PARALLEL SESSION 7 – SATURDAY JUNE 22\textsuperscript{nd} 2019, 10h30 – 12h00
Combined symposium 8: Conceptual models in psychosomatic medicine

- S. Trifu: The perspective of cumulative trauma in psychosomatic pathology
- A. Khaikin: To the development of psychosomatic theory: Evolutionary concept of psychosomatogenesis
- A. Weigel: Psychotherapists’ explanatory models for somatoform and functional disorders: a qualitative study

Aim
Psychosomatic medicine may be defined as a comprehensive interdisciplinary field providing a clinical, theoretical and institutional framework for the holistic approach to the patient as singularly embodied person. Hereby, psychosomatic medicine is a discipline of its own. Since its modern inception in the 1930s psychosomatics’ clinical, theoretical and institutional development has been reliant upon the simultaneous evolution of specific conceptualizations. Key figures in the field of psychosomatic medicine were both eminent clinicians and excellent theoreticians, who were able to shape innovative conceptualizations that have brought forth the identity of the field. Despite the crucial role played by concepts in the field of psychosomatic medicine, from a research perspective too little attention is given to their examination.

Methods
The presentation explores the clinical significance of concepts and the role of conceptual research in psychosomatic medicine.

Results
No other field of medicine represents such a wide range of themes and methods. Thus, psychosomatic medicine has a specific epistemological status “between” medicine and psychiatry. Currently, psychosomatic medicine’s identity is closely linked with the biopsychosocial model. But this model needs continuous conceptual work to address changing needs due to a rapidly changing medical, scientific and socio-cultural environment. Conceptual research provides a systematic reflection on the fundamental concepts, that shape the quality of clinical practice and empirical research.

Conclusion
Conceptual research constitutes an autonomous field of study. It has a descriptive and a normative function: descriptively analysing the concepts we have; normatively searching for concepts we need for the integrated care we strive for.

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The perspective of cumulative trauma in psychosomatic pathology

Aim
Psychology defines cumulative trauma as a psychic structure predisposed to suffering that can move between soma and psyche. Psychosomatic risk predisposes some patients to a balance pathology, between depressions requiring medication and serious somatic disease. The paper presents a 68-year-old patient with psychiatric admissions for an organically altered personality, where relationship excessive emotional sensibility, major depression and sensitivity to rejection predominate. In a somatic view, a tumor of the skin with unpredictable and unknown evolution at right jaw level, COPD, hypertension, pertrochanteric hip fractures left leg, atrial fibrillation, left ventricular hypertrophy), nodular, homogeneous opacities with same intensity as ribs, located in 1/2 inferior lung, with a fusion tendency.

Methods
Admission and psychiatric evaluation, under antidepressant and antipsychotic treatment; HAM, PANSS, GAFS, life quality scales, lung Rx, basal Rx, ECG, EEG, cerebral MRI, counseling, social assistance.

Results
The view of cumulative trauma explains the psychotic depression in which outsourcing persecutory projections predominates, while a neoplastic pathology of both skin and lung develops in the somatic plane. The multiple experiences of severe pain in somatic, poorly responded to analgesics (including opioid) increases the indexes of organic damage of brain structure (which is supported by EEG, MRI and psychological evaluation); the predominant rejection and activation of the paranoid nucleus and hatred and revenge emotions pervasive outward.

Conclusion
The psychogenic coefficient in neoplastic pathology is reflected in primitive defense mechanisms; personality structure dominated by unconscious aggression turned inward.

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To the development of psychosomatic theory. Evolutionary concept of psychosomatogenesis

Aim
Description of a psychosomatogenesis model uniform for the entire animal world and consistent with contemporary psychosomatic concepts.

Methods
Formation of a system of hypotheses based on a) theoretical analysis of development trends of medicine, psychology and psychosomatics, b) data of modern evolutionary biology, genetics, gerontology, neurobiology.

Results
A theoretical concept was formed that describes functions, mechanism and conditions for initiation of psychosomatogenesis process. The core of this concept is a hypothesis consisting of three assumptions.
1) The formation mechanism of bodily diseases is an instrument of the evolutionary process, as well as the mechanism of aging.
2) The evolution of forms of 4behaviour and psychic regulation can be realized within life of each individual.
3) The functions of the formation mechanism for bodily diseases are: a) forcing the psychic aspect of biological evolution, passing through the life of each individual, by reducing the possibility to rely on available forms of 4behaviour during the disease; b) cull of individuals avoiding their own evolution of psychic. If an individual does not participate in formation of new forms of 4behavioural and intellectual decisions and development of their own psychic organization, a) mechanisms to counter naturally occurring diseaseproducing factors reduce their activity, b) mechanisms for generating additional factors and even holistic ways of disease genesis are activated.

Conclusion
The constructed concept forms the context for further theoretical and experimental studies of the psychosomatogenesis mechanism.

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Psychotherapists’ explanatory models for somatoform and functional disorders: a qualitative study

Aim
To investigate psychotherapists’ individual illness perceptions of somatoform and functional disorders and the explanatory models used in outpatient psychotherapy.

Methods
Between 4/2018 and 8/2018, N = 20 outpatient psychotherapists from a German metropolitan area participated in semi-structured qualitative interviews. Sampling criteria were: medical vs. Psychological background, gender, psychotherapeutic approach (cognitive Behavioural vs. Psychodynamic) and the (non-)participation in a primary care based study for patients with mental disorders. The qualitative analysis followed a thematic analysis approach.

Results
Psychotherapists (mean age 53 years, SD = 9.58) had on average 19 years of work experience (SD = 9.94). Somatoform and functional disorders were heterogeneously conceptualized and covered a spectrum between the emphases of somatic and the emphases of psychological factors. Explanatory models used in psychotherapy were rather subjective and not based on current etiological models. They were not associated with any of the considered sampling criteria but followed a patient-centered approach. In the psychotherapeutic treatment of somatoform and functional disorders, the joint development of explanatory models by the patients and their psychotherapists was evaluated as central to enable a psychosomatic illness perception in patients, to strengthen the therapeutic working alliance and to foster motivation to change.

Conclusion
Evidence-based etiological models for somatoform and functional disorders are barely used in current outpatient psychotherapy for somatoform and functional disorders. Further research regarding the translation of etiological models for somatoform and functional disorders into explanatory models useful for patients and their psychotherapists is needed.

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