

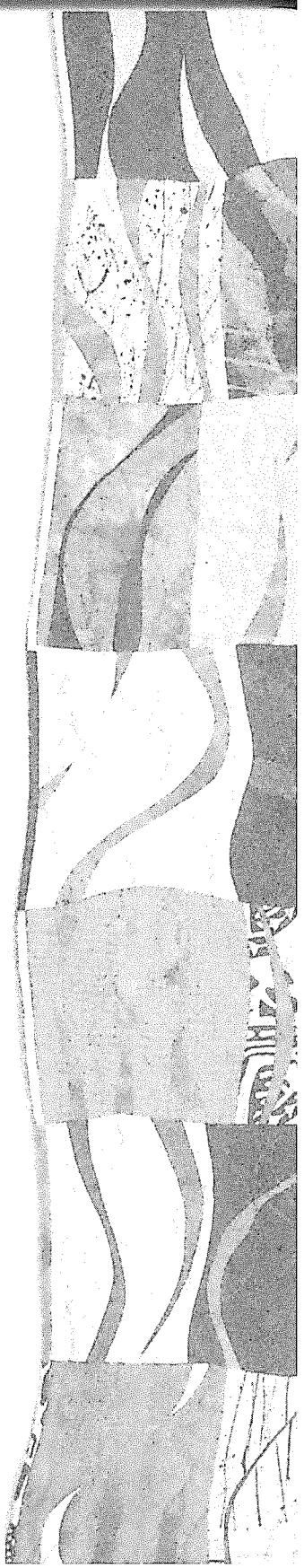
INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

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Chapter 7

Biopsychosocial Psychotherapy: Connecting Body and Brain

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INTRODUCTION TO BIOPSYCHOSOCIAL PSYCHOTHERAPY

Historical Context

Throughout the twentieth century, many psychotherapists ignored the physical body, preferring to focus on the mind as if it were not a biological entity. The most notable exception was Wilhelm Reich (1951) who developed a form of psychotherapy that focused on the way emotional repression resulted in muscular tension. From his perspective, the therapist's job was to dissolve character resistance through confrontation of both nonverbal and verbal behavior. Reich wanted to help patients achieve potency by working through both physical and psychological blocks which often resulted in physical catharsis and emotional release. Many forms of "body therapy" were influenced by Reich's work, including *Bioenergetics*, which was developed by one of Reich's students, Alexander Lowen (1975). *Gestalt Therapy* (Perls, Hefferline & Goodman, 1951) was partially influenced by Reich and encouraged psychotherapists to attend to physical reactions as a way of understanding psychological functioning. Within the psychotherapy integration movement, Arnold Lazarus (1981, 2005) has consistently reminded therapists of the importance of focusing on biology/drugs and sensations as important modes that can be treated in psychotherapy. The popularity of body therapies began to decrease in the last quarter of the twentieth century at the same time that the field of *Health Psychology* was emerging. This may represent a paradigm shift influencing the way psychotherapists think about the relationship between the brain and other parts of the body. One of the events that may have led to this paradigm shift was the development of a biopsychosocial model in psychiatry.

In 1977, a psychiatrist named George Engel criticized medicine's dominant *biomedical* model because "it leaves no room within its framework for the social, psychological, and behavioral dimensions of illness" (p. 130). In place of the biomedical model, Engel proposed a *biopsychosocial* model that acknowledges that psychological variables have a direct impact on biological health and that sociocultural contexts shape the way that illness is defined by society, experienced by individuals, and treated by healthcare professionals. Although Engel was trying to bridge the gap between psychiatry and other fields of medicine, his biopsychosocial model provided a conceptual framework that supported the entry of psychologists, social workers, and counselors into new areas of health care. The biopsychosocial model has been pivotal in the development of *Health Psychology*, has been embraced by social workers who work in healthcare settings (Wallace, Goldberg & Slaby, 1984), and has redefined the way psychiatrists think about diagnosis (Amchin, 1991).

Another important contribution to the development of a biopsychosocial approach was the realization that as medicine made progress in combating infectious diseases, behavioral choices (including smoking, alcohol, diet, and exercise) were becoming important targets for health interventions:

Further advances in overall public health will be accomplished by both an emphasis on the prevention and cessation of risky behaviors (i.e., behavioral pathogens), and by attempts to enhance the performance of practices which research has shown help maintain and enhance a person's health (i.e., behavioral immunogens). (Matarazzo & Istvan, 1985)

The shift from attempting to cure infectious diseases to trying to prevent health problems related to behavioral choices fostered the development of *Health Psychology* as a distinct discipline. In 1982, Joseph Matarazzo proposed the following definition for the emerging field: "Health Psychology is the aggregate of the specific educational, scientific and professional contributions of the discipline of psychology to the promotion and maintenance of health, [and] the prevention and treatment of illness. . ." (p. 4). Since then, *Health Psychology* has developed a wide variety of biopsychosocial interventions that are dramatically changing the way health care is provided in the United States. The success of the biopsychosocial approach has been documented in at least three areas: (1) basic and applied research demonstrating the efficacy of behavioral interventions in disease prevention and health promotion; (2) employment of health psychologists in universities, medical schools, and applied healthcare settings; and (3) increased government funding for health-related behavioral and psychological research (Suls & Rothman, 2004).

Biopsychosocial Adaptation

Chapter Three suggested that the purpose of psychotherapy is to promote human adaptation. Two types of biopsychosocial adaptation were described that represent the focus of *Health Psychology* and other biologically oriented approaches. First, psychological adaptation to the biological environment involves thoughts, actions, and feelings that help people adapt to the physical reality of the human body. This involves enhancing psychological functioning to benefit physical well-being (a Psycho → Bio effect). How we think, act, and feel can impact physical wellness. For example, in response to weight gain, a person may make a decision to eat more healthy foods (an adaptive thought), begin exercising more regularly (an adaptive action), and feel proud when he meets his goals (an adaptive feeling). This would represent an adaptive response to a physiological change. Another example can illustrate maladaptive thoughts, actions, and feelings in response to the biological environment. A person experiencing symptoms of HIV may deny that she could be ill (maladaptive thinking), avoid seeing a healthcare professional who might diagnose or treat the condition (maladaptive actions), and feel ashamed of engaging in at-risk behaviors (maladaptive feelings). One purpose of biopsychosocial psychotherapy is to promote ways of thinking, acting, and feeling that support biological health and wellness.

The second type of biopsychosocial adaptation involves adaptive health practices that promote holistic wellness, benefiting both body and brain. This involves enhancing biological functioning to benefit psychological well-being (a Bio → Psycho effect). The way that people care for their physical bodies has an impact on the way they think, act, and feel. For example, an active fitness routine results in an ability to think more clearly, to act with greater self-efficacy, and to feel more positive emotions. Therefore, a second purpose of biopsychosocial psychotherapy is to promote physical wellness that also enhances psychological functioning.

Biopsychosocial Conceptualization

Focusing on Biology

Chapter Three suggested that a biopsychosocial conceptualization may be useful when biology becomes a focal dimension in psychotherapy. A biopsychosocial conceptualization focuses on biology and its interaction with psychological and sociocultural variables (Engel, 1977). Figure 7.1 rearranges the seven dimensions of human functioning—originally introduced in Figure 2.2—to highlight the centrality of biological health. In this way, we can see that MTP's multidimensional model is already a *bio-psycho-social* model. Thoughts, actions, and feelings represent psychological dimensions; whereas interpersonal patterns, social systems, and cultural contexts can be

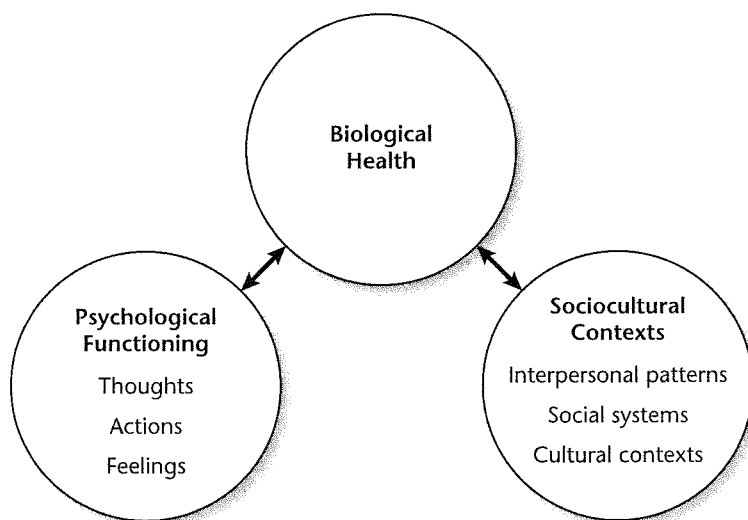


FIGURE 7.1 A biopsychosocial conceptualization highlights the way biology impacts both psychological and social functioning.

seen as sociocultural dimensions. For this reason, a multidimensional survey (described in Chapter Three as part of integrative treatment planning) provides an excellent way to prepare for a biopsychosocial conceptualization by specifying psychological and sociocultural dimensions that interact with biology. A biopsychosocial conceptualization goes one step further by spotlighting the role of biological health and its impact on, and interaction with, other dimensions. A biopsychosocial conceptualization can be created by looking at four distinct effects: (1) the impact of biological health on psychological functioning, (2) the effect of psychological functioning on biological health, (3) the impact of biological health on social relationships, and (4) the effect of social relationships and cultural contexts on biological health.

Biological Health's Impact on Psychological Functioning

The first step in formulating a biopsychosocial conceptualization is to look at the way biological health impacts psychological functioning (Bio → Psycho effects). When clients are dealing with physical illness or other health concerns, it often has a direct impact on their thoughts, actions, and feelings. Sometimes, medical conditions result in psychological symptoms with a physiological origin whereas, at other times, psychological symptoms develop as an adjustment disorder in reaction to health problems (American Psychiatric Association, 2000). For example, physical illness may result in symptoms of depression including pessimistic thoughts, socially isolating actions, and

feelings of hopelessness. By exploring the impact of biology on psychological functioning, a psychotherapist can understand the close relationship between physical and mental health. Exploring Bio → Psycho effects in psychotherapy is also described as Strategy BIO-1.

Effect of Psychological Functioning on Biological Health

The second part of a biopsychosocial conceptualization entails exploring the impact of psychological functioning on biological health (Psycho → Bio effects). When clients undergo periods of psychological distress, they often experience somatic symptoms. Thoughts, actions, feelings, and relationships can all contribute to physical illness (Johnson, 2003). For example, chronic stress often results in psychological symptoms including pressured thoughts, compulsive actions, and feelings of anxiety. The combination of these psychological symptoms may contribute to health problems such as heart disease. By looking at the effect of mental health on biological functioning, a psychotherapist can identify multiple targets for intervention. Recognizing the influence of psychological functioning on health is also described as Strategy BIO-2.

Biological Health's Impact on Social Relationships

The third step in formulating a biopsychosocial conceptualization involves looking at the influence of health on interpersonal and systemic relationships (Bio → Social effects). When clients experience changes in their health status, it often has a profound impact on family and other social relationships. Sometimes the stress of dealing with physical illness has a negative impact on relationships and results in a loss of intimacy between spouses. At other times, the opportunity to provide extra support brings people closer together. The impact of health on relationships goes beyond dyadic pairs and often changes the way larger social systems are structured. For example, when a family member gets sick and needs extra care, there may be a shift in the family structure in which a child takes on a very different family role when caring for a sick parent. When a psychotherapist explores the impact of health on relationships, there is often a realization that interventions should be geared at helping the family system as a whole and not just the "identified patient." Considering the interaction between health and relationships is also described as Strategy BIO-3.

Effect of Social Relationships and Cultural Contexts on Biological Health

The fourth and final part of a biopsychosocial conceptualization entails an examination of how social relationships and cultural contexts impact biological health (Social → Bio effects). The positive impact of social support on health is well-documented (e.g., Wills & Fegan, 2001). Social relationships often have an impact on physical health, and the cultural context shapes the way that

health and illness are defined and treated. For example, a family role of “sick child” often includes secondary gains—such as increased attention and fewer responsibilities—that may reinforce or exacerbate physical symptoms. When psychotherapists understand physical health within the sociocultural context, interventions can be designed that are more likely to fit the systemic environment of the client. Understanding health within a sociocultural context is also described as Strategy BIO-4. Questions that can be asked when formulating a biopsychosocial conceptualization are presented in Table 7.1.

TABLE 7.1 Questions for a Biopsychosocial Conceptualization

Biological Health’s Impact on Psychological Functioning

(Bio → Psycho effects)

- Are you experiencing any health problems or physical symptoms?
- How are these symptoms impacting you?
- Do your health concerns impact the way you think or feel?
- How is your health impacting your functioning?

Effect of Psychological Functioning on Biological Health

(Psycho → Bio effects)

- Are your thoughts, actions, or feelings impacting your health?
- Do you notice that your thoughts are impacting you physically?
- When you are feeling upset, do you notice any physical symptoms?
- Are there actions that impact your health or physical well-being?

Biological Health’s Impact on Social Relationships

(Bio → Social effects)

- How is your health impacting your relationships at home or work?
- When you are ill, are you able to get the social support you need?
- Do your health problems create stress in your relationships?

Effect of Social Relationships and Cultural Contexts on Biological Health

(Social → Bio effects)

- Does the stress in your relationship impact you physically?
 - How does your family treat you when you are sick?
 - How is physical illness dealt with in your culture?
 - When you experience this type of discrimination, does it result in physical symptoms?
 - Do you feel like healthcare professionals are able to understand your culture?
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Case Examples of Biopsychosocial Conceptualization

Biopsychosocial Conceptualization of Substance Abuse

Dr. P. wanted to understand the interactive role of biology, psychological functioning, and social contexts that influenced Dana's substance abuse.

- **Bio → Psycho Effects:** Dana reported that she uses alcohol when she feels down. Alcohol may temporarily mask feelings of sadness but may also contribute to a long-term pattern of depression. When Dana stops drinking, she experiences physical symptoms of withdrawal including autonomic hyperactivity and insomnia. When Dana is unsuccessful at controlling her alcohol problem, she feels discouraged and thinks negatively about herself. Because Dana reported a family history of alcoholism, she may have a genetic predisposition for substance abuse.
- **Psycho → Bio Effects:** When Dana feels sad or discouraged, she feels a physical urge to drink alcohol. For Dana, the relationship between depression and alcohol abuse is reciprocal. She drinks to avoid feeling sad or down, but her ongoing struggle with alcohol results in feeling discouraged and she often drinks alcohol to mask these uncomfortable feelings.
- **Bio → Social Effects:** Dana's use of alcohol has a mixed impact on social relationships. Drinking with friends is an important part of many of her social relationships, whereas her drinking is a cause of concern for other friends. Drinking to intoxication impacts Dana's ability to function at work which results in social disapproval from coworkers. She has been fired from jobs in the past because of poor work performance related to alcohol abuse.
- **Social → Bio Effects:** When Dana experiences conflicts at work, she feels discouraged and down in a way that leads her to self-medicate with alcohol in order to numb her uncomfortable emotions. Her network of friends includes heavy drinkers who encourage her to use alcohol excessively. Dana came from a cultural context in which alcohol was a valued part of social gatherings and celebrations.

Biopsychosocial Conceptualization of Health Behaviors

In exploring Abe's health behaviors, Dr. P. wanted to understand the interaction between biology and both psychological and sociocultural variables.

- **Bio → Psycho Effects:** Although Abe had ignored the risk of high blood pressure for years, his heart attack triggered a fear of dying at a young age. Abe reported pervasive worries about his health; simultaneously feeling unable to control his tendency to overwork despite being aware of the negative impact on his health.

- **Psycho → Bio Effects:** Abe knew that his long-term stress and poor health habits had contributed to his high blood pressure and heart attack. Abe's worries about his work performance and fear of failure fueled his workaholic habits that threatened his physical well-being.
- **Bio → Social Effects:** Abe's high blood pressure and heart attack were a serious concern for his wife and an ongoing source of conflict in the relationship. Immediately after Abe's heart attack, he and his wife felt closer and affirmed the importance of their family life together. However, when Abe went back to work, he returned to a pattern of overwork that his wife would sometimes confront.
- **Social → Bio Effects:** The hard-driving environment at the law firm where Abe works had a negative impact on his stress level and threatened his physical health. Some of Abe's drive to succeed came from a cultural environment in which he perceived a need to prove himself as an African American and to serve as a role model. These cultural pressures also contributed to the stress that had a negative impact on health.

BIOPSYCHOSOCIAL STRATEGIES

Although some may consider *Health Psychology* (or medical social work or psychiatry) as a form of treatment distinct from psychotherapy, MTP suggests that there is considerable overlap between the types of interventions used by specialists working in a healthcare setting and generalist psychotherapists whose clients may be experiencing health problems and with whom biology has been established as a focal dimension during integrative treatment planning (see Chapter Three). This chapter describes thirteen key strategies drawn from *Health Psychology*, medical social work, psychiatry, and other biopsychosocial approaches. The case examples are described in the context of outpatient psychotherapy, but these interventions are often used by specialists working in health-care settings. The first four strategies (BIO-1 through BIO-4) are used to understand the interaction between biological health, psychological functioning, interpersonal relationships, and social and cultural contexts. These strategies correspond to the steps in formulating a biopsychosocial conceptualization (described earlier) and form a foundation preparing psychotherapists for other interventions. The next five strategies (BIO-5 through BIO-9) are considered general interventions that can be used to promote health in psychotherapy or other healthcare contexts. The last four strategies (BIO-10 through BIO-13) are specialized interventions designed for use with clients who are experiencing medical illness or psychiatric symptoms. These strategies can be used in the context of outpatient psychotherapy or clinical

health psychology in a medical setting. Like the key strategies described in other chapters, many of these interventions can be implemented at different levels of complexity. For example, at the simple level of complexity, Strategy BIO-8: Fostering Physiological Awareness, can be implemented by asking clients to describe physical sensations in their bodies and to keep track of changes they notice. At a more technical level of complexity, this strategy may involve the use of a biofeedback apparatus to track EMG and skin temperature to help clients gain voluntary control over physiological responses (Belar & Deardorff, 1995). These thirteen strategies are meant to provide a sample of the ways that psychotherapists and other healthcare professionals can impact biological health in ways that also enhance psychological and social functioning. The strategies described in this chapter are summarized in Table 7.2.

Exploring the Effect of Biology on Psychological Functioning

Strategy BIO-1. Exploring how biological functioning, including health or illness, can affect thoughts, actions, and feelings

Theoretical Context

Recognition that biological functioning can have a direct and pervasive impact on psychological well-being is an essential feature of a biopsychosocial approach. In its description of mental disorders due to general medical

TABLE 7.2 Summary of Biopsychosocial Strategies

BIO-1	Exploring the Effect of Biology on Psychological Functioning
BIO-2	Recognizing the Influence of Psychological Functioning on Health
BIO-3	Considering the Interaction between Health and Relationships
BIO-4	Understanding Health within a Sociocultural Context
BIO-5.	Encouraging Physical Wellness
BIO-6	Reducing Substance Use
BIO-7	Teaching Relaxation
BIO-8	Fostering Physiological Awareness
BIO-9	Working Interactively with Body and Brain
BIO-10	Facilitating Acceptance of Illness
BIO-11	Encouraging an Active Role in Health Care
BIO-12	Considering Psychotropic Medication
BIO-13	Considering Alternative Interventions

conditions, the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) specifies two different ways that biological illness can result in psychological symptoms. The first effect is considered a direct physiological effect:

General medical conditions can be related to mental disorders in a variety of ways. In some cases it is clear that the general medical condition is directly etiological to the development or worsening of mental symptoms and that the mechanism for this effect is physiological. (American Psychiatric Association, 2000, p. 29)

For example, a medical condition like hypothyroidism may result in psychological symptoms of depression. In this case, the psychological symptoms are seen as a direct physiological consequence of the medical condition. The second way that physical illness can impact psychological functioning is when symptoms represent a psychological reaction to a medical problem. For example, an individual diagnosed with cancer may become depressed. This reaction can be described as an adjustment disorder in reaction to the medical condition (American Psychiatric Association, 2000). Although the psychological effects of a serious medical illness may be most obvious, it is important for counselors to assume that the full range of biological functioning, from illness to wellness, can impact clients' thoughts, actions, and feelings.

Strategy Marker

If clients are experiencing physical illness or distress, then a psychotherapist should explore the impact of the medical condition on psychological functioning. If it appears that psychological functioning may be related to health or biological functioning, then this relationship should be explored. Medical conditions or other aspects of biological health can cause significant disruptions in clients' lives and have a direct impact on thoughts, actions, and feelings.

Suggestions for Use

When exploring the interaction between health and psychological functioning, it may be helpful to conduct a thorough exploration of the ways in which a client's physical illness may be affecting emotions, behavior, and cognitions about self and others. This type of exploration will help you decide what other interventions to consider. Education regarding the effects of particular medical conditions may help clients understand the effects of those conditions on psychological functioning. This type of education may facilitate the acceptance of illness (see Strategy BIO-10), as well as encouraging specific coping strategies that help clients take responsibility for lifestyle changes that minimize the negative impact of medical conditions. At a more general level, psychotherapists should always be aware of the ongoing interaction between biological and psychological functioning.

Expected Consequence

If counselors explore the impact of biological health on thoughts, actions, and feelings, then clients will gain a more comprehensive understanding of the way their health is impacting them. As a result of this exploration, clients can begin to make adaptive changes that will benefit physical and mental health, based on an awareness of the connection between the brain and other parts of the body.

Case Example

Abe told Dr. P. that having a heart attack at an early age had a big impact on him. Dr. P. wanted to explore some of the specific ways that this medical crisis had impacted the way Abe thinks, acts, and feels.

Dr. P.: How did your heart attack change the way you think about your life?

Abe: My first thought was "I have to change the way I do things or else I'm going to die."

Dr. P.: That's a pretty powerful realization. What was it like to be thinking something like that?

Abe: Kind of overwhelming.

Dr. P.: Any other thoughts?

Abe: Whenever I think that I have to change, another thought seems to pop up: "I don't know how to change."

Dr. P.: So these two thoughts are both competing for attention: "I have to change" and "I don't know how to change." I wonder how this influences the way you feel.

Abe: I guess I'm afraid of dying. Not so much now as when I was lying in the hospital bed. But I think the fear is gnawing away at me.

Dr. P.: It makes sense that you are afraid. How are these thoughts and feelings impacting your actions?

Abe: I think I'm a bit paralyzed. I think that is when I realized that I don't know how to change. Once I went back to work, I got back into my old habits of working too hard and not taking very good care of myself. I'm not exercising the way I'm supposed to be.

Dr. P.: So, you know you need to change some things in your life and you feel afraid. But, instead of motivating you to make positive adjustments, these thoughts and feelings are overwhelming you and paralyzing you. Is that right?

Abe: Yes. Do you think you can help me get moving in the right direction?

Dr. P.: I hope so. I think if we look closely at how your heart attack has impacted you, then we may find some ways to tap into the positive desire to change and manage some of overwhelming fear that may be paralyzing you.

Recognizing the Influence of Psychological Functioning on Health

Strategy BIO-2. Recognizing the influences of thoughts, actions, and feelings on biological health and physical wellness

Theoretical Context

The field of *Health Psychology* has helped clarify the ways that psychological functioning impacts biological health: “Research has identified the primary contributions to illness to be emotions, cognition, social relations, and behavior” (Johnson, 2003, p. 671). Health psychologists have begun demonstrating the ways that intervening psychologically can have a positive impact on biological health:

There is a growing body of empirical evidence supporting the effectiveness of psychological interventions in ameliorating a wide range of physical health problems, including both acute and chronic diseases that affect literally every organ system in the human body and encompassing pediatric, adult, and geriatric populations. (Levant et al., 2001, p. 80)

Many of the interventions used in health psychology are adaptations of psychotherapy strategies described in other chapters of this book. When used with medical patients, “psychotherapy has been shown to reduce medical utilization, to decrease post-surgery use of narcotics, to reduce symptoms associated with peptic ulcer, and to enhance coping after myocardial infarction” (Belar & Deardorff, 1995). The use of psychotherapy with medical patients represents an attempt to explore the way that psychological functioning may impact physical health. This type of exploration may also be used to prepare for more specialized interventions that directly target biological functioning.

Strategy Marker

If clients are experiencing physical symptoms or illness, then a psychotherapist should explore ways that psychological functioning may be impacting health. Hostility, anger, stress, depression, social isolation, smoking, and poor eating habits are a few of the many psychological factors that may cause, exacerbate, or prolong physical illness, and which may be addressed in psychotherapy (Johnson, 2003).

Suggestions for Use

When exploring the impact of psychological functioning on health, it may be useful for a counselor to explore specific thoughts, actions, and feelings that may contribute to physical symptoms. Here are a few examples of areas to explore: (1) hostility has been shown to increase risk of coronary heart disease; (2) a stressful lifestyle weakens the immune system, increasing susceptibility to many infectious diseases; (3) depression can lead to inactivity, social isolation, and poor eating habits; (4) alcohol abuse can lead to liver damage; and (5) cigarette smoking can increase the risk of lung cancer. A thorough exploration of how clients' psychological functioning impacts their health may help you decide which interventions to use to address clients' thoughts, actions, and feelings. Carefully selected psychological interventions can have a positive impact on biological health. Education regarding the relationship between psychology and biology may inspire a client to work toward psychological changes that enhance biological health.

Expected Consequence

If a psychotherapist recognizes the influence of psychological functioning on physical health, then psychological interventions can be used to address health problems, reduce suffering, alleviate physical symptoms, and maintain wellness. Clients can understand how psychological functioning impacts their physical well-being and can be empowered to make personal changes that optimize health.

Case Example

Dana had said that she drinks when she is feeling down. Dr. P. wanted to get a clearer understanding of how sadness or depression may be related to Dana's abuse of alcohol.

Dr. P.: You've said that you are most likely to drink alone at home when you are feeling down.

Dana: Yes, if I've been chewed out at work or I feel discouraged about my dead-end life, then I feel like I need a drink to make me feel better.

Dr. P.: Does drinking make you feel better?

Dana: Sometimes. Sometimes drinking makes me feel better, but sometimes it makes me feel worse. It's a little unpredictable. Sometimes I think I use alcohol to block out my feelings and distract me for a while.

Dr. P.: Does alcohol help block out your bad feelings?

Dana: Only for a while. I usually feel worse when I wake up the next day with a hangover. Then it's even harder to do a good job at work, and I'm more likely to get in trouble with my coworkers.

Dana: And how does drinking impact you physically?

Dr. P.: I have stomach problems that get worse when I drink.

Dana: Have you seen a physician about your stomach problems?

Dr. P.: Yes, I took medicine for some sort of infection that could lead to an ulcer. It's not as bad as it used to be, but he told me I shouldn't drink so much.

Dr. P.: So, when you are feeling discouraged or sad, you are more likely to drink alone, hoping to feel better or escape for a while. But drinking too much ends up hurting your stomach and often makes things worse at work. Is that right?

Dana: Yes. I guess it's a vicious circle, isn't it.

Dr. P.: Where do you think we would need to intervene to interrupt this cycle?

Dana: I think you want me to say that I should cut out the drinking.

Dr. P.: If you do stop drinking, then you'll need to find different ways to deal with your sad or discouraged feelings.

Dana: Can you help me with that part?

Dr. P.: We can certainly look at different ways to deal with sad feelings that might be more helpful than using alcohol. Because alcohol is a brain depressant, it covers up feelings for a while but often contributes to depression in the long run.

Dana: Like using gasoline to try to put out a fire?

Dr. P.: The effect is a little slower, but it's the same principle.

Considering the Interaction between Health and Relationships

Strategy BIO-3. Considering the interaction between biological health and interpersonal or systemic relationships

Theoretical Context

Research has demonstrated a strong reciprocal relationship between health and social relationships:

It is well documented that physical illness exacts a toll on the quality of life of patients and families alike. The patient's illness

symptoms, negative mood, and need for emotional support or physical assistance are often taxing to close family members. Family members, in turn, have a strong influence on the patient's psychological adjustment and management of illness, including adherence to a treatment regimen and adoption of other health behaviors that promote functioning and recovery. (Martire, Lustig, Shulz, Miller & Helfeson, 2004)

As these authors point out, medical illness can have a negative impact on family relationships, whereas family support can contribute to recovery from illness. This realization has led health psychologists to increasingly work with entire families in order to encourage social support and decrease stress on families. One of the key factors in the relationship between health and relationships is social support: "The evidence is clear that emotional support is the function most widely useful for adjustment and health" (Wills & Fegan, 2001, p. 227). Many researchers believe that "social support offers a 'buffer,' or protection, against the negative effects of stressful events and situations. This protection serves to provide the individual with an illness with coping resources that they can utilize" (Gatchel & Oordt, 2003, p. 218). Social support has been shown to have a positive impact on recovery from a variety of medical conditions including diabetes (Callaghan, Gregg, Ortega & Berlin, 2005) and surgery (Krohne & Slangen, 2005).

Strategy Marker

If clients are experiencing health problems, it is important to explore changes in social relationships. Individuals rarely live in isolation, and health problems can have a positive or negative impact on relationships. It is important to understand how relationships have changed and to determine whether they have become a source of support or challenge for the client.

Suggestions for Use

It may be helpful to discuss how a client's health status has impacted important interpersonal relationships as well as how key relationships have impacted health behaviors. This type of discussion is necessary in order to decide what specific interventions may be helpful. Education regarding the importance of social support in health management may be required to inspire a client toward utilization of positive relationships to enhance health status, attitudes, and behaviors. For example, if a client participating in a tobacco cessation program has a spouse who has never smoked and can't understand why quitting is so hard, this client may need help in accessing social support. A psychotherapist might intervene by exploring ways to access more support including (1) providing informational literature for the individual to share with the spouse; (2) offering to speak with the spouse directly in a

couples session to review the patient's cessation plan and suggest ways the spouse could provide additional support; or (3) exploring other ways the client could increase his or her support network through support-group participation, telephone-accessed support, or Internet resources.

Expected Consequence

If clients are encouraged to explore how their health impacts important relationships, they will be better able to make the most of these relationships in order to promote optimum health and cope adaptively with health problems. Acquiring more social support through relationship enhancement can lead to positive health changes, improved quality of life, enhanced coping, successful chronic disease management, and sustained healthy lifestyles.

Case Example

After exploring how Abe's heart attack had impacted him individually, Dr. P. wanted to understand how the health crisis had impacted the relationships within Abe's family.

Dr. P.: How did the heart attack impact your relationship with your family?

Abe: I think it brought me closer to my wife, at least for a while. When I was in the hospital, we had a lot of quiet talks that felt really intimate. We were able to affirm what was important to both of us and to acknowledge that maybe I had gotten off track.

Dr. P.: What was it like for you to have those talks with her?

Abe: It felt good. I guess I knew in the back of my mind that my job had taken over my life, but being flat on my back with tubes and wires stuck in my body allowed me to say it out loud for the first time.

Dr. P.: How about with your kids?

Abe: I think they were really scared at first, but they've been supportive. For a while, they were seeing me more often than they do when I'm working on a tough case. They liked getting to do things to help me. Getting me things when I was still bed-ridden.

Dr. P.: It almost seems like the heart attack helped you appreciate your family in a new way. Is it strange to think of it that way?

Abe: Not really. I knew I wasn't doing right by my family but I didn't know how to stop and get off the treadmill. Having a heart attack at an early age at least gives me an excuse for changing my ways.

Dr. P.: So, the heart attack gives you a different type of reason to be close to your wife and kids and to live up to some of your values about family.

Abe: Yes, I can realign my priorities. Not because I'm lazy or unmotivated, but because my health status necessitates it.

Dr. P.: But being back at work has made it harder to live up to your family ideals.

Abe: Yes. I think people at the law firm expect me to work as hard as I always did.

Dr. P.: So, there is social pressure from home to change and social pressure from work to return to your old ways. Is that right?

Abe: Yes, I'm being pulled in both directions.

Understanding Health within a Sociocultural Context

Strategy BIO-4. Understanding biological health, health behaviors, and physical symptoms within their social and cultural contexts

Theoretical Context

Health behaviors can be affected by both the immediate social environments and the broader cultural contexts in which individuals live. At the level of the immediate social environment, physical illness can be viewed differently by different families. For example, in one family a child with a stomachache may be treated suspiciously and urged to ignore the discomfort and go to school. In another family, the same symptoms may result in extra care and concern and a trip to the doctor's office. These different social environments may result in very different attitudes about health and illness. At a broader level, sociocultural contexts shape the way people view their health:

Cultural beliefs and values affect how individuals maintain their health and respond to symptoms when a health problem arises, whether they seek treatment, and the type of treatment they seek. Communication between patients and health personnel and compliance with medical treatments and recommendations may be thwarted by cultural practices. Diet, sexual activity and practices, and the use of substances are also influenced by culture. (Keitel, Kopala & Georgiades, 1995, p. 546)

It has also been documented that individuals of lower socioeconomic status are at greater risk for health-related problems because of economic disenfranchisement that results in poor health practices and decreased access to health care (D'Andrea & Daniels, 2001). For all of these reasons, it is important to consider the sociocultural context when trying to understand or treat health concerns.

Strategy Marker

When exploring biological health with clients, it is important to understand the impact of social and cultural contexts. For example, it is important to consider the ways that socioeconomic status and other cultural variables may impact access to health care. Clients from outside the dominant culture who experience serious health problems often report misunderstandings with healthcare personnel due to differences in language, customs, and world-views. If cross-cultural differences are impacting clients' physical wellness, then a psychotherapist can communicate culturally sensitive respect and can honor resistance that may be culturally appropriate. A psychotherapist can also help clients understand the actions of healthcare professionals in their cultural context, encourage cultural flexibility when appropriate, and provide cultural skills training.

Suggestions for Use

When exploring the social and cultural contexts of health, a counselor can ask questions about how the clients' family system and cultural beliefs shape their views of physical illness and impact the relationship with healthcare professionals. You can also explore the way socioeconomic factors may contribute to the exacerbation or prolonging of illness. Education regarding the white, western, middle-class, male medical culture may be required to empower a client toward optimum utilization of the healthcare infrastructure and effective communication with healthcare professionals. A problem-solving approach can be used to assist clients in accessing and obtaining effective and culturally appropriate medical care.

Expected Consequence

If a psychotherapist explores health within its sociocultural context, then there will be a clearer understanding of how family values and cultural beliefs may impact health behaviors. If a therapist recognizes the influence of sociocultural factors on physical health and wellness, then a culturally sensitive treatment plan that fits the social context is more likely to be developed.

Case Example

Dr. P. knew that if Dana were going to overcome her alcohol problem, it would involve important changes in her social life as well. Dr. P. wanted to start by exploring the social and cultural contexts that influence Dana's use of alcohol.

Dr. P.: We've talked about your reasons for drinking alone. How about when you drink with others?

Dana: I usually go out a few times a week to a bar near my apartment complex. They play country music there, so I get to be a

redneck again. I have several friends who hang out there, so it's a way to get together with friends.

Dr. P: So the bar is a social environment where you feel comfortable.

Dana: I guess I feel I fit in there a lot more than I do at work. I think my friends at the bar put less pressure on me and accept me with all my faults.

Dr. P: Do most of your friends hang out with you at the bar?

Dana: No, I have some friends that don't drink very much and don't like the loud, rowdy environment.

Dr. P: How do they view your drinking?

Dana: I have a friend named Katie who is concerned about my drinking. She is a recovering alcoholic and used to invite me to AA meetings all the time.

Dr. P: Have you ever attended an AA meeting?

Dana: I went once a while back, but didn't like it. I don't think I was ready to admit that I had a problem.

Dr. P: How about now?

Dana: I've had such a hard time cutting down that sometimes I think Katie is doing the right thing by not drinking at all. I think about calling her and asking if I can go to a meeting with her again. I think my problem is getting worse.

Dr. P: What would your friends at the bar think if you quit drinking and started attending AA?

Dana: They would think I was crazy. They would think I was getting old and weak, and that I didn't know how to have a good time any more.

Dr. P: It sounds like drinking has a mixed effect on your social network. On the one hand, you have friends who like to drink who you enjoy hanging out with. But, on the other hand, you have friends who think you might have a drinking problem and would support you if you decided to stop.

Dana: Yes, I feel caught in the middle.

Dr. P: You said you feel like your drinking problem has gotten worse. Would you like to consider attending an AA meeting with Katie again?

Dana: I'm not sure. That would be a really big step for me.

Encouraging Physical Wellness

Strategy BIO-5. Helping clients establish healthy patterns of living that result in physical wellness—including proper nutrition, exercise, and sleep

Theoretical Context

Although medicine has long been concerned with treating illness, there has been a growing awareness that physical health can be enhanced in a way that results in wellness. Halbert Dunn (1961) originally coined the term *high-level wellness* and defined it as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable of functioning within the environment” (p. 4). Instead of merely treating or preventing illness, health care can be oriented toward a positive definition of health:

Most people think of health as a state you are in when you are not sick, without disease, free of pain. In other words, health is associated with the absence of something—illness. . . . The alternative, which wellness invites, is to describe health as having a positive dimension. This encompasses levels of well-being, or stages and positions along a continuum of whole-person functioning that encourages pictures of *optimal* existence. (Ardell, 1999, p. 3)

The National Wellness Institute provides a multidimensional definition of wellness that promotes emotional, intellectual, physical, social, spiritual, and vocational wellness. Because of this holistic definition, the concept of wellness is very consistent with the biopsychosocial model described in this chapter. Psychotherapists can help clients develop a positive approach to wellness that will promote biological, psychological, and social well-being.

Strategy Marker

When clients report behaviors that threaten health or a lack of health-enhancing activities, it may be helpful to develop a plan to improve optimal living as an adjunct to verbal psychotherapy. If lifestyle factors appear to be influencing physical or psychological symptoms (such as depressed mood, chronic fatigue, muscle tension/pain, anxiety), clients can be encouraged to alter daily habits that affect health and wellness including adequate sleep, eating nutritiously, drinking water, participating in regular exercise, relaxation, and limiting or excluding caffeine, alcohol, or nicotine.

Suggestions for Use

In order to promote wellness, it may be necessary to explore and discuss options as well as overcome resistance that may represent barriers to

health-enhancing activities. It may be helpful for a counselor to encourage clients to brainstorm possibilities, consider obstacles, identify solutions, set goals, and plan for specific action in order to make durable behavioral health changes that improve physical wellness. There is often a dynamic interaction between psychosocial factors and health outcomes. Therefore, intervening either psychologically or biologically can result in desired outcomes related to holistic wellness.

Expected Consequence

When clients are encouraged to adjust lifestyle routines to benefit health, the intended results include improvements in symptomatology, stress levels, and general quality of life. Increased awareness of relationships between behavior, stress, and symptoms can also occur. The ability to improve physical wellness and experience positive health effects often increases clients' self-efficacy, satisfaction, and the knowledge that they are active agents in their own lives.

Case Example

Abe wanted to change his health habits so that he could lower his risk of having another heart attack. He asked Dr. P. to help him come up with an exercise plan.

Abe: I need to start exercising but I don't know what to do.

Dr. P.: Let's identify several types of exercise you might do, and then you can decide what to try first. What kinds of physical activities do you like to do?

Abe: I don't really like anything. That's the problem. They all seem like a waste of time that takes me away from my work.

Dr. P.: Let's start a list. What kinds of exercises do other people like?

Abe: My brother-in-law is a real fitness freak and races in triathlons.

Dr. P.: That gives us three options: swimming, biking, and running. What else?

Abe: One of our neighbors does race walking but it looks kind of silly.

Dr. P.: That's a fourth option. What else?

Abe: I know there are some guys from the law firm who go to a health club, and I guess they use those stair machines or stationary bikes.

Dr. P.: So far we have five options: running, race walking, biking, swimming, or exercise machines at a health club. Is that enough options? Can you think of any others?

Abe: Those seem like the options, but none of them seem attractive. All of them seem like a distraction from work.

Dr. P.: If you had to choose one, what would you choose? Is there an option on the list that seems a little more attractive than the others?

Abe: I guess if I went to a health club or the YMCA and used a treadmill or a stationary bike, then at least I could read. I think one of the other guys from work said he listens to books on tape while running on a treadmill.

Dr. P.: That sounds like a good place to start. If that doesn't work out, we can talk about some of the other options.

Reducing Substance Use

Strategy BIO-6. Helping clients reduce or eliminate their use of alcohol, tobacco, or other drugs that threaten physical and mental health

Theoretical Context

Substance abuse is a major health problem that has both biological and psychological causes and effects. Alcohol is the most commonly abused substance and is associated with a wide variety of health problems:

Heavy drinking also causes a variety of medical problems, and can affect any organ system in the body. Such conditions as cardiomyopathy, liver diseases, gastritis, ulcers, pancreatitis, and peripheral neuropathies all may be caused by heavy drinking. Even when obvious medical conditions are not present, the effects of heavy drinking can be insidious and debilitating. (McCrary, 2001, p. 380)

Some researchers have estimated that alcohol abuse accounts for 15 percent of the nation's healthcare costs (Curry, Ludman, Grothaus, Donovan & Kim, 2003). Substance abuse has such a pervasive impact on health that it often interferes with treatment for other types of medical problems. For example, it is recommended that substance abusers should not receive medical treatment for chronic pain until psychological interventions have been used to address substance abuse (Hardin, 2004). Because of the pervasive effect of substance abuse on both biological and psychological health, reducing substance abuse is often an important part of a biopsychosocial approach to psychotherapy.

Strategy Marker

If substance use may be causing or exacerbating clients' medical or psychological problems, then a psychotherapist should work with the client to

reduce or eliminate use of that substance. Substance abuse may represent a maladaptive attempt to cope with an illness or problem but may result in additional stress and other health problems.

Suggestions for Use

When addressing substance use, it may be helpful to discuss how clients' use of substances impacts their health and wellness in direct and indirect ways. It may also be helpful to explore the reasons why clients are using substances and to identify more adaptive coping strategies. This type of discussion will help determine what specific interventions may be most helpful. Education regarding the effects of substance use on health may be required to help clients understand the importance of reducing use of psychoactive drugs. Assessing clients' stages of change (Strategy BHV-6 in Chapter 5; Prochaska & DiClemente, 2005) may help counselors facilitate clients' progression through different processes related to behavior change and reduction of substance use. *Motivational Interviewing* (Miller, Rollnick & Conforti, 2002) is an approach designed for use during early stages of change to help clients elicit behavioral change by helping clients examine and resolve ambivalence. In addition, referral to Alcoholics Anonymous, or another substance-use support group may be helpful for clients who are preparing for change in this area.

Expected Consequence

If clients are encouraged to explore how their use of substances impacts their physical and mental health and wellness, they may be more motivated to make difficult changes regarding substance use. If a psychotherapist helps clients reduce harmful substance use, the anticipated result is improved mental and physical health and a greater capacity to make other positive changes.

Case Example

After a bad bout of drinking, Dana attended an AA meeting with her friend and was anxious to tell Dr. P. about her experience.

Dana: I have something pretty big to tell you today.

Dr. P.: Okay. I'm anxious to hear about it.

Dana: I went to an AA meeting with my friend Katie and decided that I have to stop drinking.

Dr. P.: That is pretty big. Tell me about your decision.

Dana: Last Friday, I had a lousy day at work, went out drinking afterwards, and got really drunk. I almost wrecked my car on the way home. I threw up all over the bathroom and felt terrible in the morning. I felt worse than I have in years. I called Katie and asked her if I could go to another AA meeting with her. We went to a meeting that evening.

Dr. P: Wow. What was the meeting like?

Dana: It felt really different than the last time I went. When I went a few months ago I kept thinking that these people were totally different than me. I kept saying to myself that I wasn't an alcoholic.

Dr. P: And what about this meeting?

Dana: The complete opposite. I kept thinking that the stories I was hearing were exactly like mine. I kept thinking to myself, "Maybe I am an alcoholic."

Dr. P: Did you speak at the meeting?

Dana: No, I wasn't ready to say anything at the meeting, but I talked to Katie for hours after the meeting and cried my heart out. I told her that I think I'm an alcoholic and that I have to stop drinking before it kills me.

Dr. P: Wow. That's really a big decision to make. What was it like to say that to Katie?

Dana: It was really weird; really scary at first but also a bit of a relief.

Dr. P: What do you think helped you take that step?

Dana: I think talking to you the last couple months has helped me realize that I can't be a social drinker. I realized that if I drink a little bit that I'll just want to drink more. Then, when I almost wrecked my car on Friday night, it seemed like a big, scary wake-up call. I had to swerve to miss an oncoming car and ended up in the ditch. My friend had to pull my car out with his pick-up truck. I realized I could have killed someone.

Dr. P: Or yourself.

Dana: Yes. It finally seemed like I was dealing with something that might kill me; either quickly in a car wreck or slowly through ulcers or liver problems. I realized that if I didn't stop drinking I was going to die. I realized that I'm an alcoholic. I'm not just a drinker. I'm an alcoholic.

Dr. P: What is it like to tell me you're an alcoholic?

Dana: I guess it feels honest. It feels like I have a better shot of getting my life back on track if I quit drinking completely than if I try to control my drinking.

Dr. P: You've taken a really big step, and I want to support you as you proceed on this journey.

Dana: I'm going to need all the help I can get.

Teaching Relaxation

Strategy BIO-7. Teaching clients to relax using muscle relaxation, breathing, stretching, imagery, meditation, or autogenic training

Theoretical Context

Because stress is such a pervasive threat to physical and mental health, a biopsychosocial approach to psychotherapy often involves teaching clients to use relaxation techniques to reduce their stress. Health psychologists use relaxation training to directly treat stress or as an integral part of other interventions:

Relaxation is used with disorders that have a basis in anxiety or arousal. . . . Relaxation is often enlisted as an adjunct in a subordinate role to facilitate another therapeutic technique, such as systematic desensitization, assertiveness training, or modeling . . . stress management, anger control, and pain management. (Lichstein, 1995, pp. 20–21)

One of the important benefits of relaxation training is that “patients learn an active coping skill that they can apply in a variety of anxiety-arousing situations in daily life” (Emmelkamp, 1990, p. 297). Therefore, relaxation training can contribute to a broader sense of self-efficacy that benefits clients as they make changes to improve their psychological and biological health.

Strategy Marker

If clients are experiencing stress or other symptoms of anxiety, then they are likely to benefit from relaxation training. Relaxation serves as an adaptive way for clients to cope with negative emotions such as fear, anger, and sadness. These emotional states are often accompanied by physiological changes associated with arousal of the sympathetic nervous system and the fight-or-flight response. When clients show physical indicators of stress—such as hypertension, headaches, chronic pain, cardiovascular disease, or sleep disturbances—relaxation skills training can be an effective part of psychotherapy.

Suggestions for Use

Psychotherapists can help clients to choose a relaxation approach that is well-suited to individual needs and preferences. Most clients benefit from a detailed, structured approach that begins in-session (rationale, demonstration, and practice), and evolves to between-session homework assignments, monitoring, and discussion of perceived benefits. Introductory relaxation approaches include diaphragmatic breathing, stretch-based relaxation, and cue-controlled relaxation. It is important that therapists obtain detailed,

specific information from the client in the form of an action plan (such as what form of relaxation will they choose, when will they conduct relaxation, duration, location), or a preprinted monitoring sheet. Clients should be asked to rate their level of relaxation at the beginning and end of each relaxation session.

Expected Consequence

Relaxation training provides clients with a practical skill to reduce or prevent psychological and physical distress. Clients may report initial challenges encountered with implementing relaxation. However, with practice, they are more likely to demonstrate increased success as they experience the physical, mental, and emotional benefits of relaxation.

Case Example

Abe had been told by his cardiologist that he needed to reduce his level of stress, but he felt as though he didn't know how to relax. Dr. P. offered to teach him a simple relaxation method based on diaphragmatic breathing.

Dr. P.: I'd like to teach you a simple breathing exercise you can do to help you relax.

Abe: Okay. I'm ready.

Dr. P.: I'd like you to sit comfortably with your feet flat on the floor. Rest your hands loosely on your lap.

Abe: Should I close my eyes?

Dr. P.: Most people find it easier to relax if they close their eyes. Now, I want you to focus on your breathing. One of the goals is to focus on your breathing and let go of stressful thoughts. The other goal is to slow your breathing so that it will calm down your brain activity. One way to slow your breathing is to count slowly as you breathe in. As you breathe in through your nose, I want you to count to five. Just count silently in your head as you breathe in: 1 ... 2 ... 3 ... 4 ... 5. Now you can exhale slowly through your mouth. Once again, count to five: 1 ... 2 ... 3 ... 4 ... 5. I want you to continue to count slowly to yourself as you breathe in and out. Now I want to add one more thing. I want you to focus your attention on the movement of your stomach. As you breathe in, I want you to be aware of your belly rising as your lungs fill with air. Use this attention to focus on your breathing and to help you let go of any stressful thoughts. As you breathe out, I want you to be aware of your belly falling as the air escapes from your lungs. Now I want to give you a few more minutes to practice on your own. Count to five as you breathe in through your nose. Then count to five as you slowly breathe out

through your mouth. As you count, I want you to focus on your belly rising and falling as your lungs are filled and then as they are emptied.

[Dr. P. lets Abe practice for a few more minutes]

Dr. P.: How do you feel, Abe?

Abe: I feel more relaxed.

Dr. P.: Was it easy or hard to focus on your breathing?

Abe: It was hard at first, but it became a little easier after a few minutes.

Dr. P.: Is this something that you would be willing to practice at least once a day for the next week? Then we can evaluate whether this is a helpful practice for you to adopt.

Abe: Sure. I can give it a try.

Fostering Physiological Awareness

Strategy BIO-8. Fostering physiological awareness and attention to biological cues related to psychological functioning and physical health

Theoretical Context

Some people experience physical difficulties because they do not pay attention to biological cues from their body or respond with adaptive actions. Arnold Lazarus (2005) pointed out that sensory information is overlooked in many forms of psychotherapy and suggested that exploring positive and negative sensations is an essential part of a thorough assessment:

Are there specific sensory complaints (e.g., tension, chronic pain, tremors)? What feelings, thoughts, and behaviors are connected to these negative sensations? What positive sensations (e.g., visual, auditory, tactile, olfactory, and gustatory delights) does the person report? This includes the individual as a sensual and sexual being. (p. 107)

When physical symptoms are experienced, they are often signals from the body that individuals should try to understand so they can act in a way that will support biological health. Learning to attend to physical sensations and to respond adaptively may help psychotherapy clients listen to the wisdom of their bodies and to foster a healthy connection between the brain and other parts of the body.

Biofeedback is a technical intervention designed to foster physiological awareness. When clients are able to visually see how their bodies are

responding to different feelings, thoughts, or imagery—by receiving visual feedback on physiological measures like EMG and skin temperature—they may learn to control bodily functions in a way that benefits health:

The primary goal of biofeedback training is to teach the patient voluntary control over physiological processes. . . . Successful training facilitates the patient's perceived control over physiological events, a belief that might play a significant role in treatment outcome. Perceived control and lower autonomic nervous system arousal are also associated with decreased affective states such as anxiety. (Belar & Deardorff, 1995, p. 87)

Like many of the interventions described in MTP's catalog of key strategies (Appendix B), physiological awareness can be implemented at either a simple or technical level of complexity (see Figure 2.3). At the simple level, a psychotherapist can encourage directed awareness and verbal descriptions of physical sensations. At a more technical level of complexity, fostering physiological awareness may include the use of biofeedback equipment to measure physiological functioning and provide visual feedback.

Strategy Marker

If clients are experiencing physiological symptoms related to stress or other psychological processes, then it may be helpful to foster physiological awareness by encouraging clients to listen to their bodies and respond in adaptive ways. When clients experience physical sensations related to medical illness, they should learn to attend to those biological cues and to take actions that promote health.

Suggestions for Use

Individuals experience psychological distress in multiple ways that include physical, cognitive, emotional, and behavioral manifestations. Relationships between these manifestations are reciprocal and synergistic in nature. Psychoeducation regarding the physical consequences of psychological stress may be an important part of encouraging physiological awareness. For example, clients who learn more about autonomic nervous system functioning will begin to appreciate the relationships between psychological distress, stress hormones, and sympathetic hyperarousal. Ultimately, clients may learn they can control seemingly involuntary physical mechanisms (such as skin conductance, peripheral temperature). Educational brochures are helpful for clients to obtain information regarding physical changes triggered by psychological distress and how to utilize emotional and environmental cues to signal physical awareness and the need for intervention. For example, a client may conduct a complete body scan and detect tension in the neck. This client would then engage in stretch-based relaxation and diaphragmatic breathing.

Biofeedback can be used to enhance detection and management of psychophysiological arousal (such as peripheral temperature, frontalis muscle tension, and galvanic skin response) through immediate visual computer feedback.

Expected Consequence

If clients learn to attend and respond to physical sensations and biological cues, the expected result is an increased ability to meet physical and psychological needs that are expressed through the body. Awareness of physical reactions to psychological distress can help clients improve management of stress levels through interventions that are tailored, brief, and effective. For example, if clients can learn to discriminate between types and triggers of physiological arousal (rapid chest breathing; muscle tension; reduced peripheral temperature), then they will be better able to detect physical stress responses, and intervene to prevent escalation and further health problems.

Case Example

Dana complained to Dr. P. about physical symptoms since she had stopped drinking. Dr. P. wanted to help Dana understand that these physical sensations are symptoms of alcohol withdrawal.

Dana: Since I've stopped drinking the last few days, I've been feeling a little bit sick, and I'm not sure if it's connected.

Dr. P.: What kinds of symptoms have you noticed?

Dana: I feel a little sick to my stomach. Kind of queasy. I've also felt kind of shaky. I've noticed that my hands shake even when I try to keep them still.

Dr. P.: Did these symptoms start when you stopped drinking this weekend?

Dana: I noticed the shakiness on Sunday night, and I thought it was just me wanting to drink. I called Katie, and she came over to hang out with me. She said it might be related to stopping drinking. The next day I noticed that my stomach was really queasy. I wondered if I was catching the flu.

Dr. P.: Have you experienced these symptoms before?

Dana: I guess I've felt this way when I've tried to quit drinking before but not as bad.

Dr. P.: But, you've gone longer without drinking this time than in the past, right?

Dana: Yes. It's been years since I've gone for more than a day or two without drinking.

Dr. P: I think it's possible that you are experiencing symptoms of alcohol withdrawal. People who stop drinking after a long period of regular use often feel nausea and shakiness, including hand tremors. Your body had become used to having alcohol in your blood stream as a regular part of its functioning. Now that you've stopped drinking, it may take your body some time to adjust to a new biological balance.

Dana: So, I'm not getting sick? This is just a reaction to quitting alcohol?

Dr. P: I can't say for sure, but the sensations you are reporting are common symptoms of alcohol withdrawal. What is it like to think that this may be a way that your body is readjusting to life without alcohol?

Dana: I guess it's a relief. I was worried that I was getting really sick. What should I do?

Dr. P: One of the things I would recommend is to pay close attention to your body and try to be aware of this as a physical change that you are undergoing. Even though it is occurring in your body, how you attend to and think about it may affect how stressful it seems. It may be easier to experience these symptoms knowing they are a natural way that your body is adjusting to a new situation. In some ways, your body is trying to adapt to a healthier situation but will take some time to make the adjustment. You also might want to talk to a physician about your physical symptoms. There are some new medications that may help reduce symptoms of alcohol withdrawal.

Working Interactively with Body and Brain

Strategy BIO-9. Working physically with the body or altering brain activity to relieve psychological and emotional distress

Theoretical Context

Although we know that the brain is a physical organ in the body, the distinction between body and brain continues to pervade our language and thought. Part of using a biopsychosocial approach involves realizing that there is a reciprocal relationship between the brain and other parts of the body. Body-oriented therapies assume that working with the body is necessary to resolve psychological distress. After working with Wilhelm Reich (1951), Alexander Lowen developed a body-oriented approach to psychotherapy

called *Bioenergetics*. Here is how he described the underlying premise of body-oriented therapies:

Bioenergetics rests on the simple proposition that each person is his body. No person exists apart from the living body in which he has his existence and through which he expresses himself and relates to the world around him. (Lowen, 1975, p. 54)

Psychotherapists who embrace this assumption may be motivated to work interactively with the body and the brain. Although body-oriented therapies have decreased in popularity since the 1970s, many psychotherapists continue to work with bodily actions in order to express nonverbal feelings and to release uncomfortable physical sensations such as muscle tension. When introducing body-work, many psychotherapists start by focusing on breathing:

The way we breathe is a major part of how we manage our experience of sensation and emotion. . . . This fundamental component in our biological design also gives psychotherapists a powerful tool for helping clients with their emotional, physical, energetic, and mental states. (Goodrich-Dunn, 2004, p. 38)

Teaching clients to breathe in a way that helps them relax or release muscle tension may be considered a way to work interactively with body and brain, implemented at the simple level of complexity. On the other side of the continuum displayed in Figure 2.3, Eye Movement Desensitization and Reprocessing (EMDR; Shapiro, 1995) can be considered a technical method of working interactively with body and brain. EMDR is based on the assumption that bilateral eye movements (working with the body) will change the way clients process information related to traumatic experiences (an effect on the brain). Although not all psychotherapists will seek specialized training in technical forms of working interactively with body and brain, it is important to be aware of how the brain continually interacts with other parts of the body.

Strategy Marker

If clients are manifesting physiological responses that indicate psychological distress, then it may be helpful to work with the client's body to alter both physical and psychological functioning. For example, if a client is breathing in a shallow manner and becoming anxious, then a counselor can ask the client to attend to their breath and slow their breathing. The type and location of physical responses observed should guide the way the counselor intervenes.

Suggestions for Use

It is always helpful to attend to the clients' physical behavior during psychotherapy sessions. For example, a depressed client may always slump back in a chair in a passive, detached manner. An anxious client might speak rapidly

and breathe quickly. To intervene with the body, it may be helpful to begin with simple interventions like asking a client to sit up straight, speak more slowly, or breathe more deeply. Other simple interventions might include having a client hit a cushion while expressing her anger, or having a passive client stand up and express his ideas with a loud voice and exaggerated gestures.

Expected Consequence

If a psychotherapist intervenes physically with clients, the likely outcome is increased awareness of the brain-body connection and greater personal control of physical and psychological functioning. This increased self-understanding and self-efficacy is likely to empower clients to better manage and prevent physical illness by changing actual physiological responses involved in medical disorders or psychological problems.

Case Example

Dr. P. had taught Abe to use diaphragmatic breathing as a method of relaxation. During the next session, she wanted to follow up with him to see if he had found the practice helpful. The conversation led Dr. P. to encourage Abe to use his body to express his anxiety and release muscle tension.

Dr. P: I wanted to start by checking in about the breathing exercises. Were you able to practice this type of relaxation?

Abe: I tried several times, but it was kind of hard for me.

Dr. P: It takes a while for some people to get the hang of it. Can you tell me about your difficulties?

Abe: I found it really hard to sit still. When I feel anxious, I tend to move around a lot. I never noticed before how much I move. I noticed that I pace back and forth in my office when I'm thinking about a case. I even noticed that I wring my hands. So, it was really hard to sit still when I tried to do the breathing.

Dr. P: Okay. This is important information. It seems like you experience your feelings of anxiety in your body. Do the physical sensations seem like a sign from your body that something is bothering you?

Abe: I guess so. Now that I'm paying attention, it seems like my body is trying to tell me that something is out of balance.

Dr. P: What else do you notice when you feel out of balance?

Abe: I start talking really fast. Sometimes when I'm working alone, I talk out what I'm thinking as a way to slow down my brain, but it still comes out way too fast.

Dr. P: Okay. It makes sense that the breathing is hard when your body is so agitated. I'd like to try to see if we can find a way for you

to express your bodily agitation in a way that will release some of your anxiety. Are you willing to try an experiment?

Abe: Sure. What do you have in mind?

Dr. P.: I'd like for us to see if we can release some of your physical agitation before you try to do the breathing exercise. I'd like for you to stand up. [Both Abe and Dr. P. stand.] I'd like for you to shake your hands as a way to express the anxiety you might be feeling. [Abe shakes his hands vigorously.] Now, I'd like you to use your voice to express your anxiety. Try saying, "I'm really nervous," three times, really fast.

Abe: I'm really nervous. I'm really nervous. I'm really nervous.

Dr. P.: Good. Now we want to make a physical transition that may help you calm down. I want you to slow your hand movements. Instead of shaking your hands, I want you to try swaying them back and forth. [Abe sways his hands slowly.] Now I want you to slow your voice and change your words. Instead of expressing your anxiety, I want you to say, "I am calming myself," more slowly with a deep breath in between each sentence.

Abe: I am calming myself. [deep breath] I am calming myself. [deep breath] I am calming myself. [deep breath]

Dr. P.: How does that feel?

Abe: I think it's a little better than just trying to sit still and breathe. It lets out some of the tension.

Dr. P.: That's what I was hoping for. You can experiment with different ways to use your body or your voice to release some of the built up energy you are feeling. There's nothing magical about what I suggested here, just a way to physically express your feelings of anxiety. You may discover better ways to use your body to calm your mind. This is something I think we should continue to explore as we try to find ways for you to care for your heart in a different way. I'm going to recommend that you try to express some of your physical agitation and then calm your body before you practice the deep breathing exercise. This may provide a physical transition from agitation to relaxation.

Facilitating Acceptance of Illness

Strategy BIO-10. Facilitating acceptance of illnesses or physical limitations and encouraging behavioral changes that adapt to new biological realities

Theoretical Context

Biopsychosocial psychotherapy sometimes includes helping clients change the way they think and feel about the physical reality of their bodies. When clients face illness or other physical limitations, it may be important to help them accept these changes in order to support adaptive actions. Health psychologists have found that promoting acceptance can be an important part of working with medical patients:

Acceptance as a strategy for coping with a chronic disease has recently emerged as an area of potential focus for interventions.

Acceptance theorists suggest that it is the avoidance of psychological discomfort, such as thoughts and feelings about having to deal with diabetes for the rest of one's life, that may contribute to nonadherence to treatment recommendations. (Callaghan et al., 2005, p. 339)

Researchers have found that acceptance of illness results in increased medication and treatment compliance (Marks, Murray, Evans & Willig, 2000). Therefore, it may be helpful for psychotherapists to facilitate acceptance of illness or other physical limitations.

Strategy Marker

Clients dealing with chronic disease or physical limitations often need help accepting life alterations that result from changes in health status. Difficulties may manifest in the form of perceived restrictions in daily routines, physical functioning, and lifestyle habits that were once enjoyed. In addition, other indicators of difficulty accepting one's health status include noncompliance with health regimens (such as not taking medication as prescribed, continuing sedentary lifestyle), symptoms of depression or anxiety, and disruption across multiple domains of functioning. In all of these cases, it may be helpful for a psychotherapist to facilitate acceptance.

Suggestions for Use

In order to facilitate the acceptance of illness or limitations, it may be helpful to begin by encouraging a client to grieve the loss of their health or mobility. After some of this grief has been worked through, it may be useful to directly address negative thoughts and feelings regarding a disease or physical limitations. Next, you may work with clients to enhance coping skills that are often vital in promoting acceptance of illness and embracing adaptive health behaviors. It is often extremely difficult for clients with chronic disease to accept that sometimes drastic, and often lasting, changes in their health behaviors are required in order to prevent further disease progression and overall suffering. Clients may need assistance identifying resources that support critical life changes. As a counselor, you can help clients make specific plans to overcome obstacles that may promote adaptive change.

Expected Consequence

Once clients accept the presence and manifestations of a chronic disease or other physical limitations, they are better able to engage in active coping responses that will promote recovery or prevent illness progression. Clients will experience improved physical and psychological outcomes when they no longer wish the illness away but, instead, take action to deal with it.

Case Example

By attending Alcoholic Anonymous and reading program literature, Dana had learned about the disease model of alcoholism. She wanted to discuss this idea with Dr. P.

Dana: In AA they say that alcoholism is a disease. Do you think that is true?

Dr. P.: Alcoholism has specific physical symptoms and moves through progressive stages like many other diseases. What does it mean for you to think of alcoholism as a disease?

Dana: At first it bothered me to think of myself having a disease. But now that I've thought about it more, it's not so bad.

Dr. P.: What has made it easier to think this way?

Dana: I guess thinking of my alcoholism as an illness means I need to get treatment and make changes in order to recover and maintain my health.

Dr. P.: So, admitting to yourself that you might have an illness helps you make changes to maintain your health. It seems like health is a positive motivator for you.

Dana: Yes, I think so. Sometimes, I used to think about whether drinking was bad or evil. Thinking about drinking as unhealthy for me, because I am an alcoholic, means I don't have to feel guilty for being bad, but I do have to work on recovering from this illness.

Dr. P.: It seems like accepting that you have an illness makes it easier for you to stay motivated to recover. What things do you think are most important for your recovery?

Dana: Staying sober, going to AA meetings, getting a sponsor, continuing to work with you on the emotional stuff, and changing the kinds of people I hang out with.

Dr. P.: Those sound like really important goals you can focus on to stay healthy and begin to recover from alcoholism.

Encouraging an Active Role in Health Care

Strategy BIO-11. Encouraging an active role in health care through personal decision making and proactive negotiation with healthcare providers

Theoretical Context

When people experience physical illness, they often lose a sense of control over their own lives. Many medical patients may experience learned helplessness when they are unable to manage their own physical well-being (Wallston, 2001). Biopsychosocial psychotherapy may involve encouraging medical patients to take a more active role in health care:

The health care system often encourages patterns of illness behavior in people with chronic illness that limit personal responsibility and their sense of control over their fate. When chronically ill people are having trouble coping and adjusting and thus are referred to a psychologist, they need help in accommodating to their restrictions or limitations while retaining a sense of activity, participation and personal efficacy. (Turk & Salovey, 1995, p. 248)

One way to support an active role in health care is to encourage patients to learn to perform self-initiated skills related to treatment (such as encouraging diabetic patients to learn to monitor insulin levels and give themselves injections). When medical patients participate in self-management programs, they can become partners with medical personnel to manage their health. These types of programs often include an education component, encourage active choices, and result in the performance of active skills that maintain personal control over health problems (Creer & Bender, 1993). Fostering an active role in health care also involves encouraging medical patients to educate themselves, ask questions about treatment options, and make proactive decisions about their own health care.

Strategy Marker

Clients who report feeling overwhelmed, helpless, angry, or frustrated with their health status or medical treatment may benefit from encouragement to assume a more active role in their medical treatment. In addition, noncompliance with prescribed health regimes or follow-up healthcare appointments may also indicate a need for clients to become more active in their own healthcare decisions.

Suggestions for Use

When working with clients who are receiving medical treatment, psychotherapists should reinforce the importance of gathering information

about health concerns through multiple resources (such as healthcare providers, support groups, Internet, medical library). As a counselor, you can help clients formulate questions for physicians prior to their appointments as well as assisting clients to secure multiple healthcare resources for disease management (such as nutritionists, nurse practitioners, traditional healers). Psychotherapists can help clients express their thoughts and feelings regarding health care they receive as well as exploring perceptions regarding their own role in the process. Perceived obstacles will range from logistical and practical challenges to unrealistic or mismatched expectations between the client and healthcare providers. Counselors can engage clients in collaborative problem solving with the goal of enhanced control of health care. For example, clients recovering from heart attacks might benefit from information that educates them about warning signs following physical exertion that should signal them to contact health providers immediately (such as chest pains, heart palpitations, breathlessness).

Expected Consequence

If clients are enabled with specific tools that increase the active role they play in their own health care, they will experience an enhanced sense of control that can lead to active health behaviors, coping skills, and positive outcomes. When encouraged to take an active role in health care, clients can experience less emotional distress and become more skilled at securing the resources they need to achieve optimum health.

Case Example

As Abe and Dr. P. were exploring his feelings of anxiety, Abe began to notice that his shaky nervous feelings might be a side effect of his heart medication. Dr. P. encouraged him to talk to his cardiologist about this possibility.

Abe: I've been monitoring my anxiety level throughout the day, like you asked, and I've noticed something interesting.

Dr. P.: What's that?

Abe: The time I feel the most anxious starts about an hour after I take my heart medication in the morning.

Dr. P.: And how do you experience the anxiety at that time?

Abe: It feels more physical than just worrying about work like I used to. I feel shaky inside. Not fearful in my head but jittery in my body. Kind of edgy inside.

Dr. P.: I think it's good that you are observing this pattern so closely. It's interesting that the anxiety feels physical and not like an emotional reaction like fear. Does this occur every day?

Abe: I think so. During the week I thought I was just feeling nervous about going to work, but I noticed that it happened this

weekend at about the same time even though I wasn't going into the office.

Dr. P: How long does this last?

Abe: More intensely for a couple hours, and then it gradually tapers off. I feel much better in the afternoon.

Dr. P: Did you talk to your cardiologist about possible side effects when he prescribed this medication?

Abe: I guess he talked about side effects, but I don't think I was paying much attention. I figured I should just take the medicine that was prescribed and do whatever he thought was the appropriate treatment. The doctor knows best, right?

Dr. P: Physicians certainly have a lot technical expertise but each person reacts differently to different medications. If it appears that this feeling of anxiety in the morning is a side effect of the medication, it might be helpful to explore different options. You might be able to take the medication at a different time of day. There might be another medicine that is just as effective but may have fewer side effects for you. Do you think it would be a good idea to talk to your doctor?

Abe: I want to respect his expertise. Do you think it would seem like I was bothering him?

Dr. P: I think most doctors appreciate it when their patients take an active role and work together with them.

Abe: So, I won't seem whiny if I complain about the side effects?

Dr. P: I don't think you're complaining. I think it's just a matter of working collaboratively to find the best treatment that will benefit your heart without throwing you off in other areas of your life.

Abe: Okay. I'll call him today. Thanks for your encouragement.

Considering Psychotropic Medication

Strategy BIO-12. Encouraging clients to consider the potential benefits of medication to reduce psychiatric or medical symptoms

Theoretical Context

During the last few decades, there has been decreased rivalry and a growing sense of cooperation between psychotherapy and psychiatry. Psychiatric medications for depression, anxiety, and other common problems have become more effective and result in fewer side effects. Research has shown that

for many disorders, the combination of psychotherapy and medication results in the best outcome. Therefore, it is much more likely now that psychotherapy clients will also be using and benefiting from psychiatric medication. Therefore, it is important for therapists to understand how to integrate pharmacotherapy and psychotherapy:

Medications and psychotherapy may interact in surprising ways to bring about change. Medications may make patients more responsive to psychotherapy, but may also help with the initiation and maintenance of new behaviors (such as imipramine may help agoraphobic patients expose themselves to fearful situations). On the other hand, psychotherapy may uncover a medication-responsive diagnosis not considered during the initial evaluation (e.g., couples therapy may later reveal a social phobia). (Beitman & Saveanu, 2005, p. 428)

Because of the combined efficacy of psychotherapy and medication, it is important for therapists to know when and how to encourage clients to consider the potential benefits of medication.

Strategy Marker

Clients who experience significant psychiatric symptoms that impair functioning may benefit from psychotropic medications in addition to psychotherapy. Sufficient empirical evidence exists to suggest that combining medications with therapy for disorders that range from major depression to schizophrenia proves to be more helpful than either approach alone. Recent advances in psychiatry have ushered in a new generation of medications (such as Lexapro, Abilify) with fewer side effects that maximize the benefits and minimize the costs associated with pharmacotherapy. Clients who verbalize hesitancy regarding psychotropic medications may require psychoeducation and discussion before considering a psychiatric referral.

Suggestions for Use

When encouraging clients to consider psychiatric medication, psychotherapists should be knowledgeable regarding medication provision in terms of indications, contraindications, side-effect profiles, therapeutic benefits, adverse effects, and efficacy research. They should also be comfortable in collaborating with the prescribing physician in order to monitor the effects of medication and provide feedback to the physician that will maximize the combination of psychotherapy and pharmacotherapy. Therapists can provide written psychoeducational materials for clients who are candidates for, or are beginning, psychotropic medication. These materials may have titles like "Considering Antidepressant Medication," and review helpful information that will help clients make informed choices (such as answers to frequently asked questions that

address myths and facts regarding psychotropic medication, duration of treatment, what to expect, side effects, management of potential side effects, and so forth). A psychotherapist can help clients carefully consider the costs and benefits associated with medication compared to other treatment options. If clients do decide to take psychotropic medication, counselors can assist in follow-up monitoring during subsequent psychotherapy sessions.

Expected Consequence

If clients receive information regarding psychotropic medication, they will be better able to make a fully informed decision regarding possible medical treatment. Understanding the physiological and behavioral effects of psychotropic medications can offer clients another perspective from which to view their current condition and consider a range of possible interventions. Used together, psychotherapy and medication are likely to have a more positive outcome for clients with psychiatric diagnoses.

Case Example

Since she stopped drinking alcohol, Dana has experienced an increase in symptoms of depression. Dr. P. wants her to consider meeting with a psychiatrist to consider antidepressant medication.

Dana: During the last couple weeks, since I stopped drinking, I've been feeling kind of down. I thought I would be feeling better by now, but it seems like I'm more depressed.

Dr. P.: How have you dealt with depressed feelings in the past?

Dana: I used to drink when I felt down, but that never seemed to help. It would just numb me out for a while.

Dr. P.: Sometimes people use alcohol or other drugs to "self-medicate" when they feel depressed or anxious. When someone is drinking, it is hard to tell if they are dealing with depression or not because the alcohol tends to mask or distort the underlying symptoms. Now that you have been sober for a couple weeks, we may be able to see more of what was going on underneath.

Dana: So, you think I may be depressed?

Dr. P.: Tell me more about the symptoms you've been experiencing.

Dana: I've been waking up feeling kind of sad. Not looking forward to work. I feel tired a lot. I haven't been enjoying some of the things I usually like to do.

Dr. P.: Has your appetite changed?

Dana: I haven't been as hungry. I've actually lost a few pounds.

Dr. P.: How about sleeping?

Dana: It's harder to get to sleep. I thought that was because I was getting drunk in the evenings. But then I'm really tired in the morning, and it's hard to get up when the alarm rings. I'm sleeping much later on the weekends.

Dr. P.: The things you are describing are certainly consistent with symptoms of depression.

Dana: I thought I was supposed to feel better if I quit drinking.

Dr. P.: It may be that your problem with alcohol may have been interacting with some depression. Would you be interested in talking to a physician about the possibility of taking antidepressant medication?

Dana: I thought I was trying to stop using drugs. Isn't that the point of my recovery?

Dr. P.: Another way to think about it is to consider that depression may have been part of the underlying problem that you were using alcohol to deal with. We know that alcohol is not a very good antidepressant. It actually makes depression worse in the long run. Now that we can see more clearly what may be going on underneath, you may want to consider taking medication that is more effective in treating depression without some of the negative side effects of alcohol.

Dana: I'm not sure if I'm ready to take medication. I'm still trying to get used to life without alcohol. I want to see if I can deal with my life without relying on drugs.

Dr. P.: I don't want to pressure you; I just want you to be aware of some options. Let's continue to monitor your symptoms of depression. If you don't start to feel better in the next week or two, we may want to talk about medication some more.

Dana: Okay.

Considering Alternative Interventions

Strategy BIO-13. Considering alternative interventions that impact biological functioning (such as hypnosis, acupuncture, yoga, and so forth)

Theoretical Context

Although traditional Western medical treatments are beneficial for many people, they are not the only options. There are many alternative interventions that may impact physical and psychological well-being that have been

developed outside of Western medicine. As a result of the multicultural movement, there is growing recognition that medicine has been developed within a Euro-American context and that alternative treatments may be more effective and may fit the cultural contexts of some clients better than Western treatments:

In the United States, a variety of alternative resources are available and coexist with mainstream healthcare systems. In some communities, culturally constituted care systems comprising indigenous folk healers—such as herbalists, acupuncturists, bone setters, *curanderas*, root doctors, *espiritistas*, shamans, *kahunas*, faith healers, psychic healers, and spiritual advisors—provide treatments consistent with a specific culture's particular health and illness schema. (Young & Zane, 1995, p. 186)

Many therapists are beginning to recognize that alternative interventions can be used in combination with psychotherapy. Therefore, it is important to consider options that may fit the cultural context or the individual needs of particular clients.

Strategy Marker

Clients who do not respond with positive outcomes to Western medical interventions may respond more favorably to other specialized approaches that include, but are not limited to, hypnosis, acupuncture, yoga, massage, other forms of traditional cultural healing, or other therapeutic approaches outside of Western medicine. Other indications to recommend alternative approaches include whether clients have used alternative interventions successfully in the past, clients' sociocultural background, resources available to clients (such as insurance, education), or interest in utilizing alternative approaches.

Suggestions for Use

Psychotherapists should be familiar with the range of complementary and alternative medicine options for various disorders. Therapists and clients can engage in thorough discussions regarding the costs and benefits of specific alternative interventions. Psychoeducation or recommendations to seek additional information through Internet resources or consultations with other health providers will assist clients in making decisions. Therapists should balance supportive exploration with objective professional judgment to help clients make informed decisions about the benefits and potential risks associated with specific alternative interventions.

Expected Consequence

If clients receive recommendations or information about alternative interventions, they may feel more empowered in knowing that they have a range

of options to consider. If psychotherapists support the consideration of alternative treatment and offer guidance, then there is a greater likelihood that psychotherapy and other treatments can be used together to result in a positive, synergistic outcome.

Case Example

In trying to help Abe reduce his stress, Dr. P. wanted him to consider learning relaxation skills beyond what she could teach him in her office.

Dr. P: I'm glad that you are having more success with the diaphragmatic breathing now that you've been able to take your heart medication in the evenings.

Abe: It's helping, but I still feel more stressed than I would like. My doctor still wants me to lower my blood pressure.

Dr. P: I think the breathing exercises are a good place to start, but there are lots of other methods you might want to consider learning beyond what I can teach you here.

Abe: It's funny that you should say that today. My wife and I were talking about it last night. She wants to take a yoga class at the YMCA on Wednesday nights while the kids take swimming lessons. She asked me if I wanted to take the class with her.

Dr. P: What did you say?

Abe: I said I'd think about it.

Dr. P: Have you ever attended a yoga class before?

Abe: My wife used to do yoga a lot before the kids were born. I attended a few classes with her when we were first dating while I was in law school.

Dr. P: Did you enjoy the classes back then?

Abe: I think so. My motivations may not have been pure. I think I may have been trying to impress my new girlfriend.

Dr. P: What do you think about practicing yoga now as part of your overall health plan?

Abe: I think I should give it a try. As you know, it's hard for me to sit still when I try to relax, so I think the active stretching will be easier for me than something like meditation where I can't move at all.

Dr. P: It sounds like a good thing to try. I'll look forward to hearing how it goes.

CHAPTER SUMMARY

This chapter described biopsychosocial psychotherapy as a way to work with clients in order to promote adaptation to the biological environment of the human body. Biological adaptation includes enhancing psychological functioning to benefit physical well-being, as well as adaptive health practices that benefit both body and brain. A biopsychosocial conceptualization looks at the interaction between biological health, psychological functioning, and sociocultural contexts. Conceptualization is fleshed out in the first four strategies.

Thirteen biopsychosocial strategies were described, drawn from health psychology, psychiatry, and body therapies. The first four strategies look closely at ways biological health interacts with psychological functioning within sociocultural contexts. (BIO-1) *Exploring the Effect of Biology on Psychological Functioning* recognizes that biological health and illness can have a direct impact on how clients think, act, and feel. (BIO-2) *Recognizing the Influence of Psychological Functioning on Health* looks at ways that changing clients' thoughts, actions, and feelings can have a positive impact on their physical well-being. (BIO-3) *Considering the Interaction between Health and Relationships* allows a counselor to understand how health can be supported or threatened by social systems as well as ways physical well-being can impact interpersonal relationships. (BIO-4) *Understanding Health within a Sociocultural Context* acknowledges that cultural and social values shape the way health is understood and enacted.

The next five biopsychosocial strategies can be considered general wellness skills that can be used with almost any client to promote physical health. (BIO-5) *Encouraging Physical Wellness* allows a counselor to encourage biological health, knowing that this will have a positive impact on psychological functioning. (BIO-6) *Reducing Substance Use* can help clients make healthy choices about alcohol, tobacco, and other drugs. (BIO-7) *Teaching Relaxation* allows clients to learn new methods for managing stress in ways that promote physical health and psychological well-being. (BIO-8) *Fostering Physiological Awareness* recognizes that for humans to function at an optimal level, they must be aware of their physical bodies and respond to biological cues with adaptive choices. (BIO-9) *Working Interactively with Body and Brain* allows a psychotherapist to intervene physically or psychologically, aware of the reciprocal relationship between mental and biological functioning.

The last four biopsychosocial strategies are more specialized interventions for use with clients who are experiencing medical illness or psychiatric symptoms. (BIO-10) *Facilitating Acceptance of Illness* encourages clients to take care of themselves by recognizing the biological realities of physical

illness. (BIO-11) *Encouraging an Active Role in Health Care* allows a counselor to consult with clients about medical treatment and to promote informed choices. (BIO-12) *Considering Psychotropic Medication* encourages clients to make informed choices about whether medicine might alleviate psychiatric symptoms and improve overall functioning. (BIO-13) *Considering Alternative Interventions* invites clients to think about a broad array of health interventions and practices that can support physical and psychological health.

Psychotherapists or healthcare workers can use these skills to promote holistic wellness and a healthy connection between the brain and other parts of the body. These interventions that focus on biological functioning can be combined with strategies from other approaches, focusing on psychological or social functioning, in order to implement an integrated, biopsychosocial approach to psychotherapy. The biopsychosocial model reminds us that human experience is grounded in biological health, which is impacted by psychological functioning and shaped by the social environment.