Integrated self-care: developing individual and communal wellbeing

Though the course of a human life is uncertain, in our privileged society people can expect longer, safer lives than their recent forebears: a mean of 77 years for men, and 82 for women in the UK. The NHS seems conceptually committed to extending lives further by permanently medicating us. Deals that cheat disease and death are a timeless part of the human story, but the mythic downsides are always clear to see. Big pharma’s Faustian bargain with the NHS is mirrored in soaring healthcare costs, and high rates of side-effects: too often, the years added by poly-pharmacy are spent feeling unwell.

Does pharmaceutical risk-reduction promote health or merely delay death? Wouldn’t it be more productive to support healthier ways of life? Or are lifespan and life quality just a matter of luck: the blind dice-thrower that lands us in this or that social class, or a particular place, or deals us certain genes? Because wealth and good social policy can shield us from the pernicious alliance forged when poverty, ignorance and unhealthy ways of life entangle, as they do. The shameful gulf between the lifespans of rich and poor, at home and in the developing world, is not due to a lack of biomedicine, or bad genes. Genes (whatever the bio-fundamentalists tell us) don’t create social exclusion or decide the choices we make. And, though some genes shift the odds of our developing cancer or heart disease, whether those genes actually get expressed depends a lot on environment, beliefs and behaviours; on the mind-body’s reading of the gene ‘text’, and its capacity for self-regulation.

Knowing that beliefs and behaviours are shaped by culture and community, and that mind-body coping skills can be learned, we can create integrated approaches to holistic self-care and health promotion. The triad of awareness, the supportive community, and its notions of ‘right living’ underpins many movements for social reform and spiritual regeneration; a threefoldness know to Buddhists as Buddha, Sangha and Dharma. Rather than just providing information, individuals and communities need to engage together in processes that support life.

Can we imagine something like this arising from the holistic health- and self-care movements? The pandemic of chronic disease and social dysfunction we face won’t be solved through mono-cultural responses fuelled by big pharma. The wish to stay well longer and cope better with chronic disease has launched a vast lifestyle industry, and reaching those with ears to hear and money to spend won’t be a problem. But narrowing the health gap is a bigger challenge. In this issue David Colin-Thomé charts a holistic strand of health policy, targeting social exclusion and providing street-level support for self-care. NHS LifeCheck for instance, which as Gupta and Reeves tell us is already putting self-care tools online.

Simon Mills looks at initiatives in pluralistic and communal self-care. Because self-care isn’t just about self-interest: organisational and group self-care programmes are emerging too. A ‘good society’ (or a sustainable organisation, or a healthy community) can nurture well-being and resilience at many levels – from the genome to the ozone layer. Narrowing the health gap will mean going beyond individualistic, finger-wagging, victim-blaming styles of health promotion, as GP and writer Ruth Chambers explains in her article on helping people help themselves. Knowledge on its own isn’t enough: sustainable self-care requires novel educational solutions but also ways of actively supporting change. Four articles describe radically different approaches: George Washington Medical School’s mindfulness programme for medical students, a peer group health support project for sex workers, the potential of interactive computer-based learning support, and a profoundly holistic approach to healing self-care for people with heart disease.

As solutions like these interweave and snowball, we should see a cohort of holistic self-care practitioners emerging. Understanding change agency and how to promote wellbeing, they will work with mind, muscles and metabolism, and be skilled in helping people create authentic and sustainable resilience. The NHS health trainers are a new group who, though their sights are initially set low, will have a lot to contribute to holistic primary care. The field of complementary medicine (CM) too, as it matures, could take on some of this mantle. Karen Pilkington explores the overlapping agendas of CM and self-care.

A knowledge of what is good for us implies a theory of human nature. The perspectives of evolutionary biology relate many 21st century ills to our being out of step with the hunter gatherer lives our human minds and bodies evolved for, in close-knit groups wandering on open plains. There is no going back, yet this legacy is reflected in many of our basic bodily and emotional needs: we tend to thrive in community, when we live on simpler foods, and can exert ourselves, but find time for rest and recreation. Perhaps this Neolithic heritage also shapes our aptitude for co-operation, our need to search for meaning, and to form respectful relationships with the non-human and the more than human worlds. Self-care and world-care are now intimately entwined: a connectedness JHH will be exploring in the autumn issue, whose theme will be deep ecology and the healing power of nature.