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Research Article

Psychiatry of Postmodernism: New Problems in Psychosomatics. Attempt to Analyze the Situation

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Abstract

Introduction: Psychiatry is not only a medical science of mental diseases with neuromorphological and neurophysiological correlates, but also a humanistic science, the science of a person who evolves over time.

Purpose of the Study: The purpose of this article is to study the most relevant phenomenon of modernity - the crisis in the global aspect, the crisis in psychiatry and psychosomatics. The definition of the concept of crisis in psychiatry is given, the causes of this phenomenon in psychiatry and in psychosomatic relations are investigated.

Research Methods: This analytical review was compiled by us in response to a number of publications of the last decade analysing the situation that has developed in psychiatry in connection with the emerging contradictory trends in its development. Articles on philosophical, methodological and conceptual aspects of the problem from the Google Scholar database were analysed.

Results: Trends in the development of modern psychiatry have led to pronounced imbalances and a crisis in psychiatry, have set new theoretical, ideological, diagnostic problems that require adequate solutions. Classical psychiatry and modern psychiatry in the postmodern era, under the influence of its philosophical concept, radically changed and posed the problems of finding new approaches to the assessment, diagnosis, therapy and classification of mental disorders and diseases. The above, of course, also applies to the problem of psychosomatic relationships Based on the need to solve urgent problems in the field of borderline psychiatry in general and psychosomatic relationships in particular - paradigm revision, a steady trend towards the spread of psychosomatic disorders and the expansion of its boundaries, the inefficiency of therapy, diagnostic contradictions, lack of trained personnel, organizational and methodological tasks - on the agenda the concept of non-psychiatric psychiatry is put forward. The problem of the need to revise the subject of psychiatry is discussed, the prerequisites and reasons for the creation of the concept of non-psychiatric psychiatry are considered.

Conclusion: The substantiation of the new psychosomatic concept of "non-psychiatric psychiatry" is presented.

***Keywords**: Crisis of Psychiatry; Postmodernism; Psychosomatics; Subject of Psychiatry; Non-Psychiatric Psychiatry*

Introduction

In recent years, the problem of the crisis in psychiatry has become one of the leading philosophical and methodological problems of our discipline. The existing means of psychiatry - the paradigm, methodologies, diagnostic tools, therapeutic approaches - do not allow today to adequately solve the problems for which it is designed to solve. Psychiatry found itself in a state in which the nosological concept was found to be inconsistent, attempts are being made to create new concepts (for example, the RDoC project National Institute of Mental Health, USA) [1,2]. Disproportions in the development of certain areas of psychiatry were revealed, many diagnostic and therapeutic approaches turned out to be practically untenable and ineffective, the emphasis shifted from clinical positions to socio-psychological, biologization, on the one hand, and a trend towards psychologization, on the other hand, was revealed. These and many other trends have led to a complex, contradictory and unpredictable situation in psychiatry and, in particular, in psychosomatics, which is defined by some authors as a crisis in psychiatry [3-7]. But psychiatry does not live "by itself", it is not isolated from medicine and society as an outcast; all the processes taking place in the world (social, economic, scientific) in one way or another have their impact on psychiatry, since they (processes) are inseparable from a person - his will, desires, thoughts, emotions.

Modern industrial societies are characterized by rapid social transformation, the scale and pace of which is unprecedented compared to previous eras. This new era is defined as "postmodern". These transformations affect a variety of processes associated with psychiatry, including risk factors, behavior of people, treatment and support, clinical manifestations of diseases, and so on. The analysis of postmodernism allowed Whitley R [8] identify five key themes that may be of particular relevance to psychiatry: (1) individualization; (2) social roles and self-identification; (3) culture of competence; (4) transformation of intimacy; and (5) future-oriented and confirm (based on analysis of the relevant literature) their importance as influencing factors in "psychiatric processes".

Relevance

As noted by Di Nicola V and Stoyanov D [9], academic psychiatry is in a deep, fundamental crisis that concerns the very definition and theoretical foundations of psychiatry. The authors actualize such questions as "is psychiatry a social science (like, for example, psychology or anthropology)? to understand it as a part of the humanities (like philosophy, history and literature) or is psychiatry a branch of medicine (based on genetics and neuroscience)? While psychiatry is trying to solve its problems more or less successfully, medicine and healthcare are on the verge of a new scientific and technological breakthrough based on powerful technologies and are solving the problems of interaction between the existing and newly created "medicine of the future". Based on the analysis of the development of medicine and biology in recent decades, the concept of medicine 5P (5PM) was put forward [10,11]. It arose after the emergence of the Precision Medicine (PMP) project, which covers various aspects of health care of the new scientific and technological order, the achievements of the genomic and communication revolutions, cell medicine, omics concepts (creation of biomarker diagnostic panels at different levels of biological organization), as well as organizational and social shifts. occurring in society (philosophical, ethical, economic). In particular, the era of paternalistic medicine is being replaced by the medicine of interaction between the patient and the doctor (participatory medicine). This problem, of course, has its own nuances in psychiatry, and often difficult to solve, and at the present level, practically unsolvable.

As Shcherbo S.N and Shcherbo D.S [12], the concept of "5P medicine" logically follows from the development of biomedical science, the lessons of crises and unjustified hopes associated with conducting genome-wide association screening (GWAS) (the problem of disappearing heredity). From the point of view of organizational and educational aspects, the authors raise the question: is the medicine of the future - is it 4P medicine (predictive, preventive, participatory, personalized) or 5P medicine, combining 4P and precision (precision) medicine? The introduction of the 5PM concept makes it possible to more clearly define the goals and objectives of medicine in the five indicated areas, which is important, in particular, in the training and specialization of doctors. The development of laboratory medicine

is closely related to new areas of health care and, depending on the tasks set, it can operate with different types and sets of biomarkers at different levels of biological organization [13-15]. These are trends in the development of medicine that are only desirable for psychiatry.

From our point of view, the most important manifestations of the crisis of psychiatry, distortions in the tendencies of its development are distortions in the dualistic nature of psychiatry as a medical science; disproportions in the development of psychiatric science and the lag of psychiatry from other medical disciplines; theoretical and ideological problems that are becoming more and more relevant; the inapplicability of the principles of evidence-based medicine in psychiatry; nosological concept that did not justify itself and the absence of a single paradigm; deviation from the principles of clinical psychiatry, psychologization and socialization of psychiatry; unjustified expectations from the use of modern psychotropic drugs; dependence of psychiatry on insurance and pharmaceutical companies; finally, the confusing problem of psychosomatic relationships, which is the main problem of this article. Many of these problems have been posed literally since the birth of modern psychiatry, initially based on the biomedical model, now on the biopsychosocial model and are a consequence of how psychiatry is (and will be) considered as a medical branch or not.

These processes have a history. Modern scientific psychiatry has almost 200 years of history, which began with the first classification of Pinel. During this time, there were two leaps in the development of psychiatric science: the systematization of mental pathology, the development of the nosological concept (Krepelin, Bleuler) and the development of the brain sciences, which have experienced an upsurge in the last 30 - 40 years. However, these advances have not led us to an understanding of the nature of mental pathology and have not had a significant impact on the diagnosis and treatment of these disorders. Psychiatric diagnosis, as before, is based solely on descriptive categories, on subjective judgments, and not on objective biological data: in psychiatric diagnosis, the most authoritative colleague is always "right", first of all, a professor. As Frances A. points out [6], "The decisive transition from basic science to clinical practice in psychiatry inevitably proves to be even more difficult than in the rest of medicine, because the human brain is the most complex thing in the known universe and reveals its secrets slowly and in small portions". The author concludes that "we will be stuck with descriptive psychiatry far into the distant future".

There have been two falls in the history of psychiatry - a crisis of confidence in descriptive psychiatry: the first occurred in the early 1970s, the second continues at the present time, starting with the publication of the American DSM-5 classification. The previous crisis was caused by D. L. Rosenhan research, widely publicized studies that revealed the inaccuracy and speculativeness of psychiatric diagnosis and the natural distrust of the adequacy of psychopharmacotherapy [16]. Confirmation of the crisis was a study showing how British and American psychiatrists came to completely different diagnostic conclusions when watching videos of the same patient [17]. I remember the story of my teacher, academician Mehrabyan A.A. about a similar experiment in the USSR, when two dozen professors, independently of each other, on the basis of familiarization with one case history, gave almost the same number of diagnoses.

The second fall (crisis) is associated with modern classification systems. Published in 1980, the DSM-3 gave hope for the future by providing detailed definitions of psychiatric disorders that ensured the reliability and validity of psychiatric diagnoses when used correctly. However, subsequent developments of this classification system gave rise to many problems. Psychiatric diagnoses "thanks" to the DSM-5 have become quite extensible, the boundaries between illnesses have been erased. The boundaries of psychiatry itself began to progressively expand, the number of psychiatric diagnoses (units) increased, and clinical significance was attached to many social and psychological phenomena. As Frances A. points out [6], "the elastic frontiers of psychiatry are steadily expanding because there is no clear line separating well-troubled people from people with mild mental disorders". The DSM-5 vastly expanded the range of psychiatric diagnoses with new ones that were nothing more than extremes of normal mental activity. Whether this is an accident or deliberate actions, distortions in the clinical thinking of colleagues "decision makers" is not for me to judge. But the fact that these tendencies in "psychiatric thinking", far from the clinic, based on unproven and unsubstantiated data, taking into account the desired, and not the actual, began to

"pour water on the mills" of insurance and pharmaceutical campaigns. As a result, the number of patients with literally all forms of mental pathology has increased enormously, not to mention the alleged astronomical income of the noted campaigns. Even according to data from a decade ago, the incidence of autism spectrum disorders has increased more than twenty-fold [18]. According to Frances A [6] over the past twenty years, the number of cases of attention deficit/hyperactivity disorder (ADHD) has tripled. And in 2020, the prevalence of persistent ADHD in adults (with onset in childhood) and symptomatic ADHD in adults (regardless of onset in childhood) decreased with age. But adjusted for the global demographic structure in 2020, the prevalence of persistent ADHD in adults was 2.58% and symptomatic ADHD in adults was 6.76%, corresponding to 139.84 million and 366.33 million adults with ADHD [19]. The number of mentally ill persons has increased sharply, although unevenly in different countries. Bipolar disorder has doubled overall, with a forty-fold increase in childhood diagnosis; in the United States, the annual prevalence of mental disorders is 20 - 25%, slightly ahead of Europe [20]. Karam EG., *et al*. [21] report that bipolar disorder is clinically more common than reported. According to German researchers [22], the prevalence of depression (ICD-10 codes: F 32, F 33 or F 34.1) increased from 12.5% in 2009 to 15.7% in 2017 (+26%), and depressive disorders are becoming increasingly important in outpatient care in Germany. British authors [23], comparing the incidence growth trends in England among children aged 5 to 15 years in 1999, 5 to 16 years in 2004 and 5 to 19 years in 2017, showed that during the examination in 2017, one in eight (12.8%) adolescents aged 5 to 19 had a mental disorder. A prospective study of young people in New Zealand showed much higher rates [24], and another study of adolescents in the United States found a striking cumulative rate of psychiatric disorders of 83% by age 21 [25].

And this despite the fact that all medical branches have become more and more scientific, evidence-based. In other words, psychiatry found itself in a state of "prolonged polyetiological multifactorial constant stress".

Purpose of the Study

The purpose of this article is to study the noted situation of stress and problems that have arisen in psychiatry in general and in psychosomatic relationships, in particular, which have become an urgent problem for both modern psychiatry and general medicine. The task was set to understand the roots and causes of this phenomenon both in psychiatry in general and in psychosomatic relationships in particular.

Methods Research

This analytical review was compiled by us in response to a number of publications of the last decade, analyzing the situation that has developed in psychiatry in connection with emerging contradictory trends in its development. First of all, these are articles by Katschnig H [7], Mendelevich VD [26], Korolenko Ts.P., Shpiks T.A [27] and a number of others. A search of scientific and medical literature from the Google Scholar database with a search depth from 2015 to 2022, using the keyword "crisis of psychiatry", showed that this problem is very relevant in psychiatry: 16,400 Russian-language articles and 173,000 English-language articles were identified. For the keyword "crisis of psychosomatics" 6430 Russian-language articles and 17000 English-language articles were found. We have analyzed the articles devoted to the philosophical, methodological, conceptual aspects of the problem.

Description of the situation: The life of a modern person is under the pressure of the globalization process, which has dictatorially invaded all spheres of life, erasing the usual norms, boundaries and concepts, simplifying and sometimes even primitive relations in the global sense in everything - "simplification, standardization and unification" of everything and everything [28], turning a single, "piece" into a multitude, into "consumer goods". Globalization in psychiatry has fundamentally changed everything that it created in the classical and modernist periods. By definition, Korolenko Ts.P and Shpiks T.A [27] Postmodern society has "challenged the mental health of the general population". Socio-economic, political, ideological, moral and psychological foundations of life, values have changed. The result of

these processes were changes in various areas of life: interpersonal and social relations, professional activity, there was a need to assimilate the growing amount of information, its differentiation; increased personal responsibility for the correct choice; increased geographic mobility; the prospect (even the nearest one) has become difficult to predict; growing economic uncertainty, fear of job loss, insolvency; family ties became unstable. All of these processes have direct and immediate impact and relevance to psychiatry and mental health. Fernando S [29] notes that the impact of globalization is particularly pronounced and significant in low- and middle-income countries (the so-called "third world" countries that do not belong to Western culture, with their own traditions of help and care for mental health problems, including religious and local systems of medicine. And therefore, according to the author, they must be protected from the influence of "market forces", the influence of transnational corporations, especially pharmaceutical companies. Postmodernism went against not only the established norms and requirements of the Western world, but also developing countries, it changed the system of values accepted in society, and any deviation began to be considered as an abnormality and attached to it psychiatric significance. Over the past fifty years, postmodernism has led psychiatrists to review the assessments, experiences and behavior of a person through the prism of a new reality. Conservatism, traditions, community and eternal values have become resist individualism, multiculturalism ism, multi-vector and multi-polarity [30].

Throughout the history of the formation and development of psychiatry as a medical science, the central object of its research has almost always been psychotic and debilitating forms of mental pathology, as the most clinically pronounced and significant, leading to the most gross forms of maladaptation. But psychiatry, unlike other medical disciplines, is a social discipline, is under the constant control of public institutions, and performs some public functions that affect a person. And it is natural that the social conditions of life have an impact on clinical characteristics (morbidity, prevalence of mental, narcological, behavioral disorders) [31], under their influence, many forms of pathologies and deviations develop, which remain outside the field of view of scientific psychiatry, the pathomorphosis and plot of clinical pictures of diseases and psychopathological phenomena [32]. Among them, many are clinically unexpressed, amorphous, not typical, mixed, having a completely different stereotype of development, non-psychotic forms of mental pathology. Today they are defined as "borderline", "minor", "psychosomatic", "stress/post-stress", "neurotic" mental disorders, "medically unexplained disorders", etc. The roots of these disorders lie in social upheavals, political upheavals, which led to a high level of somatization [33]. The understanding came that psychosomatic problems are closely related to the mental state of a person, especially the emotional state, which is under constant stress. Psychosomatic medicine in its heyday (mid-twentieth century) was promoted as a new science of the relationship between the mind and body with a tendency to transform the whole of medicine. Many years later, she reached, in the figurative expression of Greco M [34], no more than "a respectable position as a research specialty within the medical status quo". In studies of the psychosomatic problem, the author proposes to put emphasis on "the stability of dualism as an empirical fact that deserves more careful analysis", and asks the question: what is the nature of dualism, considered in the aspect of what it achieves, and, therefore, as an expression of value? Drawing on the ideas of Whitehead, Foucault, and Weizsäcker, this argument articulates a set of "psychosomatic problems" based on the concept of biopolitics and presents their relevance in relation to the politics of participatory medicine (medicine that requires the active participation of the patient in the process of making both specific medical decisions and in defining an overall health monitoring strategy).

Evidence-based medicine: The concept of evidence-based medicine began to develop at an intensive pace in medicine, which, of course, played a positive role in general medicine, made an important contribution to the development of objective diagnostic methods and effective therapy in somatic medicine. What cannot be said about psychiatry and psychosomatics, where this approach not only did not allow solving problems, but, on the contrary, aggravated the situation even more in connection with the objective features of the subject of psychiatry, which does not allow at this stage to measure everything that is real in general medicine, does not allow for a quantitative assessment of clinical, structural and morphological data. The problem is exacerbated by the fact that the "interest" of the clinic was ignored in favor of the vested interests of pharmaceutical companies and insurance companies. In their interests, large randomized controlled trials are being conducted, mainly on the so-called "filtered", "strained" clinical material, which is very far from the real clinic that every

clinician works with. Meta-analyses and various guidelines are full of conflicts of interest and opinion, again for the benefit of customers. The very idea of evidence-based medicine is certainly positive when applied to general medicine, but in psychiatry it remains just an idea without a material substratum [35,36].

Under the influence of postmodern tendencies, American psychiatry began to reconsider many approaches and concepts. Thus, the concept of neuroses in modern classifications of diseases is used only for the purpose of distinguishing one level of pathology from another on the basis of their psychogenicity, non-psychotic level of manifestations, functionality of the disorder, and nothing significant was given in terms of diagnosis and therapy of these disorders. The number of "nosological units" has noticeably increased, which are rather syndromes with a claim to nosology. If in the first classification of mental disorders (DSM - I, 1952) there were 106 diagnoses, then already in DSM - IV - 297 and DSM - V - 282 diagnoses. This happens mainly due to the allocation of new forms of dependent, behavioral, personality disorders; developmental disorders, skill acquisition disorders, etc. At the same time, for the vast majority of disorders, there are no indications of a causal relationship between the etiology, pathogenesis, clinic, treatment, and morphological changes underlying the identified forms. In connection with the trend towards expanding the number of diagnostic units, natural questions arise: do the classifications remain scientifically based constructs, should the ICD and DSM be recognized as classifications of mental disorders or a list of certain symptoms and syndromes, etc.?

Results and Discussion

The results of postmodernism: The crisis of classifications

As a result of the "primitivization" of classifications and certain achievements in the field of biological substantiations of mental disorders, psychiatry is subject to a certain intervention by internists, who, as facts about their organic origin accumulate, duplicate psychiatric classifications. This is especially evident in the field of psychosomatic disorders. However, there is no active opposition from psychiatrists to this process. Throughout its almost 200-year history, scientific psychiatry, creating another concept and theory on the basis of which many mental illnesses were distinguished, almost always had psychotic and debilitating forms of mental pathology as the leading and central object of research. It is this group of pathologies that has remained the subject of psychiatric research today, the rest were "given to the care", first of all, of neurologists and psychologists. Among these others were many non-psychotic forms of mental pathology. It should be noted that both "world" classifications showed a minimum of dogmatism and a maximum of loyalty and pragmatism to the increasing fragmentation of clinical forms. As Samokhvalov notes [30], diagnoses "may change from childhood to maturity and old age, sometimes they transform during the year, and their dynamics is limited only by social services and insurance companies (emphasis mine), but not at all by objectivity. There can be several diagnoses and conditionally dominate those that are at the beginning of the classifications, that is, dementia and addiction diseases, and further - "major psychoses". Everything has changed, both diseases, and psychopathology, and classifications: new diseases have appeared, the range of personality disorders has expanded, many diseases have acquired a spectral character. Distortions appeared in the diagnosis of a number of diseases, especially in childhood, and new forms of neurotic disorders were identified (somatized disorders, somatoform autonomic dysfunction, etc.). And all this is due to the increasing psychologization of psychiatry and new technological possibilities: neuroimaging, neuromediation, neurobiology, neurophysiology, morphological studies of the brain, etc. From psychiatry, the "I" was "brought out", the place of which was taken by "We", the "personality" left, which has been replaced by "many", in other words, a group, population, totality, complex (of symptoms, persons, diseases, women or men, migrants, natives, "traumatic", "neurotic", etc.). All classical psychiatry remained in textbooks (and not new ones). Scientific research turned into statistical unified reports, "dressed" in a uniform, the authors lost their face and originality. Samokhvalov V.P. believes that causal thinking has grown "into a postmodern rhizome, when everything can be connected with everything, at any stage of the disease dynamics" [30]. An example of this is extended and not always adequate interpretations of depression, stress, neuroses, psychosomatic disorders. A correct diagnosis is one made not on the basis of some criteria (clinical, morphological, instrumental, etc.), but a diagnosis made by a local authority, most often a professor.

Thus, the psychiatry of the postmodern period is characterized by the blurring of the boundaries of the discipline, its absorption by internal diseases (in particular, neurology and therapy) and clinical psychology. In this regard, the return to the old (classical) values is actualized already at a completely different level and the creation of a new theoretical base (philosophy, theory, psychopathology, morphology, etc.) for the psychiatry of the future. Otherwise, the prediction of Katschnig - a [7] about "the risk of being absorbed by another medical specialty or losing the status of a medical science" will come true. This is the result of postmodernism.

Zislin I [37] believes that postmodernism does not threaten modern psychiatry, but modern psychiatry, of course, was influenced by it both in positive and negative aspects. From the middle of the last century, psychiatry began to move away from psychoanalysis and the humanities, leaning towards the biological direction. This led to the encapsulation of psychiatry and its justification as a medical discipline. Taking a biological orientation as a basis, psychiatry began to search for completely new for it, but largely borrowed from internal medicine, methods for diagnosing and treating diseases [38]. This development of psychiatry contributed to a rather successful solution of many issues: psychiatric approaches were unified, classification issues were predetermined to some extent, which, unfortunately, subsequently completely lost the clinical base. Parallel to the biologizing trends in psychiatry, under the influence of the modernist paradigm, reductionism developed, especially in the understanding of general psychopathology. This tandem of "biologization and reductionism" in psychiatry contributed to the introduction into clinical practice of objective research methods inherent in all modern medicine [37]. But they help to take a fresh look at many old issues that seemed resolved and clear. But new advances in psychiatry make us look at them from a different perspective.

Crisis of psychosomatics: The psychoneurological paradigm in psychiatry has been replaced by a psychosomatic one, largely due to the development of the concepts of stress [39] and psychogenesis [40,41]. 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; gastroenterological somatoform disorder in psychiatrists is defined as an irritable syndrome). stomach or intestines in therapists, etc.). At the end of the 20th century and the beginning of the 21st century, psychiatry "went out of the psyche" and "infiltrated into the soma". Psychiatry made a kind of "intervention" in general medical practice, while internists "expropriated" psychiatric patients. Considering psychiatry as a medical science, E.V. Snedkov rightly notes that "psychiatry is not a psychoanalysis that wants to explain absolutely everything in a person. Psychiatry is a science, and therefore has the limits of its competence" [42]. But the peculiarity of modern psychiatry lies precisely in the fact that it has extended its competence beyond the usual boundaries, since these boundaries, for objective reasons, have expanded much as a result of the growing role and influence of social processes on people's mental health. 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, precisely because of the dominance of somatic sensations in the clinical picture.

Psychiatry of "classicism" and modernity formulated nosological approaches based on the clinical and psychopathological method to understanding mental illness, reflecting the subjective view of researchers on the etiology and pathogenesis of mental illness, which, however, today remain approximately at the same level as in Kraepelin's time (cit. by Stengel E [43]). One cannot but agree that psychiatry, as a scientific discipline, has created a unique (on the one hand, fairly objective, but on the other hand, based on subjective reasoning) method of studying mentally ill people. However, the intensive development of neurosciences has shown the limitations of the psychopathological method for assessing the state of persons with mental disorders, especially those with borderline disorders. Significant differences and discrepancies in the assessment of the type, degree, course of psychopathological disorders at the nosological level are revealed.

But neither the Kraepelinian paradigm, nor other more modern approaches and projects justified in one way or another by various theoretical concepts have brought psychiatry closer to the level of a truly medical science: neither the clinical-dynamic direction in psy-

chiatry, nor psychoanalytic and psychodynamic theories, nor the concept of stress. Although it cannot be denied that each of them had a significant contribution to the development of psychiatric science. There is a substitution of clinical concepts for non-clinical, psychological concepts, moral criteria were put as the basis for the definition and differentiation of clinical forms. As Snedkov E.V [44], "passions, vices, non-standard moral choices have turned into "psychopathological signs". They try to explain deviations from the norms of public morality by the pathology of the brain and psyche. Attempts are continuing to understand spirituality by natural science research, the search for biological correlates that make it possible to explain the worldview and predict actions [44]. Concepts and terms devoid of clinical meaning, based on statistical, psychological criteria and moral assessments, began to be introduced into the psychiatric dictionary. For example, such concepts as "mild" and "transient" dementia, "medically inexplicable symptoms", "sibling rivalry disorder", "conforming personality" and a number of others have appeared. This is one of the main manifestations of the crisis in psychiatry, when psychiatric diagnosis and therapy became the business of internists, primarily neurologists [45-47], i.e. a manifestation of the crisis is the intervention of internists in psychiatry. Differences in understanding the clinical content and diagnostic significance of basic psychopathological concepts create difficulties in understanding and generalizing the results of scientific research, make the results of scientific research incomparable and inapplicable in practice" [48].

All forms of mental pathology are subject to pathomorphosis, which leads to the blurring of the boundaries between them and the atypization of many diseases, the accumulation of "soft", "erased", "veiled", "masked" forms of pathology. As a result, diagnostic, differential diagnostic and therapeutic problems arise. This problem is especially acute for doctors of the outpatient service, who daily encounter such patients, who are defined as "difficult".

The concept of "non-psychiatric 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 (or psychosomatic). The dynamic patterns of the development of psychosomatic pathology are obvious, which make it possible to understand not only the close links between mental (mainly affective) disorders and somatic disorders, but also a certain direction of changes: from the functional to the organic register. A striking example of such a pattern is, from our point of view, combat post-traumatic stress disorder, which develops from a functional disorder into an organic disorder with the formation of disorders of the organic register and chronic personality changes (acquired psychopathy) [49,50]. And at the beginning of the 20th century, this disorder was not even considered as a clinical phenomenon and its development was associated with certain psychosocial problems, in particular, rent (E. Kraepelin, E. Bongoffer). Today it has become a multidisciplinary problem.

The new knowledge accumulated in the world on this problem requires psychiatrists, and especially doctors practicing in the general medical network, in primary health care, to revise old and develop new knowledge and skills. These new knowledge and skills inevitably go beyond the classical clinical (biomedical) method, based on the idea of health and disease as manifestations of biological processes, but correspond to the modern biopsychosocial concept of medicine. Its essence, formulated by G. Engel in 1977, is the idea 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 [51,52]. As a particular version of the biopsychosocial concept, we propose the concept of "non-psychiatric psychiatry". Our approach to this problem is implemented from the standpoint of integratism, the integrity of the organism and personality. The concept is based on the theory of functional systems Anokhin P.K [53], on the doctrine of the adaptive syndrome Selye [54], the doctrine of "gross feelings" Sechenov V.M [55], the concept of Astvatsaturov M.I about kinestopathies [56] and the theory of Megrabyan A.A about "levels of development of consciousness and personality" [57]. A systematic approach as applied to biology, medicine and psychiatry (in particular) proceeds from the fact that all structures in a person - cells, tissues, organs, organ systems, a biological organism, a personality and its micro- and macroenvironment - are mutually subordinate natural-social sys-

tems, which, in turn, consist of a number of subordinate subsystems and their interconnected elements. At the same time, each of these systems is something more than the mechanical sum of its elements. Moreover, each of the listed systems determines the nature of its parts, and the parts reflect the properties of the system. Part of the system is known in the context of the whole and without connection with the whole it cannot be known. Any element of the system can be known in relation to other elements [58]. The most important and defining element in this system is the somatic sensation, bodily suffering, somatic complaint, cainestopathy (senestopathia), vigor vitalis [59]. Based on a systematic approach, which should be applicable in psychiatric practice, we state that psychiatric diagnosis, in contrast to the diagnosis of somatic diseases, cannot always rely on this approach, appeal to the integrity and consistency of mental pathology, it does not rely on neurobiological data, ideas about which are either unproven, or are under investigation, or are nonspecific. Achievements in neurobiology today are not applicable in real clinical psychiatric practice: neither the identified neurotransmitters, nor their ratio and dynamics, nor genetic findings, nor neuromorphological changes in the cerebral cortex, subcortical structures and glia are applicable in the diagnosis and treatment of mental disorders. But these findings clearly testify to the "somatic nature" of the psychic. And psychiatric diagnosis, as Mendelevich VD notes, often proceeds from the stable ideas accepted in society about the normative psychological functioning and adequate behavior of the individual. External socio-psychological factors can radically change our ideas about the boundaries of deviant and pathological forms of human behavior and exercise extra-scientific "pressure" on the development of diagnostic criteria for psychopathological syndromes, mental disorders and behavioral deviations [26].

The very fact of the presence of psychosomatic and somatopsychic relationships in normal and pathological conditions is an undoubted proof of the existence of a connection between the body and the psyche. Somatic complaints are dominant in a variety of physical ailments and illnesses, 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. The study of these issues requires the joint work of internists and psychiatrists [60,61].

All aspects of psychosomatic relationships are covered in sufficient detail in the medical literature, including, not only psychological and psychiatric. But as a result, more questions arise than there are answers to them and this is connected not only with the complexity of the problem under consideration, but also with the theoretical impasse in which modern psychiatry has found itself. The views of clinicians on this problem are extremely contradictory, and often even diametrically opposed and mutually exclusive. This is largely due to the fact that modern psychiatry remains focused on descriptive classifications of mental disorders [62-64], which do not take into account the etiopathogenesis of these disorders, and "does not understand" the neurobiological foundations of mental disorders. The current classification of mental and behavioral disorders blurs the boundaries between mental and behavioral norms and pathology and "medicalizes" [65,66] everyday life [26].

The use of the clinical-psychopathological method made it possible to form a general psychopathology, which, in our opinion, became the apogee of psychiatric thought. But the development of clinical psychiatry stopped there: firstly, the development of psychiatric syndromology stopped at the level of identifying a certain number and list of syndromes, which in practice, as a result of known pathomorphosis, are often difficult to distinguish from each other and, moreover, their differentiation is practically useless in choosing a therapeutic tactics, and secondly, the development of syndromology within the framework of the nosological concept has undergone a certain regression - some nosologies were reduced to the level of syndromes, not only the boundaries between nosologies were blurred, but also within nosologies between its various forms, syndromes became blurred, most likely turned into symptom complexes. The boundaries between sciences have also become blurred. Even the generalizing term "neuroscience" has appeared. Kanke V.A [67], as a feature of the modern period of neuroscience, speaks of the growing interdisciplinarity (about the "basket of neurosciences"), which creates a "tsunami" of new neurosciences: neuropsychiatry, neuropsychology, neurobiology, neuropsychoanalysis, social neuroscience, interpersonal neuroscience, etc., which automatically transfer concepts from one science to another (the terms of psychiatry are transferred to neurology, gastroenterology, cardiology).

The achievements of modern biological research in psychiatry, aimed at identifying specific morphological changes in mental disorders, at searching for links between the phenomenological and pathogenetic aspects of mental disorders, have become a kind of brake on the development and formation of the modern psychiatric paradigm. The data obtained on the structure, morphology, nature, localization of biological disorders of the brain are currently not applicable in real clinical practice: neither the identified neurotransmitters, nor their ratio and dynamics, nor genetic findings, nor neuromorphological changes in the cortex and glia play any role in the diagnosis. and therapy for mental disorders. The unresolved nature of these issues at the present stage of development of psychiatry actualizes the solution of problems that arise at the intersection of psychiatry and internal medicine, in the continuum of psychosomatic relationships: issues related to the conceptualization of borderline disorders between somatic medicine and psychiatry, issues of their diagnosis and treatment.

Conclusion

We see the further development of psychiatry in the development and rethinking of the very subject of psychiatry, which, in the context of the development of modern ideas about psychosomatic relationships and psychiatry in general, today does not correspond to clinical reality due to those distortions in clinical thinking that arose from the trends that dominate as a result of the total liberalization of public life. We share the point of view of the authors, who suggest that "the clinical and psychopathological method should be directed not only exclusively to the mental sphere, but also to the whole organism as a whole. Without this, it will be impossible to understand an individual symptom, it will be impossible to isolate and grasp the pathogenetic basis of a particular syndrome, it will be impossible to correlate clinical pictures with biological data, it will be impossible to develop adequate differentiated methods of prevention, treatment, and rehabilitation" [68]. We see the solution of these problems from the standpoint of "non-psychiatric psychiatry", a concept based on specific phenomenological (non-psychopathological) features.

In view of the limited volume of the article, we are not able to present here an analysis of different approaches and psychosomatic concepts, so we refer the reader to our previously published articles on this issue [69-72], as well as monographs [73]. Note that none of the existing concepts and approaches that are relevant and of historical significance does not provide an exhaustive explanation of the genesis and mechanisms of development of psychosomatic disorders. This is the basis for a multifactorial (complex or systemic) approach to this problem, which emphasizes the complexity of the pathogenesis of psychosomatic diseases, taking into account both psychological and somatic factors. But note that each of the concepts is fixed on any one aspect of the problem - the psychogenesis of the disorder, somatic or mental predisposition, personal conditioning, the role of psychotrauma (stress), neurophysiological mechanisms, etc. Paradoxically, the main omission of all concepts is that they all underestimate (or limit) the subject of psychiatry, considering as such only the pathology of the psyche, trying to isolate symptoms specific to higher mental functions, for the autonomic nervous system, somatic symptoms, affiliated with psychopathological manifestations or with organic pathology of the brain, etc. The whole problem is that the differentiation of syndromes in psychiatry is based on the external manifestations of symptoms, in most cases, while ignoring or misunderstanding the pathogenetic mechanisms of the formation of the syndrome. Functional diseases, diseases with a morphological basis, and endogenous mental diseases, and chronic diseases were considered psychosomatic. non-communicable diseases. The continuing disunity in the approaches and interpretations of psychiatrists and internists, up to the lack of mutual understanding in terms and definitions, continues to be a barrier in the study of this rather wide range of diseases. We see the solution to the problem in the "unification" of mental disorders with somatic diseases into a single whole, based on the fact that 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. Consequently, the unification of psychosomatic diseases into a single system seems to us on the basis of a common "cerebrosomatic syndrome" for them.

Thus, postmodern psychiatry found itself in a situation, if not 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 to adequately solve the problems for which it is intended to solve, a tilt was revealed 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" psychiatry, as a result of the steady increase in the prevalence and significance of borderline mental pathology, its "intervention" in the general somatic network, as well as the lack of a modern paradigm of psychiatry and mental health, the need to comprehend new data in regarding psychosomatic spectrum disorders;

2) Modern achievements of psychiatry actualize the problem of the subject of psychiatry, which historically focuses on the psyche, while the clinical and psychopathological method should be directed not only to the mental sphere, but also to the brain, therefore, to the whole organism as a whole;

3) Almost all existing psychosomatic concepts consider only the pathology of the psyche as the subject of their study, trying to identify symptoms specific to higher mental functions, for the autonomic nervous system; somatic symptoms associated with psychopathological manifestations or organic pathology of the brain, etc. Thus, declaring the idea of the unity of "body and soul", in reality they separate them. The reason for such a pervasive separation of the somatic and mental in a person is that the differentiation of syndromes in psychiatry is based on the external manifestations of symptoms, in most cases, while ignoring or misunderstanding the pathogenetic mechanisms of their formation.

4) The psychosomatic spectrum is represented by two disorders that are completely different in genesis, but the same in terms of phenomenology - somatoform disorders and somatic diseases. In the structure of psychosomatic spectrum disorders 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 fact that medicine has moved from the study of single causes of diseases to the study of multiple factors (stress, personality, environment, patient's life history and a number of others) in the development of diseases. But this led to the expansion of the boundaries of psychosomatic pathology, which included a huge number of disorders in its boundaries, since in the pathogenesis of any disease, all of the above factors play one role or another. This already underlines the inconsistency of this approach and requires its revision;

6) In all studies on psychosomatic pathology, the fundamental thesis of this concept, put forward by Geinrot, is emphasized - the unity of the body and the psyche. However, in the same studies, in reality, the psychosomatic process is divided into psychogenic and somatic components, which already leads to the blurring of the clinical meaning of the psychosomatic idea. The only thing that remains unchanged and unites in the clinic of these disorders is the presence of somatic phenomena. Psychogenesis and the presence of stress diathesis are pathogenic for them.

Conflict of Interest

The author declares no conflict of interest.

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