

The BioPsychoSocial Model of Pain

The medical model has been very successful in treating a wide range of diseases and conditions.

The idea of enquiring after symptoms, looking for signs, getting investigations, making a diagnosis, finding a target problem and aiming treatment at this, all this works very well in many cases.

However, this model works less well in a range of longer term conditions. And one of them is chronic pain.

The Model

Pain is complex and multidimensional. Single treatments are rarely effective so a wider view is needed. Pain itself is at the centre of this model, surrounded by rings of attitudes and beliefs, psychological distress, illness behaviour and social environment.

The idea is that all these things can have profound effects on pain and recovery (or otherwise). It follows that any therapy will need to be aimed at all these other effects and influences on pain.

The model suggests directions to be addressed and tools which can be used, to treat a complex person in their personal situation rather than a condition.

If we move away from the medical model, we are released from the finding of a target tissue, making a diagnosis and finding a treatment to deal with the target problem. We can get on with dealing with the problem, pain.

This gives us freedom to concentrate on the pain as the primary problem and to look at ways of relieving, reducing, abolishing or coping with it. There is a lot of scope here to help people with chronic pain problems and anaesthetists, physiotherapists, clinical psychologists, nurses and occupational therapists now all work in pain management units.