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Understanding the body-mind in primary care

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Background & Aim: Patients' experience of symptoms does not follow the body-mind divide that characterizes the classification of disease in the health care system. Therefore, understanding patients in their entirety rather than in parts demands a different theoretical approach. Attempts have been made to formulate such approaches but many of these, such as the biopsychosocial model, are still basically dualistic or reductionist. In primary care, patients often present with diffuse, poorly differentiated symptoms, making primary care the ideal environment for understanding patients' undifferentiated symptoms and disease patterns which could readily fit both bodily and mental categories.

The aim of this study is to discuss theoretical models that have attempted to bridge the gap between body and mind.

Method: Theoretical concept analysis and concept synthesis.

Results: The psychosomatic approach could be called holistic in the sense of taking an anti-dualistic stance; whereas the biopsychosocial model is still essentially reductionist. Balint formulated an integrative view and advocated the influence of psychological factors on bodily manifestations of disease and laid the foundation for the concept of patient-centeredness. Primary care theorists such as McWhinney and Rudebeck have also formulated integrative views but these have not yet gained a foothold in primary care medicine. McWhinney introduced a new metaphor, 'the body-mind', and Rudebeck advocated cultivating 'bodily empathy'. These views have much in common with both phenomenological thinking, which sees no separation between body and mind, and mentalization, which is a newer psychological concept for understanding others that encompasses much of the substance of previous primary care thinking.

Conclusions: Combined with phenomenological thinking and models that integrate social and cultural contexts, mentalization theory could form the basis of an approach to a more comprehensive understanding of patients.