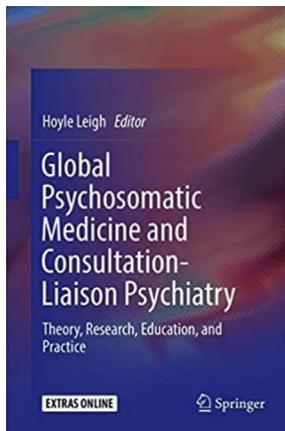


Book Reviews

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Global Psychosomatic Medicine and Consultation-Liaison Psychiatry: Theory, Research, Foundation, and Practice:
Edited By Hoyle Leigh,
Springer, Cham, Switzerland;
2020
ISBN: 3030125823, \$249.99

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Dr. Hoyle Leigh, a long-time educator and researcher in consultation-liaison (C-L) psychiatry, has assembled a wide array of content from global psychosomatic and C-L psychiatrists eager to tell the stories of the development, role, and future of the field in their respective countries. He initially conceptualized this text as a comparative study of global

psychosomatic medicine (PM). Yet, as the chapters unfold, the reader is provided with an in-depth look at the struggles faced by psychiatrists and specialty professional societies to define and embody the term “psychosomatic.” The chapter authors, who are experts in PM and C-L psychiatry in their respective regions, discuss how their countries define PM and/or C-L psychiatry and how these definitions and philosophies inform practice within highly varied health care systems. More than a comparative study, this text is an extensive English-language field guide of global PM and C-L psychiatry spanning every continent (except, of course, Antarctica).

The intended audience for this book is the psychosomatic or C-L psychiatrist interested in the history and philosophy of medicine and those who want to know more about the diverse global perspectives on our niche specialty. “Global Psychosomatic Medicine” is also a unique textbook of cultural psychiatry as its authors write about their own experiences providing care to their regional populations. The book is organized into 7 parts, divided by global regions of interest, and subdivided by country, with each section addressing historical foundations and contemporary practices. Each chapter is followed by a “Questionnaire Concerning Psychosomatic Medicine and Consultation-Liaison Psychiatry” that covers practical and

philosophical aspects of PM and C-L psychiatry.

The first 200 pages span the history of medicine, psychiatry, and the development of PM across the globe, from ancient Greece and Egypt to medieval Islam and to traditional Chinese medicine. This section is essential reading for anyone, particularly C-L trainees, who wonder, “How did we get here?” Subsequent major themes covered in depth in this text include culturally informed examinations of (1) how PM and C-L psychiatry are defined; (2) clinical service delivery and research priorities; and (3) historical context, particularly regarding how traditional and complementary medicines intersect with psychosomatics.

PM versus C-L psychiatry is a serious identity question for some. As American C-L psychiatrists know, in 2018, our specialty changed its name from PM to C-L psychiatry. Dr. Leigh argues this is because of American physicians’ ambivalent relationship with the word psychosomatic and its connection to discredited theories, such as hysteria. In addition, many C-L psychiatrists subspecialize to address psychiatric comorbidities in specific medical fields, which is better described by the term C-L psychiatry. PM as a specialty focuses on “studies and knowledge that place particular emphasis on psychosocial factors in medical illness (p. 109),” whereas C-L psychiatry focuses on “evaluating and treating psychiatric, emotional, and

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behavioral problems of medical patients (p. 110)” and on patients with complex and chronic medical illness.

Throughout the book, PM is often associated with complementary alternative medicine or even traditional medical practices. In countries that have kept the PM title, such as in German-speaking countries and Japan, there exist departments of PM, separate from psychiatry that tend to psychophysiological disorders. These departments commonly use traditional practices and complementary medicine, as these treatments have historically considered mind-body concerns. Such departments are staffed by Internists who are psychodynamically sophisticated and often by psychologists. It was interesting to ponder these definitions while reading about the historical roots of the specialty and wondering what the American contributors to the field would say about choosing C-L psychiatry over PM.

For any C-L psychiatrists (like us) who have not had the opportunity to practice or train in another country, the chapters on PM around the globe were central to the value of this textbook as a reference. A major strength of this book is its gathering in English of otherwise hard-to-find information about the actual practice of PM and C-L psychiatry in each country. Particularly, interesting examples were chapters on the German health care system, where PM is considered a general medicine approach, and education in psychosomatics is started during medical school. This attitude is in keeping with a focus on the doctor-patient relationship and a holistic understanding of the patient and his or her social and cultural environment. Subsequent sections on the German model of psychosomatic rehabilitation described the delivery of

specialized multidisciplinary care to patients suffering from chronic physical and mental illnesses that have depleted their social functioning. The rehabilitation units can be separate from the psychosomatic departments but might overlap and are more akin to our view of occupational medicine but with a psychodynamic influence. Rehabilitation centers, where the primary task is restoration of functional health rather than symptom reduction, have an average length of stay of 38 days (p. 227). Many rehabilitation centers are funded by the German social security system and are accessible to a broad spectrum of patients. These rehabilitation centers sounded similar to the dream disposition for a patient with crippling fibromyalgia or functional neurological symptom disorders. Reading about another country’s health care solution to difficult patients allows for a more nuanced debate about how to treat these patients in our own countries.

Countries with a strong preference for holistic or alternative medicine seem to prefer PM as a term because this clearly signals that the specialty deals with the mind-body connection and the role of psychologic and social factors influencing medical outcomes. This volume contains concise summaries of traditional views and practices of medical and mental disorders from around the world including traditional practices from China and India. Discussion of traditional medicine and their relation to mental health treatment in these countries was particularly salient. For example, in India, more than half of the patients who were psychiatrically hospitalized sought help from both a medical doctor and a faith healer (p. 138). Some sections read more similar to a primer on cultural psychiatry than PM and would be helpful to the C-L

psychiatrist challenged by difficult, culture-specific psychosomatic ailments of the global diaspora. For example, in the section on traditional Chinese medicine (TCM), the authors describe the ancient view of how, “the so-called” “heart in charge of the mind and will” means that the heart is the core of the mind, sense, and mental activities (p. 123).” This “traditional” belief idea fits nicely into the modern practice of PM and C-L psychiatry.

In conclusion, this textbook is recommended for the C-L psychiatrist who wants a one-stop reference for how PM and C-L psychiatry are practiced globally and wants to understand the contemporary implications of their history and philosophy. I think it is a particularly useful book for teaching multicultural perspectives on how our field and the mind-body connection are practiced and understood globally. The strength of this text is the editor’s recruitment of a diverse group of authors from around the world. A perhaps unavoidable weakness of a text of this scope limited standardization of the content and quality of the writing. Some of the chapters were denser and harder to read than others, but this was outweighed by the clarity and content in the other chapters. Dr. Leigh has admirably achieved his goal of offering a comparative analysis of global PM and C-L psychiatry.

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