The Non-Existence of the 'Biopsychosocial' Model of Chronic Ill-Health

Margaret Williams **4th March 2007**

The attention of the international ME/CFS community is drawn to another paper by psychiatrist Niall McLaren from Australia (Interactive dualism as a partial solution to the mind-brain problem for psychiatry. N. McLaren. Medical Hypotheses 2006:66:1165-1173; Elsevier; author's email address: jockmcl@octa4.net.au).

It may be recalled that attention has previously been drawn to the work of this exceptional psychiatrist (see below), not only the attention of the ME/CFS community itself, but also specifically the attention of NICE.

The following quotations are taken from McLaren's 2006 paper referred to in the opening paragraph.

"With the collapse of the psychoanalytic and the behaviourist models, psychiatry has been searching for a broad, integrative theory on which to base daily practice. The most recent attempt at such a model, Engel's 'biopsychosocial model', has been shown to be devoid of any scientific content, meaning that psychiatry, alone among the medical disciplines, has no recognised scientific basis".

"It is no coincidence that psychiatry is constantly under attack from all quarters".

"In order to develop, (psychiatry) requires an integrative and interactive model which can take account of both the mental and physical dimensions of human life, yet still remain within the scientific ethos".

"This paper proposes an entirely new model of rational interaction which acknowledges both psyche and soma (that) can fill the gap left by the demise of Engel's empty 'biopsychosocial model' ".

"From the theoretician's point of view, the last 20 years have not been kind to psychiatry. One by one, the major theories on which we have based our claim to specialist status have been shown to be seriously deficient. Psychoanalytic theory, behaviourism and biological models do not provide a general theory for psychiatry".

"The last broad attempt to conceptualise psychiatry, Engel's biopsychosocial model, was empty".

"The end result is that psychiatrists now have nothing that amounts to an inclusive, integrative approach to mental disorder. It is inappropriate to expect psychiatry to be coequal with the other, more successful, sciences such as biology, physics and chemistry".

"Psychiatry needs a model that explains what people do".

"Since the collapse of the 19th century models (psychoanalysis, biologism and behaviourism), psychiatrists have been in search of a model which integrates the psyche and the soma. So keen has been their search that they embraced the so-called 'biopsychosocial model' without ever bothering to check its details. If, at any time over the last three decades, they had done so, they would have found it had none. This would have forced them into the embarrassing position of having to acknowledge that modern psychiatry is operating in a theoretical vacuum".

This is another timely reminder from McLaren, and in their current consideration of the working of NICE, members of the Health Select Committee need to be aware of the reliance of NICE on the dogma of psychiatrists of the Wessely School, which in turn relies on the non-existent 'biopsychosocial model' that underpins their false belief that ME/CFS is a 'behavioural" (ie. psychosocial) disorder, as exemplified in the book "Biopsychosocial Medicine: An integrated approach to understanding illness" edited by psychiatrist Peter White, Professor of Psychological Medicine at St Bartholomew's and the London, Queen Mary School of Medicine; OUP 2005. For details of the unfounded beliefs of these psychiatrists who act as advisors to Government and to the medical insurance industry (notably their disturbing belief that medicine is currently travelling up a 'blind alley' and that this 'blind alley' is the biomedical approach to healthcare, in which ill health is directly caused by diseases and their pathological processes, whereas these psychiatrists believe that ill health results from aberrant thoughts, feelings and behaviour, ie. the 'biopsychosocial model' of ill health) , see http://www.meactionuk/org.uk/Proof_Positive.htm .

As consultant physician Dr William Weir (who specialises in ME) informed the 4th Oral Evidence Session of the Gibson Inquiry into ME/CFS on 10th July 2006 at the House of Commons, there is a long history of the biopsychosocial model of disease being discarded once the evidence is obtained that disproves it – the psychosocial model is a default posture which some people embrace when they do not know what is going on or do not understand the science.

McLaren's paper referred to in the opening paragraph is the latest in a series of articles and lectures that lay bare the fallacy of the 'biopsychosocial model'.

In an earlier paper, "The myth of the biopsychosocial model" (Australian and New Zealand Journal of Psychiatry, March 2006:40:277), McLaren exposes once and for all the myth upon which the so-called "biopsychosocial" model of illness so favoured by Wessely School psychiatrists -- and now by NICE – depends.

McLaren notes that psychiatry seems to have mistaken Engel's call for a more considerate model with an assumed existence of such a model. To quote McLaren: "Nothing (Engel) wrote constituted a coherent series of propositions that generated

testable predictions relating to the unseen mechanisms by which mind and body interact, ie. a scientific model for psychiatry".

In May 2004 McLaren presented a paper entitled "The biopsychosocial model and scientific fraud" at the annual congress of the Royal Australian and New Zealand College of Psychiatrists, which is available from the author.

In his 2002 paper McLaren showed how reliance upon such a non-existent model is nothing but illusion (The myth of the biopsychosocial model. Australian and New Zealand Journal of Psychiatry 2002:36:5:701).

In 1998 McLaren showed that the biopsychosocial model is a mirage (A critical review of the biopsychosocial model. Australian and New Zealand Journal of Psychiatry 1998:32:8692).

McLaren's recurrent theme is that some psychiatrists repeatedly invoke Engel's biopsychosocial "model" and that they accept without demur (or references) that it is a reality, when nothing could be further from the truth.

McLaren asks: "Why do these intelligent people (ie. psychiatrists), their reviewers, their editors and, above all, their readers, continue to pay homage to something that does not exist?"

Wessely School psychiatrists, however, are certain that their own beliefs and their reliance upon the biopsychosocial model are right. They have built their careers upon it, so they must be right.

To quote McLaren: "A Medline search of the word 'biopsychosocial' yielded nearly four hundred references, not one of them critical. Indeed, the Journal of Psychosomatics now uses the terms 'psychosomatic' and 'biopsychosocial' interchangeably. In its present form (it) is so seriously flawed that its continued use in psychiatry is not justified. **In a word, the officially-endorsed biopsychosocial model is pure humbug because it does not exist.** Psychiatrists have long attempted to convince the general public, the funding bodies and, most significantly, the younger generations of students and psychiatrists that the profession has articulated a rational model which grants it special and unique knowledge of the aetiology of mental disorder**. It is my view that we are guilty of the grossest intellectual neglect or of outright scientific fraud.** I believe there is a serious risk psychiatry as we know it will no longer exist in as little as fifteen years" (The Biopsychosocial Model and Scientific Fraud. N McLaren. May 2004; available from the author at jockmcl@octa4.net.au)

McLaren is not the only psychiatrist to raise concerns about the lack of attention by certain psychiatrists to causal research. Per Dalen, a Professor of Psychiatry in Sweden, comments as follows:

"There is a theme that not only survives inside the medical culture in spite of an almost total lack of scientific support, but actually thrives there due to the support given by leading circles. This is the use of psychological theories as a means of reclassifying bodily symptoms as mental problems in cases where conventional medicine is at a loss for an explanation, particularly patients with so-called new diagnoses".

For Per Dalen's 38 page document, see http://www.art-bin.com/art/dalen_en.html

For more detailed information about the non-existence of the biopsychosocial model that has been submitted to NICE, see http://www.meactionuk.org.uk/Concerns_re_NICE_Draft.htm

By contrast, true bio-psycho-social **care** (ie multi-channel care) is urgently needed by patients with ME/CFS. They need care for physical symptoms such as allergies and hypersensitivities, intractable pain, visual problems, balance problems, gut problems, respiratory problems, cardiovascular problems, and the inability to look after themselves; they need psychological support (eg. an understanding partner, mother, friend or 'important other' to help them cope with and grieve for – and adjust to – the many losses experienced); they need social support ie. help to run their household; help at school; home adaptations and family support, as well as help with the endless tribulations inherent in the inevitable battles with the various benefits systems. Psychiatric care should be available only if needed and wanted (eg. for understandable reactive depression).

That is true bio-psycho-social support as offered in oncology or burns units, yet denied to those with an equally devastating disorder.

It has nothing in common with the biopsychosocial (behavioural) model of chronic ill-health as propounded by Wessely School psychiatrists and is not what they are offering, intend to offer, or are capable of offering: these psychiatrists (and those they influence) impose psychiatric dominance and expel every other clinical model from consideration, thereby perverting and denying access to genuine bio-psycho-social care.

The latest example of this perversion is to be seen in the NICE draft Guideline on "CFS/ME", which the Health Select Committee is urged to address most robustly.