



# Fostering Care Sensitivity: From Therapy to Healing

Farzad Goli<sup>1</sup> 

<sup>1</sup> Professor, Faculty Instructor, Energy Medicine University, California, USA AND Danesh-e Tandorosti Institute, Isfahan, Iran

## Editorial

**Citation:** Goli F. **Fostering Care Sensitivity: From Therapy to Healing.**  
Int J Body Mind Culture 2019; 6(1): 1-2.

Received: 20 Jan. 2019

Accepted: 5 Feb. 2019

Psychosomatics is not only a discourse and a field of knowledge but a theme of care and cure which a therapist should be aware and cautious of.

Sensitivity to the interwoven contexts of life, illness, and therapy has been added by psychosomatics to the biomedical model of care.

The psychosomatic approach is a bridge between various clinical specialties (Fritzche, 2004) and the groundwork for understanding and managing general adaptation and healing response (Goli, 2010, pp.133, 174).

The main concepts of psychosomatic medicine are the contextual factors that affect all sorts of therapy from surgery to psychotherapy. Contextual issues such as doctor-patient relationship and communication, clinical reasoning, placebo response, epigenetics, attachment style, coping strategies, lifestyle, family structure, resources, and salutogenesis are the most important factors that psychosomatic caregivers should know, be aware of, and apply in their practice. Contradictorily, biomedicine is focused on

contents such as signs, symptoms, disease, pathogenesis, and disabilities.

Clinical education and training mostly stresses the recognition and interpretation of signs and symptoms, reducing them to diseases, and approaching its etiology, pathology, and/or symptoms. Evidently, biomedical education is knowledge/technique-based and problem-focused by nature, while psychosomatic education in addition to knowledge and technique needs some insight and emotion-based training in order to engage with patients' phenomenal world, relational map, and moment-to-moment emotions and reflections. Fostering these thematic expertise requires different didactic objectives, tools, and techniques.

Supervision, balint groups, live interviews, case discussions, role playing, and other skill-based educational techniques are used to meet these contextual educational objectives.

These methods can play an important role in the effectiveness of treatment, but before and more than that are critical with the aim of promoting care sensitivity. Everybody knows implicitly or explicitly that healing atmosphere is very similar to parenting ambiance. Even a paternalistic biomedical visit includes many elements of care.

---

### Corresponding Author:

Farzad Goli

Email: [dr.fgoli@yahoo.com](mailto:dr.fgoli@yahoo.com)

There are many correlations between attachment in child-parent and client-therapist contexts. Attachment style can be mentioned as one of the predictors of rapport, compliance, and even healing response.

Asymmetric relationship, bounding behavior, and care giving/taking roles are some of the contextual sensitive caregivers in both parenting and therapy contexts that can create a secure and healing atmosphere. Care sensitivity, as Ainsworth (1968) described for a good parent, has levels, namely, "sign recognition", "appropriate interpretation", "proper response", and "prompt response".

A therapist, like a good mother, needs accurate and specific sign recognition, proper conceptualization and explanation of signs, appropriate response in the form of secure relationships, rapport and a feasible management plan, and prompting of the desired response in clients via positive reflection, exploring resources, shared decision-making, homework, and follow-ups.

These competencies are the requirements of caring for child development needs as well as salutogenesis and sustainable development of health. A sensitive caregiver is the facilitator of

life and healing through the development of balance in the body, security in emotions, and coherence in narrative.

To train sensitive caregivers, we should change the approach used in our educational program from a positivistic approach to a more phenomenological one, and we should extend the boundaries of clinical education from knowing and acting as a therapist to the more emotional and reflective territory of being a healer.

### Conflict of Interests

Authors have no conflict of interests.

### References

- Ainsworth, M. D. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, 40(4), 969-1025.
- Fritzche, K. (2014). What is psychosomatic medicine? In K. Fritzche, S. McDaniel, M. Wirsching (Eds). *Psychosomatic medicine: An international primer for the primary care setting* (pp.3-9). New York, NY: Springer.
- Goli, F. (2010). *Bioenergy economy: A methodological study on bioenergy-based therapies*. Bloomington, In: Xlibris.