Clinical Psychology and Heart Disease
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Among the various areas of interest studied in the Laboratory of Clinical Psychology of the Faculty of Psychology at the Catholic University in Milan and in the Psychology Laboratory of the Italian Auxologic Institute, the study and care of the psychological aspects of cardiac illness constitute a particularly interesting challenge.

The decline in infectious diseases, brought about by important medical discoveries over the past hundred years, has witnessed the emergence of other, more evident causes of pathology. Today in Italy, as in the United States and the United Kingdom, cardiac illness constitutes the principal cause of death. In Italy, cardiovascular pathologies cause 27% of the deaths (this datum can be compared to a mortality rate of 21% of deaths caused by tumours). In the United States over the past twenty years, deaths caused by cardiac illness have remained high: about 5 million people are affected by cardiac illness and 400,000 new cases are registered every year. In Italy there is a yearly incidence of 130,000 new cases of heart attacks, of which 80,000 represent new episodes and 50,000 recurrences.

An international survey of contemporary research and clinical comparisons outlines how cardiac illness is often associated with psychological stress, which represents an important risk factor both in the onset of the disease and in its progression. This demonstrates the importance of developing care and rehabilitation programs within a bio-psycho-social perspective, in which biological, social and psychological factors, both individually and relationally, are viewed as a collection of interdependent or systemic variables that interact either in keeping individuals healthy or in causing illness.

As reflected in the international guidelines on cardiac rehabilitation, the scientific world acknowledges the importance of multidisciplinary, integrated models in the clinical area, in which the competences of cardiologists and the psychologists operate in an integrated way.

We are very proud to present this volume on “Clinical Psychology and Heart Disease,” by Enrico Molinari, Angelo Compare and Gianfranco Parati. In our view, the study and care of cardiac illness and the psychological symptomatol-
ogy connected to it deserve a privileged space in the medical literature, one in which both medical and psychological competences can be integrated within a bio-psycho-social framework.

This volume tackles psychological suffering in cardiac patients and is the result of the collaboration of the most important international researchers in the fields of clinical and health psychology, as applied to cardiac illness. The focus encompasses: a) the most up-to-date information available on the link between psychological variables and cardiac functionality; b) clinical indications for the diagnosis and treatment of psychological factors connected to cardiac risk; and c) possible directions future research might take.

In addition to discussing and illustrating the theoretical and technical aspects of the complex psychological variables associated with cardiac illness, this book presents a proposal to give a “heart to cardiology,” in keeping with our belief, as affirmed by Bernard Lown (Nobel Peace Prize 1985), that: “Medicine is based both on taking care of people and on science. If one takes care of others without science, there might be good intention, but it is certainly not medicine. On the other hand, if there is science, but one does not take care of patients, medicine is emptied of its thaumaturgical aspect, making it similar to other sciences, such as physics, engineering…these two aspects, taking care of others, and science, complement one another and are essential in medicine. I would like to add that taking care of people is different from healing them; in the first case, one has to do with organs that don't function well, and in the second case with a human being who suffers. I believe that medicine should orient itself towards healing.”

Among the more salient points presented in the first part of the book is the connection between personality factors (the so called Type A and Type D personality traits) and the relational aspects of cardiac illness. Another noteworthy area of research we present contextualizes cardiac illness within an interpersonal perspective, placing particular emphasis on the relationship of couples.

The second part of the book focuses on the various psychological interventions used in cardiac rehabilitation and emphasizes the therapeutic value of the psychologist’s understanding of the psychological suffering involved in cardiac disease. Other psychological approaches examined include interpersonal psychotherapy in the treatment of depression, the treatment of anxious symptomatology with the use of “couples therapy” and relaxation techniques and the application of new computer technology in the integrated psychological-cardiac treatment of the psychological symptomatology of cardiac insufficiency.

We believe that this volume can be a useful reference for clinicians, medical and psychological researchers as well as others who want to understand and explore the link between cardiac pathology and its psychological components.

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It is a propitious time for a volume examining the range of ways that clinical psychology can inform and influence the understanding of the development and treatment of heart disease. Although the possible relationships between heart disease and psychological factors such as personality type have been discussed for several decades, it is only recently that theory and research have begun to fully explicate the bio-psycho-social influences on heart disease and the ways that psychological treatments can be brought to bear to increase the quality of life of those with heart disease and perhaps even decrease the prevalence of disease.

Enrico Molinari, Angelo Compare and Gianfranco Parati in this wonderful edited volume provide a valuable guide to the study of clinical psychology in the cardiological field, covering the key areas of investigation and intervention. There are sections describing the physiological basis of the mind-heart link, the relationships between heart disease and depression and anxiety, the relationship of heart disease to personality types, statistical methods that enable the study of psychological risks, and psychological treatments. Much of this book is on the cutting edge of the investigations into these phenomena; for example, the chapters by Coyne, Compare, and Ruiz (on the quality of the couple relationship as protective and risk factors) and by Johnson, Lee, and DiGuilio (on the application of emotion-focused couple therapy in this population) provide unique insights about interpersonal processes related to heart disease and how interpersonal systems can be helpful in treatment.

Molinari, Compare and Parati bring a much needed systemic vision to the psychological aspects of heart disease. In their introductory chapter, they point to the complex interrelationships between the psychological and somatic aspects of heart disease, how each can influence the other, and how treatments need to account for these complex mutual influences.

Humans are bio-psycho-social entities, affected by a range of internal subsystems and external social systems, which influence one another in endless
loops of causality. It therefore behooves us to fully understand the effects of each system on the other systems and to carefully consider how to utilize our understanding to improve the welfare of patients. This volume reflects the advances in recent theory and research that allows us to make significant progress in that direction. This is an area where there are many reasonable sounding ideas, but in which volumes of this kind are needed to help understand the breadth of thought and what the evidence says about these thoughts.

Such understandings can serve as the underpinning for what truly would be an evidence-based practice for treating heart disease. Incorporating the evidence reviewed in this book, such an evidence-based practice needs to include consideration of the psychological intervention, as well as the biological. With the powerful impact of the various heart diseases themselves and the heroic developments in surgery, technology, medicine, and other disciplines, it becomes easy to focus exclusively on biological factors and biological solutions. Yet, biology remains only part of the story, even though an important part. Engaging in health-promoting behaviors over a lifetime makes a considerable impact on heart disease, as does the presence of family support. Additionally, certain psychological patterns seem clearly related to a greater likelihood of the development of heart disease. Treatments that engage family support, promote individual coping, and change behaviors that promote heart disease have considerable impact. Additionally, as the chapters in section 2 of this book clearly indicate, understanding and treating the psychological co-morbidities of anxiety and depression is of great importance in treating heart disease patients. Hopefully, this volume will help call attention to the now well-established relationships between psychological factors and heart disease, and the important role for clinical psychology in both understanding heart disease and in treating patients suffering from the resulting set of disorders.

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