

# Psychosomatic medicine and consultation–liaison psychiatry around the world: finding unity in the biopsychosocial model

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Reporting on a ‘global’ survey in 1969 that included only Germany, Japan, Russia and the USA, Eric Wittkower, the first president of the International College of Psychosomatic Medicine (ICPM) remarked, ‘Psychosomatic medicine has indeed come a long way since the early thirties when a small group of research workers, internists, and psychiatrists in various parts of the world laid the foundation stones of what afterwards became the practice and science of psychosomatic medicine’.<sup>1</sup> Over the next half century, psychosomatic medicine spread to all corners of the world with growth in clinical practice, depth of research and training opportunities. A recent book by Hoyle Leigh describes the rise of psychosomatic medicine in no fewer than 18 countries across six continents, although admitting the omission of several countries with a strong presence in psychosomatic medicine.<sup>2</sup> Today, psychosomatic medicine is a thriving field with worldwide reach and it continues to expand.

The earliest organisational movement of modern psychosomatic medicine can be traced to the founding of the American Psychosomatic Society (APS) in 1942 by a group of American scientists engaged in psychobiology research on somatic illnesses.<sup>3</sup> The mission of the APS was ‘to advance and integrate the scientific study of biological, psychological, behavioural and social factors in health and disease’. As the APS increasingly focused on research, consultation–liaison (C-L) psychiatrists in general hospitals came together in 1953 to form the Academy of Psychosomatic Medicine (APM). Although their names were similar, the two organisations diverged over the years both in terms of membership—APS primarily for psychologists and APM for C-L psychiatrists—and organisational focus—APS for

biopsychosocial research and APM for clinical care of medical patients with psychiatric comorbidities. In 2018, the APM changed its name to the Academy of Consultation–Liaison Psychiatry and in the following year the name of its journal from *Psychosomatics* to the *Journal of the Academy of Consultation–Liaison Psychiatry*.<sup>4</sup> Despite continuing efforts to bridge the gap between the two organisations (eg, APS Oken Fellowship), there is an unmistakable divide between them, with little overlap of members and academic activities.

Meanwhile, the first European Conference on Psychosomatic Research took place in London in 1955, and its early meetings, which ranged from yearly to every third year, stimulated the early growth and collaboration of psychosomatic medicine research.<sup>5</sup> This group eventually became the European Network on Psychosomatic Medicine (ENPM) and spurred the development of national organisations in several European countries, starting with the German College of Psychosomatic Medicine in 1974. C-L psychiatry in Europe developed later and in parallel with similar trends in the USA. In England, the Liaison Psychiatry Special Interest Group was formed within the Royal College of Psychiatrists in 1984, and other national C-L organisations followed. In 1987, the European Consultation–Liaison Workgroup (ECLW) for General Hospital Psychiatry and Psychosomatics was formed, and the members of the ECLW eventually launched its landmark European Consultation–Liaison Workgroup Collaborative Study to examine the delivery of C-L psychiatry in Europe.<sup>6,7</sup> The conduct and findings of the ECLW Collaborative Study became the basis for the formation of the European Association of Consultation Liaison Psychiatry and Psychosomatics (EACLPP) in 2000. In 2012, the EACLPP

and ENPM merged to form the European Association of Psychosomatic Medicine (EAPM) with representation from 23 European countries and 10 national societies of psychosomatic medicine or C-L psychiatry. The formation of the EAPM represents some of the most comprehensive efforts to integrate C-L psychiatry and psychosomatic medicine to date. Whether this experiment ultimately proves successful and prompts similar integration in other regions of the world remains to be seen.<sup>5</sup>

Despite the rise of psychosomatic medicine in Western countries, what has been far less appreciated throughout the West is the growth of psychosomatic medicine and C-L psychiatry in Asia. The oldest psychosomatic society in Asia is the Japanese Society of Psychosomatic Medicine (JSPM), founded at Kyushu University in 1959.<sup>8</sup> The JSPM has hosted the ICPM World Congress twice, in 1977 (Kyoto) and in 2005 (Kobe), and the headquarters of the Asian College of Psychosomatic Medicine is in Fukuoka, Japan. The 3000+ membership of JSPM consists of a diverse group of scientists and clinicians—internists, psychiatrists, psychosomatic medicine specialists, dentists, dermatologists, psychologists, nurses and more. Yet C-L psychiatrists in Japan generally belong to the Japanese Society of General Hospital Psychiatry. Similarly, C-L psychiatrists in South Korea belong to the Korean Psychosomatic Society, which was founded in 1992. There is also a similarly diverse group of psychosomatic medicine clinicians in the Korean Association of Stress Medicine, which sponsored the World Congress of ICPM in 2008. In 1993, China was the last of these three countries to form its psychosomatic organisation, the Chinese Society of Psychosomatic Medicine (CSPM), yet with nearly 20 000 members, the CSPM is easily the largest psychosomatic medicine organisation in the world. The CSPM also hosted the World Congress of ICPM in 2017. C-L psychiatry in China remains largely undeveloped, so it remains to be seen if the rise of C-L psychiatry in China will lead to the formation of yet another C-L specialty organisation as has occurred in other countries.

The ICPM was formed in 1970, and it is the only global academic organisation for psychosomatic medicine.<sup>9</sup> The 26th Biennial World Congress of ICPM was held in Rochester this year (7–9 September 2022) with the theme ‘Application and Innovation of the Biopsychosocial Model’. Whereas the Asian College of Psychosomatic Medicine is a regional chapter of ICPM, the EAPM is an independent organisation that has had a collaborative relationship with the ICPM, having held joint symposiums over the years. Being a member of the Executive Council and the incoming president of the ICPM, I have had the opportunity to visit many countries and interact with countless psychosomatic medicine clinicians, C-L psychiatrists and biopsychosocial researchers whose academic and professional backgrounds and practices differ widely. What unifies them is that they are all practitioners of George Engel’s biopsychosocial model who believed in addressing the biological, psychological and social factors in our patients’ experience of illness. In other words, regardless of their geography or professional

background, the biopsychosocial model provides a truly global language for them all.

Given the rapid growth in our field, some organisational growing pains are unavoidable. In psychosomatic medicine societies with a diverse membership, professional identities can lead to fissures along professional boundaries due to differences in training background and orientation. Diverse opinions and even debates about leadership structure and composition, membership, organisational goals and function are inevitable and perhaps even necessary for the growth and advancement of the field. At the same time, we should recall the spirit of friendship and collegiality that fostered the development of the biopsychosocial model. George Engel was an internist whose lifelong partnership with John Romano, a psychiatrist, led to seminal research in delirium and later the landmark Monica Case Study. Together, they founded the Department of Psychiatry at the University of Rochester in 1946, developed one of the first C-L psychiatry fellowships and programmes in the field, and had a powerful influence on American medical education.<sup>10</sup> The careers of George Engel and John Romano embody the collaborative spirit of the biopsychosocial model even before Engel proposed the model in *Science* in 1977.<sup>11</sup> George Engel once wrote that the ‘indispensable attributes’ of biopsychosocial practitioners are collaboration, communication, complementarity and competence.<sup>12</sup> The same traits can and should be applied to our fields of psychosomatic medicine and C-L psychiatry as we look to advance our field together based on the biopsychosocial model.

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