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Fostering the Art of Well-Being: An Alternative Medicine

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1. Introduction

This chapter addresses the physiological and emotional components of health and well-being. It aims to help people become more aware of their internalized frameworks and how they can be utilized so as to attain and enjoy a healthy outlook on life. In turn this can influence health-related behaviour and reduce consequently the likelihood of experiencing illnesses induced by aspects of modern living. These health problems arise from behaviours such as sedentary lifestyles, cigarette smoking and abuse of alcohol or drugs, exposure to excessive emotional pressures, or maladaptive coping mechanisms to life events. Fostering the art of well-being can therefore be seen as alternative medicine.

The medical model emphasises health care and remedial treatment. Greater importance needs now to be attached to primary prevention and health promotion and with which there is a heightened need for people to accept their personal responsibility and individual accountability. Traditional approaches to health have not encompassed sufficiently primary prevention. New models are needed for positive health. These models require a reassessment of value systems in society that enables improved understanding of the WHO slogan: *'health is our real wealth'*.

Unfortunately many people do not value their health until they lose it. It can be reasoned however that if people can understand and appreciate better the basis of human value systems they could be more likely to reappraise their values and thereby encouraged to address aspects of life and living which have more intrinsic and sustainable or 'real' value for them. If too they can become more aware of the ecological interplay of internal physiological and external environmental factors that influence their health and well-being and adopt healthier lifestyles, this will at the same time as ensuring their own health and happiness, contribute towards a sustainable future and the well-being of their society. This chapter is a contribution to that process.

2. The concept of health and well-being

The current World Health Organization (WHO) definition of health, formulated in 1948, describes it as: *'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'* (WHO, 2006). It has however been suggested very recently that as this

definition "*is absolute and therefore unachievable*", it is "*no longer helpful and is even counterproductive*" (Editorial, 2011a). A new definition: "*the ability to adapt and self manage in the face of social, physical, and emotional challenges*" has been proposed (Huber et al, 2011). Nevertheless, both concepts imply '*a balanced relationship of the body and mind and complete adjustment to the external environment*" (Howe & Lorraine, 1973).

This balanced relationship is the basis of the underlying hypothesis of work undertaken by Arts Access International (www.artsaccessinternational.org). The hypothesis states that: "*the way, from within ourselves, we look outwards at the world around us influences our perception of factors in the external environment that impinge on us and how we respond to them. The relationship is dynamic and symbiotic*". The hypothesis is developed to note that: "*greater understanding is needed of this interdependent relationship and of how the roles in it of creative endeavour and aesthetic appreciation benefit our morale, self-esteem, confidence, well-being, sense of belonging and personal development. This understanding helps to give pleasure, enjoyment, direction, purpose and meaning to our lives. There is an art to acquiring and utilising this understanding and its basis is in the arts. Appreciation of it and the culture associated with it are supportive of us and of society. They are worth fostering as they enable us in the art of living*".

The English poet, John Keats, explored this relationship when he asked: "Do we retreat from the reality of the outer world into ourselves at times, or do we retreat from the pressures of the outside world into the reality of our inner selves?" (Philipp, 2001a). In taking this question further, the doctor-poet, Dannie Abse, musing on it in 1993, noted that: "imaginative daydreaming is an escape from the precipitous pessimism of living or dealing with problems and the sphere of sorrows, and it is used to restore balance" (op.cit.). Nevertheless, whichever way we look at it, as the English poet, T.S. Eliot noted: ..... "human kind cannot bear very much reality" (Laycock, 2003). It is therefore reasonable to explore in these present times of considerable global insecurity, uncertainty and rapid change, what we can each do, whoever we are and wherever we are, and how the arts can help us to:

- remain positive and feel more settled in life and living;
- understand and appreciate what we truly value and wish to give priority to;
- contribute constructively towards helping the world becoming a better place for all its citizens;
- allow everybody to be recognised for their own worth;
- help everyone enjoy and fulfil their own potential (Philipp, 2006).

These aspects of health and well-being and where the arts can contribute to them have evolved from early ideas in history of the worth of balance and harmony in life and living.

2.1 Early ideas of balance and harmony with respect to health

Early civilizations understood the importance to health of achieving a natural balance between people's body systems, their lifestyle and their environment. In Hippocratic medicine for example, illness was believed to be an imbalance between the four bodily humours: blood, phlegm, yellow bile and black bile. Although physicians would try to correct this by such means as bleeding, purging, cooling or heating, in order to restore the balance and thus the patient's health, people were considered to be responsible for maintaining their own balance, in order to remain in good health, by leading a temperate lifestyle with plenty of exercise and sleep, and no excesses of rich food, alcohol, sex or

excitement (http://library.wellcome.ac.uk/). The four humours were believed to be linked to the seasons, and also to the four elements: earth, air, fire and water. Similar concepts of bodily harmony in tune with nature are central to other medical systems with ancient origins, including Ayurvedic medicine and Chinese medicine, both of which have evolved over 2000 years into complete medical approaches that involve diagnosis and treatment (http://www.familydoctor.co.uk/complement01).

Traditional Chinese medicine, which includes a range of practices including herbal medicine, acupuncture and Tai Chi, is based on the concept of Yin and Yang which for health must be perfectly balanced http://www.rchm.co.uk/ It remains a major part of healthcare in China and has gained popularity in the West over the last hundred years.

Ayurveda, which means 'the science of life' from the Sanskrit words ayur (life) and veda (science or knowledge), originated in India and is still widely practiced in Eastern countries. It uses a variety of products and techniques to cleanse the body of harmful substances and restore the balance and harmony of body, mind and spirit (http://nccam.nih.gov/he alth/ayurveda)

In Western medicine, the concept of health diverged from this model when in the 17th century Descartes described a dichotomy of matter and body on one hand and consciousness and spirit on the other (Rothschild, 1994). Although he considered the interplay between the two an essential aspect of human nature and was well aware of its implications for medicine (Capra, 1983; Gold, 1985), the idea that mind and body were separate entities became embedded in developing medical science.

With the rapid advancement of scientific knowledge and technology during the 19th and 20th centuries, the body came to be seen as a machine, and disease an external, alien entity which caused it to malfunction (http://library.wellcome.ac.uk/). Responsibility for health thus shifted to the medical profession who focused on disease, while the patient took his body for repair (Gold, 1985). Molecular biology drove the focus on treating and eradicating disease and for a period the biomedical model predominated, with medicine dealing almost exclusively with organic complaints (Engel, 1977). However, in the second half of the last century, it became increasingly apparent that this model could not account for a large part of the 'illness' seen by the psychiatric profession, i.e. the behavioural and psychological problems which had no somatic cause (Shah & Mountain, 2007). Also, in spite of a decline in the rates of many organic diseases, rates of disability and invalidity absence from work increased (Wade, 2009). Changes in the nature of work had led to new workplace risks (Fingret, 2000) and the concept of 'stress', itself a mechanical metaphor, was used to describe the result of perceived pressure on an individual which exceeded his or her ability to cope (French et al.,1982; Karasek, 1979). By 2005, in the United Kingdom (UK)'s annual national Labour Force Survey (LFS), stress was the second most commonly reported illness.

Clearly, the recognition of this type of functional illness, with no apparent organic basis, could not be explained by the linear and reductionist biomedical model which '*assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables. It leaves no room within its framework for the social, psychological and behavioral dimensions of illness*' (Engel, 1977). A biopsychosocial model of health was proposed (Engel, 1977) in which biological, psychological and sociological factors are all considered to

contribute to health or illness, and attention began to focus on what exactly is meant by the term 'well-being'.

2.2 What do we mean by 'well-being'?

In 2005, the Royal College of Physicians (RCP), UK, defined well-being as 'a *holistic notion of achieving a state of health, comfort and happiness*' (RCP, 2005). Other societies have however for a very long time throughout the history of Western society addressed the holistic aspects of health and the concept of '*feeling*' or of '*being well*'. For example, the Hellenistic Greeks such as Aristotle, in exploring questions of ecology and organic unity, referred to '*ataraxia*' (inner peace), and '*eudaimonia*' (a feeling that reflects a combination of well-being, happiness, contentment, pleasure and satisfaction and of living the best life possible) (Westra & Robinson, 1997).

In the Western world, the arrival in the 20th century of the Welfare State meant that the basic needs of citizens in terms of health, hygiene and socio-economic considerations were met to a greater extent than ever before. It soon however became apparent that, as Maslow's hierarchy of need predicts (Maslow, 1943), people continued to want more, they needed choices, and they sought opportunities to fulfil ambitions and goals. Affective well-being, or how we *feel* about our lives and situations, became the focus of empirical research and over the last 50 years a large body of work has explored the construct and its measurement.

Well-being is more than the absence of mental illness. One review of the literature (Ryan & Deci, 2001) describes it as '*optimal psychological functioning and experience*'. Precisely what constitutes optimal experience has been the subject of philosophical debate since the roots of the hedonic tradition in the 4th century BC when it was proposed that the goal of life was to experience the maximum amount of pleasure. Psychologists adopting the hedonic approach define well-being in terms of pleasure versus pain, and the maximisation of happiness, though it is conceded that this can be derived from the attainment of valued goals as well as from physical hedonism (Diener et al., 1998, as cited in Ryan & Deci, 2001). This paradigm assesses subjective well-being (SWB), with measures of affective state, which concern relatively short-term feelings, and a cognitive element of satisfaction with life, which extends to a longer-term assessment.

An alternative viewpoint, which has equally ancient antecedents, is that well-being consists of more than just happiness and requires the actualisation of human potential. This is based on eudaimonism, the belief that well-being consists of realising one's daimon or true nature (Ryan & Deci, 2001). Aristotle for example believed that true happiness came from the expression of virtue. According to eudaimonic theory, not all desires which are pleasure producing necessarily result in wellness, therefore subjective happiness does not equate with well-being (op.cit.). One model of eudaimonic well-being, which uses the term psychological well-being (PWB) to distinguish it from SWB, operationalises human actualisation on six dimensions: autonomy, personal growth, self-acceptance, life purpose, environmental mastery and positive relatedness (Ryff, 1989). It is claimed that these constructs also promote physical well-being through their influence on physiological systems. Although the hedonic and eudaimonic perspectives are distinct they also overlap to some extent and it is likely that well-being is a multidimensional construct which includes elements of both, with psychological well-being predicting subjective well-being (Kafka & Kozma, 2002).

In a definition from contemporary philosophy, well-being has three inter-related elements: **Welfare -** the provision of food, drink, shelter, medical care, and other requirements for 'bodily flourishing'; **Contentment** - an enduring and stable sense of satisfaction with one's life; and **Dignity** - the control of one's destiny and the ability to live a life of one's choice (Kenny & Kenny, 2006). It is pointed out that it is not necessary to have all three distinct components in order to be happy, so for example a well-fed, well-housed and well-treated slave may be contented, though he lacks the dignity of freedom. A devout and ascetic hermit may have contentment and dignity and consider himself blessed, even though he is undernourished and living in poverty (op.cit.).

The contemporary debate as to what constitutes well-being parallels the centuries old question of the nature of happiness. Studies have suggested that the pursuit of happiness, in the sense of pleasure seeking, does not increase life satisfaction, whereas eudaimonic pursuits such as personal growth, development of potential and contributing to the lives of others, do (Seligman, 2002). However, it has been observed that a law of diminishing returns appears to operate, in that as we realise one set of aspirations, we move onto another (Delamothe, 2005). As the Latin philosopher Seneca put it:

'*the more we look for happiness, the less likely we are to find it. What we need is 'felicitatis intellectus', the awareness of well-being'* (De Vita Beata).

2.3 Threats to well-being in modern living

Unfortunately, many valued activities in a modern lifestyle, which may bring 'happiness' in the short term, can result in threats to well-being (Philipp, 2006). Problems have arisen in society from a lack of understanding that apparently widespread, superficial, short-lasting values based on wishes for immediate gratification do not help longer term, to expand or otherwise exercise the mind, feed community spirit or nourish the imagination in sustainable, personally-satisfying and enduring ways (Philipp et al., 1999a; Santayana 1988). Examples include:

- alcohol and recreational drug use;
- cigarette smoking;
- sedentary lifestyles;
- poor nutrition and weight management;
- unprotected sex;
- standards of safety associated with behaviour in occupational and leisure time activities.

Other threats to well-being associated with values in modern living include:

- mental health and emotional well-being associated with working hours, work tasks, living conditions, isolation, peripatetic working, language barriers, sleep deprivation, and workplace stress;
- cultural alienation and lack of respect for the cultures and customs of others;
- uncertainty as to what lies ahead for society and for each of us personally in an at-present unsettled, insecure world.

The likelihood of experiencing these lifestyle health problems and of improved overall well-being can be influenced greatly by a heightened understanding of value systems in society

and an increased sense of personal responsibility and individual accountability, greater awareness of the importance of balancing personal freedom and collective responsibility, and by wider appreciation of the personal enjoyment that can be attained from having a greater sense of citizenship.

In addressing the need for a reappraisal of value systems, it has been reasoned that the needs for improved understanding of individual accountability and personal responsibility can be addressed by greater attention to the interdependence and importance of:

- the quality of our surrounding natural and built environments;
- the aesthetic component of '*health*' which is included in the WHO European Charter on Environment and Health, developed and promulgated by the Ministers of Health and Ministers of the Environment in Europe (WHO, 1989);
- the need reported by a WHO Inter-regional Consultation on Environmental Health for the aesthetic aspects of recreational value and mental health within '*healthy tourism*' to be addressed (WHO, 1997);
- the roles of creative endeavour and aesthetic appreciation in mental health and emotional well-being;
- improved understanding of how our personal attitudes, outlook and behaviour are influenced by a combination of all our actual (externally derived), and perceived (internal) experiences;
- heightened awareness of the factors needed for sustainable, economic development of society and within this, the increasing importance for wider, on-going investment in social capital and emotional economics (Philipp, 2001b, 2003).

In 2004, this interdependence was addressed in the Brighton Declaration (Editorial, 2004). It identified five global health action areas:

- health as a global public health good;
- health as a key component of global security;
- health as a key factor of global governance of interdependence;
- health as a responsible business practice and social responsibility;
- health as global citizenship.

2.4 Well-being and government policy

Concern over the risks to the public health in modern living has led to well-being becoming a required outcome of government policy in countries as far apart geographically as New Zealand (NZ) and the UK. In NZ for example, with a framework which has been reported by the WHO, the Local Government Act 2002, requires Local Authorities to demonstrate on an annual basis what they are doing in support of four components of well-being, viz. economic, social, cultural and environmental (Philipp & Thorne, 2007). The WHO also initiated in 1991 a Quality of Life project aimed to develop an international, cross-culturally comparable, quality of life assessment instrument. It assesses the individual's perception in the context of their culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It has been translated into more than 20 languages and is widely used in many countries (WHO, 1995). Linked to it, in the UK, an instrument has been developed and validated for assessing mental well-being in a general

population. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14 item scale designed to cover both hedonic and eudaimonic perspectives and it is also now widely used (Tennant et al., 2007).

As a further example of evolving government policy, in 2004 the Department of Health in the UK outlined a new approach to the health of the public, which reflected modern lifestyles, and responded to the needs and wishes of its citizens. The White Paper *Choosing Health*, outlined a new strategy to give people informed choices, and with services tailored to individual needs, with the aim of reducing inequalities in health and tackling the emerging problems of a consumer society. Areas prioritized for action included smoking, obesity and diet, alcohol, sexual health and mental health. The vision was that the National Health Service (NHS) would increasingly become a health improvement and prevention service, supporting individuals in the healthy informed choices that they make (DoH, 2004). In addition to the focus on individual choice and responsibility, the importance of organizations and communities working together was stressed. The report stated that:

'*Organisations, including NHS organisations, will increasingly use their corporate power in ways that promote the health and wellbeing of their local communities, and people across all sectors of society will be encouraged to work together to improve health*' (DoH, 2004).

Evidence is emerging of the worth of this policy. For example, there is growing evidence that regular exercise can help maintain cognitive function in later life and that therefore adults in midlife and beyond should be advised to keep moving for as long as possible (Editorial, 2011b).

Progress has been achieved. One useful model for measuring national well-being that has emerged from such government policy initiatives is the conceptual frameworks approach described by the Office for National Statistics, UK Government. It notes that:

- people who feel in control of their own destiny feel more fulfilled;
- having the purpose of a job is as important to the soul as it is to the bank balance; and that
- people have a real yearning to belong to something bigger than themselves (Office of National Statistics, 2011).

2.5 Well-being and work

The UK Government policy has evolved further. The report, *Choosing Health*, was followed by a further government strategy focusing on well-being at work. In response to the finding of the UK Labour Force Survey of 2004/05 that 13 million working days were lost due to work related stress in that year, *Health Work and Well-being* (DoH, 2005) focused on the active promotion of health and well-being in the workforce. It was quickly followed by a review of the health of Britain's working age population, *Working for a healthier tomorrow* (Black, 2008) and a review of the health and well-being of the NHS workforce (Boorman, 2009). Reports from industry and the private sector suggested that appropriate interventions focusing on well-being could reduce sickness absence by as much as 30% - 40%, with consequent monetary benefit (Black, 2008; Boorman, 2009; Health & Safety Executive, 2005; Litchfield, 2007).

As one of the UK's largest employers, the NHS, it was suggested, could take an exemplary role in tackling health and well-being issues for its staff, at the same time making a significant contribution to the health of the population as a whole (Boorman, 2009). While some national programmes were rolled out to improve working conditions, it has been stressed that successful programmes need to be specifically designed to meet employee needs, since no one size fits all (PricewaterhouseCoopers, 2008). Each individual's response to stressors in the workplace is modified by personal and environmental variables, and accordingly, modification of workplace stressors can only go so far towards reducing risks to individual health (Keating, 2005). Again, the view is endorsed that individuals have a fundamental personal responsibility for maintaining their own health (Black, 2008; Boorman, 2009; Seligman, 2000). Many healthcare Trusts have consequently developed programmes which provide choice for the individual and help staff to have some control over their own health and well-being, for example raising awareness of self-help methods for reducing stress, and offering resources such as relaxation classes and other complementary therapies (Philipp & Thorne, 2008).

2.6 Science and the art of assessing well-being

Clearly, conventional medicine, in spite of its many advances in scientific knowledge and technology, has not met all our needs for complete physical, mental and social well-being. With this awareness, the focus of healthcare has broadened and begun to turn once more to promoting health rather than focus exclusively on curing illness. There is a renaissance of interest in many practices from ancient times and in support of well-being they are experiencing a growing popularity in the 'new' field of complementary and alternative medicine (CAM). But how best should their worth be assessed ?

CAMs, including different arts-based activities, are interventions used in areas such as:

- ways of reducing levels of perceived stress and of inducing relaxation;
- methods to help improve emotional well-being, productivity and effectiveness at work, so as to help reduce sickness absence, accidents, errors, low morale and poor performance (Philipp & Thorne, 2008);
- encouraging practical activities with creative endeavour and personal expression to help ease perceived distress, induce relaxation, and foster well-being (Philipp, 2003)

In association with the WHO 'Health for All' programme, it was noted in 2001 that the links between morals, personal ethics, art, aesthetics, well-being and environmental health deserved further interdisciplinary study (Philipp, 2001b). An '*Arts-Science Spectrum of Inquiry*' was developed and endorsed in publications of the Nuffield Trust (Philipp et al., 1999b; Philipp, 2002). It spans from:

a. the **subjective**, intuitive, individually inspirational, **artistically** expressive viewpoints to:
b. the **objective**, measurable, productive, logical and **scientific** perspective.

This model recognizes that both the artistic and scientific approaches are expressive and informative and that each has its own methodologies and ways of benefiting and extending the evidence base (Philipp, 2003).

Neuropsychology is a discipline that helps health professionals to link these two approaches. In neuropsychology it has for example, been noted that the neocortex of the human forebrain has been described as the thinking brain: " *the left hemisphere is Apollonian; verbal, mathematical, logical, deductive, and oriented towards the external environment ('outward bound'), whereas the right hemisphere is Dionysian; holistic, intuitive, spatial, pattern-recognizing, and concerned with inner spaces ('inward* bound' (Porteous, 1996).

The likelihood of personal and community well-being is associated with having both a personal, healthy outlook and ready access to healthy places. Enabling this requires recognition of the arts-science approach to evaluation, the utilisation of qualitative and quantitative research methods and recognition of the need to audit different interventions and activities (Philipp, 1997). To assist this process a '*Community Health Gains Model*' has been developed (Philipp,1997, 2001b, 2003). It reasons that:

1. A community is more than a collection of individuals in that it has 'synergy' and not just 'summation'.
2. Becoming actively and constructively involved in a community gives a sense of belonging and helps to increase personal well-being.
3. '*Self-esteem*' as a sense of personal value and worth, heightened morale and confidence, and '*well-being*' as a feeling of contentment, happiness and health, are interdependent.
4. Heightened self-esteem, morale and confidence are likely to lead to healthier lifestyles.
5. Creative expression through individual and group endeavour provides health-promoting opportunities that help individuals to improve their well-being, self-esteem, morale and confidence.
6. The art therapies and participation in '*arts for health*' workshops can produce beneficial changes in cognition, feelings and behaviour.
7. Improved well-being and self-esteem lead to:
a. reduced dependence and prescriptions for psychotropic medication;
b. less repeat attendances at primary care services for health care and support;
c. healthier lifestyles (less smoking, use of alcohol and addictive substances, improved diet and more physical exercise;
d. less delinquency and crime;
e. less sickness absence from school and work;
f. healthy leisure time pursuits;
g. greater participation in adult education and further learning courses.

In essence, the fostering of well-being needs a strengthened evidence base. Both arts and science approaches are being utilized. Wider awareness of the findings is in turn helping to justify different strategies, interventions and programmes that are, as complementary and alternative medicines, being introduced in society. The term, Complementary and Alternative Medicine (CAM) therefore deserves further study.

3. Complementary and alternative medicine (CAM)

The increasing incidence of non-organic illness, and subsequent focus in government strategy on health promotion and well-being, have led to a demand for new forms of treatment, which offer choice to the patient, and support well-being. There is increasing interest in what is termed in the West 'complementary and alternative medicine (CAM)',

treatment practices which fall outside conventional medicine. In fact such treatments are not new but rather, in most cases, revivals of ancient healing practices.

The international Cochrane Collaboration, which systematically reviews primary research into healthcare to ensure that treatment decisions can be based on reliable and up to date evidence, has defined CAM as:

'*a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period.*' (CAM Research Methodology Conference, 1995).

The terms 'complementary' and 'alternative' refer not to the practices themselves, but to the different ways in which they may be used (Genders, 2006; http://nccam.nih.gov/hea lth/what iscam/).

3.1 Complementary therapy

Complementary therapies are non-invasive, non-pharmaceutical techniques which are used as an adjuvant to the primary, conventional treatment, to improve the general health and wellbeing of an individual in treatment for an illness or receiving palliative care. Such techniques are also commonly used to maintain health and improve well-being in the absence of diagnosed illness.

3.2 Alternative therapy

An alternative therapy is one which is used in place of conventional medicine (op.cit.), as for example those considered 'whole medicine systems'. A 'whole medical system' is defined by the National Centre for Complementary and Alternative Medicine in the USA (NCCAM) as: '*A complete system of theory and practice that has evolved over time in different cultures and apart from conventional medicine*'. Examples include traditional Chinese medicine, Ayurvedic medicine, homeopathy, and naturopathy (http://nccam.nih.gov/).

In some cases, where there is sufficient evidence of safety and effectiveness, a CAM treatment may be an integral part of mainstream treatment. An example of such 'integrative medicine' is the use of acupuncture by physiotherapists (http://www.familydoctor.co .uk/complement01).

The common denominator for CAM therapies is that each contributes to the concept of holistic healthcare, an approach which acknowledges the interaction of many interrelated components of health (Wade, 2009), affecting mind, body or spirit.

3.3 Holistic healthcare

The term 'holism' was coined in 1926 by Jan Smuts who defined it as: '*the tendency in nature to form wholes that are greater than the sum of the parts through creative evolution.*' This law of nature was implicitly understood in the healing traditions of the ancient world. Both Aruyvedic and Chinese medicine believed that life should be lived in harmony with nature and Socrates in the 4th century BC realized that it was no good to treat only one part of the body since '*the part can never be well unless the whole is well*' (Walter, 1999). In modern

thinking, holism is related to General Systems Theory and to theories of complexity and chaos in which many relationships are not linear (Wade, 2009) since a whole is made up of interdependent parts (Walter, 1999). Applied to illness and health, this means that there may not be a simple relationship between cause and effect as the medical model implies. Holistic healthcare emphasizes the connection of mind, body and spirit and, as in the biopsychosocial model of illness (Wade, 2009), disease is understood to be the result of physical, emotional, spiritual and environmental imbalance (http://www.holisticm edicine.org). It recognizes four systems: organs, the whole person, behaviour, and social role function, and four contexts which influence these systems: personal factors, physical environment, social environment and time. The importance to health of free-will (or choice) and quality of life (or well-being) are also recognised (Wade, 2009) and, as in ancient times, in considering the whole person in interaction with his environment, the responsibility for making the right choices for health is recognized (Walter, 1999). Holistic Health has been described as an approach to living in which the absence of disease is merely the centre point of a continuum between premature death and maximum well-being, leaving plenty of scope for healthy people to improve their level of well-being (Walter, 1999). CAM therapies are therefore also used by 'healthy' people to enhance well-being and quality of life. Both conventional medicine and CAM aim to treat the whole person and in some cases an integrated approach is used which provides both. This is now quite commonly seen in cancer care.

3.4 CAM in integrated healthcare

An example of a holistic approach to treatment for cancer patients is that followed at the Penny Brohn Centre near Bristol, UK (http://www.pennybrohncancercare.org/). The centre was named after its co-founder, who saw the need to bring treatments for body, mind and spirit under one roof after her own cancer diagnosis in 1979. While exploring a range of different alternative therapies in various parts of the world, she realized that: '*it was really her soul and emotions that were in complete turmoil and desperately needed help*' (Cooke, 2003). Today the centre aims to help individuals with cancer to gain a sense of control and achieve the best possible health and quality of life by combining the support and complementary treatments available at the centre with their orthodox treatment (op.cit.). The ethos of the Penny Brohn approach is summed up in the foreword to its handbook '*The Bristol Approach to Living with Cancer*':

'*Medicine is an art as well as a science, and the healing art is holistic through and through. It must touch all aspects of the sick person – the mind as well as the body, the soul, spirit or feelings as well as the reason, and the unconscious as well as the conscious. And it must be interactive, a dialogue between the sick person and the healer. The word 'patient' comes from the Latin for passive, but it is vital that the patient should be an agent as well.*' Roy Porter, in (Cooke, 2003).

The recently formed College of Medicine in the UK holds a similar view, focusing on health improvement, wellbeing and self help as well as medical care (http://www.collegeofm edicine.org.uk). This new alliance believes that doctors, nurses, health professionals, patients and scientists should be on an equal footing in the healthcare team. A number of innovative projects which offer a patient-centred, integrative service are described on the website, including the NHS Bristol Homeopathy Hospital, The Complementary Therapy Service at the Christie Hospital NHS Foundation Trust in Manchester, the Culm Valley

Integrated Centre for Health, which is based in a general practice surgery in Cullompton, Devon, and the British College of Integrative Medicine, based in Bath, England.

CAM therapies are now quite widely offered as part of NHS cancer services, though it is not mandatory for such treatments to be made available to patients. However, the National Cancer Peer Review Programme has included Complementary Therapy (Safeguarding Practice) Measures in its Manual for Cancer Services (2008). These comprise clinical governance requirements to be applied where complementary practitioners work on NHS premises or are endorsed or cited in information for patients, and cover: clearance for working with vulnerable adults; qualifications; written information for patients; informed consent; and equipment and materials.

3.5 Evidence for the effectiveness of CAM therapies

Not all medical practitioners are in favour of CAM therapies being available on the NHS. In 2006 leading doctors in the UK aroused controversy when they expressed their reservations in a letter to The Times Online, suggesting that limited funds for healthcare should be spent on conventional treatment for which there was solid evidence of efficacy (Baum, 2006). The response from supporters of CAM was that since taxpayers funded the NHS there should be consumer choice in what treatments were available.

Choice is a key tenet of holistic medicine, and the eclectic range of complementary therapies now available, albeit not always on the NHS, does provide the choice of treatment which is essential to the idiosyncratic nature of non-organic illness. However, the UK healthcare system has to represent value for money and needs therefore to be evidence based. It has been suggested that multifaceted, individualized and holistic CAM therapies do not lend themselves to evaluation by the gold standard method used in conventional medicine for evaluating the efficacy of treatment interventions, the randomized controlled trial (RCT) (Hermann et al., 2006). The Cochrane Collaboration, which organizes the preparation, maintenance and dissemination of systematic reviews of the effects of healthcare interventions, has a Complementary and Alternative Medicine (CAM) field which in 2004 held 145 reviews (Manheimer et al., 2004). Therapies were not evenly represented, and barely one quarter of them showed a definite positive effect (op. cit.). Interestingly, some therapies which were widely used had few or no reviews in the database, whilst others for which there was strong evidence were not popular (op.cit.). In 2007 an attempt was made to improve the quality of the Cochrane CAM field (Wieland & Manheimer, 2009), and the number of systematic reviews has risen to 249 in 2011.

Sufficient evidence now exists for some CAM treatments to be accepted into mainstream medicine, but for many others there is still a lack of empirical evidence for their efficacy (Manheimer et al., 2004). Whether or not a treatment 'works' in quantitative terms is not the only useful evidence, since CAM treatments are concerned with more intangible and qualitative outcomes including empowerment and patient determined outcomes (Herman et al., 2006). It has been suggested that the 'whole systems' methods of health service research (HSR) might be more appropriate for exploring these outcomes, and such aspects as the interactions between patient, provider and system, or the impact of patient and provider expectations on outcomes (op cit). It is acknowledged at the Cochrane Library that evidence from qualitative studies can play an important role in adding value to systematic reviews for policy, practice and consumer decision-making (Noyes et al., 2008).

In the UK, the National Institute for Health and Clinical Excellence (NICE) provides independent guidance on promoting good health and preventing and treating ill health (http://www.nice.org.uk/). Its recommendations have rarely addressed CAM, although occasionally they have noted that a patient might find such a treatment useful (Ernst & Terry, 2009). However, recently, exercise, manual therapy or acupuncture were recommended as treatments for non-specific low back pain (op.cit.). NICE does however incorporate the resource database NHS Evidence, which includes a specialist collection on complementary and alternative medicine. This unique resource provides access to good quality, up-to-date information on CAM which includes research evidence and information on regulations, safety and best practice (http://www.uclh.nhs.uk/ourservices/ourhospit als/rlhim/pages/nhsevidence-complementaryandalternativemedicine.aspx). This can be accessed by the general public as well as professionals.

There appears to be no evidence that CAM treatments do any harm (Manheimer et al., 2004) but it has been pointed out that the potential danger of such treatments, particularly when used in the private sector, is that a patient may not receive appropriate conventional treatment because the non-medically qualified CAM practitioner is unable to make a proper medical diagnosis (http://www.familydoctor.co.uk/complement01).

3.6 How do CAM therapies work?

Until recently, little was known about **how** complementary treatments work, although it has been suggested that they mobilize '*the inherent capacity of people to heal themselves*' (Wright, 2005). It can be reasoned that there appears to be a dynamic relationship between our internal, physiological environment and the resonance that can be established with appropriate, extraneous stimuli in different supportive, soothing external environments, and that through the internal limbic system it supports our personal emotional resilience and coping skills. There are for example well-recognized benefits from engaging with the natural environment and the associations with physiological body rhythms that arise from rhythmic movement associated with activities such as walking, jogging, yoga and tai chi, or from engaging with natural sounds in the environment around us such as bird song, the sound of water in streams, rivers and waterfalls, and from wind in the trees. Such stimuli to the bodily senses are thought to help to foster an internal energy or chi flow which can result in a calming effect which brings peace of mind, and a feeling of being able to cope much more readily with what ever needs or pressures one may be experiencing.

Such thinking goes back to the Ancient Greeks. Plato for example, believed that in getting outdoors and walking along some pleasant pathway in the countryside and allowing the beauty of the natural surroundings to be absorbed into our consciousness, we should cultivate a gentle and even walking rhythm. He considered that the movements of the body would start to influence gradually the functioning of the mind (Puttock, 2000).

The associations of medicine and poetry, and of health with aesthetic appreciation of the natural environment, are well-expressed by the English poet, William Wordsworth, in his poem, 'An Evening Scene'

Come forth into the light of things,
Let nature be your teacher.
She has a world of ready worth,

Our minds and hearts to bless –
Spontaneous wisdom breathe by health.

Much more recently, developments in neuroscience have illuminated the bio-psychosocial medical model, demonstrating how psychosocial factors and interventions translate into biology, and thus how psychosocial interventions actually work (Shah & Mountain, 2007). The relatively new field of psychoneuroimmunology (PNI), defined as the study of the connection between the mind, the body and the immune system (Daruna, 2004) explains how the endocrine, immune and nervous systems react to stressors and how this can be mitigated by the physiological response to pleasurable stimuli, which is synthesized in the morphinergic processes of the limbic system. Endorphins and enkephalins are the body's natural opiates and it would seem that the CNS reward and pleasure mechanisms are implicated in the significant benefits which have been shown to be derived from therapies such as reflexology, massage, aromatherapy, Yoga, T'ai Chi and acupuncture. Similar benefits are experienced from exercise, or the experience of nature, and these encompass both physical and psychological symptoms and general well-being (Tait, 2008).

For many CAM treatments, the relationship between therapist and client, which involves trust, and belief and expectations about the treatment, suggests cortical involvement (Lundeberg et al., 2007). The same reward and motivation pathways have been shown to be common to different CAM approaches (Esch et al., 2004) and the release of oxytocin is known to reduce anxiety and stress levels and facilitate social interaction and trust in others (Carter, 2003; Esch & Stefano, 2005).

One common feature of CAM therapies is rhythmical movement, seen for example in the Eastern practices such as Tai Chi and Yoga. Occupational therapists who work with autistic children have found that rocking, swinging and balancing activities can help to initiate speech and this has been demonstrated in a study where slow swinging in a net swing stimulated the production of speech sounds (Ray, King, & Grandin, 1988). Horseback riding has many of the same motions and sometimes parents report that their child spoke his/her first words on a horse (Grandin, personal communication). Horseback riding has for a long time been used therapeutically with disabled children and has been shown to improve motor control of the head and neck (Engsberg & Shurtleff, 2007) and muscle symmetry and gross motor function (Snider et al., 2007; Sterba, 2007). More recently, riding or simply being with horses, termed Equine Assisted Activities (EAA) has become a popular therapy for improving social and cognitive functioning, particularly for autistic children. A pilot study in Florida found that children exposed to EAA exhibited greater sensory seeking, sensory sensitivity and social motivation, and less inattention and distractibility (Bass & Llabre, 2010). Other animal assisted therapy has been found to significantly benefit cognitive, psychological and social domains, influencing physiological factors such as lowered blood pressure, heart rate and decreased anxiety levels (Morrison, 2007).

In Germany, researchers at the University of Rostock are testing the hypothesis that the curative psychological effects which have been found to be associated with equine assisted activities – reduced anxiety, stress, aggression and depression, and the facilitation of social communication and trust in others - are based on the shared neurobiological mechanism of the hypothalamo-pituitary-adrenal axis (HPA) stress axis interacting with the oxytocin system (http://www.sopaed.uni-rostock.de/en/forschung/animal-assisted-interventio ns

/basic-neurobiological-and-psychological-mechanisms-underlying-therapeutic-efects-of-equine-assisted-activities-eaat/abstract/).

In ongoing controlled studies with insecurely attached children, the Rostock researchers are investigating whether contact with horses will help these children to engage in more secure and trusting relationships with their adult caregivers. A moving case study of the effects of riding on an autistic child's social functioning and attention can be found in Rupert Isaacson's book about his own son '*The Horseboy*' (Isaacson, 2009).

A very different modern therapy uses sensor technology to translate body movement into digitally generated sound and image (http://www.soundbeam.co.uk). Soundbeam provides a medium through which even profoundly physically or learning impaired individuals can become expressive and communicative using music and sound. A random, barely controlled movement from a severely disabled person, or the slightest wiggle of a digit from a sick child, produce aesthetically pleasing sounds. The sense of control and independence which this provides can be a powerful motivator, stimulating learning and interaction in other areas.

3.7 Arts for health and well-being

Similar benefits to those of CAM may be derived from engaging with the arts. The '*arts for health*' movement and the involvement of artists in health care became a public health strategy in the 1990s, targeted to mental health promotion and emotional well-being and for which the evidence base has being strengthened steadily by peer-reviewed published research (Philipp, 2006).

Art can though mean different things to different people. It can mean:

* expression of self;
* cultural expression and belonging;
* an escape from daily routines and as a way to relax and reduce stress;
* opportunities for socialization;
* access to new experiences and new skills;
* a source of enjoyment.

To ensure that an arts for health intervention is appropriately targeted and meets its specified aims, it is important for organizers to:

* acknowledge individual needs and abilities;
* recognize the characteristics (culture) of specific groups;
* understand the levels at which participants are able to appreciate and enjoy the arts;
* choose art forms relevant to the client group.

3.8 Poetry as CAM

One example of the way in which the arts can produce similar benefits to CAM, is the use of metaphor and imagery in poetry. It can result in internalised pictures with their associated emotional frameworks of thinking that promote relaxation and less rigid thought patterns. Such frameworks are nowadays used increasingly in clinical work to help people derive personal benefit from alterations to their personal perspective and personal outlook on what is

going on in their lives, so that they can again move forward with living. In follow up to a small qualitative study exploring whether or not reading or writing poetry might benefit people's health (Philipp & Robertson, 1996), it was identified at 2001 costings that more widespread use of poetry as a health care intervention may result in annual direct health care prescribing cost savings for antidepressant medication in the UK which could amount to as much as UK£1.26 millions (Philipp, 2002). A subsequent study identified that poetry interventions may also improve emotional resilience and anxiety levels in cancer patients (Tegner et al., 2009).

More generally poetry, is considered useful as it has been likened to medicine in that it explores aspects of communication, and because "*the poet, using words as tools, demonstrates and communicates mankind's awareness of the complexity of the human situation. Like the physician, the poet tries first to grasp, then to control, the reality of the human predicament*" (Mathiasen & Alpert, 1980). Medicine and poetry were too, seen by the Ancient Greeks as having a common source of inspiration; to some extent because in antiquity healers and poets were widely assumed to possess some sort of magical power (Bax, 1989). They shared the same God, Apollo.

3.9 Music therapy

Music is another art form with a long tradition of therapeutic use. Music and poetry were closely related in ancient Greece and the word 'melos', from which our 'melody' is derived, indicated both lyric poetry and the music to which it was set (Storr,1997). Playing an instrument or singing in a choir have been described as life-enhancing activities which are irreplaceable but listening to music rather than making it also has a profound effect on the emotions (Storr,1997). It causes arousal which may be intense, but is not unpleasant (op cit).

3.10 Next steps with CAMS and the arts

Further studies and research on CAM with a focus on correlating specific treatments with specific symptom improvements are still needed (Tait, 2008). What these diverse treatments have in common is the personal benefit which is derived in terms of well-being. As with arts activities, participating in the use of CAM treatments restores a little control into people's lives and encourages better coping mechanisms, thus improving quality of life. By embracing these principles we are also accepting, as the ancient Greeks did, that people need to take responsibility for their own health and well-being.

4. Broadening the concept of well-being

The multidimensional nature of well-being was recognized in 2007 in the 'common understanding', developed in UK Government departments, of what wellbeing means in a policy context, which also acknowledged the importance for an individual of having a sense of control and autonomy (Newton, 2007):

'Well-being is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society.

It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment.

Government's role is to enable people to have a fair access now and in the future to the social, economic and environmental resources needed to achieve wellbeing. An understanding of the effect of policies on the way people experience their lives is important for designing and prioritising them.' (http://archive.defra.gov.uk/sustainable/government/what/priority/wellbeing/common -understanding.htm)

In New Zealand as noted earlier, local authorities have been required to address well-being, taking a sustainable development approach, since the Local Government Act, 2002 which cites four components of well-being: '*environmental*', '*social*', '*cultural*' and '*economic*'. The Act reflects the ancient New Zealand Maori view of health and well-being which: '*incorporates all aspects of a person's internal and external worlds. It assumes health in the spheres of physical, psychological, spiritual and family well-being and a balance among the individual, their environment and those around them*' (St George, 2004). It also endorses the view that environmental values, economic well-being and personal health are interdependent (Handszuh, 1991)

4.1 Well-being and the natural environment

As noted above in exploring how CAM therapies work, closely related to the benefits to well-being provided by complementary therapies and art are the sensations derived from our aesthetic experiences of the natural environment. As the artist, Paul Cezanne noted: "*Art is a harmony parallel to nature*" (Denton, 1993).

The relationship of body, mind and environment is recognized in the WHO European Charter on Environment and Health (WHO,1989), which states that: '*good health and well-being require a clean and harmonious environment in which physical, psychological, social and aesthetic factors are all given their due importance*'.

The word *aesthetic*, is defined in the Oxford Dictionary as '*having an appreciation of the sense of beauty in accordance with the principles of good taste*', but the aesthetic response also involves emotions that include being '*uplifted*', '*moved*', '*exhilarated*', and '*entranced*' (Eaton, 1995), implying the presence of qualities that are pleasing to the senses (Philipp, 2001b). The 'aesthetic quality of an environment' has been defined as: "*the extent to which an external factor or combination of factors evokes a pleasurable emotional response from the stimulation of our five bodily senses of sight, sound, smell, taste and touch. This response establishes a resonance within ourselves and with the external factors responsible for that stimulation. Resonance helps to promote positive affirmation of ourselves, enhances our well-being and encourages positive identity with the causal environmental factors*" (Philipp et al, 1999a). It has been suggested too that since nature surrounds the viewer, (s)he cannot avoid being involved and is '*likely to experience not only the landscape but perhaps also himself in an unusual and vivid way*' (Porteous, 1996)

The mechanisms behind such responses to the natural environment are believed to be the same as in many CAM therapies, with external sensory stimuli releasing natural opiates, the endorphins and enkephalins, in localised areas of the brain (Denton, 1993). Research cited in a recent overview of well-being and the natural environment (Newton, 2007) has suggested that pleasurable stimuli from nature operate as reciprocal inhibitors of depression (Burns, 2006), facilitate recovery from stress (Mace et al., 1999) and can improve mental alertness, attention and cognitive performance (Cimprich, 1993, 2003; Hartig et al., 1991; Tennessen and Cimprich 1995, as cited in Newton, 2007). This 'natural health service' is explored in the report '*Natural Thinking*' (Bird, 2007) which investigates the links between the natural

environment, biodiversity and mental health. The report considers the evidence for the three main hypotheses concerning the restorative effect for humans of the sounds and sights in nature:

- **Biophilia (Wilson, 1984)** which believes affiliation to nature is innate, and that we are programmed through evolution to respond to environments where we feel safe;
- **Attention Restoration Theory (Kaplan and Kaplan, 1989)** which proposes that a natural environment provides the necessary qualities to enable a person to 'be away' from the things which routinely require direct attention, and the effort that that entails, because our effortless involuntary attention (or fascination) is held by pleasurable stimuli; and
- **Psycho-physiological Stress Recovery Theory (Ulrich, 1983)** which is derived from the involuntary physiological responses to nature which have been observed, such as lowered blood pressure, reduced muscle tension and slower pulse rate, which are associated with the limbic system (Bird, 2007).

The aesthetic dimensions of nature and art produce similar responses and have often been combined in the literary and visual arts and have been extensively made use of in arts and health programmes. Two terms have been introduced to describe aspects of psychological and emotional support to be gained from people identifying with roles of the arts for the imagery of place and purpose. They are '*tootling*', and '*doodling*'.

The English word '*tootle*', is defined in the Oxford Dictionary as "to move casually along". It describes the pleasure to be had from using environments of high aesthetic quality to enhance personal experience. '*Tootling*' can be seen as an activity '*in which there is environmental opportunity of sufficient aesthetic quality to be able to enjoy oneself, reflect, daydream and forget the pressures of daily living, abandon oneself to the pleasures of rhythm and exercise and resonate with the beauty of what surrounds one's being*' (Philipp, 2001b). Children for example are encouraged to develop this sort of environmental understanding with '*sensory walks*' during which they are alerted to underfoot sidewalk texture, pedestrian choreography, smells, sounds, weather, clothes, trees, colours and art, and experience running, dawdling, and asking the way; one of the goals is to increase awareness and provide a foundation for personal growth (Porteous, 1996).

The word '*doodling*' is related to tootling. It is defined in the Oxford Dictionary as "drawing or scrawling absent-mindedly". It is an activity undertaken by artists and derived from similar opportunities to tootling. Doodling can be thought of as a creative endeavour with '*the free and spontaneous expression of what the mind is experiencing from its connections of thoughts, feelings and emotions and when allowed to meander gently without specific purpose or intent*' (Philipp, 2001b). It encompasses activities such as sketching, drawing, painting, sculpting, photography, composing music, writing poetry and dance.

Tootling and doodling can be seen as benefitting psychological well-being and emotional resilience by helping to:

- replenish the spirit;
- nourish the soul;
- stimulate the mind, and;
- fuel the imagination.

These effects are consequent of certain patterns of movement and sound experienced through the five bodily senses and influencing the limbic system. They can evoke a resonance or positive feeling within oneself that imparts a sense of emotional well-being (Philipp & Sheridan, 2003). This effect is illustrated in the poem, With All My Senses (Philipp, 1995):

In the eye of the storm
Bare to the waist
 and for an hour
I jogged the shore.

Under my feet I heard the pebbles scrunch
Above my head the roar of wind
The cries of gulls
and all around the raging sea.

I watched the fury of an ocean swell
The foam curl
Waves crash
and clouds scud by.

I felt it on my skin
The gusts of wind
The sheets of rain
and the lash of spray.

I tasted with my tongue
Salt on my lips
Smelled the freshness
and breathed the air.

It was delicious and a precious hour
In which I moved my limbs and cleared my mind
and enjoyed with all my senses
What it is to live and come alive.   R.P.

Many of us, at a very fundamental, personal level, also have a special place where we like to be, that has special meaning for us in our lives and as such enhances our sense of well-being, and which has its own '*reality*' we wish to preserve. Being there resonates within us and can give us a deep feeling of contentment and peace. Even when away from our special place, reflecting on this resonance can give us a strong sense of belonging and pleasure. This feeling is emotionally enriching and can help to renew, restore and replenish our sense of enjoyment, direction and purpose in life. It can also encourage us, each in our own ways, to be active and involved, and to strive to help in a constructive, positive way with what is going on around us in our world. Our resonance with this imagery of a special place and a sense of purpose nourishes our sense of psychological health and emotional well-being. As an example of this feeling, the '*art of being*' can expressed as:

Back Here

What it is to be
Back here in the sun
Lying on my back;

Back to the land
Touched by the grass
Kissed by the sky;

Absorbed with the clouds
Hearing the crickets
Tuned to the birds;

Breathing the air
Floating my thoughts
Stilling my mind;

It is here for me
Inspired warmed
Renewed refreshed;

Relaxed content
Again I connect
Living my dreams.   R.P.

4.2 The benefits of nature in the urban environment

Environmental psychologists, architects, developers, urban planners and public health consultants have used the recognised psychological benefits of imagery of place to good purpose for residents, tourists and other visitors. Protection of the environment can therefore be seen as a CAM. For example, in the UK, '*town planning*' has been defined as: "*the art and the science of ordering the land-uses and siting the building of communication routes so as to secure the maximum level of economy, convenience and beauty*" (Potter, 1997). The importance of incorporating '*beauty*' in support of well-being is embodied within:

- increasing recognition that living in walking distance of parks and green spaces increases the life expectancy of city dwellers and that the health status of people living on social housing estates is determined largely by the quality of their immediate surroundings rather than their housing conditions (Randall, 2004);

- awareness, reported by WHO that: "*What people see when they open their front door has a profound effect on their health*", and that social behaviour can be influenced by the environment, including perceptions of crime and security, and levels of stress, depression and general irritation (Randall, 2004);

- better understanding that environmental enrichment can be gained from the sensitive incorporation of aesthetic sensory qualities such as the balance of spatial arrangement, unity, variety, pattern, line, form, shape, colour, tone and harmony (Philipp, 2003);

- recognition of the role of '*environmental corridors*' as connecting passages and in themselves places between two or more other places, and which have their own qualities of identity and purpose, imagery and expression, such that passing through or being in them evokes an emotional response of either positive feelings of resonance, enjoyment, pleasure and a sense of well-being, or negative feelings of displeasure and discomfort in being there (Philipp, 2001b);

- uses of art and water features like fountains in public parks, squares, streets and buildings such as hospitals, libraries, schools, shopping centres and office buildings, to

open up spaces, provide landmarks for wayfinding and to give opportunities for expression, comment, humour, enjoyment, contemplation and reflection (Philipp, 2003);

- commissioning art works for display in the Metro transport systems of cities such as Brussels, Amsterdam, Toronto, Munich, Prague and Stockholm (Petherbridge, 1987);
- placing poems with thoughtful, warm, resonating, uplifting, short, readily understood and thematic qualities in public places such as, in the UK, in General Practice surgeries and the London Underground mass transport system, and in Moscow in the Moskovsky Metropoliten, to help soothe the temperament of visitors (Philipp, 2001b);
- the incorporation of '*Quiet Rooms*' in public buildings such as hospitals, airports and other large transport terminals, for rest and in support of the WHO Healthy Settings approach (Philipp, 2003);
- the use of virtual reality touch screens for people to access different forms of music in health care seclusion rooms and in support of their vulnerability and insecurity when facing uncertainty and unfamiliar settings, and so as to help reduce their pulse rate, blood pressure and stress associated with heightened alertness in such situations;
- the introduction of a '*dark skies*' policy by some supermarkets in which their car parks have downward-facing lighting to reduce light pollution and so that the stars are rendered more visible (Advertisement, 2004);
- introduction of Japanese and Zen gardens in open courtyards of factories, theatres, concert halls, shopping malls, libraries, hospitals, public and office buildings, to increase the feelings of viewscapes, space and light, and to integrate an indoor-outdoor quality with a natural environment, tranquil, restful theme;

In addition to the benefits to mental health, the interdependence of environmental values and well-being also has physical, social and cultural aspects, often acting synergistically. For example, the beneficial effects of green spaces for physical health, and the opportunities they offer for social cohesion have been well documented (Marks et al., 2006; Newton, 2007; Philipp, 2006). Green spaces are particularly relevant in the present climate of threats to the natural environment, an increasingly urbanized society and rising levels of stress and mental illness, and evidence of the benefits they provide has implications for policy makers (Newton, 2007).

Well-being and environmental issues are particularly relevant in the present age of consumerism, and the need for sustainable development is a global issue. The UK's sustainable development strategy, Securing the future (2005) states that '*the goal of sustainable development is to enable all people throughout the world to satisfy their basic needs and to enjoy a better quality of life, without compromising the quality of life of future generations*'. The sustainable development indicators include a section on well-being which covers subjective well-being measures of life satisfaction as well as other factors known to affect well-being such as poverty and education (Defra, 2010).

In view of the cost to the economy of depression and anxiety, and the accumulating evidence of the restorative effects of the natural environment, it has been suggested that a monetary value could be attributed to green spaces (Newton, 2007). A report published in June 2011 by the UK Government, assesses the economic, health and social benefits of environmental ecosystems in monetary terms (UK National Ecosystem Assessment, 2011). For example, living with a view of a green space is estimated to create UK£300 in health benefits per person per year (http://www.defra.gov.uk/news/2011/06/02/hidden-value-

of-nature-revealed/). New evidence gathered for this report indicates that people also benefit economically if their homes are in favourable environmental settings, with substantial amenity value attached to domestic gardens, local green spaces and rivers, proximity to National Parks or National Trust land, or to habitats such as woodland, farmland or freshwater. Such amenities are statistically significant factors contributing to higher house prices. Analysis of the report's well-being survey revealed higher life-satisfaction amongst those who spent time in their own gardens at least once a week and those who visited urban parks or green spaces at least once a month, compared to those who did not do this (op.cit.). Users of domestic gardens and local green spaces at least once a month also reported better health in terms of physical functioning and emotional well-being, compared to those who did not. By valuing natural resources in this way, the report aims to improve decision making for a sustainable future in which natural resources are harnessed for wealth and well-being. The Green Gym programme has evolved together with these findings. It aims "*to provide people with a way to enhance their fitness and health while taking action to improve the outdoor environment*" (Wikipedia, 2011).

The United Nations Environment Programme (UNEP) has also developed further the worth of investing in this sort of 'green' viewpoint. It has just published an evidence-based approach to the wider economic gains for society (UNEP, 2011). In it, the UNEP defines a green economy as one that results in "*improved human well-being and social equity, while significantly reducing environmental risks and ecological scarcities*. Greening the economy, the UNEP reports, "*can generate consistent and positive outcomes for increased wealth, growth in economic output, decent employment, and reduced poverty*" (UNEP, 2011).

4.3 Investing in well-being with social and cultural capital

A '*value*' has been defined as: '*a set of principles which are consistent and inform and direct our thought, actions and activities*' (McGettrick, 2004). This set of principles implies that empathy, rapport and intuition are fundamental to the basis of human values (Philipp et al., 1999c). Being intuitive to the needs, wishes, aspirations, hopes and desires of others and supportive of them is also fundamental to human development (Editorial, 2002; Philipp & Dodwell, 2005). What as individuals and societies we 'value' and how we undertake our 'valuing' are therefore key issues for attempts, in support of well-being, to build both 'social capital' and cultural capital (Philipp, 2002; Philipp & Dodwell, 2005).

To help improve opportunities for enjoyment and personal growth, better understanding of the needs and welfare of other people is required (Philipp, 2006). An important part of a community's well-being comes from its social capital. This important resource encompasses human factors of talent, capability, creativity, innovation and knowledge (op.cit.). The arts and '*an artistic way*' of looking at the world are increasingly being used, not only to improve individual emotional resilience (Eames, 2003), but to help strengthen social capital by addressing cultural and social problems in society such as alienation, frustration, anger, disruption, humiliation and dislocation, and marginalisation from employment (Eames, 2003).

The protective effects of high levels of social capital are found in communities where there are high levels of trust, participation in civic life and social support (Abbott, 2002; Philipp & Dodwell, 2005). They support collective efforts in society for 'cultural well-being' and the strengthening of 'cultural capital and 'social capital' for which frameworks have been

published (Eames, 2006). It has after all, been noted that: '*feeling comfortable in your own culture is essential for a healthy lifestyle and general well-being*' (Eames, 2003). Economists have found that social capital correlates closely with subjective well-being and define it as: '*the ties that bind families, neighbourhoods, workplaces, communities and religious groups together*' (Delamothe, 2005).

The United Nations Education, Scientific and Cultural Organisation (UNESCO) has defined culture as: 'the set of distinctive spiritual, material, intellectual and emotional features of society or a social group' that 'encompasses, in addition to art and literature, lifestyles, ways of living together, value system, traditions and beliefs' (Eames, 2003); in support of this, cultural capital has been defined as: 'the wealth created through celebrating and investing in cultural histories, values, ideologies, rituals and programmes' (Eames, 2006).

Greater awareness and understanding of these values and the gains of investing in social and cultural capital would benefit personal and community well-being.

4.4 Culture and heritage issues as CAMs in support of well-being

The European Charter on Environment and Health (WHO, 1989) states that every individual is entitled to an environment conducive to the highest attainable level of health and well-being, but also points out that every individual has a responsibility to contribute to the protection of the environment, in the interests of his or her own health and the health of others (Philipp and Hodgkinson, 1994). In addition, it is recognized that: '*It is also in our environment where we find recreation, health and solace, and in which our culture finds its roots and sense of place*' (John Selbourne, Foreword, in (UK National Ecosystem Assessment, 2011).

Many of the things which are valued in an environment are concerned with culture and heritage. These culture and heritage factors can therefore be considered as relevant contributors to well-being: As such and in their own right, they become CAMs.

In support of this role for culture and heritage factors, an anthropological framework for the basis of human values has been developed with the WHO, Nuffield Trust and Office of International Health Cooperation and Development of the Italian Red Cross (Philipp, 2006, 2007). It has four core components of relevance to well-being:

- appreciation of different civilisations, cultures, customs and societies;
- awareness of tools a society develops for its sense of place, purpose and security;
- knowing what influences thinking and perceptions among members of a group;
- linking within ourselves external experiences and internal feelings.

A wider understanding of the interaction of the above factors in emotional investment, and better appreciation of the enrichment to society of cultural diversity, would it has been suggested help communities to build and strengthen social and cultural capital. (Philipp & Thorne, 2011). The word 'capital' refers to money and assets and the way that they are used for economic gain (Eames, 2006), and the concept of 'cultural capital' recognizes that in order to build the economic base of any community, ideas of 'creativity, imagination, innovation, ideologies, history, values and ritual' need to be included (op cit). Heritage is an important part of a community's culture. It includes:

- **natural heritage:** an inheritance of fauna and flora, geology, landscape, landforms and other natural resources;
- **industrial heritage:** monuments, buildings,
- **cultural heritage:** the legacy of physical artefacts and intangible attributes of a group or society
- **artefacts:** heritage items such as tools, utensils, archaeological findings
- **tradition:** customs and practices inherited from ancestors (Philipp & Thorne, 2011)

These assets are used to economic effect in the increasingly popular forms of tourism (Philipp & Thorne, 2011):

- **ecotourism** with travel to areas of outstanding beauty, bird, nature, wild animal and marine reserves, national parks, and wilderness areas;
- **cultural tourism** with opportunities to explore the lifestyle of local people, their history, art, architecture, religion(s), social customs, archaeological sites, museums, public reserves, art galleries and UNESCO World Heritage Sites;
- **heritage tourism** defined by the National Trust for Historic Preservation in the United States as: "*travelling to experience the places and activities that authentically represent the stories and people of the past*" (www.wikipedia.org).

In addition to the revenue brought by visitors, a local community benefits from such tourism by a reinforced sense of identity and greater appreciation of cultural background, which can facilitate social cohesion. It also encourages conservation which is beneficial to society generally, both now and in the future.

As a starting point for organisations and authorities wishing to assess the environmental, social, cultural and economic components of well-being in their locality, and to evaluate needs, representative populations living in or visiting a locality have been asked to identify the characteristics and qualities, associations and imagery which give them a sense of belonging, or being part of something which enhances their well-being (Philipp, 2006). In this way the 'spirit of a place' can be captured (Philipp, 2006) and its contributing features nurtured and maintained for future generations. In a study following an approach for assessing environmental quality which was outlined in a recent report for the WHO (Philipp & Thorne, 2007), children's artwork, in the form of drawings, poems and photographs, was used to identify met or unmet local environmental and educational needs for well-being and sustainability in their home towns in Waikanae, New Zealand, and Bristol, UK. (unpublished data, 2009). In support of this research method, it is recognised that up to the age of 10 years, children's views tend to be spontaneous, enthusiastic, imaginative and creative (Philipp et al, 1984; Philipp et al, 1986). An awareness and understanding of children's views is therefore important in the contexts of community well-being and environmental health and sustainability. Adults are after all entrusted with stewardship of the world for younger and future generations (Philipp, 2006) and research suggests that the natural environment has a positive role in the physical and emotional well-being of children and young people (Huby & Bradshaw, 2006; Lester & Maudsley 2006; as cited in Newton, 2007). As well as identifying the qualities and characteristics, local icons, environmental and heritage features that are valued by young children and should accordingly be preserved, the study helped to engender interest in local environmental issues amongst the participants and local inhabitants and in support of their well-being (personal communication).

5. Healthy outlooks: A single framework for well-being

The likelihood of avoiding lifestyle health problems and of improved overall well-being can be influenced greatly by an increased sense of personal responsibility and individual accountability, heightened awareness of the importance of balancing personal freedom and collective responsibility, and by wider appreciation of the personal enjoyment that can be attained from having a greater sense of citizenship (Philipp, 2006). In support of this view, as well as stating that every individual is *entitled* to an environment conducive to the highest attainable level of health and well-being, the European Charter on Environment and Health notes the *responsibility* that every individual has to contribute to the protection of the environment, in the interests of his or her own health and the health of others (Philipp & Hodgkinson, 1994).

In conjunction with these points, it has been reasoned that in support of citizenship, the need for improved understanding of individual accountability and personal responsibility, and how they relate to values in society, the relationships can be addressed by greater attention to the interdependence and importance of:

- improved understanding of how our personal attitudes, outlook and behaviour are influenced by a combination of our actual (external), and perceived (internal) experiences with qualities of our surrounding natural and built environments;
- the roles of creative endeavour and aesthetic appreciation in mental health and emotional well-being;
- the aesthetic component of '*health*' which is included in the WHO European Charter on Environment and Health, developed and promulgated by the Ministers of Health and Ministers of the Environment in Europe (WHO, 1989);
- heightened awareness of the factors needed for sustainable, economic development of society and within this, the increasing importance for wider, on-going investment in social capital and emotional economics (Philipp, 2001b, 2003).

In addressing these points, as part of the *Health for All initiative*, the Ottawa Charter defined health promotion as: '*the process of enabling people to increase control over, and to improve, their health*'. In order to achieve complete physical, mental and social well-being, the Charter suggests that individuals or groups must be able '*to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment*'. It further states that: '*Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love*'. (WHO, 1986). This statement formed the basis of the 'healthy settings' approach to health promotion, which began with the WHO's Healthy Cities initiative in 1986. The healthy settings approach applies 'whole systems thinking' in order to integrate a commitment to health into the culture, structure and processes of life in a particular setting (Doherty & Dooris, 2006) with all who are part of that setting being involved in the assessment of needs and setting of targets. Another key principle is the development of networking and partnership building between organizations and settings. Following on from 'Healthy Cities', further national, Government supported initiatives have applied the settings approach in organizations such as schools, prisons, colleges and hospitals.

It has been proposed recently that a single framework for well-being – Healthy Outlooks – could now sit alongside the WHO's healthy settings model (Philipp, 2010). It could bring

together many of the initiatives developed under a CAMs approach. With the help of the Philipp Family Foundation, a charitable trust based in New Zealand, an international programme of work is evolving to further develop the concept. The 'healthy outlooks' approach encompasses the areas of conservation, preservation, culture and heritage, alongside programmes to help the personal development of individuals in society. It is hoped that by linking with other groups and individuals who are interested in this field, a mosaic of research, practical programmes, education and learning opportunities and self-help resources can be established. A 'Road Map for Global Citizenship' is envisaged, which people could access readily. It would include self-help resources for building emotional resilience and coping skills and resources to strengthen social capital by promoting community engagement, particularly in support of those who find themselves disenfranchised or at the margins of society (Philipp et al, 2011).

6. Conclusions

The way we look outwards at the world influences our perception of it, our values of what we believe is truly important in it, and what we do with our lives in this world we inhabit. In this we each have a responsibility to help encourage human understanding and ensure that environmental values and opportunities are sustained. We can after all, it has been recognized, "*consciously alter our behaviour by changing our values and attitudes to regain the spirituality and ecological awareness we have lost*" (Capra, 1983).

The identified public health needs and findings of recent studies including the worth to society and industry of investment in social capital, justify steps that should now be taken to ensure health and well being and the prevention of ill health. Improved education is in the interests of both sustainable development and to help ensure people can lead happier, healthier, and more enjoyable lives. The arts as Complementary and Alternative Medicines (CAMs) have an important role in this aim. They encompass a broad range of approaches. With more appreciation of the philosophical view that '*everything in life is connected*' and by linking the different approaches to a Healthy Outlooks framework and clinical audit of methods and programmes that are utilized, it could help to improve wider awareness and understanding of their place and worth. The resultant outcome is then likely to be more widespread gains to well-being among individuals and within different communities.

A coordinated, sustained approach to fostering the art of well-being, with appropriate clinical audit of the CAMs used, would help more people to identify ways they could derive greater enjoyment in life and living. After all, without enjoyment, as TS Eliot noted in his poem, '*Chorus from the Rock*':

Where is the life we have lost in living?

Where is the wisdom we have lost in knowledge?

Where is the knowledge we have lost in information?

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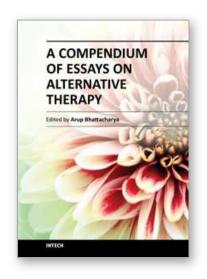Editorial. (2002). Hierarchy of needs. [www.businessballs.com]

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A Compendium of Essays on Alternative Therapy

Edited by Dr. Arup Bhattacharya

A Compendium of Essays on Alternative Therapy is aimed at both conventional and alternate therapy practitioners, besides serving as an educational tool for students and lay persons on the progress made in the field. While this resource is not all-inclusive, it does reflect the current theories from different international experts in the field. This will hopefully stimulate more research initiatives, funding, and critical insight in the already increasing demand for alternate therapies that has been evidenced worldwide.

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