In Memoriam: Robert Kellner, Md, PhD (1922–1992)

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Life was not easy for Robert Kellner. Born and raised in Czechoslovakia, he was forced to leave his country under Nazism and joined the Czechoslovak Forces under British High Command during World War II. After the war, he went back to Prague for his medical studies, yet Stalinism made him escape again to England. He

lost all his relatives: 'Hitler first, and Stalin later took care of them', he used to say. He graduated in Liverpool in 1955. In England, he met his wife, Diana, also a physician. After his internship, he worked as a general practitioner for a few years, before being able to afford a residency training in psychiatry in Liverpool. The years spent in general practice are quite an unusual background for a psychiatrist; they aroused his interest in neurosis [1] and somatization [2] and were perhaps the root of his subsequent pragmatic, clinically oriented approach to research in psychiatry. He became lecturer in psychiatry at Liverpool University in 1963 and obtained his PhD degree in psychology in 1967, discussing a thesis on 'The assessment of changes in the symptoms of neurotic

adults'. During these years, he became increasingly interested in the assessment of psychological distress by self-rating scales. His approach was rather innovative: he worked on the concept of the sensitivity of the scales (their ability to discriminate between groups and treatments, i.e., active drugs compared to placebo) [3-8]. This work led him to the development of the Symptom Rating Test [9] and the Symptom Questionnaire [10]. When a brilliant career in British academic psychiatry was open to him, he developed severe respiratory problems. His prognosis was judged to be very poor, unless he moved to a more favorable climate. So he moved to North America, first to Texas and then to New Mexico, where he decided to stay, joining the University Department of

Psychiatry in Albuquerque. Hard is the life of foreign medical graduates in the United States. He was no exception. He had to start all over again. In the seventies, he had to devote most of his time to clinical and administrative duties. Nonetheless, he managed, also with the help of his secretary, Mrs. Betty Bierner, to find time for research as well. Mrs. Bierner remained with him until his death.

Eventually, in 1980, he had the time he needed for research and writing, and devoted himself particularly to the clinical issues he had encountered while being a general practitioner in England: somatization and hypochondriasis. On these topics, he wrote the most important books [11, 12] and conceptual articles [13, 14]. He also completed several important research projects [15-24], and devised a new self-rating scale for the measurement of abnormal illness behavior [11] and the first structured psychotherapeutic approach for the treatment of hypochondriasis [25, 26]. As he was going to validate this approach in a controlled study, the sudden growth of a brain tumor ended this project.

The many adversities of his life and his intellectual sharpness could have led him to view the world as his

famous compatriot, Franz Kafka. Bravely, he opted for Hasek, for happiness, optimism and kindness. As private Sc'véik, he maintained exceptional patience with his life's struggles and firmness to his goals. He reacted with humor to the frustrations that a real innovator in psychiatric research is likely to encounter in the strange mixture of Kuhn [27] and Lodge [28] that the academic world is, without ever forgetting what is really important. He was a generous man. He helped a lot, and was helped very little. A great teacher, he liked to share his incredible knowledge with colleagues and students and was always willing to dedicate a huge amount of his time to teaching. A superb clinician, he always provided consultations to colleagues and took on responsibilities anyone else would be inclined to avoid. Many clinical papers and reviews reflect his clinical skills [29-37].

A gifted painter, he devoted his work to the cause of Amnesty International and to other humanitarian organizations, particularly in the Third World. He was a modest man. One of the few people in the academic world who had overcome the virus of envy, he always enjoyed other researchers' success. He always refused to use his

knowledge and competence to gain power or promote himself at meetings. He was a brave man. All his life, as a young man during the war, as well as coping with his terminal illness.

I met him in 1978 at the European Conference on Psychosomatic Research in Norway. We had corresponded before. I decided to spend a year as a research fellow with him in 1980. That year was the most important of my intellectual and professional life. He then remained my mentor and friend, till the end. He taught me how to write a scientific paper, what research evidence really is and how psychiatric theories tend to become doctrinaire, and showed me the insecurity that lies behind any rigid dogmatism. He encouraged me to accept the editorship of this journal and joined its editorial board. He was concerned with the difficulties new ideas encounter before being accepted in journals [38] as he had experienced them himself in American journals. He wished Psychotherapy and Psychosomatics could become a forum for unconventional thinking. We will do our best to make this happen.

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Editorial

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