

# Five Fundamental Assumptions regarding Illness Development

## Personal/Historical Model

Assumption: Illness is due to a priori human limitations or basic faults.

### Belief System

Judeo-Christian  
Buddhist  
psychoanalytic

### Cause of Illness

original sin  
suffering (ducca)  
impulses

### System of Liberation

salvation  
enlightenment  
analysis

## Self-Regulation Model

Assumption: Illness happens when something interferes with self-regulation, causing imbalance in subtle or gross bodily processes.

### Belief System

Chinese medicine  
Greco/Roman medicine  
Western medicine

### Arena of Illness Development

5 elements and energy meridians  
5 humors  
organ/tissue change

### System of Liberation

Acupuncture/Qigong  
bloodletting  
allopathic procedures

## Existential Model

Assumption: The condition of ordinary experience leads to suffering.

### **Freudian Psychoanalysis: Illness associated with impulses**

Analysis helps people learn to live with ordinary everyday unhappiness, which is a condition of existence.

### **Eastern Religions: Illness associated with reactivity inherent in ordinary perception**

Everyday unhappiness (suffering) can be transcended with spiritual practice.

## Eco-Spiritual Model

Assumption: Moral transgression upsets ecological balance and interferes with the ways of other species. In traditional religions, the healer is a mediator who must appease the spirit world and put things back in balance. Example: Native Americans, shamanic healers in various traditional societies, etc.

## Revitalization Model

Assumption: It is society that is sick. The social order, not the individual, is out of balance.

Possession or ecstatic religions provide spiritual renewal, social connectedness and esteem to minority groups in peripheral subcultures (e.g., Santeria in Cuba, Miami and New York City; Vodou in Haiti and New York City). The community needs renewal in times of rapid social change (e.g., Native American Sun Dance or Ghost Dance; Polynesian cargo cult rituals.)

Adapted from an interview with Daniel Brown, Ph.D., from his seminar, "CrossCultural Psychology and Ethnicity", TheCambridge Hospital/Harvard Medical School. COMMON BOUNDARY 0 MARCH/APRIL 1991



**OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING  
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.**