Psychotherapeutic Interventions in Life-Threatening Illness

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Volume 10 of the series 'Advances in Psychosomatic Medicine' deals with the topic: 'Psychotherapeutic interventions in life-threatening illness'. This very wide topic is with regard to practice and research no longer comprehensible without the consequent additional consideration of the psychosomatic points of view. For the purpose of making this clinico-psychosomatic topic clear, firstly, five units were selected to be treated which are typical concerning the theme 'Life-threatening illness', namely: 'The intensive care unit in adults: Coronary care and general medical/surgical'; 'The open-heart surgery unit'; 'The severe burns' and 'The cancer ward'. These four contributions are followed by the theme 'The dying patient'. Closely connected with the psychodynamic processes and psychotherapeutic interventions in these five fields are two chapters which have been, furthermore, selected: 'The experience of surviving almost certain death' and 'Consultation to continue or stop treatment measures in irreversible illness'. Secondly, we supplemented the main topic with the two fields 'The hemodialysis unit' and 'The renal transplant unit', although the overwhelming majority of patients who are treated here are not directly in a life-threatening state. However, the survival of the dialysis patients is strongly dependent on the regular treatment with the artificial kidney. Also, these patients are threatened by somatic complications which, under certain circumstances, can be very severe. In the renal transplant patient the life-threatening situation is indeed still more remote than in the dialysis patient. But the transplant patient is threatened both by the transplant rejection and the connected renewed dialysis treatment and by the manifestation of complications which, under certain circumstances, can also be severe. Thirdly, within this volume two further fields are treated. The first field concerns special aspects in surgery, namely, 'Operating room', 'Recovery room', 'Severe and mutilating...
injuries' as well as 'Surgical mutilation'. These four aspects do not regularly concern life-threatening illness and situations. However, these various fields can represent typical direct or indirect starting-points with regard to life-threatening illness and situations. Fourthly, we decided to include a chapter dealing with jejuno-ileal bypass for superobesity. Indeed, also this field does not represent a characteristic one concerning the main topic. However, the jejunoileostomy field is a typical example with regard to the forced tendency in modern surgery to decisively improve chronic illness states which show a markedly restricted life expectancy. Typical examples are the open-heart surgery and the renal transplant procedures. In this connection, the jejunoileostomy represents a particularly radical procedure which can be followed by distinct weight reduction on one hand and newly increasing severe somatic complications on the other.

Volume 10 of our series is dedicated to Dr. Harry S. Abram, formerly Professor of Psychiatry, Vanderbilt University Medical Center, Nashville, Tenn. Abram was originally requested to write the contribution concerning the theme 'Jejunoileostomy'. However, very regrettably, Abram died at the age of 46 on September 3, 1977. Our invitation to contribute reached him immediately before his death. Following this preface is a tribute to this original co-author and well-known psychosomatic colleague, written by Dr. Norman B. Levy.

With regard to the organization of this volume, the Editorial Board sent out a circular to the invited authors. On the basis of this letter the authors were requested that within each chapter, as far as possible, the following five points should be considered: (1) the reactive psychic disorders (secondary psychic effects) and the connected psychodynamic processes in the patients of the unit; (2) the description of the emotional 'atmosphere' of the unit; (3) the possibilities of psychotherapeutic interventions in the patients; (4) the psychological situations and the psychotherapeutic dealing with the relatives; (5) the special problems in the nurses' group.

On the basis of his unusually extensive personal experience, Dr. Donald S. Kornfeld presents the aspects of the intensive care unit in adults, which, simultaneously, include both the scientific foundation and the resulting practical activities. The following contribution concerning open-heart surgery, written by Dr. Hubert Speidel et al., represents a concentrated result of the far-reaching research strategies which were realized in Hamburg within the so-called 'Sonderforschungsbereich 115', a special research funding agency for psychology and psychotherapy, and the University of Hamburg. Finally,

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the third author is Dr. Jacob Avni who deals with the 'Burns' theme.
Originally, Avni began his careful collection of clinico-psychosomatic findings in burned Israeli soldiers during the last Middle East war (1973). Following the three contributions on intensive care units, the paper 'Cancer ward' is given by Dr. John Hinton who is highly reputed in this field. In the following fifth contribution, Dr. Arthur Schmale deals with the theme 'The dying patient'. Schmale experienced a period of highly intensive reflections as the consequence of his consultation-liaison activities in the psychosocial medicine unit of a cancer center. These themes are rounded off by two well-known experts in their fields, namely, Dr. Barney M. Dlin, concerning 'Almost certain death survival' and Dr. Ned. H. Cassem, concerning 'Treatment measures: yes or no?'.

With regard to the clinico-psychosomatic aspects of hemodialysis, the very systematic research work of Dr. Atara Kaplan De-Nour is an outstanding one. The manifold findings were the consequence of her close cooperation with the Jerusalem nephrologist, Dr. Walter J. Czaczkes. My own consultation-liaison activities, which are outlined in the 'Renal transplant' contribution, represent a sort of continuation of Kaplan De-Nour's chapter since the transplant paper brings with it certain problem areas of the clinico-psychosomatic view with regard to the serious question of whether renal transplantation represents the urgently desirable final aim in patients suffering from terminal renal failure or whether renal transplantation is an alternative only in comparison with chronic hemodialysis treatment.

Dr. Joshua S. Golden and Dr. Jan Stehlik have written an informative contribution with regard to certain circumscribed fields in surgery where relatively insignificant research has been realized up to now, in contrast to the more far-reaching strategies in medicine. Dr. Pietro Castelnuovo-Tedesco has given an instructive chapter entitled 'Jejuno-ileal bypass for superobesity'. Castelnuovo-Tedesco was immediately prepared to accept this authorship when his Nashville colleague, Dr. Abram, was no longer able to write this paper.

I wish to express my gratitude for the generous and expert support provided by my three colleagues on the Editorial Board: Dr. Oscar Hill, Dr. John Nemiah and Dr. Franz Reichsman.

Hellmuth Freyberger

In Memoriam Dr. Harry S. Abram

Norman B. Levy

It is a mixture of honor and sadness that I write these words for a worthy scientific book dedicated to a dear friend, Harry S. Abram. The choice of the person to whom this book is dedicated is a most appropriate
one. Harry S. Abram devoted his professional life to the interphase between psychiatry and the other medical specialties. He was most interested in psychodynamic processes and psychotherapeutic interventions in life-threatening illness, about which he investigated and wrote extensively [Abram, 1965]. He was very interested in the surgical patient, in particular the patient faced with heart disease and open heart surgery [Abram, 1970, 1971]. Perhaps the area where he attained his earliest, most consistent and internationally renowned reputation as a groundbreaking investigator was the study of patients maintained by hemodialysis [Abram, 1969]. He was the senior investigator in the most definitive study of suicide among these patients [Abram et al., 1971] all on sentence. He studied their sexual problems as well as other complications of their illnesses and their treatment [Abram et al., 1975]. He wrote the earliest papers on the issues surrounding patient selection at a time where such decisions essentially determined who would die and who would live. He described the phases of adaptation to hemodialysis and the stresses of this treatment and of renal transplantation [Abram, 1971].

As a broad-based psychiatrist, psychoanalyst and psychosomaticist, he used his knowledge to apply his principles to issues involving the ethics of care of patients as well as the study of major classical authors such as Mann, Camus and Conrad.

It was inevitable that he and I would meet, two of a small group of early investigators of patients on hemodialysis. The place was Dallas and the occasion was the 1972 Annual Meeting of the American Psychiatric Association where a panel was convened to discuss adaptation to hemodialysis. At that meeting I found him to be an erudite, modest man with a slow, velvety Virginia speech. I was amazed at the depth of his interest and extent of his readings. That was the beginning of a friendship which steadily and slowly blossomed. Our paths continued to cross and our mutual interest served to stimulate each other professionally. There were conferences in which one of us were invited and could not attend and asked the other to serve in our place, chapters in books which each of us edited to which the other contributed, and panels and symposia at national and international conferences in which we both participated. We had things in common other than our professional interests such as our shared experience in having a wife who was an accomplished physician.

As is true of many of us, his interest in these professional areas was, at least in part, connected with his early personal experiences, which he shared with a limited group during his life and at the encouragement of his widow,
Mary Lou Abram, posthumously with the professional community [Abram, In Memoriam Dr. Harry S. Abram XVII


With his untimely death the relatives, friends of Harry Abram as well as patients who may not have known his name were deprived of an important person. His legacy of family, pioneering articles, books and fond memories of others remain.

I think he would have been very happy to have been asked to contribute to this noteworthy volume. It is with regret that his contribution is in the form of this memorial.

References


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