The Psychomedical Vortex

The BHI 2 Paradigm For Assessing Psychosocial Complications
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Illness and Injury Risk Factors

- Unhealthy lifestyle, including poor diet, no exercise, substance abuse, tobacco use, or poor biomechanics.
- High stress level
- High psychophysical reactivity
- Risk taking or dangerous behavior

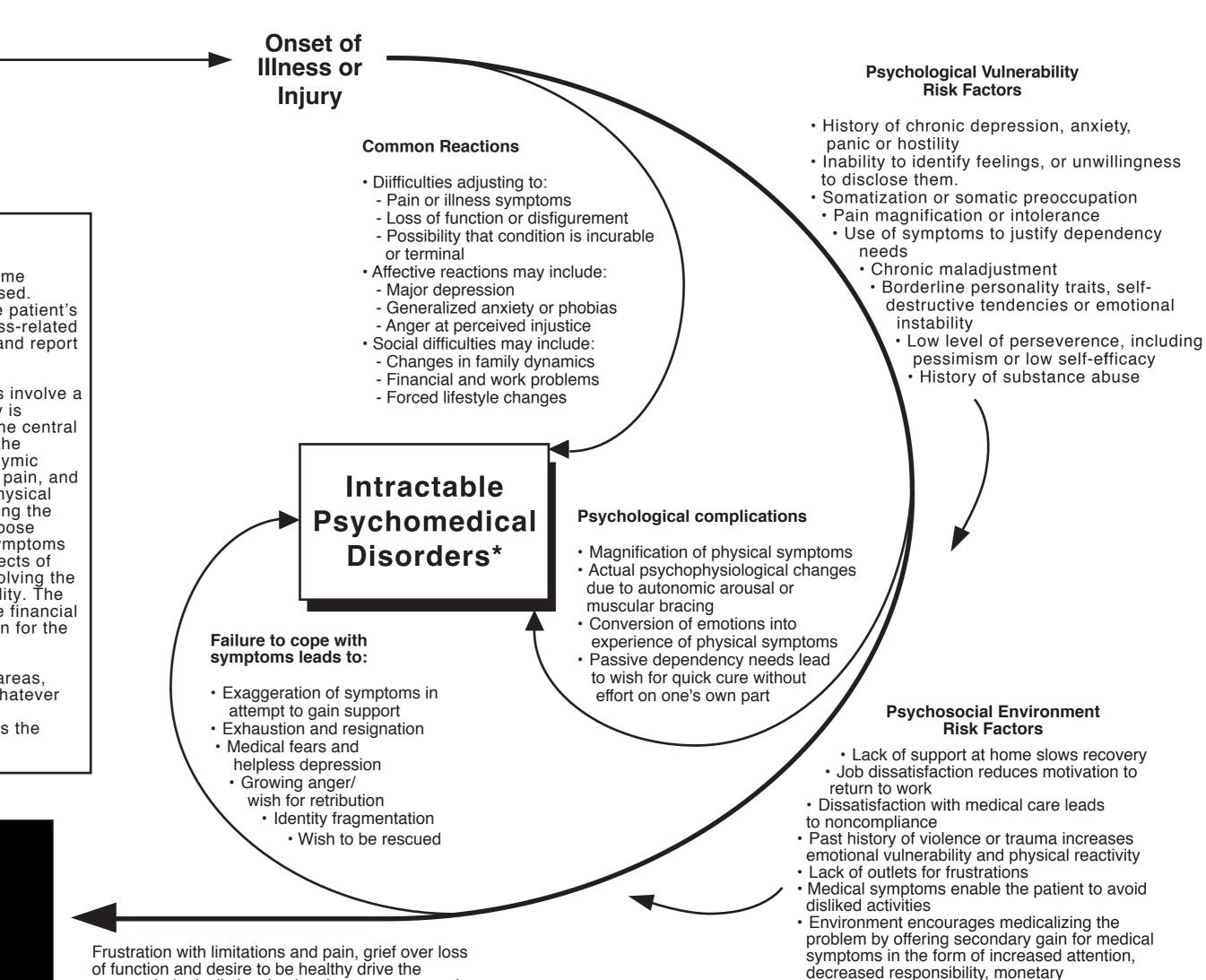
* Intractable Psychomedical Disorders

- Objective medical disorders are more likely to become intractable when psychosocial issues are not addressed.
 Such issues can undermine compliance, frustrate the patient's attempts to make needed lifestyle changes, add stress-related complications, and magnify the patient's perception and report of physical symptoms.
- In some cases, intractable psychomedical disorders involve a "somatoform solution." In such cases, the personality is reorganized around physical symptoms, which become central to identity, and which supply a physical pathway for the expression of affective distress. For example, alexithymic patient focuses on the physical aspects of emotional pain, and avoids facing emotions internally. Additionally, the physical symptoms may provide a face saving means of seeking the attention and support of others, without having to expose emotional vulnerabilities. In so doing, the physical symptoms may allow the patient to escape from intolerable aspects of life, and justify adopting a dependent role, while absolving the patient from guilt due to any avoidance of responsibility. The report of such symptoms can sometimes also provide financial gain, a means of punishing others, or a rationalization for the abuse of prescription or illicit drugs.

Somatoform disorders may "metastasize" into other areas, producing a evolving pattern of diffuse symptoms. Whatever the extent of the underlying organic pathology, these somatoform conditions are not likely to resolve unless the

Factors Blocking Escape From The Vortex

- Environment does not support attempts at adjustment, and no multidisciplinary treatment is available.
- Unrealistic patient expectations of an easy, total cure are frustrated by the difficult realities of rehabilitation and recovery.
- Feelings of entitlement or compensation focus.
- Feelings of depression, fear, or anger are vented on physician.
- Physican becomes frustrated, the patient gives up and looks for an alternative solution.



nonpsychologically involved patient to persevere in

treatment, and escape from the vortex.

medications

compensation, or allowing the abuse of