HOLISTIC HEALTHCARE: BEING RESILIENT

'Resilience' is defined as being able to recover swiftly from – or withstand being troubled by – misfortune or illness[1]. Being resilient is not, however, simply a quality of character, for the *social context* of adversity can significantly modify its impact[2]. Indeed, connectedness between individual attributes, relational factors and external support systems provides a 'normative loop' mechanism that gauges change from a norm, and undertakes measures for restoration[1]. Consequently, without a diverse range of resources, resilience is difficult to foster: change cannot be appropriately responded to, and events can easily become unmanageable[1]. Inherent to resilience then, is holism: health as the sum of its physical, psychological, social, economic, cultural, and existential parts[3].

The issue of resilience and holism is especially pertinent in relation to asylum-seekers, who seek refuge in Britain for fear of persecution in their home country[4]. In 2013, 29,200 people submitted asylum applications in Britain[4]. Asylum-seekers differ from refugees in that this fear – whether due to religion, nationality, political opinion etc – has yet to be officially accepted by the British government[4]. Whilst both groups can experience the deleterious effects of persecution and migration (e.g. violence, cultural displacement), asylum-seekers are placed in a unique social location: not only is their future more uncertain – they do not know whether they will be forced to return to their home country where there life could be endangered – but they are also excluded from the labour market and mainstream welfare provision while they are waiting to hear if they are 'permitted' to settle here[5-7]. Moreover, despite generally being physically healthy[5,8], asylum-seekers are at greater risk of experiencing depression, anxiety and post-traumatic stress disorder (PTSD)[9].

This essay will draw on my experiences, before studying medicine, of working with asylum-seekers and refugees, where I became aware of the unrelenting way in which these issues bear down on asylum-seekers to affect their whole person, slowly eroding their resilience to mental ill-health. The significance of these problems was sometimes disregarded by those involved in their care in favour of more patient-specific factors (such as pre-migratory experiences, and linguistic and cultural barriers), which although important, I realised fell short of providing the whole story of the whole person. By discussing some of these oft-

ignored issues, this essay will demonstrate that resilience is fundamental to holistic healthcare, for resilience is as much about the individual as it is about the social context in which they find themselves, and is as much about the patient as it is about the health professional they consult.

There is an overwhelmingly negative depiction of asylum-seekers in the mainstream press – perhaps stemming from a poor awareness of why people *need* to seek asylum – which feeds into a hostile public opinion of them[10,11]. This influences asylum-seekers' willingness to approach health professionals about mental ill-health: they are often aware of the hostility towards them, which can exacerbate concerns about being a burden on, or being treated suspiciously or misunderstood[8]. It also sanctions inequitable policy-making, forbidding asylum-seekers to work and access mainstream welfare provision, and thus perpetuating their disempowerment and social exclusion[7,11,12]. This places many in a position of poverty and detachment: not only is their ability to contribute to wider society reduced, but lack of financial resources can cause hunger and homelessness[7,8,12]. Moreover, those who accept state-provided accommodation are often housed in areas where services are inadequately designed to meet their specific needs, and where they are unlikely to have social ties[7,12]. Taken together, social exclusion has been shown to preclude psychological resilience[7], since it can predispose to risk-causing factors like reduced connectedness[2], thus limiting the *range* of resources that asylum-seekers can summon, and hence correct functioning of 'normative feedback' so pivotal to resilience[1]. Indeed, resilience to and recovery from mental illness is afforded by security, social justice, economic independence, and the construction of social networks[6], which can bestow a personal system of meaning and survivorship[13].

Even if asylum-seekers are immune to the effects of poverty and social exclusion, the process of claiming asylum itself can be deleterious. It is often a lengthy process with few given 'leave to remain', thus prolonging socio-economic deprivation and apprehension about deportation[7,11]. Indeed, research suggests that the asylum process contributes more greatly to reduced psychological resilience than pre-migration experiences[7,8]. It is important therefore, to not only understand but also *address* the social factors that affect asylum-seekers' health: assisting with practical matters – such as immigration problems, and providing opportunities for social-networking – has itself been found to be psychologically supportive, and hence enhance resilience to mental ill-health in general[7,14], and PTSD in

particular[13]. Nevertheless, the established criteria for PTSD diagnosis and treatment – which emphasises asylum-seekers' experiences prior to and during migration, thus ignoring post-migratory problems[6,14] – is surprisingly narrow, perhaps even 'dis-holistic'. Some certainly argue that, by offering asylum-seekers few opportunities to re-build their lives, trauma-focused psychological therapy only exacerbates mental illness, rather than boosts resilience to it[6,14]. Indeed, not all areas of health can be treated: central to holism is the *amalgamation* of a *range* of therapies that engage numerous parties, and not only doctors[3].

A holistic approach is also fundamental to the doctor-patient relationship[3]. However, doctors are often unable to distinguish who asylum-seekers are[10], meaning that, irrespective of language barriers, they cannot fully appreciate 'the story behind the story'[15], and thus their specific mental health needs[10,14]. This may not only be disempowering for asylum-seeking patients, but it also renders it difficult for doctors to assist them in being co-creators of their psychological well-being. Indeed, doctors who fail to establish a trusting alliance with their patients are more likely to encounter persistent and worsening ill-health, and increased treatment side-effects[16]. In my experience, doctors also often erroneously assume that an asylum-seeking patient's situation is largely out of their hands, and thus refrain from becoming 'too involved' with their care; perhaps this is a self-protective mechanism, for they know they (too) have little resilience.

Indeed, resilience in the health professionals who do become involved in asylum-seekers' care is crucial – not only for their own well-being, but also to ensure that the support they provide does not cause harm. The horrifying stories that they may encounter when hearing patients' stories can prompt empathy and a strong desire to help[17]. Whilst these reactions are essential if an effective therapeutic relationship is to be established, it is also a channel through which traumatic information can be acquired by the professional, ultimately causing secondary traumatic stress[17]. This could be perpetuated by the fact that asylum-seekers may (falsely) view professionals as having immense influence in ensuring their safety, which could leave the latter feeling frustrated and disillusioned[18]. Indeed, asylum-seekers' stories often left me feeling guilty – guilty for being born in a country where I am not persecuted for who I am, yet often unable to offer sanctuary to those who are. Managing such stress is difficult, and research indicates that professionals rarely seek help[17]. The key, therefore, is breeding resilient health professionals – prevention is, after all, better than

cure – by establishing clear professional boundaries, maintaining a work-life balance, appreciating successes, and dealing with emotional events through reflection and debriefing[7,17,18]. This holistic approach involves practicing mindfulness: an intentional, astute and broadminded awareness of the present moment[19]. Being mindful allows professionals already involved in asylum-seekers' care to enhance their own resilience to preclude burnout and secondary traumatic stress; it may also help professionals unaware of the 'story behind the story'[15], or who feel too overwhelmed by it, to provide the more nuanced care and understanding that asylum-seekers often need. Certainly, had I recognised that resilience and holistic healthcare does not just relate to patients but also extends to the professionals they seek help from, I doubt I would have experienced the eventual burnout that I did.

In conclusion, resilience is a dynamic and multifaceted concept: it is not only influenced by personality, but crucially also by the wider social milieu that ultimately drives opportunities for connectedness to others as well as society at large. Asylum-seekers *can* develop resilience, but a multitude of factors are important for understanding this capacity, as discussed here; eventually though, it amounts to holistic healthcare practice. Although I have focused on a small sub-population, the issues explored are by no means only applicable to asylum-seekers. All of us shape and are shaped by this bigger human picture. Given this, one might argue that, ultimately, it is social change – instigated by a refusal to accept social inequities – that is the real key to fostering health and resilience. Many may however, believe that this is simply beyond our remit. Yet, this is naïve, perhaps even nihilistic: doctors are bestowed authority that can, and indeed does, effect change at both the individual and population level (e.g. the public smoking ban). If we are to lastingly improve the health and lives of the patients that we are so privileged to serve, we must widen our circle of concern collectively to become active advocates against injustice, and individually to genuinely understand our patients, whoever they are, to support them to co-create their own resilience and well-being. We must be holistic, and therefore resist articulating ill-health as something only health professionals can remedy. We must understand the right questions to ask, ask them, and listen to and not feel beleaguered by the answers that follow.

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