



# Psychosomatic Medicine in Iran and Germany

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## Editorial

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This is an outstanding volume showing the results of a yearlong collaboration between the universities of Isfahan and Freiburg. Psychosocial problems and disorders have become the most prominent global burden of disease. Depression, anxiety, and somatoform disorders are accountable for the highest number of disability-adjusted life years (DALYs) and early retirements worldwide.

Thus, mental health is not only a challenge for individuals and families but for all our societies being part of the centennial process of globalization.

As most psychosocial problems show firstly in a primary care context and not in mental health facilities, Family Medicine becomes the cornerstone of a timely and efficient health system.

Sollmann and his colleagues provide a lively and inspiring case study on cultural aspects, body, and gender and how body-centered psychotherapy can change symptoms and emotions, and heal the behavior and doctor-patient relationships positively.

They reveal the importance of nonverbal, body-centered communication in

Psychosomatic Medicine specifically in the treatment of somatoform disorders.

Goli, Afshar, Zamani, and Ferdosi analyze the opportunities of the current Iranian Health Transfer Plan (HTP), emphasizing the need for further training by redesigning the field of modern Family Medicine. They address how psychosomatic basic care can provide a ground work for the vertical (between all preventive levels) and horizontal (bio-physical-social-spiritual interventions) integration.

As Fritzsche and I show in this issue, Iranian development is rooted deeply in the German approach, following the implementation of a bio-psycho-social systems model in the German health system over the past 70 years, starting from internal medicine and psychoanalysis, immediately after World War II. The result of this process is the definition of quality requirements and financial regulations on all levels of care. Unique for Germany is the creation of a medical specialist for Psychosomatic Medicine and Psychotherapy, complementary to Psychiatry and Clinical Psychology.

In Scheidt's paper, you can find a live picture of Psychosomatic Medicine in history and how the psychosomatic basic care curricula have been established, and improved management of psychosomatic problems.

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Finally, the impressive findings of Monajemi and Goli in their empirical study is how clinical reasoning is changing from the more biomedical in junior physicians to the more psychosomatic in their senior practitioners. It shows that psychosomatic sensitivity naturally is the part of being expert and professional in medical practice.

Interesting are results from China where a process similar to Iran's current efforts started 10 years earlier, also following the German experience in collaboration with

Freiburg University.

A fascinating transcribed expert discussion centers around breaking bad news. Here we are experiencing the importance of Psychosomatics for all fields of modern medicine especially for chronic and life-threatening disorders like cancer.

Discussing around the cross-cultural differences in this clinical field and the transcultural principles of doctor-patient relationship provides some inspiring and critical notes for the both novices and experts.