Behavioral Cardiology and the New Physicians/Health Psychologists

D. G. Byrne
The Behavioral Management of the Cardiac Patient
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Review by
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As stated in the preface, this book is written for the survivors of myocardial infarction (MI). The book is based on two primary assumptions. The first is that controlled empirical evidence proves that personality and behavior contribute to the development of coronary heart disease. However, the cornerstone of this empirical edifice, Type A behavior, has started to slide, slip, and fade (Shekelle et al., 1985). The book is dated 1987, and, hence, it is surprising that the author ignored or was unaware of this major empirical erosion. The failure to deal with this fact weakens part of the book, but of course other empirical evidence (e.g., smoking, diet, etc.) for the assumption continues to hold.

The second assumption is that the provision of psychological intervention programs after MI "significantly enhances outcome assessed along a range of criteria when compared with outcomes following provision of medical care alone" (p. 165). The evidence for this hypothesis, summarized in chapter 5, is suggestive but methodologically weak, and not as conclusive as the author would have us believe.

The book has many merits. It is clearly written and largely based on controlled empirical studies that are clinically salient. It has a good chapter on the pathophysiology of heart disease. It proposes the hypothesis that maladaptive patterns of emotional and behavioral adjustment to MI can, under some circumstances, be more consistent determinants of outcome than the physical severity of the MI itself. This heuristic hypothesis is supported by several types of empirical evidence, including new evidence showing that neuroticism (state and trait anxiety, depression, etc.) or negative affect (Watson & Tellegen, 1985), in response to life change, may be predisposing and triggering factors as conceptualized by a larger psychophysiological model (Wickramasekera, 1979, 1986, 1988) of the role of psychological variables in stress-related somatic illness. The book also makes the excellent point that, as mortalities from MI are decreasing, there is no good evidence that coronary morbidity, particularly following MI, is decreasing. Although empirically based, this book deals with, and makes practical recommendations about, why and how clinical health psychologists could participate in the care of the MI patient from the coronary care unit to the cardiac ward and to the posthospital phase.

This book presents the logical and empirical evidence for the involvement of the psychologist in the prevention and therapy of MI. Hence, it opens up a whole new field for research and therapy in clinical health psychology.

References