

# Preface

After working successfully as chairperson of the Organizing Committee at the 21st World Congress on Psychosomatic Medicine held in Seoul in August 2011, I planned to write a book entitled *Somatization and Psychosomatic Symptoms* with my distinguished colleagues from all around the world. Most of them who have been interested in the field of psychosomatic medicine and actively involved in the academic as well as clinical activities for a long time accepted my proposal for publishing this book. Over a period of one and a half years, our efforts finally bore fruit in the form of this book. I am very proud of this book because it is not only a collection of up-to-date knowledge by many international professionals as the product of our collaboration, but it reveals the vision for the future of psychosomatic medicine. Furthermore, this book deals with a variety of interesting and controversial issues relevant to psychosomatic medicine.

Psychosomatic medicine has tried to integrate biopsychosocial factors in assessment and treatment of illnesses or diseases and played a central role in leading medicine to “personhood.” This field has also provided a theoretical framework for effective and desirable clinical practice and helped physicians to overcome obstacles to the development of medicine, such as dualism and reductionism.

Currently, there are many patients distressed by a variety of somatic symptoms along with psychosocial problems. In particular, although the number of patients with medically unexplained somatic symptoms is increasing, a considerable number of patients are still wandering without seeking appropriate management. In addition, a number of patients with serious diseases, such as cancer, are surviving longer than before with the development of cutting-edge therapeutic modalities. Thus, they are struggling to live with chronic poor quality of life.

Somatization is a process in which there is inappropriate focus on physical symptoms which are medically unexplained. Somatization is highly prevalent in primary care. Somatoform disorders are representative of somatization. These disorders tend to be chronic and can cause significant personal suffering and social problems as well as financial burden. Treatment of somatoform disorders is challenging because they cannot be effectively treated according to the existing biomedical model. Psychosomatic symptoms refer to physical symptoms of physical

diseases affected by psychosocial factors. Both patients with somatization and those with psychosomatic symptoms tend to show resistance to psychiatric or psychological assessment and treatment in common. These patients are good models for medical students and health-care professionals, such as physicians, nurses, psychologists, and social workers, to learn about the biopsychosocial approach to patient-centered care because their symptoms cannot be biomedically explained. Therefore, the professionals need to learn specific assessment skills and treatment techniques in order to deal with these patients more effectively. This book deals with a variety of issues relevant to mechanisms, education, assessment, and treatment of such disorders in terms of biopsychosociocultural perspectives. The book consists of 22 chapters. Twenty-three distinguished experts from different countries participate in this project as contributors.

The book is composed of seven parts: I. Basic understanding of somatization, II. Theoretical approaches to mind and body, III. Biopsychosociocultural mechanisms in psychosomatic medicine, IV. Practical approaches to patients and family, V. Specific psychosomatic symptoms, VI. Specific psychosomatic disorders, VII. Specific therapeutic interventions and biological effects of interventions. The first part deals with the identity of somatoform disorders because, currently, there is an identity crisis related to the survival of the terms of some subgroups as well as “somatoform disorders.” In the second part, evolution of philosophy underpinning personhood in medicine is reviewed. Moreover, the recent trend of reductionism in medicine calls for such philosophy. The third part deals with genes, memes, alexithymia, culture, and the molecular mechanism of sleep-wake regulation. In particular, the relationship between memes, stress, and psychosomatic disorders is explored and meme-oriented therapies are introduced in treatment of stress-related disorders. On the other hand, our understanding of molecular aspects of sleep-wake regulation will help expand areas of traditional psychosomatic medicine.

In the fourth part, the need for psychosomatic assessment and approach to clinical practice is emphasized in terms of cost-benefit, especially in chronic diseases. The effect of assessment of alexithymia and emotional intelligence on the quality of the doctor-patient relationship is reviewed. How to integrate cognitive therapy into medical care and how to refer medically unexplained patients are presented. Differences between Western medicine and Oriental medicine and the role of complementary and alternative medicine in psychosomatic medicine are discussed. In addition, a variety of family assessment tools are introduced and problem-centered systems therapy of the family is described in detail.

The fifth part includes psychosomatic symptoms, especially pain: “pain as a common language of human suffering,” “fibromyalgia,” and “a psychosomatic approach to difficult chronic pain patients.” In the sixth part, specific psychosomatic disorders such as “stress-induced cardiomyopathy”; “cancer,” especially “breast cancer”; and “poststroke depression” are reviewed. In the past, the mechanism of stress-induced cardiomyopathy was not addressed in books related to psychosomatic medicine. This topic will help medical students to understand the relationship between stress and heart problems. In the chapter related to breast cancer, a variety of therapeutic modalities, including cognitive behavioral therapy

and psychopharmacotherapy, are presented. Poststroke depression can be a good candidate for an integrative or biopsychosocial approach. Herein, mechanisms and management of poststroke depression are mainly addressed, focusing on biological and psychological therapies (including cognitive behavioral therapy).

The last part deals with “motivational interviewing,” “wisdom and wisdom psychotherapy,” and “advanced psychopharmacology” as therapeutic interventions in psychosomatic medicine. Motivational interviewing is reviewed as a cost-effective and culturally sensitive intervention for domestic violence victims. The usefulness of wisdom therapy in coping with stress is addressed as a way of strengthening resilience. In addition, the effects of interventions, such as relaxation, mindfulness-based stress reduction, and cognitive behavioral therapy, on immunity are reviewed. These results will provide a rationale for clinical applications of these interventions to improve immunity in patients with immune-related disorders.

I believe this book will be a good guide for medical students, nurses, psychologists, social workers, as well as psychiatrists and physicians who want to learn about psychosomatic medicine or an integrative approach to medicine.

First and foremost, I wish to thank my contributors for sharing their clinical experience, research, and insights. I am truly grateful to Ms. Janice Stern, senior editor, and Ms. *Christina Tuballes*, editorial assistant, for their assistance throughout the process of editing and publication of this book. In addition, I thank my wife, Sungsook Cho, for her constant encouragement and emotional support. I also thank God for enabling me to finish this hard work without giving up.

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