

**Teacher Special Issue****The importance and relevance of geographies of wellness to A Level independent research**

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**Abstract**

Due to the growing prominence of the wellness industry and increased concern regarding how to manage potential health threats, it appears necessary to explore the geographies of wellness during the COVID-19 pandemic. Following a discussion on the problems of defining wellness, this piece will comment on the acceleration of the wellness industry during COVID-19, particularly in densely populated urban areas, the role of social media in the acquisition and engagement of wellness products and experiences, in addition to wellness and its relationship with place. It is hoped this piece will elicit further thinking about why a geographical understanding of wellness is needed, highlight possible areas for student (NEA) research and hopefully bring more health research into education.

**1. Introduction**

Globally, urban living is increasingly promoted as a barrier, preventing individuals from achieving their idealistic perception of good health and wellness (Thompson, 2018). Despite being used interchangeably, Stoewen (2015) outlines that wellness is inherently different to health and wellbeing. Originating back to 1650, the earliest conception of the word wellness can be defined as 'the opposite of illness' (Zimmer, 2010). While there is no universally agreed definition, it is acknowledged that wellbeing and wellness are characteristically different. The Global Wellness Institute (2018) outline that wellbeing is associated with an individual feeling of happiness and fulfilment, whilst wellness is associated with striving towards preventing illness and acquiring a state of optimum 'health', however that is perceived by the individual. For the context of this article wellness can be defined as 'an active process through which people become aware of, and make choices towards a more *successful* existence' (National Wellness, 2021), or as Pfizer (2021) state 'thriving instead of surviving'.

Arguably, the growth in engagement with the wellness industry in global cities such as London, New York, and Hong Kong is attributed to the daily ills and life stresses associated with urban living, for example; expense, long working hours, commuting, noise, pollution etc. (Thompson, 2018). Absconding from the city, either permanently or temporarily is encouraged in order for the individual to escape their hectic lifestyle, avoid 'burning out' and regain a state of total physical, mental and emotional health (Murray, 2018; Thompson, 2018). It appears that when it is unfeasible to tangibly leave the city, urban dwellers are intangibly escaping through the use of the internet-something made more pertinent by the lockdown restrictions implemented as a response to COVID-19.

COVID-19 has exacerbated the challenges faced by those who live in high-density urban centers, which Marshall (2020) outlines as; lack of access to green space, loss of coping

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mechanisms such as outdoor exercise and additional pressure being furloughed places on the expense of city living.

Since the start of the pandemic there has been a global spotlight on improving health and quality of life, and the wellness industry, due to its accessibility through technology, has been of optimal importance (Dunn, 2020). Due to the prominence of wellness during the COVID-19 pandemic, particularly for those in global cities, it appears both relevant and useful to approach wellness from a geographical perspective. Though limited in its analysis on the geographical landscape of wellness geography, it is hoped this article will highlight the scope of it for sixth form students by emphasizing several avenues through which it can be explored including its relationship with COVID-19, social media and place.

**2. What is wellness?**

It appears that one of the most critical debates regarding wellness in current literature is the problem of definition. Wellness is an obscure and obtuse word which is inconsistently deployed. Wellness is both a noun and an adjective, an industry, process and trend. Wellness is a complex, multifaceted and subjective concept that cannot be simplified into a single construct (Dodge *et al*, 2012; National Wellness Institute, 2018; Conradson, 2016). Wellness is inherently holistic and encompasses achieving a state of physical, mental, emotional and spiritual health.

Merriam-Webster (2019) define wellness as 'good health as an actively sought goal'. It appears a common theme throughout the limited selection of existing geographical literature on wellness is that it is something that is self-directed and can be achieved through the conscious setting of goals (such as becoming a vegetarian, limiting screen time, buying house plants etc.) that a person perceives will improve their overall health (physical, mental and social well-being) and making a sustained effort to achieve them through certain practices e.g. meditation, ethical eating, pilates etc. (National Wellness Institute, 2018). Once a goal is set an individual's wellness journey is thought to be a positive and 'dynamic process of change and growth into a better-self' (National Wellness Institute, 2018).

Whilst a distinctive difference between the meaning of wellbeing (associated with happiness) and wellness (associated with health and the prevention of illness), has been acknowledged Ellis (2017) suggests the two words are used interchangeably to attract customers and increase profit of self-care products and experiences. 'Wellness' as a term, has become a marketing buzzword and consequently has been mobilised by popular culture, the government, private companies and medical professionals, exacerbating the confusion between the meaning of wellbeing and wellness (Ellis, 2017).

It could be argued that ultimately, the extremely successful wellness industry has been predicated on the adaptation and inconsiderate use of the word 'wellness', emphasising further problems with seeking a clear definition. Wellness, by a variety of definitions has resulted in a new consumption trend and reworked the political economy of health,

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particularly regarding self-care. Therefore, for consumers it is critical to explore. In order to further understand wellness, future NEA research could investigate this topic through a plethora of lenses including; the changing nature of health and illness (e.g. concern with risk behaviours such as alcohol consumption) and shifts in urban consumption trends (e.g. purchasing 'experiences' not products, for example a spa day).

**3. COVID-19 and the acceleration of the wellness industry**

The Global Wellness Institute (2021) report that since 2020 there has been a surge in online wellness services, ranging from improving circadian rhythm (sleep-wake cycle) to new digital health platforms. Through the use of hashtags, social media platforms such as Instagram and Twitter have the ability to unify urban residents from across the globe and enable users to share collective experiences and validate their entitlement of spending time and capital on wellness products and services. Throughout the pandemic, as the global population has been forced to stay at home, an overwhelming number of people have turned to technology to stay connected as the internet has been the only way to reach the outside world, and participate in 'normal' activities such as food shopping, or obtaining a doctor's appointment etc. As a result, an increase in internet traffic has positively correlated in an increase in those engaging in the wellness industry (Merchlinksy, 2020).

Described by the Global Wellness Industry Trend Report (GWITR) (2018) as a 'global domination', the 'next normal' (Wroble, 2020), or an 'ideology' (Cederstrom and Spicer, 2015), the wellness industry, information, brands and products have accelerated across social media, thus creating internet 'trends'.

**4. Social media and wellness. A panacea or problem?**

The GWITR (2018) state that wellness has shifted from niche to 'normalisation' because individuals have been exposed, educated and empowered about health and wellbeing through the internet, particularly social media. Predicated on consciousness and the quest for self-improvement, individuals are becoming increasingly reflective consumers who deem themselves as more qualified to make informed lifestyle choices (National Wellness Institute, 2018).

Like wellness itself, the relationship between social media and health trends has been subject to remarkably little academic research, highlighting a potential NEA research area that would enable health research to be integrated into education. There is a need to explore how wellness itself is being *produced* in and through social media. As a key consumption trend, wellness relies on a constellation of charismatic influencers who promote new ideas, products and lifestyle advice. It is easy to be skeptical about this remarkably successful industry and critique it, however wellness needs to be investigated to question whether it is simply a new form of political economy, whether it is infused with a genuine desire to help, heal and transform participants, or whether it is having a harmful impact on the lives of those who seek, follow and invest in it.

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However, even as the wellness industry has boomed; there has also been a remarkable paucity of academic research exploring the knowledge, truth, evidentiary and scientific claims being made by this new wave of experts. Whilst geographers have explored ideas of expertise around some scientific claims (e.g. Amrahamsson and Bertoni *et al.*, 2015), currently, due to the lack of scientific evidence around this particular topic, it could be argued that wellness is a popular and valuable pseudoscience. It is integral to discover and understand what (scientific) evidence ‘experts’ use to advocate their knowledge and advice of wellness to understand the impact it is having on those who invest in it, particularly from a geographical perspective. None of us have previously experienced living through a global pandemic; we are all seeking expertise. Our usual sources of expertise e.g. doctors have been made much more difficult and, in some circumstances impossible to contact, therefore are we increasing reliance on more accessible ‘experts’ which include social media influencers with large followings on platforms such as YouTube or Instagram.

Questions students could explore in their NEA research include; what is wellness and its relationship to health? What kinds of expertise and knowledge circulate within the domain of wellness? How and through what means is this expertise deployed and to what end? And ultimately, has wellness positively impacted urban lives throughout the COVID-19 pandemic?

**5. Wellness, place and the pandemic**

Described by the UN (2020) as the ‘epicenter of the pandemic’, it is thought that densely populated urban areas have been accountable for 90% of reported COVID-19 cases. Reinforced by reports of a potential urban exodus fueled by the pandemic due to factors associated with dense populations such as lack of space, privacy and green space, it highlights an urban health consciousness potentially unseen since the Spanish Influenza of 1918 (Marsh, 2020; Saint-Exupery, 2021). Typically, characterised by connectivity, culture and opportunities, health advice during the pandemic promoted the importance of distance and fresh air, arguably framing the urban as dystopic and dangerous. In the last year, there has been up to a 275% increase in urban residents considering moving to nearby rural areas, a counter-urbanisation trend observable in cities across the UK, reinforcing the complex relationship individuals have had with urban living during lockdown (Marsh, 2020; Gallagher, 2020). However, whilst the countryside might convey idealistic visions of health for those who have the choice to migrate, urban centres will never be completely abandoned as others will choose to stay, or have no choice but to stay.

In their work on wellbeing, Atkinson and Fuller *et al.* (2016) state that ‘wellbeing however defined can have no form, expression or enhancement without consideration of place’ (p3). Applying this to wellness, it appears critical to understand the impact the COVID-19 pandemic has had on both individual and collective wellness, particularly in urban areas (Conradson, 2021). The lockdowns of 2020 and 2021 undoubtedly caused us to have a complex relationship with the spaces we lived in, worked in and rarely left. Through the lens of wellness as an active process, individual ability to engage in wellness could have been determined by an individual’s lockdown environment

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(National Wellness, 2021). Conradson (2016) states that a person's evaluation of life and current lived experiences, though subjective, influence wellbeing. Environmental determinates of wellness during the pandemic and their subsequent impact on individuals should be explored further in order to improve the lives of people living in urban areas, particularly in the UK (Conradson, 2021). Conradson (2021) suggests that geographers could collaborate with public health to understand the impact lockdown has had on individuals and their wellbeing.

Potential NEA questions to consider on this topic that would prove to be a valuable asset to the growth of health research in education include to what extent did living in an urban environment implicate individual's ability to engage in the active process of wellness during lockdown, for example; Zoom yoga which requires ample physical space? How did individuals actively participate in wellness experiences such as yoga during lockdown? Was the wellness of urban lives impacted to a greater extent because of urban problems?

**6. The wellness industry and the rise of the new 'third place'**

In 1982, Oldenburg and Brissett coined the term 'third place'. A third place is a public space such as a coffee shop or pub, that serves as a retreat from the stresses of daily life (Oldenburg and Brissett, 1982). It is a place where individuals can switch off, socialize with others and temporarily be relieved of any personal or profession responsibilities derived from the first place (home), or second place (work) (Oldenburg and Brissett, 1982). It is in a third place that an individual develops self-awareness, expresses their individuality, can relax and gain social support to resolve life's stresses. Oldenburg and Brissett (1982) state that third places are 'uniquely qualified to sustain a sense of well-being' (p268).

The 2020/2021 lockdowns subsequently denied us all the ability to access our usual third places, as we were mostly confined to our first places. Arguably, both the rise of the wellness industry and COVID-19 has caused a shift in the dynamic and nature of third places, both physically and virtually (Bailey, 2021; Reilly, 2019).

It is thought the new third place is a physical location nestled within busy urban environment, which might have the façade of a shop or cafe, undistinguishable to those unaware, where services offered range from 'chill' spaces with comfortable furnishings such as bean bags, and hammocks, with dim lighting, incense and meditation, to whole-food cafes and Pilates sessions (Bailey, 2021). Dedicated to enhancing wellness, adjectives used to describe these emerging units include tranquil, zen and cozy. Already seen in cities such as London, Sydney, LA and New York, companies have transpired to offer temporary escapism to urban dwellers actively seeking wellness (Bailey, 2021). Peace and rejuvenation is exchanged for profit in these new types of third places, therefore providing scope to investigate how the political economy of wellness has influenced the rise of the new third place.

Future NEA research could be conducted exploring how a new type of third place changes the role of more conventional places of health, such as health clinics, doctors'

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surgeries and other places people currently go to achieve feeling well. This could also be investigated from a cultural perspective. For example, has there been a similar shift in places where people go to seek good health in places such as Hong Kong, thus replacing Chinese health clinics?

In addition to the physical emergence of third places, Magner (2018) argues that third places have now infiltrated our first places (homes) as they have taken a virtual form through the internet. During lockdown periods, virtual spaces provided vital human connection in more forms that had ever previously been experienced for example, work, socializing, counselling sessions, cooking classes etc.

The places people go to practice wellness has indefinitely changed due to the pandemic; therefore, it would be useful for sixth formers to explore the relationship between virtual and physical third places in the context of the wellness industry. Reilly (2019) states that the virtual world has the potential to revolutionize wellness so it would be useful to investigate this evolving relationship. For example, monitoring participation within each type of third place, tracking how it might fluctuate as the pandemic continues, and understanding its impact upon more traditional places associated with the prevention of illness.

**7. Conclusion**

This perspective piece has aimed to highlight why a geographical understanding of wellness is a useful and relevant topic for research, particularly sixth formers conducting NEA research for A-Level geography. The acceleration of the wellness industry has occurred at a time whereby urban residents have been presented as more vulnerable to illness; therefore it appears critical to understand how this symbiotic relationship is impacting urban lives. Due to the constant evolving nature of the wellness industry, there appears to be a lack of up-to-date research accessible to geography education, including a definition of wellness. I hope that by presenting questions through which wellness could be explored it can elicit future NEA research integral to improving the health and quality of life for urban populations and bring more health research into the study of geography.

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