

# Cognitive Behavior Family Therapy of Psychosomatic Disorders with an Emphasis on Positive Psychotherapy

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**Objective:** The purpose of the present study is to examine the effectiveness of cognitive behavioral family therapy with an emphasis on positive psychotherapy in treating psychosomatic disorders. **Method:** A single subject design was applied. Three patients suffering from chronic lower back and neck pain were selected as a sample group and participated in 16 sessions of family therapy, two hours per week. Examination by a physician, X-ray and clinical interview based on DSM IV-TR along with MMPI and SCL-90-R tests were used as instruments. **Result:** Almost all the subscales of MMPI and SCL-90-R and other instruments showed significant decrease after therapy as compared with the pretest results. **Discussion:** The results indicated the effectiveness of cognitive behavior family therapy based on positive psychotherapy. Some possible reasons could be solving conflicts and interpersonal problems by means of training certain skills such as problem solving, developing relationships with others, effective coping, assertiveness and positive thinking.

**Keywords:** Positive Psychotherapy; Psychosomatic Disorders; Family Therapy; Cognitive Behavior Therapy

## Introduction

The relationship between body and mind has always been a very controversial issue. Human beings are viewed as a bio-psychosocial organism and these three aspects affect each other interactional. This standpoint has brought about new interdisciplinary fields in psychology and medicine and these kinds of treatments are widely applied for treating psychosomatic disorders.

Psychosomatic disorders are psycho physiological disorders and include physiochemical, anatomical or physiological disorders (Knapp, 1985). Psychosomatic disorders like asthma, stomach ulcer, high blood pressure, muscular and bone pains and headache constitute a group of physical disorders which are caused by psychological problems or are at least intensified under the influence of psychological stressors.

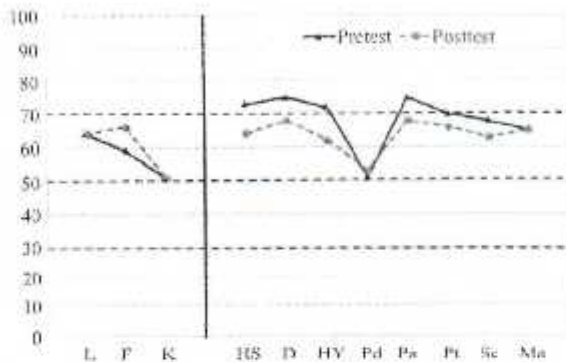
Today there is a dominant view that almost all the physical diseases are potentially related to psychological factors. According to DSM-IV-TR (2000), in case of any kind of psychological disorders, identification of stressors and other psychological factors that amplify the symptoms is essential for the diagnosis of psychosomatic disorders. This group of disorders implicates the presence of a reciprocal and meaningful organic relationship between psychological and physical aspects of human beings.

Findings of many controlled studies have shown that the prevalence rate of psychosomatic disorders in industrial societies has been several times more than that in underdeveloped and traditional societies (Wolman, 1988). Mison (1975) believed that daily stressful experiences and living in big cities and industrial societies can be the cause of a change in the endocrine glands. This change can in turn affect the functions of

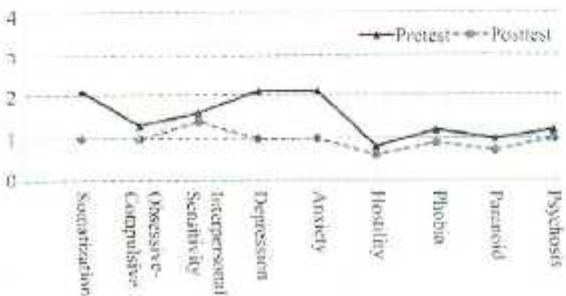
the immune system and increase the vulnerability of an organism to disease. Furthermore, stressful events can affect the biological function of amino-acids in the central nervous system, prompt the decrease in the resistance of human and, consequently, lead to psychosomatic disorders. Considering the role of different environmental, cognitive and bio-chemical factors that cause psychosomatic disorders, their treatment may also require the combination of several professional fields.

Today, there are several approaches for ameliorating psychosomatic disorders which include medical (e.g. surgical, pharmacological) and psychological (e.g. psychoanalytical, behavioral, cognitive and cognitive behavioral) approaches. However, it is not possible to decide with certainty about the type of therapy method or approach which is optimal for each problem. Although research has shown the efficacy of pharmacotherapy in decreasing the symptoms of psychosomatic problems related to spinal column, joints and muscles (Woocham, 2000), treatment of psychosomatic disorders has increasingly focused on the interaction of organic and psychological factors (Lipowski, 1985). In fact, the aim of treatments for psychosomatic disorders is not only to relieve the symptoms but also to prevent from their relapse. In treating the primary psychological factors which have a role in causing the somatic symptoms, psychotherapy can help beyond the efficacy of pharmacological treatments.

Applying cognitive behavioral techniques, whether in the form of individual or family therapy, is very common in treating psychosomatic disorders. Jay et al. (1987) compared cognitive behavioral family therapy, use of medicine and attention-control techniques in relieving marrow bone pain. The results showed that cognitive behavioral family therapy was the most efficient method in decreasing this pain. It has been also



**Figure 5.** Psychological profile of the third subject in MMPI-2 in Pretest and Posttest stages.



**Figure 6.** Psychological profile of the third participant in SCL-90-R in pretest and posttest stages.

indexes were very high in the pretest. Dotted lines in **Figure 6** show a decrease in physical complaint (12), obsession (8), depression (9) and anxiety (11) indexes demonstrating a desirable mental and physical state.

Comparison of **Figures 5** and **6** showed high similarity between the findings of MMPI-2 and SCL-90-R before the intervention. The findings of both tests showed physical dissatisfaction, obsession, anxiety and depression in the third participant. Based on the profile of this participant in MMPI-2 and SCL-90-R in the pretest and posttest stages, it can be observed that family interventions based on cognitive-behavioral techniques had an effective role in reducing psychosomatic disorder (muscular-bone) and other related psychological disorders in the third participant.

### Discussion

The findings showed that family interventions based on cognitive-behavioral techniques can be effective in treating psychosomatic disorders (backache-neck pain) and its co morbid psychological disorders such as anxiety, depression, paranoia, obsession and communicative problems. This finding was consistent with the results obtained from the research by Jay et al. (1987), Johansson and Dahl (1988) and Kendal et al. (1997).

Jay et al. (1987) compared cognitive behavioral family therapy with pharmacotherapy and attention control methods in the treatment of bone pains and found that family therapy based on cognitive behavioral techniques was the most efficient therapy in controlling these pains. Johansson and Dahl (1998) studied

the effects of cognitive behavioral interventions on a group of individuals who had muscular-bone pains. Their findings revealed that regular cognitive behavioral interventions can successfully treat muscular-bone pains. Kendal et al. (1997) also treated a group of individuals who had anxiety and muscular-bone pains with cognitive behavioral techniques.

One of the reasons for the effectiveness of cognitive behavioral family therapy and other related psychosomatic problems may be related to the nature of psychosomatic problems. Generally, something which is common among people who suffer from psychosomatic problems is their interpersonal problems (such as problems with spouse, parents, siblings, etc.). According to the participants' statements in their psychotherapy sessions, it can be said that this issue was commonly a very prominent problem among the three participants of this study.

Family therapy, therefore, seems quite suitable for these clients since it helps solve the intrapersonal conflicts using techniques such as training problem solving skills, communication skills, assertiveness training, efficient coping skills, positive thinking and cognitive restructuring. This method helped them to not only cope with the existing problems efficiently, but also avoid potential new problems. In family interventions based on cognitive behavioral techniques, there is high emphasis on the modification of negative and damaging communicational means, dysfunctional belief patterns, unreasonable thinking patterns and unreal expectations.

One of the limitations in the present study was its limited number of participants which made the results difficult for generalization. Thus, further similar studies with bigger sample sizes are required. Another suggestion can be to compare this therapeutic method with other therapeutic methods such as individual cognitive behavioral therapy or other modalities and approaches of psychotherapy. Another limitation in this study was concerned with the lack of a control group, which calls for further research on the effectiveness of this method in the treatment of psychosomatic disorders based on the result of this study.

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