Psychosomatic Medicine in Germany - From Psychoanalysis to Bio-Psycho-Social Medicine

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History I Ideas

The field of Psychosomatic Medicine and Psychotherapy in Germany developed after World War II. It was inspired by two roots: 19th century anthropological-holistic ideas in the field of Internal Medicine (G. von Bergmann) and the re-construction of psychoanalysis. And it was empowered by the long standing open rejection of German psychiatry of psychoanalytic ideas (Jaspers, Schneider). The concept of psychosomatic medicine in opposition to biological oriented psychiatry was from the beginning connected to the implementation of psychotherapy as its main tool.

History II Institutions

To name a few lead-taking institutions is easy. The Heidelberg Department of General Medicine and Psychosomatics directed by Paul Christian; the Freiburg Department of Psychosomatics and Psychotherapy directed by Helmut Enke and the Hamburg Department of Psychosomatics directed by Adolf Ernst Meyer were the three path setting institutions. Noteworthy ist hat in each case these institutions were initiated by chair professors of Internal Medicine (Heidelberg - Freiburg - Hamburg).

An additional impact was provided by the Psychosomatic Hospital at Heidelberg directed by Alexander Mitscherlich who was supported by Rockefeller and Ford Fondation. Alexander Mitscherlich´s role in the academic re-vitalization of psychoanalysis is hardly to overestimate.

History III Legalization

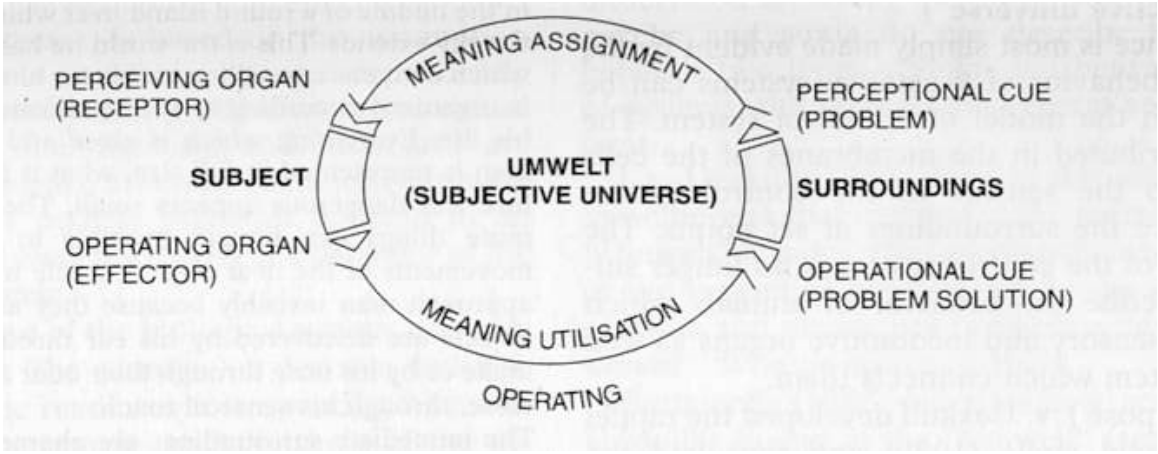
In 1970 Thure von Uexküll, professor of Internal Medicine in Giessen, instigated the implementation of psychosomatic medicine as a subject of its own together with the introduction of medical psychology and medical sociology in the teaching curriculum

of German medical faculties. Thus each faculty had to establish teaching and research facilities which in various degrees implanted the up to then outsider field on safe institutional grounds.

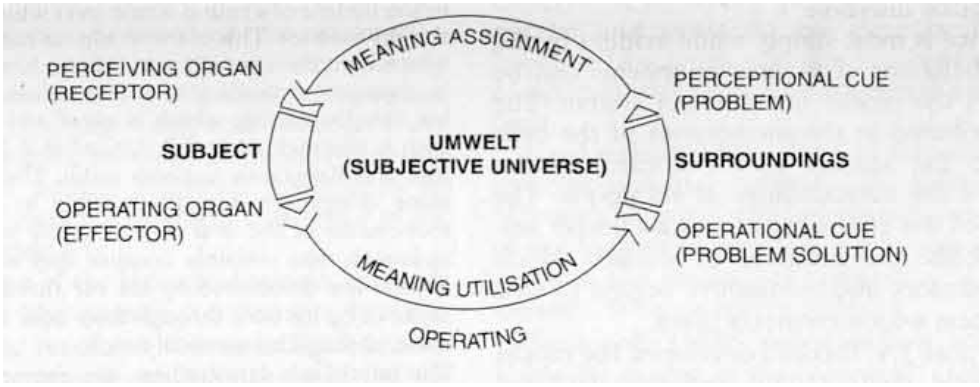
Thure von Uexküll - one of the founding professors of Ulm University in 1967 - became the most prominent figure in German psychosomatic medicine. In the following years supported by his academic staff he established the German College of Psychosomnatic Medicine and published in 1970 the first edition of a textbook that was to become the true bible of German psychosomatic medicine. 2003 appeared the 6.edition which again portrays „models of medical thinking and action“. Uexküll´s „Theory of Human Medicine“ formulates a definite constrast to sheer animal medicine and this concept goes far beyond the psychoanalytic ideas of the Alexander and psychoanalytic entourage. Similar ideas were espoused by Engel ´s (1962) „Psychological Development in Health and Disease“. and Weiner ´s (1977) „Psychobiology and Human Disease“.

<u>Environment - The Subjective Universe</u>

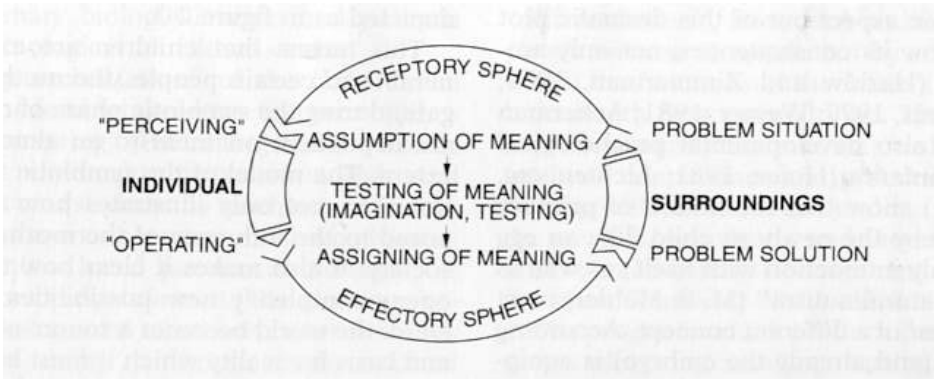
The father of Thure von Uexküll was the biologist Jakob von Uexküll who 1936 conceived the role of the environment for all living organisms using the concept of the functional circle:



Every living organism by its perceiving organ (receptor) assigns meaning to a perceived cue thus generating a subjective universe which leads to specific problem solutions, utilisating the meaning this cue has has to the organism:



This concept of meaning assignment was taken up by the son, Thure von Uexküll who due to his close connections to the field of semiotics created the concept of situational circle:



The unavoidable process of semiotization – this means the assumption of meaning to any situation, the testing of the meaning of this situation and finally the assigning of meaning for the individuum in the situation radicalizes the psychoanalytic ideas on psychosomatic medicine. Whatever the initiating somatic condition, a human being assigns meaning to it. Therefore any human disease is bound - by necessity – to be meaningful to a patient and Thure von Uexküll - like G. Engel and H. Weiner - conceives all disorders within a *Bio-Psycho-Social Framework***.**

By this idea the earlier distinction of psychosomatic and non-psychosomatic diseases was rendered obsolete and longer viable. The degree of semiotization of a somatic event could be small or large; this would be determined by the persons biography, by her or his need to humanize bodily changes.

Thus for any interaction between patient and physician, any medical situation, the concept of the situational circle can be described: *problem situation - assigment of meaning - meaning utilisation.*
This concept paved the way for a widespread acceptance of such a truely holistic, psychosomatic approach to all medical conditions, if and only if both participants of the transaction are willing to accept the human dimension of medical conditions.
It embraced the psychodynamic perspective – which could contribute Freud´s idea of „Nachtraeglichkeit“, which in fact describes a process of assigning additional meaning to a former event. And it added to bodily changes the social and environmental points of views (Adler et al. 1976).
Psychoanalysis and bio-social medicine woven together were two component responsible for building up German Psychosomatic Medicine as a field of its own. Internal Medicine provided the institutional basis for inpatient care; Psychoanalysis provided the therapeutic tools for outpatient care. This turned out to become a happy marriage; for example:
The newly founded Ulm University in 1967 established two chairs:
Department of Internal Medicine and Psychosomatics (Prof. Th. von Uexküll)
Department of Psychotherapy (Prof. H. Thomä) cooperating in teaching and training of psychosomatic medicine.

<u>Experimental Psychosomatics versus Doctor-Patient Interaction</u>
In contrast to anglo-american medicine where experimental, laboratory work dominated the field (ever since Cannon´s work on bodily changes in pain, hunger, fear and rage, 1929) the German solution focussed from the outset on doctor-patient relationships what was called „Interaction Psychosomatics“ and on evaluations of treatments-as-practiced in contrast to experimental treatment studies.

As a consequence of this approach the daily ward rounds became a preferred field of research:

„In the psychosomatic-holistic practice diagnosis and treatment are critically dependent upon an intensive dialogue between physician and patient. It is important to understand the origin of the illness and ist subjectively influenced consequences as part of the patient´s history. One must comprehend the „individual reality of the patient“ wrote von Uexküll (1982) in his preface to a book which summarized many studies on this field.

The question „Who talks to whom about what?“ led to systematic research on conversational aspects of the ward round which dominated the field of German psychosomatics in the eighties. Experimental work was neglected: rat psychophysiology was less appreciated (f.e. „cardiovascular responses to acute mental <stress> in spontaneously hypertensive rats“).

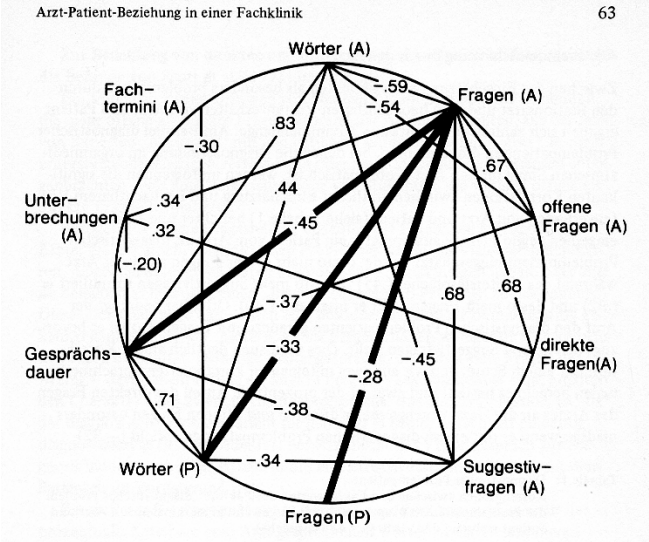


Figure: Structural properties of the daily ward visits:
Mean duration 3,5 minutes (in Köhle 1982)

In the same vein studies analyzed the power relations in Ward Rounds
The distribution of the direction of talking shows that in traditional ward rounds the doctor mainly talks to the staff; on the model ward in Ulm the doctor exclusively talks to the patient; medical information is exchanged outside the patient´s room.

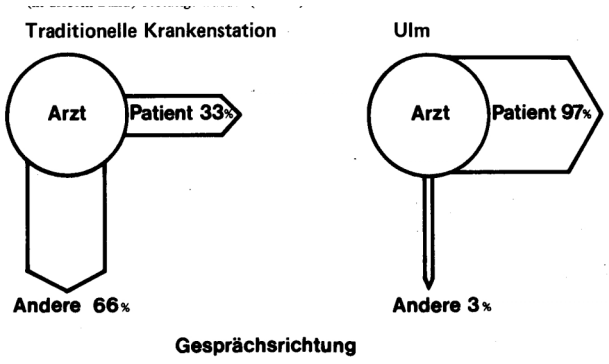


Abb. 7: Gesprächsrichtung des visiteführenden Arztes auf einer Hamburger Station (Jährig et al. in diesem Band) und der Ulmer Station.

Figure: Power relations in ward rounds (in Köhle 1982)

These findings from the Collaborative Research Program „Psychotherapeutic Processes“ Ulm 1980-1989 characterize the special attention given to daily psychosomatics in Germany.
Interaction Psychosomatics and Psychotherapy worked together in an effort to implement the psychotherapeutic aspects in clinical-inpatient worlds.

Psychosomatic consultation and liaison services

This fruitful collaboration led to increased attention of psychosomatic problem types in patients on wards for General Internal Medicine. The following numbers were collected in Ulm:

Psychosocial factors with considerable significance for pathogenesis 30.1 %
Difficulties in disease processing 32.5 %
Severe difficulties in compliance 7.3 %
Reactive syndromes, functional psychoses 7.3 %
No psychosomatic problems 14.6 %
Clear categorization not possible 8.2 %

The field of applied psychosomatics created routine services that have been established in many hospitals nationwide. The Ulm department for psychosomatic medicine and psychotherrapy today provides full psychosomatic inpatient treatment for 7 patients within the Medical Hospital. It provides psychosomatic consultion

services for patients of the Medical Hospital; about 10% of all patients. A special liaison psychosomatic service to all bone marrow transplantation patients in the department of hematology and oncology exists since more then 20 years and has become a major research setting too (Grulke et al. 2005).
Psychosomatic consultion services for patients of the Gynaecological Hospital is offered to about 15% of all patients. Psychosomatic consultion services on demand for any patient of the other disciplines covers less than 1% of all patients which underlines the need of daily presence of qualified staff in any medical discipline.

The relationship of psychotherapy and psychosomatic medicine

Although Freud was not a friend of psychosomatics, early poineers using psychoanalytic ideas like Alexander (1950) tested the limits of psychoanalytic interventions.
In Germany among many others the Heidelberg Psychosomatic Hospital focused on the classic seven „holy cows“ in the fifties and sixties using psychoanalytic therapies. The acceptance of psychotherapy was much furthered by early evidence for psychoanalytic psychotherapy by the first post-war outcome study on a large sample of the General Local Insurance Company (AOK) in Berlin. This retrospective outcome study (Dührssen & Jorswieck 1965) compared a large sample (N > 1000 patients) of treated neurotic patients with an untreated controll sample from the files of the insurance company:

Absentism from work in five years (average days)

Normal people: 11 days
Neurotic clientel: 22 days before psychotherapy
Neurotic clientel: 5 days after psychotherapy

NB: Mean session number 100!

Based on this study and intensive political campaining for „Out-patient Psychotherapy“ state legislated insurance companies introduced a peer review system since 1967 to provide psychotherapy for everybody. At first Board accredited

forms of psychotherapy were only psychodynamic psychotherapy and psychoanalytic therapy. Ten years later cognitive-behavioral psychotherapy was added. This system functioned smoothly for more than thirty years. Introducing psychological psychotherapists as independent professional group into the medial system at the nineties brought about a change. Now a board for scientific standards has to examine whether new forms of psychotherapy can be included into the system, assuming they add to the quality of existing treatments. Given the strong findings of comparative psychotherapy research this is a real impediment for new treatments. Only recently ‚client-centered psychotherapy' and family therapy were approved but not yet admitted and other forms of psychotherapy are under review.

At present the German out-patient psychotherapy system encompasses medical (30%) and psychological psychotherapists (70%). Medical and psychological chambers are responsible of regional control of admission of practioners. The density of practioners varies considerable; especially in East-Germany situation is not yet satisfying.

Duration of psychodynamic and cognitive-behavioral therapies extend between 25 und 50 sessions (max. 100), psychoanalytic therapy up to 240 (max. 300) sessions; on the average two thirds of psychodynamic and cognitive-behavioral treatments last up to fifty sessions.
The nationwide number of patients treated in this out-patient systen at present are
180 000 psychodynamics therapies
40 000 psychoanalytic therapies
120 000 cognitive-behavioral therapies
per annum for a population of 80 million people which are covered by insurance.

<u>The System of In-patient Psychotherapy</u>
A unique feature of the German field of psychosomatic medicine and psychotherapy is the implementation of a system of inpatient treatment. The total number of Acute Hospitals and Rehabilitation Clinics comprises 101 institutions of which 80% are psychodynamic and 20 % are cognitive-behavioral oriented.

The main advantage of this system is:

It serves that part of population that does not easily contact a practioner of psychotherapy! (Schepank & Tress 1988; Kächele et al. 1999). The majority of these hospitals are covering by a rehabilitation system that is available for anyone in need of securing his or her capacity to work.
In the context of medical rehabilitation, if psychological factors play a significant role for psychic disabling condition and if by such treatment re-integration in the work field may be achieved than an indication exists for

Psychoneurotic disorders (anxiety disorders, eating disorders, major depressionen and disthymia, somatoform disorders)
Disorders with psychological factors (neurodermatitis, Crohns disease, diabetes comorbid with psychological disorder, chronified pain disorders etc)
However no psychotic disorders are admitted!

What may come as a surprise are the strong findings that this form of inpatient psychotherapy is not only effective (Zielke 1999a), but that it is strongly cost-effective (Zielke 1999b).

Summary

Psychosomatic medicine understands illness as an interface of biological disturbances that interact with the subjective environment consisting of the intrapsychic and social world. Psychotherapy in many forms is the tool of psychosomatic treatment which may take place in many settings.

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