Biopsychosocial Model

TO THE EDITOR: I read with great interest the theoretical and review article by Mindy Thompson Fullilove, M.D. (1), an extraordinary contribution to the biopsychosocial model. Now, I would like to expand on some of her ideas.

As the language of the community is often not their first language, geographically displaced groups have something else in common: the loss of their "linguistic place." This linguistic displacement contributes greatly to the loss of familiarity, identity, and attachment to which Dr. Fullilove alludes. Phonetic, grammatical, lexical, and pragmatic differences between first and second language impede gaining familiarity with the linguistic environment. Linguistic stress (2) ensues. A voidance, overvigilance, painful yearning for a first language environment, loss of identity and of self-agency, and feelings of social inadequacy, isolation, and depression are quite common. Following Fullilove's ideas, one could talk about linguistic disorientation, alienation, and nostalgia in these cases.

Sudden immersion in a second language environment may not only result from geographical displacement but also complicate it. Many of the adaptations to a new place, be they cognitive or emotional, are mediated by language. For instance, becoming familiar with street names, asking for and understanding directions, reading a map, and meeting native friends and neighbors are language-mediated and highly language-specific tasks. Linguistic and communicative competence in the second language is needed, which involves relatively independent neurolinguistic, cognitive, and psycholinguistic processes.

Well beyond the point at which an immigrant becomes familiar, attached, and identified with the new environment, linguistic stress continues to have a considerable impact. Native-like proficiency is almost never acquired, and second language processing is slower (3) and may be more extensive than that of the first language (4). Even children, commonly believed to learn languages fast and effortlessly (5), often attain only limited second language mastery (according to the 1990 U.S. Census, almost half of the language minority children in the United States do not "speak English very well").

Linguistic stress is not limited to narrowly defined "immigrants." Internal migrants may be affected by dialectal differences that contribute to the sense of displacement. The Harlemite in Dr. Fullilove's article describes her romance with the Harem that used to be, saying that people spoke "with a little Southern twang." Dialectal differences, such as between black English vernacular and standard American English (5) or between English variants spoken in diverse countries, are consequential. Yet, there is another implication for our patients. Persons with psychiatric illnesses are more vulnerable to linguistic stress as their linguistic competency, skills, or processing is often compromised.

Language is biologically robust (5), psychologically processed, and strongly supported and influenced by social interaction (6). Its specific role should be part of our biopsychosocial formulations.

REFERENCES


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