



# Thure von Uexküll's Contribution to German Psychosomatic and Psychosocial Medicine: An Interview

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## Interview

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Thure von Uexküll (1920-2001) was a medical doctor and philosopher who made important contributions to both fields of medicine, especially psychosomatics, and philosophy. In medicine, his main contribution was applying a semiotic understanding to medicine, and developing a theoretical framework for psychosomatic medicine and beyond that to give shape to a theory for an integrated medicine. He has contributed to the development of some important concepts, such as "Endosemiotics" and "Subjective Anatomy" among others. In 1994, Thure von Uexküll was awarded an Honorary Doctorate from the University of Tartu in the field of semiotics and psychosomatic medicine (Kull & Hoffmeyer, 2005). It is the result of his efforts that now psychology, sociology, and psychosomatic medicine are obligatory subjects in the curriculum of undergraduate medical training in Germany (Tuffs, 2004).

In philosophy, he was one of the founders of the school of biosemiotics. He was inspired by the works of his father Jakob von Uexküll who was

an influential biologist and philosopher. He had the chance of co-authoring with his father during his life time and after his death tried to further develop his ideas and expand his philosophical framework (Kull & Hoffmeyer, 2005).

In November 2011, during the research stay of the first two interviewers (SR and SA), they had the opportunity of visiting Thure von Uexküll's wife, Mrs Marina von Uexküll at her home in Freiburg. Although her background is not in health and medicine, she is completely aware of the activities and intellectual legacy of her deceased husband. In a short interview, during this meeting, she kindly answered our questions and explained some of the aspects of Professor von Uexküll's legacy. Dr Salavati kindly helped us in interpreting the German parts of this interview.

### 1. What was the role of Thure von Uexküell (T.v.U.) in the development of psychosomatic medicine (PSM)?

T.v.U. developed his model of psychosomatics based on his experiences as an internist as opposed to Viktor von Weizäcker who approached the field as a psychiatrist and neurologist.

As early as 1955-1964 in Giessen (with

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Cremerius), and from 1965-1976 in Ulm (with Thomä and Kächele), T.v.U. tried to incorporate psychoanalysis into an integrated psychosomatic medicine. However, these early attempts failed because the psychoanalysts were rather inclined to merge psychosomatic medicine into psychotherapy.

Therefore, in 1973 T.v.U. founded the German College for Psychosomatic Medicine (DKPM) together with some of his colleagues; A.E. Meyer, P. Hahn, H. Freyberger, and K. Koehle et al. Over time, this association started to treat psychosomatic medicine as a specialist branch of medicine. They even established the official title "Facharzt für Psychosomatik" for a doctor who specialises in psychosomatics. However, this isolation of psychosomatic medicine into yet another specialised branch of medicine was contrary to T.v.U.'s intention. Therefore, in 1992 he founded the Academy for Integrated Medicine (AIM), so that his ideas of an integrated medicine could continue to be developed.

As a member of the 1970 Commission for a new Licensing Regulations for Medical Doctors ("Approbationsordnung"), T.v.U. was able to establish three new mandatory departments in all 25 German medical schools: "Medical Psychology", "Medical Sociology", and "Psychosomatics and Psychotherapy".

## 2. When and how did he develop his first book about psychosomatic medicine?

His first book on this subject was published in 1963. It was called "Basic questions on Psychosomatic Medicine" (Grundfragen der psychosomatischen Medizin), published by Rowohlt Hamburg and translated into French (1966 by Galimard) and Dutch (1980 by Nimwegen).

The book is based on T.v.U.'s experiences as intern and senior physician with his teacher Gustav v. Bergmann (who wrote *Funktionale Pathologie* in 1932), and on numerous discussions with his father Jakob v. Uexküell) and his friends Ernesto Grassi and Alexander Mitscherlich.



Dr Uexküll's first book about Psychosomatic Medicine

These discussions were primarily concerned with the relationship of the body with its environment, and the dissociation of the medical sciences into a medicine for the body and a medicine for the mind (psyche). Keywords, among others, were motive, action, and mood. This book influenced many medical students in the 60's and 70's.



Dr. Gustav v. Bergmann and Dr. Thure von Uexküll

### 3. How well was the English version of his book received in English speaking countries?

T.v.U. further developed the ideas from his first book which became part of his "Lehrbuch der Psychosomatischen Medizin" published in 1979 by Urban & Schwarzenberg, München. This book was the result of collaboration with many of his colleagues at the University of Ulm. In 1997 the fourth edition of the book from 1990 was published in English as "Psychosomatic Medicine". In the meantime, a new German edition had been published in 1996, and the English version was already somewhat outdated when it was published. In England and the USA, the book was moderately successful. Nevertheless, the book was well received in many English speaking countries.

### 4. Was there any interaction between Uexküll and systemic therapists and thinkers in the course of the development of his ideas?

The three pillars of T.v.U.'s framework -the "bio-psycho-social" model (a term coined by G. Engel), the concept of "individual reality" ("Individuelle Wirklichkeit"), and the "doctor-patient relationship"- are all based on investigations and ideas by T.v.U. that he got when studying a variety of fields. These include his interactions with psychoanalysis (S.Freud, M. Balint, and D. Winnicott), developmental psychology (J. Piaget, and D. Stern), cybernetics (L.v.Bertalanffy, and N. Wiener), system theory (F.Varela, H. Maturana, and G. Bateson), radical constructivism (H.v.Foerster, E.v.Glaserfeld, and J. Piaget), and semiotics (C.S.Peirce, T. Sebeok, and T. Deacon)

### 5. Was there any special characteristic in the personality of doctor Uexküll in his personal and professional life?

Up to the age of 96 T.v.U. always worked in a much disciplined manner. He gladly discussed emerging problems with others. Discussions always addressed biological questions -concerning

the sciences and life- and philosophy. He struggled continuously to develop a theory of humanistic medicine. He stated: "The crisis of medicine is the crisis of its philosophy, which gives a doctor a one-sided model for his actions."

### 6. How was he influenced by his father's ideas?

Jakob v. Uexküll greatly influenced his son. Even as a child T.v.U. was enthusiastic about his father's research. J.v.U taught his son to see the world from many different perspectives -e.g. the perspective of a blind earth worm that still manages to collect specific leaves. T.v.U. wrote his first publication together with his father "The eternal question: biological variations on a platonic dialogue" ("die Ewige Frage", Hamburg 1944). T.v.U.'s concept of the "Situational-Circle" ("Situationskreis") is a further development of J.v.U.'s model of the "Functional-Circle" ("Funktionskreis"). J.v.U. described, in an impressive way, how every living being lives in a specific environment. T.v.U. described this for humans as "individual reality" ("Individuelle Wirklichkeit"), which means (in reference to G. Bateson) that the "entity of survival" consists of the organism and its environment.



The young Thure and his father

### 7. If he was alive now, how would the hospital managed be by him?

T.v. Uexküll would probably manage a hospital for internal medicine as he managed the “Zentrum für Innere Medizin” (ZIM) in the early years of the newly founded University of Ulm (published in: *Medizinische Klinik* 64 (1969), pages 1565-1569). In the ZIM, no specialized wards were present. Patients of all categories were admitted to these wards, and were taken care of by residents and interns in their training for internal medicine. The specialists were called in for advice and they made rounds once or twice a week, visiting all wards of the ZIM. In addition, the wards were regularly visited by the chief and more often by the chief residents. Such an organisation guaranteed an optimal care for the patients and a broad and intensive education in internal medicine for students, interns, and residents. The specialists also saw the patients for possible research.

Today Th. von Uexküll would probably allow a few exceptions of his model, e.g. a special ward for bone marrow transplantation and an intensive care unit (ICU), both of which are in need of specialized doctors and nurses. He

would also add a ward of palliative care and management, so that patients in the ICU could die in dignity. In spite of the highly specialized medical competence, psychosomatic consultation is also necessary in these units.

In the past years, the medical system has been optimized economically often at the cost of patients’ care and the broad education of physicians.

### 8. What were his ideas about “narrative medicine” and “constructivist medicine”?

The development of a common reality between doctor and patient was for T.v.U. a prerequisite and basis for a diagnostic and therapeutic alliance. In this regard, he stated: “One point, which should not be forgotten, is that the patients should be allowed to describe their own theories concerning their illnesses....”. This provides a “narrative” which allows participation in the “iconicity”, and enables the doctor to be involved.

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From left to right, Mohammad Salavati, Marina von Uexküll, Sima Atarodi, and Shahram Rafieian



From left to right, Mohammad Salavati, Marina von Uexküll and Sima Atarodi

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