The Psychosomatic Legacy: A Tribute to Hellmuth Freyberger, MD (1923–2012)

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It was the summer of 1978. I had just graduated in medicine in Italy and wanted to pursue my interest in psychosomatic medicine by attending the European Conference of Psychosomatic Research that was taking place in northern Norway that year. I could not afford to fly there, so I went by train. It was, of course, a very long journey. It seemed to be endless, but it was a psychological preparation for meeting in person the people whom I knew only through their scientific papers. I was expecting a formal atmosphere, lectures, ‘professors’, as I had encountered in the only other medical meeting that I had attended. It was just the opposite: a friendly, informal atmosphere. Welcome to the European Conference of Psychosomatic Research, a place like nowhere else, as Wolfgang Schüffel captured so well in his account of it [1]. All participants were assigned to small groups and this was where I met Hellmuth Freyberger. He was Professor of Psychosomatic Medicine at the Hannover Medical School and a world leader in the field. I was a first-year resident, but that didn’t seem to matter. In the group, he encouraged me to voice my reactions to the conference. I perceived a warm support that has accompanied me all my professional life. We started corresponding and when I moved to the USA, during one of his trips, he made a point of coming to visit me. He asked me to join the editorial board of *Advances in Psychosomatic Medicine* and

subsequently to become Associate Editor of *Psychotherapy and Psychosomatics*, to help him in his role of Editor-in-Chief for special publications. Together, we produced several special issues. In the early nineties, he wanted me to become Editor-in-Chief of the journal and his proposal was endorsed by Peter Sifneos and the publisher. Hell-

moth Freyberger continued to serve as Editor-in-Chief for special publications and together we assembled a volume based on a collection of review articles that we had solicited for the journal [2]. This book was meant to represent psychosomatic medicine in its broadest sense. He then wanted to step down from his position in the journal despite my request for him to stay. I remember his words 'It is now time for you to carry on by yourself'.

Hellmuth Freyberger belonged to a German generation that went through Nazism. He was a soldier (1942–1944) during World War II. He was injured and held in captivity as a prisoner of war. At the end of the war he was 22 years old. Repairing the damages that were done was a moral priority for him. He graduated in medicine in 1947 at the University of Düsseldorf, where he also completed his training in internal medicine. But internal medicine was not enough for him and he developed a strong interest in psychosomatic medicine. Arthur Jores, who articulated the psychosomatic approach within internal medicine in Germany, was probably his most influential teacher. In 1973, he became Professor of Psychosomatic Medicine at the University of Hamburg and a couple of years later moved to Hannover, where he established a cutting-edge psychosomatic department, with inpatient and outpatient facilities [3]. He was head of the department until his retirement in 1991. He had two sons (Harald and Axel); Harald is now head of a leading department of psychiatry and a member of the editorial board of this journal.

Like George Engel, Hellmuth Freyberger was an outstanding clinician and internist. Throughout his life, he cultivated his interest in the mental consequences of holocaust and imprisonment, with a strong humanitarian approach. His contributions to psychosomatic medicine reflected his clinical skills and his explicit attention to humanness, where observation, introspection and dialogue are the basic methodological triad for clinical assessment

and for making patient data scientific [4]. For instance, he introduced the concept of secondary alexithymia [5]. Some patients may develop an alexithymic picture in the course of their illness. Possibly, but not necessarily, this can be related to protective denial of the significance and seriousness of the illness or to surrounding stressful life circumstances; it may either disappear when the medical illness and/or the life-setting improves or may become chronic in those whose disease remains incapacitating [5, 6]. Secondary alexithymia is thus amenable to change and may share some features with the concept of verbal inhibition [7]. How can we understand the role of writing therapy [8] without his concept of secondary alexithymia? How can we understand treatment resistance if we do not consider the therapeutic process that may include a progressive inhibition in the patient to communicate [9]?

Freyberger strongly believed in the importance of the physician's attitude to provide a stable patient-doctor relationship, in which a positive transference is fostered by a doctor who is readily available when needed, who must be able to tolerate the demands and ambivalent behavior of the patient and have the capacity to set limits without being judgmental or showing a punitive or intolerant attitude [10].

In this sense, I believe that many of Hellmuth Freyberger's contributions in volumes [2, 3, 10–12, 15] and journals [5, 13–20] have still to be fully appreciated with their unique blend of introspection and dialogue as scientific instruments. Hellmuth Freyberger believed in psychosomatic medicine as the cumulative experience of the psychosomatic community, the legacy of those who have gone before and those who live today. Rivalries, dissent and controversy that are unavoidable in any scientific field disappeared with his psychosomatic spirit and endless enthusiasm. Thank you for your wisdom and the passion you transmitted to all who knew you. Thank you for making *Psychotherapy and Psychosomatics* our home.

References

- Schüffel W: The European Conference on Psychosomatic Research (ECPR). *Psychother Psychosom* 2013;82:273–278.
- Fava GA, Freyberger H (eds): *Handbook of Psychosomatic Medicine*. Madison, International University Press, 1998.
- Freyberger H, Nordmeyer J, Künsebeck HW, Lempa W, Avenarius HJ, Wellmann W, Liedtke R, Schöl R: Clinical and educational activities of a psychosomatic division. *Adv Psychosom Med* 1983;11:166–175.
- Engel GL: From biomedical to biopsychosocial. *Psychother Psychosom* 1997;6:57–62.
- Freyberger H: Supportive psychotherapeutic techniques in primary and secondary alexithymia. *Psychother Psychosom* 1977;28:337–342.
- Wise TN, Mann LS, Mitchell JD, Hrywniak M, Hill B: Secondary alexithymia. *Comp Psychiatry* 1990;31:284–288.
- Grandi S, Sirri L, Wise TN, Tossani E, Fava GA: Kellner's Emotional Inhibition Scale: a clinimetric approach to alexithymia research. *Psychother Psychosom* 2011;80:335–344.
- Van Emmerik AAP, Reajnties A, Kamphuis JH: Writing therapy for post-traumatic stress. *Psychother Psychosom* 2013;82:82–88.
- Fava GA, Tomba E, Tossani E: Innovative trends in the design of the therapeutic trials in psychopharmacology and psychotherapy. *Prog Neuropsychopharmacol Biol Psychiatry* 2013;40:306–311.

- 10 Freyberger H: The doctor-patient relationship in ulcerative colitis: Recent Research in Psychosomatics. 8th Europ. Conf. Psychosom. Res. *Psychother Psychosom* 1970;18:80–89.
- 11 Freyberger H (ed): *Psychotherapeutic Interventions in Life-Threatening Illness*. Adv Psychosom Med. Basel, Karger, 1980, vol 10.
- 12 Wise TN, Freyberger H (eds): *Consultation-Liaison throughout the World*. Adv Psychosom Med. Basel, Karger, 1983, vol 11.
- 13 Freyberger H, Mueller-Wieland K: Proctosigmoiditis – a special form of chronic ulcerative colitis. *Am J Proctol* 1968;19:270–277.
- 14 Freyberger H: Six years' experience as a psychosomaticist in a hemodialysis unit. *Psychother Psychosom* 1975;22:226–232.
- 15 Freyberger H: Renal transplant unit; in Freyberger H (ed): *Psychotherapeutic Interventions in Life-Threatening Illness*. Adv Psychosom Med. Basel, Karger, 1980, vol 10, pp 151–177.
- 16 Freyberger H, Besser L: Teaching psychosomatic medicine with special reference to the Balint group and the case supervision group. *Psychother Psychosom* 1982;38:239–243.
- 17 Freyberger H, Künsebeck HW, Lempa W, Avenarius HJ, Liedtke R, Plassman R, Nordmeyer J: The Hannover Consultation Liaison model: some empirical findings. *Soc Sci Med* 1985;21:1391–1404.
- 18 Künsebeck HW, Freyberger H: Follow-up results from a psychosomatic outpatient clinic. *Psychother Psychosom* 1987;48:123–128.
- 19 Liedtke R, Jäger B, Lempa W, Künsebeck HW, Gröne M, Freyberger H: Therapy outcome of two treatment models for bulimia nervosa: preliminary results of a controlled study. *Psychother Psychosom* 1991;56:56–63.
- 20 Freyberger H, Nordmeyer JP, Freyberger HJ, Nordmeyer J: Patients suffering from factitious disorders in the clinico-psychosomatic consultation liaison service: psychodynamic processes, psychotherapeutic initial care and clinicointerdisciplinary cooperation. *Psychother Psychosom* 1994;62:108–122.