Chapter 2
Psychosomatic Medicine in Primary Care

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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. In many Western countries, basic knowledge about recognizing psychological and psychosomatic disorders and problems, counseling and providing emotional support, and providing referrals to health specialists are included in the training of medical students and postgraduate doctors. The objectives of the psychosomatic approach are to build bridges between the various clinical disciplines to overcome the mind–body dichotomy and to stress the importance of understanding the interactions among biology, psychology, and social factors in every patient, independent of the primary pathology that is being treated. These objectives imply both a system-based perspective and knowledge of the biological, psychological, and social subsystems and their interactions. The psychosomatic approach focuses on the doctor–patient relationship and on an integrative strategy for diagnosing and treating patients. Educating and training the somatic clinician to integrate psychosomatic aspects of medical care into his/her daily work has become a well-accepted priority for training and research.

Psychosomatic Medicine in primary care has primarily been influenced by psychoanalysts and internists who emulated Balint’s (1964) approach, which stressed the integration of psychosomatic and holistic perspectives in the medical practice model. This integrated biopsychosocial treatment includes the following advantages:

1. The physical examination is integrated into the consulting hour. Beginning with the patient’s presentation of complaints, the doctor assesses both somatic and emotional concerns. As a result, both physical and psychosocial problems are addressed in diagnosis and treatment.
2. Many patients do not feel as embarrassed about conversations regarding mental or interpersonal conflicts in the primary care setting as they might if referred to a mental health professional.

3. Conversations in the primary care setting usually occur in the context of long-standing, trusting doctor–patient relationships. Such relationships have been shown to be important factors in the healing process. Family conflicts and past crises are usually familiar to the doctor who treats the entire family. When a new conflict or symptom arises, it can be placed in a personalized context.

References


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