



## Editorial

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Although the globalization of knowledge is rapidly extending and following or even preceding the globalization of economy we are in other areas still living in a pretty segmented world separated by boundaries of various kinds, ethnicity, social class, culture, religion and language. Some of these boundaries have a long history. Often they are not so much imposed by external forces, but rather self construed by groups or individuals in their search for self-definition and identity.

In scientific discourse there seems to be agreement that the transgression of borders between the segmented fields of knowledge can have a strong impact on extending insight and knowledge. Psychosomatic medicine from the perspective of the history of science in this context is an interesting case. Its success probably has to be attributed not only to the improvement of the clinical care of specific groups of patients, but rather to the fact that psychosomatic medicine from its beginning has been a transdisciplinary endeavor. Developing at the edge of biomedicine and the social sciences and humanities, it had to bridge the gap between two fundamentally different and in some ways even opposing scientific paradigms, - that of empirical science leading to instrumental knowledge and that of hermeneutics, the creating and understanding of meaning leading to communicative competence. Both paradigms are of central importance for clinical medicine. In order to integrate these two paradigms psychosomatic medicine had to keep in touch with different scientific cultures and communities, and to develop a theoretical framework allowing it to combine or perhaps even transcend these opposing models.

Many aspects of psychosomatic medicine are clearly culture-bound. This applies to the social origins of psychosomatic illnesses as well as to their course and treatment. Since one perspective of psychosomatic medicine is genuinely focusing on the subjective side of experience related to the body and its functions and dysfunctions, meaning construction and narration are essential issues. Many symptoms in clinical medicine such as pain, dizziness, and etc. can not be observed independently from the patients own awareness and account of them. They are rather construed in the context of the doctor patient relationship, in which the patient gives a narrative of his or her bodily experience and the doctor listens and co-constructs the specifics of the patients' experience. Clearly these processes of meaning construction refer to culturally specific values, patterns of interpretation, and experience.

However, the fact that psychosomatic medicine in many ways is culture-bound does not imply that it is not amenable to an intercultural discourse. In contrast, a dialogue and comparison of how we understand psychological processes (e.g., the response to bereavement, coping with trauma, dealing with specific developmental tasks, and etc.) allows us to identify similarities and differences across cultures, and thus to support a deeper understanding of our theoretical assumptions and concepts.

This is the first issue of a journal, which under the title of Body, Mind, & Culture will deal with some of the topics outlined above. It aims to contribute to a transdisciplinary and transcultural discourse in Psychosomatic Medicine. The journal originates from a collaboration project between Iran and Germany which was launched in 2009, and which was funded by the German Academic Exchange Service. During this project an intense cooperation on issues of clinical training and research in psychosomatic medicine was started, which now seems stable and enduring enough to establish a more continuous forum of discussion. The Journal aims to cover a wide range of contributions – original studies using different research methodologies, systematic reviews, and theoretical papers on basic aspects of psychosomatic medicine. Focusing on the differences and similarities in the manifestation of psychological disorders, their social origins, the way they are dealt with in different countries and cultures, the specifics of the health care systems of psychosocial care, and etc., the journal will stimulate the exchange of ideas in the field of psychosomatic medicine.

In accordance with these goals the current issue is assembling theoretical papers, original research, and reviews. S. Brier in a profound theoretical work outlines a transdisciplinary epistemic framework integrating the conflicting methodological paradigms of bio-science, and the social sciences and humanities by the new concept of cybersemiotics. A. Malekian et al. discuss specific culture-bound characteristics in the manifestation of anxiety disorder in Iran. A. Monajemi et al. present a theoretical framework for the concept of clinical reasoning in psychosomatic medicine suggesting a method for the evaluation of training in the field. Moreover, three other papers are devoted to clinical research. R. Johari-Fard et al. are reporting a cross-sectional study on the association between cognition, personality traits, and family patterns in the outcome of patients with migraine headache. M. Mazahari et al. present a longitudinal cohort study in which the impact of a new treatment approach focusing on emotion regulation is evaluated. F. Goli et al. studied a sample of 100 Iranian cancer patients suffering from breast and colorectal cancer in order to investigate the impact of individual patterns of coping on the quality of life.

The scope of these contributions demonstrates the range of topics which are in the center of the journal's focus. The pluralism of methodological approaches including theoretical papers, empirical studies, single case reports, and reviews reflects the editors' concept of how to support and develop adequately the scientific discourse in the field. We hope that the journal will enrich the discussion and the exchange of concepts and ideas in psychosomatic medicine bridging the borders between different cultures and scientific communities.