



# BEYOND THE MEDICAL MODEL

Michael E. Kerr, M.D.

A debate currently unfolding within psychiatry is extremely relevant to how society thinks about human behavior and the nature of disease. This debate has been generated by an upcoming revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM), a publication of the American Psychiatric Association. The DSM describes the diagnostic criteria for a wide range of mental illnesses. Critics of the DSM argue that the causes of mental illness remain poorly understood and that insufficient scientific support exists for the hundreds of different diagnoses in the manual. But a more fundamental problem with the DSM is that it is based on the medical model. Studies of family relationships and studies of the impact of social stress on health are exposing the limits of the medical model.

The medical model assumes that diseases have specific biological causes. The model works well in treating an infectious disease with antibiotics or surgically removing an inflamed organ. Despite all the many medical advances to treat injuries and to extend and save lives, the model has not been useful for explaining why two people can harbor the same pathogen but only one gets sick, or why two people can have the same type of cancer but one lives and the other dies. During the heyday of psychoanalysis, psychological factors were assumed to be the cause of mental illness. In recent decades psychiatry has aligned itself with the rest of medicine by adopting the biological paradigm as the cause of mental illness. Thus far, however, a causal relationship between specific brain pathologies and specific psychiatric diseases has not been documented.

Psychoanalysis reinforced a cultural myth that people are relatively autonomous psychological entities, each motivated by particular psychological mechanisms and conflicts. These conflicts may develop based on family experiences, but ultimately reside within and motivate an individual's behavior. Family research has challenged this notion of autonomy by observing, not surprisingly, that people profoundly affect each other's thoughts, attitudes, beliefs, feelings, moods, and



behavior. This research has produced a theory of human behavior called Bowen family systems theory. It is anchored in the assumption that emotional interdependence, which has been shaped by hundreds of millions of years of evolution, is a more accurate description of human nature than psychological autonomy.

Another finding from family research is that anxiety is inherent in the emotional interdependence. This is because people's emotional well-being is so powerfully linked to their important relationships and because frequent and protracted disturbances in relationships are more the rule than the exception. If relationships are disturbed and anxiety escalates in a family system, predictable patterns of interacting unfold that can result in one member of the family disproportionately absorbing the system's anxiety. This could be the one a group pressures to solve its problems or one the group blames for causing its problems. This family member can experience the focus as threatening which activates his stress response systems. Frequent and prolonged activation of the stress response can trigger and sustain physical and psychological illnesses. The stress response does not cause disease, but it does activate vulnerabilities to disease including genetic predispositions.

The findings from family research and stress research suggest that the theoretical framework underlying the DSM classifications is too narrow in scope. The assumption of specific causes for specific diagnoses may have to give way to discovering vulnerabilities to various types of psychiatric symptoms. The interplay between vulnerability and environmental factors in the development of a disease is not a new idea in medicine, but family research highlights the role of stress triggered by family interactions and provides a systematic way of assessing the stressors by looking at family and other significant relationship systems. People tend to resist letting go of the notion of individual autonomy and the idea that our behavior can have a profound impact on the health and well-being of others. It is difficult to adopt this view without slipping into blame and self-blame. An important distinction exists, however, between seeing the part one plays in relationship problems and viewing oneself or others as the cause of those problems. Perhaps no one thing causes cancer or schizophrenia just like no one thing causes a hurricane. If the conditions are right it happens but, if one piece is missing, it does not happen. We will continue to treat pieces in the puzzle but stepping back to view the whole cannot be anything but useful.