The Biopsychosocial Model of Health and Illness*

Dr. Shaheen E Lakhan

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Abstract

Aims to define the biopsychosocial model, explicate its implications in healthcare, characterize the nature of past and present perceptions of health and what factors influenced change, delineate the position of health psychology in different environments, and reveal the methods used to study biopsychosocial interactions.

Health is traditionally equated to the absence of disease. A lack of a fundamental pathology was thought to define one's health as good, whereas biologically driven pathogens and conditions would render an individual with poor health and the label "diseased". However, such a narrow scope on health limited our understanding of wellbeing, thwarted our treatments efforts, and perhaps more importantly, suppressed prevention measures.

BioPsychoSocial Model of Health and Illness Venn Diagram

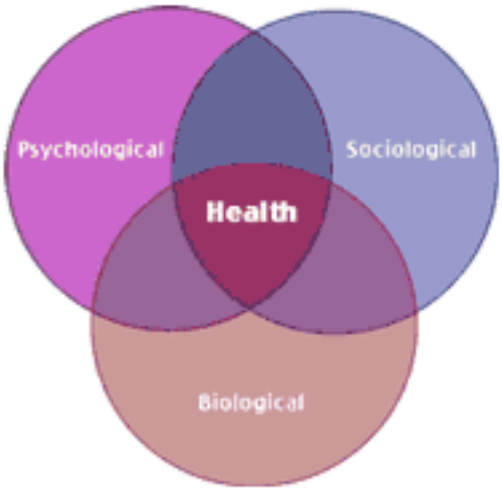

Figure 1

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Many institutions and medical doctors have managed to incorporate a holistic view of health in sound medical application, primarily based on the Biopsychosocial (BPS) Model of Health and Illness. The concept of wellness is particularly stressed, where the state of being in good health based on the biopsychosocial model is accompanied by good quality of life and strong relationships.

In 1977, American Psychiatrist George Engel[1] introduced the major theory in medicine, the BPS Model. The model accounted for biological, psychological, and sociological interconnected spectrums, each as systems of the body. In fact, the model accompanied a dramatic shift in focus from disease to health, recognizing that psychosocial factors (e.g. beliefs, relationships, stress) greatly impact recovery the progression of and recuperation from illness and disease.

Engel eloquently states:

"To provide a basis for understanding the determinants of disease and arriving at a rational treatments and patterns of health care, a medical model must also take into account the patient, the social context in which he lives and the complementary system devised by society to deal with the disruptive effects of illness, that is, the physician role and the health care system. This requires a biopsychosocial model."

Today, individuals are living with diseases that would have taken their lives in the past. We see health and wellness is a broader forum. Medical practitioners are more frequently adopting the biopsychosocial form in their clinician practice. The following outline compares the presentation, diagnosis, and treatment used by physicians who follow the biomedical and biopsychosocial model:

1 Biomedical Model

Reason for visit: Patient complains of chest pain.

Presentation: The focus is on physical causes of disease. The physician will ask few questions on recent diet, pain history, and familial incidence, however, empirical signs and symptoms of myocardial infarction are considered paramount.

Diagnosis: The clinician will order objective lab tests and monitor vital signs (i.e. temperature, pulse, and blood pressure) that would form the sole basis of any finding.

Therapy: The doctor will prescribe a medicinal plan for the patient based on biological etiology and pathogenesis.

2 Biopsychosocial Model

Reason for visit: Patient complains of chest pain.

Presentation: The aim to ascertain psychosocial and physical processes that may cause the chief complain, chest pain. The physician may ask for a history of recent life stressors and behaviors.

Diagnosis: Based on a combination of psychological factors and standard lab tests, the clinician will form a diagnosis.

Therapy: The physician discusses the available interventions with special attention to behaviors and lifestyles that could influence her pain and adherence to the treatment plan. The patient is involved in formulating and implementing the plan, and maintains a supportive relationship with the clinician.

[1] http://human-nature.com/free-associations/engel1.html