

Response to Commentary:

Biopsychosocial Assessment: Why the Biopsychosocial and Rarely the Social?

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This is a case-based analysis of the current application of the biopsychosocial model in psychiatry, as first developed by Engel (Engel, 1977). Certainly, the commentary does not endorse “throwing the baby out with the bathwater”. Indeed, some have endorsed doing away with the biopsychosocial model completely, calling it “merely eclecticism” and akin to “anarchy”, and dramatically accuses the model of being “anti-humanistic” (Ghaemi, 2009), while some have questioned the model’s clinical validity for psychiatry (Richter, 1999). Without proper analysis of all the domains and how they dynamically inter-relate, the biopsychosocial model can devolve into anarchy and eclecticism, a label neither therapist nor psychiatrist wants. Thus, no wonder one might think the model anti-humanistic, especially if the social aspect of the formulation contains only trivial, superficial, demographic data, adding almost nothing to the formulation.

Others have noted the lack of integration of the psychosocial domains within the biomedical model. However, although they address the gains of health psychology and how to better integrate the psychological factors within the biomedical model, they fail to address how to adequately integrate the social factors (Havelka, Lucanin, & Lucanin, 2009). A former student of Dr. Engel wrote an editorial on the current state of the biopsychosocial model 30 years after Dr. Engel first developed it, and outlined the continued focus on the biomedical model today. However, attempts to explain what is lacking in the social domain were still not adequate to fully integrate the “social” into the model (Fava & Sonino, 2008).

Another paper had effectively incorporated the social and cultural factors into the biopsychosocial model

(Yamada, Greene, Bauman, & Maskarinec, 2000). This commentary builds and expands upon that work. The take home message of the commentary is that analysis, complexity, and inclusivity are needed, rather than neglecting any of the domains. Perhaps only when proponents of each view come to understand the importance of all factors involved can we evolve towards mutual respect, and serve the interests of patients and families best.

References

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