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The Expression of the Psychosomatic Body from a Phenomenological Perspective

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Introduction

The patient who presents somatic symptoms with no clearly discernible lesion or dysfunction presents a problem to the traditional health care system. These symptoms are medically unexplainable (so-called “MUS” = medically unexplained symptoms) and thus constitute an anomaly for the materialistic understanding of health problems that underlies the practice of modern medicine. The history of Western medicine is the story of how the body gradually revealed its internal mysteries, after human dissection was approved, (formally permitted in 1565 at London’s Royal College of Physicians), resulting in the conceptualization of disease and ill health in terms of identifiable abnormalities in the body. The discovery of viruses and bacteria further solidified the explanatory power of material “stuff” in the body as pathogenic, while the coming of modern technologies allowed for an even further level of material discernment by augmenting the eye of the doctor through sophisticated machinery and laboratory tests. These advances have made possible the cure and prevention of many diseases and are very useful for those conditions that can be properly understood in material terms. However, this traditional biomedical model is not appropriate for understanding a number of health issues that we call “psychosomatic” and for this reason, biomedical theory and practice must be complemented in order to adequately understand and treat the psychosomatic anomaly. This book is an attempt to establish a complementary understanding of health and illness in terms of a non-reductionist model allowing for the psychosomatic expression of the lived body. The term “lived body” comes from the philosophy of Maurice Merleau-Ponty, and it is his work which will be the theoretical inspiration for the alternative understanding of psychosomatics worked out in these chapters.