



A Tool to Fix What Ails You: Applying the Biopsychosocial Therapy Approach to the Chronically Ill

A Review of

Psychological Treatment of Chronic Illness: The Biopsychosocial Therapy Approach

by Len Sperry

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Reviewed by

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There is growing recognition of the roles that psychological (i.e., personological and phenomenological) and social (i.e., interpersonal and environmental) factors play in disease presentation, course, and severity. That said, there is a very real need for specialized clinical tools that facilitate the conceptualization and treatment of clients whose needs fall within the intersection of physical disease and psychological distress. Sperry has contributed richly to this area with the 2006 publication of *Psychological Treatment of Chronic Illness: The Biopsychosocial Therapy Approach*.

The increasing availability of training in and research on the biopsychosocial model is credited to the paradigm shift enjoyed by psychology over the last few decades and, with that, greater credibility and recognition among our medical counterparts. Sperry writes that psychology is becoming a “health profession with mental health as an area of expertise” (p. 26). There is, however, a continued need for advocacy, training, and outreach to create a more effective system of health care. Former American Psychological Association president Ron Levant, in a foreword to this text, writes,

Our health care system does not fully use appropriate tools to tackle the current chronic disease epidemic.... We need to transform our biomedical health care system to one based on the biopsychosocial model, which will emphasize collaboration between medical and behavioral health care providers and the integration of psychology into the very heart of health care. (p. viii)

In this book, the reader is provided with some background on this collaborative model of care and an argument for the augmentation of routine clinical strategies one can use when dealing with a ubiquitous patient concern: chronic illness.

Sperry's text is divided into two sections. The first is titled A Biopsychosocial Perspective on Chronic Illness, and the second, a clinical application of this model, is titled The Biopsychosocial Therapy Approach to Chronic Illness. Each section is fleshed out in several chapters to provide readers with sufficient breadth of context; throughout the book are detailed vignettes and case conceptualizations to fully illustrate the concepts.

The new or relatively inexperienced clinician will benefit greatly from the masterful synopsis of epidemiological data and trends in contemporary health psychology provided in the first section. Unlike authors of dated texts, Sperry highlights data from the Centers for Disease Control and Prevention and the National Center for Chronic Disease Prevention and Health Promotion from no earlier than 2000. There is also an expansive section on the lexicon specific to our field. Sperry defines the terms *illness*, *disease*, *health-focused counseling*, and *health-focused psychotherapy* to provide the reader with the semantic framework from which to proceed. The latter terms warrant additional attention, as the book is a primer on biopsychosocial psychotherapy, not biopsychosocial counseling. Sperry contends that the two approaches differ in terms of the “severity and complexity of cases, the practice sites and research protocols” (p. 19). Per this model, psychotherapeutic approaches are most appropriate for clients experiencing moderate-to-severe difficulty who are being seen in specialized or secondary settings.

Of additional value in the first section is a discussion of the sociocultural dimensions of chronic illness. The text provides a brief overview of the factors characteristic of Western or U.S. teleology that make living with a chronic disease especially difficult. Other specific cultural contributions to the experience of disease are not provided, although that is likely outside of the scope of a single chapter. The chapter is, however, an appreciated addition—the directive that clinicians identify ethnocentric biases and seek a greater cultural understanding of disease and illness presentation.

The second section opens with an overview of how this therapeutic approach addresses shortcomings common to other modalities. It is notable that biopsychosocial therapy allows the clinician to plan multidimensional, multimodal interventions. The basic premises of the therapy are also highlighted early in this section. Those principles include the biopsychosocial model, wellness and integration as outcomes, the constructivist perspective, comprehensive assessment, the primacy of relationship, and integrative and tailored treatment. The constructivist perspective outlined in the text is a hybrid of phenomenology and truly patient-centered health care and is a noteworthy area of assessment in this treatment model. Both qualitative (a series of open-ended questions) and quantitative assessment methods (the Illness Perception Questionnaire—Revised) are suggested. Additional assessment methods, case conceptualizations, expectations for countertransference, and other intensive strategies are deftly paired with session transcripts and tables for elucidation.

I can identify very few shortcomings of this text. Principally, this is a text about the application of a specialized therapeutic intervention, which limits its applicability in primary settings or among providers who are lacking in skilled biopsychosocial supervision. That being said, practicing clinicians looking to refine their conceptualization and management of difficult medical cases will appreciate the specificity of content. Seasoned providers can expect to benefit from the novel diagnostic, clinical, and treatment formulations.

Graduate trainees and novice providers are advised to apply the biopsychosocial model under supervision; the same would be true of the application of any other model. Supervisors can expect that trainees reading this text will demonstrate a keen understanding of the biological, psychological, and social factors that contribute to chronic illness. Ultimately, that understanding will facilitate a greater competency in the field. For that reason, this text would be an excellent choice to accompany advanced clinical training in health psychology.

The biopsychosocial model was not proposed or coined by Sperry but was introduced by Engel (1977) in the late 1970s. Engel was frustrated by medicine’s “adherence to a model of disease no longer adequate for the scientific tasks and social responsibilities of either medicine or psychiatry” (p. 129). What Sperry has done in this text, however, is to make this model timely and salient. His own biopsychosocial therapy, “an integrative and systematic strategy for conceptualizing and implementing treatment based on biopsychosocial principles” (p. 99), is a compelling intervention. This is a text that truly mirrors the zeitgeist of psychology and medicine and represents a continued departure from biological convention. As such, it is a noteworthy contribution to the evolution of our discipline.

Reference

Engel, G. (1977, April 8). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129–136.