The Biopsychosocial Model: Whose Legacy?

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In a recent paper, Engle[1] asked the rhetorical question, "Who are to be the teachers of the biopsychosocial model?" Psychiatrists were the mentors he chose for the model he has championed—a model that encourages the study of the total environment in patient assessment and care (Figure 1).

Although the recommendation of this distinguished professor of internal medicine and psychiatry could have been predicted, I was disappointed that my former University of Rochester Medical School professor had failed to offer a share of the teaching of the biopsychosocial model to family medicine.

In directing the teaching responsibilities to psychiatry, Engle, who has recently retired, was in a sense offering an inheritance gift to his discipline. I suspect, however, that although undergraduate education in psychiatry may be in need of rejuvenation, the discipline is looking for a second coming of Freud rather than entry into the field of biomedicine.

Engle's paper was disappointing, not so much because he suggested that psychiatry broaden its teaching base, but because he failed to recognize over a decade of teaching and research contributions made by family medicine to the biopsychosocial approach to health care.[2-8]

Papers on somatization,[9] clinical social science rounds,[10] psychosomatic illness,[11,12] and illness and behavior[13] attest to the commitment of family medicine to the integration of the biomedical and psychosocial sciences. Furthermore, throughout the country family medicine faculty are involved in teaching such integrated relationships as the patient in the context of family,[14-17] the interrelationship of stress, illness, and social support,[18-21] the worth of studying the "whole" patient,[22] and comprehensive health care.[23]

It may be that the failure of family medicine to be recognized for these accomplishments reflects the limitations of our label. "Family" is only part of the biopsychosocial model. In the psychosocial portion of Engle's model, family is a step above the patient's partner in social complexity. Even though in teaching, practice, and research in family medicine an integration of the patient's biomedical and psychosocial worlds are recognized, other academic disciplines may feel we are constrained by "family."

How can we be recognized for what we are?—the teachers of integrated health care. It is my feeling that on the podium, in papers, and exchanges with colleagues, we should make clear that the unity of biomedical and psychosocial models is a basic tenet of our discipline.

The purpose of this essay is not to recommend that we stake claim to a label, for example, "Bio-

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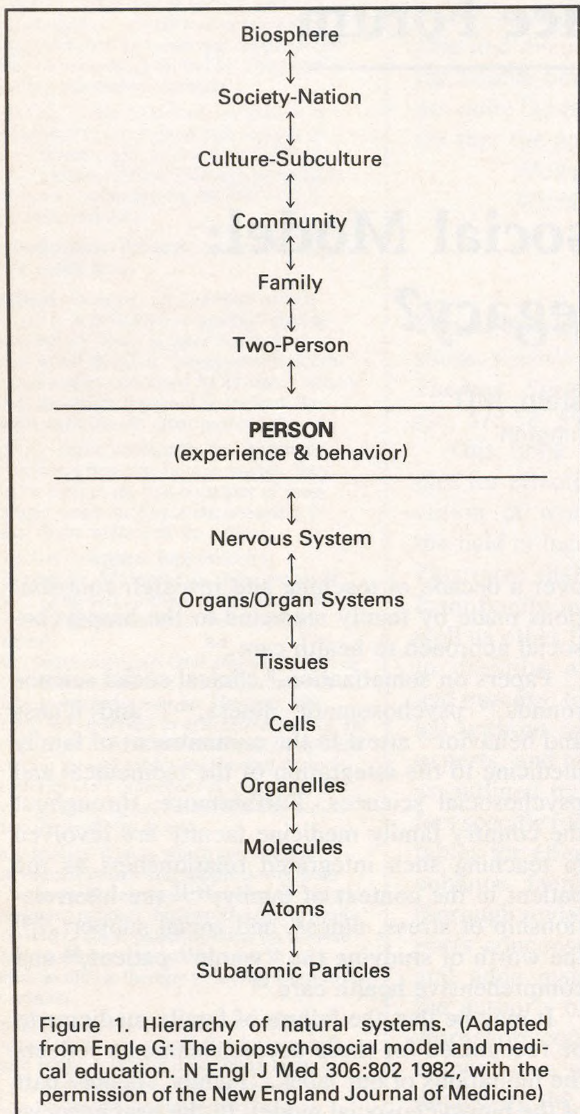

Figure 1. Hierarchy of natural systems. (Adapted from Engle G: The biopsychosocial model and medical education. N Engl J Med 306:802 1982, with the permission of the New England Journal of Medicine)

psychosocialists of America" (I have a feeling that such a model would not attract many friends). Rather, it is to suggest that the biopsychosocial approach is central to family medicine. It is an important part of the answer to the question, "What is family medicine?"

Engle, an educator and major contributor to our wisdom in medicine, has conceived a model that gives clarity to the biopsychosocial concept of health care. He has recommended that psychiatry include this model in its curriculum. If psychiatrists accept Engle's challenge to broaden the scope of their teaching, they should look to family medicine to learn how the model has been incorporated in teaching and research.

References

1. Engle GL: The biopsychosocial model and medical education. N Engl J Med 306:802, 1982
2. McWhinney IR: An approach to the integration of behavioral sciences and clinical medicine. N Engl J Med 287:384, 1972
3. Vanderwoort HP, Ransom DC: Undergraduate education in family medicine. J Med Educ 48:158, 1973
4. Medalie JA, Goldbourt U: Angina pectoris among 10,000 men: Part II. Psychosocial and other risk factors as evidenced by a multivariate analysis of a five-year incidence study. Am J Med 60:910, 1976
5. Wood M, Stewart W, Brown TC: Research in family medicine. J Fam Pract 5:62, 1977
6. Huygen FJA: Family Medicine. Nijmegen, Holland, Dekker and VaderVegt, 1978, pp 51-58
7. Leaman TL: Predoctoral education in family medicine: A ten-year perspective. J Fam Pract 9:845, 1979
8. Perkoff GT: Research in family medicine: Classification, directions, and costs. J Fam Pract 13:553, 1981
9. Rosen G, Kleinman A, Katon W: Somatization in family practice: A biopsychosocial approach. J Fam Pract 14:493, 1982
10. Smilkstein G, Kleinman A, Chrisman N, et al: The clinical social science conference in biopsychosocial teaching. J Fam Pract 12:347, 1981
11. Fiorini GT: Emotional and psychosocial disorders in family practice. Can Fam Physician 17:53, 1971
12. Collyer JA: Psychosomatic illness in a solo family practice. Psychosomatics 20:762, 1979
13. Stewart MA, McWhinney IR, Buck CW: How illness presents: A study of patient behavior. J Fam Pract 2:411, 1975
14. Bauman MH, Grace NT: Family process and family practice. J Fam Pract 1(2):24, 1974
15. Geyman JP: The family as the object of care in family practice. J Fam Pract 5:571, 1977
16. Schmidt DD: The family as the unit of medical care. J Fam Pract 7:303, 1978
17. Arbogast RC, Scratton JM, Krick JP: The family as patient: Preliminary experience with a recorded assessment schema. J Fam Pract 7:1151, 1978
18. Medalie JH: Changing social patterns and their interrelationship with the family and health. In Medalie JH (ed): Family Medicine: Principles and Applications. Baltimore, Williams & Wilkins, 1978, pp 21-28
19. Smilkstein G: The cycle of family function: A conceptual model for family medicine. J Fam Pract 11:223, 1980
20. Roger IS: Teaching normal patient coping styles in a family practice setting. J Fam Pract 12:865, 1981
21. Brennan M, Noce A: A study of patients with psychosocial problems in a family practice. J Fam Pract 13:837, 1981
22. Mauksch HO: A social science basis for conceptualizing family health. Soc Sci Med 8:521, 1974
23. Smilkstein G: A model for teaching comprehensive health care. J Med Educ 52:773, 1977