



Medicine in Transition

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Editorial

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During paradigmatic transition periods, the topic of normal sciences and their assumptions is raised. Presently, we are in a paradigmatic crisis. On the one hand, the ever-rising development of medical technology empowers the biological paradigm. On the other hand, phenomenological and psychosomatic clinical researchers shed light on the psychocultural aspect of health. However, biomedical studies by their natural expansion include epigenetics and psychoneuroimmunology territories which function as a bridge between the symbolic and the matter-energy worlds. Now, we clearly know that cognitions, emotions, and relations can change our physiological and behavioral responses and vice versa.

In this issue, first we will read a number of contemplations on medical model and technology, and then, some studies in the domain of psychosomatic medicine are presented.

In the first article, Farzad Goli, in his very fascinating essay, describes how modern medicine has desouled man in order to make him measurable, controllable, knowable, and predictable through processes of

objectification, normalization, and medicalization. The author believes that, although the mechanistic view of biomedicine has, to this date, provided us with the most exact set of knowledge to treat human beings, it is insufficient to explain suprapersonal levels such as culture, family, and etc. Today's medicine is unable to tolerate human beings' phenomenal world, since it can disturb all the equations in the mechanistic view of biomedicine through altering individuals' interpretations of themselves and their health, and their quality of life (QOL), and even through changing their body's cellular and molecular processes. The author suggests utilizing today's valid systemic models, such as biopsychosocial and biosemiotics models, and at least providing an outline for the actualization of a communicative model in medicine; a model which can be the host of a real human being with all his aspects. Goli emphasized the movement toward a life-oriented medicine which encourages individuals in the search for higher health.

In a very interesting study, Mehdi Moinzadeh explains Heidegger's view regarding essentialism in medical technology. He first puts forth the views regarding the instrumentality or non-instrumentality of technology which,

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respectively, comply with confirming an essence dependent on man's will, control, and volition for technology and an essence independent of man's control and will which influences the essence of man for technology. In this respect, Heidegger is an essentialist; that is, he believes in the existence of an independent essence for technology which is not dependent on man's will. The author has extracted Heidegger's ideas on technology and extended them to the realm of medical technology. He also deals with the views that Heidegger may be criticized for.

In a causal-comparative research, Arefeh Erfan et al. investigated the relationship between psychological symptoms and emotional schemas, comparing the emotional schemas of patients with irritable bowel syndrome (IBS) with that of a control group. They reported a statistically significant difference between the patients with IBS and control groups in terms of all schemas except emotional schemas of trying to be rational and being comprehensible. Moreover, the results indicated that some emotional schemas were related to psychological symptoms. Their investigation suggests that it is necessary to instruct individuals with IBS regarding emotional schemas since increased awareness of emotional schemas will result in the acceptance of undesirable emotions as a part of the complex human nature, and thus, less experience of anxiety, depression, and stress.

Omidi and Talighi, in a semi-experimental study, assessed the effectiveness of acceptance and commitment therapy (ACT) on couples' QOL, emotional regulation, marital satisfaction, general health, and mindfulness. The results of their study indicate that using ACT enhances couples' marital satisfaction and QOL. Considering the short duration of ACT for intervention compared to other methods, the authors suggest that ACT for couples is an effective method for dealing with marital problems.

Ying et al., in a cross-cultural study, compared climacteric symptoms, self-esteem, and QOL between women from two different cultures in China. They reported that, in their sample, the interaction between climacteric symptoms, psychosocial variables, and QOL revealed cultural differences. They reported that Mosuo women had milder psychological symptoms compared to Han women. Moreover, the former has been revealed to have higher self-esteem and QOL. Their findings indicate that although climacteric period is a universal phenomenon among women, its experience and meaning may vary across cultures. The authors suggest that cultural ideologies, norms, and meanings interact with biopsychological variables during the climacteric period.

As is evident in the above-mentioned introduction, you will read an extended scope of psychosomatics from philosophy to cross-cultural and clinical studies.