There is no shortage of books or research articles pointing to the effectiveness of psychological methods as applied to medical problems. And indeed the authors contributing to this edition present closely argued and well supported cases for such interventions and approaches. For anyone working within the specific diagnostic groups of hypertension, cardiac rehabilitation, injury to the CNS, pain, obesity, AIDS, diabetes, premenstrual syndrome & menopause, irritable bowel syndrome, smoking and respiratory disorders, this book is essential reading.

What does this book offer the reader? To someone already trained and experienced in the use of cognitive behavioural methods this book succeeds in achieving it's stated aim «…to provide an introduction to the use of techniques of behavioural assessment and interventions for a range of medical problems». It is clear when reading the various chapters that each one has been written by someone with a comprehensive working knowledge not only of the theory and research, but also of the practical application.

Each chapter provides a brief but adequate description of the medical condition, with a rationale for how a psychological approach complements the conventional medical management. The role of assessment is stressed, with not only the types of assessment outlined but also the aims of assessment and the preferred context in which this might take place. Guidance is usually given on who might benefit from these approaches.

The authors provide details of their treatment programmes, in many instances describing might be applied. Most chapters provide practical tips on the sorts of issues that concern patients when trying to «sell» this approach within the framework of the medical model; for eg. Pearce and Erskine's chapter on chronic pain refer to two questions that the psychological practitioner in this area has to deal with constantly, «Do you think my pain is real?», and «Does your recommendation of this course mean that you think I am mentally unstable?».
There is a theme throughout the chapters recognising the need to integrate these practises within the context of a multidisciplinary team and to integrate the psychologist within the overall structure and framework of the hospital or unit. This is particularly so in Langosch’s chapter on cardiac rehabilitation. Furthermore there is a clear appreciation that if these practises are to be effective, then an equally important part or the intervention has to be in teaching the other members of the team the rationale for their application.

I was able to put this book to practical test when invited to a meeting to discuss the possible contribution of clinical psychology to a proposed cardiac rehabilitation team. While my colleague and I have considerable experience in applying cognitive behavioural methods in other areas of medicine, neither of us had any experience in cardiology. We both read Langosch’s chapter and were able to attend the meeting with some degree of confidence that we had a good grasp of the issues in this field. In addition, we were clear about the possible components we could contribute to the programme and how to integrate them. The meeting was a great success.

The only regret about this book is that it does not address the issue of why so very little of the work described both here and in other areas of psychological endeavour has failed to seep into the consciousness of the average general hospital, or even the average psychologist! I think perhaps it is due to the fact that the research base for this work comes from the behavioural sciences and not the medical sciences. It is certainly not due to any lack of well documented or practically oriented examples from which to draw.

In conclusion, to the experienced cognitive behavioural practitioner, this book, while not a ‘cookbook’, is certainly essential in orientating the practitioner to the key issues in each of the conditions covered.

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