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EC NEUROLOGY
Review Article

# What is the Place of Psychotherapy in Psychosomatics? Bio-Psycho-Social View

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**Received:** June 30, 2025; **Published:** July 14, 2025

## Abstract

Psychosomatic medicine, as a special professional competence between biomedicine and psychotherapy, meets the strictest criteria for health and illness according to the definition of the World Health Organization (WHO): it is consistently bio-psycho-socially oriented. No single healing technique is in itself a tool of psychosomatic treatment, it is only in connection with the doctor's way of thinking. We argue that the main tool of psychosomatic treatment, if it wants to maintain the status of a scientifically defensible discipline, is systems theory and a balanced bio-psycho-social approach. Within the broad view of health and illness, psychosomatic intervention can then include a wide range of healing means, from words in open dialogue, through any known means of relieving problems, which we understand as a vehicle of therapeutic alliance. We consider a cure not only to be symptom relief, but above all to the mutual tuning of the biological, psychological and social layer in the patient's life on the basis of previous tuning in the doctor-patient relationship. What is the place of psychotherapy here?

***Keywords:*** *Psychosomatics; Psychotherapy; Bio-Psycho-Social Model; Family Therapy; Narrative Therapy; Systems Theory*

## Introduction

Psychosomatics as a topic worthy of scientific attention has been defended again in Czech medicine only recently, in 2013. Although it is difficult to study the complex interaction between a doctor and a patient by scientific means, there is no doubt about the importance of communication in improving the course of the disease [1]. The effectiveness and long-term effectiveness of psychosomatic treatment and psychotherapy has been confirmed in a number of studies. In an extensive meta-analysis that followed 103 published papers, the effectiveness of Hedges = 0.71 is reported. Strong effects were noted in the assessment of overall quality of life, moderate effects in psychological and physical symptoms [2]. The otherwise controlled effect of psychological interventions on the intensity of somatic symptoms in meta-analyses is between d = 0.22 and 0.40 [3-6]. Pre/post effects (i.e. the magnitude of the change that occurred during the therapy, but which cannot be reliably attributed entirely to the therapy) are between d = 0.70 [6] and d = 0.80 [7] for somatic symptoms.

So if doctors are „allowed to see what they normally see", how some of them aptly responded to the recommended procedure for medically unexplained symptoms (MUS), let's look at what tools psychosomatic treatment actually has at its disposal [8]. Whether it is not just „medicine with an interest in the patient's life", alternative medicine or the same as psychotherapy. There is uncertainty about this.

Let's look at the plethora of treatment methods through the prism of the bio-psycho-social model of health and illness, with respect to the existence of spirituality. They include both biological and physical, as well as psychological-psychotherapeutic, or social-communication means and methods. Only some of them meet the strict criteria of evidence-based medicine (EBM). What do all these hundreds of different instruments have in common?

We will show that the main tool of psychosomatic treatment is a way of thinking that respects the bio-psycho-social integrity of a person. Psychosomatics is not the same as psychotherapy. Even if they overlap, it is necessary to keep in mind their fundamental differences. A doctor who deals with psychosomatic patients is connected to psychotherapy by clinical experience with the healing power of the therapeutic relationship and the word [9]. It remains in the field of bio-medicine due to its focus on the physical symptoms of patients who often do not want to reflect on their psychosocial situation. A doctor needs to validate the procedures he has learned at the faculty in practice so that he can trust them. Only then can they become part of a highly individualized treatment style, in which the doctor's personality and intuitive handling of the therapeutic relationship play a significant role. It is highly desirable that the education of a psychosomatic doctor contains a psychotherapeutic minimum in which he learns to reflect and cultivate the therapeutic relationship with the patient. An obvious part of the work of a psychosomatic doctor should be the helping supervision of an experienced supervisor, which is unfortunately almost absent in medicine so far.

Doctors, psychologists or physiotherapists can use almost any of the wide range of tools for bio-psycho-social harmonization that leads to health, while respecting the legislative framework for health professionals in the Czech Republic [10]. At least basic knowledge of systems theory is desirable for this.

Our reflections are a summary of experience from more than thirty years of work at the Center for Comprehensive Therapy of Psychosomatic Disorders, and from the Clinical Psychology Clinic in Prague, where the co-author, a child clinical psychologist, works as a family therapist with families with psychosomatic symptoms. So, in total, we can talk about experience with tens of thousands of patients [11]. The third source is six runs of a four-year training in family therapy of psychosomatic disorders approved for health care, in which participants in medical and non-medical professions learn to respect boundaries between disciplines and at the same time to meet at these boundaries in intensive cooperation [12].

## Before we start treatment

Let's look at what area the individual methods primarily aim at in the bio-psycho-social model of health and illness as defined by the WHO [13]. All three layers, biological, psychological and social, are coevolutionarily linked, in constant interaction they tune into each other as a system and environment, and impress as a single whole. Health is manifested by the high dynamics of this process [14].

A fault in any of these three layers can complicate mutual tuning. A symptom, syndrome, or disease that attracts our attention may indicate problems not only in one but perhaps even primarily in any of the other interacting layers. It is commonly assumed that the remedies work in the area where the diagnosis was made. Through their interventions, the practitioner usually significantly influences the layer in which he or she is trained, whether he or she is a somatic physician or psychiatrist, psychologist or psychotherapist, or physiotherapist or works in one of the helping professions that focus on the dynamics of relationships in social systems. As we have noted, if the individual layers are constantly being tuned toeach other, each of these experts, usually unconsciously and unconsciously, also contributes to the changes in the other two layers. For example, when a doctor treats a child's lower limb pain by putting on a plaster cast

in the hope of relieving the pain, it significantly restricts the child's movement and inadvertently forces the parents to pay more attention to the child. This alone can be more important for recovery than plaster fixation.

Therefore, in psychosomatics, the importance of teams composed of bio-, psycho-, and socio-experts emerges, who can modify the treatment process in a coordinated way. While respecting competences, a well-coordinated team fine-tunes the influence and intervention of individual specialties. On a conscious and unconscious level, the patient is inspired, experiments with and authorizes the team's offers. Pathological symptoms often indicate stagnation of the system or one of the subsystems. They tend to fade away if the system is released for new creativity and desirable changes. In fact, there is an analogy of transference and countertransference between the team and the patient in its relational network at a higher logical level, i.e. in a system of a higher logical order than the individual organism, as described by psychoanalytic theory in individual psychoanalysis [15].

Psychotherapy occupies a special place in psychosomatics. It is desirable to offer it to patients who are motivated for psychotherapy because they already suspect and look for the psychosocial context of their illness and the erudition of a psychosomatic doctor who is not educated in psychotherapy is not enough [12]. However, psychosomatic practice is far from being just about psychotherapy. The reflection offered by some psychotherapeutic schools is not welcome, appropriate or necessary for many patients. For them, other, non-reflective procedures that treat metaphors and operate more on a symbolic level are suitable. A number of alternative procedures have a metaphorical effect, and the intuitive relationship between the healer and the patient, and thus the personality of the healer itself, which can help a lot with healing, but unreflectively damage it like any other medicine, plays a significant role in the effectiveness. For it is true that the doctor himself becomes the therapeutic agent in the therapeutic relationship [9].

We do not intend to defend methods too far removed from current scientific knowledge from the point of view of EBM, although it is unfortunately clear that the methodology of positivistic scientific research is not enough to capture and appreciate the relational phenomena known and described for more than a century in the psychotherapeutic literature. It tries to cleanse medical procedures of the „placebo" effect, because of its unpredictability, but to the detriment of patients and doctors [16].

## What do people treat themselves with?

People are treated in very different ways. The methods can be briefly divided according to where the focus of their intervention is:

- Methods acting primarily on the body (practically all bio-medicine).
- Methods acting mainly by word in a therapeutic relationship, primarily on the psychic layer - psychotherapy [17,18].
- Methods extending individual psychotherapy to work with systemic properties, and thus to directly influence the experience of relationships in family networks or other social systems. Through verbal and non-verbal methods, it primarily affects the social class: family therapy [19,20].
- Methods intentionally acting simultaneously on the psychological and physical layers primarily through work with the body: bodytherapy, biosynthesis, bioenergetics [21].
- Comprehensively focused methods with the aim of harmonizing the body: movement, breathing, art, expression therapy, occupational therapy, and the use of animals.
- Unconventional and exotic therapeutic methods, often referred to as holistic, act on the body and its parts, arguing with energies and mysterious forces [22].

For many remedies, there are both official forms used in medicine and various unofficial and less scientific forms, up to completely popular and healing versions. Priessnitz's healing procedures, originally healing, have become a natural part of spa treatment. Leech

treatment only got its scientific framework thanks to the discovery of hirudin long after the rejection of the folk method. Even psychotherapy has its amateur versions. The explanation of the causes of illness by events from past lives may remotely resemble the psychoanalytic method. Amateur kinesiology, on the other hand, is reminiscent of body-oriented psychotherapeutic techniques. The boundary can be blurred and changeable over time. Sometimes it is possible to orient oneself only according to the education of the person who applies the method, whether it is a treatment or a fraud. If psychosomatic medicine is a medical field, then the professional society must insist on quality medical education extended by education in psychosomatics. And because it is often necessary to cooperate with psychotherapists with education other than medical, with psychologists and physiotherapists, or other non-medical professions such as nurses, special educators, etc. we are also interested in the education of all these professions in psychosomatics [23].

The method of verifying the effect of EBM treatment, introduced into medicine since the 1990s by a Canadian team of physicians led by David L. Sackett, was only a logical response to the confusing number of therapeutic means. Its aim was to reduce and limit their number by scientific proof of their effectiveness. In the original proposal, the authors acknowledged not only the latest research data, but also the clinician‘s experience along with the patient‘s values [24]. However, the clinician‘s experience and the patient‘s values are increasingly disappearing from the practice of recommended procedures. The authors also could not appreciate the fact that the vast majority of medical research is carried out primarily in the biological layer of human reality for methodological reasons, because these data are easily verified by positivist methodology. It is much easier to prove the influence of a drug than words and an individual therapeutic relationship, where many other dynamic factors must be taken into account [25,26].

Perhaps that is why pharmacotherapy and instrumentation dominate medicine today. The psychological layer requires quite a different education and different means of research. It is practically impossible to fully objectify it, because its essence is subjectivity. A questionnaire with norms based on statistical methods will only reveal generalities, such as the current level of mental abilities, personality factors, the degree of anxiety or depression, all in relation to the incidence in the population. However, without a good relationship with the patient and without an individual conversation, we learn almost nothing about the patient‘s inner life, ideas, fantasies and experiences. Projective methods are a little better, thanks to which it is possible to infer unconscious processes, the importance of which can no longer be considered pure speculation when new data from brain research are known [27]. This information penetrates practical medicine only very slowly.

## Certainty that heals

How do we explain the effect of individual means of treatment and how does the patient understand them? The doctor considers it crucial to determine the correct diagnosis and eliminate the unpleasant symptoms as soon as possible. This is also preferred by most patients. In acute diseases, this is a sufficient and effective procedure. A psychotherapist aims to deepen the reflection of the patient‘s situation and expects that by working with the meanings of symptoms and life situations, changes will occur in other layers and thus recovery. Most psychotherapeutic schools are led by the experience that somatic symptoms then subside and social relationships are adjusted [28]. The family therapist then intervenes directly in the patient‘s network of family relationships and reflects on the influence of systemic characteristics in the family unconscious on the psychological layer of individuals [29,47]. This presupposes the patient‘s ability to reflect and perform internal psychological work, and in the case of family therapy, also the participation of other family members, which is far from acceptable or possible for all patients. For psychosomatic patients, the lack or inability to reflect is an unconscious psychological defense. Its sources can reach deep into the past, sometimes to the transgenerational transmission of family patterns [30]. Not only patients, but also all doctors may not have the conditions, talent or interest to deal with each patient in such detail.

Therefore, treatment methods that work rather metaphorically are still in demand. They do not deepen or require reflection, and yet they offer a different way than simply suppressing the symptoms of the disease [31]. Their effect can be explained more by the support of spontaneous tuning of systems in all layers, which takes place on the unconscious level, than by awareness of psychological and social

conflicts. The word, the text and the story themselves are a huge source of metaphors, their effect is strong but ambiguous. It is up to the patient what meaning it associates. A metaphor can spontaneously trigger reflection more safely than a guided interpretation or a therapist‘s interpretation. The therapist becomes a professional guide for the patient, whom he encourages with his interest to become the creator of his own life. This may not be compatible with the expert attitude of a doctor who has been brought up to a paternalistic understanding of the relationship with the patient. However, if the doctor consciously uses the knowledge of the bio-psycho-social circumstances of the patient to help the patient induce change and find a new life balance, it is possible to gain the patient insight and understanding of the context even by these indirect methods. Such interventions can then be called psychosomatic. It is necessary to exclude ethically problematic or literally manipulative procedures.

A legitimate way can be, for example, to propose a home procedure to the patient and negotiate who should provide it. Often, it is not so much the content of the drug that is important, but rather the context in which the procedure takes place. In this way, we can also intervene in the social system by physical means or medicine. The condition is a change in the doctor‘s thinking. The idea of linear causality (where A is cause B) is not enough. Understanding circular causality in living systems (A conditions B and B conditions A) will help to think more creatively and effectively about the dynamics of symptom action in a broader context. A symptom disappears by a change in the relationships to which it is committed, and in which it then loses its meaning and disappears by such treatment.

In one well-documented case of extensive chronic eczema in a ten-year-old boy, the mother was a great specialist in ointments, which she carefully applied to the skin of her beloved son‘s entire body every day for many years. The doctor, based on his knowledge of family dynamics, gave this task to the father, which the offspring resisted, but the eczema finally disappeared without changing the content of the ointments.

In another case, in the case of a chronically depressed, middle-aged woman, it was much more effective if she managed to get her very impulsive husband to take antidepressants regularly. The correct indication led to a reduction in his lunges and to a significant recovery of the woman without having to take antidepressants herself. Changing thinking requires seeing not just a symptom, an organ, or a single family member, but the entire complex bio-psycho-social system.

We have published a more detailed illustrative case report elsewhere [32]. We believe that a psychosomatically oriented physician can use a wide range of means and methods. However, he must be able to justify in terms acceptable in the medical environment why he did so. If there is to be a real recovery in the sense of the WHO definition of health, it is done by tuning in the interaction of all systems with each other in three main layers, biological, psychological and social, whether we are aware of it or not. Not only in our experience, it is also the doctor‘s certainty and trust in the method that improves the patient‘s confidence [33]. This is far from true only for inducing a useful „placebo effect“ when using natural healing [16]. The same principle certainly applies to the treatment procedure verified by the EBM method. There, too, confidence in the correct procedure can be an important factor that improves the patient‘s condition, just as distrust in the doctor-patient relationship can limit the effect of the drug.

By trusting the EBM method and thus the effectiveness of the approved procedure, we increase the patient‘s confidence and sense of safety. Certainly, confidence is undoubtedly increased by the effect of the remedy used, such as a painkiller. It is a pity that doctors, believing in the unique and irreplaceable effect of the drug, overlook the equally important influence of the therapeutic relationship [9]. A drug, such as an antidepressant, administered by a young and insecure doctor may have much less effect than the same drug prescribed by a renowned professor. Clinic bosses certainly know this. And on the other hand, if the population weakens trust in EBM methods, as has happened recently with vaccination, the resulting mistrust can significantly thwart the otherwise good effects of EBM proven practice.

The more the psychological and social layer is involved in the disease, the greater the importance of the relationship, the word and the hope for recovery. A medicine or procedure becomes the vehicle of a healing relationship. The difficulty of psychosomatic patients is related

to the fact that it is always a unique case, an individual history, often a peculiar lay theory about the origin of problems. Psychosomatics is not helped by extensive descriptive and static diagnostic manuals. Terms such as narrative medicine or narrative therapy capture the essence of the rich repertoire of psychosomatic treatment, which is effective in the case of psychosomatic symptoms. They require much more flexible procedures and the creation of unique „theories" tailored to each patient. These tend to be process-oriented procedures.

A psychosomatic patient easily arouses a lot of uncertainty and anger in medical staff. Working with uncertainty is a key phenomenon in psychosomatic treatment. You can't pretend to be sure. Pretending to be secure can come across as arrogance. A psychosomatic patient usually confuses the doctor because he or she deviates from the usual „rules of illness". It has different symptoms than described in the literature. If the doctor falls into uncertainty, he or she may disrupt the therapeutic effect of correctly applied procedures. If he or she becomes angry or arrogant, the noise increases at the expense of information, misunderstanding and mistrust grows. And this worsens the psychosomatic patient's chances of recovery. A doctor's insecurities can be managed by increasing his own self-reflection and understanding of his own life.

## Dialogue as a tool of treatment

A paradigm, or generally accepted scheme, pattern of thinking or model, as Tomas Samuel Kuhn defined it, determines what we see and how we understand what we see. It is the way we understand illness [34]. If for a doctor an illness is just an accidental mistake of nature, an accident of bodily functions without meaning, then there is not much room left for creativity and spontaneous healing of man. There can be no dialogue. As long as the doctor is an expert who knows what the mistake is, there is no real dialogue. The patient asks questions and the doctor gives advice. He has no choice but to concentrate on the best possible estimate of the error and eliminate it. For acute illnesses, this is also usually enough. Linear questions are aimed at determining the state, at a descriptive diagnosis, not yet at a real change. This is only induced by medicine or surgery.

Dialogue, as Niclas Luhmann, a German sociologist, shows, serves not only to communicate, but above all to unsettle. Only dialogue leads to a change in the mental systems of both participants, which are in principle operationally closed [35]. Language as the main tool of treatment cannot be appreciated at all in predominantly biologically oriented medical practice. The doctor focuses on finding the right medicine that the body lacks (according to the model of avitaminosis - a disease caused by vitamin deficiency) or a substance that repairs the impaired metabolic function. In our medicine, conversation is underestimated, at medical faculties only minimal space is devoted to its training in teaching. That's why our doctors are amateurs in conducting the interview. In 2018, the Society of Psychosomatic Medicine of the Czech Medical Association conducted a detailed survey regarding the inclusion of psychosomatics in the content of undergraduate studies of medicine and other medical disciplines. It turned out that the issue of psychosomatics is not the content of compulsory subjects in the course of undergraduate medical studies in the Czech Republic. If it is mentioned, it is only sporadically in other study subjects and to a very small extent. Communication is given minimal attention in the study of medicine. The objection that a doctor is here to treat „real diseases of the body" cannot stand, because up to 40% of patients with MUS are in our population and there are even more other psychosomatosis [8].

We are afraid that the underestimation of language and dialogue in medicine goes so far that there may be an unreflected belief among our doctors that if someone had recovered from a serious somatically manifesting disease „just by talking", he or she would not have been really ill. How else can they explain the effects of treatment with a psychotherapeutic method than that it must have been a fraud on both sides: the patient pretended to be ill and the psychotherapist pretended to treat him. Is it possible to „dissuade" a patient from hypertension, severe coronary heart disease, or liver failure? How would psychotherapists not be underestimated in healthcare, who also deal with such patients on a daily basis and have a therapeutic relationship at their disposal as the main tool of treatment, and above all a conversation! They know very well that thanks to dialogue, or even thanks to work with the entire family system, there has been a

change that has made physical healing possible, often without the application of medication. After all, psychotherapeutic schools consider the theory of change in a much more complex way than medical physiology, which often takes into account only mechanical-material aspects [36]. Isn't this the cause of the mutual isolation of biomedicine and the psychotherapeutic community and, finally, the neglect of psychosomatically oriented doctors from both sides? Psychosomatic doctors are bridging this gap between purely biologically oriented doctors, who are the majority in healthcare, and specialists educated in psychotherapy.

## What is psychotherapeutic training good for?

Let's clarify why a psychosomatically oriented doctor needs at least a basic education in psychotherapy. They do not have to have the ambition to become a psychotherapist. His practice does not even allow for such changes that instead of twenty patients a day, he works with only five patients a day. Psychotherapy is a tool that teaches and deepens self-reflection. A doctor in training in one of the psychotherapeutic schools will learn more about himself. They learn to ask questions, to dialogue, to deal with their own emotions, that is, with the unease that real dialogue causes. For example, a doctor may think that he or she begins to consider a diagnosis and a cure when he or she experiences helplessness and anger, the treatment does not progress contrary to expectations, and is angry at the patient for not cooperating enough. He then easily escapes from an authentic equal relationship with the patient to a superior position of power in order to help himself. Knowledge is power [37]. Helplessness, as is well known, is hated by most doctors, we are trained to always know what to do. A strong drug (such as corticosteroids) really works on the physical level, thus improving the patient's trust in the doctor, and this then contributes to the overall tuning of his biological, psychological and social systems, unless there are other significant forces at play coming from the unreflected (unconscious or concealed) psychosocial reality of the patient. A psychosomatic doctor who has undergone psychotherapeutic education learns to better understand his own life and therefore the life of the patient. By asking appropriate, reflective or circular questions, the patient gets to the hidden reality and the possibilities of therapeutic changes [38]. They do not have to resort to medication so often to help them with the patient.

None of our lives is without trauma and difficulties. If a doctor goes through his own life crisis, marriage crisis, or experiences the loss of a loved one, it depends on how he or she has processed such a situation emotionally and psychologically. If they do not deepen their self-reflection and do not recognize, for example, their contribution to the crisis, they may not consider the patient's self-reflection process to be important. On the contrary, thanks to the experience of one's own failures and their reflection, they can be a better guide to the patient, who is often in a critical place in his life and the symptoms he came to be treated with are a manifestation of overcoming the difficulties that the crisis brings him.

## Systems theory as a key to understanding the bio-psycho-social approach

Most doctors agree that biological, psychological and social influences are involved in every disease. Some will add spiritual influences. So what is the specificity of psychosomatics that claims the same thing? In our experience, it is about understanding human existence as an interplay of mutually coevolutionarily bound self-organizing systems that behave to each other as a system and an environment, and each of which is made up of completely different basic elements [35]. This approach does not require the introduction of other unknown forces to explain the varied palette of sickness and healing.

The relationship between body and soul cannot be understood only from two different systems, the physical and the mental. It is necessary to see all three, biological, psychological and social. The important thing is that everyone operates only with their own states and everyone can be influenced by different means and examined by a different methodology. If the biological system is the source of signals that are assigned meaning in the psychic system, then in the social system the negotiation of meaning occurs in pairs or groups [39]. It is essential that these three layers cannot instructively inform and direct each other [14]. They can only tune in to each other in interaction, each by their own means, just like three musical instruments.

If a doctor uses his knowledge of physiology and suggests that a patient put hot packs on his sick leg, the predictable effect on the skin, blood vessels, and muscles will be almost the same for each patient. When they modify the procedure so that it is applied by someone close to them, a partner, a mother or a father, in addition to the physical effect, they also involve social interaction, and it will be completely different for everyone. If he recommends adding chamomile or thyme to the hot wrap, he can also address the patient's olfactory area and evoke psychic phenomena from the distant past from his memory. The patient may recall the moments when his mother took care of him as a baby. Or it doesn't have to, but it will be possible to talk to him about it. It is impossible to estimate at all whether he will perceive it positively or negatively, because it is in the psychic area that the meanings are completely individual, connected with a unique understanding of his own history.

Each stimulus evokes unique associations, loosely connected to other people through language and culture. The spontaneous emergence and maintenance of social systems, the existence of culture, creates hope for understanding. While the biological layer can be examined and tested in terms of truthfulness, the psychic layer can only be subjectively experienced and more or less reflected. However, even there it is an inner truthfulness undisguised by psychological defenses. Respecting and working with psychological defenses is an essential part of good psychotherapy. Psychic processes are always unique and unrepeatable, they are the result of the self-creation of each person. We can only learn more about this through dialogue in the social stratum of our existence. It is made up of observed events.

By social systems, we do not mean the issue of social benefits, job placement or the economic situation of the patient, nor the work of sociologists, as most health professionals probably imagine. It is a complex relationship network that has its own structure and dynamics. Every person is part of such a system, which they can influence and shape to a certain extent, and which in turn forms and influences them circularly [35]. The demands and difficulties of such coevolutionary development and the mutual influence of the individual and the whole logically bring about constant conflicts which, when they exceed a certain level of resistance, manifest themselves symptomatically.

It is perfectly understandable that our ordinary experience stands against the idea that biological, psychic and social systems only tune each other and cannot be instructively followed. Outwardly, man appears as a single whole. We all have the experience that a thought that is „born in the head", i.e. a unique state of the mental system, can be expressed in words, voice or writing, movement, gesture, i.e. also physically. Is this possible just by tuning? For an adult who spews out one thought after another, or plays the violin brilliantly, it is impossible to understand how it could be a mere tuning of the psychic apparatus with the physical apparatus without a direct connection. But look at a small child who is just learning to use his body. How difficult it is to create the first deliberate movement, to pronounce the first intended sound, the first meaningful word.

Our behavior after birth is controlled by instincts that ensure the development of first mother-child social systems, later mother-child-father and others. If relationships in these subsystems are safe for the child, his rich mental apparatus develops [40]. The significance of these links is intensively researched. Without a fixed arrangement around the child, we cannot count on „healthy", i.e. usual, development [41]. The seemingly easy connection between body, psyche and behavior is achieved only through very long, demanding and tenacious training. This lasts formally until the age of eighteen, in reality much longer [42].

If we can imagine all three layers as separate from each other, but at the same time coevolutionarily linked, we will find that it is even more complicated. All three levels, biological, psychological and social, exist necessarily at both the macro- and micro levels. If we recognize that every cell must be able to assign meanings to the captured signals and control its behavior accordingly (the „psychic" level), then it is not surprising that there must be something like a „negotiated sense", i.e. „social" phenomena at the cellular level [43]. A manifestation of insufficient recognition and tuning of individual cells with the whole organism is severe damage, whether at the level of autoimmune diseases or malignant growth. Thus, biological systems can also contain both „psychic" and „social phenomena" at the micro level, which only an individual in his human community seems to have at his disposal. Surprising new knowledge of the microbiome shows how complex ecosystem relationships these microorganisms have with the whole organism. This is probably part of our topic [44].

Knowledge of the physiology and anatomy of the body, as well as knowledge of the laws of developmental psychology of the child, including the patterns of the separation process in the innate structure of the mother-child-father family, allows to understand the patient in his life situation, in his uniqueness [12]. Without the ability of dialogue, which requires a willingness to transform its participants, we will not learn anything essential about the inner psychic world of man. Let us look at the great demands on education placed on us by the bio-psycho-social model of health and illness. Isn't this the main reason why the hope for its application in medicine, expressed as early as 1977, has not yet been fulfilled [13]?

At the same time, it is clear that none of the experts in a particular field, whether biological, psychological or social, can have a „patent on life". When a doctor convinces a patient that only he and his medication can save him, just as when a sociologist claims that the family no longer exists and it does not matter who raises the children, they act as amateurishly as if a psychosomatic doctor claimed that „all diseases are in the head". Only respect for all three levels with their different systems leads to a balanced knowledge of reality. The biopsychosocial model of health and illness is not only useful for psychosomatics.

## Conclusion

Psychosomatic medicine, as a special professional competence between biomedicine and psychotherapy, meets the strictest criteria for health and illness according to the WHO definition. Its main tool if it wants to maintain the status of a scientifically defensible discipline is systems theory and a balanced bio-psycho-social approach. Within a broad view of health and illness, psychosomatic intervention can include a wide range of healing means, from the word in open dialogue, through any known means of relieving problems, which we understand as a vehicle of therapeutic alliance. This does not mean that some interventions or combinations of methods are not more advantageous than others. In the Czech Republic, compared to more developed countries, we see a greater influence of family therapy and psychosomatically oriented streams in physiotherapy, which is a particularly advantageous combination. Understanding the physical reactions in the emotional field of the closest people and the possibility of working with the family and working with the body facilitate the treatment of otherwise difficult-to-treat patients. This theoretical framework also allows us to understand some alternative procedures of traditional medicine, as we have shown elsewhere (45). We do not consider cure to be mere relief from symptoms, but above all harmonization, i.e. mutual tuning of the biological, psychological and social layer in the life of our patient in the therapeutic doctor-patient relationship, for which the doctor is professionally trained. Psychotherapy is one of the important tools of psychosomatic treatment for selected patients. We see its main importance in the preparation of doctors who deal with psychosomatic patients, even though they do not have to aim for psychotherapeutic practice. Psychotherapeutic education at various levels between basic training and psychotherapeutic specialization deepens the doctor's ability to self-reflect, understand the logic of life stories and, last but not least, provides excellent theoretical foundations, defensible in the scientific field of medicine, as it connects medicine with the humanities.

We believe that a consistent understanding of the bio-psycho-social model of health and illness, as envisioned by its author, is increasingly difficult to implement in predominantly biologically oriented medicine [13]. The overwhelming predominance of biotechnology is not only an obstacle to the development of psychosomatics, but of all scientific medicine. We see the main cause of this state of affairs in the mutual misunderstanding of researchers in the field of biological, psychological and social disciplines, in the difficult interconnection of knowledge and research methodology with the absolute dominance of biotechnology. In our view, this situation has serious economic consequences through excessive consumption of medical care, in many cases to the detriment of patients [47].

In the dramatically rapid increase in information, it is logical that the importance of interdisciplinary teams is increasing, as they can cover the wider needs of the patient thanks to the interplay of practitioners of different professions, doctors, physiotherapists, psychologists, psychotherapists and others. It is advantageous if they have a wide range of procedures at their disposal to activate patients. They can lead them to greater insight, to greater fitness, to changes in focus of attention, etc. However, the condition is that the team members get along

well, respect each other and complement each other with their differences, enrich each other, and not threaten each other. It is difficult where there is „psycho-skepticism“ among biologically educated professionals, while among experts in psychosocial areas we very often see „biophobia“, as the eminent sociologist Napoleon Shannon called it [48]. Leading such a team is one of the most difficult tasks and the biggest challenges. Regular team intervention and supervision with an external specially trained supervisor is helpful.

In the Czech Republic, we can see an attempt at an extensive reform of psychiatry, where nothing less is than the creation and stabilization of bio-psycho-socially competent teams of experts from various professions for the benefit of complicated psychiatric patients. A change of thinking in hierarchically organized healthcare teams is a prerequisite for the necessary interdisciplinary and interdepartmental interplay. Systemic thinking is advantageous for such teams. The context is then at least as important as the symptom itself [49]. Understanding circular causality, as opposed to linear causality, allows for a key change in the view of the patient and his world, and thus of health and illness.

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