Address to the 11th European Conference on Psychosomatic Research

The new rules for medical licensure, which after many years of deliberation were signed into law by me as President of the Federal Republic of Germany, established medical psychology, sociology and psychosomatic medicine as legitimate subjects of medical – theoretical as well as clinical -training. Thus, a new emphasis was provided. No longer do natural science and technology alone determine the training and self-assessment of doctors. The great developments of medical science, especially of medical techniques, must not blind us to one recognizable danger: the more emphasis we put on laboratories and apparatuses, the greater becomes the danger that the individual with his personal sufferings and problems disappears from view. Psychosomatic medicine has the great task of countering this danger. Many patients, particularly among the socially and educationally disadvant-aged, can express their undue burdens, conflicts and suppressed needs only in a coded body language. Their complaints couched in physical pains and psychosomatic symptoms, need to be listened to and understood by doctors. These doctors must ask themselves, whether their concepts, diagnostic methods and therapeutic tools are appropriate for these types of illnesses. However, physicians, psychotherapists of psychosomatic patients, no less than other helping professions face the question, whether their efforts being expensive reach only the financially better situated rather than the great masses of those harmed physically or mentally by conflicts in their families, at their places of work or by social inequities. The fact that our national health insurance is presently covering the costs of psychotherapeutic treatments signals progress along a path we must continue. When patients and doctors learn to verbalize, understand and treat physical complaints resulting from psychosocial conflicts, then the great number of these patients will no longer need to complain vainly and repetitively in front of insensitive and expensive apparatuses.

As a young science, psychosomatic medicine needs the open exchange of experience, as practised in universities and hospitals of all countries. In Germany the development of psychosomatic medicine is very closely connected with the University of Heidelberg; here were its origins. The names of Ludolf Krehl, Richard Siebeck and particularly of Viktor von Weizsäcker stand for those of an era and doctors that were open to and even enriched psychosocial viewpoints and psychoanalytic theory and practice. Many hopes and new beginnings were destroyed by our country’s political decline after 1933, and many doctors were forced to emigrate. In the meantime, psychosomatic medicine has been fully accepted in Anglo-Saxon countries. It is very gratifying that scientists from these countries and the whole world have come to Heidelberg. I welcome your 11th European Conference on Psychosomatic
Research. To this conference I attach the hope that psychosomatic medicine, at universities and in medical practice, will help to alleviate the suffering of the sick in our time.

May 12, 1976
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