More than 10 years ago I was asked by Prof. Freyberger to contribute to ‘Psychosomatics and Psychotherapy’ upon the theme of Psychosomatic Education and Training. The main issue to be discussed was how two different abilities can be cultivated in one potential psychosomaticist; one being critical, intellectual, logical (rational) and verbal ability, and the other non-critical, intuitive, emotional and non-verbal ability. My answer to this was that psychosomaticists should be guided to realize this secret through their own experience by lucidly observing both aspects which are actually at work in their own bodies, and that this process could be facilitated by practising some kind of self-discipline which promotes harmonized cerebral and psychophysiological activity as a whole. Such self-disciplinary practices cover both aspects. They are not restricted to intellectual insightful endeavors such as personal analysis.

Many valuable reports on how to educate students and practitioners and how to practice psychosomatic medicine have been presented at this congress. To my regret, however, we have heard only a few papers, notably those in the symposia on Oriental approaches, on the importance of self-education and self-experience. The question becomes how can we learn about our lives in accordance with a philosophy which allows us to actually experience the unity of the mind and body, which, I think, is the real basis of the education and practice of psychosomatic medicine. The answer inevitably leads us back to what I call ‘great humility’.

Through such efforts in self-education one can gradually become aware of both of these aspects which are actually living in ourselves, and which are constantly in conflict, resulting in psychophysiological pathologies (either functional or organic). Prof. Chauchard pointed out that we have not been poorly created but we have been poorly educated, and suggested a rather concrete method as to how to activate the psychophysiological mechanisms including the brain stem which plays such an important role. In addition, the lectures of Prof. Shapiro and Kamiya on behavioral medicine and biofeedback have served to remind us of the forgotten language of the body which we can become aware of through emotional and bodily processes of learning.

I stressed in my opening address that both psyche and soma are two natural phases of a single process which have been forcibly separated from each other through our present distorted educational philosophy and practice. Our main task is, therefore, to learn how to restore such a natural state of our whole psychophysiological being, which is not restricted to only the brain or changes in psychological states, but which also includes our bodily experience or ‘Taitoku’. I envision this to be similar to the original aim of certain religious efforts to restore our ‘true self’. The point is that Western approaches appear superior in helping us to become aware of our intellectual, verbal and rational abilities, and to live in a more individualistic, more socialized and’ superficial society, while Oriental approaches have some advantages in developing techniques for restoring the awareness of the non-critical, non-verbal, intuitive and biological
aspects of our existence, providing a solid psychophysiological foundation for optimal health. Both approaches have their limitations, of course. I believe that an optimal approach in psychosomatic medicine should serve to facilitate our health (rather) as a secondary byproduct of self-realization, and should be primarily aimed at preventive and comprehensive medical care. In conclusion, I feel that one-sided over-generalizations which actually ensue from thinking of the ‘mind’ and ‘body’ as dichotomous must be avoided, and I hope that this congress has been a strong impetus for initiating a sincere and serious dialogue between ‘East’ and ‘West’. I hope that the concepts of psychosomatic medicine can develop to the stage where dichotomous expressions such as mind and body, psychiatric and organic, Christian and Buddhist, and so on can be transcended. Liaison-consultation psychiatry, integrative and multi-disciplinary approaches can be good systems as far as they go. However, a basic transcending and unifying concept remains essential for providing these and other ways of thinking with an underlying core of meaning. W. We gratefully acknowledge the advice and assistance of Prof. H. Freyberger Hannover. Yujiro Ikemi MD