Journal of Interdisciplinary Social Sciences Review (JISSR) ISSN: 3078-8358
Vol. 05, Issue 1:2026



Preventive Medicine: Social Prescribing and Multidimensional Well-Being

By: Mosi Dorbayani, PhD

Abstract:

Preventive medicine has traditionally concentrated on identifying and reducing biological and behavioural risks before they develop into disease. Yet people do not become unwell through biology alone. Loneliness, cultural dislocation, housing insecurity, financial strain, social exclusion, and the erosion of meaningful participation may progressively influence mental and physical health. Social prescribing responds to this broader ecology of illness by connecting individuals with non-clinical community resources, including arts programs, music, physical activity, peer support, educational opportunities, volunteering, and practical assistance. This essay argues that social prescribing should be understood not merely as a referral mechanism, but as a culturally responsive form of preventive medicine. Drawing upon cultural neuroscience, psychodynamic thought, and the Message Song model of music for social impact, it proposes that meaningful cultural participation may support emotional regulation, agency, social connection, and health-promoting behaviour. It also cautions that social prescribing requires equitable access, culturally competent implementation, sustainable community infrastructure, and rigorous evaluation. Medicine prevents most effectively when it recognizes that health is produced not only within the body, but also within relationships, meanings, cultures, and communities.

Keywords: *Social Prescribing, Preventive Medicine, Cultural Neuroscience, Psychodynamics, Music, Social Determinants of Health, Message Song, Community health.*

ARTICLE INFO: Received: 18.09.2026 Accepted: 05.10.2026 Published: 02.11.2026

© The Author(s) 2026. Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permitsuse, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the originalauthor(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other thirdparty material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the mate-rial. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation orexceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0

1. Introduction: When the Symptom Is Social

Medicine often encounters illness after it has acquired a clinical name. Before that name is assigned, however, illness may have existed as loneliness without companionship, anxiety without security, grief without ritual, or cultural displacement without a language through which it could be expressed. The body may eventually carry what the social world has failed to contain.

Social prescribing offers a way of intervening within this preclinical and psychosocial territory. The World Health Organization defines social prescribing as a means of connecting patients with non-clinical services in their communities to improve health and well-being. Its rationale rests upon the recognition that socioeconomic circumstances, social inclusion, housing, and education are consequential determinants of health (World Health Organization Regional Office for the Western Pacific, 2022).

In practice, social prescribing may connect a person with an exercise group, community garden, arts program, music ensemble, peer-support network, volunteer opportunity, or service addressing housing, debt, employment, or welfare. Social Prescribing link or service workers commonly provide the relational bridge between healthcare and community resources. Their task is not simply to issue another referral. It is to listen to what matters to the person, co-produce an individualized plan, and connect practical, social, and emotional needs with locally available support (NHS England, 2026).

The underlying proposition is deceptively simple: when some causes of illness are social, at least part of prevention must also be social.

2. Social Prescribing as Preventive Medicine:

Preventive medicine frequently organizes its interventions around risk factors: smoking, physical inactivity, unhealthy diet, hypertension, obesity, hyperglycaemia, and other measurable indicators. These remain indispensable. Nevertheless, such behaviours and biomarkers do not arise in a vacuum. Physical inactivity may be associated with unsafe neighbourhoods, social anxiety, disability, poverty, or a lack of belonging. Poor nutrition may be entangled with income, time scarcity, housing conditions, or limited access to culturally familiar food. Distress may not reflect an isolated pathology, but a life deprived of security, recognition, or meaningful participation.

Social prescribing broadens prevention by asking not only, *"What disease might this person develop?"* but also, ***"What conditions in this person's life are steadily making health more difficult?"***

The evidence, however, requires careful interpretation. For example, a systematic review and meta-analysis of randomized controlled trials found that social-prescribing exercise interventions produced

modest increases in physical activity but did not demonstrate corresponding improvements across several metabolic and physiological outcomes (Htun et al., 2023). Such findings do not invalidate social prescribing. Rather, they caution against portraying it as a universal remedy or evaluating every program as if community participation were a standardized pharmaceutical compound.

2.1. The preventive value of social prescribing may emerge through several interacting pathways:

- Behavioural Activation: By making movement, learning, creativity, or volunteering more accessible.
- Social Connection: By reducing isolation and restoring participation in collective life.
- Practical Stabilization: Through assistance with housing, income, debt, employment, and welfare.
- Emotional Regulation: through supportive relationships and meaningful activity.
- Agency and Self-efficacy: By enabling people to participate in shaping their own care.
- Cultural Belonging: Through activities that affirm identity, memory, language, and community.

These pathways suggest that social prescribing is not one intervention. It is a framework through which preventive care can become *relational, contextual,* and *locally adaptive*.

3. Physical Well-Being: The Often-Overlooked Pathway

Preventive medicine has traditionally focused most visibly on physical health outcomes. Consequently, one of the most immediate ambitions of social prescribing is to support behaviours associated with physical well-being and chronic disease prevention. Community walking groups, exercise programs, gardening initiatives, recreational sport, active transportation schemes, and nature-based activities can provide opportunities for movement that may be more socially engaging and sustainable than health advice delivered in isolation.

This distinction is important because health behaviours rarely occur independently of social circumstances. Physical inactivity may not reflect a lack of knowledge regarding exercise. It may arise from loneliness, fear, disability, financial constraints, neighbourhood safety concerns, or a lack of social encouragement. Similarly, adherence to health-promoting activities is often strengthened when physical activity is experienced not as an obligation, but as a source of enjoyment, connection, identity, and routine.

From a preventive perspective, social prescribing may therefore contribute to physical well-being not only through exercise itself, but through the social and emotional conditions that make sustained participation possible. A walking group may improve physical activity, but it may also provide companionship. Community gardening may support mobility while simultaneously fostering purpose, contribution, and

connection. In this sense, physical well-being cannot always be separated from the broader social and psychological contexts within which health behaviours occur.

Viewing social prescribing through this lens expands preventive medicine beyond behaviour modification alone. It highlights the possibility that physical health may be strengthened when participation becomes meaningful, socially supported, and integrated into everyday life.

4. Cultural Neuroscience: The Environment Enters the Mind

Cultural neuroscience challenges the assumption that cognition and emotion can be fully understood apart from the cultural environments in which people develop. The author's earlier work in cultural neuroscience examined the relationship between neurobiological systems and cultural surroundings, emphasizing that cultural engagement may influence emotional and cognitive functioning. Participants described using resources such as music and film to navigate emotion, manage stress, and experience happiness (Dorbayani, 2025a).

This perspective has direct implications for preventive medicine. *If culture participates in shaping perception, emotional interpretation, learning, and social behaviour,* then culturally meaningful activity should not be classified as an ornamental addition to healthcare. It may constitute part of the environment through which health-related behaviour, resilience, and belonging are formed.

A social prescription is therefore never culturally neutral. A gardening programme, choir, walking group, museum visit, faith/spiritual-community activity, or storytelling circle may carry entirely different meanings across individuals and communities. What offers belonging to one person may produce alienation in another. A technically available program is not necessarily psychologically accessible.

Culturally responsive social prescribing should therefore begin with curiosity rather than assumption. The relevant question is not simply, *"Which activities exist nearby?"* It is, ***"Which forms of participation are meaningful, safe, familiar, or constructively challenging for this person?"*** This distinction moves social prescribing from administrative signposting towards a more humane process of cultural and psychological attunement.

4.1. A Psychodynamic Understanding of Participation:

The existence of a beneficial community program does not guarantee that a person will attend it. Human beings may resist even those opportunities that could support them. This is not always irrationality. Refusal may protect autonomy, defend against shame, avoid anticipated rejection, or preserve a familiar identity constructed around withdrawal.

Psychodynamic thinking helps social prescribing recognize the emotional meanings hidden within apparent non-compliance. A person invited to attend a community group may hear more than an invitation. The recommendation may be experienced as evidence that the clinician wishes to transfer responsibility elsewhere, that the person has failed to cope independently, or that strangers will scrutinize their vulnerability. Previous experiences of exclusion may be transferred onto new community settings. A proposed intervention may consequently awaken both hope and defence.

The author's prior work on psychodynamics and public communication has emphasized the importance of reactance, particularly when individuals perceive that their autonomy or freedom of choice is threatened. It has also considered how causal attributions influence the interpretation of communication and shape receptivity to dialogue (Dorbayani, 2024). These insights are highly applicable to social prescribing. A prescriptive, paternalistic style may reproduce the very loss of control that contributes to distress. Conversely, a collaborative conversation can transform referral into authorship.

The vocabulary of social prescribing should therefore remain centred on invitation, choice, and co-creation. *"What matters to you?"* is not merely a courteous opening. It reorganizes the relationship. The person is no longer positioned as a passive recipient of professional instruction, but as an interpreter and participant in their own preventive care. Current Social Prescribing link/service-worker frameworks similarly emphasize person-centred conversations conducted over several sessions and focused on what matters to the individual (NHS England, 2026).

5. Music as Social Prescription:

Among the arts, music occupies a distinctive position. It can be private and communal, somatic and symbolic, culturally specific and capable of travelling across cultural boundaries. Music can hold an emotion before the individual has found words for it. It can also turn an individual feeling into a shared social experience.

In The Psychodynamics of Music, the author considered the psychological and therapeutic relevance of music, its place within civil society, and the role of artists in shaping public policy and peace (Dorbayani, 2025b). The work situates music not simply as entertainment but as a medium through which emotional and social life may be influenced.

This position complements the 'Message Song' model, which is also coined by the author. A Message Song is not merely music containing a social topic. It is a deliberately constructed thinking and feeling tool: a composition through which the social can be recognized within the individual, and the individual can locate

themselves within a larger social reality. The model seeks to communicate social concerns while cultivating hope, courage, reflection, and a call to constructive action (Dorbayani, 2018).

When integrated into social prescribing, music could operate at several levels. Listening may support reflection and emotional regulation. Singing may regulate breathing while creating interpersonal synchrony. Songwriting may enable narrative reconstruction. Group performance may restore confidence and reciprocal recognition. *A socially conscious work may also provide a language through which private suffering is reframed as a shared human concern*.

The evidence concerning arts-on-prescription programs is encouraging but still developing. A 2024 systematic review and meta-analysis identified a growing evidence base for arts participation and individual health and well-being, while also noting the need to understand outcomes across varied programs and settings (Jensen et al., 2024). A later systematic review reported improved well-being across the included Arts on Prescription studies, although evidence concerning anxiety and depression was more limited and methodologically less conclusive (Frade Sá et al., 2026).

Music should consequently be offered neither as an unexamined cure nor as a decorative distraction. Its use should be purposeful, voluntary, culturally responsive, and connected to appropriate outcome evaluation. The objective is not to prescribe art as one prescribes a tablet. It is to create an ethically sound pathway through which people may recover expression, connection, and agency.

6. Spiritual Well-Being: Meaning, Purpose, and Human Flourishing

Although social prescribing is frequently discussed in relation to physical, psychological, and social outcomes, its potential spiritual dimension receives comparatively less attention. Here, spiritual well-being is not understood narrowly in terms of religious affiliation or practice. Rather, it refers to experiences of meaning, purpose, identity, significance, hope, connectedness, and one's relationship to something larger than oneself.

For many individuals, illness involves more than physical symptoms or emotional distress. It may also involve the disruption of valued roles, the loss of community, diminished purpose, or uncertainty regarding personal identity and direction. Community participation can sometimes help address these experiences by reconnecting individuals with relationships, values, interests, traditions, creativity, service, or collective goals.

Social prescribing may therefore contribute to spiritual well-being when it enables people to rediscover meaningful forms of participation. Volunteering may restore a sense of contribution. Cultural activities

may reconnect individuals with heritage and identity. Arts participation may help express experiences that resist ordinary language. Faith or spiritually oriented community activities may provide sources of belonging, reflection, and support.

The relevance of spiritual well-being to preventive medicine does not rest upon any particular philosophical or religious position. Rather, it recognizes that human beings are meaning-making individuals whose health is often shaped by whether life is experienced as purposeful, connected, and worth engaging with. As healthcare increasingly acknowledges the importance of whole-person care, questions of meaning and purpose may deserve greater attention alongside physical, psychological, and social determinants of health.

7. From Referral to Social Infrastructure:

Social prescribing can succeed only when there is something durable to prescribe. A referral to a program with long waiting lists, inaccessible transport, precarious funding, or culturally unresponsive delivery may deepen disappointment rather than improve well-being.

This reveals a central policy tension. Healthcare systems may recognize social determinants while expecting underfunded voluntary and community organizations to absorb the resulting demand. Social prescribing must not become a mechanism through which institutions acknowledge social suffering without investing in the social infrastructure required to address it.

Canada's social-prescribing movement increasingly emphasizes the integration of healthcare, social services, and community support, with attention to health equal opportunity, community leadership, and cross-sector collaboration (Canadian Institute for Social Prescribing, 2025).

This orientation is important because communities should not be treated merely as destinations for clinical referrals. They are co-producers of health.

A sustainable model should include:

- ✓ Stable investment in community and cultural organizations;
- ✓ Culturally responsive link-worker training;
- ✓ Accessible transportation and disability accommodations;
- ✓ Remuneration for artists, facilitators, and community partners;
- ✓ Safeguards for privacy and informed consent;
- ✓ Clear referral and feedback pathways;
- ✓ Monitoring for unequal uptake or programme exclusion;

- ✓ Integration with clinical care when medical or psychological treatment remains necessary; and
- ✓ Evaluation that includes well-being, participation, agency, belonging, and equal opportunities, not only service utilization.

The World Health Organization's implementation guidance similarly emphasizes situation analysis, community-resource mapping, stakeholder engagement, workforce preparation, referral pathways, and monitoring adapted to the local context (World Health Organization Regional Office for the Western Pacific, 2022).

8. Ethical and Evidentiary Boundaries:

The appeal of social prescribing should not lead to conceptual overreach. It cannot resolve poverty without economic policy, housing insecurity without housing, or severe psychiatric and medical conditions without appropriate professional treatment. Nor should community participation become a means of instructing people to adapt to avoidable injustice.

There is an ethical difference between helping an isolated individual join a supportive community and using a community activity to divert attention from structural deprivation. Preventive medicine must remain capable of distinguishing between a need for connection and a need for rights, resources, treatment, or protection.

Evaluation should therefore ask more than whether participants report feeling better. It should examine who was offered social prescribing, who accepted, who completed the program, who was unable to participate, what barriers were encountered, and whether benefits were sustained. Quantitative measures can identify patterns, but qualitative accounts are essential for understanding meaning. A statistically modest change may represent a profound restoration of agency for one person, while a favourable average may conceal cultural exclusion or unequal access for another.

9. Toward Multidimensional Preventive Well-Being:

Taken collectively, the preceding discussion suggests that the value of social prescribing may extend beyond any single outcome measure. Its significance may lie in its capacity to engage multiple and interconnected dimensions of human well-being.

Physical well-being may be supported through movement, activity, and health-promoting routines. Mental well-being may be strengthened through emotional regulation, resilience, confidence, and psychological support. Social well-being may emerge through belonging, connection, participation, and community

engagement. Spiritual well-being may develop through meaning, purpose, identity, hope, and contribution.

These dimensions should not be viewed as isolated categories. They often interact and reinforce one another. Increased participation may generate new social connections. Social connection may strengthen emotional well-being. Meaningful activity may enhance both psychological resilience and physical engagement. Community involvement may simultaneously support belonging, identity, purpose, and health-promoting behaviour. Viewed in this way, social prescribing becomes more than a mechanism for referral. It becomes a practical framework through which preventive medicine can engage with the lived realities of human well-being. The objective is not merely to reduce risk factors or delay disease, important though those goals remain. It is also to understand and strengthen the conditions through which individuals and communities remain capable of living meaningful, connected, and healthy lives.

Such an approach suggests that preventive medicine may benefit from attending not only to the prevention of illness, but also to the cultivation of multidimensional well-being encompassing physical, mental, social, and spiritual domains.

10. Conclusion: Prescribing the Conditions of Belonging

While social prescribing has primarily been discussed as a mechanism for connecting individuals with community resources, its broader significance may lie in what it reveals about health itself. Physical, mental, social, and spiritual well-being do not arise independently of participation, belonging, meaning, culture, and community. Preventive medicine may therefore benefit from expanding its focus beyond the prevention of disease toward understanding and supporting the multidimensional conditions through which individuals and communities remain well. Social prescribing invites preventive medicine to widen its field of vision. It reminds healthcare systems that a patient is not only a biological organism at risk of disease. The patient is also a meaning-making person situated within a family, culture, neighbourhood, history, and network of possibilities.

On that note, cultural neuroscience helps explain why environments and cultural experiences matter. Psychodynamics helps explain why invitations to participate may evoke hope, resistance, shame, trust, or renewed agency. Music for social impact demonstrates how creative expression can carry difficult realities without surrendering the possibility of transformation.

The future of preventive medicine may therefore depend not only on predicting disease earlier, but on recognizing disconnection sooner. Sometimes the most preventive intervention is not another warning

about risk. It is a bridge*: from clinic to community, from isolation to participation, from an unspoken burden to a shared language*.

A prescription may direct a person towards treatment. A social prescription, when ethically and culturally designed, ***may help direct the person back towards life***.

References:

Canadian Institute for Social Prescribing. (2025). Social prescribing in Canada report 2025: Bridging the gap between health and social care.

Dorbayani, M. (2018). Message song: Delivering important and powerful messages through lyrics and music. ISBN-10: 0994084250, WAALM Publications.

Dorbayani, M. (2024). The neuroscience and psychodynamics of cultural diplomacy and public policy: A collection of research and peer-reviewed articles. ISBN-10: 1777072093, WAALM Publications and JOISS Research, Canada.

Dorbayani, M. (2025a). Cultural neuroscience: An investigative study of cultural activities and their impact on brain and emotional behavior. ISBN-10: 1068871520, WAALM Publications and JOISS Research, Canada

Dorbayani, M. (2025b). The psychodynamics of music: Factors influencing mental health, public policy and peace. ISBN-10: 1068871512, JOISS Research, Canada.

Frade Sá, É., Monteiro-Soares, M., Ribas, M. J., Banzi, A., Henriques, J. S., Loureiro, D., Monteiro, L., & Baptista, S. (2026). Arts on prescription for wellbeing in adults: Systematic review. Frontiers in Public Health, 14, Article 1833798. https://doi.org/10.3389/fpubh.2026.1833798

Htun, H. L., Teshale, A. B., Cumpston, M. S., Demos, L., Ryan, J., Owen, A., & Freak-Poli, R. (2023). Effectiveness of social prescribing for chronic disease prevention in adults: A systematic review and meta-analysis of randomised controlled trials. Journal of Epidemiology and Community Health, 77(4), 265–276.

Jensen, A., Holt, N., Honda, S., & Bungay, H. (2024). The impact of arts on prescription on individual health and wellbeing: A systematic review with meta-analysis. Frontiers in Public Health, 12, Article 1412306. https://doi.org/10.3389/fpubh.2024.1412306

NHS England. (2026). Workforce development framework for social prescribing link workers (Version 2).

World Health Organization Regional Office for the Western Pacific. (2022). A toolkit on how to implement social prescribing. World Health Organization.