Kihm, H. S., & McGregor, S. L. T. (2020). Wellness and well-being: A decade review of AAFCS journals (2009–2019). *Journal of Family & Consumer Sciences, 112*(3), 11-22. PENULTIMATE VERSION

Well-being and wellness have long been the mantra of the family and consumer (FCS) profession (Brown, 1993). This paper shares the results of a decade review (2009-2019) of the American Association of Family & Consumer Sciences' (AAFCS) major publication venues relative to their coverage of these two constructs. Specifically, we focused on the *Journal of Family & Consumer Sciences* (JFCS) and the *Family and Consumer Sciences Research Journal* (FCSRJ). Extraneous sources are cited to provide context and conceptual clarity.

Wellness and Well-being

The FCS literature published from 2009-2019 conflated the terms wellness and well-being. This report follows that convention, but work needs to be done in the future that separates the two because one is a process (wellness) and one is state (well-being) with each informing the other. Indeed, etymologically, *ness* is a word-forming element connoting action, and *ing* is Old English *ende* meaning "end, conclusion, boundary" (Harper, 2019).

The AAFCS Body of Knowledge (BOK) also distinguishes between well-being and wellness (Nickols et al., 2009), reinforcing the assertion that they are different constructs. Individual well-being is deemed to be a core concept for the profession with core meaning the central or most important part of something. In contrast, wellness is a cross-cutting theme and refers to "trends and issues within society that may reflect contemporary realities as well as historical continuity" (Nickols et al., 2009, p. 275) (see also Anderson, Hall, Makela, & Myers, 2016). Because a trend is a general direction in which something is happening (McGregor, 2012), it makes sense to equate wellness with an evolving process and well-being with an end state.

Conventionally, wellness is associated with health and freedom from disease while well-being is a contented state of being happy, healthy and prosperous (King, 2007). Wellness emphasizes individual responsibility (i.e., a personal choice) for well-being *through* the practice of health-promoting lifestyle behaviors (Hurley & Schlaadt, 1992). Wellness is a dynamic *process* (i.e., a series of actions toward a specific aim) while well-being is a less-dynamic *state* (a current condition) (Jonas, 2000). States can "endure or persist over stretches of time [but] cannot be qualified as actions at all" (Vendler, 1967, p. 106).

Hall (2017) too reflected this distinction between action and state when, in his introduction to a JFCS special issue on health and well-being, he referred to well-being "as the absence or minimization of distress and disorder" (i.e., a state) and wellness as "a path" intimating an ongoing process (p. 3). To counter the profession's focus on "a neutral state of being" (i.e., well-being), Hall (2017) encouraged FCS professionals to "continue to elevate the legitimacy of a wellness orientation as means toward addressing societal challenges" (p. 3).

Dimensions of Well-being

Historically, the FCS profession has viewed well-being as comprising four dimensions: physical, economic, emotional (psychological), and social (Brown, 1993). Brown (1993) explained that physical and economic well-being depends on efficiency, management and control

of factors within the home. Emotional and social well-being emerges through interpersonal relations and personality development within the family context. McGregor and Goldsmith (1998) added environmental, spiritual, and political well-being (which refers to empowerment and autonomy). Environmental wellness (i.e., integrity of home, near and natural environments) aligns with economic and physical, and spiritual and political align with emotional and social. Unlike the wellness approach, the FCS profession has never viewed intellect or occupation as part of well-being but it has recently embraced the notion of financial well-being (Delgadillo, 2014a, b; Delgadillo, Palmer, & Goetz, 2016).

FCS professionals are interested in the current state of well-being for *individuals* as measured by these eight dimensions. In a 2001 whitepaper, the AAFCS made a similar distinction (i.e., aligning well-being with individuals, not families) when it clarified that "individual well-being, strong and resilient families, and healthy communities are the focus of our professional work" (p. 3). The most recent version of the AAFCS BOK sustained this distinction, claiming that the core of our work is "basic human needs, individual well-being, family strengths, and community vitality" (Nickols et al., 2009, p. 269). That being said, FCS professionals often use the mantra *individual and family well-being* indicating they are not making this conceptual distinction; that is, strong families and vital communities depend on individuals' state of well-being.

Dimensions of Wellness

Instead of a roster of separate aspects of being well, which all have to be present in order to experience the state of well-being (Hone, Schofield, & Jardin, 2015), the wellness concept is often viewed as holistic, which is appropriate for a process. Holistic means "taking into consideration a *whole* system of factors rather than the analysis of, treatment of or dissection into *separate* factors" (McGregor, 2019b, p. 56). With their respect for holistic practice (McGregor, 2019b), FCS professionals can readily (a) appreciate the distinction between states of being well and the holistic process (path or journey) of ensuring wellness and (b) accept that everything is interrelated.

The FCS profession has not conceptualized wellness like it has well-being (Hall, 2017). Fortunately, the Substance Abuse and Mental Health Services Administration (SAMHSA) (2016a), a branch of the United States Department of Health and Human Services (USDHHS), has conceptualized wellness as multidimensional with these dimensions being "interconnected, one dimension building on another" (SAMHSA, 2016a, p. 3) (see also McGregor, 2010). Aspects of wellness are not housed in silos; therefore, a disruption in one element will affect one or more of the other elements. SAMHSA's (2016a) approach was inspired by Hettler (1976) and Swarbrick's (2006) thoughts on wellness and comprises eight interdependent elements: physical, financial, emotional, social, environmental, spiritual, intellectual, and occupational. These will be explained as the results are presented for each element.

Method

The first step in the process was to pull together definitions of all dimensions of well-being and wellness. Most of the 2009-2019 articles related to these constructs were identified using titles in the table of contents, selected if they included the terms wellness or well-being or related aspects (e.g., emotional, social, financial). Abstracts were also utilized to flag potential papers. Within the latter, articles were chosen if they included elements of well-being and

wellness reflected in their definitions herein (see Hettler, 1976; McGregor & Goldsmith, 1998; SAMHSA, 2016, a, b).

One researcher collated an initial collection of articles. As the analysis of this collection proceeded and its essence evolved, the second researcher added more articles during the writing up stage. This involved an iterative process (Miles & Huberman, 1984) meaning several passes over the 10-year collection (paper based and online) ultimately yielding nearly forty papers (N=37). Given the wide range of topics covered in both journals over 10 years, 37 papers was deemed sufficient to substantiate the presence of wellness and well-being constructs in the AAFCS knowledge base.

Future initiatives should examine the AAFCS conference proceedings, which are normally regarded as venues for presenting works in progress. Constructive feedback can influence the future direction of early stage research intended for scholarly venues and a field's knowledge base (Penn State University Libraries, 2019). Journal editors are encouraged to actively solicit conference paper authors to consider submitting their paper to the journal.

Results

To present the results of the decade review, descriptions of the dimensions of wellness and well-being are interwoven with the presentation of related FCS research. During that time frame, scholars touched on all eight dimensions. Some aspects were studied more thoroughly than others; however, all were deemed of equal importance to overall quality of life for individuals and families. Virtually all FCS authors herein, who examined a facet of wellness or well-being, touched on the idea that one facet impacted other aspects of people's wellness or well-being. Results are organized using Brown's (1993) aforementioned distinction.

Regarding the general essence of the 37 articles, scholars addressed many aspects of individuals and families' lives: money; relationships; obesity, nutrition and health (including illness, disease and stress); faith and religion; community vitality and social capital; family and work; and loneliness and isolation. Their target groups included everything except seniors (preschool, children, teens, young adults, adults, and college students). They studied several ethnic groups including Caucasian, Latino, and Chinese. Scholarship focused on both urban and rural contexts. And, respecting the integrative and holistic nature of FCS, most studies reflected a combination of these contextual elements (e.g., health and obesity of preschool children in rural areas).

Emotional Wellness

Emotional wellness is defined as "an ability to cope effectively with life and build satisfying relationships with others" (SAMHSA, 2016b, para. 3). Emotionally healthy people are aware of and confident with themselves, drawing from a well of autonomy and resiliency (Hettler, 1976). Emotional wellness includes being able to "express feelings, adjust to emotional challenges, cope with life's stressors, and enjoy life" (SAMHSA, 2016a, p. 21). In the last decade, the FCS literature has touched on several aspects of emotional wellness, often coupled with social wellness.

Several studies reported that support from peers and family is imperative for helping people to cope with life stressors and promote emotional wellness. Kihm (2014) noted there are "several negative [physical] health, economic, and psychosocial outcomes related to overweight

and obesity among children and adolescents" (p. 27). She urged FCS to target their interventions to accommodate the uniqueness of certain child and adolescent populations. Williams and Braun (2019) observed that "research is increasingly linking loneliness [and isolation] to declining physical, mental, and emotional well-being" (p. 7).

Kruenegel-Farr et al. (2013) urged FCS colleagues to use a life course theoretical perspective to study "the progression of couple relationships and its connection to well-being both interpersonally and financially" (p. 106). Wilburn and Smith (2009) reported that adolescent males were more confident in their ability to form positive relationships with adults and peers than were teen females. Adolescent males had a stronger sense of self-esteem than females. And, ethnicity played a role in adolescent well-being with Caucasian teens indicating the most positive outcomes.

Social Wellness

Social wellness is twofold, referring to a person's (a) role in contributing to the common welfare of the community and their (b) choice to intentionally "enhance personal relationships and important friendships" (Hettler, 1976, p.1). Williams and Braun (2019) observed that the type of social support individuals receive is very important to social wellness. In today's society of ever-changing technologies and social media platforms, they reported that although adolescents had access to, and spent many hours on, social media connecting with others, teens reported the most bouts of loneliness of any age group. Their result indicates that social wellness is reliant upon building *authentic relationships* with others. Social media tends to foster inauthentic relationships. Authentic relationships refer to both (a) valuing the opportunity to learn, grow and value each other and (b) a willingness to avoid misrepresenting one's self (Lopez & Rice, 2006). They explained that people avoid being authentic (so easy to do on social media) because they fear rejection, not being understood, disapproval, and conflict.

Some FCS professionals equated *social capital* with social wellness. Social capital has various definitions with the commonality being the link between *capital* (an economic resource) and *social* (human society, people in groups). In effect, social capital amounts to being an asset in the form of "resources linked to a network of individuals who have membership in a group" (Montañez, Devall, & VanLeeuwen, 2010, p. 27). In their work with Latino families, Viramontez, Salinas, and Gracia (2010) conceived social capital as "a bonding agent [holding things together within] the family systems' social ecology" (p. 22). Nickols et al. (2010) wrote about the importance of building social capital and the role FCS professionals can play in promoting it.

The JFCS published a special issue on social capital in 2010. Montañez et al. (2010) viewed parenting classes as a community asset (i.e., capital) and demonstrated that a family's access to this resource enabled them to build social capital because they were able to optimize benefits from relating with both the parenting educators and other community members enrolled in the classes. Viramontez et al. (2010) explored how Latino families and their communities created the social capital they called *para servir* (service). They employed hard work, took pride in their culture and language, and drew on familism as well as the cultural values of respect, advice and morality.

To continue, assuming that social capital comes from cohesive communities, Shaklee et al. (2010) developed a travelling extension program to educate Idaho residents about diversity

and human rights. By taking part in the program's workshops, the participants built trust, which is the key to developing social capital. This trust trickled down into the community when participants shared what they had learned about Idaho's history and its contemporary multicultural context. From a different perspective, McWhinney et al. (2011) proposed that investing in the environment and creating play spaces may increase community social capital.

Spiritual Wellness

Spiritual wellness is related to people's values and beliefs that help them to find meaning and purpose in life. "Signs of strong spiritual health include having clear values, a sense of self-confidence, and a feeling of inner peace" (SAMHSA, 2016b, para. 4). Cumulative experiences contribute to "the value system you will [eventually] adapt to bring meaning to your existence" (Hettler, 1976, p. 2). Spiritual wellness and well-being are gaining traction in the FCS literature in general especially at it pertains to its role in our philosophy (e.g., Deagon & Pendergast, 2019) but not so much in the AAFCS journals.

Although not couched in spiritual wellness per se, two studies were concerned with spirituality and religion. Rehm and Allison (2009) found that college students believed spirituality was important in their lives. They all engaged in spiritual activities such as prayer. Lu, Marks, and Apavloiae (2012) found that Chinese immigrant families relied heavily on their faith to navigate the challenges associated with immigration. Results affirmed that identity problems, language barriers, relationships problems, and lack of economic and social resources were eased by being part of a faith-based community. In effect, this study was about how "church family" (p. 124) was related to the immigrant's family, but not about spiritual wellness as defined in the literature.

Recognizing the importance of spirituality in people's lives, Read and Owens (2011) were interested in the intersection of nature and spirit as informed by culture and how this could be instilled into FCS' residential design education. They developed a project that challenged college students to learn how to create a home that reflected the traditions, rituals, and meanings of different cultures replete with inclusion of spirituality and spirits. They acknowledged that this less-familiar approach met with initial resistance until students came to see spirituality and design as interconnected.

Political Well-being

The wellness approach does not have a dimension called political wellness with the closest thing being "the development of autonomy" couched within emotional wellness (Hettler, 1976, p. 2). McGregor and Goldsmith (1998) conceptualized the state of political well-being, explaining that it pertained to an individual's sense of personal power (i.e., personal autonomy and empowerment). They envisioned a state of political well-being to exist when people have control of their life's decisions in concert with the freedom to act on them while being critically aware of the consequences; that is, they exercise autonomy.

Autonomy pertains to a person's ability to determine and define their mental state with self-esteem playing a pivotal role (Govier, 1993). Self-esteem refers to a person's sense of worth and value; that is, their "internal sense of who he or she is" (Govier, 1993, p. 113). "If one does not accept one's motives and goals as worthy, if one does not believe that one has sound

judgment and competence in key areas of decision and action, then one lacks basic self-esteem" (Govier, 1993, p. 114).

Recently, Goddard (2016) challenged this focus on self as it pertains to esteem. She suggested that promoting well-being must go beyond helping people (especially children) "feel good about themselves. [Instead, FCS professionals should] specify how the self relates to others and the world" (p. 15). FCS professionals "need different, more nuanced ways of thinking about well-being" (p. 16). Instead of assuming that self-esteem is narrowly focused on the *self,* FCS professionals should view self as connected with others. *That* self would be connected to their world not just connected to their inner self. Goddard called this broader approach "personal well-being" (2016, p.20). Like mindedly, Hall (2016) linked the well-being of children to the stability of the world's future and suggested that "FCS professionals are among those in a position to make a difference [if we want well-being to] happen on a grand scale" (p. 3).

Environmental Wellness

Environmental wellness is related to the surroundings that people occupy (e.g., social, cultural, physical and natural). It pertains to being safe *and* feeling safe. The process of creating "pleasant, stimulating [and safe] environments supports well-being" (SAMHSA, 2016a, p. 13). This dimension of wellness "connects overall well-being with the health of the near environment" (SAMHSA, 2016b, para. 7). Walking the environmental wellness path will lead to a state of environmental well-being; that is, the person will be and feel safe in their surroundings.

Nickols et al. (2010) compelled FCS professionals to take an active role in strengthening communities, which will bolster environmental wellness. McWhinney et al. (2011) studied how children's environments can be a barrier to physical activity participation among rural families. Results suggested that a lack of safe playgrounds, sidewalks, and time were all prohibitive to participating in physical activity and can potentially contribute to obesity. They concluded that "the availability of safe, accessible physical activity facilities is important to the health and well-being of rural families" (p. 43).

Sas, Steinwedel, Wagner, and Blackaby (2018) focused on health issues and highlighted the importance of caring for families who are away from their homes due to serious medical issues. They were living in a different environment. Healthcare Hospitality Houses (HHH) (similar to Ronald McDonald Houses) serve as a home away from home for families with loved ones who need extended hospital stays. Although some families were reluctant to leave the hospital for an HHH, and be away from their loved one, most reported a reduction of stress and an increased sense of normalcy and community support while staying at a HHH. The amenities available "contributed to improved personal wellness for family caregivers staying at the HHH" (Sas et al., 2018, p. 31).

Williams and Vouchilas (2013) discussed the importance of designing spaces attendant to the special needs of autistic children. Their research identified six main issues to be addressed: noise, light, color, smell, texture, and visual stimuli. Designers took note of these sensitivities and created spaces accounting for those needs. After implementing the changes, parents reported their "child being calmer, sleeping better, being less irritable, and having fewer tantrums and meltdown episodes" (p. 37). This result confirms that improved environmental wellness "can greatly impact how you feel" (SAMHSA, 2016b, para. 7).

Physical Wellness

Physical wellness arises from exercise, sound nutrition, sufficient sleep, medical care, physical strength, endurance, flexibility and resilience. People can also experience positive psychological benefits from physical wellness (Hettler, 1976; SAMHSA, 2016). Kihm and Rolling (2014) studied the role of napping in preschool children as a protective factor against obesity. Children who sleep between 12 and 14 hours are less likely to be overweight or obese than peers with less sleep. Upon discovering that study participants got insufficient sleep during the night, the researchers deemed that napping during the day was essential and advocated strongly for its implementation at daycares.

Nutrition education is also an important contributor to physical well-being. Kihm, Staiano, and Sandoval (2017) developed a multicomponent, 16-week, after-school program for children that included physical activity, nutrition education, and self-esteem building activities. Children who participated in the program decreased their body mass index (BMI), enjoyed more varieties of fruits and vegetables (i.e., sound nutrition), and showed an increase in self-esteem (i.e., psychological benefit).

Shirley, Roark, and Lewis (2012) linked individual health (obesity) and wellness to community needs and developed and implemented a *Wellness Works* program (physical activity and nutrition education) that promoted healthy living. In another study, Holland and Coleman (2017) asserted that a lack of proper nutrition and a sedentary lifestyle are compromising the health (wellness) and well-being of adolescents. To offset this reality, they developed and implemented a train-the-trainer model and demonstrated its impact on healthy lifestyle changes for secondary students. They believed that FCS' concern for "wellness ... can guide a proactive focus on promoting physical health [and well-being]" (p. 51).

Identifying ways to increase physical activity participation is important to physical wellness (SAMHSA, 2016a). Although children may participate in physical activity throughout the week, nearly three-quarters do not participate in the level of physical activity recommended by the 2018 Physical Activity Guidelines Advisory Committee. Children should engage in at least 60 minutes of moderate to vigorous physical activity each day (USDHHS, 2018). Building on earlier research published in the JFCS (Staiano, Kihm, & Sandoval, 2018), Sandoval, Staiano, and Kihm (2019) found that using a variety of visual and auditory stimuli during children's *exergame* play significantly increased the intensity of their physical activity.

Financial Wellness

"Financial wellness is a feeling of satisfaction about your financial situation [and future prospects]" (SAMHSA, 2016b, para. 8). This wellness dimension depends on (a) how well current employment can help people meet financial obligations; (b) whether people have a workable money management system (e.g., record keeping, budget, credit management); (c) their debt load and solvency; and (d) their risk management strategies and future security plans (e.g., insurance, pensions, estate plans, savings, investments) (SAMHSA, 2016a, b).

In 2018, the JFCS published a special issue under the mantra of *financial fitness*. Newcomb (2018) urged FCS professionals to rethink financial health by suggesting that improving financial well-being can be best achieved by focusing on four changeable aspects of people's mindset: their mental time horizon, construal of the future, sense of agency, and social

comparisons (where they stand relative to others). To that end, she defined financial health as "*the state of having both economic stability and emotional well-being with respect to one's financial situation"* (p. 7).

O'Neill and Xiao (2018) administered the *Financial Fitness Quiz* and determined that the frequency of performance of 20 financial management practices in their sample was very similar to previous studies. Financial management "practices that require planning (e.g., preparing a will) and calculation (e.g., preparing a budget and net worth statement) were performed less frequently than others" (p. 27). They encouraged FCS educators to bear this result in mind when working with families to improve their financial fitness.

Using a modified version of Joo's (2008) framework for financial wellness, Rutherford and Fox (2010) concluded that the financial wellness of young adults (aged 18-30) depended on a combination of factors including (a) objective determinants (credit management, healthcare coverage); (b) financial satisfaction; (c) financial behavior; and (d) subjective perceptions (planning horizon, and attitude toward financial risk). If young adults are ill prepared for their financial responsibilities, they could experience states of poor financial wellbeing. Financial wellness is the key. Using Joo's (2008) framework, Henager and Wilmarth (2018) determined that the presence of a student loan debt negatively impacted a household's financial wellness.

Wilmarth, Neilsen, and Futris (2014) found that financial wellness was positively associated with positive communication patterns in married couples and vice versa. They urged other FCS professionals to study the effect of both financial wellness and couple communication processes on relationship satisfaction because lower financial wellness was linked to lower satisfaction with their relationship. Also, financial stressors in the home tended to increase during challenging economic environments, especially downturns.

O'Neill, Xiao, and Ensle (2017) determined that there is a positive and statistically significant association between financial practices (specifically, budgeting) and physical health. Consumers who reported *always* budgeting scored higher in desirable health practices (e.g., eating breakfast, getting sufficient sleep and exercise, eating a healthy diet). FCS professionals are urged to encourage both practices with each requiring discipline and commitment. These character traits may be the defining factor for this interesting connection.

Delgadillo (2014a, b) urged FCS professionals to augment financial counselling with financial coaching. Stressed people receive advice through counselling (leading to calmness and relief) and but coaching (focused on potential) entails fielding questions, challenging assumptions, and gaining clarity about their financial life. Recently, Delgadillo et al. (2016) successfully applied appreciative inquiry (AI) to the financial coaching process. It was used to help someone overcome the power of a "*money script*, which is a specific, strongly held belief about money that may be adaptive or maladaptive in terms of financial or psychological well-being" (p. 166).

Occupational Wellness

Occupational wellness refers to being satisfied with one's choice of work. The latter should "provide meaning and purpose and reflect personal values, interests, and beliefs" (SAMHSA, 2016a, p. 19). Aligning work with these attributes better ensures that said work is meaningful and rewarding (Hettler, 1976), even more so if people seek support when feeling

overwhelmed or stressed. This type of wellness involves building healthy and respectful relationships with coworkers, managing workplace stress, and balancing work and personal time (SAMHAS, 2016b).

Regarding stress (a key aspect of occupational, and other dimensions of, wellness), Ritter, Kandiah, and Saiki (2018) claimed that repeated stressors can impair and affect healthy living, which they defined as "a state of complete physical, mental, and social well-being" (p. 49). They also asserted that healthy living depends on emotional and spiritual wellness. Stress can happen on a personal level, within the family unit, with friends, in the community, and at work. Believing that FCS professionals' expertise is critical in this arena, they explored avenues through which the profession can help individuals and families deal with stress. Stress management programs that are grounded in well-being and wellness are our forte.

Although not couched as occupational wellness, O'Neill (2014) addressed FCS' role in addressing labour market changes with special attention given to intrapreneurs and entrepreneurs. Her analysis revealed that the U. S. labor market has "undergone a dramatic sea change. From a century-long profile of life-long, career-length, 9 to 5, full-time jobs with benefits has emerged a startlingly different reality: a gig economy replete with freelancers, permalancers, and entrepreneurs who have little to no financial security without careful and determined planning" (p. 14). Journeying the path of occupational wellness in this context will be challenging to say the least and will impact eventual states of well-being. FCS professionals are urged to appreciate this sea change (i.e., substantial change in perspective on an issue) and what is means for occupational wellness.

McAllister, Thornock, Hammond, Holmes, and Hill (2018) explored the relationship between occupational wellness (per se) and a couple's emotional intimacy in families where both partners work. They reported that a couple's "emotional intimacy predicted fewer job concerns, more job rewards, less work-to-family conflict, and less family-to-work conflict" (p. 330). Their study was grounded in Voydanoff's (2007) ecological systems-based model of the work-family interface and speaks to aspects of occupational health. Also related to workplace relationships, Delgadillo (2018) offered the concept of *collegial behaviour*. People who engage in such behavior might contribute to their occupational wellness by collaborating, stepping up when needed, respecting the unit's decision-making process, communicating respectfully, and relating to others professionally and constructively.

Intellectual Wellness

Intellectual wellness obviously has to do with the intellect (i.e., brain power - the ability to think, reason and understand). Wellness along this dimension depends on keeping the brain active, expanding intellectually, and cultivating mental growth (SAMHSA 2016a, b). "People who pay attention to their intellectual wellness often find that they have better concentration, improved memory, and better critical thinking skills" (SAMHAS, 2016b, para. 5). They are more competent at problem solving, thinking creatively and acting critically (Hettler, 1976).

In research about critical thinking (an aspect of intellectual wellness), Schumacher (2014) explored the critical thinking dispositions of FCS dietetic interns. She found that few were entering the field after graduation with strong critical thinking dispositions intimating their service to society could be compromised. FCS curriculum planners were urged to develop

curricula rich with opportunities to examine and bolster one's disposition to think critically. Achieving this would augment dietetic interns' intellectual wellness.

Discussion and Recommendations

Analysis of and reflection on the essence of the decade review data set prompted several discussion points with attendant recommendations for future practice and research.

Of the eight dimensions of well-being, the decade knowledge base seemed weakest on intellectual, occupational, and political wellness. Each is now discussed, starting with intellectual. Our mission charges us with helping individuals to engage in practical reasoning (Brown & Paolucci, 1979). This intimates that people need to step onto the path of intellectual wellness. Practical reasoning results in a judgement of what to do, a conclusion by reasoning. The subsequent reasoned action entails mindful intellectual activity that integrates thought and action instead of mindless (routine, habitual) activity that separates thought and action (Murphy, 1979). Given the dearth of scholarship on this aspect of wellness over the last decade, we recommend more FCS research on intellectual wellness.

The occupational wellness path pertains to meaningful work. Few articles over the last decade dealt with this concept and none did so explicitly. FCS researchers are encouraged to pay more attention to this aspect of wellness instead of leaving it to other disciplines. The FCS profession would bring a unique perspective to occupational wellness because it employs an integrated, holistic, human ecosystem lens to consider family dynamics, which are affected by life at work. McAllister et al. (2018) started the ball rolling with their work on a married couple's emotional intimacy and how this connects to compatibilities between work and family. Others are encouraged to pursue this line of inquiry given that many homes have multiple people who are gainfully employed (McGregor, 2019a). And, FCS scholars may want to pursue O'Neill's (2014) inquiry into intrapreneurs who are part of the new gig economy (see Batra, 2018). Occupational wellness would look quite different in homes of this nature.

The one paper that dealt with political well-being (Goddard, 2016) focused on one aspect of this construct - autonomy and self-esteem. FCS scholars are invited to embrace the breadth of this construct as it pertains to emotional wellness. A person experiencing a state of political well-being would feel empowered and able to critically engage with the world, making decisions fully cognizant of the consequences (McGregor & Goldsmith, 1998). They claimed that when this state of well-being is reached, "individuals no longer unquestionably accept those practices in society that ... reinforce inequality and injustice" (1998, p. 5). This intimates a concern for ethics and morality thereby providing an opportunity for FCS scholars to link these to political well-being and personal autonomy. Perhaps another dimension of wellness is required, one called *ethical and moral wellness*. A November 6 2019 Google search using this term yielded one result. FCS scholars are invited to engage with this new line of inquiry given the pervasive need for moral and ethical production, consumption and governance to ensure sustainability.

Analysis revealed a heavy focus on financial wellness at the exclusion of the larger construct of economic well-being. McGregor and Goldsmith (1998) explained that this state of being well includes so much more than finances. It pertains to the overarching idea of "the degree to which individuals and families have economic adequacy and security" (p. 3), which is also affected by unpaid labour at home and in-kind contributions, government social welfare policies, community resources, and the ability to adjust to life transitions. It goes without saying

that the FCS knowledge base would be enriched if its scholarship balanced financial wellness with economic well-being.

Etymologically and pragmatically, in some bodies of literature, the wellness and well-being constructs are deemed different but interrelated. Wellness is a *process* (people embark on a path of wellness) and well-being is a *state* at any given point in time (at the end of the path are degrees of being well). FCS scholars profiled in this decade review did not clearly make this distinction, conflating the terms. We recommend that more work be done within the FCS profession on how it conceptualizes these two constructs. Earlier work targeted the theory of well-being (see Henry, Mitstifer, & Smith, 1997; Mitstifer, 1996) but little, if any, scholarly work has been done around wellness (see McGregor, 2010) despite that it is a cross-cutting theme in the AAFCS BOK. Without defining the construct, Nickols et al. (2009) maintained that including wellness in the BOK enabled FCS practitioners to shift their focus from treating disease to helping people to be healthy and reducing their vulnerabilities.

The time might be right for a phenomenological study that explores how FCS practitioners understand well-being versus wellness. What is the *essence* of their experience with these constructs in their practice? European home economists are familiar with using phenomenology in their practice (Heinilä, 2014; Tuomi- Gröhn, 2008) but this seems less so in United States. Most authors captured in the decade review conflated the two constructs with no indication that one is a process (wellness) leading to a state (well-being). The state at any point in time depends on how firmly the person is walking the wellness path.

Another interesting line of inquiry emerging from this decade review is whether (should) FCS practitioners equate well-being with individuals and not families. Families as a group can experience a state of well-being too. Why does the BOK (intentional?) distinguish between "individual well-being" and "family strengths" (Nickols et al., 2009, p. 269)? How prevalent is the notion of 'family well-being' in the FCS profession and how do members conceptualize this construct? Non-FCS practitioner Favretti (2011) created a Prezi comparing individual and group well-being. She suggested that the former depends on people putting themselves first and the latter requires consideration of the needs of all group members first. The latter can be achieved through agreeing to norms and regulations that let the group work effectively. This involves collectively setting and achieving goals with a sense of pride and purpose. The needs of the group are put ahead of any one person in the group. In reality, this is probably not an either/or situation because strong individuals are needed for strong families and vice versa.

"FCS professionals must be nimble and responsive to social, physical, emotional, environmental, and economic facets of people's lives" (Cason et al., 2017, p.11). The same imperative holds for spiritual, political, intellectual and occupational. Such nimbleness better ensures that FCS professionals can "continue to be social arbiters of equality and progressive ideals with an emphasis on the human dimension" (Cason et al., 2017, p. 11). The human dimension plays out at the personal, community and national levels. Fields other than FCS refer to this concept as *human capital*, which pertains to habits, knowledge, personality, skills, competencies, capabilities and experiences of the people involved (Goldin, 2019). These are resources as are other forms of capital. Focusing on the human dimension (i.e., human capital) would help FCS professionals to ensure other dimensions of wellness.

A final observation is that children and families with complex issues tended to be left out of most studies especially children with additional challenges like chronic illness, attention

deficit hyperactivity disorder (ADHD), and autism. Williams and Vouchilas (2013) investigated autism, and Sas et al. (2018) studied HHH. More work needs to be done to capture the wellness dynamics interjected in families with sick children. Some types of families were also missing from the data set such as families with an incarcerated member, blended families, multigenerational households, and families with members who have addictions. Future research should explore how both wellness and well-being play out with more complex family dynamics.

Conclusions

Recognizing that FCS professionals are historically drawn to the well-being construct (Brown, 1993), Hall (2017) encouraged them to "continue to elevate the legitimacy of a wellness orientation" (p. 3). This statement intimates that the FCS profession is not fully engaged with wellness relative to well-being and that it should be. Goddard (2016) asserted that FCS professionals need "more nuanced ways of thinking about well-being" (p. 16). The recommendations herein acknowledge these premises. Work towards blending the process with the end state is a recommended research and practice trajectory. As well, recommendations target areas not heavily addressed in the last 10 years with ideas for future lines of inquiry. Opinions are offered for new questions to ask and about possible methodological tracts. A decade of research yields reams of data. Decade reviews serve to map the status quo, reveal areas needing further attention, and set a benchmark for future reviews.

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