It’s a tough world. It’s tough on the international front, our country is struggling about as hard as I’ve ever seen it struggle, and at times the future looks rather grim. We all worry, and we all feel some fear about where we are going and how we’ll get there. But books like the three we review this month somehow put it all in perspective. Ravaging diseases like Parkinson’s, “invisible” diseases like fibromyalgia and chronic fatigue, and personal challenges like overwhelming trauma or stress remind us of how terribly hard it can be on the individual level when illness strikes. All of the problems that come with the illness for the patient are then exacerbated by the effects on family and other intimates, and the suffering can spread as the putative support system is itself challenged by the illness or trauma. The increasing number of books that take this problem up directly, and deal with both the patient’s and the family’s challenges, and how to make them as manageable as possible, is heartening. If I had to have one of these syndromes, I would be grateful that books like these three are out there, and that people like us read them and use them. And that they are available to patients as well as professionals. That the world acknowledges how great the suffering can be, and tries to help. It’s a tough world, and I’m glad that we do what we do to try to make it more bearable.

David B. Waters, PhD
Book Review Editor

The Psychopathology of Functional Somatic Syndromes: Neurobiology and Illness Behavior in Chronic Fatigue Syndrome, Fibromyalgia, Gulf War Illness, Irritable Bowel, and Premenstrual Dysphoria
by Peter Manu
An imprint of Haworth Press, Inc.
New York, 2003
294 pp.
$79.95 ISBN 0-7890-1259-6
DOI: 10.1037/1091-7527.24.1.103

One of the great challenges for primary care clinicians is to treat patients with unexplained physical symptoms. A title such as The Psychopathology of Functional Somatic Syndromes is bound to draw attention and even give hope that relief can be successfully offered to suffering patients. This was my hope when I opened the book.

Peter Manu, MD (1947–) is Professor of Clinical Medicine and Psychiatry at the Albert Einstein College of Medicine at Yeshiva University in New York. His dual
appointment in clinical medicine and psychiatry illustrates his long-standing interest in and experience with common functional syndromes. Prior to this book, he authored *The Pharmacotherapy of Common Functional Syndromes: Evidence-Based Guidelines for Primary Care Practice*. He is also the editor of *Somatic Syndrome: Etiology, Diagnosis and Treatment*. Clearly this is a major focus of his work.

This book is an extensive survey of all the research that has been done worldwide attempting to correlate functional somatic illness with a patient’s psychiatric pathology, biological functions, personality traits or life events. It is extraordinarily thorough—sometimes even tedious in its details. The book is presented in a chronological order, which reflects technological and scientific progress, and points to the evolutionary understanding of the etiology and epidemiology of such disorders.

The content is organized in four parts. Part 1 offers definitions and points to the evolutionary conceptualization of five syndromes: chronic fatigue, fibromyalgia, Gulf War illness, irritable bowel and premenstrual dysphoria. Part 2 looks at the psychiatric morbidity in functional somatic illness. Part 3 focuses on psychobiology and Part 4 on the abnormal personality and illness behavior in functional somatic syndromes. There is an impressive 40-page reference section and a useful index.

What does the research tell us? Functional somatic syndromes share a core of symptoms: sensitivity to pain, sleep disturbance, difficulty with concentration, depressed or labile mood, a high degree of somatic anxiety, hypervigilance, somatic amplification and increased reactivity to stress. A physical cause for these complaints cannot be identified.

When studying association with psychiatric disorders, functional somatic syndromes seem to be independent disorders. For example, even though sufferers of fibromyalgia, irritable bowel, premenstrual disorder, chronic fatigue syndrome and Gulf War illness/post traumatic stress disorder (PTSD) report a history of mood and anxiety disorders, there is no evidence of active mental illness. The author, however, reports studies indicating that the patient typically fails to acknowledge the experience of anxiety and depression, and “tenaciously endorses the somatic symptoms” (p. 173). It is therefore reasonable to suspect depression when assessing a patient with unexplained somatic syndrome.

Neuroimaging has been used extensively to help define structural and functional abnormalities, but the search for an association between neurological abnormalities and functional somatic syndrome yields mostly negative findings. Specifically, MRI, cerebral perfusion and single photon emission tomography (SPECT) are not useful in differentiating functional somatic illness.

The author’s survey of research about the personality traits and personality disorders of individuals who suffer functional somatic syndromes is extensive. He found associations with neuroticism, functional impairment, and illness anxiety, enhanced by the focus of attention on bodily pain. Other interesting findings include a prevalence of personality disorders among patients with chronic fatigue, including obsessive–compulsive, histrionic, passive-aggressive and dependent personality disorders. These patients are more harm avoidant, shy and unassertive in social situations. Patients with fibromyalgia reported more stressful life events and were often considered to be “psychologically disturbed.” Women with luteal phase dysphoric disorder suffer significantly more personality disorders, most commonly avoidant, passive-aggressive, and schizotypal, and frequently exhibit personality traits such as perfectionism, rigidity, conventionality, and caution. And an analysis of military data suggests that veterans who
suffer Gulf War illnesses are more likely to exhibit abnormal personalities and coping styles. Furthermore, these abnormalities are independent of their war experience and represent a group of veterans that had “a higher stress burden from exogenous war and non-war-related stressors, internal dispositional attributes, and negative coping style” (p. 197). These kinds of findings appear throughout the book.

There is a chapter dedicated solely to the relevance and importance of sexual victimization of patients with functional somatic syndromes. Not surprisingly, the incidence of sexual abuse is significantly higher than controls in the case of fibromyalgia—especially victims of sexual assault with penetration, and especially during childhood. Sexually victimized patients with irritable bowel syndrome are also more likely to report pelvic pain, extreme severity of their pain, and a history or other unexplained complaints. In this chapter, the bulk of the studies confirm the hypothesis that victims of sexual abuse not only experience an increase in psychological morbidity, but also in somatization disorders.

The common denominator of the illness behavior in functional somatic syndromes is a “pattern of distorted thinking that exaggerates the significance of symptoms,” (p. 242) while ignoring information that is inconsistent with the belief system. Other common features cited are pessimism, low self-esteem, preoccupation with pain, and self-blame. These features are weakly related to psychiatric morbidity and correlate better with the dimension of somatization.

What information can the clinician gain from reading this large body of work? It offers specific criteria and clinical features as well as a ruling out process for the five syndromes studied. It reminds us that it is important to question the patient about attribution of symptoms (viral, immunological, infectious, etc.) because somatic attribution has the advantage of protecting the patient from the stigma of psychiatric disorders, preserving self-esteem and avoiding psychological distress; however, it fosters helplessness and diminished self-efficacy, and leads to passivity in response to treatment. Somatic attribution bias correlates with poor treatment outcomes. The more attached the person is to somatic interpretation and the conviction that one has a serious disease, the greater the severity of illness and functional impairment. The patient may adopt the “sick role,” or care-seeking behaviors, which may further lead to malingering.

This overview of research on the topic of unexplained somatic complaints is impressive in its scope. The data are represented with attention to relevant details. I found the distinction between the research on psychiatric morbidity and that on abnormal personality in relation to functional somatic syndrome to be arbitrary and even confusing. There is significant overlap between these two manifestations of psychopathology and those two chapters could have been combined for the sake of clarity and brevity.

This is a book about somatization disorders in which individuals express their psychoemotional distress in body dysfunction. However this is not a how-to manual but rather a thorough survey of research and published studies that helps better understand the underpinning of symptoms which remain puzzling and frustrating for the patient, and challenging for the clinician. It is a substantial body of work that carefully and critically examines countless investigations. But I was hoping to learn innovative management tips, which I did not find; instead I found a scrupulously well documented attempt at understanding functional somatic syndromes. This is less a book for clinicians and more a valuable document for the curious and the scholar.

Thérèse M. Namenek, DPP
Lynchburg Family Medicine Residency