

Peer Review

Review of: "Epistemological Limits of Classical Psychosomatic Psychology"

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Review

In German general practitioner medicine, psychosomatic diseases form an integral topic of everyday GP-patient encounters. The GPs are specifically trained in this, including self-reflection and self-awareness procedures as part of Balint group encounters and other forms. The theoretical basis is elaborated in textbooks like Uexküll, *Psychosomatische Medizin*, 9. Auflage, 2025, Urban & Fischer, Elsevier. This basis is not reductionistic or simplifying. So, the author might give more hints on what he means when suggesting a reductionist approach in what he calls psychosomatic psychology.

Concerning the typical form of applied psychosomatic medicine and psychotherapy in Germany, the encounters try to jointly understand feelings and interpretations the patient talks about, and to intensify this hermeneutical procedure by suggested alternative interpretations. This mutual interpretive agency goes far beyond a simple mapping "onto stable psychological meanings", as the author suggests. Also, the encounter is not aimed at uncovering hypothesized causal chains or mechanisms, since the idea of such simple mechanisms does neither exist in psychotherapeutic theory nor in a corresponding psychosomatic theory. (Concerning the latter, it must be noticed that a true model of biopsychosocial interaction does not yet exist; instead, it has just been called for by Engel, see Ghaemi SN. The rise and fall of the biopsychosocial model. *Br J Psychiatry*. 2009 Jul;195(1):3-4. doi: 10.1192/bjp.bp.109.063859, amongst others.

From an epistemological point of view, hermeneutics-oriented psychosomatic medicine (I refer to medicine, and not only to psychology, as the author suggests) does not naively use symbolic hypotheses and socially shared interpretive frameworks. All that is contributed by the patient and the therapist remains a thesis. It cannot become a simple truth or fact by verification or simply be declared an error by

falsification. These Popperian procedures apply for fact checks but not to the entanglement of perspectives in a therapeutic encounter.

Further, the impact of bodily processes is never a unidirectional or reciprocal direct one but stratified and modified by awareness allocation and emotional interpretation. This also holds true for details of bodily processing, like in the digestive system. The latter contributes to a wide range of potential influences and conditions, with the realised individual outcome and experience emerging from a polycentric ground in a not fully predictable way.

An enhanced risk of confirmation bias would apply if psychosomatic medicine were in fact to operate with simplified theses in the form of symbolic hypotheses, but this is not the case.

To prove the contrary, the author is encouraged to give examples of naïve symbolic hypotheses and a corresponding processing in what he calls psychosomatic psychology. Also, he might provide examples of testable hypotheses in the realm of psychosomatic psychology. Applied to such examples, his call to avoid confirmation bias might be better grounded.

To caution: Mentioning newly considered participating agencies like the so-called microbiome adds fragments but does not contribute to an overall understanding of biopsychosocial interactions.

So, I would recommend exemplifying the proposed article and kindly suggest not using too old, out-of-date examples of psychosomatic theories in doing so. In principle, the risk of confirmatory bias, as discussed by the author, is undeniable and always worth considering.

Declarations

Potential competing interests: No potential competing interests to declare.