

SELF-CARE

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1. Core Definition

Self-care is broadly defined as the set of deliberate, autonomous actions that individuals take to maintain or improve their physical, mental, and emotional health. It encompasses the daily activities necessary for personal well-being, functioning, and development, often serving as a preventative measure against stress, illness, and burnout. While simple activities like showering daily or eating healthy foods exemplify **basic self-care**, as suggested by the source content, the concept extends far beyond mere hygiene and nutrition to include complex psychological and relational management strategies. It is fundamentally an active, intentional process of ensuring one's resources are adequate to meet both internal needs and external demands.

The definition emphasizes **intentionality** and **agency**. Self-care is not merely the passive state of being healthy, but the conscious engagement in behaviors that promote health and mitigate potential threats that may lead to uncomfortable or irritable circumstances. These actions range from managing chronic health conditions and prioritizing adequate sleep to setting healthy boundaries in interpersonal relationships and engaging in stress-reducing practices such as mindfulness or meditation. In this context, self-care moves from a reflexive action to a planned strategy designed to preserve homeostasis and enhance resilience against life's inevitable stressors.

Crucially, academic literature often distinguishes self-care from self-indulgence. While self-indulgence may provide immediate gratification, it frequently lacks the long-term benefit necessary for sustained well-being, sometimes even leading to detrimental outcomes. **Effective self-care**, conversely, requires discipline and foresight, ensuring that immediate actions contribute to enduring health goals. This proactive management of one's resources is particularly vital in high-stress environments, acting as a buffer against professional fatigue and compassion fatigue, especially among caregivers and helping professionals.

2. Etymology and Historical Development

The concept of self-care has deep historical roots, tracing back to ancient Greek philosophy. The phrase *epimeleia heautou*, often translated as 'care of the self,' was central to Socratic and Hellenistic thought. This ancient practice was not merely about individualistic hygiene, but rather a moral and political obligation to cultivate one's character and knowledge, allowing an individual to properly govern both themselves and, subsequently, the polis. This classical understanding viewed self-care as inseparable from ethical responsibility and intellectual pursuit.

In the modern era, the concept gained formal definition within the field of nursing theory, largely through the work of Dorothea Orem in the 1950s and 1960s. Orem's **Self-Care Deficit Theory (SCDT)** provided a structured, clinical framework for understanding why individuals require nursing intervention--specifically, when they cannot meet their own self-care demands. This grounded the concept firmly in physiological and developmental needs, moving it away from philosophical abstraction and into practical healthcare management. Orem's model focused on the patient's capacity for self-care agency and the nurse's role in supporting or compensating for self-care deficits.

During the 1970s and 1980s, the concept expanded beyond nursing, finding relevance in community health, preventive medicine, and psychology, particularly in the context of the growing understanding of **stress management** and burnout. Societal shifts emphasizing individual autonomy and health responsibility, alongside the rise of chronic diseases, cemented self-care as a necessary component of public health dialogue. More recently, feminist and civil rights movements repurposed the term, viewing self-care not just as a clinical requirement but as a radical, political act of survival and preservation against systemic oppression and marginalization, thus broadening its scope to include advocacy and boundary-setting.

3. Orem's Self-Care Deficit Theory (A Key Framework)

Dorothea Orem's SCDT remains one of the most influential theoretical frameworks for self-care within health sciences, providing a comprehensive structure for analyzing an individual's self-care needs and the required actions to meet them. Orem categorized self-care requirements into three primary groups. The first group, **Universal Self-Care Requisites (USCRs)**, includes actions necessary for maintaining life processes and overall health, regardless of disease state or development stage. These include fundamental needs such as the maintenance of sufficient air, water, and food intake, the provision of care associated with elimination processes, and the maintenance of a balance between activity and rest, and solitude and social interaction.

The second category is the **Developmental Self-Care Requisites**. These are requirements that arise from or are associated with developmental processes or events, such as adjusting to a new job, adapting to physical changes during puberty or menopause, or managing the process of grieving. These requisites change throughout the lifespan and demand adaptive self-care actions tailored to the specific developmental stage. Failure to meet these needs can impede growth and maturation, potentially leading to developmental crises or stagnation.

Finally, **Health Deviation Self-Care Requisites** are those needs that arise specifically from illness, injury, or medical diagnosis. These include learning to live with the effects of a chronic condition, adhering to a prescribed medical regimen (such as medication schedules or dietary restrictions), or adapting one's lifestyle to manage persistent pain or disability. According to SCDT,

a self-care deficit exists when an individual's self-care agency (their ability to perform self-care) is insufficient to meet their therapeutic self-care demand (their established needs). The goal of nursing intervention, therefore, is to eliminate or mitigate this deficit.

4. Key Dimensions and Components

Contemporary models of self-care typically divide the practice into several interconnected dimensions, reflecting the holistic nature of human well-being. The **Physical Dimension** aligns most closely with the source content's examples (showering, eating healthy) and involves actions related to the physical body: ensuring adequate sleep hygiene, engaging in regular physical exercise, maintaining balanced nutrition, and managing physical health appointments and preventative screenings. Neglect in this dimension often results in lowered energy levels, increased susceptibility to illness, and compromised cognitive function.

The **Emotional and Mental Dimensions** are critical for psychological resilience. Emotional self-care focuses on recognizing, accepting, and processing feelings, which might involve practices like journaling, seeking support from a therapist, or developing healthy coping mechanisms for stress and grief. Mental or Intellectual self-care involves engaging in activities that stimulate the mind and manage cognitive load, such as learning new skills, engaging in hobbies, setting clear work boundaries to prevent mental exhaustion, and practicing **digital detox** to reduce information overload. The ability to manage one's internal emotional landscape and cognitive load is crucial for sustained well-being.

Beyond the self-centric dimensions, the **Social and Spiritual Dimensions** underscore the relational and existential components of self-care. Social self-care involves building and maintaining supportive relationships, setting firm boundaries to protect personal space and time, and ensuring sufficient connection to avoid isolation. Spiritual self-care, which does not necessarily imply religious practice, involves seeking meaning and purpose, spending time in nature, or engaging in contemplative practices that foster a sense of connection to something larger than oneself. Neglecting these dimensions can lead to feelings of alienation, loss of meaning, and relational breakdown.

5. Clinical Applications and Significance

Self-care holds significant clinical importance across various health disciplines, particularly in preventing occupational hazards such as **burnout**. For professionals in high-stress fields--including medicine, social work, teaching, and first response--systematic self-care practices are often mandated as part of ethical guidelines to ensure competence and longevity in the field. Lack of self-care among these professionals can lead to decreased empathy, reduced job performance, and higher rates of attrition, directly impacting the quality of care provided to clients or patients.

Furthermore, self-care is a cornerstone of effective chronic illness management. Patients managing conditions like diabetes, hypertension, or heart disease must actively engage in complex daily self-care behaviors, including medication adherence, monitoring symptoms, and significant lifestyle adjustments. The ability of the individual to execute these required self-care tasks--often termed **patient activation**--is a strong predictor of positive health outcomes, reduced hospitalization rates, and improved quality of life. Healthcare systems increasingly utilize educational programs and health coaching to enhance patient self-care agency.

In the realm of mental health, self-care practices form a critical complement to formal psychotherapy. Activities such as consistent sleep schedules, regular exercise, and structured leisure time are often prescribed alongside clinical interventions for conditions like depression and anxiety. These behaviors stabilize mood, regulate the nervous system, and provide a necessary foundation of stability. Therapists frequently incorporate self-care planning into treatment protocols, viewing the deliberate cultivation of well-being as integral to recovery and long-term mental stability.

6. The Sociopolitical Context of Self-Care

While often framed as a purely individual responsibility, self-care is fundamentally influenced by socioeconomic status, cultural background, and systemic factors. Sociologists and public health experts note that the capacity for robust self-care is often mediated by access to resources, including time, safe environments for exercise, quality food, and affordable healthcare. Individuals facing poverty, structural racism, or chronic systemic stress often have severely limited bandwidth and fewer resources available for intentional self-care, turning the concept into a privilege rather than a universal possibility.

The rise of self-care in popular culture has led to its significant **commodification**. The marketization of wellness products--ranging from expensive retreats and boutique fitness memberships to specialized supplements--suggests that effective self-care requires financial investment, which further alienates those with fewer means. Critics argue that this commercial interpretation shifts focus away from simple, accessible acts (like setting boundaries or adequate rest) toward consumer spending, reinforcing capitalist pressures rather than alleviating them.

This critical perspective posits that demanding extensive individual self-care can serve to **individualize systemic failures**. For example, telling a burnt-out worker to "practice better self-care" distracts from the need for organizational changes, adequate staffing, or fair labor laws. A robust public health infrastructure, inclusive urban planning, and supportive workplace policies are arguably necessary prerequisites for enabling genuine self-care across the entire population, highlighting the fact that self-care must be supported by collective action, not just individual effort.

7. Debates and Criticisms

One of the primary contemporary criticisms of self-care is the pressure for optimal performance it often imposes. The expectation to perpetually engage in the "right" self-care activities can generate guilt and anxiety when individuals fail to meet idealized standards, transforming a concept intended for relaxation into another source of stress or obligation. This paradox is often seen in social media portrayals, where self-care is presented as aesthetically pleasing rather than often messy and difficult work of emotional maintenance or boundary enforcement.

Furthermore, there is an ongoing debate regarding the extent to which self-care distracts from broader social advocacy. By focusing inward, individuals may unintentionally divert energy away from addressing the very political and economic structures that necessitate the self-care response in the first place. Critics emphasize that systemic change is required to reduce the burden of stress and oppression, arguing that relying solely on individual self-care is an insufficient strategy for societal health improvement.

Finally, the boundary between necessary self-care and avoidance is frequently scrutinized. While self-care involves avoiding threats and issues (as noted in the source material), true growth and well-being sometimes necessitate confronting difficult realities. If self-care becomes an excuse to perpetually avoid necessary conflicts, responsibilities, or uncomfortable emotions, it can transition into detrimental avoidance behavior, hindering long-term psychological maturity and effective problem-solving. A balanced approach requires differentiating between healthy boundary-setting and escapism.

Further Reading

[Self-care \(Wikipedia\)](#)

[Dorothea Orem's Self-Care Deficit Theory \(Sigma Theta Tau International Honor Society of Nursing\)](#)

[Michel Foucault, The Care of the Self \(Stanford Encyclopedia of Philosophy\)](#)

[Self-Care: Healthy Ways to Cope with Stress \(American Psychological Association\)](#)