

Preface

The linkage between chronic illness, impairment, psychological adjustment, and health-related behavior is a topic of significant and wide-ranging concern worldwide. This book was developed to offer empirically based practical guidance to providers of psychotherapy and rehabilitation services for people with chronic illnesses and impairments. It should also be of use to researchers involved in conducting, evaluating, and thinking critically about the efficacy of cognitive-behavioral approaches to the management and treatment of these chronic conditions.

Three important developments have influenced the writing of this book. First, the book reflects my experience as a clinical psychologist evaluating and treating individuals with chronic illness and impairment in practice. Second, it was shaped by my research into the nature and consequences of these conditions and the therapeutic services designed to address them. Finally, the book is the result of personal experience living with, caring for, and witnessing the lives of close family members with chronic illnesses and impairments.

The conditions covered in this book will be grouped in terms of four cross-cutting symptom categories: fatigue, pain, sleep dysfunction, and gastrointestinal difficulties. Because these symptom categories may be shared by individuals with chronic illnesses or impairments, the term “chronic conditions” will be used in this book to incorporate individuals with chronic illnesses or impairments. These four categories were selected because they represent broad symptom groupings that are commonly observed and experienced across a number of the most prevalent chronic conditions facing the international population. Fatigue, pain, sleep dysfunction, and/or gastrointestinal difficulties occur with all of the following conditions or as a result of treatments for these conditions: heart disease, cancer, diabetes, stroke, HIV/AIDS, all forms of arthritis, lower back pain, thyroid disease, multiple sclerosis, lupus, and Crohn’s Disease (among countless others). Additionally, these cross-cutting symptoms also represent some of the most commonly observed problems in individuals with physical impairments and difficult-to-treat syndromes such as chronic fatigue syndrome, fibromyalgia and other chronic pain disorders, multiple chemical sensitivities, and irritable bowel syndrome.

In an effort to illustrate applications of therapeutic strategies in the most straightforward way possible, the same four cases, each describing an individual with a condition that involves one of the four cross-cutting symptoms, will be presented and utilized throughout the book. These case examples illustrate how approaches to cognitive behavioral therapy can vary depending upon variations in the symptomatology of chronic conditions. Both long- and short-term approaches to therapy are presented to illustrate the extent to which timing and setting demands can affect treatment goals and methods used.

It should be noted that the term “disability” is used in the title because in contemporary usage it continues to be the term that most professionals would understand as referring to individuals that have some type of enduring limitation of functional capacity. This book does not aim, specifically, to address the numerous social and environmental issues experienced by individuals with chronic illnesses and impairments (e.g., disability oppression and discrimination, stigmatization, limited access, the phenomenology of disability, and disability identity). It is widely acknowledged that these issues, in addition to numerous other key aspects of disability experience, have a significant influence upon an individual’s beliefs about his or her own illness or impairment. Although some of these issues are covered in the book and incorporated into recommended therapy procedures, full and adequate treatment of the social and environmental issues that accompany chronic illness and disability is admittedly beyond the scope of this book. For full treatment of these issues, readers are referred to the works of renowned authors such as James Charlton (1998), Michael Oliver (1990), and Simi Linton (1998). In order to be consistent with the argument that disability is created when a person with impairment confronts environmental barriers, the term “impairment” will be used throughout to refer to limitations of functional capacity.

This book draws most heavily upon the contemporary work of Aaron Beck (1996) and Judith Beck’s (1995) cognitive therapy. Major theoretical ideas and techniques from cognitive therapy are applied as a framework for understanding and treating individuals with a wide range of chronic illnesses and impairments. Beckian cognitive therapy was chosen as the central framework because Beck’s cognitive theory of psychopathology and cognitive therapy strategies have been subjected to a high level of critical thought and empirical examination (Beck 1996; Clark, Beck, and Alford 1999; Dobson and Dozois 2001; Ingram, Miranda, and Segal 1998). Moreover, there is substantial evidence to suggest that cognitive therapy is the most well-researched and successful approach to therapy for a growing number of conditions, including a number of chronic illnesses (Dobson and Dozois 2001; White 2001; Winterowd and Beck, and Gruener 2003). Although the book draws most heavily upon Beckian cognitive therapy, many other approaches and techniques covered in this book have been drawn from the broader domain of cognitive behavioral therapy (e.g., Greenberger and Padesky 1995; Nicassio and Smith 1995; Turk, Michenbaum, and Genest 1983). To reflect the incorporation of these more broadly derived methods, the more comprehensive term “cognitive behavioral therapy” will be used.

The development of this book was also influenced by existing theoretical and empirical knowledge from three additional domains, which will be labeled “areas of related knowledge” for purposes of definition and clarity. I chose to include areas of related knowledge because cognitive therapy has been described as an integrative psychosocial treatment and a flexible and continually evolving approach to psychotherapy (Beck 1991; Beutler, Harwood, and Caldwell 2001). Beck (1991) has explained that the main operant of cognitive therapy, cognitive change, is a variable that has been found to cut across all therapies that have reported effective outcomes. Accordingly, Beckian cognitive therapists are permitted to select interventions from a variety of theoretical orientations, provided that they are appropriately applied in any given case (Beutler et al. 2001).

Specifically, the three areas of related knowledge that will be incorporated in this book include self psychology (Gardner 1991; Kohut 1971), positive psychology (Seligman and Csikszentmihalyi 2000), and the model of human occupation (Kielhofner 2002). I selected these three bodies of knowledge with the specific aim of using theoretical knowledge and strategies offered in these areas to supplement or highlight three specific aspects of the therapeutic process that are controversial, underdeveloped or underemphasized within the current cognitive behavioral therapy literature—and particularly within the literature that covers the application of cognitive behavioral therapy to chronic illness and impairment. Broadly speaking, these include empathy, hope, and volition. These specific areas of related knowledge are included as modest, supplemental resources, with the understanding that Beckian cognitive therapy is the central orientation guiding the theoretical framework and treatment strategies described in this book. These areas of related knowledge are only intended to supplement existing theoretical and empirical knowledge of the application of cognitive behavioral therapy approaches to specific chronic conditions; they are not presented as a means of suggesting a new model or orientation to psychotherapy.

Finally, the ideas presented in this volume should be viewed as early in their development. As such they will require further clinical and empirical evaluation and ongoing dialogue about their application. It is hoped that this book and its organization around cross-cutting symptom areas might lead to the further refinement and focus in outcomes studies of the use of cognitive behavioral therapy for chronic illness and impairment.

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