Chapter 3
History of Psychosomatic Medicine As Scientifically-Based Medicine in Europe: Approaching the Experience

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Not only some but all of what is essential from childhood has been retained in these memories (of the adults)"; Freud, XII:148

3.1 Introduction: A New Phenomenological Approach

The four key concepts in the title are *psychosomatic medicine, scientific, Europe, new approach.* To these, three more can be added: the author's identity, his place of residence, the name of the editor. My reason for this is that each of these key concepts illustrates my intention to stress particular perspectives:

The work of psychosomatic medicine is concerned with the *relationship* of two people. The relationship as an integral part of psychosomatic medicine therefore becomes *the subject of scientific research.* The term Europe is geopolitical and cultural and the use of it here indicates the author's intention to consider Germany as a power within Central Europe in relation to other European countries and vice versa. In this context, "new phenomenological" is a reference to the last *"one hundred years"*. As the author and as a man, a specialist in internal medicine and a psychotherapist, and also as a German, I must consider my *own* perspectives. Marburg, my place of residence in Germany is regarded as a place of historical importance, and the discussion of its particular geopolitical circumstances can therefore serve as an example for the whole. The editor is a US American physician and academic whose main focus is the USA, but who also promotes a global intercultural perspective. That sums up the network that underpins this article.

My approach focuses on the symptom and I follow its thread throughout the text. The symptom becomes clear by means of a *group work* (explained below).

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This illustrates how the history of psychosomatics is embedded in the history of European identity.

This group work was developed in various parts of the world by students, citizens, medical experts. Over a period of ten years, it was thoroughly checked and revised at least once a year in co-operation with Theo Leydenbach/Paris and Makoto Hashizume/Osaka (Schüffel, Leydenbach, and Hashizume 2015). The result is a reliable working model for group work that facilitates transcultural practice. The following approaches are based on this empirical method for the observation of clinical phenomena.

The group work described here begins with the peer groups on history taking (known as peegrohits for short), continues with basic psychosomatic care, is included in the Wartburg Dialogues and finally appears in the Moving Seminar (MOSE) (Schüffel, Leydenbach, and Hashizume 2019).

Each of these groups has its own main focus, but, at the same time, is a part of the whole main group. In the peer groups on history taking, the focus is on a primordial experience of sensations and feelings. In the basic psychosomatic care groups, doctors of all ages discuss "at any time" in their professional life both their sensations and their feelings. The Wartburg Dialogues, that take place once a year, focus on the meeting of the *"Utopians" of two bourgeois camps.* The utopians are a group composed of lay citizens, physicians and medical staff. Finally, in the health group, the focus is on the exchange between generations, that is the twenty-year-olds and those over seventy.

The *aim* of every exchange in each of the four groups is to take the next step towards health on the basis of the primary symptom. Thus the symptom becomes the *leitmotiv*. Typically, this means "how do I stay healthy in this week, in this month, in this semester and in this year, from Wartburg Dialogue to Wartburg Dialogue?"

My interview on the subject of these four groups can be accessed on my home page in both English and German (www.schueffel.eu).

As a doctor, my perceptions start in the NOW (here). This is not identical with the present. I experience the immediate and react affectively, always seeing it as a whole, in relation to the past, present and future. From this standpoint I see seven horizons, that I will term perspectives or horizons as follows:

1. the emerging realitiy
2. the stage
3. the context
4. the background
5. the rhythm
6. democracy
7. culture

This is a phenomenological approach for which I am indebted to the American phenomenologist Donn Welton (2003, 2012). I should like to emphasize my gratitude to Donn Welton for his invaluable support over the years. However, he is in no way responsible for the above list of perspectives, or "*horizons",* to use his terminology. The first four horizons are his, and the three I have added are horizons I have come to value in the course of my work. I am writing here on the basis of my own

experience of the development of psychosomatics in Europe. I am well aware that there can be no ONE single history of psychosomatics in Europe but rather a history of one author and his life experiences. It is clear to me that I see the central focus of each of the seven perspectives as the relationship of two people in a medical situation determined by reality and fantasy. It has a voice and is thus verbalized. I make use of these perspectives when I want to examine them in time, so looking back at the past, looking at the present and looking into the future.

I try to look at them in terms of the NOW (here): the past as an apparently completed time in terms of the NOW (here), the ongoing present, acting and perceiving in terms of the NOW (here), and the apparent future in terms of the NOW (here). Psychosomatic Medicine is a product resulting from generational interchange (see sequence of generations).

Psychosomatic medicine originated in the German-speaking regions. In this European version, it then spread from Europe to other parts of the world. As a result, the focus here is mainly on the German-speaking regions, but always in relation to their neighbors. Rivers are seen as real and metaphorical bridges to these neighbors as well as the facilitators of invasions. Rivers are also representations, as for instance, we say "the river of life", a formulation used by Antonovsky (1987). Our vision of the Mississippi is very different from our vision of the Hudson.

3.2 The Emerging Reality: The Proscenium

Seen from above, Europe could be described as a land of three rivers with Germany at the centre. The three rivers that flow through this central country are the Elbe, that flows north, the Rhine, that flows west, and the Danube that flows east. This is how I perceive the geography of the area, something I have in common with many Germans, even though it does not correspond to geographical fact. On the Elbe are the cities of Dresden, Magdeburg and Hamburg at the mouth of the Elbe that I perceive as "opposite" London. The Rhine flows through the French town of Strasbourg, with its French and German-speaking population, Speyer, Worms (ref. Luther), Mannheim, Ludwigshafen, Cologne and then it flows through the Netherlands and the Rhine-Meuse-Scheldte Delta to the North Sea. The Danube flows through the German towns of Ulm, Regensburg, Passau and beyond the German border through Vienna, Budapest, Belgrade until it reaches the delta town of Odessa, on the Black Sea.

Over millennia, myths and legends arose in these regions and were passed on from generation to generation. In the Elbe region, it is the giant Rübezahl in the Riesengebirge (Sudeten Mountains) where the Elbe rises. In the Rhine region it is the Loreley and the treasure of the Nibelungs together with its guardians. In the Danube regions, it is its source in the mysterious Blautopf (the Blue Pot, a subsurface font), and the Schneider von Ulm (the tailor of Ulm) who was the first German to show that humans can fly. There are many more stories from around the rivers, for instance those collected from regions east of the Rhine by the brothers Grimm in Grimm's Fairy Tales. What is interesting to note is that not one of their fairy tales refers in any way to these mythical figures The people who lived in these river

regions developed connections through shared customs on the one hand, and on the other hand through the language of these myths and legends. In addition, there were the important elements of painting and music: the painters Caspar David Friedrich (1774–1840) and Gerhard Richter from the eastern regions of Germany, and the composer Richard Wagner (1813–1883) from both eastern and western Germany, to name just a few. I will make various references to painting later. As a psychosomatic physician, I listen to patients' stories about how they experience their daily life at work and in their free time. I hear how they maintain health on the one hand or develop illnesses on the other. They tell me in whose presence they have these experiences. Thus, I regularly encounter people from various river regions, metaphorically speaking. My preference is to hear these stories from patients within the groups whose members come from various different regions of Germany. This process is particularly fruitful when the region I am working in has a special historical significance. Great rivers do not only support communities, they also offer enemies a means for invasion. Germany has experienced the latter over the centuries and this will form one of the focal points of this paper.

I myself live and work in Marburg, in a tributary valley of the Rhine. The River Lahn flows through this valley, and primarily through the Federal State of Hesse. "Marburg an der Lahn" is historically significant, because its eastern borders are with the Federal state of Thüringen, where the Wartburg, the residence of Elisabeth (1207–1231), is situated. She was the daughter of a Hungarian king who married the Thüringian territoral lord, and, after his death in the crusades, moved from the Wartburg to Marburg. Here she performed many miracles healing the sick. She was beatified when she was in Marburg, the town that in the Middle Ages became one of the principal places of pilgrimage in Europe, comparable to Santiago de Compostela today. In St Elisabeth's honor, the cathedral, the Elisabethkirche, was built in Marburg. It is one of the most beautiful early gothic buildings east of the Rhine (Fig. 3.1).

Drawn by Peter Hahn of Heidelberg in 1951 Peter Hahn of Heidelberg is Professor em. of Psychosomatic Medicine and Psychotherapy, eminent researcher, educationalist and most of all a dedicated physician (Hahn 1976, 1988; Hahn et al.

Fig. 3.1 Elisabeth Church, Marburg, drawn by Peter Hahn of Heidelberg, 1951

1988). He drew the picture when he was a first year student of medicine. This was six year after a devastating war. The church is one of two masterpieces of early Gothic architecture in Germany and it was one of the very few churches in Germany to overcome the war undamaged.

On the hill opposite this cathedral and level with the top of its towers is the Marburg castle, or rather fortress. In 1529 it was the scene of the famous Religious Colloquy (Carrasco and Neebe 2015) in which the most important continental European reformers took part, amongst them Luther, Zwingli and Melanchton.

I will discuss the Colloquy briefly here, and in more detail in the next section because what happened in this town and in this region was a culmination of events that had a lasting influence on German-speaking central Europe and subsequently on wider parts of Europe over centuries:

– Luther (1483–1546) published in 1517 his theses that were ultimately to lead to separation from Rome and reformation of the church
– Luther in the following years (up to 1535) was *responsible* both for unifying the German language and thus beginning its standardization.

Luther's most important political support came from Philipp the Magnanimous in Hesse and from the Elector Friedrich III, the Wise (1463–1525), in Saxony. Both were representatives of a broad and influential Protestant, geopolitical belt that even today stretches from Dresden to Strasbourg, where there is a street named after Martin Luther. To this day, people in Balint groups, medical discussion groups and the Moving Seminar, talk about how Luther came back from the Reichstag (Diet) in Worms in 1521, was arrested near Kassel, not far from the present Autobahn A3, lived in the Wartburg as Junker Jörg, and translated the New Testament into German. Even today, I hear this from participants in the Balint groups and in stories told in the region where this tradition lives on.

The history of this region is reflected in a remarkable way in the history of a 57-year-old general practitioner (Dr. E.) who was an active participant in the Wartburg Dialogues (see Schüffel, www.schueffel.eu) that we founded in 1992 in the Wartburg itself, hence the name (Schüffel 2012). Originally they were founded under the aegis of the former German Foreign Minister, Hans Dietrich Genscher, who himself came from Halle, which is near the Wartburg. When this colleague was on his way to the 22nd Wartburg Dialogue in 2014, he was held up in a traffic jam on the A3 autobahn between Marburg and Frankfurt. He suffered sciatic pain in his right leg that made both braking and accelerating equally painful and the pain went down into his right foot. He decided to discuss this with me and a plenary of 50 participants. While I palpated his leg and within the framework of salutogenesis, so in terms of using personal resources and experiences, we discussed what meaning the symptoms had and how the sufferer could deal with them effectively,

In the supportive and empathetic atmosphere of the fifty participants, he was able to talk about how the symptoms had been with him for 52 years of his life. He associated them with the pitying look on his mother's face when she took him to kindergarten and he came back home in tears for a whole week, because he did not want to be separated from her. This small boy's tears were a *sign* to the mother that she

should give up her secretarial post and stay at home. Seven years later, when the boy was eleven and *had to* attend high school, there was a further dramatic development in the close relationship between mother and son when the boy developed physical symptoms, but this time without tears. He came home one day with his body twisted to one side, something that only his grandmother noticed. He had not shed tears or complained of any pain. With the help of a plaster cast, he was "made" straight and he remained so for the next two decades. When he was 32 there was a decompensation because of an unresolvable conflict (www.schueffel.eu) and he had to undergo an operation. Subsequently, Dr. E. became increasingly aware of his own resources and performed, amongst other things, Thai Chi and meditation and also took up running. At the same time, he attended our sessions "basic psychosomatic care" in Bad Nauheim (Hessen). This program had been introduced in West Germany in 1988 and there after, the fall of Berlin Wall in the whole of Germany. This program is compulsory for all general practitioners and gynecological specialists in Germany. Dr. E also introduced a quality circle of "basic psychosomatic care" at his place of work. He has been attending the Wartburg Dialogues for about 15 years in order to boost his skills as a psychosomatic general practitioner and family doctor. I will refer to this in more detail in the sections "Democracy" and "Culture".

This "psychosomatic" approach helped Dr. E., during the 40-minute health discussion in Nauheim in 2014, to call to mind his own varied resources. His pain improved very suddenly while I was palpating his leg and we were talking about the places he grew up in – Mannheim and Ludwigshafen am Rhein – and about how he imagined his grandfather who died early and whom he had never seen. When he realized that his pain had vanished, he turned a joyful somersault. About 15 of the 50 participants in this 22nd Wartburg Dialogue did the same (Petzold 2015).

This is a description of a spontaneous experience in the NOW (here). It comes out of a situation at the center of "Germany, in what I have termed the land of three rivers," It is based, as in the Wartburg Dialogue, on the personal, private situation of the patient or of those present during the health discussion. His willingness to participate and his attitude towards psychosomatic connections are considered in relation to the NOW (here) and addressed. The meaning of that remarkable experience, or symptom, is considered within a physical, bio-psycho-social model – yesterday, today, tomorrow. The next step is specifically *anticipated,* in the imagination as well as in a concrete plan. Imagination enables me (certainly influenced by Luther) to visualise a strong, autonomous man taking a deep breath. …In the NOW (here) I think about the autonomy that Luther attained when he had to defend his beliefs in Worms. In Britain people are used to looking in the direction of London. Britain (like France) is a highly centralized country. Thus a British citizen, looking towards London, may hear Big Ben …

Within context of the phenomenological approach, I may turn now to two central questions the editor of this volume has asked. He wonders,

– how the center of Germany the land of three streams, leads to the spontaneous experience? Could it not happen in France, England, or USA?, and
– if there is a particular significance of the three rivers to Dr. E's case or to the Wartburg Dialogues?

Before I answer these two questions, I must first go into the connections between power and religion.

3.3 The Stage: Power, Religion; the Analogon

In a kind of theatrical performance, alternating between 1529 and 2016, I demonstrate the disastrous permeation of power and religion. Yet positive aspects can be seen, even in the face of terrible warfare: the religious issues shed light upon the issues of 2016 in the sense of an analogon.

3.3.1 Power: Politics and Humanism

Marburg was the scene of the above-mentioned Colloquy in 1529. That was two years after the Philipps-Universität in Marburg was founded. The university takes its name from Philipp der Großmütige (Philipp the Magnanimous, 1504–1567). Philipp was 24 at the time, and this was a ground-breaking action by a fatherless man who had been declared of age when he was 13 $^{1/2}$ by Maximilian (1459–1519), Emperor of the Holy Roman Empire of the German Nation. As an eighteen-year-old, he had taken part in the Diet of Worms in 1521, at the head of a 400-strong army. When Luther was outlawed in 1521 in Worms, everyone in the Holy Roman Empire of the German Nation was given the right to kill him without suffering punishment. Philipp, who was just 26 years old, was the one who, eight years later, defended Luther against the Emperor and the church (see below). Philipp had founded the first university on German soil to be founded without the agreement of the Pope. The university trained and educated administrators, lawyers, teachers and physicians for the Hesse region, whose population already supported the Reformation. This was a time when the Renaissance and Humanism had demonstrated the uniqueness of the individual and when, at the same time, religious reforms and preparliamentary debates were being conducted.

Leading personalities on the side of Humanism were: Erasmus of Rotterdam (1465–1536) and Thomas More (1498–1535) (2003) of London. On the side of religious reforms were principally Martin Luther (1483–1546) and Melanchthon (1497–1560), recorded in history as “Praeceptor Germaniae”, Calvin (1509–1564), Zwingli (1484–1531) and finally Luther’s predecessor Jan Hus (1369–1415) from Prague; at the time Prague was one of the most important universities in Europe. It was the first German speaking university, the oldest in the Holy Roman Empire of the German Nation. Leading proponents of the Reformation in France were the Huguenots. In England, Henry VIII (1421–1547) followed by his daughter Elizabeth I (1533–1603) firmly established the Church of England independent from the Pope, and in the German-speaking regions, the above-mentioned Philipp of Hesse (1504–1567), his ally the influential Friedrich III, known as the Wise, Elector of Saxony (1463–1525), were the opponents of both the Pope and the Emperor.

On the other side, the most crucial political preparliamentary opponents at the time were the Papacy (Leo X) and the Emperor Charles V (1500–1558), Emperor of the Holy Roman Empire of the German Nation, King of Spain and therefore also King of both the Americas, i.e. both present South and North America. He died in a Spanish monastery after voluntarily abdicating. There was a fluid coalition between the Emperor and the Pope on the one hand, and France under Henri IV (1554–1610) and his predecessors on the other. This period of the Reformation and Humanism is characterized by cultural achievements in medicine and philosophy, particularly at the University of Padua (cf. Pomponazzi) in Italy. At the same time, these achievements were, however, endangered by the continuing absolute power of the Church and the Inquisition. As late as 1600, the Church was responsible for the death of Giordano Bruno (astronomer, poet, philosopher and priest, 1548–1600) who was burnt at the stake. His contemporary, Galileo Galilei (1564–1641), only managed to avoid a similar fate by revoking his findings, against his better judgment. This was almost 200 years after the death of Jan Hus, Luther's role model, who had been burnt at the stake in 1415 at the behest of the Church Council of Constance.

3.3.2 Religion: Communion and the Marburg Colloquy

Within the framework of the reformation there were disputes of the utmost importance. They found their clearest expression in the above-mentioned Marburg Colloquy of 1529 convoked by Philipp I, Landgrave of Hesse, who invited the leading proponents of the Reformation to his Marburg residence. They met (not unlike the present European Commission) to establish doctrinal unity in the new Protestant faith (Carrasco and Neebe 2015). Agreement was achieved on 14 points out of 15, the exception being the 15th point that dealt with the nature of Communion. Luther's interpretation of Jesus's words: "This is my body which is for you" and "This cup is the new covenant in my blood" was that in the consecrated bread and wine was a real transformation of the body and blood of Christ (EST = he/she/it IS in Latin), while his opponents believed that they were a symbolical representation of God (SIGNIFICAT).

The delegation left without reaching agreement on this issue. Luther was emphatically in favor of "EST" and with him his adherents to the north and in Scandinavia. The Swiss around Zwingli and Calvin were in favor of "SIGNIFICAT". In England, Henry VIII determined the acceptance of "SIGNIFICAT" by royal decree. At this time, he and Philipp of Hesse were in close contact. The discussion in the castle that still stands above Marburg, lasted three days and must have been extremely acrimonious. The ripples travelled as far as the north-west of Europe, to Scotland where, initially, the adherents of the new Lutheran confession had been persecuted. The first martyr in the north-west of Europe was a former Marburg student, Patrick Hamilton of St. Andrews (Carrasco and Neebe 2015:101).

3.3.3 The Analogon: Feelings and Relations in Psychosomatics

In the case of Dr. E. and his sciatic pain, I developed the proposition that there was a close connection between the tears shed by the four-year-old boy and the shooting leg pains felt by the 57-year old man. The tears expressed emotional pain that was communicated to his mother, who soothed it. However, she could not entirely dispel it. Every separation from the home environment caused pain, even though it was increasingly suppressed so that, finally, the process of separation became unconscious (cf. Carus, background). The 11-year-old boy did not want to worry his mother, so he did not mention pain. "Only" his twisted posture, as his grandmother called it, indicated his suppressed pain. The doctor straightened him by means of the cold plaster cast. This helped recovery for the following two decades, but *only in a temporary sense*. At this point, the patient developed degenerative symptoms that required an operation, i.e. an external and manipulative (in the sense of the Latin manus = hand) procedure. The patient was once again able to cope with the demands of daily life, underwent physical training, strengthened his immune system. However, in the years that followed he continued to suffer bouts of back pain that he increasingly experienced as having biographical triggers. At the time, he was working as a psychosomatic physician (see above) and recognized the psychosomatic nature of his symptoms during the health discussion and the palpation and, in the group, he was able to adapt to the new situation. I view this as a transformation of the remembered experience in the body as an analogon of "*becoming flesh*". The process of "becoming flesh" was accomplished and completed. Over a period of 53 years, a *transformation* of his experience had taken place and could be demonstrated biographically.

I will refer to these two statements later in the sections Background and Rhythm. But here I want to state:

> *The processes of communion and its different interpretations can help us to understand the psychosomatics of 2017 in its processes as a scientifically practiced branch of medicine. The psychosomatic perspective allows an analogy with the religious process of transformation in the communion. – Later this will facilitate the formulation of concepts for the taking of a next step. This will be a subject of future research in human medicine*

Also, I simply wish to comment, with reference to the case of Dr. E., that he had not experienced an inner change, analogous, but not identical, to Lutheran belief, so not a transformation in the sense of Luther's "EST". (Luther was a true Catholic in this respect). The "healing" of the young Dr. E. was achieved by a surgeon, and before that by a general practitioner. The former with an operation, the latter with a plaster cast. Both physicians were guided by "sign" not by an "EST". Thus the period of the Reformation with its various interpretations of holy communion shows us the way towards an understanding of the development of psychosomatic medicine in Europe.

At this point, i.e.,speaking about the sixteenth century, there was certainly no scientifically based medicine. This was to develop over the following three centuries (see "rhythm)". It is of paramount importance to recognize here how it is possible,

on the basis of this kind of transformation, to recognize the connection between the symbol and the actual bodily-physical processes: that is, to see "the truth" in the real sense of the word. Hence the problems of the management of a sign (symbol) versus the management of the "EST", of a "being" of the person. Here it is useful to remember the Bible quotation: "The word became flesh and dwelled among us". (John I:14). The sign/symbol is valid universally; the "EST" only for the individual case. It is a gap that has to be overcome. How?

In my opinion, this is beautifully illustrated in the letter Philipp von Hesse wrote to his sister in 1530 (Philipp of Hesse 1530). She was now the Duchess of Saxony, inclined towards the Lutheran faith, and asked her brother if the rumors were correct that he was leaning towards Calvinism. Philipp undertook the task of explaining his standpoint to his sister, in a very well-informed way, using around fifty quotations. He implored her as her brother to accept his standpoint and left it completely up to her to reveal her own Lutheranism. He described how the signs left him more room for manoeuver. In this respect, he was closer to the Swiss, Zwingli and Calvin, than to the Lutherans. Later on, for political reasons he had to indicate his leaning towards Lutheranism more than he wished. The Elector of Saxony, his powerful ally, was himself a Lutheran, and used the kind of pressure to achieve political unity in the north of central Europe that had been impossible in the Marburg Colloquy. Philipp's letter is a moving indication of the way in which the adherents of one theological direction could have lived with the adherents of the other. The brother told his sister that he had sent her a goblet as a new-year gift and assured her that he would continue to search for the "palfrey" that his sister wanted him to find for her to ride.

We are fortunate that this correspondence has survived. It reminds us that tolerance was possible at a time when Luther called his Swiss fellow reformer Zwingli a heretic and Henry VIII had Thomas More, author and creator of the term "utopia", beheaded in 1535. About 450 years later, in modern times, in the year 2000, when there was serious social questioning of the Catholic church, Pope John Paul I designated Thomas More the Patron of Rulers and Politicians (Kathpedia, 21.12.15). Marburg in 1529 is the living present, is with us, represents the unity of the NOW (here) with the present. The founding of the Wartburg Dialogues goes back in part to Thomas More, the creator of the term "Utopia" (More 2003) – their ongoing topic of discussion is "Health as a basic right for all: a Utopia?" (www.schueffel.eu).

I shall now return to the editor's two central questions. To the first it can be said that a German's spontaneous experience is significantly influenced by the region he/she lives in. The regions in Germany are not only geographically different from one another (that is, Elbe, Rhine, or Danube region), they have been culturally molded over centuries and therefore have also differed geopolitically for ages. By the thirteenth century there were seven by and large politically independent German territories. These were the so-called electorates, the Electorates of Bohemia, Brandenburg, Palatinate, Saxony, Cologne, Mainz, and Trier. The latter three were also bishoprics, regions under ecclesiastical administration.

Today in the twenty-first Century, Germany is made up of 16 territories referred to as *Länder* (states). They are governed independently by regional administrations – governments, parliaments and courts of justice, and oversee public radio and television stations. Each of these states in its own way originates from and developed in an ongoing, 900-year contention with the seven Electorates.

Five hundred years ago the Reformation took place. Saxony became Protestant and also the Reformation's spearhead. It led the movement together with Hesse under Philipp the Magnanimous (see above), and thus stood in opposition to the Pope and the Catholic Church. The Saxon Elector Friedrich III (*der Weise*, the Wise), in a kind of public statement, accepted the Eucharist in the Protestant faith on his deathbed. The bordering Bishopric of Mainz demonstratively maintained the Catholic position and became the opponent to the Reformation. An ecumenical Eucharist between Catholics and Protestants is unthinkable even today. – Nevertheless, the two parties live side-by-side in a common nation. Up to today members of both confessions meet regularly, for example, in continued education courses for medical doctors. In this setting they deal with the human relationships and their underlying emotions.

In France, the preconditions for this kind of process within continued education are of a different nature. The close coexistence between the two confessions did not develop here. It was brought to a violent end in the St. Bartholomew's Day Massacre of 1572, when thousands of Protestants (Huguenots) were slaughtered in the streets of Paris. The survivors fled from France to Central and East European countries. Consequentially, the unifying French culture developed in allegiance to the Catholic Church and exists as such today, and it hasn't developed such a connection to Protestantism. The "spontaneous experience" the editor asks about therefore does not occur in France in connection to the Protestant Church. In the following the situation in England will be presented.

3.4 The Context: William Harvey, Herman Boerhaave, Georg Büchner

As a physician, I contrast the process and the outcome of the Religious Colloquy with what happens in a physiological laboratory. This can give a deeper insight into my perspective. I refer to the laboratory of William Harvey (1578–1657), founder of modern medicine. Harvey began his study of medicine in England and continued it in Padua in Italy. His ground-breaking work is the discovery of the macro-circulatory system of the blood. Until then, the medical world believed that liquid blood lay in the body and remained there, like the other organs. There was no concept of circular movement not to mention a *closed* circular movement (Eckart 2013). Harvey had grown up in the self-confident spirit of the Renaissance that encouraged autonomy, allowed the performance of experiments including on living things. The most important representative of this school of thought was Francis Bacon (1561–1626).

The prevailing attitudes of the time enabled Harvey to experiment (something Bacon continuously supported) with the result that he was able to become a researcher in physiology and anatomy. He describes volume and flow velocity in minute detail, comparable to today's research in wind tunnels to find the best aerodynamic form for a jet plane. Harvey was well aware of the importance of his research. His results did not agree with the prevailing understanding of medicine that had scarcely changed for fifteen hundred (!) years.

European medicine practiced at the time of Harvey had been founded by the doctor Galenus (Galen) of Pergamon (ca. AD 130–200) who was resident in Rome. In Galen's time there was already an enormous body of medical knowledge that was based on the work of the most famous doctor in European antiquity – Hippocrates (460–375 BC) His work had been passed down unchanged over about four hundred years up to the time of Galenus, physician to the Roman Emperor Marcus Aurelius and probably also to the Emperor Severus. Not even the Arabs, who were very familiar with Hippocratic medicine, managed to make changes, although they had made significant advances in medicine. At its center was a view of medicine that saw man as a whole being between soul and spirit on the one hand and the subjective world on the other. This view was similar to that of Empedocles (495–435 BCE), who was pre-Socrates (cf. the section on culture). In all probability, the reason why the medical findings of the Arabs were not well-received in Europe was that they came from a geo-politically dangerous zone. Not dissimilar to today, European countries felt threatened by Turkey and the north-African regions (e.g. Palmiras, Damascus, Aleppo, Cairo). In fact, this threat was not removed until 1683 with the victory of the imperial troops in Vienna over the besieging Turkish army.

Exterritorial Publication

In 1616, Harvey was already able to present his research results to the inner circle of his students and colleagues in Oxford and in St Bartholomew's Hospital in London. He was court physician at the time and generously funded by royalty (Charles I). He was also the son-in-law of the physician to Henry VIII. All this meant he had considerable support in influential society circles in England, but in spite of this, his findings were not published in England; his book was published in Frankfurt in 1628 (William Harvey, On the Motion of the Heart and Blood in Animals, Frankfurt 1628). On the one hand, the reason for this was that Harvey's new medicine required the departure from medieval thinking and way of life. The most striking symbol for this is the sentencing to death by the people, and subsequent beheading in 1649, of King Charles I (whom Harvey regarded as "his" king, cf. Swift 2014, see below). It is worth remembering here that the French Revolution and the beheading of the French King Louis XVI and Marie Antoinette did not take place for another 150 years.

On the other hand, it was necessary to embed the new medical ideas in the medical institutions and above all in medical teaching. The clearest expression of this was the fact that Harvey's work was not published in England but in the Holy Roman Empire of the German Nation, in Frankfurt am Main where its Emperor had been crowned. The publication was 12 years after he had already obtained his most important research results, and it was outside the territory of his own ruler.

In addition, Frankfurt was a free imperial city, surrounded, as mentioned previously, by the Protestant belt of Hesse and Saxony. In turn, they were backed by the Protestant Netherlands and the Protestant areas around Basle, Zürich and Geneva, in what is now Switzerland.

In England, one "spontaneous experience" must deal with the experience just described here in connection to Harvey and his discovery of the circulatory system. One would have to research what led to his book being published exterritorially. Why did such a highly unconventional view within medicine have to be published outside the country? – The question of USA and whether a "spontaneous experience" is not just as possible there I would like to go into later, under the heading "Extraterritorial publication today?" below.

3.4.1 Hermann Boerhaave von Leiden: The New Medical Doctrine

The intellectual freedom prevalent in central Europe culminated around 1650 in the Protestant Netherlands and its universities. The University of Leiden, founded in 1575, had taken the lead in Europe. This was about 50 years after the Philipps-Universität in Marburg was founded in 1527, and a generation after the death of Luther in 1542. Bacon, Descartes (1596–1655), William Harvey (1578–1657) and Thomas Sydenham (1624–1689) had become recognized authorities in medical academic teaching in Leiden. Thomas Sydenham was regarded in England as the creator of a new kind of medical nosology, i.e. an organ-based medical pathology.

The physician Herman Boerhaave (1668–1758) had a leading position In the Medical School in Leiden in the Netherlands. The fact that he was the son of a Calvinist village clergyman was decisive for his stance (he was closer to the sign, further away from EST). He was very well-educated and was called "a physican, chemist and botanist" (Wikipedia). He was regarded as a reformer of the teaching of medicine in Europe and introduced small-group clinical instruction with patients. It would be said today that he raised awareness among his colleagues in the medical faculty that this type of instruction represented the alpha and omega for future doctors. He effectively systematized and processed the knowledge of the time and presented it in the form of a unified and clear medical instruction plan, cf. the above-mentioned noslogy of Sydenham within an understanding atmosphere of a Calvinist accepting the Catholic (with his belief in special transformation during communion). This was Holland's "Golden Age".

Being a physician means representing a science of negotiation. Boerhaave's pupils spread his medical approach across almost the whole of Europe. Among these pupils was Gerard von Swieten (1700–1772), physician to Maria Theresia, ruler of Austria. He was an advocate of the spread of information and an enemy of superstition (e.g. that vampires were responsible for epidemics in Transylvania). In Edinburgh (Scotland), there were the leading doctors Munroe, his son and his nephew, and further, there was Albrecht von Haller (1708–1777) who worked

mainly in the German-speaking areas in Switzerland. He worked with Boerhaave to continue Harvey's modern physiology. A network of doctors, who knew one another, was formed all over the continent, including the British Isles.

3.4.2 Georg Büchner: Two National Medicines

In spite of this, the German doctor and playwright Georg Büchner (1813–1837), who was also a gifted anatomical researcher, commented on the medical system in Europe as follows

> *In the physiological and anatomical sciences, there are two opposing basic, even national, viewpoints, the one more prevalent in England and France, the other in Germany. On Cranial Nerves, Inaugural Lecture in Zürich, 1836 (Büchner 1993)*

> *(Es treten uns auf dem Gebiete der physiologischen und anatomischen Wissenschaften zwei sich gegenüberstehende Grundansichten entgegen, die sogar ein nationelles (d. h. nationales) Gepräge tragen, indem die eine in England und Frankreich, die andere in Deutschland überwiegt. (Über Schädelnerven, Probevorlesung gehalten in Zürich 1836).* (Oper Frankfurt, 1993; 2016)

How did the young, sensitive Büchner come to make this differentiation? He was a gifted dramatist, who wrote the story of "Woyzeck", the story about everyday life in the Leipzig of 1820. A century later, the play was set to music by Alban Berg in his famous opera "Wozzeck". Although he was so young, Büchner developed an incredibly clear cultural view in his short life of 24 years which, to me, a 78-year-old German, was quite remarkable. How can this development be understood as an historical process?.

Until early to mid-twentieth century, two opposing concepts of medicine had developed. One followed the line of Bacon/Harvey/Descartes and the other incorporated situation-dependent activities vis-a-vis the patient and emphasized their relationship to the environment. Wittkower (1899–1983), the world renowned pioneer of PM, remarks (1977):

> *In the second and third decades of this century the psychosomatic movement started in Germany and Austria as a reaction to what Weiss and English called the "machine age in medicine." Speculations, case histories and hypnosis research were presented by F. Deutsch in 1922 (11), Groddeck in 1923 (12), Heyer in 1925 (13), Mohr in 1925 (14), Schwarz in 1925 (15), Fahrenkamp in 1926 (16), Alkan in 1930 (17), and von Weizsäcker in 1933 (18). In 1931, based on many years of experimental and clinical research, I submitted my Privatdozent thesis (19) on "The Influence of Emotions on Bodily Functions" to the University of Berlin. Dressed in tails (much too wide because on loan) and holding a top hat in my hands, as was customary in those days, I had to face the assembled Faculty of Medicine, and as the subject of my thesis was rather controversial it drew a good deal of fire. Outside the raucous voices of the Nazis, arousing racial hatred, echoed in the streets of Berlin*

> *My arrival in England in 1933 stimulated psychosomatic interest in academic circles. Until then, little research had been carried out in this area in this country. We also held group meetings (similar to those initiated later on by Balint) in which leading physicians of most teaching hospitals in London participated.) (Wittkower 1977:5)*

3.5 The Background: Creation, Trauma and a New Beginning

Returning again to the time of Luther (1483–1546), I see this period as a time of great creativity as well as great destructivity. The creativity was the fostering of the standardization of the German language at the center of Europe. The destructivity can be seen in the military disputes in what was known as the German Peasants' War, followed by the struggles (Schmalkaldic War 1546) between the Lutheran territorial powers (Schmalkaldic League) and the Catholic Holy Roman Empire of the Habsburgs. These disputes were the precursors of the Thirty Years' War (1618–1648).

Creation

The prerequisites for the European exchanges in medicine and among its doctors came about because Luther had brought about the unification and standardization of the German language in Central Europe. He wanted the language to represent both the word of God and the word of the common people (MacGregor 2014), because of his unwavering belief in a God who inspires the world. By 1535 he had translated the whole Bible, using the official language of Saxony and the language spoken by the common people. This Bible was so successful that in his lifetime 500,000 copies were sold. One copy cost the equivalent of a teacher's salary for 2 months. According to Neil MacGregor (former director of the British Museum and now chair of the Advisory board to the Berlin Palace-Humboldtforum Foundation):

> *this man, Martin Luther, in the years after 1517, had turned not just Germany but the whole of Europe upside-down. And in his translation of the Bible into German, he, more than any other single person, created the modern German language. This chapter is about that book – Luther's bible*

> *By long tradition, saints and holy men have been shown as thin, ascetic, other-wordly. Luther is different. He is clearly a man in the world and of the people. It was at least partly in defence of the people that, from his position as a theologian at the University of Wittenberg, he wrote his famous Ninety-Five Theses in 1517. The Theses were a protest against corrupt practices in the Church, above all against the sale of Indulgences by the Pope in order to raise money to rebuild St Peter's in Rome*

Luther knew how to speak to both the educated and the common people. He did not include the usual Latin phrases; he used uncomplicated, descriptive, vividly expressive language that had its own rhythm.

> *This language has a new purpose: to speak to everybody. The Gospel will be translated not as theology, but as conversations you might overhear in the streets or on the quaysides – Jesus speaking as a German carpenter to German fishermen*

What has this language to do with psychosomatics in Europe? There are two far-reaching answers to this question: the first is that it helped people in the late sixteenth century to make up their own minds about the Bible and God. And: They had an opportunity for self-realization that had not been given to their forebears.

Trauma

The second answer is that the maturing readers, above all the Protestant ones, had to agree on how to form a new community, because they had different interpretations of the Bible, now they could read and understand it. However, after the Marburg Colloquy, it was impossible to reach an agreement because of ideological power issues. In the following century, these power issues resulted in the "religious war" of 1618–1648, known as the Thirty Years' War, in which Catholics and Protestants, mainly Lutherans and Calvinists, fought for dominance in Europe. War broke out in all the regions in the three-river areas: on the Elbe, the Rhine, the Danube and into the side valleys. When the war ended with the Treaty of Westphalia (1648), what remained in Germany was a decimated population, a ravaged countryside, and, worst of all deeply traumatized people. The trauma of the Thirty Years War is still remembered in present-day Germany. Any searches for ancestors will end in 1650, the year when all the church records had been burned and houses and monuments had been destroyed. This war has become a kind of matrix in Germany for dealing with subsequent traumas, for creating new forms of continuity and coherence. In particular, the four traumas described by Neil MacGregor (op. cit.), are as follows:

> *However diverse the experiences of the different regions and states of Germany, all have been marked by four great traumas that live in the national memory*
>
> *The first, the Thirty Years' War (1618–1648), saw every German state, and troops from all the major European powers, fighting in Germany. It was devastating for the civilian population and for the economy. …. horrors were experienced across all Germany, and were never forgotten*
>
> *The outbreak of European war in 1792 saw French Revolutionary armies invade the Rhineland and occupy large parts of western Germany. Many historic cities, including Mainz, Aachen and Cologne, were incorporated into France and were to remain French cities for nearly twenty years. In 1806, after routing the Prussian army at the battles of Jena and Auerstädt, Napoleon entered Berlin in triumph. By 1812 the French had effectively occupied all Germany from the Rhineland to Russia. … The memory of the great humiliation of 1806 was burnt into the consciousness of all Germans, enduring to the end of the 19th Century and beyond*
>
> *The most devastating and intractable of the four traumas was the Third Reich. …. The crimes committed by the Third Reich, both in Germany and across Europe, and the part played in those crimes by members of almost every German family, are a widely shared memory – in many cases a shared silence – still highly charged today and still far from being exorcised*
>
> *The ultimate consequence of Nazi aggression was the invasion and occupation of all Germany by the four Allied powers, and its long division between the Federal Republic in the west and the German Democratic Republic in the east. It condemned East Germany to a further forty years of dictatorship and oppression. The human cost of that division, epitomized by those who lost their lives desperately trying to cross the Berlin Wall, is still being assessed*. (pp. XXXIV-XXXV; my bold italics)

New beginning

In the section on context, I described how further development towards a modern medicine moved in the direction of central north-west Europe, towards the Netherlands and from there towards the British Isles, including Ireland. This also included Switzerland, and the Austria of the Hapsburgs. Germany, that bordered on these countries, seemed to be the exception. It needed to recover and to take stock of the trauma of the century, first in literature and then in music: Gryphius the poet (1685–1664), Grimmelshausen (1622–1676), the best-known german writing author of the century (2005) and finally Johann Sebastian Bach (1685–1750). At about the same time, Händel (1685–1759) was born in the Protestant town of Halle. With reference to this period and the cultural events in Europa the British author Peter Watson (2010) describes a threefold appearance of the Renaissance: classical antiquity, the "high renaissance" in Italy including the above-mentioned Pope Leo X, Luther's opponent and finally a third renaissance in the middle of Europe. He writes

> *Just as, in the Italian Renaissance, Pope Leo X reorganized La Sapienza in Rome, so in Germany a completely new idea of learning, which fundamentally shaped the modern world, was evolved. There were new forms of literature and new forms of inquiry, in which philology once again formed the core. Archaeology – the modern equivalent of antiquarianism – underwent its heroic age. This third renaissance was without question primarily German. (Watson 2010:94)*

3.5.1 He Continues

> *….there was a third classical revival in Europe, that resulted in a flourishing – a renaissance – of the arts and sciences, that saw great reflection and innovation in military affairs, and that stimulated an unparalleled philosophical revival. This promoted a surge in new aesthetic theory, including advances by poets such as Goethe and Schiller – who were also scholars and many-sided men*

MacGregor also makes the connection to cultural institutions, among them the university in Berlin, the present Humboldt Universität, now situated in the street Unter den Linden.

> *The links between Wissenschaft (science), Bildung (education/learning) and Innerlichkeit (Inwardness), formulated most forcefully in the brand-new University of Berlin (founded in 1810), were to be the clearest embodiment of the German idea of humanism. (MacGregor 2014)*

In the true sense of the word, that was the background against which a new kind of medicine, an independent medicine, could develop. The third Renaissance received further impetus from the almost complete victory over Napoleon in the Battle of Leipzig (otherwise known as the Battle of the Nations) in 1813. It was the worst and bloodiest battle in the history of the European continent and is still seared on the memory of the local population. This victory over an apparently invincible enemy set free powerful feelings of autonomy and national self-determination.

This was also felt in the medical field where a new and independent medicine was to develop. This happened for the first time in Leipzig that had been a flourishing city tor centuries, the hub of east-west trade. Here the chair of "Psychotherapy in Medicine" was established. The physician Johann Christian August Heinroth (1773–1843) (1818, 1825a, 1825b) was given the appointment. He not only published pioneering books (Lehrbuch der Störungen des Seelenlebens oder die Störungen und ihre Behandlung (Textbook on the Disturbances of the Soul and their Treatment) Leipzig 1818; Anweisungen für angehende Irrenärzte zur richtigen Behandlung ihrer Kranken 1825 (Instructions for Beginners in Psychiatry) (1825a), but he was also involved in the education and care of psychiatric patients when he set up the "Heil- und Verpflegungsanstalt für Irre beiderlei Geschlechtes (Psychiatric Hospital for Members of both Sexes") (1825b) in Pirna near Dresden on the Elbe.

Christoph Wilhelm Hufeland (1762–1836) and Carl Gustav Carus (1789–1836) are two further doctors who, along with Heinroth, were groundbreaking precursors in the field of scientific medicine in the psychosomatic sense. They both came from the present-day federal state of Thüringen, between Hesse and Saxony. Hufeland became founding Dean of the above-mentioned Medical School of the University of Berlin. He initiated "macrobiotics", that places the patient's own powers at the center of the medical approach, which he describes systematically. He might be called a forerunner of Aaron Antonovsky (1987) and his sense of coherence (SOC). At the same time he was not only personal physician to the Prussian Royal Family, but also a socially committed doctor and promoter of the smallpox vaccination that had been developed by Jenner in England in1798.

Carl Gustav Carus, physiologist and comparative anatomist, was the strongest supporter of the idea of integrated psychosomatics and forerunner of Freud. It was Carus who introduced the concept of the unconscious to medicine. He was a friend of the romantic painter Caspar David Friedrich and of Wolfgang von Goethe and, like Hufeland, he was also a personal physician to "his" king, King Friedrich August II of Saxony. He is not well known outside Germany and Europe, but he is the most original and outstanding psychosomatic physician, as he represents a triad: the evolution scholar, the artist painter and the wholistic physician.

The fourth outstanding medical personality of the first half of the nineteenth century is Johannes Peter Müller (1801–1858). His Handbook of Physiology (1833–1840) was a global success. He was a member of the American Academy of Arts and Sciences, the Royal Society of England and the Académie des Sciences (Scientific Academy) in Paris. It was his research in marine biology and above all of the sensory organs that led him to the conclusion that all perceptions are subjective. He anticipated the philosopher Edmund Husserl's (1859–1938) epistemology. These four physicians would probably have been able to make a similar interpretation to mine of Dr. E.'s symptoms on the motorway (as described above). Johann Peter Müller would have used the "Law of specific sensory energy" to interpret the pain. Hufeland would have based his interpretation on the relationship of man to his environment (cf. microbiotics), Carus would have used his concept of the unconscious and Heinroth would have examined the concept of the "person", the focus of his "Störungen des Seelenlebens" (Disturbances of the Spirit). All four

doctors had experienced the Napoleonic Wars, Müller while still a boy. These were traumatic times. They were all Germans, and besides the memory of the Napoleonic Wars they carried the collective trauma of the Thirty Years' War. This is exemplified by the fate of the psychosomatically weakened Georg Büchner. He died of typhus in Switzerland at the age of 27. Prior to this, he had lived through years of rebellion in Hesse and suffered the traumas of continual persecution by an authoritarian ducal police system.

However, the time was not yet ripe for viewing him as traumatized. Trauma, as an integral part of psychosomatic work was only identified around 1889 by Oppenheim (1889a, b, 1916) in Berlin. He used the term "traumatic neurosis", which is identical in meaning to the modern term *post traumatic stress disorder* (PTSD). – The severe trauma remained "under cover" for centuries. It is worthy of note that Georg Büchner was born during the actual days of the Völkerschlacht, the "Battle of the Nations" which took place in Leipzig in 1813. Georg Büchner was born in the small Hesse town of Geroldsheim. His father was to become the medical hospital director of Darmstadt, being well respected by the autocratic Duke of Hesse who, on the other hand, persecuted the rebellious son.

In the second half of the nineteenth century, there was a revolutionary development in scientific medicine that pushed into the background the wholistic and humanistic medicine of the third renaissance that might have mitigated the terrible consequences of trauma. Decisive influences here were, surprisingly, pupils of Johannes Müller. Frequently cited (Th. von Uexküll and Wesiack 1988; Eckart 2013). In this connection is a letter from the then world-famous physiologist Dubois-Raymonds (1818–1896):

"Brücke and I have sworn to assert the truth that in the organism there are no other forces than the general physical and chemical". Emil Dubois-Raymonds and Brücke, along with other famous physiologists (Jakob Hehnle, Theodor Schwann, Rudolf Virchow, Francoise Magendie) represented an exclusively scientifically-orientated medicine, or what they understood as "science" in medicine. Magendie declared that the hospital is "simply the vestibule of scientific medicine, the first area of clinical observation" and that the laboratory is the temple of medical science (all quotations from Eckart 2013). It is surprising that most of the scientists and physicians mentioned here were associated with Johannes Müller, who remained true to the "law of specific sensory energy"until the end of his life. Unlike the Brücke-Helmholz Circle, he was unable to accept the concept of "objective truth".

The representatives of the wholistic-romantic school were dismissed as vitalists, mesmerists, physiological idealists and so on. By contrast, the representatives of scientific medicine received considerable support, as they were also active in social medicine, Virchow for instance, and, indirectly, Koch. When Japan had to open its ports and implement reforms, German medical representatives were asked to introduce cutting-edge medicine there. Until the Second World War, the language of medical training was largely German. The US government had sent an official delegation to Europe to obtain ideas for American medical training. The delegation, the Flexner Committee, named after its chairman, went to Paris, Vienna, Berlin and London. In the Flexner Report of the year 1910 the committee opted for the German

system to provide ideas for the further development of the American system (Flexner 2015). Although English is the standard language in America; a considerable amount of German influence entered the field of medical education in the United States.

German medicine had, at the time, gone through a rushed process toward science and assumed dominance world wide,. The whole world, as well as Germany, was taken by surprise by the possibilities offered by technical progress. Science-based medicine became dominant in 1890 (the year the Meiji Constitution was enacted) in Japan and in 1910 in the USA four years after.

At this point, I can return to the concept of change, also in the context of Transformation – within the holy communion but also in an existential relationship.

The reason for going back to the concept of change at this point are the events between 1890 in Japan and 1910 in the USA. Shortly after the publication of the Flexner Report, Freud (1914) published his "Erinnern, Wiederholen, Durcharbeiten" (Remembering, Repeating and Working Through) in Vienna. In this work, the NOW (here) is set against the apparently immovable laws of science. It confirms Büchner's dictum of national medicines, with Freud here as an example representing German-language medicine. At the time, Vienna (along with Berlin) was considered the focal point of advanced medicine in the German-language countries. Up until a short time before (until the Napoleonic Period 1806), the royal seat of the Holy Roman Empire of the German Nation had been in Vienna. Freud's ancestors had been raised in this Empire, Freud himself born into this environment. This means that a new form of diagnosis, treatment, treatment plan, treatment and epicrisis was born in the here and now, developed out of the approaches of both partners in the therapy. Apparently fixed natural laws were being upset without those concerned noticing. *This was, in my view, the true beginning of psychosomatic medicine in Europe.*

3.6 The Rhythm: The Power of the Symptom, Transference and Countertransference, Generation-Dependent View of the Symptom, Anamnesis Groups as Primordial Experience; the Commencement of Scientific Psychosomatics

In this part, I deal with my own experiences as a physician in Marburg in 1976, i.e. just 50 years later. Not forgetting Erich Wittkower's second remark, however:

> *But looking back at my lifetime, it appears regrettable that psychosomatic medicine, which started off as a reaction to prevailing laboratory orientation, at least in some aspects has gone full circle. Regarding psychosomatic theory, the evolution of a multitude of conceptual models indicates uncertainty of acceptance. At the 25th anniversary of the American Psychosomatic Society in 1964 many of its previous presidents attended its Annual Convention. There was a division between the older generation which adhered to the time-honored conceptual models and the younger generation which discarded them.* (Wittkower 1977)

The concept of transformation will play a major role. It will lead back to the *roots* of psychosomatic medicine. That is three quarters of a century after the transformation at the end of the 19th "long century" (Hobsbawm 1987, 1994), when scientific medicine enjoyed a success that owed much to German influence.

Since then, two world wars had taken place and my academic teachers had all had the formative experience of WW II and of the Nazi terror regime. For my part, I had the good fortune to study in Hamburg, Berlin and Heidelberg (from 1958–1968) and, as a postgraduate, in Ulm (1968–1976), a newly founded university for medicine and sciences. In England, I did my clerkship (Royal Free Hospital, London in 1962 and paid visits to the Central Middlesex Hospital, London in 1970i[es]. All this enabled me to learn about the progress of medicine in the wholistic sense that I refer to above: Arthur Jores (1960, 1981) in Hamburg, who had to defend his humanist beliefs to the Gestapo; in West Berlin in the spirit of the newly-founded Freie Universität (Free University); in Heidelberg Paul Christian (Christian and Haas 1949), who, together with Peter Hahn (1976, 1988), represented the tradition of Viktor von Weizsäcker (2005) and Ludolf Krehl (1929).

In Ulm my supervisor, Thure von Uexküll (1963, 1979, 1997, 2016), was liberal-minded and an important representative of wholistic medicine in the Central-European sense. He was chiefly responsible for the replacing of the old German-Prussian training regulations of 1865 with a new one (License to Practice Medicine). This applied to Germany and it introduced, in particular, psychosomatics, psychotherapy, medical psychology and medical sociology, with the requirement for the teaching to be "patient focused".

With the co-operation of my open-minded colleague H. Heimpel, internist, haematologist, it was also my good fortune to be able to introduce to the Ulm Medical School an adapted version of the clerkship that had been developed in Rochester (New York) by William Morgan and George L. Engel and (1968) whom I had visited (Universität Ulm 1974).

3.6.1 The Power of the Symptom: Not Feeling but Sensing

The university in Ulm was founded in 1967. One of the founders was Thure von Uexküll, Professor of Internal Medicine and proponent of integrated psychosomatics. He continued the tradition of the internist Gustav von Bergmann (1936), who, together with the internist Ludolf Krehl Siebeck, followed the tradition of "medicine in movement": they considered that functional illness could develop in the course of an active life into clearly-defined organ disease. Thure von Uexküll asked J. J. Groen (1982), the Dutch internist, diabetics researcher and asthma specialist, to assist as guest professor with the setting-up of integrated medicine in Ulm. J. J. Groen was pleased to oblige. Under his aegis and later that of his co-worker Pelser (Paulley and Pelser 1989) it was possible to pursue the "Power of the Symptom" (Freud 1914).

Groen often made references to the importance of Boerhaave and stressed Boerhaave's discussion of clinical findings, that is addressing the importance of the symptom. Groen was an emeritus professor of internal medicine at the Hadassah University in Jerusalem when his former pupil and co-worker Jan Bastiaans, later head of psychiatry at the university of Leiden, helped him to establish a research unit. Groen and Uexküll encouraged me to implement patient-centered teaching. Von Uexküll had me work with patients who were handicapped by functional physical disturbances, and some of whom were permanently disabled and unfit for work. According to the medical terminology in use at the time, there was "NOTHING" wrong with them, i.e. they had no anatomically verifiable complaint, and none that were verifiable in the usual general physical-chemical sense either (Dubois-Raymond, see above). Groen showed me how to deal with asthma sufferers. He explained how these patients suffered because of their compulsive ambivalence. The Swiss Rolf Adler, former research assistant to G. L. Engel, taught us the latter's anamnesis technique. In this centre of contemporary European psychosomaticians, I learned about the power of the symptom. I valued this power as "via regia" (royal road) on the one hand, but on the other hand, I feared it as a threat, and – combining the two – I admired it as a *supremely valuable* creation of the organism. In this way I learnt not to enquire about feelings but about sensations: by not feeling but sensing. In the case of Dr. E., this implies that he senses inch by inch when I follow the N. ischiadicus downwards, and he reports to me on the quality of the sensations as observed under my palpating fingers. He felt ashamed that he did not correctly judge the time he needed to reach the Wartburg Dialogue punctually. Sensing and feeling are different qualities of perception and they should always be discriminated.

3.6.2 Transference and Countertransference

As a junior doctor, I had felt that it also concerned me as a person, or even more as an individual, when a patient asked me for medical help. In fact, I had already felt this when I was still a student, so before I qualified, and had to stand in for Sheila Sherlock's (1963) the hepatologist's "houseman" at the Royal Free Hospital in London. The reference is not to an impersonal "someone", but to the personal "I" – I have to stand in and I have to make decisions. In the NOW (here) we are dealing with "I-messages". I had not yet (in the late 60ies, early 70ies) read the following passage in Freud, that I now regard as of central importance:

"We have only made it clear to ourselves that the patient's state of being ill cannot cease with the beginning of his analysis, and that we must treat his illness, not as an event of the past, but as a present-day force."

Sigmund Freud, SE XII: 147–156 (my emphasis in bold).

Freud outlines four steps for this that are, in my opinion, of great significance:

1. *"Finally there evolved the consistent technique used today in which the analyst gives up the attempt to bring a particular moment or problem into focus. He*

contents himself with studying whatever is present for the time being on the surface of the patient's mind, and he applies the art of interpretation mainly for the purpose of recognizing the resistances which appear there, and making them conscious to the patient.

2. *"From this there results a new sort of division of labor: the doctor uncovers the resistances which are unknown to the patient; when these have been got the better of, the patient often relates the forgotten situations and connections without any difficulty."*
3. *"If we confine ourselves to this second type in order to bring out the difference, we may say that the patient does not remember anything of what he has forgotten and repressed, but acts it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it."*
4. *"This state of illness is brought, piece by piece, within the field and range of operation of the treatment, and while the patient experiences it as something real and contemporary, we have to do our therapeutic work on it, which consists in a large measure in tracing it back to the past."*

It is clear that Freud looks more at the behavior of the doctor and at his decisions than at the patient with the symptoms. There are reasons for this: Doctors are instructed to *eliminate* the symptoms, both while they are students, and then in their further training. This was also how I was trained. Now I had to *change both this thinking and this behavior* in order to *understand* the power of the symptom, instead of challenging it.

Freud speaks of an "interspace" between the illness and life that can help to achieve the transfer from the former to the latter. He says the following:

> *One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to work through it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis. The doctor has nothing else to do than to wait and let things take their course, a course which cannot be avoided nor always hastened. If he holds fast to this conviction he will often be spared the illusion of having failed when in fact he is conducting the treatment on the right lines*
>
> *(Man muss dem Kranken die Zeit lassen, sich in den ihm unbekannten Widerstand zu vertiefen, ihn durchzuarbeiten, ihn zu überwinden, indem er ihm zum Trotze die Arbeit nach der analytischen Grundregel fortsetzt. Erst auf der Höhe desselben, findet man dann in gemeinsamer Arbeit mit dem Analysierten die verdrängten Triebregungen auf…. Der Arzt hat dabei nichts anderes zu tun als abzuwarten und einen Ablauf zuzulassen, der nicht vermieden, auch nicht immer beschleunigt werden kann)*

The same is valid today. Freud wrote these passages with reference to psychological phenomena. He discussed this treatment in connection with the interpretation of dreams. Then as now, the interpretation of dreams must start with the manifest content of the dream. That is what is on the surface. Merleau-Ponty once said that nothing is so deep as the surface. This is true. The prerequisite is: take the symptom and see it as the manifest content of the dream i.e. as a PICTURE. The unhurried exchange about this picture, e.g. a painful shoulder, a racing heartbeat, an unpredictably metastasizing cancer, can facilitate the discovery of what is behind these manifestations. The picture may begin to move. In dreams it is the so-termed

latent dream-thoughts. In the picture it is childhood memories. They are part of the shoulder pain, the racing heartbeat, the unpredictable cancer. I can make progress if I ask more and more questions about how the patient sees the first pictures of his illness, when and how they started and in what circumstances. Finally, I ask when the patient last felt "full of the joys of spring". I made progress 95% of the time, even when dealing with the most serious organic illness, or chronic functional complaints that made it impossible for the patient to hold down a job.

3.6.3 A Generation-Dependent View of the Symptom

In 1976, I had more good fortune: when I was appointed chair of psychosomatic medicine at the Philipps-University of Marburg in conjunction with the headship of the psychosomatic clinic and polyclinic, my colleagues and I already had a scientific concept. Both the chair and the headship were within the framework of the new plans but so far they were only on paper. They had to be put in place within a traditional, director-led clinic for internal medicine. Over the following years, it gradually developed into a department system. This type of system, consisting of internal medicine, pediatrics and psychotherapy, was familiar to us from Ulm, where we had also established a research program called "The designation and evaluation of affective learning objectives in the study of medicine" (Schüffel 1983a, b). The aim of this program was to research the process of becoming a doctor. The program was financed by the Deutsche Forschungsgemeinschaft (DFG; German Research Foundation), and we were able to transfer it from Ulm to Marburg.

Nevertheless, it was not an easy start. Just nine years earlier there had been an outbreak of a type of Ebola in the local Behringwerke, the well-known pharmaceutical company based in Marburg. Infected laboratory animals had infected employees. In the above-mentioned clinic there were now beds designated for the treatment of psychosomatic patients. Marburg's Medical School is proud of its solidly based scientific reputation. Emil von Behring (1854–1917) who, in 1901 was the first winner of the Nobel Prize for Medicine, worked in Marburg. He was awarded the prize for his work in immunology and the resulting serum therapies (e.g. diphtheria, tetanus). His many honors included membership of the American Academy of Arts and Sciences, and officer of the French Légion d'Honneur (Legion of Honor). The Director of the clinic, Gustav Adolf Martini supported the development of our small department through the difficult early years. It is thanks to him that our patients were allocated beds on medical wards. But it is also thanks to Thure von Uexküll (Giessen; later Ulm) that the anamnesis groups in the clinical context continued to develop, first in Ulm, then in Marburg and subsequently in other parts of the country.

The correct English term for anamnesis groups is Peer Groups on History Taking; usually abbreviated to "Peegrohit" (Schüffel 1983; 83a). – Why do I refer to their existence? Why anamnesis groups? The answer is simple: we can identify

with young people going through a new stage in life because we have experienced this ourselves. In the specific case of the anamnesis groups, young medical students want to learn how to talk with patients. At the same time, they want to relate what they experience here to what they experience during their time as students (cf. Interview, English and German versions; www.schueffel.eu). The focal point of their interest is how to deal with the power of the symptom and how to connect this with medical pathology and how from there they can approach healing. Thus the salutogenic aspect (Antonovsky 1987) gains in importance. This again is exemplified by Dr. E.`s sciatica: He is ashamed that he arrived late at the Wartburg Dialogue despite his efforts to be punctual. It is hurt pride that he cannot talk about at the moment.

Students of varying ages who take part in the anamnesis groups may be in their first or second year, i.e. preclinical years; or their third to sixth years, i. e. the clinical years. They have two basic experiences that remind me of the experiences of the readers of the Luther Bible in the sixteenth century: They believe they understand what the symptom means for the individual patient. They then discover that there are as many opinions about the meaning of the symptom as there are members of the group.

There then follows a lively, often intensely affective discussion that fortunately does not end in a Thirty Years' War, but frequently in a thirty-year feeling of connection, sometimes based on the consensus achieved in the group and sometimes on the way differences of opinion are tolerated. These students were to be found more and more frequently in the hospital wards in Marburg, as had previously happened in Ulm. The ward physicians had to enter into discussions with the students, the students spoke to the patients on the ward and the patients began to talk about the interpretation of their symptoms. This resulted in a new kind of reflection in the clinic, first of all for the doctors, then the nursing staff, and later the general public outside the clinic. The doctors had to concede that the symptoms described by the patients were capable of varying interpretations often depending on the age group of the doctor. In other words the interpretation of symptoms has to be seen as generation-dependent.

3.6.4 The Anamnesis Group as a Basic Medical Experience

The doctors in the clinic recognized that the students' questions were legitimate and that they had not previously been accorded proper consideration. Most of them had been students in 1968 themselves and had encountered young people, not only in Germany, who found the post-second-world-war situation in Europe unacceptable (this was the time when Joschka Fischer, later to become German Foreign Minister, threw stones at the police and the student Benno Ohnesorg was shot dead by police in Berlin). Doctors began to show interest in the Balint groups that were not well known at the time. In this atmosphere, the "torch" of the anamnesis groups could be passed on. Up to the present time, at least 30,000 German speaking students (Federal

Republic of Germany, Austria, parts of Switzerland) have taken part in them (Köllner and Loew 2012; Bender 2012; Merkle 2012). The former students have turned into experienced general practitioners (cf. Herrmann, chapter 11), senior consultants and head physicians (Köllner, Loew, Bender, Merkle), outstanding researchers (Egle and Hofmann 1993; Egle and Zentgraf 2013), Lord Mayor (T. Spies 2012). They know how to lead controversial discussions: in each of them are the male and female doctors that Samuel Shem describes in his book "House of God" (Shem 1980). The functioning of those groups within the medical curriculum has recently been described (Keifenheim et al. 2014, 2015). The basic philosophy has been described by Schüffel (1983a, b); Schüffel and Pauli (1997).

They have in common an awareness that the primary concern in medicine is how to establish psychosomatic medicine as an approach.

3.6.5 The Start of Scientific Psychosomatics

At this stage, I would like to give an explanation for seeing Psychosomatics in Europe as a scientific approach.

I have illustrated how Freud described a new kind of approach for medicine. He referred to the power of the symptom that must be discussed and shaped *in the present*; this should be done *economically*. In other words: Doctor and patient value the meaning of TIME. It is the task of the doctor to communicate this necessity to the patient.

This process follows the four criteria described above. In other words: Until 1914, when Freud's work was published, this was not recognized as a process that could be guided. Psychosomatics revealed it however. *It becomes the subject of a mutually co-operative activity and thus available for scientific examination.*

Freud wrote "Remembering, Repeating, Working Through" at the end of what Hobsbawm termed "the long century" (Hobsbawm 1994). That was in 1914, the start of World War I. At the same time, the USA and Japan were dealing with the transformation process described above. We have seen how the appalling effect of what Hobsbawm termed "the short century" i.e. the period from 1914–1989, influenced the further development of psychosomatic medicine in Europe. The two wars and the period between them lasted from 1914 to 1945. This can often be termed the second 30 years' war.

The population of central Europe, traumatized, exhausted but relieved after two world wars, now had to start rebuilding.

There were two ways of doing this: people used the situation to incorporate new ways of thinking into existing structures, or leaped into the piles of rubble, clearing them before they had come to their senses. The United Kingdom used the first option and reformed its health system radically. The British National Health Service was set up in 1946.

- It guaranteed free basic health care to every citizen of the UK
- Patients were entered into the GP's (General Practitioner) list

– the GP became the "gatekeeper" for referrals to specialists, who were based in hospitals.
– The GP's are basically paid per head (capitation).

The development in Germany was different (as it was in Austria, Switzerland, and also the Netherlands):

– every citizen was guaranteed basic health care through an insurance company of their own choosing
– there is no doctor's list but entrance to the surgery is free.
– the doctor is paid according the service provided
– the GP is NOT the gatekeeper

This represents the continuation of what Büchner described as the development of two medicines in Europe. This emphasizes the rhythm of centuries: on the British side of the Channel was a permanent employment contract expressed through a list and on the continental side of the Channel a loose alliance that is very much situation-dependent.

In the course of the next three decades, from 1945 to 1975, the representatives of the two medicines began to look back at their respective pasts. Major national differences became apparent that were related to different collective memories. I refer now to the past of the central European, mainly German speaking, medicine, while not forgetting how closely the two medicines are also connected to each other.

3.7 Democracy: Upheaval, Psychiatry of the Persecuted, Trauma Awareness: Generations and Genders

3.7.1 The Upheaval: "Oppenheim has been Overturned"

Is the formulation of E. Fischer-Homberger (1975) in her remarkable book on Traumatic Neurosis (1975) on Hermann Oppenheim (1858–1919) who was a neurologist in Berlin. He described the complaint that is known today as post-traumatic stress disorder (PTSD) (1889a, b, 1916). Oppenheim was overturned during WW I. The opinion was expressed that the complaint of traumatic neurosis he described was basically a form of hysteria and not an illness. This view became one of the principles of both German medicine and Austrian medicine. During the First World War, the insults went so far as to declare that traumatic neurosis was a Jewish invention. This hostile attitude was internalized between 1915 and 1964 (see below). At the same time this attitude was generalized and there was a strict denial of all psychological influences on the body. I describe elsewhere the story of an Auschwitz survivor with cardiac arrhythmia (Schüffel 2009:434–437). He had to spend more than 15 years pursuing his claim for reparation through the courts. As an expert witness, I realized that other respected medical experts had, without exception, refused to see a causal connection between persecution and complaint. My findings were

that the symptoms were, beyond doubt, verifiably subjective (anamnestic) and psycho-physiologic (stress ECG; clinical condition with breathlessness bordering on pulmonary edema).

3.7.2 Psychiatry of the Persecuted: Becoming Aware

A Heidelberg team of psychiatrists was able to counteract this attitude: Ritter von Baeyer, Häfner, Kisker with the publication "Psychiatrie der Verfolgten" (Psychiatry of the Persecuted) (1964). This team, that included Venzlaff (Göttingen) and later W. Blankenburg (Marburg), speaks rather of "Ausdruck eines echten erlebnisreaktiven Persönlichkeitswandels" (The expression of a true reactive personality transformation; 1964, III). At the time, influential voices began to express the need to rethink psychosomatics, and they had an effect: Viktor von Weizsäcker (2005), Paul Christian (Christian and Haas 1949; Jores 1960, 1981), Thure von Uexküll (1963), Kütemeyer (1963). The following are of great importance because they make reference to traumata: Mitscherlich, Mielke: the Nüremberg Medical Trial (1949); Mitscherlich, Mitscherlich-Nilsen: "Die Unfähigkeit zu trauern" (the inability to mourn) (1967).

Gradually it was possible to return to earlier times. In 1936, Wittkower at the Charité in Berlin wrote a book that is full of detailed research results in scientific psychosomatics during the 1930s (Wittkower 1937). The book describes 500 patients in medical wards and in the outpatient department of the Charité Hospital in Berlin. His work is based on a co-operation between the Charité and the Department of Medical Psychology at the University of London. Interestingly, it is dedicated to Professor His of Berlin and Professor Cannon of Harvard, both leading Internists of their time. Gradually, people were starting to read publications of this kind again. This was due to the above-mentioned state legislation that introduced the four "psycho-social" disciplines into medical training and also to the "Zeitgeist" after 1968. Fortunately, Wittkower who had to flee to Canada in the 30's was able to follow up this change.

3.7.3 Trauma Consciousness, Generations, Genders and Their Interaction

In 1974 the Deutsche Kollegium für Psychosomatische Medizin (DKPM; German College of Psychosomatic Medicine) was founded. The Deutsche Gesellschaft für Psychosomatische Medizin and ärztliche Psychotherapie /German Society of Psychosomatic Medicine and Medical Psychotherapy was established in 1993. There is a tripartite further training system: in 1976, the subject "psychotherapy" was introduced as a three year training program for physicians of all disciplines, that

made it possible for all physicians to gain the psychotherapeutic knowledge and expertise necessary for their everyday requirements. In 1988 an 80-hour course in psychosomatic basic care was introduced into the further training courses. It was mandatory for GP's and gynecologists. In 1993, the specialist discipline "Psychosomatic Medicine and Psychotherapy" was established on par with psychiatry and internal medicine.

From 1974 to 1997, I was a board member of the DKPM and was secretary and treasurer during this period. In 1999 I was made an Honorary Member.

Now after all those years, I find myself asking: where did all the time go? How could I have only just discovered, seventy years after it happened, that 15,000 people were murdered in Pirna, in the psychiatric hospital that had been founded by Heinroth the humanist mentioned above? This same Pirna is my birthplace. Are these events still too close for us to be able to remember them? Neil MacGregor (2014) says something similar in his description of the fourth trauma, the Holocaust trauma.

I commented to my friend Benyamin Maoz of Beer Sheva (Maoz 2014), formerly Kassel/North Hesse: "We will need to develop *parallel worlds"* (Schüffel 2014). There we must discover how to develop our own culture so that we can use it to approach representatives of other cultures. This may start with the statement of the historian Fritz Stern who said: "1989 was the brightest moment in Europe's darkest century" (in: P.Watson 2010: XII). Now we have to see how the last and the present century can be bridged, allowing for coherence between generations and gender. In my opinion those persons are Joannes Juda Groen and Oliver Sacks.

J.J. Groen (1903–1990) (1982) was an eminent researcher and a gifted teacher (see above). He survived the German occupation of the Netherlands by living in the underground. But it is less known that he was a follower of the Dutch-Jewish philosopher Baruch Spinoza (1632–1677) who taught that all perception is an integral part of a whole. It follows that there cannot be categorical differences between energy and matter nor between body and soul. The whole is something we feel, we perceive, and we sense whenever we are happy; some call it God. This condition of happiness only takes place in a community.

JJ Groen loved to discuss this outlook on life and he lived it for himself and for us whom he met. After he and Denis Leigh founded The European Conference on Psychosomatic Research in 1956 (Schüffel 2013) he encouraged his former coworkers and friends to found ICPM. He supported its members to form a worldwide community with the aim of introducing a psychosomatic approach in medicine. It started with Erich Wittkower as President, followed by Maurice Knobel Morton Reiser, Yukihiro Ikemi, Adam Krakowski, Jan Bastiaans, Chase Kimbal (Antonelli, Rome, 1975), Cairns Aitken.

Thanks to JJ Groen (1982) I can now see how to cope with G. L. Engel's request to reject seventeenth century philosophy in medicine (Engel 1988, 1997). This can be done by taking the patient's history (Morgan and Engel 1968) within a *community* and working it through in the presence of the patient and doing it on the basis of a combined Groen-Spinoza Understanding.

The problem is how the community, i.e. the group, can be formed. This will be the topic of the next and last section. Oliver Sacks will help us.

3.8 Culture: On the Move – The Moving Seminar

(I, William Harvey,) raised my standard against King Galen", (Swift 2014:32) London, 2014:32.

Looking back I can see that Don Lipsitt was moving towards the community we need. It was at the time of the Dartmouth Conference, Hanover, 1972 (Lipsitt 1977). I complained that "… we put into separate compartments the psychological and the physical care of our patients". Don Lipsitt called me a "disgruntled psychosomatician" (p. 605). I looked the word up in Oxford Dictionary: "grunt … low guttural sound made by a pig".

I learned my lesson. I tried to be civilized. Don told me we have to bring culture to medicine. He explained: "… a greater emphasis *(is needed)* in medical school on humanistic, experimental aspects of medicine, *learned through interaction with patients and faculty"* (op.cit. p. 607).

It is a fact that changes in medicine occur over many generations, i.e. they are extremely slow This is well expressed by Graham Swift (op. cit.), Booker Prize winner. He demonstrates that very basic feelings are involved that are related to intergenerational development. They may be transferred over generations as demonstrated in the short story "Haematology". This story concerns Harvey and his cousin Edward Francis. It takes place seven days after the revolution that resulted in the execution of the king in 1649, whose personal physician Harvey was. His cousin is an influential supporter of the Glorious Revolution. Harvey realizes that he caused a revolution himself. It resulted in the death of Galen's medicine. He wonders how it will affect him.

3.8.1 What We May Learn from Oliver Sacks: On Wholistic Medicine in Europe and Worldwide

This question is posed in the year 2019, 370 years after the death of Charles I. In 1649 and 362 years after the death of Harvey. In my introduction, I expressed my intention to use a phenomenological approach to describe the history of psychosomatics in Europe.

Whichever one of the seven perspectives as formulated in the introduction is followed, the focus is always on the desire and ability of two individuals to take the next step together. The aim is to promote health from conception to the end of life.

I did this casuistically, on the basis of an example. This was often with reference to the history of Dr. E. during the Wartburg Dialogues. I emphasized that his history reflects the history of many men and woman in Central Europe.

We now need to see how a European culture of psychosomatic procedure, a wholistic medical approach, not only fits into a global psychosomatic culture, but is also prepared to help *shape* it.

It seems to me that the best example for casuistry is what happened to the physician, neurologist and author Oliver Sacks (1933–2015). I will develop further the thoughts I expressed briefly in the introduction and explain this assessment by examining Oliver Sacks's life (Sacks 2015). I go back to the *four-stage group work* that I discussed in the introduction: the *primordial* experience in the peer groups on history taking, the participation in group work "*at any time*", the pursuit of a *utopian ideal* (rhythm in the change of generations, gender equality as a cornerstone of democracy, empathetic coexistence as a characteristic of culture), *transcultural approach* (recognition of other cultures).

The primordial experience Oliver Sacks was born in London, a European cultural metropolis. He experienced the first years of his life as warm on the one hand and as very threatening on the other (Sacks 2015). Both his parents were respected doctors who loved their four sons. However, Oliver was traumatized early. He felt he had been abandoned when, at the age of six, he was evacuated from London to escape the German Blitz and sent to a boarding school (cf. Rudyard Kipling) where he was ill-treated by a sadistic headmaster. He remained there until 1943. He experienced his worst trauma as an adolescent when he came out as a homosexual and his mother told him she wished he had never been born. He had already confided in his father who betrayed his confidence by telling his mother. He sensed that he ought to have been dead (Sacks 2015:11). This is the deepest of all imaginable primordial sensing (cf. Section 5). It is understandably directly linked to the wish to stay alive, to take the next step, to move, to breath, to make sure these functions were still working. I have deliberately included the function of breathing here. After birth, it is put to one side as an elementary function of movement. This happens both in fantasy and in reality. Reference is made throughout to this primordial sensing and it runs through the whole work. In order to grasp it, the reader must keep engaging with the NOW (here). Oliver Sacks has the firmly fixed feeling of being dead. I owe the formulation of the NOW (here) to Otto Rank, a former associate of Freud.

Oliver Sacks's main work is "Awakenings"(Sacks 1973). Here he describes how patients with chronic encephalitis were awakened out of their apparent apathy and brought from death to life. This is about basic feelings that are an integral part of the individual. It is this that is spoken about at an early stage in the history taking groups. It is described in English and German on my homepage (www.schueffel.eu).

"At any time" this is a formulation that is also taken from the interview. It refers to the fact that physicians can take part at any time in the basic psychosomatic care groups and have the opportunity to have this primordial experience. I refer to these in Section 5. The reference is to the reading of the Luther Bible in the sixteenth century and again in the 21st. There was no change to the differing interpretations of the last supper. According to the King James Bible "the word was made flesh and dwelt among us" (John 1:14). We can make an analogy with Oliver Sacks.

In 1955, he spent a summer in a kibbutz in Israel where he profited physically from the welcome loss of 60 of his 250 pounds. He was healthy and according to his BMI almost of normal weight. However, he went back to London to his parents, at an age where most people have left home and started a family of their own. He regained his former overweight when living with his parents. Then, in 1960, he decided to go to Canada and from there to the USA – something I would interpret as absconding rather than emigrating. This absconding/emigration would last for the next fifty years.

3.8.2 The Utopians Face a Dilemma: "Being Revered/ Beheaded" or "Being Published/Punished"

It is Oliver Sacks's autobiography that prompts my somewhat radical description of the dilemma. His successes in the treatment of his patients brought him the lay public's admiration. A film of "Awakenings", directed by Penny Marshall and starring Robin Williams and Robert de Niro, achieved world-wide success, but was ignored by the medical press. It was as though his mother's wish had been retrospectively fulfilled. I associate this with the historical event mentioned above, where Henry VIII does not thank his moral advisor Thomas More but has him beheaded.

Oliver Sacks describes his own association thus: in every action of publishing, he experiences a kind of "punishing". There is always the sense of imminent danger in the air.

My associations are of a similar kind. I can see Büchner in despair, fleeing from Hesse and finding asylum in Zürich. That is where he wrote Woyzeck, whom he describes as a desperate creature who has been forsaken by his lover. He stabs her with a knife and kills her. The play was performed decades later in Vienna before the outbreak of the first world war. Sleepy sickness (encephalitis lethargica or Economo's disease, an epidemic between 1915 and 1926) was prevalent in Vienna at the time, similar to the situation Oliver Sacks found in London and in New York. The play was a resounding success. It was described as follows by the young Viennese Paul Elnbogen, who was later to become a refugee himself and who later joined the US film industry:

> *We young people knew the play very well from Franzos's publication. A German actor, Albert Steinrück, rude and rather brutal, played Wozzeck. I sat in the gallery of the little Kammerspiele. Four rows behind me sat Alban Berg, whom I greeted as I came in because I had known him very well for years. They played the drama for three hours without the smallest interruption in complete darkness. Indescribably excited and enthusiastic I stood up amidst wild applause, met Alban Berg a few steps behind me. He was deathly pale and perspiring profusely. "What do you say?" he gasped, beside himself. "Isn't it fantastic, incredible?" Then, already taking his leave, "someone must set it to music."* (Elnbogen 1993)

That was how the opera was born. A short time later, Europe found itself at the most critical point in its history. What is sometimes termed the second Thirty Years War. This was the period when Schiele painted his striking picture of a mother with

a child in the womb. Full of hope, he said "the war is over" and then, aware of his condition, added "but I am dying". The situation cannot be more vividly described. The picture is on display in the Ludwig Museum in Vienna. In the Dresden exhibition in 2013, "Die Erschütterung der Sinne" (A Shock to the Senses), there was a presentation showing the historical events leading up to this event. The exhibition focused on four painters: Constable, Goya, Delacroix and Caspar David Friedrich (Bischoff and Tuymans 2013).

In Berlin, Wittkower, the pioneer of psychosomatic medicine, had developed an instinct for the people of his time and engaged in psychosomatic medicine as a scientific discipline within the academic program at the university. He emphasizes the work of Georg Groddeck (1923; 1949) who was a close follower of Freud. This tradition was taken up in England immediately after World War II. An empathetic translation of Groddeck's "ES" was published in England with a sympathetic introduction by Lawrence Durrell (1949).

Oliver Sacks takes up this tradition completely, although he does not mention the names referred to here. However, they only appear to be "forgotten", they live on in his work. He describes how he went to a psychoanalyst twice a week for about fifty years. He thus reveals himself. He became increasingly aware of the "present-day force" of the illness that showed itself in the symptom.

Wittkower (1977) now shows, in the new North-American location, how the perspectives have developed before and after 1964.

3.8.3 Exterritorial Publications Today?

I found it exceptionally helpful to discuss the film "Awakenings" in a Balint group of experienced physicians. We focused on the situation of Lucy with Oliver Sacks. He discovers that Lucy catches the ball that he throws towards her. Until that point, he and his colleagues had assumed that the patients were unaware of their surroundings, in the same way patients with locked-in syndrome were. However, the nursing staff had long held a different opinion, namely that the patients had an inner life. It is now becoming clear to me that the encephalitis-lethargica patients after the first World War are the psychosomatic patients of today.

The experiences in psychosomatics as an approach based on a new phenomenology give me the impression that the ball game with Lucy was nothing other than a consistent grasping of the symptoms of those who were seeking medical help. It makes the primordial experience of the whole possible, as pursued by the Spinoza-adherent Groen. It facilitates the exchange between the old and the young, in the way a fruitful discussion can take place in the democratic sense and in the way a new culture can develop. It demonstrates what a transcultural approach can be like; one that for us in the twenty-first century can grow into a concrete utopia.

When we think about the development of psychosomatic medicine in Europe, it can help us to continue in the footsteps of Oliver Sacks, as Billy Hayes comments in his article in the New York Times of 26.08.2016 (Hayes 2016).

The scene is in a gay bar in New York in November 2014. Oliver Sacks is a highly respected man, no longer persecuted for being homosexual. Indeed, he had been awarded a CBE (Commander of the British Empire) by the Queen. Together with Billy, his partner, he was attending an event in his honor, he was walking with a stick, he was approaching death.

After an hour, Oliver Sacks said, "it is GOOD. It is PERFECT." He leaves the bar with Billy, to whom he has dedicated his autobiography. It is this culture whose values underpin our medical care in Europe (Zipfel, Herzog, Henningsen, Kruse; 2016). The moment a reflection of this kind is expressed, it begins to be a concrete utopia. This contribution is still published exterritorially in the USA, but American texts are also read in Europe, and thus the word is spread. The Word dwells among adherents of a kind of medicine that has absorbed the word "psychosomatic".

With that the third country mentioned by the editor in his questions has been touched upon, the USA. Is the "spontaneous experience" we refer to possible there? – At least Oliver Sacks answers this question unmistakably positively. – He, too, indirectly describes the "special meaning" the three rivers have for Dr. E. The meaning lies in the fact that the rivers represent ourselves in our environment: A Rhine and an Elbe will always flow together where our self is. We ourselves can be compared to a Danube. That is the "special meaning" that makes Dr. E's recovery possible in the course of the Wartburg Dialogues.

Finally, a cautionary observation on the wholistic request made by pre-Socratic Empedocles, who showed at the beginning of our European cultural history how human beings develop between the two temperaments of love and destruction and how they deal with the four elements of water, air, earth and fire. – the air, now with an excess of CO^2, and all the other elements heating up with global warming (Schellnhuber 2019). How about our two temperaments being part of Empedocles' thinking?

3.9 Summary and an Exposition with Three Conclusions

The history of psychosomatics in Europe is presented phenomenologically as the history of sensibility and of the symptom within the relationship between two individuals. Four essential phenomena are specified here that exert their influence NOW (here), in the present, past and future, and relate closely to particular realities. The realities are classified under the four phenomena, which are:

- *a primordial sensibility from the NOW (here) of the year **1830** (!)*,
- an obligation to consistently self-reflect *at-any-time*, descending from the year **1530,**
- a notion of sensibility and symptoms taken from the still-existing present of the year **1930,** *the leitmotif* and finally set in
- the context of the year **2030 (2130)**, therein the sensibility and striving for the *protective shelter of a concrete utopia, the dwelling.*

The seven classified realities (also referred to as value horizons) are called *proscenium, stage* (primordial); *context, background* (self-reflection), *rhythm, democracy* (notion of sensibility and symptoms), *culture* (concrete utopia).

3.9.1 Two Time Points: How Büchner Summons us to Reflect on the Marburg Colloquy

The years 1830 and 1530 frame a time period. Around 1830, the German dramatist Georg Büchner (1813–1837), in exile in Zürich, becomes aware of the fact that in Europe there are "two national medicines", a French-English and a German. In his inaugural lecture in Zürich (1836), he takes a strong stand on this and perceives it acutely as a primordial experience. He wrote the drama "Woyzeck", which Alban Berg later based his opera "Wozzeck" on (world premiere in Berlin, 1925).

The year 1530 follows after the Marburg Colloquy (1529) whose significance gradually extended beyond Europe. This dialogue, initiated by Landgrave Philipp the Magnanimous of Hesse, took place between the leading Protestant figures of the times and, on the one hand, demonstrated to the Catholic Church that they considered themselves a unified body. This understanding made the pursuit of individuation as professed in Humanism possible. On the other hand, they disagreed in their self-perception: The Lutherans believed that in the Eucharist, bread and wine are truly transformed to body and blood of Christ, whereas Zwingli and his supporters (later the Calvinists, too) viewed the Eucharist as a symbolic act: "*esse* versus symbol".

The participants did indeed agree upon 14 of 15 articles; they could not, however, reach a consensus on much needed discussion about their dissension. Instead, their emotions met head-on. It came to an epochal division within the Protestant movement which held on over the next centuries and affected nearly all cultural areas, including the media. Not until 300 years later was Büchner able to stimulate reflection through a form of primordial experience.

3.9.2 The Esse, the Symbolic, Humanism: The Origin of Psychosomatics as a Science, School, Practice

The year 1930 serves as the start of a *currently (including 2019, the year of Brexit!)* passing present. The present oversees the retro- and anterospective. After the first Thirty-years War (1618–1648), a second thirty-year war takes place (1914–1945) in the midst of Europe; alongside it the Holocaust.

The *retrospective* reaches back to the year 1630. Under the protective and inspirational cloak of humanism, then the Enlightenment, then a so-called third Renaissance, European medicine developed in a (time-ordered) interaction from Italy (Padova) to England (Oxford), the Netherlands (Leiden), the Holy Roman Empire of the German Nation (Vienna), France (Paris), and finally Germany (Berlin, Leipzig). – The year 1630, chosen for mnemonic reasons, indicates the time period William Harvey's (1578–1657) epochal achievements between England, Italy and Germany were published. His discovery of the (blood) circulatory system in humans and other mammals enabled modern European medicine in its two forms (according to Büchner) to develop over the next three centuries. Even today, occidental philosophy has **ignored** Harvey's significance. Possibly for this reason, G. L. Engel found medicine has not strayed from a seventeenth century philosophy.

During the first half of the nineteenth century, the German branch of European medicine assimilated social and especially psychological elements by including personality development (Heinroth), the unconscious (Carus), the salutogenetic-macrobiotic aspect (Hufeland), sensory perception (Müller) in its subjectivity. This is where the *esse* came into effect. – This changed in the second half of the nineteenth century, especially in Germany. Here mechanistic, natural scientific medicine began to dominate, which, among other developments, brought forth seminal advances in bacteriology (Tb) and immunology (tetanus, diphtheria vaccinations) (Watson 2010). In reaction formation to the "romantic medicine" before, the organism was henceforth seen as a mechanically steered machine.

This was a phase in medicine that disregarded an individual's inner change, yet enjoyed worldwide recognition. In the natural course of things the period of de-individualization took hold and was enthusiastically received as medical progress. Because the individual was neglected, medical pseudo-progress soon set in.

The *anterospective* view as of the year 1930 departed from *psychoanalysis* and Freud's description of transference/countertransference. He did not see himself as a psychosomatic physician, yet his description of what occurs in countertransference can be considered the beginning of scientifically based psychosomatics. For the development of modern medicine he reaches a level of significance equal to Harvey. Through Wittkower and his references to the internist Wilhelm His and the physiologist Walter Cannon, scientifically-based wholistic medicine is henceforth founded.

It very soon occurs that Wittkower and other pioneers of psychosomatics are persecuted by the Nazis. They are either murdered or forced to escape, primarily to the USA. The Nazis prevent any form of empirical treatment for (psychological) trauma. Disorders caused by trauma, whether to feelings or to physical health, are treated medically without regard for the origin and according to the diagnostic code in effect around 1930. Even the most serious traumata are considered pathogenetically irrelevant (e.g., in coronary diseases) well into the twentieth century. Not until the 1960s does isolated resistance form, at first against the "silence". Today it is a matter of overcoming the silence and actively communicating between generations, for example, about how to detect trauma. We detect the history within ourselves (Lloyde deMouse 1997). And meeting the patient we may undergo the *experience* that "….narrative – and evidence – based approaches …" (Herrmann-Lingen 2017) can be combined.

3.9.3 Sensibility and Striving for the Protective Shelter of a Concrete Utopia

We have chosen the year 2030 to design models capable of dealing with trauma in a salutogenic way. We aim at the year 2130 in the knowledge that grieving can be considered effective only after being carried across generations.

Oliver Sacks is a personality who brilliantly demonstrates how even the most critical traumas can be treated. He fulfills a kind of "beacon function" that makes a utopia concrete. Sacks gives us a glimpse into his relationship with his mother. The moment she learns he is a homosexual, she says, "I wish you had never been born," (Sacks 2015:9) and he is "haunted" to the end of his days by those words contrived "to wish me dead" (Sacks 2015:11). – He dies at the age of 86 and had heard the words when he was 19. If we look at Oliver Sacks as a beacon, then we can comprehend that he not only survived his mother's rejection. With his death approaching, in his partner Billy Hayes' presence, and in the best known gay bar in New York City he was also able to say to his environment and to his life, "It is GOOD. It is PERFECT."

This illustrates an ultimate situation (Jaspers, 1946) that each and every person can enter in the face of existential threat. To what extent a person believes s/he is in line with the own sensibility and with the sensibility of the environment naturally differs. Speaking for myself: As the director responsible for the Wartburg Dialogues I have regularly observed that people will become involved in a discussion about the existential issues of health. Specifically, I have regularly observed that participants felt capable of supporting my dialogue partner and myself in such a way that the Next Step was ALWAYS formulated. What was imperative was that I kept these three aspects of my actions in focus; I myself was therefore a fourth aspect. This is why I feel entitled to call Oliver Sacks the most eminent psychosomatic physician of our time.

In retrospect I understand that an *INVOLVEMENT* takes effect that allows for both a symbolic act and an *esse*, and for oscillating between the two. Beyond all ideological-religious issues, the controversy during the Marburg Colloquy thus becomes a greatly significant and meritorious endeavor of our times and of 2130. A shelter can serve as a notion in which the concrete utopia takes shape. As the family physician Dr. E. worded it for his practice: "Within this shelter I conduct health dialogues each day."

Dedication *This paper is dedicated to Shân. Over the last 50 years she has helped me to bridge the two sides of the English Channel. This made me feel at home in different cultures*

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