

Psychosomatic medicine: The art of coping and salutogenesis

Goli, Farzad¹

Although the term psychosomatic is used in a wide range of contexts – from media to clinics – no exact definition of the term exists that even practitioners and experts of different schools in this domain agreed on. This may be due to its interdisciplinary, multisystemic, and evolutionary nature.

Psychosomatic medicine is an approach to health which deals with the beliefs, narratives, relations, and behaviors formed around a disorder as well as the effects of them on the disorder, structure, and function of the body. This approach seeks for leading the material-energetic-symbolic-reflective flow of signs in order to activate the salutogenesis vs. pathogenesis, and promote adaptive coping of the organisms with the disease.

As such it can be regarded not exclusively as a specialty but as an approach which integrates different specialties of the medicine, connect the two lifeworlds of patient and client with the medical system, and bring about mind-body coordination through the use of different modalities.

It is for more than one century that the term psychosomatic has been used and many specialties, fellowships, and undergraduate courses, by various syllabuses, have been developed in this domain. We hear about psychosomatics more than ever from the physicians and psychologists and even from people and the media. Seemingly, everyone knows what one talks about, but as someone who has studied and worked in this domain for more than two decades, I deeply believe that talking about psychosomatic is talking about the shadow of a cloud moving in a wide territory and everyone illustrates the limits of the shadow differently! The considerable and even challenging differences between the definition of the term are even seen among the graduates of this major depending on the school they have studied in and the health system they are working in; needless to say that this definition is changed for me myself for many times. It seems as if the metal of the psychosomatic medicine were from mercury and the observed ambiguity is due to psychosomatic medicine's interdisciplinary, multisystemic, and evolutionary nature of it. The same as mercury for the alchemists was the medium for transformation and development (Goli, 2013) which could transform worthless scattering things to something eternal and worthy like gold.

Psychosomatic medicine includes a wide range of concepts varying from psychogenecity of physical disorders to somatization, from functional disorders due to anxiety to medically unexplainable symptoms, from consultation-liaison

1. Fellowship in Psychosomatic Medicine, Danesh-e Tandorosti Institute, Esfahan, Iran. Psychosomatic Research Center, IUMS, Esfahan, Iran (dr.fgoli@yahoo.com)

psychiatry to body psychology, from mind-body medicine to integrative medicine (Lipowski, 1985).

Besides, sometimes the discussion is about the existed mutual relationship between mind and body, psychosomatic phenomena, and somatopsychic. There is a very common view that knows psychosomatic medicine to belong to a gray zone between psychology and biomedicine; a vague place between mind and body, the domain of psychophysical events (See Goodman, 1991).

Even now that still no reliable classification of disease exists, neither in ICD11 nor in DSMV, for classification of psychosomatic disorders, this term is still used widely as if psychosomatic medicine, just like ophthalmology which mange the eye disorders, deals with the management of disorders in the gray zone; disorders mainly have no biomedical explanation.

Anyway, the definition of psychosomatic medicine has been distanced from psychogenecity concept and the myth of dominant "mind over body" for many years since the mind, that of unconscious mind, includes a small part of the human organism' functions. Although the functional and the behavioral responses of the body can be changed through self-reflective pathways, sometimes psychosomatic disorders are known to be in the black box and as a physical illness which responds to psychotherapy (Lipowski, 1985). Today, for treatment of many patients who are hospitalized for depression or severe chronic anxiety in psychosomatic clinics, not only medication is prescribed but nutrition therapy, chronobiological moderation, exercise therapy, massage, and concentrative movement therapy are advised. This seems to be the reverse of the more conventional definition; that is, bodily treatments are employed for treatment of a psychological disorder.

Therefore, sometimes psychosomatic disorders are considered to be an illness which psychosocial factors have roles in their risk factors, formation, severity, treatment, or coping (Lipowski, 1985). If we take this definition as liable, we have to say that from femur fracture to cancer, obsessive compulsive disorder, blood pressure, and even the cold can be definitely counted as a psychosomatic disorder. This definition for psychosomatic disorder is certainly more scientific and more efficient for patients with chronic diseases. However, despite of being comprehensive, is not specific enough and still is disease-based, thus provides no territory for a clinical major and its being institutionalized.

The patchy name psycho-somatic medicine still bears the burden of Cartesian dualism. We still generally consider body and psyche as physical and symbolic respectively in the health discourse. Although we may not look for the intersection of these two worlds but we speak of their interaction in a simple way. When we talk about the body, we forget that the body, just like any other organism, is constructed from not only physical and energetic events but from information and a complicated organization (Goli, 2016). We forget that every single ion, neuron, immune cell, or molecule is interpreted by other receptors, cells, tissues, and vital organs and the functions of organs are in fact the same as the produced meanings in the vital systems. We disregard that our wonderful soft brain makes attractors as the result of strongly enough recurrent stimuli which lead to making intelligent machines that

create physiological functions, emotions, behaviors, and of course, symbolic representations, or specific thoughts per specific input (Siegel and Hartzell, 2004).

The symbolic and imaginary symbolic processes are merely a part of our atomic, molecular, cellular, and of course, energetic meaning network which constructs our body; that is, the specialized part which made us to be more adaptive to the time. Beyond this, the self-reflectivity – the newly-emerged characteristic which led to be being aware of ourselves, to be more flexible, and to propose a response that we have not learnt before, has risen from the body which is nothing more than information. We have simply forgotten the fact that although our matter and energy of our body are replaced completely and very quickly during a few weeks, it is the network of information and the living order of the body that maintain its form; a functional cycle which is tremendously complicated and self-referral.

Although the symbolic and the reflective worlds are our emerged characteristics of our body and their rules are not reducible to physique and chemistry but they have come out of these two levels of organization and superimposed on them (Goli, 2016).

The theoretical basis of Psychosomatic Medicine is the biopsychosocial model system (Engel 1977). This system describes the interactions among the biological, psychological, and social processes that are involved, to different extents, in each disease (Fritzsche, 2014a). When we have fever, our mood changes and even we will have cognitive clear changes. On other hand, when we remember someone insulted us many years ago, not only our sympathetic nervous system activity increases and the body goes into the state of fight/flight/freeze, but this system activation provokes and suppresses the immune functions in the short-term and the long-term respectively.

These changes are not the interaction between two domains of body and mind but are physical (inflammatory molecular and cellular changes due to fever or stress), energetic (fever, changes in mood, increased energy consumption due to sympathetic nervous system stimulation), symbolic (review of the stressful experience and its interpretations and also cognitive changes and delirium due to fever) and also reflective (for instance becoming aware of the self and requesting help or treating the fever instead of getting involved in contents of the thoughts or distancing from the repetition compulsion and turning the energy from thought to perception or suspending the cathexis in the past through mindful observation) responses.

No difference where the primer enters from. Whatever the factor is, physical or energetic, symbolic, or reflective, all the levels of organization are vibrated and respond to it (Goli, 2010). But it is evident the more physical and psychological disorders be chronic, the more symbolic and reflective factors will be contributed because this is the patterns of response, coping strategies, and self-consciousness that determine the health state.

The more we move forward, the more we find out that psychosomatic medicine rather to be a specialty focused on body topology or a disease-oriented one, is an approach to health which not only deals with mechanisms of the illness but with

scans of the disorder and not only considers the existed disorder in structure and functions of the body but beliefs, narratives, relations and behaviors formed about them. As such, sometimes the psychosomatic medicine is known to be equivalent with narrative medicine (Scheidt, 2016). Therefore, it does not only regard the disease but the effective coping techniques with it. In fact, psychosomatic medicine has a complementary role for all the treatments; an approach focused on coordinating the response of the whole organism and unconditioning the salutogenesis; that is, releasing the self-regulating psychoneuroimmunologic servomechanisms (Goli, 2016). Psychosomatic medicine is an integrative approach for sustainable development of the biopsychosocial coherence. Treatment planning, therapist-patient relationship and communication, helping for clinical decision making, education of psychotherapy practice, medication, body work, and mindfulness-based therapies are all psychosomatic treatment modalities. Such interventions can promote health via inducing secure attachment with our whole body and it usually leads to changes in beliefs, adopting health behaviors, regulation of the sympathetic nervous system, epigenetic modification, and psychoneuroimmunologic modification (Fritzsche, 2014b).

While biomedical physician focuses on pathology and etiology of the disease and underestimates the patient's feelings, thoughts, and behaviors and the psychologist attempts to change individual's behavior, cognition, and insight, the psychosomatist, as Hermes who was the liaison between immortal gods and mortals and between the livings and non-livings, looks for an integrative clinical programs which not only coordinates the mental and the physical but also various medical specialties, and coheres medical rationality with life-world rationality (See Fritzsche, 2014a; Barry et al, 2001).

Psychosomatic therapist is a physician or a psychologist who is capable of leading the stream of material, energetic, symbolic, and reflective signs as a conductor to make a health symphony out of the biopsychosocial orchestra. These programs can be conducted in a concentrated form in specialty centers for treatment in psychosomatic clinics or other specialty centers as psycho-oncology, psycho-cardiology, and psycho-dermatology. However, the preventive and developmental aspect of the psychosomatic medicine should not be underemphasized by no means. Of course in medical services, the most important and effective entrance of the psychosomatic medicine – as many health systems have recognized – is family medicine where the first contact and longitudinal communication between the physician and the patient forms and the most need is felt for deep, continuous, and holistic communication (See Balint, 1964).

In a larger perspective, perhaps the highest cost-effectiveness in health system may be reached through incorporating salutogenesis, problem-solving, family-oriented, and consciousness-based methods in the pedagogic and educational programs. Therefore, the psychosomatic medicine can be regarded as not only a part in of the health system but as a connector holding the parts.

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