



THE BALANCE

Psychosomatic and Mind-Body Symptoms

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH / LONDON

What to know before treatment

- 01

Psychosomatic and mind-body symptoms are real and may reflect interacting medical, psychological, behavioral, and physiological processes rather than a single cause.
- 02

Assessment reviews medical evidence, red flags, symptom patterns, function, mental health, medication, behavior, and care gaps without assuming normal tests prove a psychological disorder.
- 03

Care may coordinate medical review, psychotherapy, functional rehabilitation, sleep, activity, medication, and family support, while new or severe symptoms require prompt local assessment.
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One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

Understanding your needs

Understanding psychosomatic symptoms

Psychosomatic is used in different ways and can be stigmatizing. Depending on the presentation, clinicians may consider somatic symptom disorder, functional neurological disorder, illness anxiety, psychophysiological processes, or a medical condition affected by stress. These are not interchangeable.

How psychosomatic symptoms May Present

Presentations vary widely and may involve pain, fatigue, dizziness, gastrointestinal symptoms, neurological-like symptoms, palpitations, breathing sensations, or persistent health fear.

- Physical symptoms that remain distressing despite appropriate evaluation
- Symptoms that fluctuate with stress, attention, context, activity, or relationships
- Repeated emergency or specialist visits without a coherent shared plan
- Strong fear of missed illness or repeated reassurance that provides only brief relief
- Avoidance, deconditioning, checking, tracking, or life increasingly organized around symptoms
- Conflicting medical and psychological explanations and reduced trust in care
- Depression, anxiety, trauma, sleep disruption, pain, or substance and medication use
- Real functional impairment in work, relationships, movement, eating, or self-care

The person should not be asked to prove symptoms through distress or accept a psychological explanation as the price of receiving care. Respectful language and collaboration are part of treatment.

Assessment before a recommendation

Assessment reviews the medical work already completed, current red flags, symptom pattern, function, beliefs, behavior, mental health, medication, and gaps in care. It seeks coherence rather than endless testing or premature closure.

Onset, course, triggers, variability, severity, and functional effects of symptoms

Current red flags and whether new or changing symptoms require medical reassessment

Existing records, diagnoses, investigations, specialist opinions, and unanswered questions

The person's explanatory model, goals, consent, and trusted medical continuity



Safety and the appropriate setting

New neurological deficit, severe chest or abdominal symptoms, collapse, significant bleeding, breathing difficulty, acute confusion, suicidal intent, or another emergency requires immediate local medical or psychiatric assessment. A historical psychosomatic label must not be used to override new evidence. Independent physicians retain responsibility for medical diagnosis and treatment within their scope.

Care built around you

Care may focus on function, symptom management, fear, avoidance, regulation, pacing, movement, sleep, relationships, and a more coherent medical pathway. Treatment should not be framed as proving that symptoms are psychological.

Confirm urgent and unresolved medical questions with appropriate professionals Develop one shared explanation that preserves uncertainty where necessary

Reduce repeated uncoordinated testing while maintaining a route for new red flags Use psychotherapy suited to health fear, symptom attention, trauma, mood, or behavior

Support graded function, movement, sleep, and daily activity where indicated Review medication, pain treatment, and substances with qualified clinicians

Help family respond without dismissal or endless reassurance Create a local medical and psychological continuity plan

Breathing, somatic, complementary, or neurobiological interventions may support selected goals but should not be presented as correcting one hidden cause. Improvement does not prove the original symptom was imagined.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

The experience of care

Private residential treatment in Mallorca, Zurich, and London offers space for care, rest, and reflection. Your treatment plan, accommodation, and daily support are shaped around your individual needs.



A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Private residential mental health treatment with individual therapy and daily support.

From assessment to everyday life

01 **A confidential conversation**

Admissions listens to your circumstances and explains the clinical review process.

02 **Assessment and a recommendation**

The team considers suitability, priorities, setting and the individual plan.

03 **Personalized treatment**

Care is reviewed and adjusted as your needs and capacity change.

04 **Transition and continuing care**

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Continuing care should name a trusted medical lead, relevant specialists, therapist, rehabilitation or movement support, medication responsibility, and clear criteria for routine review versus urgent reassessment. Progress may include improved function, less fear and checking, fewer fragmented consultations, greater confidence responding to symptoms, better sleep and activity, and a coherent relationship with medical care.

Considering the next step

Does psychosomatic mean the symptoms are imaginary?

No. Symptoms are real. Psychological and physiological processes can interact, and medical illness may coexist. Respectful assessment is essential.

Do normal tests prove a psychological disorder?

No. Diagnosis should not be based simply on tests that did not find a cause. Positive clinical evidence, function, context, and appropriate medical review are needed.

Will THE BALANCE repeat all medical investigations?

Not automatically. Existing records should be reviewed, gaps identified, and further testing coordinated only when clinically indicated through appropriate providers.

Can stress worsen physical symptoms?

Yes, stress can influence many symptoms, but it should not be assumed to be the sole cause or used to dismiss new concerns.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

+41 44 500 5111

admissions@thebalance.clinic

Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.