

The Individual Versus the Community in Times of Health Crisis

Lo individual versus lo comunitario en tiempos de crisis sanitaria

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Summary

There is a reflection on people's behaviour in times of crisis. In this context, the importance of changing the use of the concept of traditional health to that of well-being as part of the development of a community consciousness and a global gaze of the human being is briefly addressed. The need for a socio-emotional education that promotes people's commitment to their geographical socio-partner environment. It is further concluded that human well-being must be confronted from a multidimensional view, where the different spheres involving human development contribute to promoting community life.

Keywords: Human Welfare, Collective Health, Education.

Resumen

Se presenta una reflexión respecto al comportamiento de las personas en tiempos de crisis. En este contexto, se aborda brevemente la importancia de cambiar la utilización del concepto de salud tradicional por el de bienestar como parte del desarrollo de una conciencia comunitaria y de una mirada global del ser humano. Lo necesario de una educación socioemocional que favorezca el compromiso de las personas con su entorno socio geográfico. Se concluye, además, que el bienestar humano debe ser enfrentado desde una mirada multidimensional, donde las diferentes esferas que involucran el desarrollo del ser humano contribuyan a favorecer la vida en comunidad.

Palabras clave: Bienestar humano; Salud colectiva; Educación.

Introduction

The global health crisis that we are witnessing through Covid-19, is testing the various health systems, regardless of their accent as an economic model; primacy of the state, private or mixed. At the same time we have had several epidemiological projections and expert advice derived from the behaviour of the virus, but above all from the behaviour of people with respect to the disease, and its spread. The number of infected people and deaths is increasing day by day, in an exponential growth.

The endless messages that we are receiving through different channels with the phrase "stay at home or I'll stay at home", reveals that today the problem escapes the concept of traditional public health, where States are the guarantors of the health of the entire population and have protocols of action for each event that affects people's health. However, despite this availability of human, technological and infrastructure resources (whether sufficient or not), we have seen that health actions at the global level do not achieve total effectiveness and are always insufficient to combat the spread of the virus, with a few exceptions.

Although, experts show facts, figures, advice. It is not possible for an important group of people (especially those who are considered to have a lower mortality risk) to change their behavior and generate self-care actions, but especially to develop actions to care for other members of their community, forcing states to generate restrictive measures that affect free movement and lead to the progressive confinement of people.

This leads us to emphasize the concept of collective health, where there is a co-responsibility of the traditional health entities, but also an important weight of this equation is held by the people, the communities. Behind them are their cultural patterns, to generate health care. It is not only the state through the health agencies that tell me what I should or should not do, but also the communities that are responsible for their own self-care (Véliz-Burgos, 2020).

Under this perspective, the role of people at the individual and community levels is highlighted. For the centre of the possibilities for flattening the infection curve goes beyond the measures decreed in each country (which, by the way, contribute a great deal), the emergence of effective treatments (which are essential). It involves a change in personal awareness and behaviour, but above all in collective thinking, where the accent is and should be on me taking care of myself, but also on you and on my community, especially those with greater vulnerability.

This will test our ability to think and act in solidarity, to identify how my behaviour influences the health, but above all the well-being of the people in my community and how I contribute to collaborative work to promote this well-being. From traditional education this is essential, since it invites us to promote social-emotional education to encourage self-care and awareness of community care (Francisco, et al., 2018).

In this context, the collective health approach is proposed, which places people as the main responsible for community welfare, but also allows for a broader view that goes beyond public health, involving multiple factors and actors, including the world of work, the composition of cities, accessibility to goods and services, the availability of free time and leisure, social security, sustainable use of natural resources, the role and opinion of different social actors (López, Escudero & Carmona, 2008; Casallas, 2017; Véliz-Burgos, 2020).

In this way, it becomes necessary to observe the daily interactions of people as part of the social space that involves the welfare state, the day-to-day that converges between despair and discouragement on the one hand and hope and optimism on the other. It also implies observing the reality of the working environment, not only the formal approaches but the reality that operates; not the reality of the official discourse but observing the way health practice is carried out in all social spaces, where different actors, not necessarily the traditional health ones, can act (Casas, et al., 2013).

In short, as a society, we must begin to work towards global well-being, to reflect on what health and well-being we want for our cities, regions and countries and what role each member of the community has in this process. This will be even more relevant when we come face to face with our families, neighbours, colleagues and the community with which we interact on a daily basis. From now on, the invitation is to realize what my contribution to this collective welfare should be (Aragón et al., 2018).

In this same context, education must play a predominant role, as we will have to adapt our traditional forms of teaching-learning, put more emphasis on virtualised education, which is favoured by information and communication technologies and emotional education, which must promote collective thinking, where the accent is on the concept of wellbeing rather than on the concept of health (Véliz-Burgos, Soto & Dörner-Paris, 2017).

Conclusion

Under this view, understanding the articulation between living conditions and the multiple aspects of the environment with the health and well-being of people implies assuming an epistemological perspective where the concept of health must be seen from the complexity sciences, where no science or discipline has the explanation or the complete effectiveness strategy by itself (Casallas, 2017).

The challenge, then, consists of overcoming the anthropocentric notion of human well-being as something that is inherent to human beings, and of strengthening the connection between the social sciences, health and all those sciences or disciplines that allow us to broaden and deepen the reflection on the health-disease/well-being process in order to overcome the reductionist, deterministic and mechanistic approach that has been given to it by traditional public health in order to advance in broader relational processes from the field of complexity, but above all from the sciences with the social actors.

Understanding that the new contexts in which human life develops will have to be drastically modified to favour an environment of global well-being that closely links people with their world and the other beings that inhabit the planet (Véliz-Burgos & Dörner-Paris, 2018).

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