

Holistic health care

Book review

Schlebusch, L (ed) (1990) **Clinical health psychology: A behavioural medicine perspective**. Halfway House, Tvl: Southern Book Publishers.

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The publication of this the first South African text dealing with Clinical Health Psychology is well-timed in view of the changing health care delivery system emerging within a "new" South Africa. Professor Schlebusch's longstanding professional concerns with "whole-person" hospital care to replace the prevailing biomedical approach (which ignores the impact of psychological and social forces upon disease, illness, and the healing process), as well as the proper application of psychological expertise by the health care team are addressed extensively in this publication. For example, he writes: "Comprehensive health care involves both psychological and physical care, which are inseparable" (pxix). Furthermore Schlebusch and Lasich point out that "Clinical health psychology, behavioural medicine and consultation-liaison psychiatry are intimately associated with the biopsychosocial approach to patient care, particularly in general hospitals and related settings, and have become well established in recent years in industrialized and developed countries" (p326). But South Africa does not conform to this designation. At the present time it is a country in turmoil, a land grappling with the consequences of its own history, populated by an

unique and complex mosaic of people who live somewhere within the extremes of rural and industrialized development, and whose lives range between poverty and wealth, privilege and deprivation, and who have grown up within diverse environmental, cultural and sociopolitical systems. Clinical health psychology in South Africa has now to address itself to the specific requirements of all its people.

This text is a competent reflection of the state of the art at the present time, a necessary first step for the evolution of a Clinical Health Psychology for South Africa. It is clear that although Schlebusch and each of the contributors to the book emphasize that sociocultural and environmental factors impact upon psychological and physical functioning, the way in which they are intertwined still largely eludes us. Furthermore, although Schlebusch has initiated enquiry into some specific South African concerns, much remains uncharted. The theoretical foundations and practical applications of **Clinical health psychology** rest upon work on affluent people in highly industrialized settings with their particular complex of illnesses. There is an urgency for us to identify the needs of all the communities within South Africa, to validate the existing "First World/Western" techniques on each of these communities, and wherever necessary either to transform or to generate novel psychological assessments, and preventative and curative interventions which will be appropriate for each target group. A survey of published data on health status, health services, research and training in South Africa revealed that "Health status is influenced by the interaction between socio-economic and political factors. The World Health Organization (WHO) has described three broad groups of health conditions - diseases of poverty, industrialization and social instability. All three disease patterns are found in South Africa. The problem lies in that there is an inverse relationship between South African Health Service priorities and the prevalence of these disease patterns. The bulk of the health budget and services is devoted to tertiary care aimed at health conditions related to industrialization, while the majority suffer from diseases associated with poverty and social instability" (MRC, 1991, p9).

Schlebusch has produced a well-organized, comprehensive and useful text, which is favourably comparable, in the breadth of its subject matter, to recently advertised publications from abroad [eg **Health Psychology: Challenging the biomedical model** (in press) by Sheridan and Radmacher; and **Health Psychology** (1991) 2nd edition by Taylor]. Schlebusch and Lasich identify that "Two areas, however, have been inadequately covered in the past. These are the relationships of clinical health psychology, behavioural medicine and consultation-liaison psychiatry to medical education as well as to clinical functioning in Third World countries. ... This book addresses some issues and concepts in this regard in an attempt to reflect a broader

orientation of these established subspecialities. It further differs from available texts in that it stems from years of clinical and teaching experience within a cross-cultural setting in a developing country. It is also designed to introduce the contributions of clinical health psychology to behavioural medicine and consultation-liaison psychiatry to those who are interested in comprehensive health care in the Third World" (p326).

Schlebusch, in his Introduction outlines realistically, and with clarity, the rationale, the objectives and some of the problems with the current status of Clinical Health Psychology. "Written primarily for students concerned with the interface between medicine and psychology, this perspective on behavioural medicine provides up-to-date reading of the essentials at the nexus between these fields, supplying a basic groundwork" (pxix). In order to achieve his objectives, apart from his own considerable contribution (ten out of 25 chapters), Schlebusch invited professional practitioners to write chapters in fields in which they were expert. "Thus because the book consists of a collection of chapters written independently, it can be consulted either in its entirety or selectively" (pxx). There is a wealth of material in this text augmented by many tables and figures and "to further enhance the book's teaching potential and to encourage review and discussion, Main Ideas and Review Questions are included in each chapter" (pxxi). Schlebusch also points out that "Each of the contributions is dependent on the skill and knowledge of the specific author, and the attempt at 'marrying' First and Third World concepts underpins the importance of reading chapters critically and relating the contents to personal experience. This is particularly valid in view of our limited knowledge of the applicability of many of the concepts of Western psychology to Third World and developing communities and the need to evolve 'home-grown' models" (pxx). The importance of these statements are emphasized because the teachers and the professional practitioners of **Clinical health psychology** belong in the main, to only one sector of the South African community. The authors of the present text, selected on the basis of their experience and expertise all belong to an affluent and urbanized group, and are therefore in no way representative of the composition of our South African population. Although it is both explicitly stated and evident by their approach that these specialists are sensitive to the requirement of a holistic approach in the understanding of illness behaviour, their exclusivity points to a need for training a broader spectrum of our society, introducing a wider range of persons to inform theory and models and for the re-evaluation and development of appropriate assessment, and preventive and curative psychotherapeutic techniques. Biopsychosocial is an interdisciplinary approach in which the psychologist is central to the integration of biological and social influences in the behavioural expression of illness and health. In this regard Schlebusch has included a suggestion that

traditional healers should play a role. Arendse (1992) agrees that ".... traditional healers and their patients tend to share the same culture and very importantly experience the same negative sequelae of urbanization which are thought to cumulatively contribute to the mental ill-health of people living in communities undergoing rapid urbanization. They therefore better understand the psychosocial and cultural dynamics underlying certain mental illnesses and can better treat them" (p48).

The twenty-five chapters of the book have been divided into three parts entitled "Basic issues in Biopsychosocial health care"; "Applications of Clinical health psychology to specific areas in health care"; and "Psychological assessment and management of medical patients". Although many of the topics dealt with have books devoted to them, the authors serve to introduce the reader to their subject, to highlight the relevant psychological principles as presently understood, and point the way to further reading. A comprehensive overview of the present practice of Clinical health psychology has resulted, and the book establishes that the application of psychological principles in the pursuit of health are integral.

Schlebusch was aware that constraints were necessary for him to bring the book to fruition. For example, he states that "Because of the intended readership, the emphasis here differs greatly from that of other texts on psychology. Medical relevance is its focus and many of the more traditional content areas of the parent discipline of psychology have been omitted or are given tertiary attention" (xxi). He refers to a strategy of "applied critical thinking" which aims at getting students to apply knowledge by actually "taking it with them". Schlebusch writes that this "present book has a similar aim and further emphasizes that psychiatry is not the only setting suitable for humanistic medical practice". On the issue of theory: "Likewise in my own enthusiasm for clinical health (medical) psychology and behavioral medicine I have attempted to avoid burdening the reader with lengthy discussions on theoretical issues underpinning these developments". He also points out that "No standard syllabus or total uniformity exists on exactly which aspects of psychology should be taught to non-psychologist health care professionals exposed to already overburdened schedules and courses ... ". In this regard the specific applications of Clinical health psychology selected for Part Two of the book are wide-ranging, and consist of chapters on cardiology; heart disease and coronary bypass surgery; chronic pain; dental medicine; nephrology; neurology; obstetrics and gynaecology (commendable for its inclusion of cross-cultural studies which illustrate the impact of socialisation on crucial behaviours such as menstruation, contraceptive usage, pregnancy and parenthood, and which established the necessity for these variables to be accounted for if the expression of illness is to be understood and healthy

living is to be promoted). The other chapters deal with orthopaedics; paediatrics (very short); psychiatry; sexually transmitted diseases (especially AIDS); and "other areas of medicine". The focus of attention ranges from relatively rare and expensive hospital cases such as kidney transplants, to those that involve all sectors of our population such as AIDS - a main concern - and suicide which in South Africa is "the third biggest cause of death concerning 15-24 year olds (SAIRR Survey 1989/90)" (MRC, 1991, p30). "Stress management" and "death and dying" are embedded within further chapters, while practical concerns include consultation-liaison between and among professionals and patients, and even current and future teaching concerns.

Schlebusch's assertion that the book "not only provides an overview of the current state of the art in Southern Africa but, as a first in this regard, lays the groundwork for further development in the field" (pxxii) needs to be noted. Clinical health psychology is in its infancy in South Africa, and so its further development has to address the unique combination of needs of the people of South Africa. The "truth" of the assertions of (South Africans) Miller and Swartz (1992) that "Contributions from social science have not been integrated into health care and have failed to change the fundamental practice of biomedicine, what they have achieved is the appearance of concern with psychosocial issues" (p45), or of Nell (in Matthews, 1992) that "Western neuropsychological performance models and the norms these models expect are frequently invalid even within these countries" (p421), need to be examined. For as Craig (1992) points out the "attempts at transformation must confront the meanings surrounding persons and their beliefs, projects and lives" (p60).

In his Introduction Schlebusch complains of "the dearth of relevant data applicable to Third World and developing communities (as found in Africa, especially Southern Africa)" (pxx). This book enables us now to move forward and to structure a Clinical health psychology appropriate for the specific needs of our own South African community. Thus, for example, epidemiological studies are necessary to identify the composition of individuals in our hospitals and clinics, their particular disorders (including those flowing from social instability, violence, poverty, repression, and industrialization), and the proportion of people afflicted by each so as to ensure that the allocation of resources such as skilled personpower, expertise and finance are brought into phase with the demands. We need to incorporate sociocultural influences into the models that inform our interventions, and we need to address the provision of preventative and follow-up structures, because the care of all the people of South Africa, in all their conditions, is the concern of Clinical health psychology.

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