



Editorial

Tom Levold, Cologne (Germany)

With this second issue of 'Body, Mind & Culture', the journal is taking the next step forward towards the challenging prospect of transcending the biomedical model in the medical field in favor of an interdisciplinary, or better, transdisciplinary discourse on issues which comprise bodily and mind related and socio-cultural phenomena.

The history of science and its academization in the last century has led to a continuous differentiation of academic disciplines and subdisciplines which developed and followed their own paradigms and methodologies, gained specific (organizational, economic, and legal) forms of institutionalization and careers, formed quite homogenous scientific communities, and produced a corpus of codified, consensus-based, and teachable knowledge. All these processes contributed to the emergence of clear disciplinary identities which are more or less distinguished from other fields of knowledge.

As the history of science shows, this evolutionary process brought about a powerful system of specialized scientific knowledge which accelerated developments in almost all societal domains. However, specialization is not only a vehicle for scientific progress, is also has some serious pitfalls and blind spots.

Today, we are faced with complex scopes of knowledge (ecology, health, globalized communication, and etcetera) which are difficult to examine from a single discipline-specific perspective. Furthermore, and even more problematic, specialization can make it impossible to even recognize certain complex problems, since many specific scientific research procedures do not derive from the nature and the context of their subject, but from the methodological repertoires and competence claims of the respective disciplines.

The famous cybernetician, Heinz von Foerster, once indicated that the etymological core of the word science is the indo-european word 'sky' which means 'to split' (this is also part of the word 'schizophrenia'). As a contrasting term he proposed the concept of 'system' (Greek for entirety, aggregation). A systemic orientation leads to a transdisciplinary approach.

While interdisciplinarity focuses on the communication and the interface between different disciplines, which allows an exchange of different perspectives on shared subjects, transdisciplinarity goes even further. According to Gregory Bateson, transdisciplinarity is the search for "patterns that connect". It deals with circularities which cross the boundaries of matter and energy, of mind and nature. It asks how phenomena in different realms of observation can be brought together in in order to gain a deeper understanding of the complexity of our live.

In the medical field, Thure von Uexküll (1920-2001), a German medical doctor, philosopher, and one of the founders of the biosemiotic approach, can be addressed as a trailblazer of transdisciplinary thinking in psychosomatics. Sima Atarodi, Shahram Rafieian, and Mohammad Salavati visited his Wife, Marina von Uexküll, in her home in Freiburg and talked with her about the scientific life of her husband. Considering alone his references to other researchers and thinkers makes clear how broad his intellectual spectrum was; for example S. Freud, M. Balint, Winnicott, J. Piaget, D. Stern, L. V. Bertalanffy, N. Wiener, F. Varela, H. Maturana, G. Bateson, H. V. Foerster, E. V. Glaserfeld, and others.

Alireza Monajemis' paper on the role of biomedical knowledge in clinical reasoning tackles the 'split' of medical knowledge which is produced between the academic and research field, and the knowledge the experienced clinician takes as a road map for diagnostics and treatment. He suggests that the primacy of clinical practice in medicine vividly shows that it is not possible for medicine to be grounded only in pure science.

In an impressive paper on the placebo response, which cannot be explained within the domain of the biomedical approach alone, Shahram Rafieian uses as an alternative framework a non-dualistic philosophical conception of mind-body-society which refers to the phenomenological work of Merleau-Ponty. The social-relational as well as psychological dimensions of the placebo response are considered by incorporating the concept of semiosis (the process of sign interpretation) as a translator of the flow of information between different domains of experience.

Azadeh Malekian, Gholamhosein Ahmadzadeh, Mohsen Maroufi, Abbas Attari, Amitice Bahramian, and Aleksandar Janca present a replication of a study designed by the University of Western Australia (UWA) which studied the identification of deteriorating mental functioning in an early stage in the form of altered sensitivity to expected rituals and an altered ability to perform the rituals appropriately. Rituals are here understood as the correct performance of culturally based practices of everyday life (personal appearance, dress code, hygiene, eating habits, sense of privacy, and etcetera). They report interesting discussions within the research group on how far you can go in defining deviant behavior in these domains as risk factor for mental disturbances. They conclude: "Cross cultural applicability of the social rituals concept and its applicability in reinterpretation of the concept of prodrome are crucially important in psychiatric diagnosis. It instantly incorporates the idea of 'culture' into prodrome, and hence, psychiatry must reconsider the utility of western diagnostic instruments/techniques in non-western settings or in western settings with non-western people as would be the case in most parts of our increasingly multi-cultural world." This approach is quite delicate, when you do not take a clear understanding of the term 'culture' into account. Although mental disturbances can surely manifest themselves in early 'misperformances' of cultural rules, culture is not a stable object. Particularly, there is always a difference between the 'public' discourse or mindset of culture and the practices of the people who are members of that culture. Cultural evolution, all over the world, occurs through deviations from the cultural paradigms which are -in this respect- not signs of individual pathology. May this paper open up an interesting cross-cultural discourse.

Besides these more conceptual articles, this issue contains some interesting research studies relying more on quantitative data. Fatemeh Asadollahi, Hossein Ali Mehrabi, Hamid Taher Neshatdoost, Mehrdad Kalantari, Hamid Afshar, and Hamed Daghighzadeh performed 8 sessions of Mindfulness-Based Cognitive Therapy on cases of irritable bowel syndrome in women. They found significant reduction in anxiety, depression, and somatization symptoms after the intervention and in anxiety and obsessive-compulsive disorder (OCD) at follow-up. Interestingly the treatment had no impact on the severity of physical symptoms.

Minoo Yaghmaei, Alireza Monajemi, and Kamran Soltani Arabshahi trained medical students in 10 sessions, each for two hours, with storytelling and use of literature to enhance their ability to empathize with their patients. Evidently, this kind of empathy training needs further evaluation. The authors conclude: "Storytelling courses are possibly effective in maintaining the level of medical students' empathy toward patients and might prevent the reduction of empathy during their educational course."

The last contribution to this exciting issue is a study by Hamidreza Roohafza, Shamila Mosharraf, Ghafour Mousavi, Azam Khani, Elham Andalib, Mitra Reihani, and Ali Abbasalizadeh who collected demographic and psychosocial data of all patients, who had tried to commit suicide during one year (466 cases), of a local hospital of a rural region in central Iran. Interestingly, about one-third of the population was male and two-thirds female, the peak age of suicidal attempts was 15-24 years, followed by 25-34 years. A closer look at the data suggests that this is a most exciting subject for a cross-cultural and transdisciplinary discourse. The authors, for example, suggest "...family conflicts, increased expectations and individualism, and changes in adolescent transitions (particularly the importance of a youth culture that isolates young people from adults and increases peer group influence, more tension between dependence and autonomy, and more romantic relationship breakdowns)" as stressors for suicidal behavior. While this is certainly often the case in different cultures, it is interesting to compare suicidal behavior between different cultures. For example, suicide in Germany is statistically in the first line a phenomenon which occurs later in life (there are no data about suicidal attempts, only suicides). The suicide rate for men from 20-25 years is 11.9 (women 3.2), and for men from 85-90 years 73.2 (women 15.1). Evidently, the reasons are very different regarding social and cultural contexts, and, presumably, the dynamics of cultural stability and change, which marks a demand for further comparative discussions.

We see that producing data may not give immediate answers, but will lead to more and maybe different questions. This is what an interdisciplinary, cross-cultural, and conceptual journal like 'Body, Mind & Culture' is about. Diversity, the broad range of perspectives, the qualitative as well as quantitative data, and the openness to new ways of thinking is what this issue has to offer to all professionals in the medical field who are curious to leave their trodden paths of daily routines.