the level of well-being, self-actualization, and personal fulfillment of a given individual or group."[15(p42)] Primary prevention is "activities directed toward *decreasing* the probability of encountering illness."[14(p42)] Pender prefers the term *health-protecting behavior* for the latter activities. These differentiations produce three levels of prevention plus health promotion.

Brill and Kilts[16] substitute the term *wellness promotion* for health promotion in their description of levels of prevention, in which primary prevention includes wellness promotion and specific protection against disease. They see wellness promotion as helping individuals maintain high-level wellness through positive health behaviors and supportive environmental conditions. According to Brill and Kilts, nursing intervention is not limited to the individual client but may involve political action as well.

Shortridge and Lee go even further by differentiating health promotion, preventive care, and maintenance care: "Health promotion is concerned with helping individuals to expand their capabilities in everyday activities and experiences and to live a fuller and more satisfying life."[17(p25)] They say preventive care consists of education about actions to prevent illness, and maintenance care includes measures to preserve the current health status; maintenance care is directed toward wellness, whereas health promotion is directed toward high-level wellness.[17(pp22-27)]

This review of nursing literature highlights several points.

- The term *health promotion* is seldom defined.
- The term *health promotion* is sometimes used interchangeably with disease prevention and health maintenance.
- Writers frequently imply that health promotion and disease prevention are not the same thing.

The latter point is evident from several references cited here as well as from the observation that some writers[18-20] apparently feel the need to include both terms when discussing health care for a person who is not ill. The dictionary supports differentiation by stating that to prevent is "to keep from occurring."[4(p1141)] Contrast this definition with the meaning of promote presented earlier ("to help or encourage to exist or flourish"). The definition of promote can also be contrasted with the meaning of maintain: "to preserve, keep unimpaired, and continue."[4(p865)] The review of nursing literature indicates that some authors reject the idea that health promotion is merely preservation of stability (maintenance) or avoidance of risk factors (prevention); instead, they believe that health promotion is directed toward

self-development, growth, and high-level wellness.

Medical and community health literature

Generalizations in reference to nursing literature apply also to medical and community health literature, where the term *health promotion* is used frequently in admonishing professionals regarding the proper focus of health care. Lalonde[21] presents a comprehensive promotion strategy for Canada but never defines health promotion, and Nassif,[2] Fielding,[22] and Milsum[23] do not define the term in their writings on health promotion.

Confusion between health promotion and disease prevention takes a variety of forms. Some sources on health promotion occasionally use the term interchangeably with prevention.[2,22,24] Both Milsum[23] and Lauzon[25] include risk reduction within health promotion strategies, and Lalonde's health promotion program[21] contains some proposals that are clearly preventive in nature. Finally, several writers on preventive health programs include actions that are labeled as health promotion or that are not clearly preventive in nature.[26-28] Authors, again, apparently feel the need to include both health promotion and disease prevention in statements about ways to improve the health of the American people.[3,29-31] This suggests that they do not see the two terms as synonymous, even though they usually do not clearly differentiate them.

Rogers[32] distinguishes between medical care directed toward prevention and that directed toward optimum health. Such a distinction is provided by Leavell and Clark[33] in their division of primary prevention into measures to promote optimal health and specific protection against disease. They say the former are directed toward general health and well-being and include good nutrition, appropriate environmental conditions, and sex education. In their view, specific protection involves application of measures known to prevent a specific disease. This differentiation is the basis for Shamansky and Clausen's analysis.[13]

Although the Surgeon General's report[29] uses the terms *health promotion* and *disease prevention* interchangeably at times, it divides health services for well people into three areas and differentiates their starting places and goals. Preventive services are seen as those carried out by health providers to prevent health problems and complications; health protection services are carried out by government, industry, and other agencies to control environmental threats; and health promotion consists of activities that individuals and communities carry out to promote healthy life styles. According to the report, disease prevention begins with a threat to health and protects people from harmful consequences, whereas health promotion begins with people who are basically healthy and assists them in developing life styles that maintain and enhance their state of well-being.

Like the term *prevention,* the term *health maintenance* is sometimes used interchangeably with health promotion in community health and medical literature.[22,29] Williamson and Danaher[34(p109)] define health maintenance as activities that prolong life expectancy or increase quality of

life, in contrast to disease prevention, which consists of activities that prevent occurrence or spread of specific diseases. They lament that activities such as exercise are seen as preventing disease rather than contributing to staying healthy or feeling fit (health maintenance).[34(p140)] Fielding[22] agrees that health practices should be carried out for the sake of health, rather than illness, but calls these activities health promotion. Other writers appear to equate health maintenance and preventive medicine.[26,35]

Several persons and groups outside nursing have defined health promotion. The American Hospital Association's definition of health promotion is "the process of fostering awareness, influencing attitudes, and identifying alternatives so that individuals can make informed choices and change their behavior in order to achieve an optimum level of physical and mental health and improve their physical and social environment."[2(pp9-10)] According to Taylor: "Health promotion is the study and application of methods to augment physical and emotional well-being, increase longevity, and enhance the quality of life."[36(p258)] Taylor points out that while health care directed toward improved nutrition, exercise, avoidance of substance abuse, and stress management helps prevent and treat disease, it also leads to a happier, healthier, longer life.

Dwore and Kreuter[37] take a different approach to health promotion. They evaluate the definition of health promotion presented in the report of a national conference on preventive medicine. According to this report, health promotion includes all the strategies of promotion: "research, education for the health professions, public health, environmental protection, occupational health, consumer health education, health care (diagnosis and treatment of illness and disability), and health economics (organization and financing)."[38(p87)] Dwore and Kreuter find this definition too global. Nor do they see health promotion as synonymous with health education, as implied by some writers,[24,37] although it does include educational strategies. Instead, they propose that health promotion is changing societal norms to facilitate individual change toward health-producing behavior. Accordingly, health promotion is "the process of advocating health in order to enhance the probability that personal (individual, family, and community), private (professional and business), and public (federal, state, and local government) support of positive health practices will become a societal norm."[37(p106)]

As noted by Niblett,[39] Dwore and Kreuters's definition[37] of health promotion may have appeal for persons who apply the term to use of communication media to increase awareness or to social marketing of life-style changes. Similarly, some authors[2,35] suggest that health promotion is health education plus influences of economic, social, legal, and environmental elements on health.

WELLNESS LITERATURE

A recent movement in this country is the wellness movement. The term *wellness* has been introduced as a reaction to a perceived preoccupation with illness. Use of this term suggests a health continuum in which illness lies on one end, wellness lies on the other end, and health spans the

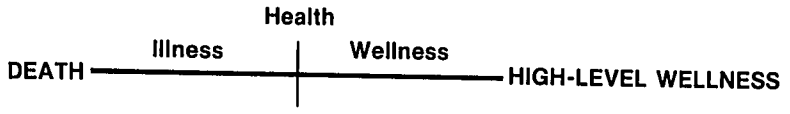

Fig 1. Health continuum.

whole (Fig 1). In this model, health is a state of being that can be characterized by any degree of illness or wellness.

The wellness movement is discussed here because at least two of its leading advocates speak to health promotion and because its goal (wellness) has relevance for health promotion. Travis[40] indicates that the term *wellness education* (as he now calls his practice) is sometimes used synonymously with health promotion. He, however, differentiates the two terms by saying that health promotion often focuses on only one health practice, such as exercise or nutrition. In his view, it often does not go far enough in placing responsibility for health on the client and individualizing client goals. He says wellness education, on the other hand, is holistic (views the person as a whole rather than atomistically) and emphasizes that people create their own realities within an environment in which others do not change them but allow them to grow.

In the wellness model, health is a state of being that can be characterized by any degree of illness or wellness.

Pilch[41] depicts the services rendered by the health care system as including (1) intervention and secondary prevention (early cure or prevention of spread) in *sickness* and (2) primary prevention (preventing sickness from starting), maintenance, and promotion in *health* (see Fig 2). Thus, Pilch apparently visualizes five stages of sickness and health. He places wellness on a separate continuum, which spans the sickness-health continuum, since it is a way of living that involves having purpose and meaning in life and accepting responsibility for one's own life. As such, wellness can coexist with any state of health or illness, he says. The idea that wellness is a process that differs from the achievement of good health is also supported by Bruhn et al.[42]

Finally, Ardell and Newman[43] appear to integrate wellness and health promotion ideas by proposing a wellness care system. They say that current illness services must be amplified with promotion, prevention, and health maintenance services to provide wellness care. Thus, it is implied that wellness care encompasses health promotion, health maintenance, and disease prevention.

THEMES IN HEALTH PROMOTION LITERATURE

A review of themes evident in the literature cited here provides further direction for defining health promotion. One theme is the call for goals beyond the status quo: goals that produce a positive state of health. Smith[5] points out that the four models that she presents show a progressive expansion of the meaning of

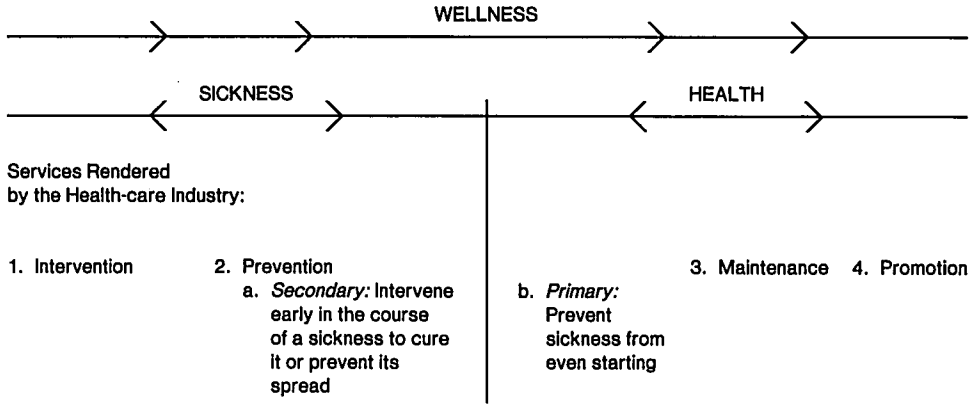

Fig 2. The relationship of wellness to health and sickness. From *Wellness-Your Invitation to Full Life*, by John J. Pilch. Copyright © 1981 John J. Pilch. Published by Winston Press, Inc, 430 Oak Grove, Minneapolis, MN 55403. All rights reserved. Used with permission.

health from a negative conception that involves homeostasis to a positive view of health that incorporates growth and concern for quality of life. Some models of health, then, are more reflective than others of a conceptualization of health promotion.

The view that positive health is different from the results of health maintenance or disease prevention is supported by Schlenger[44] (Fig 3). He advocates a two-dimensional view of health having

- an equilibrium axis that represents negative health and disease and assumes that an increase in health results in decreased disease, and
- an actualization axis that represents positive health and growth and can occur in the presence of disease.

Schlenger's ideas are similar to the separate continua for wellness and health proposed by other authors.[41,42]

Various terms have been proposed by physicians to refer to medical care directed toward positive health rather than merely prevention. They include eubiotic medicine, perfective medicine, and promotive medicine.[45-47] Persons advocating these terms emphasize their differentiation from preventive medicine, even though they may incidentally help prevent disease.

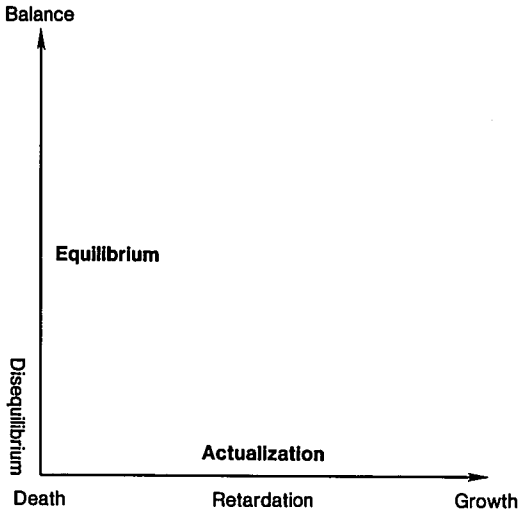

Fig 3. Graphic representation of equilibrium and actualization components of health. Schlenger, W.E. "A New Framework for Health," Fig 1. Reprinted with permission of the Blue Cross Association, from *Inquiry*, Vol. XIII, No. 3 (September 1976), p. 211. Copyright © 1976 by The Blue Cross Association. All rights reserved.

Their primary goal, however, is more health.

Positive health has been defined as "a full sense of physical vigor and mental well-being and maintaining a constructive and wholesome relation with others in a safe and pleasant environment that promotes longevity and happiness"[48(p288)] and as "vigor, energy, and vitality."[31(p606)] These goals of health promotion are reflective of the goals of the wellness movement referred to earlier. Early in the movement, Dunn[49] defined high-level wellness as an integrated method of functioning oriented toward maximizing an individual's potential. He emphasized that wellness is not a single, static state but has various levels. His definition of high-level wellness includes a zest for living. This definition is further expanded by Travis[50] to include "giving good care to your physical self, using your mind constructively, expressing your emotions effectively, being creatively involved with those around you, being concerned about your physical and psychological environment, and becoming aware of other levels of consciousness."

A second theme obvious in health promotion literature is the suggestion that health promotion involves changes in life style and personal responsibility for health.[2,10,21,29,43,51] Some writers emphasize that responsibility for health is jointly shared by individuals and society; they call for social engineering or provision for incentives to encourage health promotion.[22,30,35-37]

ANALYSIS OF CREATED CASES

The preceding literature review makes it possible to work toward a definition of health promotion by identifying and responding to the issues inherent in the various ideas expressed. With linguistic analysis this is done primarily through the analysis of created cases and through raising questions about the essence of health promotion.

The term *health promotion* is not synonymous with disease prevention, health maintenance, preventive medicine, eubiotic medicine, perfective medicine, promotive medicine, primary prevention, or health education. It is a term that refers to a specific area of health care.

The idea that health promotion is synonymous with disease prevention is rejected on the grounds that the latter refers to health care designed to protect from or defend against disease and not to produce greater well-being. Health maintenance implies a static state and is not oriented toward growth. Terms including the word medicine are too limited, since health promotion involves efforts extending beyond the discipline of medicine. Furthermore, Ratner's term[45] perfective medicine implies an unreachable end state of perfection. Primary prevention includes both health promotion and disease prevention. Health education is, at the same time, too limiting and too broad. It often is used to imply an individual approach directed primarily toward cognitive processes; on the other hand, it includes care for both well and sick people.

What, then, is health promotion? The arguments presented here suggest that it is health care directed toward growth and improvement in well-being. These goals are consistent with the goals of wellness care as articulated by Travis.[40,50] Presentation of model cases may help to identify issues related to these goals as well as other issues.

Model cases

A model program for health promotion might be envisioned as a center that provides holistic care by practitioners socialized to facilitate health-promoting behaviors. Holism would be manifested by attention to all aspects of a person and understanding of the dynamic interplay of these aspects. Individuals would be invited to create their own health promotion goals and program with the support and guidance of center facilitators. A wide variety of strategies would be available for meeting health promotion goals.

Such a program is ideal. Some existing health care programs focus only on providing nutritional care or exercise care. Services are sometimes limited to merely providing information. Some providers assume authoritarian postures that impede or slow progress toward a system in which persons take responsibility for their own health. These limitations in services or personnel seem to be issues of quality. This, then, raises the first question: Is it the quality of the program that makes health care health promotion?

Consider a client of this ideal program. Typically, the person jogs daily, appears to be in perfect health, and has a sense of well-being. On questioning, however, it is clear that this jogger runs for mixed reasons. The person wants to feel good but also wishes to avoid a heart attack. This raises problems in light of the contention that disease prevention is not health promotion, and suggests the second question: Is it the goal (as implied earlier) or even the primary goal of health care that makes it health promotion?

A model program for health promotion might be envisioned as a center that provides holistic care by practitioners socialized to facilitate health-promoting behaviors.

A second model case underlines the difficulty of separating health-promoting care from preventive care and also raises a third question. Consider a person who seeks mental health counseling purely for the sake of growth and without any obvious presenting problems. Although this care appears initially to be health promoting, the person's personality weaknesses soon become evident. At this point, health care might easily be conceptualized as preventive of future problems or even rehabilitative in relation to identified weaknesses. Yet, the person is relatively well; so, is it the apparent health state of the person acting or acted on that makes health care health promotion?

Borderline case

The preceding approach also encounters problems. Consider a borderline case of a person rehabilitated after a stroke. Since this person has permanent disabilities, is health promotion impossible? The definition of health promotion offered by the Surgeon General's report[29] suggests that it begins with basically healthy people. Such a requirement might be conceived by some to exclude persons with handicaps of any kind, severely limiting the definition. Yet, the opposite extreme of disregarding health state and including any movement toward wellness on the health continuum would admit even critically ill persons. Such a broad definition might produce a

useless term that would not help to redirect the focus on health care away from illness.

To deal with this dilemma, the following question might be posed: Is it the state of health achieved, regardless of or in addition to the initial goal or health state, that makes health care health promotion? Such a notion would exclude health care that achieves more aliveness or "just living" and would include only health care that leads to vitality and "positive living." Unfortunately, there are few measures of health status that would be definitive in determining the presence or absence of health promotion defined in this way. A definition that required determination of an end state would also severely limit the usefulness of the term.

Invented and contrary cases

Two further techniques may help to clarify the meaning of health promotion. Consider an invented case in which a genetically perfect individual is placed in a perfect environment without microbes, toxic substances, or noxious human elements. Health care in this environment would surely be health promotion. On the other hand, would not maximization of health potential occur automatically, since there are no environmental threats, only facilitation of health? Health care of any kind would be unnecessary in this case. Thus, does not health promotion demand a beginning state of imperfection so that growth is possible?

One could also posit a contrary case. A program encouraging use of alcohol or other drugs might represent the opposite of health promotion. Instead of active growth in participants, one has active deterioration or "decay" and movement down the health continuum toward death. Health promotion, then, helps individuals move upward on the continuum. But is this so at any point on the continuum? This case has simply reiterated the previous dilemma of setting limits within the health continuum.

Final questions

The literature review leads to two final questions: Is it the types of actions carried out that make health care health promotion? Many authors suggest that health promotion involves life-style changes requiring personal responsibility. Health care measures directed toward this end might include health education, counseling, support, and guidance. This approach excludes much of the care given to sick persons; in this case, there is dependence on others where life itself, rather than life-style change over time, is frequently the focus. Are these actions, however, exhaustive of health promotion actions? In addition, cannot these actions also prevent or cure disease at times?

Other writers include use of environmental actions in health promotion, such as sex education at school, teaching good parenting, and cleaning and beautifying the external environment. Some even suggest that health promotion is limited to programs that change societal norms. Is it, then, the scope of health care that makes it health promotion? Does it depend on whether the client is individual or corporate?

A DEFINITION OF HEALTH PROMOTION

These linguistic techniques lead to a definition of health promotion that

answers each of the questions raised here. Health promotion is defined as health care directed toward high-level wellness through processes that encourage alteration of personal habits or the environment in which people live. It occurs after health stability is present and assumes disease prevention and health maintenance as prerequisites or by-products. The latter are not the primary focus, however.

This definition answers the question of whether a goal is the essence of health promotion by declaring a particular goal for health promotion and assuming maintenance and prevention as the "bottom line." This approach reflects the emphasis of the movement toward wellness care. The quality of the program is not addressed in the definition, since it is assumed that quality will vary and that reserving a term for only the ideal case is too restrictive.

The question of whether health state is the essence of health promotion is also addressed by affirming that although the client is not in perfect health, a stable state of health without active disease has been achieved. This approach allows for growth and admits persons with disability but excludes those whose health care is directed toward merely staying alive or achieving a state of nonillness. Accepting any movement upward on the health continuum as health promotion, no matter what the starting point, produces an undifferentiated, and therefore useless, term and is thus rejected. Otherwise, most health care would be health promotion. The state of health achieved is also rejected as a criterion for definition on the basis that the end state achieved does not dictate the process and that an unknown future outcome is not useful for classifying present activities.

The question of whether the type of activity determines health promotion is addressed in the definition with the recognition that this criterion is not useful alone. Other areas of health care may also include processes directed toward alteration of personal health habits and the environment but are not limited to these processes. Limiting the scope of health promotion to programs that change societal norms or defining the client as individual or corporate is rejected, since such an approach would give the definition insufficient breadth. Specific processes to encourage changes in health habits or the environment are not enumerated, since they vary with the scope of the program. Even when scope is similar, agreement on specific processes is unlikely and probably not desirable.

The diagram in Fig 4 shows how this definition of health promotion is applied to differentiate health promotion from two other areas of health care: (1) health maintenance and disease prevention and (2) cure and rehabilitation. The state of health addressed by each of the three areas of health care is shown. The term *neutral health* is introduced to describe a stable state of health intermediate between negative and positive health. It implies neither deterioration, as in negative health, nor growth, as in positive health, but instead a relatively unchanging state of health. Health promotion is directed toward increasing levels of wellness or positive health to the ultimate of high-level wellness, whereas health maintenance and disease prevention aim to preserve the status quo or neutral health. Cure and rehabilita-

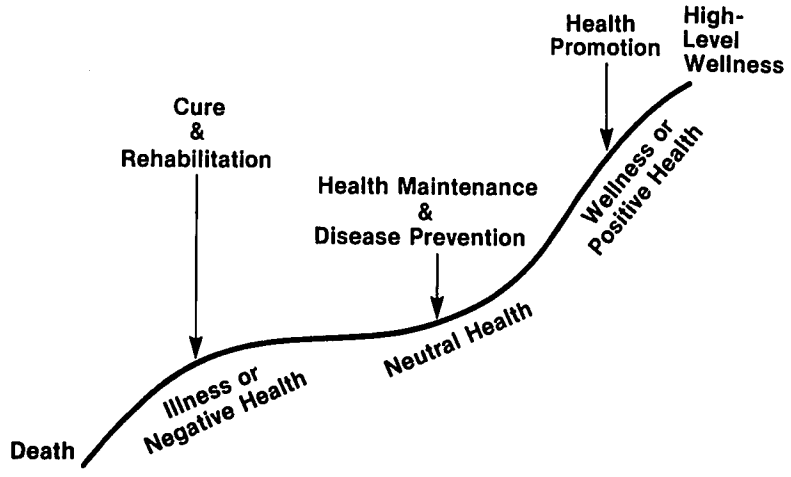

Fig 4. Types of health care in relation to areas they address on the health continuum.

tion provide care for persons who are ill and move them toward neutral health and away from negative health and its ultimate, death.

The health continuum shown in Fig 1 has been modified to form a curved line to represent the client's dynamic growth potential. The one-dimension continuum has been retained to allow for integration of ideas about health and wellness. Thus, when wellness is assumed to lie on the same continuum as health, wellness care could be viewed as synonymous with health promotion.

The meaning of health promotion is relevant to researchers, educators, and practitioners of nursing who want to change the disease orientation of the current health care system. It is also relevant to the development of nursing science. The definition presented here contributes to the goals.

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