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A New View on an Old Problem

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Dear reader and editors, I thank the journal *EC Psychology and Psychiatry* for the opportunity to publish my vision of one of the most pressing problems of modern psychiatry - the problem of psychosomatic disorders. This is both a great honor and responsibility for me, since I present to your attention and court a report that, even from my, author's point of view, is quite debatable and ambitious. But I think that the time has come to state this out loud and bring the main points of the problem to the judgment of specialists. I want to note that the main provisions, the rationale for its relevance and necessity are presented by me in a series of works published in the *Armenian Journal of Mental Health* and the *Czech Journal Science of Europe*. Here I will try to substantiate the provisions why there was a need for a "new look at the old problem".

We are talking about such a thing as "non-psychiatric psychiatry". Purely semantically, everything seems to be clear - this is psychiatry, the content of which is not psychiatry - neurology, therapy, etc. But the essence of this concept needs to be disclosed, and its origins come from the problem of psychosomatics, which has been developed for 200 years by medical science and psychiatry, in particular. The problem of psychosomatics was developed by authors adhering to a variety of trends and schools in psychiatry and psychology. A variety of theories and concepts have been proposed to explain the etiopathogenesis, the dynamics of psychosomatic disorders, the classification and systematics of psychosomatic relationships. And each concept tried to explain the development of psychosomatic disorders from its own standpoint: the role of psychogenesis, personality characteristics and types, neurophysiological processes, features of the activity of the higher nervous system, etc. were emphasized. But the only thing in which these theories were united was the separation of the pathology of the psyche from the pathology of the body, regardless of the fact that the very idea of psychosomatics asserts their inseparable unity.

In our time, in the era of postmodernism, this problem has become relevant again. And this is due to the crisis that psychiatry is experiencing as a result of the globalization and liberalization of society, which has invaded all spheres of life, erasing the usual norms, boundaries and concepts, simplifying and sometimes even primitive relations in the global sense in everything. Its main principle is "simplification, standardization and unification" of everything and everything, the transformation of a single, "piece" into a multitude, into "consumer goods". Postmodernism fundamentally changed everything that was created in classical and modernist psychiatry; he changed all social relationships in the micro- and macroenvironment of a person, went against accepted norms and requirements, values and morality, and began to consider any deviation as an abnormality and attach psychiatric significance to it. It led to the revision by psychiatrists of assessments, experiences and behavior of a person through the prism of a new reality: conservatism, traditions, community and eternal values, postmodernism began to resist individualism, multiculturalism, multi-vector and multi-polarity.

As mental health professionals, we recognize that any social changes affect human health, the clinical characteristics of diseases, lead to the development of deviations and diseases, change the pathomorphosis and plot of diseases and psychopathological phenomena. Among them, many clinics are not expressed, amorphous, not typical, having a completely different stereotype of development of non-psycho tic forms of psychic pathology, which are commonly referred to as borderline, small, psychosomatic, stressful, neurotic mental disorders, medically unexplained disorders, etc.

Much has changed in psychiatry under the influence of postmodern tendencies. This is a rejection of the nosological concept, on the one hand, the total biologization of psychiatry, on the other hand, a clear trend towards the psychologization of mental disorders, the not always justified introduction of psychometric tools, as well as the principles of evidence-based medicine in psychiatry; new, not yet verified knowledge about the morphological changes in the brain and the processes of neurotransmission in various diseases, and much more. They led to qualitative changes in philosophy, theory, psychopathology, classification, diagnosis and therapy of mental disorders. Everything has changed: both diseases, and psychopathology, and criteria, and classifications, new diseases have appeared (somatized disorders, somatoform autonomic dysfunction, etc.). The "personality" has gone out of psychiatry and has been replaced by the "multitude", in other words, a group, a population, an aggregate, a complex (of symptoms, persons, illnesses, women or men, migrants, natives, traumatics, neurotics, etc.). As a result, psychiatry was subjected to a certain intervention by internists. In their "competence" were many clinically unexpressed non-psychotic forms of mental pathology, the registry of which was increasingly fragmented. Thus, the boundaries of postmodern psychiatry were blurred, it was absorbed by internal medicine (in particular, neurology and therapy) and clinical psychology.

But on the other hand, psychiatry itself "came out of the psyche" and "introduced itself into the soma", it made a kind of "intervention" in general medical practice, at the same time the internists "expropriated" psychiatric patients. However, postulating the fact of the unity of body and soul, all researchers of psychosomatic pathology in practice separated mental symptoms from bodily ones, emphasizing and highlighting their highly specialized nuances: psychovegetative syndrome in psychiatrists is defined as a diencephalic or neurocirculatory syndrome in neurologists; irritable stomach or intestinal syndrome in gastroenterology is considered as a therapeutic disease, etc. As a result, many maladaptive manifestations, personality-related reactions and disorders, psycho-vegetative dysfunctions, neurotic disorders with dominant somatic and somatoform symptoms, turned out to be within the competence of internists due to the dominance of somatic sensations in their clinical picture. Psychiatric diagnosis and therapy has become the business of internists, primarily neurologists, who "gently" invaded psychiatry.

One of the clearest manifestations of the crisis of psychiatry, from our point of view, is the situation in psychosomatic relationships. The approaches incorporated in the two "world" classification systems make the division of medical symptomatology into somatic and mental rather conditional. Symptoms previously interpreted as somatic are now understood as mental. Based on the analysis of the situation in postmodern psychiatry, we put forward the concept of "non-psychiatric psychiatry". All existing concepts of the development of psychosomatic pathology are based either on psychological or physiological prerequisites, which implies the presence of a wide range of phenomena.

It is known that bodily sensations are the leading manifestation of psychosomatic disorders in psychiatric and general somatic practice. They cannot be considered unequivocally as psychopathological phenomena and are interpreted as somatic dysfunctions in somatic and mental disorders. Another, the most significant parameter of these disorders is stress, mental trauma. Both somatic and mental disorders are mediated by common etiopathogenetic mechanisms of development, a complex interweaving of biopsychosocial factors, changes in the structure and functions of the brain.

Stress, being a non-specific vital-affective reaction, triggers a complex multi-level specific reaction, in the clinical manifestations of which bodily, affective and ideational levels of pathology are distinguished. On the basis of bodily sensations, disorders of the affective and ideator levels develop. The clinical picture of the disorder is also formed under the influence of the micro- and macroenvironment of the organism and personality, which have a pathoplastic effect on "preformed", phylo- and ontogenetically programmed reactions. In the presented hierarchical chain "sensation - affect - idea" all links are presented in a single somatopsychic and psychosomatic integrity. The formation of certain clinical forms of pathology also depends on the dominance in the clinical manifestations of one or another link. This determines the appealability of patients to the appropriate medical institutions.

Such clinical formations do not correspond to the traditional understanding of the syndrome. They do not have leading and leading signs, and all the symptoms and elements of the system are equivalent and equivalent. The phenomenology of psychosomatic pathology allows us to assume that both the psyche and the body represent a unity that develops according to the same laws, and, accordingly, any pathology that affects one of the components of this unity involves another component in the pathological process. Consequently, the unification of psychosomatic diseases into a single system seems to us on the basis of a common "cerebrosomatic syndrome" for them, in which the symptoms of brain pathology are equally represented. Consequently, pathology does not affect the psyche, but the brain, which, within the framework of the concept of "non-psychiatric psychiatry", is considered by us as the subject of psychiatry. The brain is the same internal organ as all organs of the human body. But it is, at the same time, a special body due to the functions it performs. This is not only the main nerve "ganglion" in the body, not only the central nervous system, but also the largest endocrine gland; he not only coordinates, regulates and controls all the vital functions of the body and human behavior, but also himself. Moreover, it is an organ that provides mental activity. The brain is not only a mental organ, but also a somatic organ. The brain remains such a mysterious organ for our understanding, "the most unknown object in the Universe", that here I allow myself to recall the words of N.P. Bekhtereva: "I devoted my whole life to studying the most perfect organ - the human brain. And I came to the conclusion that the occurrence of such a miracle is impossible without the Creator".

This pathodynamic structure of psychosomatic disorders ("sensation - affect - idea") is fully consistent with clinical reality, reflecting the clinical, psychopathological, pathogenetic and clinical and dynamic features of this pathology. The theoretical basis of psychiatry allows us to rely in the development of new concepts not on the genesis of the disease, but on the subject of research - the unity of the physical and mental. We share the point of view of the authors, who believe that "the clinical and psychopathological method should be directed not only to the mental sphere, but also to the whole organism as a whole, primarily to the brain. This approach allows us to speak not about psychosomatic relationships, but about "non-psychiatric psychiatry", as a particular version of the biopsychosocial concept. The essence of the biopsychosocial concept, formulated by Engel in 1977, is the notion that human health, the onset of a disease, its prognosis, and the effectiveness of treatment are determined by a system of factors belonging to different levels of living organization - biological, psychological and social.

Traditionally, most chronic non-communicable diseases are considered psychosomatic, which show symptomatic relationships with the mental sphere. These diseases are often seen in the general medical health care network. Psychiatric phenomena such as depression and anxiety are the most frequent "purely psychiatric" phenomena in primary health care, manifesting themselves with a variety of somatic symptoms. In this clinical field, neurotic, somatoform disorders are also considered, manifesting a multitude of psycho-vegetative sensations. Many (if not all) of the symptoms of these disorders are perceived by both patients and many clinicians as "somatic". This contributes to the appeal of these patients to non-psychiatric institutions to internists, polyclinics or general hospitals. Complexes of such symptoms are combined by many internists into "their" highly specialized syndromes: irritable bowel syndrome in gastroenterology, hyperventilation syndrome in pulmonology, autonomic dystonia syndrome or dyscirculatory syndrome, psychogenic pain syndrome in the head, neck, back in neurology, neurocirculatory dystonia syndrome and da Costa syndrome in cardiology. As you can see, the clinical picture of psychosomatic disorders is quite polymorphic, multilevel, complex, polygenic. It includes a number of interrelated symptoms, syndromes and conditions of the organ (somatic), neurological and psychopathological (personal, neurotic, somatoform) levels. The development of these disorders is caused by a complex interplay of certain personality factors and alexithymia, psychogenesis and allostatic overload, conversion mechanisms, stress diathesis and psychosocial stressors, in other words, a complex interweaving of biological, mental, social and environmental factors.

Their main content is psychovegetative, functional-somatic, neurovegetative disorders, senestopathies and somatic symptoms. The most important and defining element in this system is the somatic sensation, bodily suffering, somatic complaint, kaynestopathy (cenestopathy), vigor vitalis. There was a situation when camouflage, "non-psychiatric" diagnoses became psychiatric, their names were directly associated with a mental disorder. This reality creates a non-psychiatric field of psychiatry, since it deals with the study, diagnosis

and treatment of mental disorders in general medicine. These problems are rooted in the specialization of doctors, in their attitude to the subject of research. Psychiatry is transformed into "non-psychiatric" in the field of "minor" psychiatry, but remains "psychiatric" in "big" psychiatry. As a result, patients with, relatively speaking, a psychiatric diagnosis of "neurosis" increasingly find themselves in non-psychiatric institutions.

Considering the whole gamut of various syndromes and conditions identified today, occurring with somatic sensations, within the framework of both somatic, psychosomatic, and mental illnesses, we can state that:

- Many clinical forms (but not all) obey the laws of psychogenesis;
- Develop on the basis of stress diathesis;
- The formation and dynamics of these states are based on the same morphological, structural, neurotransmitter mechanisms;
- In the clinical manifestations of these disorders, somatic manifestations in the form of manifestations in combination with psychopathological phenomena dominate;
- Patients with such disorders are found mainly in primary health care and in general somatic hospitals;
- They are not perceived as mentally ill, and they do not consider themselves mentally ill either.

The clinical reality at all stages of providing medical care to this group of patients creates numerous problems for both mental health professionals and internists - terminological, diagnostic, and therapeutic problems. Somatic complaints are dominant in a variety of physical ailments and diseases, they are leading in patients with borderline mental disorders, and are becoming more frequent in individuals with severe psychotic manifestations. That is, there is a tendency to "somatization" of human mental pathology. According to the figurative expression of Redlich F.C. "...psychiatry has left the island of psychiatric diseases and thus plunged into the endless sea of human problems".

Thus, postmodern psychiatry found itself in a situation, if not of a crisis, then certainly in a state of disproportion and imbalance, when existing paradigms, methods and methodologies, concepts, research and diagnostic tools and approaches do not allow adequately solving the problems for which it is intended to solve, revealed a roll from clinical positions to socio-psychological ones. The imbalance in psychosomatics is manifested in the following, which served as the rationale for the new concept:

1) The emphasis in psychiatry has shifted from "large" psychiatry to "small", there is an "intervention" of psychiatry in the general somatic network;
2) Modern achievements of psychiatry actualize the problem of the subject of psychiatry, which needs to be rethought;
3) Almost all existing psychosomatic concepts, declaring the idea of the unity of "body and soul", in reality share them;
4) The psychosomatic spectrum is represented by two disorders that are different in genesis, but the same in phenomenology - somatoform and somatic disorders. In their structure in one form or another and combinations, the following interrelated combinations of disorders are explicitly or covertly distinguished: vegetative-somatic, functional-somatic, psycho-vegetative, sensory phenomena, motor disorders, affective, cognitive disorders; they are followed by organic and/or endogenous symptoms of mental illness;

5) The concept of multicausality in medicine has led to the expansion of the boundaries of psychosomatic pathology, since all of the above factors play one role or another in the pathogenesis of any disease;

The concept of non-psychiatric psychiatry is one of the possible ways out of psychiatry from the developing crisis.

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