Definitions and meanings of health

- Influenced by historical trends and perspectives, cultural factors, social class, family dynamics, age and developmental stage.

- Definitions can be quantitative or qualitative
  - Quant = not ill, as reserve, behaviour, physical fitness and vitality, psychosocial well-being, function (Blaxter 1990)
  - Qual = general sense of well-being, absence of symptoms of disease, the things that a person who is physically fit is able to do.
  - WHO definition of health = 1948 – health is a state of complete physical, mental and social well-being and not merely the absence of disease – old, probably not relevant now, subjective! Framework rather than rigid, applicable definition. Focus on acute illness.
  - Hamilton 2010 – we’d all be unhealthy – that is obviously not the case.
  - Engel – boundaries between health and ill, sick and well are never going to be clear as they are bound by culture, social and psychological considerations.

- Mind body link
  - developed over time – stone age practice of trepanation, Hebrew disease = punishment from god, ancient greeks – four humours, Galen – linked humours to specific illnesses, middle ages health linked to faith and spirituality. Scientific revolution = biomedical model (biological, physical and ignores psychological). Influenced by Freud – try to understand symptoms and hysteria psychosomatic model = Biopsychosocial model.
  - very basic example is BP/HR when stressed/anxious.
  - Biopsychosocial model can refer to the mind-body link.

- Biopsychosocial model
  - BPS model starts to explain or help those who need treatment but feel well, and those who feel unwell but are told nothing is wrong with them.
  - BPS model will explain why some people view illness as bad and others see it as problems with living e.g. grief – not in a medical framework but doctors often consulted because of the outcomes of it.
  - physicians knowledge must include biological, psychological and social in order to treat all aspects of the patient.
  - a model for the ‘real world’ of health.
  - No single, definitive, irreducible model has been published – McLaren, 2002.
  - Engels paper (1980) embeds the model within patient care, not just causation but also about managing conditions.
  - Applying BPS model in care requires more information to be obtained, but in the US doctors are trying to treat all three ‘parts’ of the person and address needs at all 3 levels (Gatchel & Oordt, 2003).
  - Behaviourally moderated diseases, e.g. type 3 diabetes, Biopsychosocial illness/disease,