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# UNIT 2 MODELS OF HEALTH AND ILLNESS\*

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## 2.0 OBJECTIVES

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After reading this unit, you will be able to:

- discuss the medical model of health and illness;
- describe the holistic model of health;
- explain the biopsychosocial model;
- discuss the social model of health; and
- elucidate the concept of wellbeing.

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## 2.1 INTRODUCTION

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In recent times many public celebrities like Deepika Padukone (a Bollywood actress) have become more vocal about their mental illness (Depression in the case of Deepika Padukone), that was quite positively received. Do you think, reactions would have been received around 50 years ago if some one had talked about his or her state of depression? May be not because the probability of social rejection and taboo were much higher at that time and also, because of the prevalent health models that labeled and defined an illness. Models provide a theoretical framework so as to enhance our understanding of the concept, in this case, health.

So why do we need to study health models? Because the model of the health and illness adopted by society can have many important implications. It not only influences the line of treatment but also influences people's perception, attitude and cultural beliefs. Another benefit we can gain from studying these

health models is that they can help us in appreciating their role in establishing health psychology as a separate branch. Health psychology has been briefly described in Box 2.1.

### Box 2.1: Health Psychology

Health psychology is a subfield of psychology that mainly covers the application of principles of psychology to the field of health. According to Sanderson, (2013), health psychology aims to study the influence of an individual's behaviour on his/ her health, wellness and illness. It also deals with the influence of various psychological factors on the experience and reaction to stress, maintenance and promotion of health, coping with pain and the effect of varied illnesses on the psychological wellbeing and functioning of an individual. Ghosh (2015, pg. 4), defines health psychology as “a scientific field that applies psychological theory and methods to the study of health and tries to explain the entire range of behaviour from illness to wellness”.

As stated by Joseph Matarazzon, the major goals of health psychology include, promotion and maintenance of health, prevention and treatment of illness, identification of causes and the diagnostic correlated of illness and other related dysfunctions and carrying out analysis and bringing about improvements in health policies (Ghosh, 2015).

Health psychology as a separate field emerged with the realisation and research evidence that (i) contemporary health model is efficient in dealing with many illnesses, (ii) biological factors alone are not sufficient in maintaining our health and, (iii) psychological mechanisms can help in understanding wide-range of health issues.

In the previous unit we discussed about the concept of health and also focused on the cross-cultural perspectives of health besides the Health-Illness continuum. This unit tries to offer an overview of important health models that have played a vital role in the development of health psychology. Further, the concept of wellbeing will also be described at the end of the present Unit.

## 2.2 MEDICAL MODEL OF HEALTH AND ILLNESS

What images come to your mind with the word: hospital? White coats, patients resting on beds, X-ray machines, MRI scan machines, patients standing in the queue for their turn to see the doctor, the smell of drugs, injection and many more. Even though this description of contemporary treatment setup looks like a part of our common sense but it would not have been for our great-great-grandfathers and other ancestors. Why? Because this conception of medical treatment is fairly recent. Since the 19<sup>th</sup> century, the medical model is the most prevalent model of health and illness among contemporary healthcare practitioners. The medical model is also known as “Biomedical model”. The term ‘biomedical’ comes from the Greek word *bios* (meaning ‘life’) and the Latin word *medicus* (meaning ‘healing’). But ironically, healing is not a part of the practicing medical professionals as it focuses only on the physical aspect of the disease. To understand the medical model, we will discuss some of its major characteristics:

**Cause of Disease:** This model considers health as equivalent to a state of absence of disease and symptoms. The root cause of a disease according to this model is always some external pathogenic agents like virus, bacteria or some other physiological problem or cellular abnormalities. (Guttmacher, 1979). Further, it denies any role of emotional and psychological factors in disease.

**Responsibility for disease:** This model considers that the cause of illness is not dependent on the individual. Due to this reason, individuals are not seen as responsible for their illness. Patients are considered as only victims of some external factor or internal abnormalities.

**Treatment:** Since the focus of the medical model is always on biological or physical aspect. Therefore, treatment also focuses only on the human body's physical aspect. It involves removal of pathogenic agents either through drugs or through interventional strategies like surgery. The objective of treatment is the removal of symptom and relief from any type of pain.

**Techno-oriented Model:** This is the only model of health which relies heavily on machines and technologies. From making a generic drug to performing a surgery, everything here requires technology.

**Practitioner-Physician relationship:** This model considers that physicians possess all the required knowledge, expertise, and skill to treat patients. The medical model further considers patients as only passive recipients of their physician's expertise and expects patients to only cooperate with their treatment regime. Thus, the model considers practitioners superior to patients.

There is no doubt that the medical model is very effective in critical medical conditions. Therefore, it is often referred to as "quick fix" approach. It can provide immediate relief and quickly minimise the symptoms of the disease. However, many researchers have pointed out a number of limitations of medical treatment. According to George Engel (1997) and Guttmacher (1979), the medical model have many drawbacks. Some of the major limitations are as follows:

- It has a reductionist approach to human body and views it in the mechanistic framework. It does not give importance to the concept of 'mind' and considers mind-body dualism.
- It ignores any role of social, emotional, spiritual and psychological factors in health and illness. Thus, it does not talk about the wellbeing or healing aspect of the disease.
- It is not always effective in treating many diseases. Specifically, any psychosomatic diseases, chronic and lifestyle-related diseases.
- The issue of affordability is also associated with this model. Hospital treatment offers impersonal professional care, leading to a burden on one's pocket because of high fees. Its accessibility also depends on one's socio-economic status.

1) Why is medical model characterised as techno-oriented model?

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2) State any one limitation of the medical model of health and illness.

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### 2.3 HOLISTIC MODEL OF HEALTH

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In response to the various limitations of the medical model, many scholars came up with new models for health and illness. One such model is known as the holistic model. The term Holistic medicine was first used by F. H. Hoffman in 1960 (Derick, 2009). It refers to conceptualising health as a ‘whole’. Guttmacher (1979) has suggested that holistic model considers health as equivalent to “a sense of wellbeing” and disease is not considered as a presence or absence of a pathogenic agent only. Instead, according to the holistic model, a disharmony between social, psychological and spiritual dimensions of one’s life causes disease. In this way, the holistic model puts responsibility for ill health on the individual also. This model also gives equal importance to the role of practitioners and patients. Unlike biomedical model, it considers a practitioner as a mentor and role model, whose role is to motivate patients to be self-responsible for their health instead of having blind faith in practitioners’ efficacy.

In recent times the concept of holism has become quite popular among scholars and health care. As a result of this, there are many associations that are promoting the concept of holistic health. Some of these prominent associations include the American Holistic Medical Association, British Holistic Medical Association, American Holistic Health Association and, American Holistic Nurses Association. According to one such association; American Holistic Medical Association (n.d.) Holistic medicine is “the art and science of healing that addresses care of the whole person-body, mind, and spirit. The practice of holistic medicine integrates conventional and complementary therapies to promote optimal health, and prevent and treat disease by addressing contributing factors”. Based on this definition and earlier discussion we can conclude following points about the holistic model:

- Holism refers to a complete and comprehensive analysis of health and illness.
- We need to understand health from multiple perspectives as there is no single cause of illness.
- A holistic practitioner may treat patients from a wide range of healthcare options, that is, he/she may use medication along with alternative therapies.

As a result, many researchers called for an alternative model which can incorporate all dimensions of health and treats health as a whole. First holistic model “Biopsychosocial” was proposed by Engel in 1977, since then many other holistic models have been proposed by researchers such as Biopsychosocial-Spiritual Model (Sulmasy, 2002), Expanded WHO ICF Model of Illness (Wade, 2004), BMSEST model (Body, Mind, Spirit, Environment, Social, Transcendent) (Anandarajah, 2008), Eastern Body-Mind-Spirit Model (Chan, 2008). Studies have reported that treatment based on the holistic models can lead to an improvement in perceived wellbeing, depression and quality of life and decrease in depression and anxiety among its patients (Chan et. al, 2005; Targ & Levine, 2002; Sulmasy, 2002).

**Check Your Progress II**

- 1) Describe the holistic model of health.

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**Box 2.1: A Summary of Major Differences between the Medical Model and Holistic Models**

	<b>Medical Model</b>	<b>Holistic Models</b>
1.	<b>Health:</b> Absence of disease.	<b>Health:</b> A sense of wellbeing.
2.	<b>Disease:</b> Pathogenic agents, such as a chemical irritant or bacteria or cellular abnormalities, and can be identified by distinctive symptoms.	<b>Disease:</b> Disharmony between the individual and his/her environment or a disintegration social, psychological, and spiritual dimension.
3.	<b>Healing:</b> Is the treatment of physical symptoms.	<b>Healing:</b> Healing must entail a reintegration of basic dimensions.
4.	<b>Role of Practitioner:</b> Possesses the necessary specialized technical knowledge and skill to cure the disease.	<b>Role of the Practitioner:</b> Guide, mentor and role model.
5.	<b>Role of the Patient:</b> The patient must cooperate with the physician and comply with instructions.	<b>Role of the Patient:</b> Individual patient is essentially responsible for the outcome of an illness episode.
6.	<b>Treatment Outcomes:</b> Immediate relief, long-term complications, lowering of Health-Related–Quality of Life(HR-QoL), psychological problems such as depression and anxiety, dependency on drugs and, lower self-responsibility.	<b>Treatment Outcomes:</b> Long-term relief, fewer complications, higher HR-QoL, fewer psychological problems, lesser dependency on drugs and, higher self-responsibility.

## 2.4 BIOPSYCHOSOCIAL MODEL

In this section, we will discuss the most famous holistic model, Biopsychosocial model. Between the 1960s and 1980s, George Engel published a series of papers criticising medical model and advocating the need for a new model of health and illness. He proposed that,

“.....the existing biomedical model does not suffice. To provide a basis for understanding the determinants of disease and arriving at rational treatments and patterns of health care, a medical model must also take into account the patient, the social context in which he [sic] 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” (Engel 1977, pg. 132)

Biopsychosocial model, as the name suggests, conceptualises health as consisting of multiple dimensions. The medical or biomedical model focuses only on the physical aspect of health, but Engel’s new model includes psychological and social aspects as well. It is based on the idea that “humans are inherently biopsychosocial organisms in which the biological, psychological, and social dimensions are inextricably intertwined” (Melchert, 2007, pg. 37). Engel did not completely reject the benefits of the medical model but emphasised on giving equal importance to psychological and social factors in the process of treatment. This model suggests that other than physiological abnormalities, germs and viruses, our behaviours, thoughts, and feelings may also influence our physical state. Further, Engel also argued that physicians should also give importance to subjective experiences of their patients.

Broadly, there are three areas in which the biopsychosocial model has offered new insights: (1) patient’s subjective experience is as important as objective biomedical data, (2) a comprehensive causation can give fuller and deeper understanding of our health and illness, and (3) patients should not be treated as passive recipients of the treatment. They should be given more power in the clinical process.

The main advantage of this model is that it leads to numerous development in technology and research. It also contributes to the diagnoses and effective treatment of varied illnesses. It also leads to increase in life expectancy and enhancement of life expectancy. Though the model tends to rely on technology and thus could be cost ineffective and may not be affordable. The focus of this mode is also more on treatment than on actual promotion of good health.

### Check Your Progress III

- 1) What are the three areas in which the biopsychosocial model has offered new insights?

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## 2.5 SOCIAL MODEL OF HEALTH

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Social model of health finds its roots in the social model of disability and as such is a reaction to the medical model. In this model various factors that play an important role in health, like, social, political, economical, cultural and even environmental are taken in to consideration. For instance, environmental pollution can lead to detrimental effects on health. This model can be termed as a community based approach where the focus is on prevention of the illnesses/diseases. Thus, relevance is given to the awareness programmes and policies related to health so as to modify the lifestyle and health related behaviour of the individuals so as to promote their health and wellbeing. Thus, according to this model health can be promoted by keeping in mind the social, political, economical, cultural and environmental factors.

The main characteristics of this model are as follows (Yuill, Crinson and Duncan, 2010):

- 1) Social context in which the individual exists has a significant influence on the health related experiences, choices and behaviour of the individual. The social context includes class, ethnicity, gender and so on.
- 2) The human body is social, psychological and biological simultaneously.
- 3) Cultural variations exist in the way health and illness are perceived.
- 4) Though, biomedicine and medicine are relevant in the context of health, there are other aspects as well that play a role.
- 5) Health and social determinants of health are influenced by political decisions.
- 6) The opinions of persons from non-medical background are relevant as they may provide a different perspective on health.

Social model thus focuses on the social responsibility in order to ensure that people have a healthy lifestyle and environment. And strategies at varied levels, like, economical, political and so on, need to be developed in order to promote health amongst individuals. Thus, the social model of health focuses on varied determinants of health and also strives towards decreasing social inequalities. It focuses on empowerment of not only individuals but communities as well.

Some of the major advantages of this model are that this model promotes education amongst the individuals and is also cost effective. It also puts the onus on the individual so that he/ she develops healthy lifestyle. The model is based on community approach and seeks involvement of both governmental and non-governmental agencies. Despite of the advantages, the social model may also display some issues or disadvantages. Individuals may not be motivated or may lack awareness regarding health behaviour and lifestyle. Further, bringing about change in an individual's health related behaviour is not easy. This is a long term measure and thus quick results may not be achieved.

- 1) State any one characteristic of social model of health.

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## 2.6 CONCEPT OF WELLBEING

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The concept of wellbeing can be termed as broad and finds application in varied situations like economic, social, psychological and so on (King, 2007). According to Veenhoven (2004), the term ‘wellbeing’ broadly “denotes that something is in a good state”. Though the term does not specify what is in the good state and what constitutes that good state.

There were mainly two approaches to defining wellbeing. The hedonic tradition and the eudaimonic tradition. The hedonic tradition focuses on constructs such as happiness, positive emotions and life satisfaction. The eudaimonic tradition on the other hand described wellbeing in terms of effective and positive psychological functioning and development. Despite of these two different views, as such wellbeing as a construct is seen as multi-dimensional (Dodge et al, 2012).

Lets us now look at various definitions of wellbeing.

Shin and Johnson (1978, pg. 478) stated that “wellbeing is a global assessment of a person’s quality of life according to his own chosen criteria”.

Shah and Marks (2004, pg. 2) explained that “wellbeing is more than just happiness. It is feeling satisfied and happy. Wellbeing means developing as a person, being fulfilled, and making a contribution to the community”.

According to Dalal and Misra (2006), the concept of wellbeing is closer to the concept of mental health, life satisfaction, and happiness. The concept of wellbeing refers to a subjective feeling, which involves an evaluation of those affective and cognitive aspects of life which are getting affected by disease and illness directly or indirectly. Often it involves evaluation of happiness, sense of contentment, sense of belongingness, achievement and being without any distress and discomfort.

Wellbeing can be of two types: subjective wellbeing and objective wellbeing.

**Subjective wellbeing:** It is that part of one’s wellbeing which can be measured only by asking people directly about three aspects of wellbeing; evaluative wellbeing (life satisfaction), hedonic wellbeing (positive emotions such as feelings of happiness, sadness, etc), and eudemonic wellbeing (sense of purpose and meaning in life). “Subjective wellbeing consists of three interrelated components: life satisfaction, pleasant affect, and unpleasant affect. Affect refers to pleasant and unpleasant moods and emotions, whereas life satisfaction refers to a cognitive sense of satisfaction with life” (Diener & Suh, 1997, pg. 200).

**Objective wellbeing:** This type of wellbeing has its roots in the discipline of economics. It can be measured through self-reports as well as by studying objective measures such as mortality rate, life expectancy etc. This form of



wellbeing measures whether people have basic human needs and rights such as education, food, water and health facilities.

Wellbeing can also be categories as emotional wellbeing, physical wellbeing, social wellbeing, workplace wellbeing and societal wellbeing (Davis, 2019).

- Emotional wellbeing denotes an individuals ability to adequately manage stress, display resilience and display positive emotions.
- Physical wellbeing is explained in terms of improving one’s bodily functioning by exercising and eating healthy.
- Social wellbeing is described in terms of effective communication and ability to develop relationships and having adequate social support.
- Workplace wellbeing is an individuals ability to develop in his/her profession and pursue one’s interest, values and gain meaning and happiness.
- Societal wellbeing is about active participation in activities related to community and environment.

**Check Your Progress V**

1) What is subjective wellbeing?

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**2.7 LET US SUM UP**

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To summarise, since the last 200 years medical model has dominated the healthcare system. This model has a reductionist approach with regard to human body and equates the absence of symptoms as equivalent to good health. Dissatisfaction with the medical model motivated many scholars to switch to the holistic model. This model proposes to treat illness not just at the physical level but also at psychological, social and spiritual level. Biopsychosocial model (given by George Engel in 1977) is one such holistic model which attempts to treat patients as whole. Social model of health finds its roots in the social model of disability and as such is a reaction to the medical model. In this model various factors that play an important role in health, like, social, political, economical, cultural and even environmental are taken in to consideration.

The topic of health is not complete without understanding the concept of wellbeing. Wellbeing involves evaluation of happiness, a sense of contentment, sense of belongingness, achievement and being without any distress and discomfort. The concept of wellness can be broadly categorised as subjective wellbeing and objective wellbeing.

In the next block, that is block 2, we will discuss about stress and stress management.

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## 2.8 REFERENCES

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- Baum, A., & Posluszny, D. M. (1999). Health Psychology: Mapping Biobehavioral Contributions to Health and Illness. *Annual Review of Psychology*, 50, 137-163.
- Callahan, D. (1973). The WHO Definition of 'Health'. *The Hastings Center Studies*, 1(3), The Concept of Health, 77-87.
- Davis, T. (2019). What Is Well-Being? Definition, Types, and Well-Being Skills. Retrieved from <https://www.psychologytoday.com/us/blog/click-here-happiness/201901/what-is-well-being-definition-types-and-well-being-skills> on 17/06/2019 at 11:20 am.
- Dalal, A. K., & Misra, G. (2006). Psychology of Health and Wellbeing: Some Emerging Perspectives. *Psychological Studies*.
- Dalal, A. K. & Misra, G. (2011). *New Directions in Health Psychology* (1<sup>st</sup> ed.). New Delhi: Sage Publication.
- Diener, E., & Suh, E. (1997). Measuring Quality of Life: Economic, Social, and Subjective Indicators. *Social Indicators Research*, 40 (1-2), 189-216. <http://dx.doi.org/10.1023/A:1006859511756>
- Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The Challenge of Defining Wellbeing. *International Journal of Wellbeing*, 2(3), 222-235. doi:10.5502/ijw.v2i3.4
- Engel, G. L. (1977). The Need for a New Medical Model. *Science*, 196, 129-136.
- Farre, A., & Rapley, T. (2017, November). The New Old (and Old New) Medical Model: Four Decades Navigating the Biomedical and Psychosocial Understandings of Health and Illness. In *Healthcare* (Vol. 5, No. 4, p. 88). Multidisciplinary Digital Publishing Institute.
- Ghosh, M. (2015). *Health Psychology: Concepts in Health and Wellbeing*. New Delhi: Dorling Kindersley (India) Pvt. Ltd.
- Guttmacher, S. (1979). Whole in Body, Mind, and Spirit: Holistic Health and the Limits of Medicine. *The Hasting Center Report*, 9(2), 15-21.
- Marks, D. F; Murray, M; Evans, Brian; Willig, C; Woodall, C and Sykes, C. M. (2008). *Health Psychology: Theory, Research and Practice*. New Delhi: Sage.
- Sanderson, C. (2013). *Health Psychology*. USA: John Wiley and Sons Inc.
- Shah, H., & Marks, N. (2004). *A Wellbeing Manifesto for a Flourishing Society*. London: The New Economics Foundation
- Shah, P., & Mountain, D. (2007). The Medical Model is Dead—Long live the Medical Model. *The British Journal of Psychiatry*, 191(5), 375-377.
- Shin, D., & Johnson, D. (1978). Avowed Happiness as an Overall Assessment of the Quality of Life. *Social Indicators Research*, 5(1), 475-492. <http://dx.doi.org/10.1007/BF00352944>
- Veenhoven, R. (2004) "Subjective Measures of Wellbeing." Discussion Paper No. 2004/07. United Nations University: WIDER.

Wade, D. T., & Halligan, P. W. (2004). Do Biomedical Models of Illness Make for Good Healthcare Systems?. *BMJ: British Medical Journal*, 329(7479), 1398.

Wade, D. (2006). Why Physical Medicine, Physical Disability, and Physical Rehabilitation? We should Abandon Cartesian Dualism.

Wade, D. T. (2009). Holistic Health Care. What is it, and how can we Achieve it? *Oxford Centre for Enablement*, 1-35.

Yuill, C., I. Crinson, and E. Duncan, *Key Concepts in Health Studies*. Sage Key Concepts. 2010, Los Angeles; London: Sage.

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## 2.9 ANSWERS TO CHECK YOUR PROGRESS

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### Check Your Progress I

- 1) Why is medical model characterised as techno- oriented model?

Medical model is characterised as techno-oriented model because, this is the only model of health which relies heavily on machines and technologies. From making a generic drug to performing a surgery, everything here requires technology.

- 2) State any one limitation of the medical model of health and illness.

The medical model ignores any role of social, emotional, spiritual and psychological factors in health and illness. Thus, it does not talk about the wellbeing or healing aspect of the disease.

### Check Your Progress II

- 1) Describe the holistic model of health.

Holistic model considers health as equivalent to “a sense of wellbeing” and disease is not considered as a presence or absence of a pathogenic agents only. Instead, according to the holistic model, a disharmony between social, psychological and spiritual dimensions of one’s life causes disease.

### Check Your Progress III

- 1) What are the three areas in which the biopsychosocial model has offered new insights?

The three areas in which the biopsychosocial model has offered new insights are:

- patient’s subjective experience is also as important as objective biomedical data,
- a comprehensive causation can give fuller and deeper understanding of our health and illness,
- patients should not be treated as passive recipients of the treatment. They should be given more power in the clinical process.

### Check Your Progress IV

- 1) State any one characteristic of social model of health.

Social context in which the individual exists has a significant influence on the health related experiences, choices and behaviour of the individual. The social context includes class, ethnicity, gender and so on.

- 1) What is subjective wellbeing?

It is that part of one's wellbeing which can be measured only by asking people directly about three aspects of wellbeing; evaluative wellbeing (life satisfaction), hedonic wellbeing (positive emotions such as feelings of happiness, sadness, etc), and eudemonic wellbeing (sense of purpose and meaning in life).

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## **2.10 KEY WORDS**

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<b>Medical model</b>	:	The dominant model of health in the contemporary healthcare sector. It focuses only on the physical aspect of the disease and follows mind-body dualism.
<b>Holistic model</b>	:	Treats patients as a whole. The aim of this model is not just to cure but heal patients.
<b>Biopsychosocial model</b>	:	Propounded by Engel in 1977. It views illness not only from the physical dimension but gives equal importance to psychological and social dimensions.
<b>Wellbeing</b>	:	The concept of wellbeing refers to a subjective feeling, which involves an evaluation of those affective and cognitive aspects of life which are getting affected by disease and illness directly or indirectly.

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## **2.11 UNIT END QUESTIONS**

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- 1) What is medical model? Explain its major characteristics.
- 2) What is the holistic model of health? Write a note on factors that lead to dissatisfaction with the medical model.
- 3) Differentiate between the medical model and holistic model.
- 4) Write a note on wellbeing.



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