

Somatic metaphor: A clinical phenomenon pointing to a new model of disease, personhood, and physical reality

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Abstract

The rarely discussed phenomenon of somatic metaphor is apparent when a physical disease--in its pathology, the organ(s) involved, and/or its body location--appears to be "saying" the same thing, expressing the same meaning, as the patient's subjective "story," conveyed in verbal language or in the pattern of important and meaningful events in the life of the patient. The author offers evidence that when patients presenting for diagnosis and treatment of physical disease are appraised from both normative physicalist and psychotherapy perspectives, somatic metaphors are frequently observed. Building on clinical examples, the crucial role of the clinician in observing (or failing to observe) this conjunction of physical disease and personal meaning is analyzed; a visual modeling of clinician patterns of observation is provided to facilitate clinicians in moving away from simplistic, reductionistic, observer patterns so that they may accommodate physical and "story" perspectives in the same clinical space; biomedical and biopsychosocial models are analyzed, demonstrating that neither can explain somatic metaphors and that an alternative theory is therefore needed; and a unitary model of personhood and disease is proposed that avoids mind-body dichotomies and dualistic assumptions and lays a groundwork for the exploration of physical and subjective aspects of patient reality as playing active roles in the development and perpetuation of, and recovery from, any physical disease.

Medicine and story: a novel clinical panorama arising from a unitary mind/body approach to physical illness.

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Abstract

Since 1987, all patients referred by family physicians for internal medicine consultation at the Institute for Integrative Health Studies (Christchurch, New Zealand) have been assessed by the author from both physical (normative internal medicine) and psychological (psychodynamic, interpersonal, object relations, and self psychological) perspectives. Depending upon the material emerging in each case, the treatment options available for the particular disorder, and patient preferences, many patients have gone on to mind/body oriented discussions or psychotherapy with the author (detailed in Broom 1997), or with one of a team of therapists supervised by the author. This clinical experience, mixing internal medicine and psychotherapy approaches to physical illnesses (with or without organic findings), points to the following: (1) Profound connections between the patients' perceptions of their life-events and experience and the development of illness in both organic and nonorganic illnesses; (2) a rich fund of information in the patients' verbal language about the meaning of the illnesses; (3) the crucial importance of clinical attunement to macro- and micro-life events surrounding symptom emergence; and (4) the decisive role a clinician's implicit paradigm of "personhood" plays in patient care. This paper broadly outlines the presuppositions for this integrative clinical approach, and illustrates the approach with case material. Additionally, it summarizes the kinds of listening, and other skills, that have proved clinically useful. In all, the material illustrates that a combination of orthodox biomedical approaches and a "story approach" (which focuses on meaning leading to illness) offers considerable potential benefits to patients with physical symptomatology including those with organic findings.