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Psychosomatic psychiatry: A Spanish proposal for a new dimension

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Psychosomatic Medicine has undergone important evolutionary changes throughout its history, from its flowering in the 20th century up to the present. Two important reasons have determined this evolution. The first one has to do with the movement out of the focus in illnesses such as the "holy seven," illnesses with histological lesions once believed to have a psychogenic origin [1]. The knowledge about biological, ethiopathogenic mechanisms involved and effective treatment in these illnesses has improved considerably; on the contrary, psychogenic theories have been criticized on the basis of insufficient evidence. The second reason is the increasing demand for psychiatry to care for mental disorders in medical patients.

Psychiatric disturbances are common in medical patients. On the other hand, the sharp increase in all aspects of medical practice, including prevention, diagnosis, and treatment, has generalized health care. Diagnostic and therapeutic techniques have dramatically improved life expectancy, and present-day prospects for recovery from illness would have been considered to be fantastic only a few years ago. However, extreme situations arise as a result of the new developments and the ethical problems they give rise to, which constantly threaten the psychological balance of the individual. The probability of needing psychiatric help when suffering somatic illnesses has increased significantly. A conservative estimate by the European Consultation-Liaison Workgroup for General Hospital Psychiatric and Psychosomatics [2] considers that approximately 10% of the patients admitted to a general hospital require consultation with a psychiatrist.

Liaison psychiatry is to a good extent the answer from psychiatry to meet doctors' demands. It is concerned with psychopathological problems in medical patients, organic mental disorders, and comorbidity; psychopathologies with serious somatic repercussions; adjustment disorders; triggered psychopathologies; and somatizations. Furthermore, among its objectives are the study of the doctor–patient relationship, its difficulties, and its repercussions on the illness and its evolution. Liaison psychiatry has become a demanding practice, which has forced the specialists to train extensively within the fields of general psychiatry, medicine, and psychotherapy.

In recognition of the interest of the discipline, the American Board of Medical Specialists has recently approved this newest psychiatric subspecialty, with the name *Psychosomatic Medicine* [3]. However, this denomination has stirred controversies [4], and many nonpsychiatrists state that they also practice "psychosomatic medicine" because "all medicine should be psychosomatic" [5]. The question of the name for the discipline is not unimportant. Throughout the years, various denominations have been used, including Behavioral Medicine, Psychological Medicine, General Hospital Psychiatry, Medical-Surgical Psychiatry, and Psychiatry of Primary Care, each one emphasizing different aspects of its orientation.

The present denomination in Spain is *Liaison Psychiatry*. Although this discipline has not yet a recognition as a subspecialty, it is official in some clinical programs in the National Health System, in the teaching program of the National Commission for the Specialty of Psychiatry, and in the National Research Network of the *Instituto de Salud Carlos III*. After much debate with our colleagues throughout the last few years, we have argued in favor of the denomination *Psychosomatic Psychiatry* for the discipline

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[6]. A reappraisal of the bases for this proposal may be summarized as follows:

1. We consider the term *psychiatry* non-negotiable; it should be maintained in any future name. We are psychiatrists; we certainly contribute to a broader field, to a psychosomatic, holistic medicine, by working side by side with medical colleagues, but our philosophical foundations, training, and practice are psychiatric.
2. The term *Liaison* has been gaining favor over the last decades, following mainly the American trends. However, its use has not become established among our medical colleagues, probably because unlike the terminology that is normally implemented for medical specialities, it is imprecise and does not sound very clinical.
3. We support the adjective *psychosomatic*. It has some ambiguous connotations. However, we consider it the best term to reflect both the rich historical, humanistic, and holistic tradition in medicine, which we would certainly like to maintain, and the interaction between mind and body in all illnesses, which is at the core of our theory and practice [7].

Therefore, we maintain the proposal to name this subspecialty *Psychosomatic Psychiatry*. It has the advantage of accurately indicating the field we refer to, a psychiatric theory and practice covering mind and body, in the intersection with medicine.

References

[1] Lipowski ZJ. What does the word "psychosomatic" really mean? A historical and semantic enquiry. Psychosom Med 1984;46:153–71.
[2] Huyse FJ, Herzog T, Malt UF, Lobo A, the ECLW. The European Consultation-Liaison Workgroup (ECLW) collaborative study I; general outline. Gen Hosp Psychiatry 1996;18(1):44–55.
[3] Lyketsos CG, Levenson JL. Academy of Psychosomatic Medicine (APM) Task Force for Subspecialization: proposal for recognition of "Psychosomatic Medicine" as a psychiatric subspecialty. Bethesda, Maryland: Academy of Psychosomatic Medicine; 2001.
[4] Rigatelli M, Gritti P, Ferrari S, Di Caprio EL. The relationship between psychosomatic medicine and consultation-liaison psychiatry: an ongoing problem. World Psychiatric Association International Congress "Treatments in Psychiatry: an update"; Florence 10–13 November. Milan: Masson; 2004. p. 17.
[5] Laín Entralgo P. Concepto de salud y enfermedad. In: Balcells A, Carmena M, Casa J, editors. Patología general. Barcelona: Toray; 1968. pp. 9–17.
[6] Lozano M. Un nombre para la conceptuación y la práctica de la medicina psicosomática y la psiquiatría de enlace: "psiquiatría psicosomática". Psiquiatría.com 2002;6(1):1–2.
[7] Lobo A. Philosophical humanism and empirical science: Spanish perspectives on psychosomatics. Advances 1986;3(4):58–76.