



Biopsychosocial Model of Disability

Description

The biopsychosocial model integrates features of both the medical and social models. It recognises that disability is the result of the complex interaction of biological factors, psychological factors, and social factors. Biopsychosocial thinking is trans-disciplinary and transforms the way societies organise to address the needs of people with disability.^{3,4}

History

Recognition of the importance of biopsychosocial principles is not new. Hippocrates (considered to be the father of modern medicine) is alleged to have said, “It is more important to know what sort of person has a disease than to know what sort of disease a person has.”

Much more recently, American psychiatrist George Engel, recognising the limits of medicine and the experimental methods supporting it, wanted it to “become more contextual and cross-disciplinary”.⁵ He first described a biopsychosocial model in 1977.

Since then, there have been numerous biopsychosocial models and critiques of them. Some of these critiques have been by people with disability.

In 2001, with the endorsement of the World Health Assembly, the World Health Organization (WHO) published the **International Classification of Functioning, Disability and Health (ICF) with its biopsychosocial framework**. It remains the globally accepted standard for describing functioning and disability.

Assumptions

The biopsychosocial model assumes that:

- the person exists in a society that contributes to their experiences of participation and function
- there is a need for personal adjustment and social action and that actions are an individual as well as collective responsibility
- functioning and disability are on a continuum.

Perspectives of people with disability

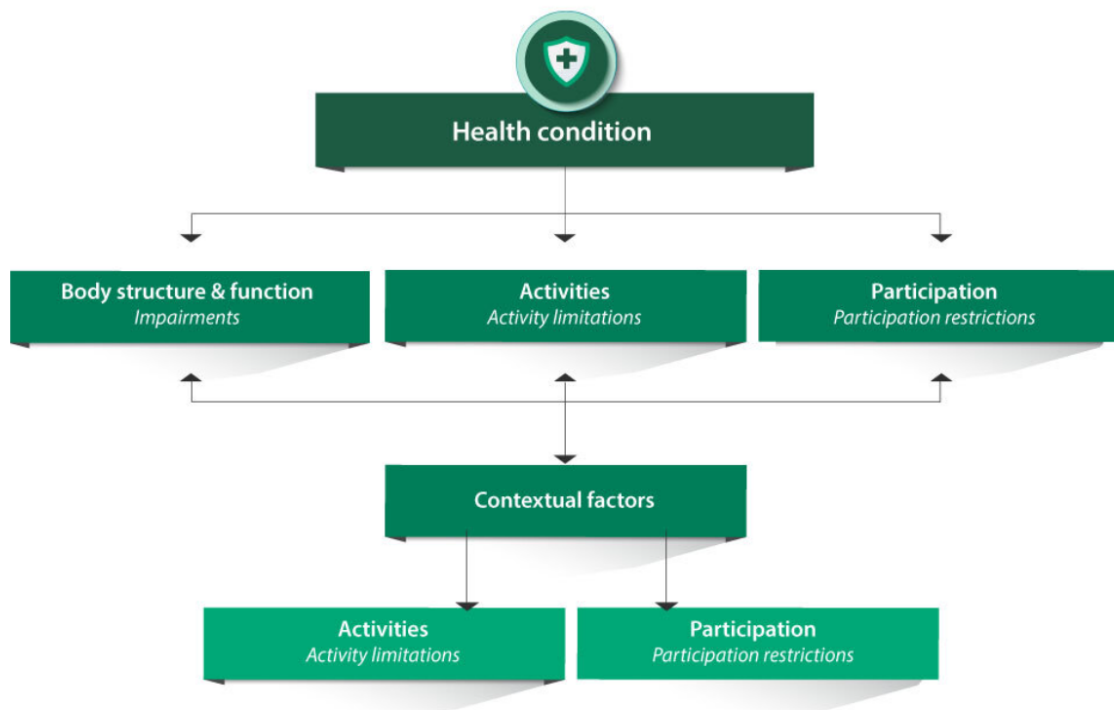
Although detailed insights on the biopsychosocial model from the perspective of people with disability are less prevalent than those on the social model, it’s broadly acknowledged that disability is multifaceted, encompassing biological, psychological, and social dimensions. This calls for holistic support approaches, considering the individual’s entire experience beyond just medical aspects.

Response to the biopsychosocial model of disability

Talking about the International Classification of Functioning, Disability and Health and its biopsychosocial model, Rachel Hurst from Disabled Peoples International said:

The leading voice in nutrition and dietetics
A PO Box 2087 Woden ACT 2606 | T 02 6189 1200
E info@dietitiansaustralia.org.au | W dietitiansaustralia.org.au
Dietitians Association of Australia | ABN 34 008 521 480
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“In a perfect world we would prefer to have no classification at all ... however, for the purposes of statistics, assessment for services and programmes and above all for non-discrimination legislation, we do need to have a definition of who we are and of our situation ...”⁶



This resource was developed as part of the [Introduction to Disability and Inclusion for Dietitians Course](#). To deepen your learning, please consider enrolling in this free course. The course is part of the Capacity Building in Disability for Dietitians program which is funded by the Government Department of Social Services.