



**PSYCHOLOGY FOR HEALTH  
AND  
WELL BEING**

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December, 2020

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ISBN-81

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Further information about the Indira Gandhi National Open University courses may be obtained from the University's office at Maidan Garhi, New Delhi-110068

Printed and published on behalf of the Indira Gandhi National Open University, New Delhi by Registrar, MPDD, IGNOU, New Delhi.

Laser Typeset by: Rajshree Computers, V-166A, Bhagwati Vihar, (Near Sector-2, Dwarka), Uttam Nagar, New Delhi-110059

Printed at:

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# BPCG 173 PSYCHOLOGY FOR HEALTH AND WELL BEING

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The course on Psychology for Health and Wellbeing (BPCG 173) is a 6 credits course offered under Bachelors Degree Programme of IGNOU. The objectives of this course are to acquaint learners with the spectrum of health and illness, to identify and manage stress, to learn approaches to enhance well being and to acquaint learners with strategies to prevent illnesses, promote and manage health and well being

The course is divided into four blocks. Each of these blocks represents a specific theme which is discussed in terms of units. The units are arranged in a logical sequence so as to cover the main aspects of each theme.

Before proceeding to read the units, you are advised to go through instructions about how to read the course material. Given below is the explanation of the organization and sequencing of the unit.

## Organization and Sequencing of a Unit

The following is the structure of each unit:

- 1.0 Objectives
- 1.1 Introduction
- 1.2 Section (Theme of the section)
  - 1.2.1 Subsection of 1
  - .....
  - Check Your Progress I
- 1.3 Section (Theme of the section)
  - 1.3.1 Subsection of 2
  - .....

Check Your Progress II

Let Us Sum Up

References

Key Words

Answers to Check Your Progress

Unit End Questions

As the scheme suggests, each unit is divided into sections for easy reading and better comprehension. The numbering and length of each section and subsection may vary from one unit to the other, depending upon the depth of information in each unit. Each section is indicated by **BOLD CAPITALS** and each subsection by a **relatively smaller but bold typeface**. Divisions within the subsections are in **relatively smaller bold typeface** so as to make it easy for you to understand.



Let us now discuss each section of a unit.

### **Objectives**

We begin each unit with the section Objectives. It tells you briefly about the objectives of the unit, what you will learn after you study the unit.

### **Introduction**

The section Introduction will mainly focus on introducing the theme of the present Unit.

### **Illustration**

There are several illustrations in each unit in the form of figures and diagrams. The main purpose of these illustrations is to make the study comprehensive and interesting.

### **Check Your Progress**

We have given self-check exercises under the caption Check Your Progress at the end of main sections. You can provide your answers in the space given below each question/ exercise. You will be tempted to have a glance of the main text as soon as you come across an exercise. But we do hope that you will resist this temptation and turn to the main text only after completing the answers.

You should read each unit and note the important points in the margin provided in the course material. This will help in your study. It will also help you to answer the self-check exercises and the assignment questions, as well as help in revising your course before appearing for your Term End Examination (TEE).

### **Let Us Sum Up**

This section of each unit under the heading Let Us Sum Up summarises the whole unit for the purpose of ready reference and recapitulation.

### **References**

We have given a list of references at the end of each unit. This is a list of books and articles used by the course writers to prepare the units. This reflects that your course material is based on a wide spectrum of literature available on a particular theme, related to your course. This also informs you of the wide literature available in the particular area of study. If interested in widening your knowledge, you may look for the mentioned references. Each reference mentions the name of the author, year of publication, title of the book/article, name of publisher and place of publication.

Suggested readings help you to increase your level of understanding of a particular theme in each unit.

### **Key words**

The key words explain the basic ideas, technical terms and difficult words.

### **Answers to Check Your Progress**

The answers to check your progress are given here.

## Unit End Questions

Besides Check Your Progress, we have given Unit End Questions in each Unit. Practicing these questions will help you in answering assignments and Term End Examination Question Paper, though the pattern and style of questions asked may not be similar.

## Audio and Video Aids

Some Units have been selected for the audio and video programmes to supplement the printed material. This will help you to understand the units with greater clarity.

Apart from this, you may also access IGNOU's FM radio channel, Gyanvani (105.6 FM), which is available across many cities in India, for regular programmes, related to themes on Psychology. You can listen to the live discussions by faculty and experts on the topic of the day and interact with them through telephone, email, and through chat mode.

You may also watch Gyandarshan TV channel (free to air educational channel), for programmes related to topics on Psychology. The schedule of Gyanvani and Gyandarshan is displayed on [www.ignou.ac.in](http://www.ignou.ac.in). The radio and TV channels may also be accessed on Gyandhara, webcast facility for Gyanvani and Gyandarshan, provided by the University.

## Assignment

You will receive a set of assignments for the whole programme. These are Tutor Marked Assignments, which are to be submitted to the respective Study Centre after completion. These assignments will be evaluated by academic counsellor from your Study Centre. Ensure that you complete all your assignments because the grades that you get in each of these assignments are included in the final evaluation of your degree. Before answering the assignments, read all the units and additional material (if available).

## Guidelines for assignments

While working on assignment, kindly ensure the following points,

- 1) Clearly write your Enrollment number
- 2) Answer them in your handwriting and in your own words (**do not copy the sentences from the course material or any other source**).
- 3) Write clearly and neatly so that it is easy to read your answers
- 4) Leave margins on one side of your answer-sheets so that evaluator may write his/ her comments on your performance.
- 5) Organise your answers well based on the question asked.
- 6) You will submit the assignments at your Study Centre on or before the date mentioned as per the admission cycle. Kindly check the dates from [www.ignou.ac.in](http://www.ignou.ac.in) or your Regional Centre website.

### **Term End Examination (TEE)**

Consider the following points while answering TEE.

- 1) Questions need to be answered in **one's own words** and they need to be focused based on the question asked.
- 2) Answer the questions keeping in mind the word limit.
- 3) Organise answers well based on the question asked and also keep in mind any bifurcation given in the marks.
- 4) Ensure that you mention correct question numbers for respective answers.

### **Preparation of Course Material**

The syllabus of course material BPCG-173 is designed by an Expert Committee (see page 2 of this course) and prepared by Course Preparation Team which comprises the author(s) of units, content editor(s), language editor, and the course coordinator. The expert committee selected the themes and sub-themes of the blocks and units, keeping in view the prescribed syllabi of UGC (CBCS model). The authors of units have provided their expertise in elaborating them in the form of the main text of each unit. The content editor has carefully examined the course contents and has made an attempt to make the material clear and comprehensible.

**For any query or feedback related to the course, you may kindly contact the course coordinator at,**

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# BPCG 173 PSYCHOLOGY FOR HEALTH AND WELL BEING

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Dear Learner,

Psychology for Health and Well Being is a six credits course and the main objectives of this course are to acquaint learners with the spectrum of health and illness, to identify and manage stress, to learn approaches to enhance well being and to acquaint learners with strategies to prevent illnesses, promote and manage health and well being.

**Block 1 is titled Introduction and covers mainly two units, Unit 1 and 2.** The first unit is titled Introduction to Health and Wellbeing and this unit will extensively discuss about the concept and definition of health and cross cultural perspectives on health. Further, Health-Illness will also be covered in this unit. The second unit is titled 'Models of Health and Illness' and covers the medical model of health and illness, the holistic model of health and the biopsychosocial model and social model of health. It also introduces the concept of wellbeing.

**Block 2 of this course is divided into three Units; Units 3, 4 and 5.** Unit three is titled 'Stress: An introduction' and this unit will serve as a basis to rest of the units that will be covered in this block. It will cover the concept, nature, sources and measurement of stress. Discussion on the concept and nature of stress will provide a fair idea about the term and will set a framework for comprehension of other topics and subtopics discussed in this block. Sources of stress mainly focus on frustration, conflict of motives and pressure, that can be termed as general sources of stress. Measurement of stress is relevant and necessary for effective diagnosis of stress. There are various ways in which stress can be measured. Varied methods of measurement like physiological measures, psychological tests, checklist and interview will be discussed under this unit.

Unit four mainly focuses on the factors contributing to stress proneness including Type A personality, hostility, perfectionism, procrastination and learned helplessness/learned pessimism. Various moderators of stress will also be discussed in this unit. The moderators play an important role in relationship between the stress and corresponding reactions. These moderators may lead to individuals experiencing high or low stress. Various moderators of stress including personality, locus of control, social support, optimism and pessimism and gender and culture will be covered in the unit.

Unit five will highlight the effect of stress. Mainly the effect of stress on health, performance and productivity and on relationships will be covered in this unit.

**Block 3 constitutes Units 6, 7 and 8 six.** Unit six is related to coping with stress and covers coping and coping styles. In this unit not only the concept of coping will be discussed but various coping styles will also be highlighted. Units seven and eight will cover various stress management techniques. In the previous block we studied about stress as a concept and in the present block we will cover how to manage and deal effectively with stress. Unit seven will cover relaxation techniques, meditation, Yoga, mindfulness and biofeedback and Unit eight will mainly cover cognitive restructuring and time management.

**Block 4 focuses on promotion of physical and mental health. This block is again divided in to four units. Units 9, 10, 11 and 12.** Unit nine and 10 deal with physical illness experiences. Unit nine will highlight the illnesses related to food, diet, obesity. It will also focus on the problems related to sexual health. And Unit 10 will discuss acute and chronic pain besides chronic illnesses. Unit 11 discusses mental illness experiences including, depression, anxiety, psychosomatic illnesses and substance use. The last unit (Unit 12) is related to the prevention, management and intervention and the topics that are covered in this unit include cultivating human strengths (intra and inter personal) and virtues, hope and optimism, gainful employment and work life balance. Further, the unit will also discuss exercise, nutrition, Yoga and meditation.

Some suggestions and tips to enhance your study of this course are as follows:

- 1) Ensure that your basic concepts, given in this course, are clear. If you don't understand the terms, read again. The first unit is a foundation to rest of the units, so ensure that you read and learn this unit first.
- 2) After you read each section, try to attempt the Check Your Progress for that section and cross check your answers from Answers to Check Your Progress given in the later section of the unit. This will provide you with a feedback on what you have learned and what you need to further focus on and understand.



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**BLOCK 1**

**INTRODUCTION TO HEALTH AND WELLBEING**

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**UNIT 1**

**Introduction to Health and Wellbeing**

**13**

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**UNIT 2**

**Models of Health and Illness**

**25**

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# UNIT 1 INTRODUCTION TO HEALTH AND WELLBEING\*

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## Structure

- 1.0 Objectives
- 1.1 Introduction
- 1.2 Concept and Definition of Health
- 1.3 Cross-cultural Perspectives on Health
  - 1.3.1 Western Perspective
  - 1.3.2 Eastern Perspective on Health
  - 1.3.3 Indian Perspective on Health
- 1.4 Health-Illness Continuum
- 1.5 Let Us Sum Up
- 1.6 References
- 1.7 Key Words
- 1.8 Answers to Check Your Progress
- 1.9 Unit End Questions

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## 1.0 OBJECTIVES

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After reading this unit, you will be able to:

- discuss the concept and definition of health;
- explain the perspectives of health; and
- describe the Health-Illness continuum.

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## 1.1 INTRODUCTION

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*Rahul and Samina are a happily married couple in their early 30s. They both work in a multi national company and are doing very well in their jobs. But despite of high income and a comfortable lifestyle, Rahul was recently diagnosed with hypertension and Type II diabetes and Samina is stressed all the time and has developed sleep problem for which she is consulting a physician.*

*Nirav is a ten year old boy and though he has always been on a healthier side, he has been recently diagnosed as being obese. Doctor has attributed his obesity to lack of healthy diet, (including fruits and vegetables that are rich in fibre) and to regular consumption of junk food, soft drink and sweets.*

*Arun was a topper throughout his school years and managed to get admission to one of the best colleges in his cities to pursue a programme*

*in management. During this time, he started consuming alcohol and also started smoking, that soon developed in to a habit and addiction. As a result not only his studies suffered but his relationship with his family and friends has also been negatively affected. His parents have now admitted him to a de-addiction centre to help him recover.*

*After loosing her mother to a terminal illness, Savita who was once a bubbly eight year old has now become secluded and lonely. She has stopped interacting with her friends and refuses to attend school. She is also not able to eat and sleep adequately. Her family doctor recommended her to a clinical psychologist who has diagnosed her with having depression.*

The above examples, highlight some of the aspects of health. It can be said that health is one of the most important but most deprived aspect of our life. Nowadays, our lifestyle has become more leisure oriented, indoor, technology-centered and dependent on food such as pizza, burger, chips, cold drink, etc. In all probability, this lifestyle is damaging our health and increasing the burden of non-communicable diseases on our healthcare system. Moreover, conventional hospital treatment has been found to be inefficient in treating lifestyle-related diseases. It is thus important to focus on health and deal with it at multiple levels not only by making adequate health services available but also by encouraging healthy lifestyle amongst the individuals.

In the very first unit of this course, we will discuss about the concept and definition of health. The difference between illness, disease, and sickness will also be focused on. Further, the conceptualisation of health according to western and eastern perspectives will also be explained. The Health-Illness continuum will also be described.

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## **1.2 CONCEPT AND DEFINITION OF HEALTH**

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What do you mean by health? The answer to this question is a complex one, as it holds many different meanings across time, culture, society, social class and even age groups. In this section, we will discuss the meaning of health and how it has been conceptualised among lay people, by the World Health Organisation, and among different cultures.

Many studies have been conducted to understand what common people think and understand by health. In a study done by Bauman (1961), she asked people to explain ‘what does being healthy mean for them?’ Majority of the participants reported either of the following three types of responses:

- 1) health means a ‘general sense of wellbeing.’
- 2) health is identified with ‘the absence of symptoms of disease’ and,
- 3) health can be seen in ‘the things that a person who is physically fit is able to do’.

Thus, according to layperson health has three components; feeling, symptom orientation and performance. In another study, Benyamini, Leventhal, and Leventhal (2003) found that according to 500 elderly participants, health is an ability to perform physical functions and vitality. Krause and Jay (1994) also conducted a study to understand the frame of reference for judging one’s health. They found that for older participants the frame of reference was the absence

or presence of health problems. Whereas, for the younger participants, health promoting behaviour was the frame of reference. These studies suggest that the meaning of health is very subjective and it changes with social factors and factors like age group can also play a role.

The term health has been derived from 'Hoelth', that is, an old English word that denotes 'the state or condition of being whole or sound' (Melquiades, 2015, pg. 3).

Pindar, in 5th Century BC defined health as "harmonious functioning of the organs". (Svalastog et al, 2017, pg. 431) This definition mainly focused on the physical aspect of health including the functioning of the physical organs as well as the absence of pain and experience of comfort. Hippocrates described health in relation to lifestyle of the individual and the environmental factors including climatic conditions, air quality, lifestyle habits, quality of water and food as well. The term 'positive health' was introduced by him, that focuses on diet as well as exercise (Svalastog et al, 2017).

Health has also been described in terms of a person's ability to adjust to the environmental influences. Thus, if he/ she is not able to adapt then he/ she may experience some illness or develop a disease (Svalastog et al, 2017). Most of the modern definitions define health as not mere absence of disease but an increased capacity for realisation and fulfilment of self. It has been explained as a state in which the individual is able to adequately function at physical, mental, social as well as spiritual level and is able to express his/ her potentials in the context of the environment within which he/ she exists (Svalastog et al, 2017).

In 1946, The Constitution of World Health Organisation (WHO) came up with a definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". Later in its 1998 constitution, WHO again modified its definition and defined health as "a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity". Few points should be noted down from these definitions of health by World Health Organisation; (i) health is not equivalent to absence of disease or symptoms, (ii) health is dynamic in nature, (iii) not just your physical wellbeing but your mental, social and spiritual wellbeing are equally important and, (iv) our health is a combination of four dimensions; physical, mental, social and spiritual.

As you can see in the definition of health given by WHO, the term wellbeing has been used. Wellbeing is also known as 'Subjective Well-being' (SWB). The concept of wellbeing is closer to the concept of mental health, life satisfaction, and happiness. Wellbeing is a subjective feeling, which involves 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. We will discuss about it in detail in the next unit of this course.

Other important terms related to health are 'illness', 'disease' and 'sickness'. Often used interchangeably, these three terms are used to describe the ill health of the person. However, in the scientific community, these terms are used to explain different connotations of ill health. Let us have a look at the basic definition of these terms.

**Disease:** This term is used by the doctors or physicians to describe the pathological (symptoms, causes etc.) and biological aspects of the health condition of his/her patients.

**Illness:** It refers to the general term that people use to describe their perceived deteriorated health conditions that may or may not have been yet diagnosed by a doctor. Thus, this term represents subjective experiences of the person's ill health.

**Sickness:** It is the societal role and perception related to illness such as taking rest, days off from work, stigma, etc.

Being healthy can be denoted not only by absence of illness but also presence of physical, mental and social wellbeing, ability of an individual to adapt well to his/ her environment. Health is also denoted by a movement towards wellbeing or wellness. Illness on the other hand can be characterised by decreased functioning in terms of physical, emotional, mental, social and spiritual aspects. Illness can be determined by presence of symptoms as well as by the diminished ability to function effectively in day to day life. It can also be determined by how the individual is feeling.

Health can be described in terms of its three domains as proposed by Dalal and Mishra (2012). They suggested the field of health broadly comprised of three domains, namely, *restoration*, *maintenance*, and *growth*. The objective of the first domain (*restoration*) is to help an individual in recovering his health from the state of illness. Thus, this domain involves all kinds of interventions that will help a patient in recovering from his illness symptoms, bodily pain, and sufferings. The second domain of health is *maintenance*, and its objective is to help people in maintaining good health and protecting them from diseases. All kinds of health-promoting behaviour such as yoga, exercise, eating good food, etc, are part of this domain. The last domain; *growth*, sees health not just in the physical terms but it considers social factors and spirituality as its parts as well. Therefore, this domain helps patients to achieve and grow in all spheres of their life.

**Check Your Progress I**

- 1) Define Health.

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- 2) List the three domains of health.

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## 1.3 CROSS-CULTURAL PERSPECTIVES ON HEALTH

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The way in which health is defined or perceived may vary based on culture. In this sub section of the unit, we will try to understand varied cross cultural perspectives on health.

Since cultural beliefs are intricately woven into the health beliefs of patients, therefore to understand any health-related behaviour it is essential to acknowledge and understand the role of culture and society first. In this section, we will discuss how western and eastern societies conceptualise health and illness. Before starting this section, first let's discuss the concept-*Karma*. Karma refers to the metaphysical principle of cause and effect. It is a belief that the accumulated effects of your deeds of last birth have an effect on the events of present life. Studies have suggested that in India patients with life-threatening chronic diseases such as AIDS, heart disease, and cancer tend to attribute the cause to karmic factors more. Whereas, in western countries very few patients attribute illness to karmic factors. What do you think, why there is a difference in their causal attribution? The reason could be 'cultural differences' in the conception of the role of Karma in life-events. This example suggests that cultural notions significantly affect our conception of health.

### 1.3.1 Western Perspective

Culture never remains constant. It changes with time. Therefore, cultural conception about health also changes with time. For instance, ancient Greek culture (a western civilisation) believed in the role of four humors (blood, yellow bile, black bile, and phlegm) in our health and investigated health as a whole. Hippocrates, one of the renowned scholars of ancient Greek civilisation had described in his writings about how mind, body, and spirit are interrelated and work together to maintain our health. However, with the passage of time and especially after the Renaissance, the scientific revolution led to considerable development in the physical medicine. The explanation of the illness became more scientific and physiological based. Further, during the seventeenth century, French philosopher René Descartes's philosophies about the *dualism* of mind and body influenced contemporary and later philosophers and scholars alike. As a result of this, western medicine started considering the mind and body as entirely separate entities, and this philosophy still dominates their medical theories. This theory of dualism is responsible for the idea of viewing the human body as a machine and is known as *the reductionist* or *mechanistic viewpoint*. According to this viewpoint, we can understand our body through its constituent parts (cells, DNA, different body parts) and there is no role of concepts like mind and spirit or spirituality in one's health. The underlying assumption of Western view on health is that the cause of the illness lies outside one's body in the form of germs and bacteria. Further, its (germs and bacteria) removal will lead to the achievement of optimal health. Thus, it can be concluded that the Western system of medicine treats patients only at the physical level and thus ignoring his or her feelings, beliefs as well as cultural background. This viewpoint underpins the *medical or bio-medical model* of health and illness. We will discuss this model in detail in unit two.

### 1.3.2 Eastern Perspective on Health

Eastern perspective refers to the viewpoint of eastern civilisation such as India and China on health and its related issues. The basic premise of all eastern civilisations is that health is more than just an absence of disease or its symptoms. If you are healthy, then you will experience happiness, wellbeing, satisfaction with life, be able to function optimally as a member of your social community and, will be able to set goals and achieve them. Thus, you will be able to function as a whole. So, it can be suggested that the WHO definition of health supports eastern view more. In contrast to the western view, all eastern civilizations primarily view health as a whole and, not in parts. Seeing health as a whole means health is made up of many interrelated components such as physical, social, mental and spiritual, and any imbalance among them will manifest itself in the form of disease or illness. The eastern viewpoint underpins *the holistic model* of health and illness. According to the holistic model, the cause of illness does not lie outside but it is inside our body and harmony between physical, mental, social and spiritual components will lead to the state of optimal health.

### 1.3.3 Indian Perspective on Health

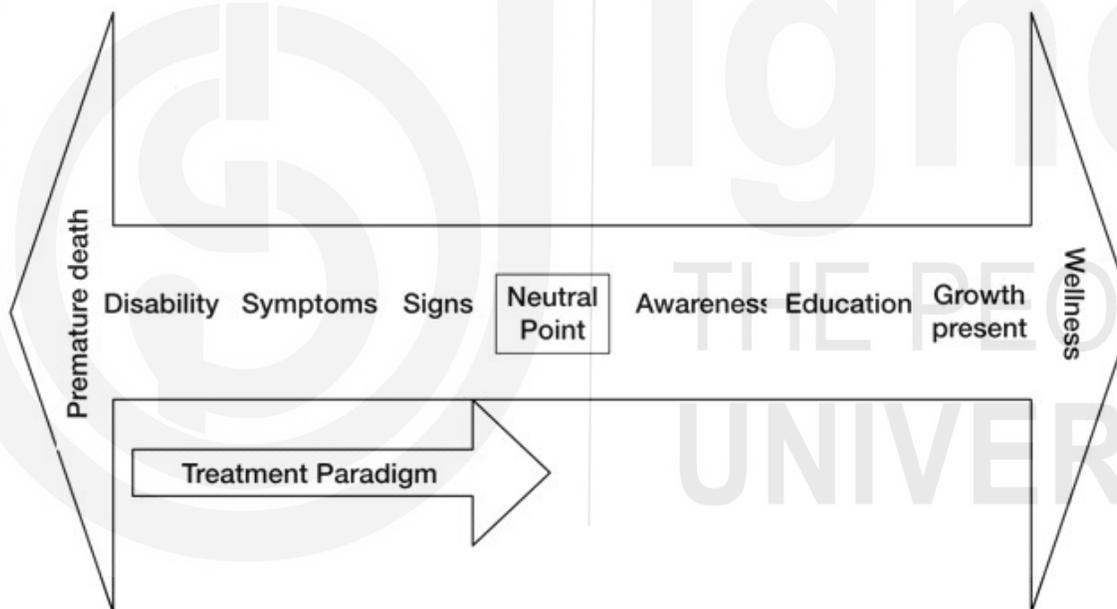
As culture plays a significant role in Indian life, it is important to understand the traditional Indian view on health. The Sanskrit word for health is *Swastha*, ‘*swa*’ means ‘inner self’ and ‘*-sth*’ means ‘conscious’. Thus, in Indian tradition, being healthy has been considered equivalent to being conscious of your inner-self (Gupta et al., 2011). Dalal and Mishra (2011) have also pointed out the inner- directedness of Indian view about health. It means the cause of all illnesses lie within ourselves and if we became conscious of our inner selves, only then, we can achieve optimal health. All traditional Indian systems like *Ayurveda* and *Siddha* consider “physical, psychological, philosophical, ethical and spiritual wellbeing of mankind” and harmony with the cosmos, nature, and science is a necessary condition for wellbeing (Ravishankar & Shukla, 2007, p. 321). Conceptualisation of health in traditional Indian system is in contrast to the contemporary bio-medical health model. Instead of only treating symptoms of the disease, all traditional Indian treatments aim to heal and improve the wellbeing of the person.

#### Check Your Progress II

- 1) Complete the sentences.
  - a) Ancient Greek culture believed in the role of four humors, namely  
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.....
  - b) The basic premise of all eastern civilisation is that  
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.....  
.....
  - c) The Sanskrit word for health is .....

## 1.4 HEALTH-ILLNESS CONTINUUM

As we have now developed an understanding of the concept of health, let us discuss about the Health-Illness continuum. Health-illness continuum was introduced by John Travis in the year 1972 and it can be explained as a graphical representation of wellness. Wellness here is not mere absence of illness but denotes healthy mental and emotional state. As can be seen in the Fig. 2.1, there are two arrows in the figure that move in opposite direction with 'neutral point' indicating the midpoint. Neutral point denotes absence of illness as well as wellness. As we move towards the left of the figure, that is, towards premature death, we can see that there are three steps, namely, signs, symptoms and disability that result in premature death, thus indicating deterioration of health ultimately leading to premature death. On the other hand, as we move towards the right of the figure, the steps are awareness, education, growth present that result in wellness. Thus, indicating increasing wellbeing or health of an individual. The figure also shows treatment paradigm that denotes that if adequate treatment is given the person can be brought back to neutral point.



**Fig. 2.1: Health-Illness continuum**

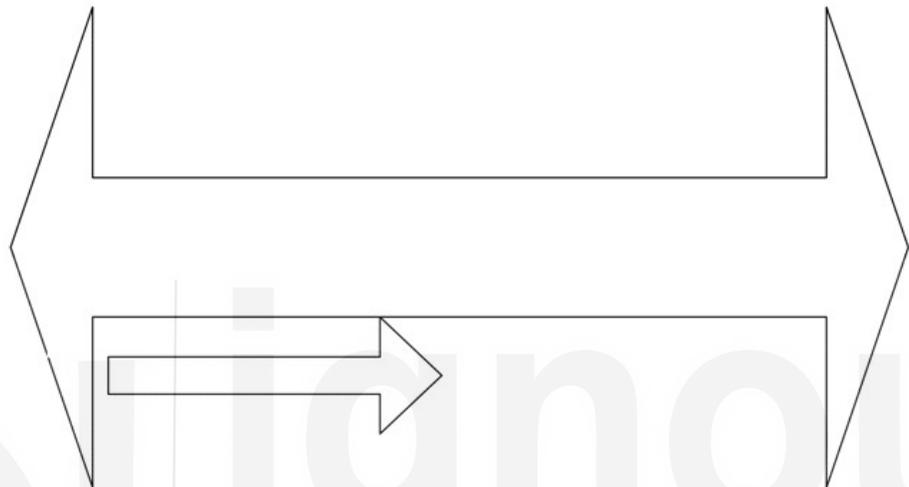
According to the Health-Illness continuum, health is dynamic. Our health moves back and forth within a continuum, with optimum health or highest health at one end and death or complete disability at the other end of this continuum. One day you may feel energetic, another might have a headache for all day long, while on the third day you may feel fine again. These situations suggest that our health never remains constant and it changes or fluctuates throughout one's life. According to this model, since our health continuously changes; therefore, our adaption or response to that change matters most as it affects our health directly. For the same stressful situation, one person might respond positively while another person might get anxious. The person who responded positively will have better health than the second one.

### Check Your Progress III

1) Who introduced Health-Illness Continuum?

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.....

2) Complete the figure of Health-Illness continuum.



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### 1.5 LET US SUM UP

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In the present unit we mainly discussed about the concept and definition of health. The term health has been derived from 'Hoelth', that is, an old English word that denotes 'the state or condition of being whole or sound'. WHO defines health as "a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity". The concept of wellbeing was also briefly discussed in this Unit. Wellbeing is a subjective feeling, which involves evaluation of those affective and cognitive aspects of life which are getting affected by disease and illness directly or indirectly. Other important terms related to health, namely, 'illness', 'disease' and 'sickness', were also explained. Further, the three domains of health, namely, restoration, maintenance and growth were also highlighted. The unit also covered the cross-cultural perspectives of health including the western perspective, the eastern perspectives and the Indian perspective. The Health-Illness continuum was then discussed with the help of a figure. Health-illness continuum was introduced by John Travis in the year 1972 and it can be explained as a graphical representation of wellness. In the next unit, that is, unit two, we will discuss about the various models of health and illness.

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### 1.6 REFERENCES

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Bauman, B. (1961). Diversities in the Conception of health and Physical Fitness. Journal of Health and Human Behaviour, 2, 39-46

Benyamini, Y., Leventhal, E. A., & Leventhal, H. (2003). Elderly People's Ratings of the Importance of Health-Related Factors to their Self-assessments of Health. *Social Science & Medicine*, 56(8), 1661-1667.

Boyd, K. M. (2000). Disease, Illness, Sickness, Health, Healing and Wholeness: Exploring Some Elusive Concepts. *Medical Humanities*, 26(1), 9-17.

Brannon, L., Feist, J., & Updegraff, J. A. (2013). *Health Psychology: An Introduction to Behaviour and Health*. Cengage Learning.

Dalal, A. K., & Misra, G. (Eds.). (2012). *New Directions in Health Psychology*. SAGE Publications India.

Ghosh, M. (2015). *Health Psychology: Concepts in Health and Wellbeing*. New Delhi: Dorling Kindersley (India) Pvt. Ltd.

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.

Melquiades, 2015. Concept of Health, Illness and Wellness. Retrieved from [https://www.researchgate.net/publication/275365494\\_Concept\\_of\\_Health\\_Illness\\_and\\_Wellness](https://www.researchgate.net/publication/275365494_Concept_of_Health_Illness_and_Wellness) on 13/06/2019 at 2:55 pm.

Morrison, V., & Bennett, P. (2009). *An Introduction to Health Psychology*. Pearson Education.

Rao, K., Paranjpe, A. C., & Dalal, A. K. (2008). *Handbook of Indian Psychology*. Cambridge University Press India/Foundation Books.

Sanderson, C. (2013). *Health Psychology*. USA: John Wiley and Sons Inc.

Svatastog, A. L; Doney, D; Kristoffersen, N. J and Gajovic, S. (2017), Concepts and Definitions of Health and Health-Related Values in the Knowledge Landscapes of the Digital Society. *Croatian Medical Journal*, 58(6): 431–435, doi: 10.3325/cmj.2017.58.431.

Undén, A. L., & Elofsson, S. (2001). Health from the Patient's Point of View. How does it Relate to the Physician's Judgement? *Family Practice*, 18(2), 174-180.

Wikman, A., Marklund, S., & Alexanderson, K. (2005). Illness, Disease, and Sickness Absence: an Empirical Test of Differences between Concepts of Ill Health. *Journal of Epidemiology & Community Health*, 59(6), 450-454.

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## 1.7 KEYWORDS

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**Disease:** Used by doctors or physicians to describe the pathological and biological aspects of health conditions of his/her patients.

**Dualism:** Perspective prevalent in western societies, which states that mind and

body are two separate entities and have no connection between them.

**Health:** As defined by WHO, “it is a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity”.

**Holistic model:** This is the model of health and illness majorly followed by all eastern civilisations.

**Illness:** An individual’s experiences and descriptions of his/her ill health.

**Sickness:** It refers to social role and expectations associated with the patients and its caregivers.

**Wellbeing:** Wellbeing is a subjective feeling, which involves evaluation of those affective and cognitive aspects of life which are getting affected by disease and illness directly or indirectly.

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## 1.8 ANSWERS TO CHECK YOUR PROGRESS

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### Check Your Progress I

- 1) Define Health

Health is a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity (WHO).

- 2) List the three domains of health

The three domains of health are restoration, maintenance, and growth.

### Check Your Progress II

- 1) Complete the sentences.

- a) Ancient Greek culture believed in the role of four humors, namely blood, yellow bile, black bile, and phlegm.

- b) The basic premise of all eastern civilisation is that health is more than just an absence of disease or its symptoms.

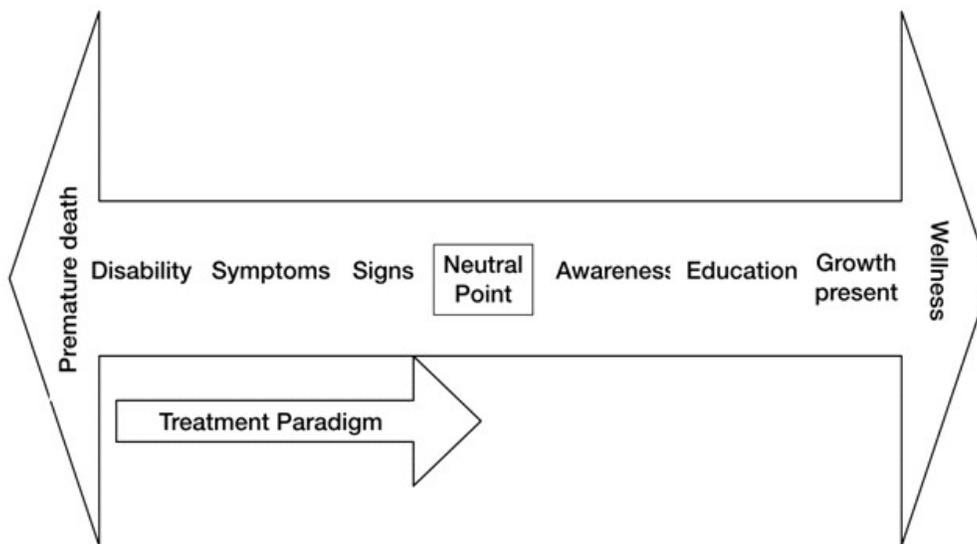
- c) The Sanskrit word for health is Swastha.

### Check Your Progress III

- 1) Who introduced Health-Illness Continuum?

John Travis

- 2) Complete the figure of Health-Illness Continuum.



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## 1.9 UNIT END QUESTIONS

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- 1) How is the conceptualisation of health by lay people different from conceptualisation of WHO. Explain.
- 2) Discuss the cross-cultural perspectives of health.
- 3) Write a note on Indian perspective on health.
- 4) Explain Health-Illness continuum.

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# UNIT 2 MODELS OF HEALTH AND ILLNESS\*

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## Structure

- 2.0 Objectives
- 2.1 Introduction
- 2.2 Medical Model of Health and Illness
- 2.3 Holistic Model of Health
- 2.4 Biopsychosocial model
- 2.5 Social Model of Health
- 2.6 Concept of wellbeing
- 2.7 Let Us Sum Up
- 2.8 References
- 2.9 Key Words
- 2.10 Answers to Check Your Progress
- 2.11 Unit End Questions

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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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