

Using the SPECS Model to Explore New Paradigms in Health Psychology

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The SPECS framework recognises that psychological and political influences interact to promote health and wellbeing, perpetuate oppression or generate resistance and liberation. This interpretation of health and power dynamics has corrected much of psychology's irrelevant scholasticism, facilitating the development of a new critical praxis that has the capacity to transform people and society. The comprehensive and reflexive nature of the SPECS model offers a solid foundation to which new health theories may be incorporated, maintaining a high standard of professional dexterity

Disenchantment with biomedical health perspectives and the medical model has led to a search for alternative orientations that attempt to improve services in light of an understanding of the psychosocial aspects of health care. Many consider that health psychology to the present day should more aptly be termed 'illness psychology' as its central focus is illness behavior and illness management. The growing awareness of the importance of psychological and social influences on health and illness has forced health professionals to propose new ways of conceptualising health (Marks, Murray, Evans, Willig, Woodall & Sykes, 2005). Engel's (1997) biopsychosocial model challenged the medical model with the idea that health and illness are contingent upon physical, psychological and social variables. However there are significant problems with this model as it remains essentially biomedical and its theoretical basis has yet to be properly figured out. Thus despite the fast growth of health psychology and its various interdisciplinary influences, there has been no significant paradigm shift in clinical medicine and due to its shortcomings, the biopsychosocial model has not replaced the medical model in hospitals and clinics (Marks et al., 2005).

Engel's model has never been adequately defined and therefore it cannot be practically operationalised. Prilleltensky's (2005) SPECS (strengths, prevention, empowerment, and community conditions) model completes Engel's (1997) in many ways, offering a definitive conception of health that provides

coherent accounts of how it is exactly that psychosocial processes influence health. The superior construction of the SPECS model addresses the collective, relational and individual processes that impact upon health, and also offers significant solutions that can be implemented. Prilleltensky and Nelson (2002) place parochial conceptions of health and illness under the broader concept of wellbeing; a positive state of affairs in which the personal, relational, and collective needs and aspirations of individuals and communities are fulfilled.

So far most health programs have focussed on improving the wellbeing of the individual but have overlooked the community conditions that lead to suffering in the first place. By always directing attention towards the individual level of analysis in explaining health related behaviours, Murray and Campbell (2003) believe health psychology has contributed to concealing the tremendous influence of economic, political and symbolic social inequalities in patterns of ill health both globally and within specific nations. Intrapsychic strategies that focus exclusively on personal wellbeing undermine wellbeing because they do not support the wider structure that enhances wellbeing as a whole. It is very difficult for individuals to alter their state of wellbeing in the absence of concordant environmental changes (Prilleltensky & Nelson, 2002). Reactive, alienating and deficit based approaches that engender patienthood instead of health,

citizenship and democracy have been the dominant paradigm in health and human services for decades. The SPECS framework provides strength based, preventative, empowering and community orientated approaches a chance to promote personal, relational and collective wellbeing. It strives to alter disadvantageous social conditions through community based participatory strategies and action research projects that foster leadership and individual skills (Prilleltensky, 2005).

According to the SPECS model, at the individual level persons are considered sites where cognitions, feelings and tangible experiences of wellbeing occur. Wellbeing here is reflected in personal control, which is contingent upon opportunities to exercise voice and choice, which in turn are promoted by empowerment. Signs of personal wellbeing include self-determination, optimism, sense of control, self-efficacy, physical and mental health, meaning and spirituality and degrees of self-actualisation. Major causes of psychological distress and oppression include neurosis, anxiety and personal inadequacy, so one's ability to cope effectively is paramount to attaining or maintaining wellbeing. Wellbeing on the individual level is thus about self-empowerment, personal insight and changing one's own behaviour, knowledge, attitudes and beliefs. It is about avoiding victim blaming, and the internalisation of disempowering ideologies (Prilleltensky, 2005).

Relationships are sites where material and psychological resources are negotiated between individuals or groups. On the relational level, signs of wellbeing include democratic participation in decision-making processes, respect for diversity, nurturance and affection, support and cooperation. Relational wellbeing encompasses lifestyle environmental factors such as occupational health, and the avoidance of stressors in family, educational and social settings. Maintaining wellbeing on this level is about creating awareness of social power dynamics, and re-examining the

personal appraisal processes of triggers that create stress and anxiety (Prilleltensky, 2005).

Communities as sites of wellbeing display features including a fair and equitable allocation of bargaining powers, resources and obligations in society, as well as gender and race equality, universal access to high quality healthcare and education facilities, affordable housing, clean air, and accessible transportation and employment opportunities. Wellbeing at this level strongly parallels with Baro's Liberation Psychology (cited in Burton & Kagan, 2004) and essentially derives from policies of social justice, advocated by social movements that endeavour to create and improve institutions that deliver services to all citizens (Prilleltensky, 2005).

In order to advance wellbeing at the three levels, the SPECS model has a number of strategies that cover the range of domains of wellbeing and attend to the various signs and sources of the three sites. Comprehensive promotion of wellbeing must address four corresponding domains; the temporal, ecological, participation and capabilities. Only a small amount of resources are allocated to prevention in many health systems and this corresponds to the temporal and ecological domains. The vast majority of resources are assigned to rehabilitative costs such as therapeutic interventions, and hospital maintenance. This is the reactive approach, a remnant of the still dominant medical model. Instead of waiting for citizens to develop illness that medicine and psychology can only treat at very high financial and human costs, SPECS recognises that the best way to lessen the incidence and prevalence of suffering is through prevention. This model proposes cost effective high quality preventative interventions (Prilleltensky, 2005).

In order to experience wellbeing human beings have to experience affirmation first and this corresponds to the

participation and capabilities domains. Affirmation comes from among other things, an acknowledgement of a person's strengths, voice and choice. The fields of health and human services continue to be renowned for concentrating on deficits, for fostering clienthood and patienthood instead of citizenship. When empowerment and strengths are promoted the experience of affirmation grows (Prilleltensky, 2005). The SPECS framework can thus be considered the most effective new paradigm for health psychology as it adopts a broad definition of health and takes Engel's model much further by actually identifying the diverse domains and processes that impact on healthcare and wellbeing, and offers detailed solutions on how to combat healthcare structural problems.

However, proper appreciation of the SPECS framework requires an understanding of how notions of oppression and power dynamics relate to wellbeing. This permeates the whole framework. According to Prilleltensky and Gonick (1996) the ontological nature of oppression may be understood from various levels of analysis, from the micro personal to the macro international level, from both psychological and political orientations. Political factors refer to the collective experience of individuals and groups, informed by power relations and conflicts of interest at the interpersonal, family, group, community and societal levels (Prilleltensky, 2003). One of the political mechanisms accounting for oppression in emerging countries is the oppressive structure of international financial systems that lock emerging societies in a state of increased economic dependency (Prilleltensky & Gonick, 1996). Such forms of oppression usually devolve from the largest units, such as international governing bodies to the smallest unit, the individual.

Psychological factors refer to the subjective experience of the individual, informed by power dynamics operating at the personal, interpersonal, family, group and state

levels, the vehicles of which include learned helplessness, internalisation of hegemonic self-rejecting views and obedience to authority (Prilleltensky & Gonick, 1996). The critical consciousness of a person, group or nation may be at varying stages in regard to different oppressing agents as an individual may be aware of oppressive forces at the interpersonal level, but may be unaware of subjugating influences controlling at the class or state level (Prilleltensky & Gonick, 1996). Cultivating a strong sense of self-awareness creates resistance to both internal psychological and external political structures, beginning the process of liberation that is fundamental to attaining wellbeing (Prilleltensky & Nelson, 2002).

The SPECS model offers practical transformative interventions that utilise these insights about the relationship between power and oppression and wellbeing. It is the conditioning processes that occur in the major educative institutions that dictate the values and norms that create the fabric of society. Prilleltensky and Gonick (1996) have proposed the formation of critical consciousness programs at all levels of education that empower individuals and give them greater insight into themselves, their environment and their capacity to create change and transformation. Statistics have consistently demonstrated the high correlation between education, as impacting upon socio-economic standing, and socio-economic standing impacting upon health (Watts & Abdul-Adil, 1994). Thus the task of overcoming oppression and bettering individual and collective wellbeing starts with the process of psychopolitical education and ends in a greater personal awareness and action (Prilleltensky & Nelson, 2002). Furthermore, to move from values to action in critical health psychology, Prilleltensky (2003) proposes we assess all our activities against epistemic and transformational psycho political

validity. This type of transformation is based on a consideration of power dynamics in psychological and political domains of health, and refers to system change whereas amelioration refers to individual or reformist change that leaves the sources of the problem unaffected.

With an understanding of psychological and politically oppressive processes and their relationship to wellbeing in mind, the SPECS model can be used as a foundation for the incorporation of new health concepts and alternative health modalities. The late twentieth century has witnessed increasing criticism of medicine and it has been argued that a process of de-medicalisation is taking place (Marks et al., 2005). The apparent failure of biomedicine to solve the big medical problems such as cancer and AIDS has led to a heightened cynicism and a turn to alternative health systems. Not surprisingly established health professions are very concerned with the growth of complementary medicine and are attempting to undermine it by insisting it meets positivist scientific standards of safety and practice.

Medicine sees the body as strictly a mechanical apparatus composed of physical bio-chemicals and genes. If the functioning of the body is diseased, medicine uses physical drugs and chemistry to restore the body. In the quantum universe, it is recognised that invisible energy fields and physical molecules collaborate in creating life. Quantum mechanics recognises that the invisible moving forces of the field are the primary factors that shape matter (Woese, 2004). At the very leading edge of contemporary biophysics, scientists are recognising that the body's molecules are actually controlled by vibrational energy frequencies, so that light, sound and other electromagnetic energies profoundly influence all the functions of life (Lipton, 2005). This fascinating insight about the power of energy forces provides an understanding of how Asian energy medicine, homeopathy, chiropractic and other

complementary healing modalities influence health.

Among the energy forces that control biology are the electromagnetic fields that are generated by the mind. In conventional biology, the action of the mind is not really incorporated into the understanding of life, despite medicine acknowledging that the placebo effect is responsible for at least one third of all medical healing, including surgery (Lipton, 2005). The placebo effect occurs when someone is healed due to personal belief that a drug or medical procedure is going to be effective. This incredible healing ability is usually disregarded by conventional allopathic medicine and drug companies that sanction only limited remedies for disease and illness. Based on the tenets of epigenetics, 'new biology' emphasises the role of the mind as the primary factor influencing health (Lipton, 2005). This perspective of health undermines the idea of biological determinism, regarding interaction between environmental stimuli and the mind as responsible for health. Traditional Indigenous belief systems the world over resonate strongly with this concept of human health (Maher, 2002), and it seems unavoidable that as we look outside the confined space of empirical science we will come to embrace more alternative causal ontologies and methods of healing.

The concepts of new biology complement the SPECS model in a number of ways as overcoming oppression and ensuring wellbeing is not just a matter of persons acting on the environment, but of individuals coming into contact with external forces they have already mentally internalised. By placing emphasis on environmental factors in determining health, such as socio-economic standing and educational opportunities, interpersonal and inter-group power dynamics and discriminatory practices, new biology inadvertently acknowledges the way

political and psychological factors interact to impact upon health. Once aware of inhibiting environmental influences, new biology posits that the human mind has the capacity to renegotiate and overcome these by changing the way it perceives, constructs and interacts with the environment. Thus these scientific insights could be incorporated into critical consciousness programs or at the very least add a new dimension to health comprehension in community wellness programs (Prilleltensky, 2003). If incorporated into the SPECS model, the empowering nature of these discoveries has serious ramifications for the temporal and ecological domains by furthering the likelihood of illness prevention. The participation and capabilities domains would also be significantly affected by the idea that through educated cognitive mediation of environmental influences, the individual can become the ultimate constructor of their health and their reality, dramatically increasing levels of personal affirmation, strengths and voice. While it may seem new biology and other consciousness raising information is of little practical value to third world countries and offers no visible betterment to concrete situations, the access to the empowering knowledge itself is actually an extremely important change in the environment, creating positive repercussions of its own.

However it is important to keep in mind that the path towards liberation is far from linear, it is a process and not a state. As Prilleltensky (2003) observes, the professional helper is geared toward amelioration, and the smooth running of institutions, while the critical change agent is focused on transformation, liberation and the confrontation of unjust practices. If wellbeing and liberation are to emerge these roles need to be collaborative, and this requires people working inside the system as much as questioning it, specialised knowledge as much as political knowledge and ameliorative therapies as much as social change. Perhaps under this definition of professional critical

praxis, alterative health modalities and even broader conceptions of health and wellbeing, such as those implicit in new biology may come to be accepted and eventually wield some positive influence in the agenda for social justice.

A great example of the potential of such reflexive and synergistic practice is the idea of establishing in mainstream institutions, community wellness groups where citizens afflicted by similar medical ailments can discuss the social origins of their problems and have an opportunity to instigate meaningful social change. The focus of these groups is on how to empower community members to combat oppressive societal conditions, so citizens experience not only traditional ameliorative treatment, but also the positive effects of being part of a transformational process (Prilleltensky, 2003). There is a gradual decoding of the individual's world as the mechanisms of oppression and dehumanisation are grasped. Such programs, corresponding to the SPECS participation and capabilities domains, would institutionalise critical consciousness programs, undermining the dominance of the medical model and thus helping to deprofessionalise health and wellness. The socially critical nature of such questioning would also contribute to the accountability of mainstream institutions towards oppressed and marginalised groups.

Ultimately this type of transformational approach requires an effort to understand local struggle and self-liberation within a wider societal and global perspective. Murray and Campbell (2003) believe all health professionals need to consider themselves as participants in a broader movement for social change and the eradication of poverty, to move from the position of the detached observer to that of the socially committed. Human rights and an active participatory citizenship are foundational to community development and wellbeing, and in order to combat war,

violence, poverty, crime and ignorance on a global scale, drastic measures such as the elimination of third world debt, the undermining of numerous corporate interests and increased government accountability need to be implemented (Prilleltensky, 2005). The problem, according to Murray and Campbell (2003) is figuring out how to connect local and community efforts to mobilise resistance to social oppression to broader national and international movements.

It is only when we achieve an integrated political and psychological understanding of power, wellness and oppression that we can effectively change the world around us (Prilleltensky, 2003). To promote liberation, critical psychology needs to engage with the political and the psychological concurrently, it needs to operate at the level of the individual and political. This means identifying processes and practices which can transform the psychological processes associated with oppression and facilitate taking action to bring about change in social conditions at the level of widespread discursive practices and the subjugating forces on the individual. The SPECS framework recognises that these dynamic terrains need to be negotiated in order to promote wellbeing at the individual, relational and collective levels. The broad reflexive nature of the SPECS model not only takes these psychological and political forces into account but also provides a solid base to which new theories of health and wellbeing can be incorporated.

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