

THE STRESS -VULNERABILITY MODEL OF PSYCHIATRIC DISORDERS

Two important questions facing both mental health professionals and families in which one member has a psychiatric disorder are: *What causes the disorder? What leads to the best outcome?* At this time, scientists do not have a precise understanding of why some individuals develop a psychiatric disorder and others do not. However, scientists formed a general theory to explain the causes of these disorders and their course over time called the *stress-vulnerability model*. This model can serve as a guide to families and professionals to ensure that the person with the psychiatric disorder has the best possible outcome.

• **The Stress-Vulnerability Model**

According to the model, three critical factors are responsible for the development of a psychiatric disorder and its course over time: biological vulnerability, stress and protective factors. The interaction between these factors is illustrated in Figure 1 and is described below.

- Biological Vulnerability: In order for a person to develop a psychiatric disorder, he or she must have some biological or tendency, to that disorder. The actual amount of vulnerability varies from one person to the next, as does the severity of the disorder. An individual's vulnerability is thought to be determined from *genetic factors* and *early biological factors* (such as exposure to viral infection when the baby is in the womb), although it may be worsened by current alcohol or drug abuse. Biological vulnerabilities are not limited to psychiatric disorder, and may include other diseases as well, such as cancer, heart disease, and arthritis.
- Stress: Stress has an impact on vulnerability that can either trigger the onset of the disorder or worsen its course. Stress can be thought of as a response to life situations that require the individual to adapt or change. If the person is not capable of adapting to the stress, psychiatric symptoms will develop or worsen. Some examples of stressors include: *life events* (such as the death of a loved one, birth of a child, a major move), *tense relationships* (such as frequent arguments, strong feelings of anger and resentment among family members), and *lack of useful, productive activity* (such as sitting around the house all day).
- Protective Factors: Protective factors reduce the person's biological vulnerability and stress. One important protective factor is *medication*, which can lessen symptoms and lower the risk of relapses. Good *coping skills* in the individual and relatives (such as communication and problem-solving skills) and a supportive environment can prevent stress from increasing symptoms. Providing meaningful but not over-demanding structure (such as volunteer work or a job, day treatment, household chores) to the person can also protect him or her from stress.

- **The Role of the Family**

The stress-vulnerability model points to several areas in which the family can play an important role in improving outcome by building-up protective factors:

1. Support the person taking prescribed medications, and discourage alcohol abuse and drug abuse.
2. Develop good communication and problem-solving skills to cope with life stress.
3. Create a positive family life in which the individual's efforts are recognized and small steps forward are encouraged.
4. Monitor symptoms of the disorder and alert the treatment team if changes are suspected, so that rapid treatment (if necessary) can be provided.

- **Conclusion**

Psychiatric disorders have a biological basis, but environmental factors can influence their course over time. The stress-vulnerability model points out that a positive outcome of a psychiatric disorder is more likely if environmental stress is minimized or managed well, medication is taken as prescribed, and alcohol and drug abuse are avoided. Relatives and individuals working together can improve the long-term course of a psychiatric disorder, resulting in a better quality of life for all family members.

Figure 1.

The Stress-Vulnerability-Family Coping Skills Model of Adaption to Psychiatric Disorders (Mueser & Glynn, 1990, p.129)

