

Health Psychology: chiropractors and psychologists working together



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I am currently working on completing my doctoral dissertation in clinical psychology. My work on this project has been partially funded by the Canadian Chiropractic Association, in a joint fellowship with the Canadian Institutes of Health Research. This link between chiropractic work and psychology may not be obvious to many. Psychology is the scientific study of behaviour and mental processes. When people think of psychology, it is undoubtedly the

mental health component that first comes to mind. Depression, schizophrenia, anxiety, etc. and the treatment of these disorders are probably the areas that people attribute to the scope of psychology. And if this is the case then what is its relation and possible contribution to the chiropractic field? Of course, all individuals who are seen by chiropractors may be dealing with any number of mental health problems. But this may not be of direct concern to the clinician involved. One can question if there are other links between the chiropractic field and the field of psychology. And if we look at the broad field of psychology, beyond “mental health”, a link does become evident. The branch of psychology referred to as health psychology provides this link. Health psychology is the systematic application of psychology to the areas of health, disease, and the health care system. It is a diverse field that studies such things as coping with pain and/or other illness, psychological factors that influence the immune system, and ways to help people develop healthier lifestyles, just to name a few. Its broad scope includes the various ways that a person’s behaviours, both overt and covert, influence his or her health, with health also more broadly defined and encompassing physical as well as mental well being. The research in this field has clearly identified a link between behaviour and health. Many of the physical diseases that represent a large proportion of today’s health crisis have a variety of behavioural risk factors. Psychologists can play an active role in health promotion by conducting research and being involved in the clinical work that targets the decrease of these behaviours. What can the area of health psychology offer to chiropractors? I believe that there is much to offer and share between the two fields. The patient seeking care from a chiropractor is a unique individual whose thoughts, feelings, and actions will have an impact on his or her response to chiropractic treatment and his or her overall level of adjustment. A growing awareness of the many facets of the patient’s experience by the chiropractor will be beneficial for that patient.

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Many of the patients that chiropractors see will be suffering from pain. How can chiropractors and clinical psychologists work together to help these patients? There has been much psychological research that has focused on the experience of pain sufferers and the management of pain. My research endeavors to date have focused primarily on coping behaviour in pain sufferers. Coping is defined as “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus and Folkman, 1984). Many classifications of coping strategies have been used in the literature. For the present discussion, I will focus on the dichotomous categorization of active versus passive coping strategies suggested by Brown and Nicassio (1987). Active Coping strategies are those that require the patient to take responsibility for pain management and involve attempts to control the pain or to function in spite of it. Some examples of active coping strategies include engaging in physical exercise or physical therapy, staying busy/active, clearing your mind of bothersome worries or thoughts, and distracting your attention from the pain. Passive coping strategies are those that involve giving responsibility for pain management to an outside source or allowing other areas of life to be adversely affected by pain. Some examples of passive coping strategies are restricting or cancelling social activities, focusing on where the pain is and how much it hurts, or having thoughts like “this pain is wearing me down,” “I can’t do anything to lessen this pain,” or “I wish my doctor would prescribe better pain medication for me.” People who are suffering from pain may use some or all of these strategies in response to the pain. Coping behaviour exhibited by pain sufferers is just one factor that can have a significant impact on their overall level of adjustment. The coping strategies that an individual employs to deal with the stressor of pain is affected by many factors and, in turn, can impact on many outcome variables.

Part of my doctoral dissertation involved a systematic review of the literature on coping with pain. The review sought to identify the factors associated with coping behaviour employed by chronic pain sufferers. A systematic review may be especially useful for chiropractic clinicians who have limited time to keep abreast with the vast and constantly growing literature on coping with chronic pain. The two other studies in my dissertation that dealt with

coping examined the role of coping behaviour in predicting the development of disabling pain in sufferers from the general population and recovery in victims of motor vehicle collisions. The results of the systematic review of the literature and the empirical study focusing on a general pain population provide important information about the maladaptive nature of passive coping behaviour. The implications of these results are important for chiropractors working with pain sufferers to be aware of. Individuals employing more passive coping strategies may become increasingly disabled by their pain and the impact of chiropractic treatment may be diminished. One can inquire about the strategies that individuals employ and promote the decreased use of strategies that are passive in nature. One can also foster an environment that discourages the development of a passive dependence on chiropractic care to deal with the pain. With pain sufferers who have been involved in a motor vehicle collision, coping behaviour does not appear to be the most salient issue when looking at recovery. While passive coping behaviour was still associated with negative outcome, this relationship was less important when other important confounders were accounted for. However, other psychological factors that have not been studied may impact on the recovery of these individuals. In addition, it cannot be ignored that coping behaviour may be associated with different facets/measures of recovery.

I think the key message from these studies is that passive coping behaviour is generally maladaptive. It is important for chiropractors to be aware that a patient’s thoughts and behaviours during the session and at home/work/leisure/etc. will have an impact on the work they do and the patient’s overall experience. The treatments performed in the chiropractic office and the education provided during visits will have little impact on a person if there are issues that preclude them from benefiting from your care. Coping behaviour is but one aspect to consider when looking at the whole experience of a chiropractic care seeker. The importance of passive coping behaviour, especially with pain sufferers in the general population, is an important finding that can impact on the work of chiropractors. They can use that information to educate their patients, encourage less passive behaviour, and to ensure that they do not foster dependent, passive relationships. The important thing to be aware of is the multifaceted nature of the individual. Coping behaviour, as well as

other factors (e.g., attributions about the pain, depression, anxiety, other life stressors), can all impact on the functioning of the individual and have to be taken into consideration when working with that individual.

Health psychology is a growing field that is receiving more widespread attention. As more is understood regarding the psychological components of physical health, especially with LBP and neck pain, it will be important for chiropractors to stay abreast with information and take it into consideration in their clinical practice. It can help to inform their practice so as to help serve the needs of their client as a whole person. Thus, it will be important for those in the chiropractic field to remain aware of the research in this area so that they can serve their patients in a holistic manner. Chiropractors can also contribute to the research in this area through collaboration with psychologists and other researchers. The research projects de-

scribed above were conducted in collaboration with a clinical psychologist (Linda Carroll) and two chiropractors (J. David Cassidy and Pierre Côté) and can serve as an example of the work that can be accomplished when chiropractors and psychologists work together. Through this approach I believe psychology can help to enhance the working relationship between chiropractors and their patients. It can help to foster an environment and an attitude in patients that will help to improve their functioning even after they've left the chiropractors office.

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