



PARACELSUS
MEDIZINISCHE PRIVATUNIVERSITÄT



Learning from the Past: The Future of Mind-Body Integration in Healthcare

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Conflict of interest

- WS is president of the European Association of Psychosomatic Medicine and a member of other scientific societies in this field.
- He received scientific funds from the German Research Foundation and the German Cancer League.
- He received royalties for the German Textbook of Psychosomatic Medicine (published by Elsevier).
- He received honoraries for lectures on psychological aspects of chronic pain by Pfizer.

Learning from the Past – The Future of Mind-Body Integration in Healthcare

- Historic perspective: Developments in
 - Society
 - Economy
 - Medicine (paradigms, science, models of care)
 - Psychiatry/Psychosomatic Medicine

	Society	Economy	Medicine	Psychiatry/Psychosomatic Medicine
1776 - 1914	Declaration of Independence; French Revolution; bourgeois revolutions; declaration of human rights; focus on the free individual; nationalistic movements	Development of capitalism and the productive forces	Biomedical paradigm Progress of biomedicine Social welfare	Counter-movements: <ul style="list-style-type: none"> Holistic movement in internal medicine Psychoanalytic movement
1914 - 1945	Crisis of colonialism Russian Revolution Facism/National socialism/World wars	World economic crisis	War medicine Medicine as tool of barbarism	Destigmatisation <ul style="list-style-type: none"> General Hospital Psychiatry
1945 - 1968	Period of reconstruction „Cold war“	Second industrial revolution US-American hegemony	Bio-psycho-social paradigm	Development of Psychosomatic Medicine and C-L Psychiatry
1968 - 1989	Anti-war movement Collapse of communist states	Multinational enterprises	„Molecular revolution“	Decrease of interest in Psychosomatic Medicine and Psychoanalysis; Development of Behavioral medicine and Biological Psychiatry
1989 -	Globalisation Increase of inequality Terrorism Crisis of democracy/ increased control of citizens	Digital „revolution“ Globalised economy Supranational economic forces	Economization and digitalization of medicine Evidence-based medicine	Collaborative care New diseases New digital technologies Crisis of doctor-patient relationship

Mind-Body Integration -

From a philosophical point of view

- The term mind-body integration suggests that mind and body are two different entities that could be integrated
- I don't want to discuss the philosophical problem of body and mind as two distinct entities (**dualism**; *Descartes*) or one single entity (**monism**; *Spinoza*)
- I consider mind and body as two different states or conditions of human experience regardless of their origin (,dualism of properties')
- **nonreductive materialism**; e. g. mind is a macro-state (higher systemic level) caused by **emergence**; it cannot be explained only on a micro-level (lower systemic level, e.g. chemical or physical interactions of brain cells) (Davidson 1980)
- ***,The whole is more than the sum of its parts'*** (Aristoteles)



Descartes
Painting of Frans Hals (1582)



Spinoza
Anonymous painter (1665)

The biomechanical paradigm

- **Machine-model of the body** (L'homme machine, de la Mettrie, 1709-1751): Each condition and process of the human body may (must) be explained by physical and chemical methods.
- Liberation from spiritual and irrational thinking in medicine and biology: „**1st revolution in medicine**“
- „The fascination (of this paradigm is) to **provide a system of spacial order** that allows to derive an action plan for manual interventions in the human body“ (Uexküll 1980).



“It can almost be described as a criterion and highest performance of rational therapy that, in some cases, the disease can be defeated irrespective of the individual patient, his personality, his mental state and its constitution.

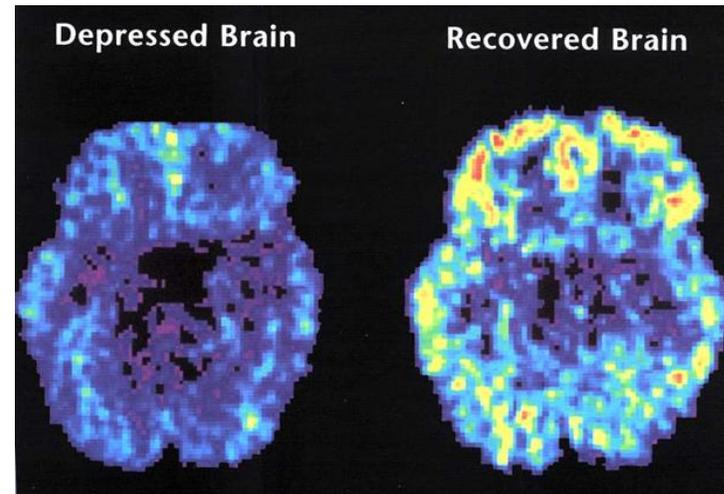
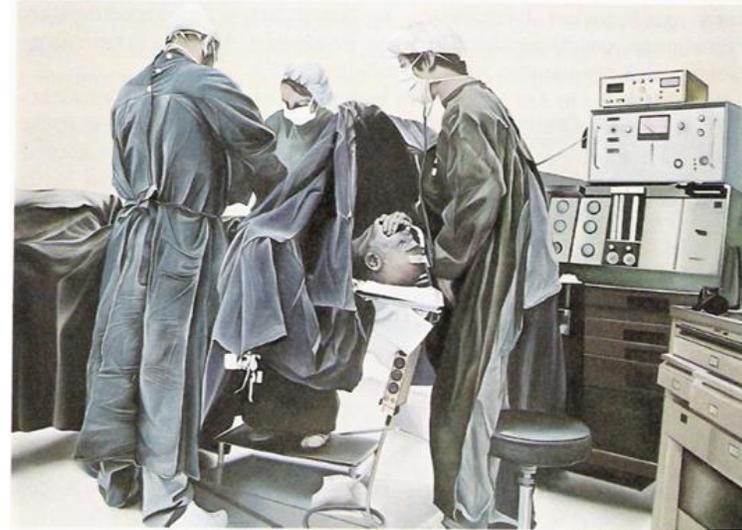
Unlike before, the statement ‘Between medicine and veterinary science is only a difference in the customers’ can be described as true for a reasonably large number of diseases in which healing can be guaranteed due to scientific knowledge, independent of the individuality of the patient and the personality of the doctor.

The aim of the research can only be to increase the number of these rationally attackable disease states.

Johannes Volhard (presidential address; German Society of Internal Medicine, 1932)

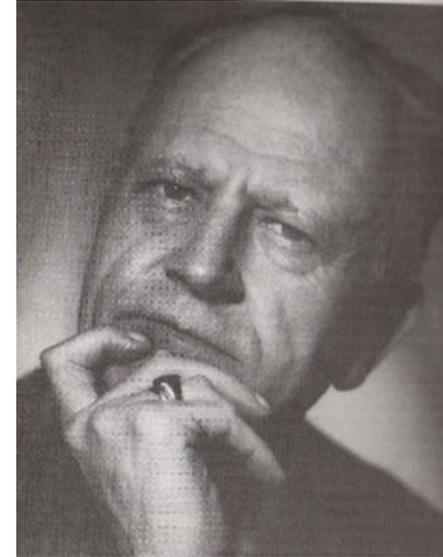
Critique of the biomechanical paradigm

- This model allowed the development of modern technologies in medicine but reduced illness to an organ deficiency.
- This model had to neglect the historical, social and psychological perspective of the patient (*Sarasin 2001*).
- Machines cannot feel nor experience anything; the patient is seen as an object.
- The physician became a highly skilled mechanic and an interpersonal relationship with the patient was not regarded necessary for a successful treatment, any more.



Holistic movement in internal medicine: Europe

- **Recover the unity of body and soul**
- *V. v. Weizsäcker* systematically applied biographical interviews in medically ill patients („biographic-anthropological method“).
- **Taking time and history into account**
- *„Health is no capital that can be consumed. Health is present only if it is constantly produced. If it is not produced any more the human being is already sick“ (von Weizsäcker 1927).*
- **Medicine is „split into a soulless medicine for the body, and a bodyless medicine for the psyche“ (Thure von Uexküll)**
- Psychosomatic-internistic units at Ulm and Berne University (1970)
- Combination of analytic-empirical science with a scientific approach to understand communication between patients and physicians.
- Interdisciplinary approach (German College of Psychosomatic Medicine).



Viktor von Weizsäcker
1886-1957



Johannes Josua Groen, 1903-1990;
Thure von Uexküll, 1908-2004

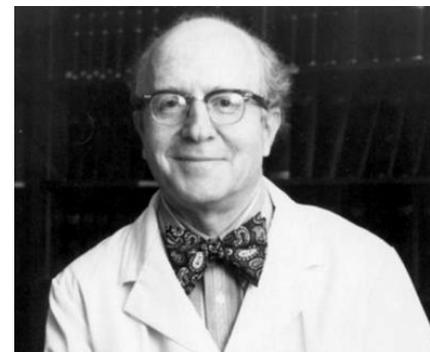
Two lines in American internal medicine

Biomedical paradigm:

- **William Osler** (“Osler lineie”)
- *"Don't tell me what type of disease the patient has, tell me what type of patient has the disease!"*
- Impressed by the successes of biological research this group moved towards a reductionist-biological direction in research and practice
- *The Principles and Practice of Medicine (1892)*
- **Flexner Report (1910)**: The human organism was “not essentially different from a frog” (cit. T. M. Brown, 2000)



Lewellys F. Barker (1868-1943)



George Engel 19-19

Psychosomatic/somatopsychic paradigm:

Lewellys F. Barker: interested in psycho-somatic associations; in the role of emotions in the etiology and treatment of medical conditions (“Barker lineie”)

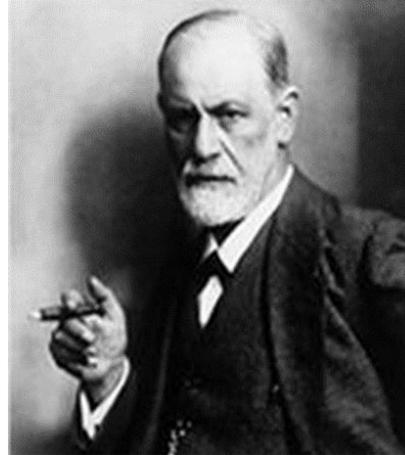
Francis W. Peabody (*The Care of the Patient as a Person*, 1927) and **George C. Robinson** (Johns Hopkins) created a holistic approach in teaching medical students (*The Patient as a Person*, 1939)

George Draper: (Re-)Introduction of the subject into medicine („*Reinventing the sick man*“)

George Engel emphasized the consequences of maladaptation after loss and studied the effects of states of helplessness-hopelessness and withdrawal on medical illness; Theoretical foundation of the **bio-psycho-social paradigm**

Counter-movements: II. Psychoanalytic movement

- Freud's introduction of the „psychic apparatus“ fit into the biomedical paradigm
- **Study of the Unconscious:** Not all bodily processes can be explained by somatic and even not by cognitive methods (*Conversion*)
- However, instead of treating the patient he **talked with the patient** and recognized the importance of the doctor-patient relationship for treatment.
- By describing the process of **counter-transference** he introduced the *subject of the physician*.



Michael Balint



Viktor von Weizsäcker

- **Michael Balint:** Interest in general medicine (*The Physician, the Patient, and his Illness* 1957)
- Dialectic approach of **interpersonal relations** in medicine

Development of Psychosomatic Medicine

20-ies: “The gold of psychoanalysis must be mixed with the copper of suggestion” (Freud)

- Psychotherapeutic ambulatories in Vienna and Berlin
- First inpatient unit in Berlin (1926)

30-ies and 40-ies:

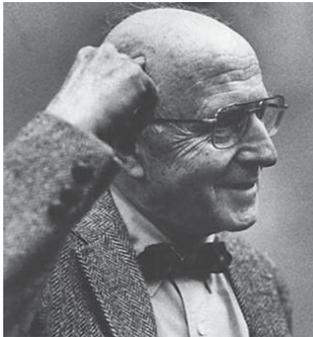
- **GE:** Persecution during NS
- **USA:** Strong influence of psychoanalysis (Franz Alexander, Flanders Dunbar)
- Support from philanthropic foundations

50-ies:

- **GE:** Re-foundation after national socialism; „Loss of empathy“ should be compensated; holistic, patient-centred approaches supported.
- **USA:** More physiological directed research (George Engel, Walter Cannon, Hans Selye)



Franz Alexander



George Engel



Hans Selye

60-ies: Decrease of interest in PM

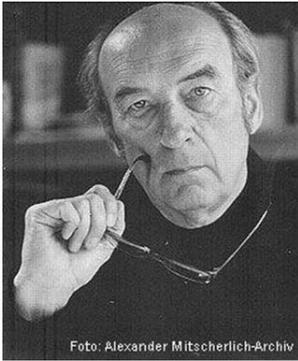
- Psychoanalysis experienced a dramatic drop-off in popularity
- Development of Biological Psychiatry and Behavioral Medicine

70-ies:

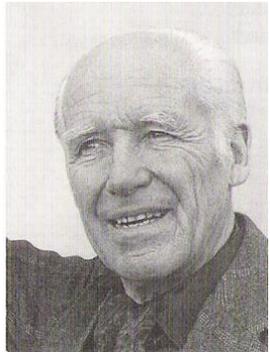
- **USA:** C-L Psychiatry (Lipowski, Hackett, Strain); Med-Psych Units
- **GE:** Students' movement led to an increased interest in PM
- PM Departments in University hospitals and GH
- 1992 Specialization „Psychosomatic Medicine“

2000:

- 2003 Subspecialisation PM
- Models of Collaborative Care



Alexander Mitscherlich



Thure von Uexküll



Zbigniew Lipowski

The present importance of PM

Psychotherapy
and Psychosomatics

Editorial

Psychother Psychosom 2014;83:65–69
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Psychosomatics: Past, Present and Future

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Psychotherapy
and Psychosomatics

Editorial

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Psychosomatic Medicine in Germany: More Timely than Ever

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- **Theory:** The bio-psycho-social model of disease and medical treatment is the dominating paradigm.
- **Health care:** Models of collaborative care (C-L services, Med-Psych Units, outpatient Coll Care) found effective and widespread in many countries.
- **Education:** Training programs für HC providers in communication skills; PM is a (sub)specialization in some countries

Models of integrated care in the hospital

Integrated care in the narrow sense:

- **General medical wards** organised according to bio-psycho-social principles (ward rounds and case conferences (e. g. Heidelberg))
- **Screening for complex patients** using a bio-psycho-social grid (INTERMED) and **tailored psychosocial care** in addition to medical care (e.g. Groningen, Lausanne); such models are rare and experimental.



Collaborative care:

- **C-L services**
- **Interdisciplinary units** (Med-Psych Units; pain clinics and day hospitals)

Wulsin et al. Med Clin N Am 2004



Psychotherapy
and Psychosomatics

Regular Article

Psychother Psychosom 2008;77:247-256
DOI: 10.1159/000129658

Published online: April 28, 2008

Effects of a Multifaceted Psychiatric Intervention Targeted for the Complex Medically Ill: A Randomized Controlled Trial

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Models of integrated care in primary care

Models of Collaborative Care

- Assessment and monitoring of psychiatric co-morbidity;
- Web-based tracking software (patient registry)
- care manager: pro-active follow-up of patients; psychosocial counseling
- stepped-care (care manager, psychiatrist)

- CC found feasible, effective, and cost-saving (‘triple-aim’) in depressive patients with diabetes, CAD, cancer
- However, focus on depression; care models only rare in routine care

USA: Katon et al. 2010; Unützer et al. 2014, Coventry et al. 2014; Coulter et al. 2015;
Europe: van der Feltz-Cornelis 2011; Sharpe et al. 2014; Löwe et al. 2016



Collaborative stepped care for somatoform disorders: A pre-post-intervention study in primary care

Shedden-Mora M, Groß B, Lau K, Gumz A, Wegscheider K, Löwe B (University of Hamburg-Eppendorf)
J PSYCHOSOM RES. 2016;80:23-30

Success and failure of models of integrated care

- **Failure**

- Arrogance
- Speculation
- Lack of exchange with other sciences

- **Success**

- Fascination
- Social commitment
- Evidence
- Feasibility

The Future of PM and Integrated Care

Developments in society/economics:

- **Economization:** Economic thoughts and aims are the leading ‚philosophy‘; they cannot be questioned by alternative thinking (*‚Economism‘*)
- **Globalization:** globalised economy; supranational economic powers; increase of inequality (*‚Globalism‘*)
- **Digital „revolution“:** the virtual world becomes more and more the real world; loss of secure jobs (the ‚50%-society‘); ‚bread and games‘ (*‚Digitalism‘*)
- **Crisis of democracy:** terrorism; increased control of citizens; less power of national states and democratic control

„Citizens become more and more transparent, states become more and more intransparent“ (Trojanow 2015)

The Future of PM and Integrated Care

Developments in medicine:

- Economization
- Digitalization

lead to

- **‘Personalization’**
- Fragmentation of care
- Medicine becomes more **virtual and distant** (diagnostic and therapeutic algorithms)
- Crisis of the doctor-patient relationship

- Unmet needs of patients for consolation, sense of security, and emotional support.
- New diseases?
 - non-substance abuse (computer addiction)
 - change of attachment styles and personality?
 - avoidant, alexithymic, isolated personalities

Future tasks for PM

„We need a new psychosomatic movement in medicine and, particularly, in psychiatry“

(Herbert Weiner, 1989)

- PM should be an advocate of the subjective experience and the social embeddedness of the patient both in research and patient care.
- In this sense, both the patient and the physician become individual subjects and partners in the dyadic process of treatment.

- **HC practice:**
 - To develop a variety of models of integrated and collaborative care
- **Research:**
 - To broaden our understanding of the interaction of psyche/brain and soma/immune system, genetics etc.
- **Education:**
 - To better communicate with patients and among themselves
 - To promote an attitude of respect and appreciation for the individuality and freedom of the patient
 - To take social, economical, and political developments into account
 - To use a good wind to reach a goal
 - But not to hesitate to go against the grain when it is necessary.

Future tasks for PM

- **The change of a prevailing paradigm is a dialectic process**
 - Including that a new theoretical paradigm already exists, that means that two paradigms are existing simultaneously and are competing with each other and influencing thoughts and ideas in society (Kuhn 1973).
- We need an **extension of the bio-psycho-social paradigm**: not only the individual person should receive such an attention but also the social system and the relations between the actors in this system.
 - The change of a paradigm needs also changes in society pointing into the same direction.

**The new paradigm will be a
relational paradigm.**

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