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A short history of psychoanalytic psychosomatics in German--speaking countries

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Abstract

The author discusses the development of psychoanalytic psychosomatics in German-speaking countries from a historical and cultural perspective.

Influenced by a broad European background and characterised by occidental philosophy and the literary epoch of Romanticism the author traces its roman basis to the work of Sigmund Freud.

The Philosophical and Romantic Tradition

In contrast to the english-speaking world, psychoanalytic psychosomatics in Germany, Austria, and Switzerland has been strongly influenced by a broad European background. It is characterized above all by the Occidental philosophy of the so--called Enlightenment and by the literary epoch of Romanticism. The common basis, as in the English--speaking countries, is naturally the psychoanalysis of Sigmund Freud. From a historical view, however, the influence of outstanding figures such as Paracelsus (1493-1541) and Mesmer (1734-1815) on the thinking and feeling of the people in Europe about body and mind cannot be disregarded. Poets such as Novalis; physicians such as Carl Gustav Carus (1789-1869); and philosophers such as Kant (1724-1804), Nietzsche (1844--1900), and Schopenhauer (1788-1860) worked intensively on the complicated relationships between body and mind. These included from the beginning the instincts, affects, feelings, and "evil," as well as the dreams, the "illogical" or "unconscious", and sexuality. Nietzsche (1966) discovered repression: "I did this, my memory says. I cannot have done it, my pride says, and remains implacable. Finally memory yields" (p. 625). Even Freud's concept of the "id" (not I think, but it thinks) most probably goes back to Nietzsche. In the literature of Romanticism human beings were controlled by passions and were not in control of themselves (see the novel *Lucinde* by Friedrich von Schlegel). The relationship to the "occult" was close, for example, in Justinus Kerner. Questions of religiosity and of the fundamental guilt of human beings were likewise predominant. All of this was

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normal in the thoughts, feelings, and actions of human beings in all social classes. So it comes as no surprise that in this cultural environment the concept of psychosomatics also came to be a symbol of the unity of body and mind (Heinroth, 1818). Yet every human being was seen perfectly idiographically as an individual with a wholly individual destiny. It was not by chance that the European tradition produced the philosophical direction of so-called hermeneutics, which is about original experience, understanding, and sensibility, starting with the theologian Schleiermacher (1959), via Dilthey (1977), and up to Gadamer (1960). In addition, European thinking has addressed itself incessantly to the existential dimension of the human being: his being, his basal anxiety, his basic situations of anxiety, struggle, guilt, suffering and death (Kierkegaard, Heidegger, Jaspers). The counterweight to the idiographic view of human beings in the humanities was provided by scientific thinking, in philosophy by critical rationalism, in psychology by Pavlov and Wundt, and in behavioral science by Konrad Lorenz and Tinbergen. Here it was a question of "nomothetic" laws in human life and behavior, the biological basics, the parallels with animals. "The paradigm of the machine" is "the explanatory model for the life processes", which, like a car, must be repaired at the garage in order to function again, "particularly attractive to doctors because clear and simple instructions of interpretation and action can be deduced from it" (Uexküll, 1986, p. 19).

The Body-Mind Problem

Psychoanalytic psychosomatics cannot be understood without the fundamental tension that exists between *res extensa* and *res cogitans* (Descartes), without the bipolar contrast or discrepancy between matter and consciousness, between body and mind. It is therefore immediately evident that the development of psychosomatic theory has also been significantly determined by this basal contrast. Among psychosomatic specialists there are materialists for whom the body also determines the mind and spiritualists for whom, inversely, the mind determines the body. In the "isomorph-postulate" (Köhler, 1920), body and mind are identical. In "emergentism" they are strictly separate (Bischoff, 1989). Yet feelings and affects each have three components: an emotional state, a subjective experience and a motor expression. From the scientific perspective, the emotional state is comprehended as being physiological, experience psychological or psychoanalytic, and the motor expression sociological. Therefore, we shall encounter these three dimensions in all scientific endeavors that deal theoretically with the body-mind problem or practically with the physical-mental processes, be they healthy or ill.

The Development of Psychoanalytic Psychosomatics in Germany

According to Uexküll (1986), the following three phases can be roughly

identified: a first phase in which people start to be interested not only in the somatic substratum, the structure, but also in its functions. Physiologists such as Johannes Peter Müller (1801--1858) made the first moves and doctors interested in internal diseases, such as Ludolph von Krehl and Viktor von Weizsacker in Heidelberg or Gustav von Bergmann in Munich, expanded this direction. A "pathology of functions" replaced the hitherto predominant "pathology of anatomic structures" (Uexküll, 1986, p. 20). The human being is now no longer the object of research that is diagnosed and given therapy; decisive is the "subjective factor" or the "sick person" (Weizsäcker, 1951, p. 232) and thus his personal biography. In place of objectifying medicine a medical anthropology appeared. This is demonstrated not only in the writings of Viktor von Weizsäcker but also in those of Richard Siebeck (1953), who, in line with Johannes Müller and Ludolph Krehl, linked the origin of physical illnesses with the intensely personal life history of the patients. As early as 1925 there was a comprehensive psychopathology of diseases of all organic systems (Schwarz, 1925).

The new anthropological view, which came from the old European tradition, proved to be greatly compatible with the discoveries of Sigmund Freud. Although Freud, in a letter to von Weizsäcker of 16 October 1932 (von Weizsäcker, 1947, p. 6), had been dismissive of the use of his psychoanalysis for physical illnesses, many psychoanalysts saw physical illnesses in the perspective of the "conversion process" as hysteria. While Georg Groddek was the most uncompromising in interpreting all possible physical illnesses as hysteria, other psychoanalysts such as Felix Deutsch were more circumspect. It is true that in terms of psychophysical dualism he made distinctions between body and mind, yet he tried to bridge the mysterious leap between body and mind by understanding the "symbolization as a formative stage of the conversion process" (Deutsch, 1959, pp. 7597).

The second phase developed for the most part in English-speaking countries (after the forced exodus of Jewish psychoanalysts caused by the Holocaust), especially in the United States, "when the emigres came to America" (Kurzweil, 1995, p. 196 ff.). The following authors are merely a few outstanding examples of this important epoch of psychoanalytic psychosomatics: Dunbar (1935), Weiss and English (1943), Alexander (1950), Grinker (1953), Garner and Wenar (1959), and Fliess (1961). With Alexander, French, and Pollock (1968), the specificity theory of psychosomatic illnesses reached its zenith. An example of the fate of an emigre that was confined to Europe is that of Erich Stern (1950) who became a professor at the University of Giessen in 1920, emigrated to Paris in 1933, and advocated, as early as 1950, a theory of unspecificity for psychosomatic conditions (see Putzke 1996, p. 128).

In Germany, psychoanalysis and psychosomatic medicine had been massively perverted by the national-socialist dictatorship. There did exist a so-called "German Institute of Psychological Research and Psychotherapy", which even enjoyed the support of the National Socialist rulers, but the psychoanalysis of Freud was banned. Psychosomatic illnesses, as a record of the diagnoses shows (Lockot, 1985, p. 219), were not investigated or treated there. Despite the political suppression of psychoanalysis, however, unconscious processes were still seen, if in more globally conceived concepts and influenced by C. G. Jung (e.g., in Gustav R. Heyer, 1932). But for the theory of psychosomatic diseases it was no longer unconscious processes and sexual conflicts that were decisive, but "physique and character" (Kretschmer, 1931). More covering processes than uncovering ones appeared in therapy, such as "autogenous training" (J. H. Schultz, 1932) or hypnosis (Stokvis, 1941). The only one who genuinely used psychoanalysis for a better understanding of psychosomatic diseases was Viktor von Weizsäcker (1947).

The third phase of psychoanalytic psychosomatics after World War II was characterized in the German-speaking world by the following features: it developed, following the European philosophical and Romantic tradition outlined at the beginning, less in the area of classical psychiatry, as in English-speaking countries, but from internal medicine.The most outstanding figure was Alexander Mitscherlich. In resistance to Hitler and as a scientific observer at the Nuremberg trial of German doctors, he was predestined to develop a completely new theory and practice of psychosomatic diseases, from the very beginning in line with Freudian psychoanalysis. Through his contacts to politicians and the support of the Rockefeller Foundation, he was able to found in 1949 the Psychosomatic Department at the University Clinic in Heidelberg. From the very beginning he took into account, following in the tradition of the so-called "Critical Theory" and the "Dialectics of the Enlightenment" (Horkheimer and Adorno, 1947) and their sociological view critical of society, the "meritocracy as a pathogenic field" for the origin of psychosomatic diseases (Mitscherlich et al., 1967).

Mitscherlich, influenced by Engel and Schmale (1967) as well as by Schur (1955), and perfectly in line with the psychoanalytic theory of defense, postulated the following important hypotheses:

1. Every psychoanalytic disease is preceded by a psychoneurotic condition.
2. It is triggered by real or imagined object loss.
3. The basic affects are hopelessness and helplessness.
4. After an initial phase to ward off the illness with neurotic symptoms, a second phase of defense appears forming psychosomatic symptoms through soma-

> tization or re-somatization (Mitscherlich, 1961 /62, p. 9).

In the formation of theories the conversion model has continued to play an important role. To this the effects of the modern narcissism theory have been added in the wake of Kohut and self psychology and the theory of object relations (Kernberg). Influences from the French school (Marty, de M'Uzan, and David, 1963) on German-speaking psychosomatics were not long in coming. It is nevertheless perfectly legitimate, starting with Weizsäcker, to speak of a Mitscherlichian direction of psychoanalytic psychosomatics in the German-speaking world, with authors such as de Boor, Cremerius, Thomä, and Overbeck. It has been influenced just as much by the European tradition as by social-critical aspects (Kutter, 1984, 1992).

Another outstanding figure was, and still is, Uexküll. He developed the model of the so-called circle of functions, where recognizing and influencing factors via fully individual socialization processes and life experiences produce fully subjective realities in which mental processes have a direct effect on the body. His influence in the German speaking regions cannot be emphasized enough. His model of the circle of functions has facilitated research into virtually all organic systems and culminated in *Psychosomatic Medicine* (1996).

The development of psychoanalytic psychosomatics has taken place in in-patient clinics, unlike the consultation and liaison system in English-speaking countries. Clinics of this kind have opened at many universities and also, supported by the health insurance companies, in spas and health resorts (Neun 1987).

Despite the meaningful European tradition, modern psychosomatic research in the important German-speaking centers of the post-war era lives essentially from the achievements of the advances made in the English-speaking countries, particularly in the United States. The regular proceedings of the European Conferences on Psychosomatic Research are an example of this. At present, similar to the United States, new psychosomatic models are being tested, "which are not only derived from psychoanalysis but also from research in psychology as well as from the biological sciences that are pointing toward a view of humans as self-regulating cybernetic systems" (Taylor, 1992, p. 479). At the same time physiology is being conditioned by biographical events and linked with quite specific meanings so that, depending on the biographical event, dispositions to psychosomatic illnesses are acquired quite individually (Uexküll, 1986, p. 23).

To what extent and in how many fields in the German-speaking world psychosomatic research on a psychoanalytic basis has been and will continue to be pursued is demonstrated by the regular new editions of the extensive textbook *Psychosomatische Medizin*, (von Uexküll, 1996). There is a German College for Psychosomatic

Medicine (DKPM), that organizes two congresses every year and coordinates research. Numerous journals deal specifically with psychosomatic medicine (*Yearbook of Medical Psychology*), and there have been numerous constructive contributions to research in the field of psychoanalytic psychosomatics, of which Egle and Hoffmann (1993) is an example. Overviews of the field have been provided by Söllner, Wesiack, and Wurm (1989), Studt (1983), and Strauss and Meyer (1994).

The Political Dimension of Psychosomatic Medicine

Since Weizsäcker introduced the "subjective factor" (in the sense of the human being) into medicine, instead of only seeing man as an "object" of diagnosis and medical therapy, Mitscherlich (1966) builds on the previous works of Weizsäcker and consequently applies psychoanalysis to psychosomatic disturbances. A fierce debate begins between "psychosomatic and conventional medicine" (p. 53) and results in a "revolution" in medicine. With meticulous scientific investigations Mitscherlich was successful at opening up reluctant physicians to a medicine in which the patient and not the illness became the center of scientific interest.

The other point was that Mitscherlich applied political science and sociology to psychosomatic medicine: political action is all about changing power structures toward an ever fairer distribution of the means of production with the greatest possible development of individuals, of society as a whole, and of the groups functioning within it. The essential condition for this is freedom of thought and action. "In illness [however] freedom is lost" (Mitscherlich, 1977, p 73) and that for the sake of avoiding suffering. Here he can build on Freud's early work, " 'Civilized' Sexual Morality and Modern Nervous Illness" (1908), as well as on his later writings, "The Future of an Illusion" (1927) and "Civilisation and Its Discontents" (1930). Mitscherlich describes the complexity of social influences on the development and treatment of psychoses and neuroses, castigates the conservative attitude of psychiatry in Germany, and describes how modern society causes individual illness by investigating the pathogenic structures of society. In particular Mitscherlich names the impoverishment of social relations as a factor that produces and maintains illness when the individual feels helplessly exposed to the anonymous agencies so that he can only passively conform at the expense of illness and the loss of freedom. In this respect Mitscherlich became a reformer of medicine, similar to Lindemann (1979), who could now try to achieve changes in the law and in the parliaments, to improve the social and political situation of people and to optimize the work of the government in social and health policies with relevant information and to change the jurisdiction to such an extent that psy-

chosocial connections will also be taken more into consideration in the legal field than they have been hitherto.

REFERENCES

- Alexander F. *Psychosomatic Medicine*. New York: Norton, 1950.
- Alexander French TM, Pollock GH. *Psychosomatic Specificity*. Chicago: University of Chicago Press, 1968.
- Bischoff N. Emotionale Verwirrungen. Oder: Von den Schwierigkeiten im Umgang mit der Biologie. *Psychol Rundschau* 1989; 40: 188-205.
- Deutsch F. *On the Mysterious Leap from the Mind to the Body*. New York: International Universities Press, 1959.
- Dilthey W. Gesammelte Schriften. Cited by H. Anz in: *Hermeneutische Positionen*, ed. H. Birus. Gottingen: Vanden-hoeck & Ruprecht, pp. 59-88, 1977.
- Dunbar F. *Emotions and Bodily Changes*. New York: Columbia University Press, 1935.
- Egle T, Hoffmann SO. *Der Schmerzkranke*. Stuttgart: Schattauer, 1993.
- Engel G L, Schmale AH. Psychoanalytic theory of somatic disorder. *J Amer Psychoanal Assn* 1967; 15: 344-365.
- Fliess R. *Ego and Body Ego*. New York: Schulte, 1961.
- Freud S. *"Civilized" sexual morality and modern nervous illness*. Standard Edition, 9: 181-204. London: Hogarth Press, 1959.
- Freud S. *The future of an illusion*. Standard Edition, 21: 5-56. London: Hogarth Press, 1961.
- Freud S. *Civilization and its discontents*. Standard Edition, 21:64-145. London: Hogarth Press, 1961.
- Gadamer H-G. *Wahrheit und Methode, Grundzüge einer philosophischen Hermeneutik*. Tübingen: Mohr, 1960.
- Garner AM, Wenar C. *The Mother-Child-Relationship in Psychosomatic Disorders*. Urbana: University of Illinois Press, 1959.
- Grinker RR. *Psychosomatic Research*. New York: Norton, 1953.
- Heinroth JCA. *Lehrbuch der Störun-gen des Seelenlebens*. Leipzig: Vogel, 1818.
- Heyer GR. *Der Organismus der Seele*. Munich: Lehmanns, 1932.
- Horkheimer M, Adorno TW. *Dialektik der Aufklärung*. Amsterdam: Querido, 1947.
- Köhler W. *Die physischen Gestalten in Ruhe und im stationären Zustand*. Braunschweig: Vieweg, 1920.
- Kretschmer E. *Köperbau und Charakte*r. Berlin: Springer, 1931.
- Kurzweil E. USA. In: *Psychoanalysis International*, Vol. 2, America, Asia, Australia. ed. P. Kutter. Hillsdale, NJ: The Analytic Press, pp. 186-234, 1995.
- Kutter P. Die *Dynamik psychosomatis-cher Erkrankungen – Damals und heute*. Psyche 1984; 38: 544-562.
- Kutter P. Germany. In: *Psychoanalysis International*, Vol. 1, ed. P. Kutter. Hillsdale, NJ: The Analytic Press, pp. 114-136, 1992.
- Lindemann E. *Beyond Grief*. New York: Aronson, 1979.
- Lockot R. *Erinnern und Durcharbeiten. Zur Geschichte der Psychoanalyse und Psychotherapie im Nationalsozialis-mus*. Frankfurt: Fischer, 1985.
- Marty P, de M'Uzan M, David CH. *L'investigation psychosomatique*. Paris: Presses Universitaires de France, 1963.
- Mitscherlich A. *Anmerkungen über die Chronifizierung psychosomatischen Geschehens*. Psyche, 15:1-37, 1961/62.
- Mitscherlich A. *Krankheit als Konflikt. Studien zur psychosomatischen Medizin*, Vol. 1. Frankfurt: Suhrkamp, 1966.
- Mitscherlich A. *Freiheit und UnfreEheit. Studien zur psychosomatischen Medizin, Vol. 3*. Frankfurt: Suhrkamp, 1977.

- Mitscherlich A, Brocher T, von Mering O, Horn K. *Der Kranke in der moder-nen Gesellschaft*. Cologne; Kiepenheuer & Witsch, 1967.
- Neun H. *Psychosomatische Einrichtungen*. Göttingen: Vandenhoeck & Ruprecht, 1987.
- Nietzsche F. *Werke*, ed. Schlechta, Munich: Carl Hanser, 1966.
- Putzke M. *Erich Stern, sein Leben und sein psychosomatisches Denken*. Leipzig: Dissertation Fachbereich Human-medizin, 1996.
- Schleiermacher FDE., Hermeneutik und Kritik. In: *Hermeneutische Positionen*, ed. M. Frank, cited by H. Birus. Gottingen: Vandenhoeck & Ruprecht, 1982, pp. 15-58, 1959.
- Schultz JH. Das Autogene Training. Stuttgart: Thieme, 1932.
- Schur M. Comments on the metapsychology of somatization. *The Psychoanalytic Study of the Child*, 10:119-164, 1955.
- Schwarz O. *Psychogenese und Psychotherapie korperlicher Symptome*. Leipzig: Springer, 1925.
- Siebeck R. *Medizin in Bewegung*. Stuttgart: Thieme, 1953.
- Söllner W, Wesiack W, Wurm B. *Sozio-psycho-somatik*. Berlin: Springer, 1989.
- Stern E. Der gemeinsame Faktor bei psychosomatischen Störungen. *Hippokrates* 1950; 21: 592-598.
- Stokvis B. *Psychologie und Psychothe-rapie der Herz- und Gefässkrankheiten*. Lochem: De Tijdstrom, 1941.
- Strauss B, Meyer AE. P*sychoanalytische Psychosomatik*. Stuttgart: Schattauer.
- Studt HH. *Psychosomatik in Forschung und Klinik*. Munich: Urban & Schwarzenberg, 1983.
- Taylor GJ. Psychosomatics and self-regulation. In: *The Interface of Psycho analysis and Psychology*, ed. J. W. Barron, M. N. Eagle & D. L. Wolitzky. Washington, DC: American Psychological Assn 1992; pp. 464-488.
- Uexküll TV. Geschichte der deutschen Psychosomatik. *Psychother Med Psychol* 1986; 36:18-24.
- Uexküll TV. *Psychosomatische Medizin*, 5th ed. Munich: Urban & Schwarzenberg, 1996.
- Weiss E, English OS. *Psychosomatic Medicine*. Philadelphia: Saunders, 1943.
- Weizsacker V. *Körpergeschehen und Neurose*. Stuttgart: Klett, 1947.
- Weizsacker V. Der kranke Mensch. Stuttgart: K. F. Koehler, 1951.