

---

*Book Review*

---

**Psychophysiological Disorders: Research and Clinical Applications.** *Edited by Robert J. Gatchel and Edward B. Blanchard.* American Psychological Association, Washington, DC, 1993.

**IT'S NOT ALL IN YOUR HEAD**

There are two pieces of evidence that provide justification for owning this book: (1) Over 52% of all patients seeking primary care treatment are depressed or anxious; (2) patients with multiple vague somatic complaints, excessive demands and expectations, nonadherence to medical regimens, and neglect of self-care, are often most likely to have associated symptoms of mood, anxiety, somatoform disorders, and problematic personalities. These are the patients that the physicians find most frustrating, time-consuming, and emotionally draining (Hahn, Thompson, Wills, Stern, & Budner, 1994). These are the patients who often get referred to other resources and often overutilize the medical care system. Many of these individuals may in fact have physiological disorders which, in fact, have done bodily harm. Psychologists can assist in the prevention and reduction of episodes of illness in these individuals. After reading the Gatchel and Blanchard book, I feel better prepared to undertake this intervention. The broad range of subjects covered reveals the strong influence of behavioral factors influencing the course of diseases as disparate as diabetes and temporomandibular jaw dysfunction.

The book will appeal to the psychologists, health psychology students, clinicians, and primary care audiences who are insistent that directives for treatment be accompanied by empirical data. The book will also appeal to sophisticated patients who suffer a range of disorders that cause physiological disturbances but are often viewed as not "real illnesses." Blanchard, in his chapter on irritable bowel syndrome, makes clear-cut recommendations. He notes that given the high cooccurrence of general anxiety disorders, the use of cognitive behavioral approaches can be of benefit.

Chapter 2 conveys good news for those working with patients with essential hypertension. The data support the efficacy of nonpharmacological dietary and lifestyle changes in influencing blood pressure levels. This may encourage primary care providers to persuade their patients to adopt

healthy behaviors early enough to prevent more serious effects, such as stroke or heart attack. The alliance between psychologists and medical practitioners is built on acquired expertise of both professionals.

Headache sufferers, who are likely to be among the highest consumers of over-the-counter pain medications, may benefit as much from relaxation techniques, and understanding their stress points, as from trying to identify the migraine history pattern of their family of origin. Since about 52% of psychiatric patients being treated for depression also suffer from headaches, and since depression lowers the threshold for evaluating pain which leads to depression, we must recognize that we are dealing with both problems simultaneously.

The most fascinating fact of asthma's perplexing nature, provided in Chapter 4, is its reversibility. When the airway passages become obstructed, early treatment can alleviate this problem. Asthma kills people. If, in fact, psychologists can contribute to understanding management factors and educating patients so that underutilization and noncompliance do not occur, lives can be saved.

A word of caution is noted throughout each chapter: A thorough medical examination should precede any consideration of psychotherapy. We need to welcome these difficult referrals from our medical colleagues rather than viewing ourselves as being the recipient of patients considered to be "crocks." In addition to relieving physician frustration by providing care for these individuals, we need to demonstrate the advantage of providing these patients with a secure, accepting, and meaningful explanation for their suffering. We become powerful agents of change by legitimatizing rather than stigmatizing these individuals, whose physiology certainly influences their psychology, and vice versa. But we must provide feedback to the health care physicians, so that they too understand the need to take the complaints seriously and to avoid the cycle of doctor shopping, which rarely provides solace or good treatment. The book provides substantial evidence that psychological and behavioral factors play a potential role in the presentation or treatment of almost every general medical condition. It will be cost-effective to pay attention to this fact.

All the contributors emphasize the need to undertake a functional analysis, to evaluate the precipitants and consequences of the illness episodes. The need to use a battery of instruments to assess distress and quality of life is a message throughout each chapter. Clinical hints used across each chapter would have been very useful. The directions of future research are based on pinpointing shortcomings of methodology in each area.

Areas ripe for research and easily translated into doctoral research designs include the role of stress in dermatological conditions and the effective treatment of Raynaud's phenomenon. Even when there are clearly

genetic precursors, stress can exacerbate or precipitate attacks. The rheumatologist as well as the psychologist will benefit from reading the excellent literature review by Larry Young. The careful integration of physical, physiological, and stress-related factors provided in understanding of temporomandibular disorders clearly illustrated an untapped source of treatments. The widespread phenomenon of poor adherence to a diabetes regimen needs to be addressed with psychosocial strategies to promote adherence. Whether or not premenstrual dysphoric disorder will remain in the DSM-V (American Psychiatric Association, 1994) depends upon addressing research shortcomings. The cooccurrence of depressive disorders needs to be recognized and treated. A clearer criterion for paying attention to social and cultural factors and dissociative features in defining the symptom patterns unique to women who have this pain will define how the mind plays a powerful role in PMS/LLPDD.

The importance of having this book on one's shelf as a reference is accompanied by a plea, to use it when evaluating an Axis I diagnostic code number 316 (DSM-IV, p. 675), Psychological Factors Affecting Medical Condition. Unless we provide a firmer empirical body of literature in support of this category, which legitimizes without stigmatizing, this diagnosis may possibly disappear from the DSM-V. Accountability is the buzz word for staying in the managed health care system.

This book provides a firm building block and should serve as a prototype for collecting data in the course of clinical treatment. Psychological and behavioral factors, including maladaptive health behaviors such as sedentary lifestyle, overeating, excessive alcohol, drug use, and or unsafe sex, are part of the definition of the diagnostic code. In addition, there is the recognition that coping style and/or personality traits may also affect the course or treatment of a general medical condition. Thus, when we consult on stress-related physiological diseases in patients with cardiovascular conditions, dermatological conditions, endocrinological conditions, gastrointestinal conditions, neoplastic conditions, neurological conditions, pulmonary conditions, renal or diabetic conditions, and rheumatological conditions, it is important to consider that anxiety can precipitate chest pain and cause people to feel like they are suffocating.

## REFERENCES

- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders*, 4th ed. Washington, DC: APA.
- Hahn, S. R., Thompson, D., Wills, T., Stern, V., and Budner, N. (1994). The difficult doctor-patient relationship: Somatization, personality and psychopathology. *Journal of Clinical Epidemiology*, 47(6), 647-657.

Barbara G. Melamed  
*Ferkauf Graduate School of Psychology*  
*Mazur Building 535*  
*1300 Morris Park Avenue*  
*Bronx, New York 10461*