

Interview

On the Creative Handling of the Self and the Other

An interview with Prof. Dr. med. Wolfram Schüffel

Professor Schüffel is a specialist in internal medicine and psychomatic medicine and psychotherapy. From 1976 to 2005 he was head of the Psychosomatic Clinic in the Centre for Internal Medicine at the Philipps-Universität Marburg. He is still active today in practice, teaching, basic training, further and advanced training and consultancy. With the founding of the anamnesis groups, basic psychosomatic care, the Wartburg talks and the moving seminar, Schüffel and colleagues have developed four activities against the background of holistic psychosomatics.

Professor Schüffel, you are a co-founder of the anamnesis groups. How did this come about?

It began in 1969/1970 during my time at the University Clinic in Ulm. As the ward physician, I invited the pre-clinical and clinical students on the ward to participate in the ward rounds. I noticed that it was mainly the young pre-clinical students who, although they lacked medical experience, were able to empathise with the patients. They reported on the feelings that had a significant meaning for the problems or illnesses of the patients or that indicated particular illnesses. In contrast, most of the clinical students only classified the illnesses. For instance, in the case of a woman with high blood pressure and intermittent raised heartbeat, one of the clinical students reported that the patient's main symptom was abdominal pain. Before this, the pre-clinical students had worked out that the stomach pain always happened after the patient's children had visited her. Together, we then established that the patient had not only lost weight in the preceding months, but had also noticed blood in her stool, had however not reported it. This in turn went back to a trauma in early childhood. This completely re-directed our attention and we were finally able to establish that the patient was suffering from a malignant intestinal polyp.

As ward physician, I realised how helpful the group had become. It was important that the group had developed within a working group of equals that we named "Peer Groups on History Taking (Peegrohits)" - at the time in the German medical community this was a very unusual usage of language. In 1976 I left Ulm for Marburg, where I found a broad spectrum of interested colleagues and where funding from the Deutsche Forschungsgemeinschaft (German Research Foundation; DFG) enabled me to accompany the anamnesis groups, i.e. the Peer Groups on History Taking (Peegrohits) in Germany and Austria for 45 years. At present, about 30,000 doctors have been through these groups.

What characterises these groups?

The basic question is: how does the clinician develop empathy? Those around me, in particular the head physician in Ulm, Thure von Uexküll, enabled me to pursue this idea. Students in the pre-clinical and clinical stages of their courses,

who otherwise almost never spoke to one another, came to value their respective abilities, exchanged views and formed small working groups. Colleagues in Internal Medicine and Psychosomatics also took part. Over time, regular "Peer Group on History Taking" meetings took place with physically ill patients, led by student tutors and co-tutors. Members of the department took the role of supervisors.

In the 1970's and 1980's came the introduction and realization of the Approbationsordnung (Licensing Regulations for Doctors). In society generally, there was also increasing democratisation and discourse on gender equality, which also promoted the development of the "Peer Groups for History Taking". Initially, i.e. in the early 1980's, the project was supported by the general enthusiasm of colleagues in the department of Internal Medicine and Psychosomatics, that was embedded within the umbrella organisation of internal medicine.

The members of the "Peer Groups on History Taking" examined the "fantasies" of the patients. This concept contains the assumption that the patient's ideas, thought patterns and experiences contribute significantly to the understanding of the physical symptoms. At present, the work has the following three elements:

- (1) consistent work with the symptom and its meaning
- (2) gender equality of group participants
- (3) the principle of the "moving" group
"Moving" in the sense of "open".

Out of these three elements a fourth one emerges, namely a basic democratic element where doctor and patient are equals.

A further development of the methods used in the "Peer Groups on History Taking" can be seen in the seminar "Basic Psychosomatic Care" that you introduced and that is now a permanent part of the curriculum of the Academy for Medical Continuing Education of the State Medical Association in Bad Nauheim.

We were given significant support by the former head of the State Medical Association, Professor Horst Joachim Rheindorf and the heads of the Academy for Medical Training, Dr. med. Hans Kerger, founder and long-term head, and his successor Professor Felix Anschütz. The integrated course consists of 80-hours: 30 hours of reflection on the doctor-patient relationship (Balint), 30 hours on intervention techniques and 20 hours of knowledge-based learning. An essential part of the course is the introduction of the participants' own patients. When the course first took place in the early 1990's, this was a complete innovation. Many doctors were not in favour of bringing patients to the meetings, but now today this is a matter of course. One of the lecturers talks with the patient in the presence of the doctor treating him/her. None of the medical participants in the plenary have seen the patient's medical notes. After a break, there is a plenary discussion of the case and possible treatment. At present, the course leaders are Pierre Frevert and Wolfgang Merkle. Of Frankfurt/M. Entry is possible at any time.

A similar concept with a slightly different participant structure can be found in the Wartburg Talks (Wartburggespräche).

The Wartburggespräche take place every year with the umbrella theme of "Health as a Basic Right for all - a Utopian Ideal?" Half of the participants are doctors and therapists and half are medical and therapeutic laypersons. On the first day, "an ordinary person" (not a patient) from amongst the participants volunteers for the health talk, as it is termed, where one of the teachers speaks with him or her in front of the sixty or so other participants. After this, there is plenary discussion of the *Next Possible Step*. At the forefront of this discussion is the salutogenic principle: the question about what maintains health. On the following day there is a plenary Balint group and discussion led by Ernst Richard Petzold, former chair of the German Balint Association and emeritus professor for psychosomatic medicine and psychotherapy at the University in Aachen. The aim is to follow a salutogenic and pathogenic principle in both of these meetings and to develop them further in practice and theory.

Relationship Medicine - "a Moving Seminar" is the most recent meeting you have inaugurated.

In 2006, a year after I left my position as head of the department of psychosomatics, its clinic and outpatients. The experiences gained in the work with the anamnesis groups, in basic psychosomatic care and in the Wartburggespräche led to the introduction of the Moving Seminar, a combination of teaching and further training. This is a weekly elective clinic in the pre-clinical phase where medical laypersons, average age 70, meet with students, average age 20, in the pre-clinical phase. Of primary importance here is the interplay of generations. Together they work on how to stay healthy this week, this month, this semester, this year. - An unintentional but most welcome side effect was: Over a ten-year period the older participants made a significant contribution to the coherence of a seminar within the curriculum of a German Medical School: They were senior citizens, no patients at all, and they became lecturers in the field of leading a meaningful life. This fourth and last form of group work is, to my mind, the most meaningful way of attitudinal learning. It is a combined training and further training of the generations, the sexes, the disciplines and the cultures. There is an exchange among participants that facilitates self-discovery. This is a basic democratic element.

At the end of January 2016 , the 24th Wartburggespräch will take place. What will the main themes be?

When we met in April 2015 to discuss the contents of the next Wartburggespräche, we had our eye on the movement of refugees that was just starting, but at the time we were unable to predict the dimensions of what was approaching us. In view of the developments, we decided to give the talks a trans-cultural focus. At the centre will be the health of refugee children and youth and the health of their helpers who usually work beyond their capabilities and for whom help for reflection is essential. Within our community we, the 24th Wartburggespräche, call particularly upon doctors with patients from outside Germany, who are equally welcome.

Interview by

Maren Grikscheit and Katja Möhrle

The 24th Wartburg Gespräch

THE CREATIVE SELF between DEPARTURE AND ARRIVAL; the REFUGEES and US will take place from 31st January to 2nd February 2016 in the

Akademie für Ärztliche Fort- und Weiterbildung der Landesärztekammer

Hessen in Bad Nauheim.

For further information and registration, contact

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Further information on the Wartburg Gespräch can also be found on line

www.schueffel.com