

Health Models 2

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Types of behavioral models

- Unidimensional
 - Medical
 - Psychodynamic
 - Social/behavioral
- Multidimensional
 - Biopsychosocial
- Other useful clinical models
 - Transtheoretical – Stage of change
 - Cross-cultural
 - Humanistic

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Critique of the Medical Model

- Perspective based on concept of physical medicine.

Abnormal behaviour ⇔ Individual is mentally ill
⇒ Individual requires treatment

BUT...no psychological pharmacology or organic aetiology



Functional disorders???

(e.g. Affective disorders, depression, anxiety)



DISPUTE

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Critique of the Medical Model

- Is the medical model applicable to mental illness?
- If an individual displays behaviour considered abnormal, is the individual ill?
- Points to consider:
 - Psychological events sometimes cause psychopathology, and dealing with these events - without having to change anything with the body - can be therapeutic. E.g. Phobias
 - Side effects from drugs - lack of tolerance reduces effectiveness.
 - "Psychological problems may not be the result of physical disorders, rather a problem with living." (*Szasz, 1961*)

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Critique of the Medical Model

- Points to consider:
 - Problem with Medical Model is the analogy between causes of physical and psychological disorders. Most emotional problems have no organic aetiology. They are a product of continuous adverse influences over long-term periods. This is related to :
 - Significant persons on events during the individuals development
 - Impact of key social institutions during development
 - The medical model fails to accommodate the effect that these factors may have on development

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Critique of the Medical Model

- Points to consider:
 - Operational difficulties - MM is ST in approach, and is not structured to effectively deal with mental illness.
 - Limited scope - MM is based on one-to-one interaction and is diagnosis special. Reliability and validity of classification schemes have been challenged.
 - *Nathan et al* (1969) - a patient was admitted to hospital as a chronic alcoholic, 32 doctors assessed the patients condition and gave a diagnosis - yielded 14 different therapies.
 - *Szasz* (1960, '61, '67), argues that although mental illness is a medical term, it is defined by social and medical criteria. "The defining criteria of mental illness involving behaviour seen as abnormal, are done so on the bases that behaviour is seen as abnormal as it does not correspond to accepted ethical standards, social behaviours, and legally established rules of behaviour."

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Counter criticisms of Szasz

- Need to define what is meant by 'disease' in a general sense, and when applied to abnormal behaviour. Disease states that :-
 - Mental illness - Organic disturbance of the Central Nervous System (CNS).
 - Somatic illness - Organic disturbance of the body.
 - Deviations from normally desirable standards of behaviour.
 - It is not necessary to accept the idea that a disease must have physical symptoms to qualify as such – benign epilepsy
 - It is possible, without invoking a mental illness model, to distinguish between ordinary cases of immoral behaviour and mental illness – PD vs. premeditated.

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Counter criticisms of Szasz

However.....

Any deviation could qualify as disease

Therefore even ordinary cases of immorality which we wish to distinguish from personality disorders, could be legitimate examples of disease. e.g. Homosexuality
(see DSM-III)

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Medical Model Summary

- Advantages
 - explains certain diseases very well
 - uses agreed - upon principles of biology, chemistry and physics
- Disadvantages
 - Does not account for >75% of problems presented in primary care
 - leads to delayed recognition of illness (as opposed to disease) and increased costs of medical care

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Psychodynamic Model

- Early 20th century origins (Freud)
- Explanatory aspect:
 - Focuses on Psychic energy as more important than the physical.
 - Based on early experiences which are important (the first 5 years of development)
 - Behavior and certain diseases caused by intrapsychic conflicts established in childhood
 - Development of free association
 - Discovery of transference - identifying with others.

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Psychodynamic Model 2

- Treatment aspect:
 - Behavior change (and disease resolution) results from resolving conflicts through psychotherapy
- Objectives includes:
 - Restoring health
 - Adapting to the external environment
 - Treatment for neurosis by:-
 - Therapy orientation
 - Free association
 - Dream analysis
 - (def: a mental or personality disturbance not attributable to any known neurological or organic dysfunction)

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Psychodynamic Model 3

- Advantages
 - Early experiences are important
 - Discovery of transference
 - Can be helpful in understanding interactions between doctors and patients
 - Useful for understanding meaning of symptoms to patients

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Psychodynamic Model 4

- Disadvantages
 - Does not explain disease well
 - Based on untested hypotheses - problems with experimental methods
 - Focus on sexual matters
 - Deterministic view of human behaviours
 - Early traumatic experiences
 - Failure of the ego

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Biopsychosocial Model Revisited

- Mid 20th century origins (Engel)
- Explanatory aspect:
 - Composite model: behavior and disease are determined by the interactions of biological, psychological, and social/learning factors
- Treatment aspect:
 - Illness and disease are addressed in a multidimensional plan that recognizes medical, family and social factors at once

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Biopsychosocial Model

- Advantages
 - Comprehensive and complete understanding of patient's illness/disease
 - Leads to multifaceted treatment plans
 - Incorporates advantages of previous models
- Disadvantages (minor)
 - Takes more time
 - Requires a deeper understanding of patient's social, occupational and family situation

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Case Example 1

Jane is a 45 year-old married woman who presents to your office with a 2-week history of progressively worsening chest pains. These pains last 5-30 minutes and can happen multiple times per day. She has a history of cardiac disease in her family which worries her greatly.

- ***Use the biomedical model to explain this case.***
- ***What should you recommend?***

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Case Example 1

The patient returns for a follow-up visit and tells you that she was at a domestic violence shelter for a brief time but returned to her home. The chest pains are now worse than ever. You learn that her father was also physically abusive to her as a child.

- ***Use the complete biopsychosocial model and explain this case.***
- ***What should you recommend now?***

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Prochaska & DiClemente

Transtheoretical Model

Patients go through 5 stages of change:

- **PRECONTEMPLATION**
 - (not even thinking about changing)
 - Locus of Control / Health Belief Model / MI
- **CONTEMPLATION**
 - (starting to think about it)
 - HBM / MI
- **PREPARATION**
 - (getting ready to change)
 - CBT
- **ACTION**
 - (initiating change)
 - CBT
- **MAINTENANCE**
 - (keeping change going)
 - CBT

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Case Example 2

Ben, a 48 year old lifetime smoker, comes to your clinic with a severe cough. His exam is consistent with severe bronchitis and early emphysema. You discuss the need to stop smoking. He seems annoyed and does not return for a follow-up appointment.

- ***What stage of change is Ben in?***
- ***How could you help him move to the next stage?***

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Case Example 3

Stan is a 46 year old man who drinks too much. He recently got a verbal warning and is concerned he will lose his job as a truck driver if his employer finds out. You have repeatedly discussed AA and formal substance abuse treatment, but while he agrees it's a good idea, he never goes.

- ***What stage of change is Stan in?***
- ***How could you help him move to the next stage?***

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Case Example 4

Mary is a 56 year old woman who has recently developed non-insulin dependent diabetes from her long-standing obesity. She wants to lose weight and asks you for amphetamine based medication. You advise against it, but she will not consider diet and exercise. She leaves discouraged and angry.

- ***What stage of change is Mary in?***
- ***How could you help her move to the next stage?***

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Case Example 5

Barbie is a 38 year old woman who has decided to leave her abusive husband, Ken. She has moved out of the house taking her entire wardrobe and several vehicles. Only her hairdresser knows her new address. She's decided it's finally time to get some serious help. Money is no object.

- ***What stage of change is Barbie in?***
- ***How could you help her move to the next stage?***

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Case Example 6

It's two years later. Barbie has been on Prozac and has a good Harley Street analyst. She has a relapse prevention plan that includes bimonthly trips to New York, monthly wardrobe overhauls and a new anatomically correct boyfriend.

What stage of change is Barbie in?

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Cross-Cultural Model

- Cross-Cultural model stresses categories of:
 - Thoughts
 - Traditions
 - Belief systems
 - Cultural behaviour
- Approaches include:
 - Evolutionist
 - Relationists → no absolutes
 - Universalists → global perspectives

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Cultural Norms

- Cultural norms vary over time and locational context according to :-
 - Class
 - Gender
 - Race
 - Ethnicity
 - Religion
 - Sexual orientation
 - Political orientation
 - Examples...

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Strengths of cultural models

- Value systems
- Culture's conception of abnormal behaviour
- Belief about human nature
- Patterns of behaviour and experience from different settings are compared
- Provide important insight into the way of a particular environment shapes behaviour.

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Cross-cultural studies (MH)

- **Silverman** (1967) explains that the shaman cultures and in some evangelistic settings, hearing voices and speaking in 'tongues' might be labelled as Schizophrenic by some, yet these behaviours are seen as healthy and respectable by others.
- **Murphy** (1976) asked whether Eskimos and Yoruba cultures had a word or a category that corresponds to western notions of madness.
 - The Eskimos use the word 'Nuthayihak' (talking to oneself, laughing, talking all the time). The word 'were in' in Yoruba refers to hearing voices, laughing inappropriately, and talking all the time.

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Perceptions of Health and Illness 1

- **France**
 - The process is more important than the outcome.
 - Antibiotics are over prescribed
 - Calcium supplement
 - Temperatures are taken by means of rectum
- **Germany**
 - Heart drug greatly used for most illnesses
 - Widespread diagnosis
 - High technology - electrodiagnosis (CT, EEG)
 - Alternative medicine - mud baths
 - Hypertension is a German diagnosis

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Perceptions of Health and Illness 2

- **England**
 - Few drugs / few vitamins
 - Anaesthetics over-prescribed
 - Pain killers over-prescribed
 - Extreme concerns about bowels
- **USA**
 - Caesarean is the most commonly performed operation in the world
 - Testing is widespread at all levels
 - Diet and cleanliness
 - Obsession with age and ageing signs
 - Psychoanalysis in vogue
 - Alternative medicine as prevention

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Cross-Cultural Model Summary

- **Strengths of the Model**
 - Eclectic diversity which provides a wealth of alternative prognostic and diagnostic alternatives.
 - Therapeutic options to any health problem.
 - A coherent formulation which could be applied to psychological and physiological factors
 - Strong emphasis on preventative approaches.
- **Weaknesses of the Model**
 - Costly in time and training to apply Cross-Cultural model.
 - Greater demands in understanding its concepts
 - Too broad and open, therefore many misinterpretations.
- **Conclusion**
 - The Cross-Cultural models are beneficial for all practices in diagnosis and health treatment processes : incorporating technology, caring values, and client's customs.

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The Humanistic Approach

- The humanistic approach represents a particular attitude to psychology, taking as its subject matter humanity in all our aspects.
- Recognises not only outer objective behaviour but also inner subjective life or experience, thereby including phenomena typically excluded from study by 20th C. Western psychology:
 - Personal meanings
 - Common sense
 - Fantasy
 - Religious belief
 - Mystical experience or altered states of consciousness

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The Humanistic Approach 2

- Maslow claimed humanistic psychology as presenting a third force in psychology, that is a healthy force which results in balancing all the other forces in the body:
 - Higher human motives
 - Self development
 - Knowledge
 - Understanding
 - Aesthetics⇒ a science of consciousness.

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Assumptions of the model

- The experience of the individual is primary
- Each human being is motivated toward growth
- A new sense of freedom is given to the person
- The person is recognised to be human (individual)
- The human qualities are stressed as the most important.
- Therefore significantly different to the MM

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Principles

- Restoring human growth
 - Unconditional positive regard (respect regardless of class, culture, race etc.)
 - Authentic genuine behaviour
 - Reflective behaviour
 - **The Central Concepts Related to this theory are:**
 - The person centred approach (the whole person)
 - Person Centred Therapy (Carl Rogers)
 - Self actualisation
 - Self direction (people power - freedom)
 - Peak experiences (respect and be respected)
- HOWEVER...far to innocent

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Evaluation of the Humanist Approach

- The model provides an optimistic view of the person
- Self direction and corporation
- Forward concept - very positive direction.

- But...Unclear and imprecise
- Vague concepts
- Non-scientific

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Summary

- Models are useful in thinking about and caring for patients.
- Although many models are helpful, the biopsychosocial model is the most complete and clinically useful overall.
- The transtheoretical (stages of change) model is useful in identifying why some patients cannot avoid behaviors that harm their health.

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Reading list

- Bateman, A. & Holes, J. (1995). An introduction to Psychoanalysis: Contemporary theory and practice. London: Routledge.
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- Maslow, A. (1998). Toward a Psychology of being. London: John Wiley & Sons.
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* Also Freud and Erickson!

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