

**Medically Unexplained Symptoms, Somatisation and Bodily Distress: Developing Better Clinical Services**

*edited by Francis Creed, Peter Henningsen, and Per Fink; New York, Cambridge University Press, 2011, 266 pages, \$90*

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The early history of psychiatry centers on the role of psychic distress expressed as somatic disturbances, such as seen in seminal work on hysteria by Freud. The problem of medically unexplained symptoms has grown in prominence in literature beyond that of psychiatry. Psychosomatic medicine and consultation liaison psychiatry services deal with this problem, often as a result of referrals from other services and often reflecting the exasperation of medicine and surgical services. The result can be a dismissal of the patients experiencing these symptoms, which reflects the dualistic approach of psyche versus soma. Thus far this dualism has been unsatisfactory to the patient and to the systems charged with serving the patient.

Creed and colleagues have assembled a cosmopolitan group of clinicians and researchers to address in this book the Tower of Babel that is the treatment of medically unexplained physical symptoms. Each chapter includes extensive references and examines the strengths and

limitations of the available research. This deceptively small book makes the case for the needs to be addressed, critically describes the research validating the syndromes, and makes well-supported recommendations on clinical, academic, and administrative levels.

The first five chapters deal with epidemiology, terminology, evidence-based treatment, the current state of management and organization, and the barriers of bodily distress syndrome. Chapters 6 and 7 address differences of presentation based on gender, culture, and life stages, such as childhood, adolescence, and senescence. Chapters 8 and 9 give a detailed view of the assessment and treatment of patients presenting with bodily distress, followed by recommendations for training.

Chapter 10 undertakes the formidable task of outlining strategies for developing services that address the patient's needs and treatment barriers that are detailed throughout the text. The authors recognize that the systemic and cultural heterogeneity across the world cannot be addressed in a single manner, but a number of principles apply in virtually all settings. Bodily distress syndrome is common, disabling, and a costly consumer of limited resources that are

not limited to health care costs. Treatment of bodily distress is crippled by the mind-body dualism by which many clinicians practice. Clinicians, including psychiatrists and psychologists, often lack the expertise and skill to assess and manage the needs of these patients. Negative perceptions about contributing psychological factors held by society, clinicians, and patients must be addressed during clinician training and during evaluation of the patient. Consistent nomenclature and positive theoretical models for bodily distress are central to clinician and administrator training. In addition to the daunting task of making fundamental changes in the clinical view of these patients is the equally daunting task of conveying the need for expenditures by medical systems and by society.

*Medically Unexplained Symptoms, Somatisation and Bodily Distress* establishes the problems, clarifies the terminology, addresses the relevant subgroups, and makes recommendations on clinical, academic, and administrative levels. The authors make extensive use of the available evidence-based literature, critically examined. The information is presented in tables and compelling prose. The text can be helpful to clinicians in primary care practice, psychiatrists or psychologists in private practice, and individual psychosomaticists. The latter chapters can serve as a foundation for service development in hospitals or for policy changes in government at any level.

*The reviewer reports no competing interests. ♦*

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