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# Therapeutic encounter: retrieval of an integral approach in medical practice

## Abstract

The authors discuss the need to revitalize the interface between the humanities (more) and the health sciences, leading to the integration of multiple knowledge for an humanistic practice. They believe that health care is best addressed when using a pluralistic practice, covering and integrating the multiple human dimensions to preserve the humanity and the unity of man.

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## Introduction

The medical consultation is an interaction between two persons, however, very often its technical aspects are put in relevance and appears separate from the interpersonal relationship.[1] Sometimes the technical performance is so incisive that is difficult to perceive the existence of an intersubjective encounter. This is perceived as dehumanization of health practices, as is evident the split between what is objective (technical-scientific) and what is subjective (human).[2] There are several innovative speeches aimed at new practices to overcome this problem. Here we bring to light the fundamentals and philosophical assumptions that support these practices.[3]

Modern medicine, due to its epistemological narrowness, find great restrictions and sometimes the impossibility of finding conclusive and satisfactory answers to many health problems and "life issues". The professionals in the exercise of everyday clinical practice feel limited by these restrictions. They realize their theoretical and practical insufficiency, but cannot see a way to break free from these chains. The biomedical model attempts to frame Medicine in the set of concepts, rules and practices of the natural sciences. But the phenomena of life are complex and go beyond the boundaries set by the scientific methodology. To understand them we need other sources collected by other methodologies.[4] This concept that different methodologies are needed to achieve a complete description of the phenomena is called "epistemological pluralism".[5] It is a concept that recognizes the existence of several valid forms of knowledge and argues that different theories may be appropriate and valid. It is based in the idea that there are various routes of access to the truth and various formulations of truth, and the eventually opposing theories shed light on different aspects of the same reality.

It is important to note that the goal of pluralistic methodology is not to deny the importance and the contribution of scientific methodology for knowledge. Also, it is not intended to replace a set of rules by another set of the same type. The epistemological pluralism argues that all models and methodologies have advantages and restrictions. The inspiration of this approach can be attributed to modern philosopher Paul Feyerabend. He presents himself against the use of a single methodology and the primacy of scientific knowledge over other forms of knowledge. Highlights the damage that such an attitude brings to the progress of science and the development of humanity. Describes science as obsessed with its own mythology and proclaimer of truth beyond its capacity.[6] After some time of professional exercise, the main author (FSG) realized the restrictions and constraints of traditional model of medical care. In view of this, he gradually changed the patient's approach, influenced by Carl Gustav Jung's analytical psychology, by Victor Frankl's search for the meaning of the existence, by Max Scheler's philosophical anthropology, and Boris Cyrulnik's resilience concept. But the roots are in the ontology, in the hermeneutic, in the teleology, in the historicity and in the antinomies. These themes are contributions of philosophy: Heraclitus, Parmenides, Aristotle, Plotinus, Immanuel Kant, Wilhelm Dilthey and Martin Heidegger. On these bases, the author seeks to develop an inter-subjective relationship that had the ability to articulate the technical and scientific competence and knowledge of the "human essence". In this approach, which we called therapeutic encounter, these dimensions intertwine and permeate, so there is no split between the objective and subjective knowledge. There is not a technical time and another human time.

We think that therapeutic encounters are very well suited for the care of chronic, functional diseases such as irritable bowel syndrome and functional dyspepsia. As it is known, in these illnesses there is a high rate of failure of several medicines, and a high rate of placebo response. Some years ago the authors had the empirical perception and feeling that patients with functional dyspepsia treated with therapeutic encounters rather than the traditional medical consultation had a better outcome, with a greater reduction of the intensity of symptoms and remaining more time symptom- free. The main author started using therapeutic encounters in caring for these patients. A frank dialogue was established, oriented not only to obtain organic data, but also permeated with existential issues. This dialogue was a technical resource for the construction of a doctor - patient link, to reach a diagnosis and establish a treatment plan guided by values, knowledge, responsibilities and commitments understanding the perspective from which the patient was expressing. The clinical picture and the patient's condition were important aspects, but the focus of attention was directed to the individual.

Among others key issues, the doctor sought to recognize "key moments" in which the patient did or could have made use of the

 

so called "life skills". From there, the concept was developed in the therapeutic context. Life skills are defined by the World Health Organization as adaptive behaviors that, when used properly and responsibly, enable a more effective negotiation with the demands and challenges of everyday life. They are inherent to humans, but can and must be awakened and developed.[7] WHO considers them as important tools in promoting health. Three of these skills were focused during the encounter: coping, resilience and enthusiasm. The patient was encouraged to be recognized as an active, autonomous and responsible agent. The doctor took the responsibility to help him take care of themselves and their own health, and also guide him/her to the life issues, for a certain period of time. The rescue of autonomy and accountability was always present. For example, at baseline two lists were prepared: one with foods to avoid any other with recommendations to be followed by patients. Patients treated in the traditional medical approach were requested to full compliance with these suggestions. On the other hand, patients treated of "therapeutic encounter way" were requested that these suggestions were experienced in the context of everyday life, to see if they apply to that particular case. They were encouraged to remain in a dynamic and continuous learning process. The physician tried to keep some flexibility between his expertise as a health professional and the individual's knowledge about yourself. The physician encouraged patients to know and assume his functional dyspepsia (according to his own perceptions), learning to live and adapt to the limitations and restrictions imposed by it. Having had an empirical positive impression using therapeutic encounters, concerning the clinical responses of functional dyspepsia patients, a clinical trial is currently under way to further assess these outcomes.

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## Conflicts of interest

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