THE FEELING BODY AND ITS DISEASES:

How Cancer Went Psychosomatic in Twentieth-Century Germany.

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ABSTRACT

This essay examines how psychosomatic medicine, as it emerged between 1920 and 1960, introduced new ideas about the emotional body and the emotional self. Focusing on cancer, a shift can be mapped over the course of the twentieth century. While cancer was regarded at the beginning of the century as the organic disease par excellence, traceable to malignant cells and thus not caused or influenced by emotions, in later decades it would come to be thoroughly investigated within the field of psychosomatic medicine. This essay illuminates why and how this shift occurred in Germany and how it was affected by the earlier turn toward a psychosomatic understanding of cancer in the United States.

RESUMEN

Este ensayo examina cómo la medicina psicosomática, surgida entre 1920 y 1960, introdujo nuevas ideas sobre el cuerpo emocional y el yo emocional. Haciendo foco en el cáncer, se puede delinear un mapa sobre dichos cambios a lo largo del siglo XX. Si bien el cáncer fue considerado en los inicios de siglo como la enfermedad orgánica por excelencia, trazable a células malignas y, por lo tanto, no causado ni influenciado por las emociones, en décadas posteriores llegaría a ser investigado a fondo dentro del campo de la medicina psicosomática. Este ensayo ilumina por qué y cómo ocurrió este cambio en Alemania y cómo se vio afectado por el giro anterior hacia una comprensión psicosomática del cáncer en los Estados Unidos.

INTRODUCTION

Shortly before his death in the summer of 1934, Georg Groddeck, the eminent but controversial pioneer of German psychosomatic medicine, thoughtfully wrote in a text that would not be published for more than thirty years: “Physicians are becoming more and more interested in the psychosomatics of sickness and health. However, it is remarkable that almost no one has tried to discover the psychic causes of the most significant modern ailment, that is, cancer.”[1] Groddeck’s statement was certainly reflective of the 1920s and 1930s, yet this situation would dramatically change in the postwar era[2].

The historiography of cancer usually considers the first half of the twentieth century as a time when Western societies discovered that cancer was a widespread disease, though physicians and researchers had a feeling they had not yet fully come to understand what caused it. In general, medical experts agreed that chronic inflammation -be it due to mechanical, biochemical, or infectious agents- played a role in generating cancer. Some research was also geared toward identifying parasites or hereditary factors in carcinogenesis; however, the possibility of direct infection by a cancer germ was refuted by the majority of researchers. Because there was more or less general consensus that cancer began as a local disease, early detection was promoted in order to treat cancer with surgery, X-rays, or radium therapy -the three main therapeutic methods in use at the time[3]. In laboratories in Berlin, Frankfurt, London, Paris, and New York, physiologists, hematologists, and others experimented with cells, tissues, and animals with the aim of understanding carcinogenesis, while surgeons and radiologists tried to cure already diagnosed cancer

patients -mostly with no lasting effect. At the same time, a growing number of medical practitioners in Europe and the United States pleaded for a holistic understanding of the relationship between humans and medicine, an appeal that was part of a more general shift toward holism promoted by an influential group of intellectuals and natural scientists during the 1920s and 1930s.[4] Cancer researchers, by contrast, seem to have been an exception to this trend.

One could indeed wonder why, in their efforts to tackle the unsolved problem of carcinogenesis and the deficiencies of treatment, cancer researchers and physicians remained more or less unaffected by the coeval holistic reasoning of their colleagues in philosophy, the natural sciences, and other branches of medicine, especially considering that older "holistic" models did integrate cancer, most notably humoral pathology[5]. In fact, up until the 1880s, melancholy, depression, and grief figured prominently in explanations of cancer's onset, both in medical textbooks and in encyclopedias intended for the lay public[6].

In the modern move toward holism, psychosomatic models also played a major role, indicating the growing importance of emotions.[7] Emotions do not necessarily have to figure into psychosomatic models, since these models might -and some certainly did- refer solely to psychic influences and personality features without taking emotions into consideration. However, based on booming research on physiology, sensory perception, psychiatry, and psychoanalysis in the late nineteenth and early twentieth centuries, emotions were usually central to these models either as part of the psyche or as a faculty that linked body and psyche.

Against this background, one major aim of this essay is to solve the riddle that Groddeck posed: Why is it that only a handful of the rising number of physicians and researchers who gravitated toward psychosomatic issues in the first half of the twentieth century took a direct interest in cancer? Conversely, why did so few oncologists use psychosomatic ideas to explain and treat cancer at that time? And, looking ahead, why and how did this state of things change? In grappling with these questions, a second major aim of this investigation is to reveal underlying assumptions both about the interrelation of the emotions-psyche-body triad and about the possible imperviousness of the material body to cancer, where the body has sometimes been seen as a kind of basic organic structure that is not affected by the psyche or the emotions. In this context, conceptions of cancer function as a kind of litmus test for analyzing how far assumptions about the interrelation between body and emotions reach. Third, this study on emerging psychosomatic understandings of cancer aims to unpack the multifaceted twentieth-century trajectories and trends in conceptions of the body and its diseases as being subject to emotions. Far beyond the narrow understanding of a psychoanalytical psychosomatic medicine, these trajectories have experienced multiple peak periods during the past hundred years and are today fueled by a tendency within the life sciences to question the established dichotomy of body and mind by emphasizing the role of emotions in cognition.

The study focuses on Germany, since holism, especially medical holism, had become more prevalent and culturally influential in post–World War I and early Nazi Germany. To explain this change and to qualify its very nature, one has to take into account the transatlantic influences and developments that would prove to be of crucial importance in post-1945 West Germany.[8] Moreover, some of these influences and developments proceeded from the work of German-speaking doctors who had become established in the United States prior to World War II.[9] For this reason, one part of this essay discusses those features of American psychosomatic cancer medicine from the 1930s to the 1950s that influenced West German thinking about emotions and cancer and contributed to the establishment of West German psychosomatic cancer medicine in the late 1950s.

AT THE MARGINS: CANCER AND PSYCHOSOMATIC MEDICINE IN EARLY TWENTIETH-CENTURY GERMANY

As Groddeck had indicated, a tiny minority of German physicians were interested in revealing the psychic causes of cancer. Apart from Groddeck himself, the only major medical "school" to take an interest in the psychic aspect was anthroposophic medicine, which was a form of holistic thinking based in German-speaking countries at that time that is still current today. Why did Groddeck and other holistic thinkers

believe emotions played a part in causing cancer when the overwhelming majority of German physicians and researchers did not? Why were their efforts not recognized more broadly? To answer these questions, this section will take a closer look, first, at anthroposophic medicine and, second, at Groddeck himself.[10]

The Invention of the "Cancer Psyche" by Anthroposophic Medicine

Rudolf Steiner, founder of the anthroposophic movement, held a holistic view of the human being that distinguished four dimensions of the human body. Steiner called these dimensions the physical body, the etheric body, the astral body, and the ego, arguing that they were inextricably linked to one another and had to be maintained in a balance. The link between the astral and physical body was established by the faculties of representation, feeling, and will. The corresponding elements of the physical body were the nerves, the respiratory system, and the metabolism.[11]

Two younger anthroposophic physicians, Werner Kaelin and Gerhard Suchantke, closely cooperated on the development of an early detection test for what they understood to be precancerous states at the world's first anthroposophic clinic, the privately run Clinical-Therapeutical Institute in Arlesheim, Switzerland.[12] The test had the purpose of enhancing early treatment options for cancer patients. Kaelin argued that the blood of cancer patients had characteristic properties. In a series of laboratory experiments, using blood samples from cancer patients and "normal" ones, Kaelin examined the forms or shapes the blood took when it was transferred from a petri dish onto a piece of paper following a specific procedure, as well as the time it took for the blood to develop these forms. He compared the results from both groups and found that the forms produced by the cancer patients' blood deviated from those produced by the blood of "normal" patients.[13]

Kaelin and Suchantke were convinced that cancer was a disease that encompassed the whole body, the tumor being only the last and latest stage of an illness that had originated years or even decades before. Even in its early stages, though, cancer could have repercussions that could be identified by analyzing the physiology of the patient's proteins (on which Kaelin's test was based). These repercussions could also be identified by analyzing certain moods and feelings, all of which were considered to contribute to as well as to indicate carcinogenesis.[14] Kaelin and Suchantke held that the foundation for what they called the "cancer psyche" was laid in early childhood. At risk were children who were subjected to coldness, lack of understanding, suffering, pain, or shock, for whom it would subconsciously enter the body via the emotions, thus inhibiting the body's capacity to develop in inner harmony.[15] If the child suffered difficult or unhappy experiences or emotional shocks, the resulting disposition could then lay the groundwork for a fully developed "cancer psyche," an emotional state of depression and detachment that constricted the creative forces of human life and tended to "swallow" negative experiences. The "cancer psyche" could then develop independently and unnoticed until triggered by some other external factor.[16] The image of "swallowing" was deliberately reminiscent of the psychoanalytic concept of repression. And like this concept, it was thought to inhibit an active, healthier mode of processing difficult experiences.[17] Consequently, both Kaelin and Suchantke argued that the creative forces of such individuals were stunted so as to leave them with an inner emptiness and muteness that they themselves might even be unaware of or might (perhaps even intentionally) hide behind a facade of pleasantness.[18] As a result, their bodily awareness and self-perception were presented as defective, which explained why cancer patients would usually only recognize their symptoms very late or tend to minimize or ignore them.[19]

To cure not only the tumor, a symptom that appeared only in the later stages of the disease, but also the "cancer psyche" itself, practitioners of anthroposophic medicine had little interest in psychoanalysis and instead looked to drug therapy in order to rebalance the interplay of the four main dimensions of the human body. The drug of choice was to be found in the mistletoe plant, which had previously been recommended as a treatment for cancer by Steiner and Ita Wegman, who together founded anthroposophic medicine. Steiner and Wegman were inspired by the parasitic character of the plant to claim that cancer could be cured using drugs that shared fundamental characteristics with the disease itself. Along with the idea that health was a state of balance produced between the four dimensions of the body, both bodily symptoms and the emotional states of cancer patients were seen to be accessible through direct intervention into the physical body.

This approach differed starkly from the psychoanalytically oriented psychosomatic medicine that emerged and gained momentum between 1900 and the 1930s. Yet both were part of the shift toward holism that was symptomatic of the intellectual critique of the perceived dominant attitude in the natural sciences and especially in medicine, namely, a materialistic and mechanistic worldview devoid of any deeper meaning. On the one hand, anthroposophic medicine aligned with the better part of the *Neue Deutsche Heilkunde*, the doctrine developed in the early years of National Socialism, the aim of which was to implement "biological medicine." The *Neue Deutsche Heilkunde* advocated naturopathic and homeopathic methods similar to those used in anthroposophic medicine.[20] On the other hand, anthroposophic institutions faced serious problems because they got in the way of the National Socialist *Gleichschaltung*, the process by which the state sought to bring the whole of society under uniform control.[21] Thus, in 1935, the Anthroposophic Society was forced to disband. Kaelin and Suchantke nevertheless continued to practice and publish both during National Socialism and afterward.[22]

Over the course of the 1930s, as National Socialist medicine became more radicalized and turned increasingly toward military medicine, all strands of "biological" medicine, including *Neue Deutsche Heilkunde* and anthroposophic medicine, gradually lost their support. Kaelin and Suchantke's studies into the "cancer psyche" therefore went more or less unnoticed.

There are, however, some indications that Kaelin and Suchantke's work was influential even if it was not always explicitly referenced. For example, Johannes Kretz, director of the General Hospital in Linz, Austria, argued in 1941 that psychic behavior played a role in causing cancer.[23]

Georg Groddeck: Cancer as a Symbol of Unfulfilled Emotional Needs

While anthroposophic medicine had a marginalized position within academic medicine from the start, the psychosomatic pioneers in Germany were all more or less distinguished physicians, some of them even heading clinical departments.[24] Most of them were specialists in either internal medicine or neurology. During the 1920s, this first generation of psychosomatic physicians were very much concerned with those physical ailments that had -in their view- something to do with the autonomic nervous system. In studying paralytic symptoms, allergies, cardiac problems, and peptic ulcers, they were careful to indicate that physicians should first exclude organic causes before diagnosing a psychosomatic disease.[25] To explain how emotions could work on the body, they pointed either to a rather vague concept of psychogenesis or to psychoanalytic conversion theory. Cancer did not figure within this category of psychosomatic ailment because there was no clear link to the autonomic nervous system, and in any case, it seemed obvious to most of them that cancer had a very distinct organic cause. In addition, most psychosomatic physicians were clinicians concerned with treatment and, as far as possible, curing people. Whether emotions were involved in carcinogenesis or not, it was probably inconceivable for these physicians, some of whom had witnessed the inexorable decline and death of cancer patients, that psychotherapeutic treatment could do anything to hold back or reverse this process.

There are two factors that likely explain Groddeck's conception of cancer as psychosomatic disease, which was unique compared to those of other German psychosomatic pioneers, and his concomitant decision to treat some cancer patients using exactly the same approaches he used with his other patients. First, Groddeck did not work at a clinical department of internal medicine but had founded his own sanatorium in 1900 in the Black Forest city of Baden-Baden. There he experimented with treating chronically or severely ill patients, who were often considered to be incurable. Even though the bulk of these patients did not suffer from hysteric or other neurological conditions, Groddeck's therapeutic approach combined the techniques of massage and spa treatment directed toward the body with "older" mental techniques like hypnosis and suggestion, as well as the "new" psychoanalytical form of treatment.[26]

This rather idiosyncratic mixture of techniques was acceptable for treating those who were considered within standard medical frameworks to be incurable, but it also reflected Groddeck's particular understanding of analytical psychology. And this was the second aspect that led Groddeck to conceive of cancer as a psychosomatic disease. In 1917, he first summarized his long-standing personal and medical experiences in a small but widely noticed book, claiming that all organic ailments were mentally (co)determined and

could thus be treated with psychoanalysis.[27] Drawing on a notion of the "unconscious" that was close to but nevertheless different from the Freudian concept, he rejected all forms of mind-body dualism, even in terms of a psychophysical reciprocity fervently discussed by his contemporaries. Unlike other influential psychosomatic thinkers of the 1920s like Ernst Simmel or Felix Deutsch, Groddeck did not subscribe to the idea that unconscious conflicts could be "converted" into organic ailments, and thus his main focus was not on revealing the psychogenesis of organic diseases.[28] On the contrary, he insisted on his reading of the unconscious as neither psychic nor somatic, defying all attempts to define the exact nature of its mechanisms.[29]

In his most significant work, *Das Buch vom Es* ("Book of the It"), published in 1923, Groddeck further developed his understanding of the unconscious -what he called the "It"- as the governing force or essence of human life, a force that develops psychic or organic ailments in order to safeguard itself from the impositions of modern public morality.[30] Groddeck therefore considered diseases to be symbols, purposeful expressions of the It that the physician (and the patient) had to uncover by asking, why? Disclosing the meaning of the symptoms -be they mental or somatic- could free the It from its constraints, thus releasing the inner powers of healing, without which all medical efforts would be in vain.[31]

Groddeck had first mentioned cancer in his 1917 study, interpreting the disease as a means for the female It to counteract strong sexual impulses, the enjoyment of which was not permitted by modern girls' or women's education, which imposed sexual frigidity as a feminine ideal or even predisposition.[32] In his 1934 investigation into the psychic determination of cancer, the link to repressed sexual impulses had weakened in favor of a different but nevertheless similarly sexually determined association. In the later study, Groddeck understood cancer as a symbol of a pregnancy impeded by various social factors, that is, as the "seed of an abhorrent changeling."[33] Drawing on the findings of modern laboratory medicine, he argued that this correlation could be intensified by the increase of female hormones in cancer patients, the similarity of some elements in tar to female hormones, and the relation of neoplastic cells to embryonic cells. The correlation was further supported by the etymological proximity of the words *Neubildung*, *Krebs*, and *Geschwulst* (respectively, "neoplasm," "cancer," and "lump"), which were also used to describe the embryo in the womb. Whereas in 1917 Groddeck had conceived of the disease as a means used by the It to protect itself from destruction, he later interpreted cancer as something that resulted from feelings of guilt and a longing for punishment arising out of socially coerced or volitional sterility, a phenomenon that Groddeck understood as typical for modern European societies.[34] This explained the rise in cancer morbidity that contemporary epidemiologists had observed, the causes of which were nevertheless hotly debated, with some attributing the rise simply to better techniques of observation.[35]

Curiously, even though he thought that cancer was associated with female hormones and an unfulfilled or (self-)denied longing for a child, Groddeck did not conceive of cancer as a woman's disease. Because he was convinced that the male unconscious could and did indeed imagine itself as pregnant -expressed in the everyday locution *Geisteskind* ("brainchild")- he had no difficulty in explaining cancer in men as a symbol of guilt felt due to the absence of a (brain) child. In his view, the primary sites of cancer in men -mouth, stomach, and rectum- confirmed this interpretation because they were the bodily sites where men receive, retain, and excrete.[36]

Why a person's unconscious would choose a substitute child -that is, cancer- that would eventually kill the person if he or she failed to discover his or her true ailment was a conundrum that Groddeck did not explain but that might well have appalled contemporary clinicians trying to treat patients dying of cancer. Even though Groddeck conceived of cancer (and disease in general) as a kind of circumvention chosen by the It to avert more serious harm, somewhat akin to a wake-up call, he did not attempt to conceal the possibility that psychoanalysis might only improve the fate of cancer patients without actually curing them.[37] Nor did he elaborate on precisely how the It develops the disease as a symbol of the more serious problems it faces.[38] Because he placed so much emphasis on emotions -feelings of guilt and the longing for a child- one can assume that in his view, emotions were the seminal agents of this mechanism that affected both body and psyche.

THE "GRANITE OF THE MATERIAL PROCESS": CANCER IN 1930S GERMANY

Despite Groddeck's efforts to treat and conceive of cancer as though emotions were involved in a coeval psychic-somatic process, other psychosomatically oriented physicians in Germany remained silent with regard to an emotionally predisposed "cancer psyche." Several things were responsible for that reluctance. First, in the early 1930s some important Central European psychosomatic theorists relocated to the United States, notably Franz Alexander, who emigrated to Chicago in 1930, and Felix Deutsch, who went to Washington in 1936.[39] Those who stayed in Germany continued working in internal medicine or clinical neurology departments as physicians. Restoring the patient's productivity had already been an important feature of their practice during the Weimar Republic but was now described as a fundamental imperative. Second, most psychosomatic theorists continued to think and practice within the framework of the concept of neurosis, investing their research efforts into experiments exploring the psychology of perception as well as Gestalt psychology. There was a deep rift between this strand of research and what was going on in cancer research proper, which was preoccupied with investigating the role of chemical agents, vitamins, and hormones in relation to carcinogenesis.[40]

Initially, those practitioners who stayed in Germany found themselves in a somewhat unclear situation. Under National Socialism, psychoanalysis had been declared a "Jewish" discipline, and the bulk of Freud's writings burned in 1933. However, this official denunciation was a strategic maneuver to enable its appropriation into National Socialist health policy. Thus, many psychoanalysts and psychosomatic researchers were able to continue practicing as before. Foremost among them were the proponents of what Pedro Laín Entralgo has called the Heidelberg School of Psychosomatics, as well as those who, after the beginning of National Socialism, reassembled under the umbrella of the German Institute for Psychological Research and Psychotherapy, directed by the Adlerian psychotherapist Matthias Göring, a cousin of *Reichsmarschall* Hermann Göring.[41] And it was Göring who very actively tried to emphasize the importance of a *Deutsche Seelenheilkunde* -the psychological corollary to the *Neue Deutsche Heilkunde*- to help forge and educate a healthy *Volk* for the National Socialist state. He resolutely advocated a holistic medical approach by stating that "mental factors played a big, quite often decisive role in causing numerous diseases."[42] But he distinguished the "new" psychotherapeutic and psychosomatic approach from other, especially Freudian, ones by underscoring that the *Deutsche Seelenheilkunde* was not concerned with the individual mind insofar as it involved the well-being of the individual, but rather with its value for the whole people, the *Volksganze*.[43] Psychotherapeutic and psychosomatic interventions were therefore directed toward restoring the productivity of the *Volksgenosse*, or National Socialist citizen, by ensuring their mental and physical health and hence their usefulness to society and the state, as Göring's colleague Harald Schultz-Hencke rushed to point out.[44]

Viktor von Weizsäcker and Richard Siebeck, the leading figures of the Heidelberg clinic's psychosomatic approach during the 1930s and 1940s, did not dissociate themselves from this National Socialist dictum of productivity as the therapeutic aim of medical interventions. Weizsäcker in particular, whose role during national socialism is the subject of heated debate even today, repeatedly discussed whether and how physicians should carry out their duties toward both society and the patient when making decisions about life, death, and capacity for work. For Weizsäcker, this was not only a theoretical issue but part of his medical practice: from assessing a patient's ability to work in view of a claim of incapacity due to wartime trauma ("Rentenneurose") in the 1920s, to delivering a series of lectures in the summer of 1933 pondering a "medical doctrine of extermination," to recommending the actual sterilization of epileptic patients during National Socialism.[45]

In terms of productivity, cancer was increasingly perceived as a serious threat since epidemiologists had proven that it was on the rise. However, within the localist paradigm that was predominant in medical research and practice at that time, it was thought that the best option to cure cancer was to catch it early and then to "combat" it radically with surgery or radiation. Thus, most efforts were directed toward early detection and prevention -efforts that were actively promoted by the German Cancer Society (*Reichsausschuß für Krebsbekämpfung*). The society did not tire of pointing out that cancer was not a disease of the elderly but of people in the most productive age category -middle-aged persons- whether in the form of cervical cancer,

which predominantly affected women between the ages of thirty and fifty, or stomach or lung cancer, which most often affected men in their prime.[46] Moreover, it was not only the German Research Council (*Deutsche Forschungsgemeinschaft*) that attributed greater importance to cancer during the 1930s. It was also a political requirement driven by Hitler's personal interest in cancer and was thus promoted in special exhibitions and in local early detection initiatives.[47] Psychotherapy as a means to treat cancer seemed to offer few possibilities for early detection and prevention and was more or less inconceivable within the localist paradigm.

This split between cancer as pure somatic disease and other organic diseases that matched with the concept of neurosis is clear when we turn to Weizsäcker's clinical practice in the 1930s and 1940s. Originally trained as a specialist in internal medicine, he later turned toward neurology, directing the Department of Neurology at the Heidelberg-based Ludolf Krehl Clinic from 1920 onward.[48] There he encountered cancer not only when treating patients with brain tumors, which differed from other tumors as a result of the neurological and psychic changes they caused, but also when treating patients with other forms of cancer.[49] His colleague Richard Siebeck, also a specialist in internal medicine, was head of the clinic from 1931 to 1934 and again from 1941 until his retirement in 1951. Siebeck dealt with patients who had cancer on a regular basis, and thus he devoted an entire chapter to cancer in his seminal 1949 work, *Medizin in Bewegung*. While he thought extensively about the interrelation of personality traits and gastric ulcers, he limited himself in the book to the problem of how to talk to and take care of patients with stomach cancer.[50]

Weizsäcker and Siebeck together developed a new concept of psychosomatic medicine that they characterized as medical anthropology. In doing so, they completely abandoned the idea that disease was an "objective", well-defined event that could be diagnosed by examining the texture of the body and its parts, external and internal, or by measuring bodily parameters. Based on his *Gestaltkreis* theory, which postulated a circular unity of external stimulation, perception, and movement, Weizsäcker defined disease as a subjective phenomenon that took place between the subject, his or her environment, and the doctor[51]. The way the diseased body was felt and discussed when talking to the doctor was crucial, because it conveyed the true essence of the disease, which had to be understood as something embedded in the biography of the feeling subject.[52] Weizsäcker argued that while psychoanalysis interpreted what the patient said in order to understand the psyche, medical anthropology had to take these statements seriously as a self-perception of bodily and mental processes. This idea was based on the assumption that one could perceive the inner processes, functions, and their respective interplay through bodily sensations and fantasies alike.[53]

Shortly after the end of World War II, Weizsäcker tried to clarify the understanding of psychosomatics that he had elaborated during the 1930s while at Heidelberg.[54] He then explicitly rejected the idea that organic disorders or diseases might be caused by psychic factors -a concept that had been intensely discussed under the heading "psychogenesis" by psychoanalytically oriented physicians like Felix Deutsch, Franz Alexander, and others who had worked and published in the United States during the 1930s. For Weizsäcker, there could not be a causal connection leading from the psyche to the body, since he insisted on the parallel structure of both, without claiming that either one took primary position in terms of time or relevance.[55] Every disease -be it organic or psychic- was, in this view, the materialization of an unsolved conflict. Thus, every disease had a hidden "aim" that the clinician had to decipher through psychotherapy, the goal of which was to lead the suffering subject to discover and accept the true meaning of his or her life, including death as an integral part of human experience.[56]

Yet even though Weizsäcker considered his theory to be a concept of general medicine, his case studies were mainly conducted in the context of neurological illnesses, which excluded what were considered to be fatal organic diseases. In December 1943, in a letter to his disciple and Heidelberg colleague, Wilhelm Kütemeyer, Weizsäcker explained his reticence:

> There are many questions yet to be answered, particularly if we leave behind the neuroses and turn toward organic diseases or even to psychosis. I tried hard but mostly in vain to solve this problem.... I soon also rejected the model of psychogenesis and confined myself to proclaiming a formal analogy of the psychic and the organic drama. The contents, the motifs of the psychic processes are not able to elucidate why first this organ, then that one was affected and why it was affected in this or that way.[57]

Kütemeyer, however, was not put off by this admission and went on to apply the concept of medical anthropology both to psychoses and to fatal diseases.[58]

HOW THE "GRANITE OF THE MATERIAL PROCESS" BECAME EMOTIONALLY ACCESSIBLE

In a Festschrift published on the occasion of Weizsäcker's seventieth birthday, Kütemeyer purposefully chose cancer as a topic in order to exemplify the idea that the different spheres (somatic, psychic, and metaphysical) provided "mutual elucidation" (*gegenseitige Erläuterung*) as the disease ran its course.[59]

What Kütemeyer meant by "mutual elucidation" became clear when he presented his case study of a thirty-four-year-old Hodgkin's lymphoma patient. The man had once been an open-minded, sentient little boy coddled by his mother, who was repeatedly beaten by his brutal father. Despite his love for his mother, he identified with his father, who then became the prototype of authority for him. This identification entailed an inner split that deepened when his only friend moved away. As a corollary, his inner life was numbed, while he nevertheless was able to continue adapting to his environment and especially to authority without any apparent effort. During World War II, he became the perfect example of a soldier who had no qualms about killing or being killed.

Kütemeyer concluded from this biographical sketch that the patient's psychic dimension was marked by emptiness and numbness, and his metaphysical dimension by an oblivious desperation, and the malignant process, which Kütemeyer described as a "monstrous fertility of the soul," corresponded to the somatic dimension.[60] Even more than Weizsäcker, who was also in favor of including the social dimension, and who thus highlighted the need for the physician to embrace his political mission, Kütemeyer emphasized the significance of the sociopolitical dimension of the disease by viewing personal and political history as parallel. Kütemeyer applied medical anthropology to both social and individual pathology and viewed cancer as a kind of prototypical "German" or even "European" disease and as a means to come to terms with the National Socialist past.[61] This was even more obvious in a paper he presented in 1965 at the Fourth International Conference on Psychosomatic Aspects of Neoplastic Disease. There he argued that

> these [cancer] patients adopt in their dependency on the dominating figures and all their representatives in the service of the taboos, which have been erected by them and which throttle their lives and the destination of their life, an attitude like that of the "liberated" concentration camp convict towards his torturer: he remains at his master's feet, singing his favorite melodies with a feeble voice, in order to amuse and appease him. Thus the patient tries to exist in two worlds, which contradict and negate each other fundamentally The reservoir of accumulated hatred and the destructive force equivalent to it, has, with the exception of insignificant outlets onto the surface, only the possibility of expressing itself in a psycho-spiritual-social invisible way, that is in the malignant process.[62]

Kütemeyer thus not only held a particular psychic structure (submissiveness to authority leading to irresolvable inner conflict) to be responsible for cancer but moreover claimed that it was precisely the powerful feelings that resulted from this psychic structure that generated cancer, feelings that could not be expressed within the game structure and for this reason expressed themselves as cancer. Unacknowledged or even unfelt emotions were therefore seen as key for the onset of diseases.

These assumptions were met with severe criticism even among those who did not look askance at psychosomatic medicine. This became very obvious when in the 1960s the Heidelberg medical faculty discussed whether Kütemeyer's publications would meet the standard of a German habilitation or whether he should instead be awarded an honorary professorship -a position that offered prestige but no salary. Some of the requested internal and external reviews of the work were devastating. They mainly criticized the methodological shortcomings, setting aside the causal relations that were drawn between the different spheres of body, psyche, and social environment. They also criticized his disregard for the scientific notion of evidence displayed in the fact that he rested his entire argument upon a single case study.[63] Even the most prominent

disciple of Weizsäcker, Alexander Mitscherlich, who was to become one of the most influential psychoanalysts and psychosomatic physicians in post-1945 West Germany, fiercely demanded that the Heidelberg faculty not award any honor or position to Kütemeyer.[64] Mitscherlich's statement is particularly revealing, not only because he had received his own formative medical training in Heidelberg, but also because he had begun to investigate the emotional and somatic repercussions for both the individual and the social psychology of West Germany's National Socialist past. Mitscherlich published three best sellers on the topic: *Auf dem Weg zur vaterlosen Gesellschaft* (1963), *Krankheit als Konflikt* (1966), and, together with Margarete Mitscherlich, *Die Unfähigkeit zu trauern* (1967).[65] In his letter to the dean of Heidelberg University's Department of Medicine, Mitscherlich criticized the fact that Kütemeyer had based his work on Weizsäcker's *Gestaltkreis*, transferring the latter's principle of the equivalence between perception and moving to pathogenesis in general. More or less overtly, Mitscherlich distanced himself from medical anthropology in general and claimed to belong to an international community of clinical researchers whose standards Kütemeyer ignored.[66]

The debate about Kütemeyer's scientific achievements -he was eventually awarded an honorary professorship but nothing more- marks an important turning point in the history of psychosomatics in West Germany. It was not only the moment when psychosomatic medicine gained the scientific respectability and public recognition that it did not have before; it was also the moment when proponents of psychosomatic medicine placed greater emphasis on defining boundaries and on reinventing themselves as part of modern science based on evidence, standardization, and experimental practice.

THE "MORAL SUPERIORITY" OF PSYCHOSOMATIC MEDICINE IN POST-1945 GERMANY

Given the perception of mainstream physicians' widespread involvement in National Socialist euthanasia, human experiments, and extermination practices, Mitscherlich helped give German psychosomatic medicine a kind of moral superiority over "traditional" scientific medicine. The West German Medical Association (Ärztekammer) appointed him as head of an official observer commission to the Nuremberg doctors' trials that were held in 1946 and 1947 in US military courts. Mitscherlich and the physicians he selected for the commission regularly reported on the proceedings for the West German media. The final report of the Medical Association was published in three versions: first in 1947, then -after heated debate within the West German medical community- in 1949 under the title *Wissenschaft ohne Menschlichkeit* ("Science without Humanity"), and then again in 1960.[67] The overall interpretation of the Nazi doctors' crimes presented by Mitscherlich and his colleague Fred Mielke in the report was that "humanity and medical autonomy perish if science solely perceives of and treats human beings as objects."[68] Medical anthropology, which advocated the reintroduction of the feeling subject into the medical encounter, was clearly depicted as a morally superior alternative. This line of thought was backed up by Weizsäcker, who argued in 1947 that "a conception of medicine that views disease solely as a scientific-biological entity has to look for ethical standards outside the medical realm."[69] Even though the public response to these publications in the late 1940s was limited, they gained widespread attention after their republication in 1960, paving the way for a reevaluation of psychosomatic medicine. It was perceived to be a more humane form of medical practice immune to political aberrations because it had a critical potential and a moral self-assertiveness that "scientific-biological" medicine lacked.[70] Yet even though West German psychosomatic medicine was eager to present itself as an untainted alternative to the dominant "mechanistic" tradition, the younger generation of those interested in psychosomatic approaches was also determined to embrace the standards of what they perceived to be modern science. As with Mitscherlich himself, who visited the United States on a Rockefeller Fellowship in 1951, many younger physicians turned to American psychosomatic medicine, especially with regard to the cancer studies that were already under way at various clinical centers in the United States, in their quest to answer the two questions Mitscherlich and others would later ask when judging Kütemeyer's work: on what evidence could investigations into emotions as a cause of cancer be based, and what is the causal link that explains how emotions work on the body, not only with regard to the autonomic nervous system but also in terms of such "impervious" material structures as cancer?

THE TRANSATLANTIC CONNECTION: HOW AMERICAN PSYCHOSOMATIC CANCER MEDICINE CAME INTO PLAY

As in Germany, there had been some reluctance to study cancer in early American psychosomatic medicine. The first major contribution to the psychology of cancer patients had, however, been made as early as 1926 by Elida Evans, who delineated a personality profile of female cancer patients based on her analysis of hundreds of women with breast cancer. Evans, a Jungian psychoanalyst, argued that cancer patients were extroverted individuals who had lost an object, role, or person fundamental to their identity. Because of their personality, they did not have the internal resources to cope with the loss and thus developed cancer.[71] Yet her extensive study would remain the only one for at least a decade.[72] In 1935, a first step toward renewing and intensifying interest in psychological analyses of cancer was made by Helen Flanders Dunbar, who was somewhat controversial but nevertheless one of the most influential figures in American psychosomatic medicine of the 1930s and 1940s. She discussed cancer (among many other diseases) in her pioneering survey of psychosomatic literature, *Emotions and Bodily Changes*[73].

In general, the American school of psychosomatic medicine was heavily influenced by Adolf Meyer's promotion of the merger of psychiatry with general medicine, which he began in the 1920s in the United States.[74] Developments in psychiatry explain the interest in psychogenic connections and a new observation of the relationships between mind and body, emotions and their physical expression, affective states, and somatic disorders.[75] In Germany, early psychosomatic medicine was more the domain of physicians trained in internal medicine or neurology, like Viktor von Weizsäcker or his contemporary Gustav von Bergmann, a clinical director in Berlin and Munich.

From the late 1930s onward, physicians belonging to the American psychosomatic movement proposed adding a psychic link to the etiologic chain or etiopathogenic causes of cancer. Fundamental to this decision was the assumption of "multicausality" and thus the necessity of looking at "the varying distribution of psychological and non-psychological factors from case to case."[76] Franz Alexander, considered one of the founders of American psychosomatic medicine, proposed a list of nine etiological factors in disease. Emotions played a role in at least three of them but were closely related to other factors that shaped the constitution of the body and its organs.[77]

In varying proportions, all of these factors were assumed to play an etiological role in all diseases, including cancer, and their interaction offered a more complete causal picture than before. However, the psychosomatic point of view stressed the role of emotions over other factors: "In the last two decades," Alexander pointed out in 1939, "increasing attention has been paid to the causative role of emotional factors in disease and a growing psychological orientation manifests itself among physicians."[78]

The second important element in American psychosomatic thinking was that the psychological orientation was based on assumptions about the physiology of emotions, which provided an answer to the quest for a causal link between body and emotions. These physiological assumptions integrated the findings in the early twentieth century of the Harvard physiologist Walter B. Cannon, who emphasized the concept of homeostasis. Emotions were thought to be accompanied by physiological changes: fear led to heart palpitations, while anger increased cardiac activity, brought on higher arterial pressure, and induced changes in the metabolism of carbohydrates, and so on. Physiological phenomena resulted from complex muscular interactions caused by the influence of nervous impulses and the autonomic nervous system. Thus, facial muscles and the diaphragm were supposedly modified by laughter, the lachrymal glands by weeping, the heart by fear, the suprarenal glands and the vascular system by rage, and so on.[79]

According to theories of psychosomatic medicine, the physiological changes that usually accompanied emotions were transitory, but they did produce physical alterations. These could then lead to functional disturbances, particularly when strong emotions were felt for a substantial period of time. Pathological conditions appeared when a person tried to hold back emotions for too long.[80]

In the 1940s and 1950s, the psychosomatic theories based on physiological effects were fortified through linkage to the emerging concept of stress. Known simply as the "stress concept," it had been formulated by Hans Selye, a physiologist at the University of Montreal, who framed the physiological reactions as being

part of a "general adaptation syndrome," a response of the body to stressful events that was directed toward reestablishing a lost balance (adaptation) that could itself harm or exhaust the body if it lasted too long.[81] The concept of stress was not only broad enough to encompass all sorts of stress -which explains in part why the concept was so popular and so widely deployed in the years to come- but also quickly integrated into psychiatry, where the formerly physiological emotion "stress" was reinterpreted within a psychological framework.[82] This kind of physiological-psychological stress was also integrated into psychosomatic medicine: "Many emotions due to the complications of our social life cannot be freely expressed and relieved, through voluntary activities, but remain repressed and then are diverted into wrong channels."[83] In 1954, the former military psychiatrist Roy Grinker insisted that

> we have to search in the environmental family, school, work, social, and other areas to determine what has been significant in evoking an unhealthy response in a particular subject. This may be as simple and ordinary as a change in the family circle through birth of a child or death of a mother, or as complicated and as extensive as a general social upheaval. All of these environmental factors may strike a vulnerable spot in the patient's integrative capacity, stir up anxiety, and initiate a series of psychological regressions which may be more adaptive, although they are costly. With the regressive phenomena are associated internal events which are often accompanied by organ dysfunctions. Whether the vulnerability of the patient or the more stressful environment is the crucial or most recent factor in etiology, the response is a multiple series of interactions within the patient and his environment.[84]

During this period, the journal *Psychosomatic Medicine* published the results of numerous studies on people's reactions to environmental or social stress and their ability to adapt to environmental circumstances.

Psychosomatic cancer studies published from the 1940s onward also introduced new methods into researching cancer psychosomatically and thus established new standards for what was defined as scientific evidence within psychosomatic thinking. While Elida Evans had based her entire book on case studies and anecdotal evidence arising from her clinical psychiatric practice, "new" studies now turned to using prospective personality tests, methodological tools developed by psychologists and psychiatrists in the 1930s. The tests most frequently employed were the then-established Rorschach test and the Minnesota Multiphasic Personality Inventory.[85] Both tests offered a form of standardization and "scientification" to psychosomatic cancer research that it had previously lacked.

One of the most cited studies on emotions and cancer in the United States and in West Germany was also based on the findings of these personality tests. The study was conducted by Milton Tarlau and Irwin Smalheiser at the New York City Cancer Institute on Welfare Island, a hospital for terminal cancer patients, and published in 1951.[86] Their examination subjects were twenty-two married women who had all previously been diagnosed with cancer. Half of them had breast cancer and the other half cervical cancer. In order to assess their personalities, Tarlau and Smalheiser first did a personal interview with each of them lasting from one to two hours. The interview was directed toward those factors supposed to influence the psychosexual development of the patients. These factors included early family life, age of the patient at the time of her parents' death, sex education and reaction to menstruation, as well as marital adjustment. Tarlau and Smalheiser then asked the women to interpret the inkblot drawings of the Rorschach Method of Personality Diagnosis. The Rorschach data were considered the most valuable, for while the patients were suspected of deliberately distorting interview material, their "true" functioning was assumed to be revealed clearly in their reaction to the unstructured inkblots. Finally, Tarlau and Smalheiser asked the women to draw various human figures.[87] These drawings were used to supplement and corroborate the diagnosis produced by the Rorschach images. In the end, Tarlau and Smalheiser correlated the interview material with the Rorschach data and interpreted it as giving a consistent picture for the two groups. The data revealed, they argued, a common general framework of mother dominance and sexual maladjustment for all female patients with cancer of the sexual organs. They concluded that, although the patients had experienced other problems

prior to the illness, there was "some evidence here which suggests that the personality structure may play a role in the pathogenesis of cancer of primary or secondary sex organs in predisposed individuals."[88] Tarlau and Smalheiser thus assumed that the personality patterns they described were not the result of the disease but may have had some significance in the genesis or localization of the pathologic process.[89]

In 1954, James H. Stephenson and William J. Grace of Cornell University reported their finding that a higher proportion of severe maladjustment of a particular kind was found in a personality study of 100 women with cervical cancer, compared to a similar study of women with other forms of cancer.[90] Even though they were unable to pinpoint the mechanism responsible for this difference, the study was nonetheless held to have an indicative value. The parallels in the methodology used in these studies, and the scientific weight ascribed to the psychological testing as such, are obvious.[91] In general, the personality studies led to the establishment of psychosomatic profiles for diverse illnesses.[92]

THE SHORT-LIVED MOMENT OF A PSYCHOSOMATIC DISEASE: "TYPE C" IN 1960S AND 1970S GERMANY

The overall impression in clinical oncology during the early 1950s was that of a crisis because the available treatment options were insufficient. Surgery based on the theory that cancer had local origins had proved to be much less successful than hoped, even in its most radical form, which was thought to eradicate an invasive disease by extreme measures.[93] Radiation therapy using radium or mesothorium not only was very expensive but also often turned out to merely alleviate symptoms without curing the cancer in the long term. Thus, researchers were bent on rethinking cancer etiology and treatment, a tendency that had been prepared by the expansion of German cancer research during National Socialism, which had placed great emphasis on investigating the influence of hormones, vitamins, and chemical agents on carcinogenesis and its treatment.[94] Numerous oncologists argued that one should conceive of cancer as a multifactorial and systemic disease, a development that allowed for more theoretical openness, since emotions did not have to be the one and only cause, but merely one among others.[95]

Furthermore, the turn to American developments in psychosomatic approaches to cancer helped raise the reputation of this field within the West German medical community. It was not only the adoption of standardized personality tests in place of case studies; of crucial importance was the final integration of the stress concept into West German psychosomatic medicine and particularly into psychosomatic cancer medicine -precisely at the historical moment when stress became a kind of guiding concept in West German medical research and practice, as well as in the public discussion about the ills of modernity.[96] "Stress" facilitated the conceptualization of emotions as working on the body that was in line with contemporary mainstream medical thinking on cancer, based on the assumption that cancer was a form of "disregulation" on a cellular level.[97] In addition, the stress concept in itself was multicausal -a broad variety of agents could be regarded as stressful events. Its integration was therefore a step toward investigating emotions as correlated to the etiological process, and no longer necessarily as causal.[98]

Finally, the stress concept allowed for research into the carcinogenic effect of emotions within animal experiments. As long as psychosomatic theory held that complex emotions like melancholy or grief caused cancer, animal experiments were inconceivable. However, conceptualizing emotions as "stressors" made psychosomatic emotions both human and "animalistic" and therefore suitable for investigation using animal subjects. These subjects, mostly mice, were genetically predisposed to cancer or had been exposed to some known carcinogenic chemical agent, and they were then divided into two groups. A control group would then be "stressed" by electric shocks, forced to swim, or placed under other experimental stress conditions.[99] Thus, in a lengthy review article in 1961, Hans-Joachim F. Baltrusch, a young West German medical psychologist and member of the First International Psychosomatic Cancer Study Group, could refer to the numerous animal experiments that had been done in the 1950s in light of Selye's stress concept, in order to justify the psychotherapeutic treatment of those "major sicknesses unto death" -like cancer- that had formerly been regarded as purely organic diseases.[100]

During the 1960s and 1970s, the assumption that certain stressful emotional events together with a specific personality structure -"type C"- could lead to cancer was investigated in several clinical and epidemiological studies.[101] Cancer as a "disease of the soul" ultimately even entered the popular magazines.[102]

SOLVING GEORG GRODDECK'S RIDDLE

Cancer posed a particular challenge for psychosomatic medicine -at least for what is considered to be "modern" psychosomatic medicine, which antedated the advent of cellular pathology and bacteriology. More than any other disease, cancer was thought to be organic in the most concrete sense. This was very much due to modern laboratory practices. Once researchers began to isolate and study "unfeeling" cancerous cells under the microscope, letting cancerous tissue grow in petri dishes regardless of whether it was of human or animal origin, most medical experts became convinced that emotions like grief or melancholy, of which only humans were thought to be capable, could not be involved in carcinogenesis[103]. With very few exceptions, the great majority of German physicians and researchers had no doubt that a tumor's materiality was impervious to the influence of emotions. This was also true for those physicians who were interested in psychosomatic theory and practice. Cancer conceived as a disease that started with a local and almost always irreversible growth did not fit into the framework of neurosis that most of them favored -a realization that was reinforced by the ostensible hopelessness of treating cancer psychotherapeutically. National Socialist health policy, which increased the emphasis on restoring productivity, had made all attempts to approach cancer in psychosomatic terms seem preposterous. As Viktor von Weizsäcker put it, the "granite" of the body withstood every effort of psychosomatic thinking to see the relation between emotions and disease[104].

Cancer ultimately went psychosomatic in Germany during the 1950s, and three main factors contributed to this shift. First, psychoanalysis and psychosomatic medicine in general gained increasing recognition in West German medicine and society, both morally and scientifically. Second, this heightened recognition was gained by resorting to those "scientific" methods that American psychosomatic medicine had already applied before and which were perceived as part of modern international medical standards. Interviews, psychological tests, and statistical evaluations increasingly replaced the clinical observations and case studies favored by medical anthropologists like Weizsäcker and psychoanalysts like Groddeck.[105] The third reason was the eventual adoption of the stress paradigm following the introduction of the "general adaptation syndrome" by Selye, and the transformation of stress from a physiological emotion to a psychological one -a development that occurred during the 1950s. This shift ultimately provided an answer to the question of how emotions could act upon the material body, human and animal alike, and even permanently harm it, an answer that was convincing not only for psychologists but to a certain degree for general physicians as well. Since emotions as "stressors" could be converted into experimental emotions, cancer could finally be studied as a psychosomatic disease using modern scientific standards. In addition, emotions ceased to be conceived as the only and specific causes of cancer -they could be important within the stress concept even when they were shown to be only correlated to carcinogenesis and cellular dysregulation, rather than having a causal role.

Beyond these three factors, there might have been a fourth involved in the process of reinventing cancer as psychosomatic disease. If one considers the twentieth-century trends and trajectories of scientific research into emotion, one can argue that the immediate postwar years were marked by a marginalization of emotions as scientific objects in various disciplines, followed by a reevaluation of emotions in science from the 1960s onward.[106] At first sight, the story of psychosomatic cancer medicine that has been investigated here seems to slightly contradict this trend, since it reveals an earlier shift toward studying emotions, starting in the late 1930s in the United States and later in West Germany during the 1950s. However, if one considers the logic underlying the post-1945 marginalization of emotions, the ostensible contradiction makes perfect sense. Post-1945 science tended to ignore emotions and opted for models based on "rationality" because emotions were regarded as irrational, dangerous, and even pathological forces that had been responsible for the National Socialists' rise to power and ultimately the atrocities committed under their rule. The belief that emotions could induce cells to become malignant and make them run riot against the body's

health fit well into this framework and was further supported by psychosomatic models that took the social sphere into account while also drawing parallels between the body proper and the body politic. Moreover, the experimental methodology applied to the study of emotions also contributed to the positivization or objectivization of emotions. The broader scientific return to emotions in the 1960s further strengthened the position of psychosomatic cancer medicine in West Germany, which was in its very beginnings.

THE STORY CONTINUED: FROM PATHOGENIC TO SALUTARY EMOTIONS WITHIN MEDICAL PRACTICE

Psychosomatic cancer was a short-lived notion. Criticism emerged in the United States as early as the end of the 1950s. In 1959, George M. Perrin and Irene Pierce, both members of the American Psychosomatic Society, pointed out that

> the case reports [like the Tarlau/Smalheiser or Blumberg/West studies] were little more than suggestive, and they rarely allow the reader to distinguish among those psychological characteristics which might be causative factors, those which might be typical reactions to any serious disease, and those which might show purely accidental variations.[107]

Although in Germany this criticism was at first not interpreted as a fundamental critique of the idea of emotion-based carcinogenesis, it helped pave the way for a later shift that was influenced by simultaneous developments in the United States.

In the United States, the emphasis within psychosomatic medicine had shifted from looking into the etiological role of emotions to investigating the role of emotions within medical practice.[108] At the annual meeting of the American Psychosomatic Society in 1954, George Engel summarized the results of a questionnaire sent to physicians that year. He noted that "many emphatically said they were not interested in any discussion of psychogenesis or psychological triggering mechanisms, but felt that a consideration of psychological reactions to cancer might be worthwhile."[109] The respondents hoped that "detailed psychological knowledge of cancer patients inevitably will contribute to better care of these patients and their families."[110] For American psychosomatic physicians, understanding the influence of the emotional element in cancer was thus a problem not only of knowledge but of action, as they stressed the role of emotions in medical praxis. They frequently noted that medicine should lead to a change in the attitudes of professionals and patients toward the disease because their attitudes were believed to have a direct impact on therapeutic strategy.

Although emotions in the doctor-patient relationship had already been described outside the psychosomatic area, scientists investigated the curative power of emotions in the encounter between physician and patient in a rapidly growing literature on this topic.[111] For these scientists, therapy was based on what Franz Alexander had, in an earlier context, called the principle of "corrective emotional experience."[112]

In the 1950s, several projects analyzed psychological responses to cancer on the part of hospitalized patients, providing the first opportunity for collaborative research with physicians. The first reports of psychological adaptation to cancer and its treatment were made by the psychiatric group at the Massachusetts General Hospital directed by Jacob E. Finesinger, who described guilt and shame as the most prominent psychological responses to the stigma of cancer.[113] Meanwhile, under the direction of Arthur Sutherland, also a psychiatrist, the psychiatric research group at the Memorial Sloan Kettering Cancer Center in New York stressed the importance of the values promoted by the cancer patient's cultural environment as well as the significance of diverse familiar structures in influencing the patient's emotions.[114] These and other similar findings resulted in a critique of the faulty training offered by medical schools on the emotional component of the medical encounter. New demands to investigate, systematize, and institutionalize the physician's training in managing both her or his own emotions and those of the cancer patient as a crucial element of the medical encounter were to determine the further development of psycho-oncology in the United States from the 1970s onward.[115]

Research and clinical practice in the United States thus shifted during the 1950s from investigating the pathogenic propensity of emotions to exploring the emotional repercussions of cancer and its treatment. By deploying emotions' healing capacities and the possibility of "managing" emotions, this shift was geared toward enhancing the options for curing cancer as well as toward bettering the patient's life. In West Germany, by contrast, scientists valued both understandings of emotions in the 1960s and continued to examine the capacity of emotions in generating as well as curing and enduring cancer.

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Volver a Bioanálisis
Volver a Newsletter 15-ALSF

Notas al final

1.- Georg Groddeck, "Von der psychischen Bedingtheit der Krebskrankheit," in Psychoanalytische Schriften zur Psychosomatik, ed. Günter Clauser (Wiesbaden, 1966), 380–5 (trans. Bettina Hitzer).
2.- Not a single article from Der Nervenarzt, one of the most important German journals for psychosomatic medicine from 1928 onward, was dedicated to a psychosomatic understanding of cancer. Similarly, there were no issues of the journals Allgemeine Ärztliche Zeitschrift für Psychotherapie und Psychohygiene (first published 1928, and after 1930 as Zentralblatt für Psychotherapie) or Zentralblatt für Psychoanalyse und Psychotherapie: medizinische Zeitschrift für Seelenkunde (1911–4) dedicated to cancer
3.- See, e.g., the 1929 Encyclopedia Britannica entries on "cancer" and "cancer research," which were in part based on a resolution stipulated by an international meeting organized by the American Society for the Control of Cancer in 1926. See Encyclopedia Britannica, vol. 4, 14th ed. (New York, 1929), s.v. "cancer," by George A. Soper, 731–4, and s.v. "cancer research," by Walter Sydney Lazarus-Barlow, 734–8. For an overview of cancer research in Europe and the United States, see Patrice Pinell, The Fight against Cancer: France 1890–1940 (New York, 2002); James T. Patterson, The Dread Disease: Cancer and Modern American Culture (Cambridge, Mass., 1987); Wolfgang U. Eckart, 100 Years of Organized Cancer Research—100 Jahre organisierte Krebsforschung (Stuttgart, 2000); Gabriele Moser, Deutsche Forschungsgemeinschaft und Krebsforschung 1920–1970 (Stuttgart, 2011).
4.- Christopher Lawrence and George Weisz, eds., Greater than the Parts: Holism in Biomedicine, 1920–1950 (Oxford, 1998); Anne Harrington, Reenchanted Science: Holism in German Culture from Wilhelm II to Hitler (Princeton, N.J., 1999).
5.- Until the nineteenth century, cancer was understood as an inflammation process. Hippocrates described the cause of cancer as an excess of black bile, a view further elaborated by Galen (AD 129– ca. 200). Within Galenism, a flux of black bile could give rise to scirrhus, one form of which was related to or capable of changing into cancer. Other explanations suggested that a flux of black bile unmixed with blood gave rise to cancer forthwith, most often in female breast tissue. Over the centuries, physicians added complementary theories, arriving at the conclusion that cancer was a corrupt form, but the same process that made normal tissues also made abnormal tissues. David Cantor, "Cancer," in Companion Encyclopedia of the History of Medicine, ed. William F. Bynum and Roy Porter (London, 1997), 537–61, on 540.
6.- Bettina Hitzer, "Healing Emotions," in Emotional Lexicons: Continuity and Change in the Vocabulary of Feeling 1700–2000, ed. Ute Frevert, Monique Scheer, Anne Schmidt, Pascal Eitler, Bettina Hitzer, Nina Verheyen, Benno Gammerl, Christian Bailey, and Margrit Pernau (Oxford, 2014), 118–50, on 131–4; Patricia Jasen, "Malignant Histories: Psychosomatic Medicine and the Female Cancer Patient in the Postwar Era," Can. Bull. Med. Hist. 20 (2003): 265–97.
7.- The following is based on a broad understanding of psychosomatics encompassing all models that link body and psyche. It works on the assumption that the psyche affects the functions of the body, its health, and its diseases in various ways. This differs from a more narrow understanding of psychosomatics as psychoanalytically informed that is often used in the historiography of twentieth-century psychosomatics. For an overview of the history of the psychosomatic movement in America, see Edward Shorter, From Paralysis to Fatigue: A History of Psychosomatic Medicine in the Modern Era (New York, 1992); Theodore M. Brown, "The Rise and Fall of American Psychosomatic Medicine," paper presented to the New York Academy of Medicine, New York, 29 November 2000, http://human-nature.com/free-associations/riseandfall.html (accessed 26 October 2015).
8.- In the introduction to their history of emotions and their relation to science, editors Frank Biess and Daniel M. Gross argue that even from a broader scientific perspective, the transatlantic context is a "crucial factor in explaining the shifting status of emotions as an object of scientific inquiry." Biess and Gross, "Emotional Returns," in Science and Emotions after 1945: A Transatlantic Perspective, ed. Frank Biess and Daniel M. Gross (Chicago, 2014), 1–38, on 14.
9.- Some prominent physicians, including Franz Alexander, emigrated to the United States before 1933, as did a number of Jewish scientists and physicists in subsequent years. See, e.g., Mitchell G. Ash and Alfons Sollner, Forced Migration and Scientific Change: Emigré German-Speaking Scientists and Scholars after 1933 (Cambridge, 1996); Volker Roelcke, Paul Weindling, and Louise Westwood, eds., International Relations in Psychiatry: Britain, Germany, and the United States to World War II (Rochester, N.Y., 2010).
10.- One could also name the work of Wilhelm Reich, the Austrian-born psychiatrist and psychoanalyst. However, because his work on the assumed relationship between carcinogenesis and the inability to fully give oneself away in orgasm began primarily after he left Germany in 1933, it is not investigated here. Moreover, his studies on cancer were only marginally acknowledged by medical science in the 1940s and 1950s before gaining widespread attention within the context of the student movements of the 1960s and 1970s. Reich, The Cancer Biopathy, vol. 2 of The Discovery of the Orgone (1948; repr., New York, 1973). See also James E. Strick, Wilhelm Reich, Biologist (Cambridge, Mass., 2015), 186–217
11.- Werner Kaelin, Krebsfrühdiagnose—Krebsvorbeugung: Krebsdisposition und Krebs als Zeitkrankheit (Frankfurt am Main, 1956), 16–22. For an overview of anthroposophic medicine, see Gunver S. Kienle, Hans-Ulrich Albonico, Erik Baars, Harald J. Hamre, Peter Zimmermann, and Helmut Kiene, "Anthroposophic Medicine: An Integrative Medical System Originating in Europe," Glob. Advances Health Med. 2 (2013): 20–31.
12.- The clinic was founded in 1921 by the physician Ita Wegman. Now named the Ita-WegmanKlinik after its founder, it was the only clinic for anthroposophic medicine in the world until 1960 and is still one of the major centers for it in German-speaking countries.
13.- See Werner Kaelin, Die prophylaktische Therapie der Krebskrankheit (Stuttgart, 1930). He also published a condensed version of his findings in a highly respected oncological journal: Kaelin, "Versuche zu einer Frühdiagnose des Krebses aus dem

Blut nach capillar-dynamischer Methode," Z. Krebsforsch. 34 (1931): 457–72. For a revised and extended version, see Kaelin, Krebsfrühdiagnose (cit. n. 11).
14.- Gerhard Suchantke, "Zum Problem der Krebspsyche," Natura 4 (1929–30): 365–8.
15.- Kaelin, Krebsfrühdiagnose (cit. n. 11), 24–5, 32–3.
16.- Suchantke, "Zum Problem" (cit. n. 14), 365, 368; Kaelin, Krebsfrühdiagnose (cit. n. 11), 32, 36, and 38–44. External factors could be certain ailments or their components, alcohol, tobacco, X-rays, or chemicals like aniline. In this respect, Kaelin drew on discussions about carcinogenic agents in food, stimulants, and the working environment that were especially prevalent during National Socialism. See Robert N. Proctor, The Nazi War on Cancer (Princeton, N.J., 1999).
17.- In a later article, Suchantke thus explicitly referred to Freud and his concepts, which he interpreted in light of Rudolf Steiner's anthropology. See G. Suchantke, "Wert und Unwert des Begriffs der Krebspsyche," Beiträge zu einer Erweiterung der Heilkunst nach geisteswissenschaftlichen Erkenntnissen 4 (1951): 145–56, on 150.
18.- Kaelin, Krebsfrühdiagnose (cit. n. 11), 30–1; Suchantke, "Zum Problem" (cit. n. 14), 365..
19.- Suchantke, "Wert und Unwert" (cit. n. 17), 150
20.- Detlef Bothe, Neue Deutsche Heilkunde 1933–1945. Abhandlungen zur Geschichte der Medizin und Naturwissenschaften, vol. 62 (Husum, 1991), 270–99.
21.- Uwe Werner, Anthroposophen in der Zeit des Nationalsozialismus 1933–1945 (Munich, 1999).
22.- While Kaelin stayed in Arlesheim until his death in 1973, Suchantke moved to Berlin in 1934, where he was employed at the university clinic for naturopathy, then to Tyrol in 1939, and shortly afterward to Bavaria. In 1954, he returned to Arlesheim, where he died in 1956. Kaelin published articles on cancer in the flagship journal of the Neue Deutsche Heilkunde, entitled Hippokrates. See Werner Kaelin, "Frühdiagnose mittels der kapillar-dynamischen (K.D.) Reaktion," Hippokrates 2 (1934): 48–58.
23.- Johannes retz, "Das Krebsleiden als Allgemeinerkrankung" Z. Krebsforsch. 51 (1941): 6–35, on 26.
24.- A prominent example is Gustav von Bergmann (1878–1955), who held a professorship in internal medicine first in Marburg, then in Frankfurt am Main, and eventually in Berlin
25.- Felix Deutsch, "Das Anwendungsgebiet der Psychotherapie in der inneren Medizin," Wiener Med. Wochenschr. 72 (1922): 809–16, on 815
26.- For a biography and general introduction to Groddeck's achievements, see Herbert Will, Die Geburt der Psychosomatik: Georg Groddeck, der Mensch und Wissenschaftler (Munich, 1984).
27.- Georg Groddeck, Die psychische Bedingtheit und psychoanalytische Behandlung organischer Leiden (Berlin, 1917), 11–3. This book was reviewed enthusiastically by Sandor Ferenczi, a close collaborator of Freud who later held Groddeck in high esteem. Ferenczi, review of Die Psychische Bedingtheit und psychoanalytische Behandlung organischer Leiden, by Georg Groddeck, Int. Z. Ärztl. Psychoanal. 4 (1917): 346–7. See also Will, Psychosomatik (cit. n. 26), 48.
28.- The German neologism psychophysisch (literally "psycho-physical") was one of the key terms of early German psychosomatic discussion—even before today's term "psychosomatic," which was easier to translate into English, gathered momentum. See Will, Psychosomatik (cit. n. 26), 4.
29.- Groddeck, Psychische Bedingtheit (cit. n. 27), 27–9.
30.- Georg Groddeck, Das Buch vom Es: Psychoanalytische Briefe an eine Freundin (Leipzig, 1923). It appeared later in English as The Book of the It (London, 1935). Freud borrowed Groddeck's term for his seminal "Das Ich und das Es," published in the same year, and later translated into English as The Ego and the Id (London, 1927).
31.- Groddeck, Psychische Bedingtheit (cit. n. 27), 29
32.- Ibid., 15.
33.- Georg Groddeck, "Von der psychischen Bedingtheit der Krebserkrankung," in Psychoanalytische Schriften zur Psychosomatik, ed. Günter Clauser (Wiesbaden, 1966), 380–5, on 382.
34.- Ibid., 381.
35.- Epidemiologists have highlighted the growing mortality associated with cancer since the nineteenth century. During the twentieth century, the epidemiology of cancer shifted in light of research into its etiology, whereby two polarities emerged: those favoring endogenous factors (such as genetic mutation) and those favoring exogenous factors (such as viruses, parasites, environmental chemicals, or physical agents such as radiation). In addition, increased publicity surrounding various carcinogens meant that the disease became more visible. Cantor, "Cancer" (cit. n. 5), 537, 556
36.- Groddeck, "Bedingtheit der Krebserkrankung" (cit. n. 33), 382–3.
37.- Ibid., 385.
38.- As a physician treating patients on a day-to-day basis, Groddeck was interested not so much in explaining how it worked but in proving that a psychoanalytical co-treatment was effective. See Groddeck, Psychische Bedingtheit (cit. n. 27), 29.
39.- Hungarian-born Sandor Ferenczi, another important figure and a close friend of Groddeck, died in 1933. Groddeck himself died in 1934; he had not left Germany after 1933, although he had an ambivalent relationship with National Socialism. See Will, Psychosomatik (cit. n. 26), 104
40.- Moser, Deutsche Forschungsgemeinschaft (cit. n. 3), 55–239.
41.- Pedro Laín Entralgo, "Viktor von Weizsäcker und die ärztliche Praxis," in Viktor von Weizsäcker zum 100. Geburtstag, Schriften zur anthropologischen und interdisziplinären Forschung in der Medizin, vol. 1, ed. Peter Hahn and Wolfgang Jacob (Berlin and Heidelberg, 1987), 23–44, on 24; Anne Harrington, The Cure Within: A History of Mind-Body Medicine (New York, 2008), 86; Geoffrey Cocks, Psychotherapy in the Third Reich: The Göring Institute, 2nd rev. and exp. ed. (Piscataway,

N.J., 1997); Ulrich Schultz-Venrath and Ludger M. Hermanns, "Gleichschaltung zur Ganzheit: Gab es eine Psychosomatik im Nationalsozialismus?" in Neues Denken in der Psychosomatik, ed. Horst-Eberhard Richter and Michael Wirsching (Frankfurt am Main, 1992), 83–103. For an overview of the Heidelberg school's rees- tablishment after 1945, see Thomas Henkelmann, "Zur Geschichte der Psychosomatik in Heidelberg: V. v. Weizsäcker und A. Mitscherlich als Klinikgründer," Psychotherap. Psychosomat. Med. Psychol..

42.- (1992): 175–86. 42 Matthias H. Göring, Über seelisch bedingte echte Organerkrankungen (Stuttgart, 1937), 13–4.

43.- Matthias H. Göring, "Die nationalsozialistische Idee in der Psychotherapie," in Deutsche Seelenheilkunde: Zehn Aufsätze zu den seelenärztlichen Aufgaben unserer Zeit, ed. Matthias H. Göring (Leipzig, 1934): 11–6, on 15. On the renaming of psychosomatic terms during National Socialism, see Mechthilde Kütemeyer, "Die Sprache der Psychosomatik im Nationalsozialismus," in Gift, das du unbewußt eintrinkst: Der Nationalsozialismus und die deutsche Sprache, ed. Werner Bohleber and Jörg Drews (Bielefeld, 1994), 61–82.

44.- Harald Schultz-Hencke, "Die Tüchtigkeit als psychotherapeutisches Ziel," in Deutsche Seelenheilkunde, ed. Matthias H. Göring (Leipzig, 1934), 84–97. Although Göring—having in mind the burning of Freud's books—ostensibly tried to emphasize the new character of psychotherapy under National Socialism, one could argue that restoring people's productivity in view of the nation's good was nothing new to psychotherapeutic thinking. Michael Hagner, "Naturphilosophie, Sinnesphysiologie, Allgemeine Medizin," in Der Hochsitz des Wissens, ed. Michael Hagner and Manfred D. Laubichler (Zurich, 2006), 315–36, on 329–35

45.- In 1920s Germany, there had been much discussion about "Rentenneurose," usually related to war experiences. Men claimed to be unable to work, and they requested a pension even though physicians could not diagnose any corporeal ailment. The difficulties they had were attributed to neuroses, and physicians had to judge whether these neuroses were "real" or "faked" in order to determine whether the patients would receive money from the state. Weizsäcker examined many patients who supposedly suffered from "Rentenneurose." In most cases, he recommended occupational therapy for these patients and strongly advised that they not be given a pension. In analyzing Weizsäcker's writings from 1933 and 1934, Udo Benzenhöfer reasoned that these texts oscillated between (linguistic) adaptation and approval of certain National Socialist ideas about productivity, "Volksgemeinschaft," and even sterilization on the one hand, and a cautious criticism insisting on the physician's autonomy and authority on the other. Benzenhöfer, Der Arztphilosoph Viktor von Weizsäcker: Leben und Werk im Überblick (Göttingen, 2007), 106–31. On the series of lectures Weizsäcker held at Heidelberg University in the summer of 1933 (published in 1934), see Michael Hagner, "Values and the Body: Sketches for a History of Psychosomatics in Germany," in Sternwarten-Buch: Jahrbuch des Collegium Helveticum, ed. Gerd Folkers and Helga Nowotny (Zurich, 1997), 68–80, on 75–6. Equally unresolved is Weizsäcker's role as head of neurology in Wrocław from 1941 onward, where one of his assistants studied the brains of children murdered within the euthanasia program. It remains unclear whether Weizsäcker knew that the children were murdered. See Karl Heinz Roth, "Psychosomatische Medizin und 'Euthanasie': Der Fall Viktor von Weizsäcker," 1999: Z. Sozialgesch. 1 (1986): 65–99, and Benzenhöfer, Arztphilosoph, 152–60. The Heidelberg archives of the Neurology Department contain a number of expert witness statements signed by Weizsäcker that recommended the sterilization of epileptic patients, e.g., the recommendation provided to the Erbgesundheitsgericht Darmstadt (Hereditary Health Court, Darmstadt), 26 September 1938, signed by Dr. Ansorge and Prof. Dr. v. Weizsäcker, in Krankenakte D. Sch., *6 February 1902, Heidelberg University Archives (hereafter cited as UAH), preliminary signature: Acc. 30/01 (Neuro), neu: L-V, 1938, no. 898.

46.- A 1931 health exhibition Kampf dem Krebs ("Fight Cancer"), organized by the German Hygiene Museum Dresden and the German Cancer Society, showed a number of posters that advised middleaged parents to check their bodies regularly in order to avoid dying of cancer. See, e.g., Exhibition: Kampf dem Krebs, ca. 1931, Deutsches Hygiene Museum DHMD 2001/247.1. For a closer look at the link between emotions and health education, see Anja Laukötter, "How Films Entered the Classroom: The Sciences and the Emotional Education of Youth through Health Education Films in the United States and Germany, 1910–30," in this volume.

47.- Hitler, whose mother died of cancer, took a great interest in cancer research and treatment, so much so that the last thing he asked his Propagandaminister Joseph Goebbels to report on, before taking leave on the eve of attacking the Soviet Union on 22 June 1941, were recent advances in cancer research; see Elke Fröhlich, Die Tagebücher von Joseph Goebbels, vol. 4 (Munich, 1987), 711. On cancer exhibitions during National Socialism, see Lilo Berg, Katharina Klotz, and Susanne Roeßiger, Rechtzeitig erkannt—heilbar: Krebsaufklärung im 20. Jahrhundert, ed. Deutsches Hygiene Museum (Dresden, 2002); Bettina Hitzer, "Körper-Sorge(n): Gesundheitspolitik mit Gefühl," in Performing Emotions: Interdisziplinäre Perspektiven auf das Verhältnis von Politik und Emotion in der Frühen Neuzeit und in der Moderne, ed. Claudia Jarzebowski and Anne Kwaschik (Göttingen, 2013), 43–68, on 57–63. On early detection measures, see Proctor, War on Cancer (cit. n. 16), 27–34.

48.- Weizsäcker held the position until 1941, when he took up the chair of neurology at the University of Breslau/Wrocław. After 1945, he returned to Heidelberg and took up the chair for general clinical medicine, which would later be renamed the chair of psychosomatic medicine. He retired in 1952

49.- A case in point is the patient "E. N.," who had been admitted to the Neurology Department in 1935. She was diagnosed with metastases after having had a mastectomy in 1934 but was apparently treated within the Neurology Department because of emotional troubles, which were detailed at length in her medical record. Patient file "E. N.," *1 June 1877, UAH, preliminary signature: Acc. 30/01, neu: L-V, (Neuro), 1935, no. 635..

50.- Richard Siebeck, Medizin in Bewegung: Klinische Erkenntnisse und ärztliche Aufgabe (Stuttgart, 1949), 18–37, 397–408

51.- While Weizsäcker first mentioned elements of his Gestaltkreis theory in the 1920s, he continued working on it during

the 1930s and published a synthesis of his findings in 1940. Viktor von Weizsäcker, Der Gestaltkreis: Theorie der Einheit von Wahrnehmen und Bewegen (Leipzig, 1940).
52.- Reviewing all writings published by Weizsäcker during these years, one will find that his conception of the body-psyche relation was not always consistent. Whether this inconsistency should be viewed as a fruitful "structural instability" or as a product of theoretical indecision is open to debate. See Gerlof Verwey, "Medicine, Anthropology, and the Human Body," Growth Med. Knowl. Phil. Med. 36 (1990): 133–62, on 147–54
53.-. Weizsäcker first read Freud's writings during the 1920s. In 1926, he paid Freud a visit in Vienna. They remained in contact, especially after Weizsäcker sent him his Körpergeschehen und Neurose in 1932, discussing each other's respective ideas and concepts. Weizsäcker did not fully embrace Freud's psychoanalytical concept but used it more as an inspiration to develop his own ideas about the interrelation between bodily, psychic, and social life fundamental for his medical anthropology. See Viktor von Weizsäcker, Gesammelte Schriften, ed. Peter Achilles, Dieter Janz, Martin Schrenk, and Carl Friedrich von Weizsäcker (Frankfurt am Main, 1986), 1:154; Benzenhöfer, Arztphilosoph (cit. n. 45), 69.
54.- Of course, Weizsäcker's concept developed and changed slightly over time. In his published works, he elaborated his theory by presenting individual case studies, which were apparently based on his psychotherapeutic conversations with patients but were not reported in the patient files one can find in the Heidelberg University Archives. He did not use any psychological tests or statistics to prove his assumptions. See, most notably, Viktor von Weizsäcker, "Körpergeschehen und Neurose: Analytische Studien über somatische Symptombildungen," Int. Z. Psychoanal. 19 (1933): 16–116; Weizsäcker, Studien zur Pathogenese, Schriftenreihe zur Deutschen medizinischen Wochenschrift,vol. 2 (Leipzig, 1935).
55.-Viktor von Weizsäcker, "Psychosomatische Medizin," in Gesammelte Schriften (cit. n. 53), 6:459–60. Originally published in Verhandlungen Deutsch. Gesell. Innere Med. 55 (1949): 13–24
56.- Ibid., 461–4.
57.- Viktor von Weizsäcker to Wilhelm Kütemeyer, 22 December 1943, Deutsches Literaturarchiv Marbach, A: Sternberger, 89.10.6952/9 (trans. Bettina Hitzer). That Weizsäcker did not answer the question how psyche and soma were interrelated was a criticism that was also voiced by other physicians. See Suchantke, "Wert und Unwert" (cit. n. 17), 145
58.-. In reference to Weizsäcker he chose a variation of Weizsäcker's 1933 title: Wilhelm Kütemeyer, Körpergeschehen und Psychose, Beiträge aus der Allgemeinen Medizin 9 (Stuttgart, 1953).
59.- Wilhelm Kütemeyer, "Anthropologische Medizin in der inneren Klinik," in Arzt im Irrsal der Zeit: Eine Freundesgabe zum siebzigsten Geburtstag am 21.4.1956, Viktor von Weizsäcker, ed. Paul Vogel (Göttingen, 1956), 243–65, on 246.
60.- Ibid., 255.
61.- See Wilhelm Kütemeyer, Die Krankheit Europas: Beiträge zu einer Morphologie (Berlin, 1951).
62.- Wilhelm Kütemeyer, "Psychosocial Aspects of Cancer," paper presented at the Fourth International Conference on Psychosomatic Aspects of Neoplastic Disease, Turin, June 1965. Kütemeyer used the same example in his book Die Krankheit in ihrer Menschlichkeit, referring to the reports of Primo Levi and Jean Cayrol about their concentration camp experience. He argued here—as in Körpergeschehen und Psychose when talking about the "demonic character"—that one cannot deny "the similarity of these circumstances with the structure of totalitarian society, particularly regarding the reversal of good and bad, characteristic for melancholy." He also justified his references to the concentration camps by explaining that only the remembrance of this "school of suffering" would help in pursuing the all-encompassing medical and political reform that was needed. Kütemeyer, Die Krankheit in ihrer Menschlichkeit (Göttingen, 1963), 183
63.- Reviews by Prof. Dr. C. Kuiper (Amsterdam), 8 March 1964, and Prof. Dr. Paul Martini (Bonn), 19 February 1964. More positive were the reviews of Prof. Dr. F. J. J. Buytendijk (Utrecht), 22 October 1963, and Prof. Dr. A. Jores (Hamburg), 29 October 1963, UAH, PA 10389, Dr. Wilhelm Kütemeyer (*18 April 1904).
64.- Alexander Mitscherlich to Friedrich-Wilhelm Brauss, Dean of Medicine, Heidelberg, 14 January 1964, UAH, PA 10389, Dr. Wilhelm Kütemeyer. On Mitscherlich's intellectual career, see Martin Dehli, Leben als Konflikt: Zur Biographie Alexander Mitscherlichs (Göttingen, 2007). For his role as a critical voice in West German medicine and society, see Tobias Freimüller, Alexander Mitscherlich: Gesellschaftsdiagnosen und Psychoanalyse nach Hitler (Göttingen, 2007).
65.- Alexander Mitscherlich, Auf dem Weg zur vaterlosen Gesellschaft: Ideen zur Sozialpsychologie (Munich, 1963), and the English edition, Society without the Father (New York, 1969); Mitscherlich, Krankheit als Konflikt—Studien zur psychosomatischen Medizin (Frankfurt am Main, 1966); Mitscherlich and Margarete Mitscherlich, Die Unfähigkeit zu trauern: Grundlagen kollektiven Verhaltens (Munich, 1967), and the English edition, The Inability to Mourn: Principles of Collective Behavior (New York, 1975
66.- Mitscherlich to Brauss, 14 January 1964 (cit. n. 64).
67.-Alexander Mitscherlich and Fred Mielke, Wissenschaft ohne Menschlichkeit: Medizinische und eugenische Irrwege unter Diktatur, Bürokratie und Krieg (Heidelberg, 1949). The first report of 1947 was translated into English as Doctors of Infamy: The Story of the Nazi Medical Crimes (New York, 1949). The 1949 German report was met with silence by German physicians and media. Consequently, Mitscherlich prepared a reissue that was published in 1960 and received much more media coverage: Mitscherlich and Mielke, Medizin ohne Menschlichkeit: Dokumente des Nürnberger Ärzteprozesses (Frankfurt am Main, 1960), published in English as The Death Doctors (London, 1962). On the Nuremberg doctors' trials, see Paul Weindling, Nazi Medicine and the Nuremberg Trials: From Medical War Crimes to Informed Consent (New York, 2005); Wolfgang U. Eckart, Medizin in der NS-Diktatur: Ideologie, Praxis, Folgen (Vienna, 2012), 403–7. On Mitscherlich's role in particular, see Dehli, Leben als Konflikt (cit. n. 64), 145–75

68.-Alexander Mitscherlich and Fred Mielke, Das Diktat der Menschenverachtung: Eine Dokumentation (Heidelberg, 1947), cover page (trans. Bettina Hitzer).
69.- Viktor von Weizsäcker, " 'Euthanasie' und Menschenversuche," Psyche 1 (1947): 5–39, on 38. By presenting himself as an impartial observer, Weizsäcker concealed his own controversial involvement in National Socialist medicine both as the author of the 1933 Ärztliche Vernichtungslehre ("medical doctrine of annihilation") and, from 1941 to 1945, as head of the Neurological Institute in Wro- cław, where his colleague Hans-Joachim Scherer was examining the brains of murdered children.
70.- One of Wilhelm Kütemeyer's reviewers, F. J. J. Buytendijk from Utrecht University, argued in favor of Kütemeyer by suggesting that the "dangerous appreciation of so-called objective science . . . had contributed to the abominable conduct of so many professors during Nazism." See Prof. Dr. F. J. J. Buytendijk (Utrecht), 22 October 1963, UAH, PA 10389, Dr. Wilhelm Kütemeyer (trans. Bettina Hitzer).
71.- Elida Evans, A Psychological Study of Cancer (New York, 1926). The book is discussed in Marco Balenci, "Il lavoro pionieristico di Elida Evans e l'approccio junghiano alla psicosomatica del cancro," Giorn. Stor. Psicolog. Dinam. 14 (1990): 195–217.
72.- The American psychosomatic movement ignored Evans for twenty-five years. See Patricia Jasen, "Breast Cancer and the Language of Risk, 1750–1950," Soc. Hist. Med. 15 (2002): 17–43, on 41; John I. Wheeler and Bettye McDonald Caldwell, "Psychological Evaluation of Women with Cancer of the Breast and of the Cervix," Psychosomat. Med. 17 (1955): 256–68
73.-Helen Flanders Dunbar, Emotions and Bodily Changes (New York, 1935). On Flanders Dunbar, see Robert C. Powell, "Helen Flanders Dunbar (1902–1959) and a Holistic Approach to Psychosomatic Problems. I. The Rise and Fall of a Medical Philosophy," Psychiat. Quart. 49 (1977): 133–52
74.- Adolf Meyer (1866–1950) was born in Switzerland and emigrated to the United States in 1892, settling in Chicago, after having worked at hospitals for mental patients elsewhere in Illinois (Kankakee State Hospital), and in Worcester, Massachusetts (State Lunatic Hospital). He contributed significantly to the improvement of the medical-scientific standards of these institutions and strove to introduce fellow physicians to the unified concept of "psychobiology." See Suzanne R. Karl and Jimmie C. Holland, "Looking at the Roots of Psychosomatic Medicine: Adolf Meyer," Psychosomatics 54 (2013): 111–4; Holland, "History of Psycho-Oncology: Overcoming Attitudinal and Conceptual Barriers," Psychosomat. Med. 64 (2002): 206–21, on 208
75.- In the early years of the twentieth century, American psychiatrists struggled to become faculty members at medical schools and staff members at general hospitals, urging that psychiatry be taught more widely to medical students and that greater attention be paid to the patient. Adolf Meyer, e.g., tried to promote the cause of psychiatry nationwide from his position at Johns Hopkins by challenging the medically useless opposition of the mental and the physical. See Brown, "Rise" (cit. n. 7).
76.- Franz Alexander, Psychosomatic Medicine: Its Principles and Applications (New York, 1950), 52.
77.- Alexander's list enumerated (a) hereditary constitution, (b) birth injuries, (c) organic diseases of infancy that increase the vulnerability of certain organs, (d) nature of infant care (weaning habits, toilet training, sleeping arrangements, etc.), (e) accidental traumatic physical experiences of infancy and childhood, (f) accidental traumatic emotional experiences of infancy and childhood, (g) emotional climate of family and specific personality traits of parents and siblings, (h) later physical injuries, and (i) later emotional experiences in intimate personal and occupational relations. See ibid.; see also Roy R. Grinker and Fred P. Robbins, Psychosomatic Case Book (New York, 1954), 327.
78.-78 Franz Alexander, "Psychological Aspects of Medicine," Psychosomat. Med. 1 (1939): 7–18, on 7. The article was reprinted in M. Ralph Kaufman and Marcel Heiman, eds., Evolution of Psychosomatic Concepts: Anorexia Nervosa, a Paradigm (New York, 1964), 56–77. In 1950, Alexander stated that "theoretically every disease is psychosomatic, since emotional factors influence all body processes." Alexander, Psychosomatic Medicine (cit. n. 76), 52.
79.-79 Alexander, "Psychological Aspects" (cit. n. 78), 14. In this sense, the 1956 annual meeting of the American Psychosomatic Society focused on memorializing the contributions of Cannon to the study of the role of emotions in disease, quoting his famous article published twenty years earlier. See Walter B. Cannon, "The Role of Emotion in Disease," Ann. Intern. Med. 9 (1936): 1453–65. However, they drew a distinction between physiological and psychological approaches to emotions; see "Meeting for Members of the Society and Invited Guests Held in Honor of Professor Walter B. Cannon at the Harvard Medical School, Sunday, March 25, 1956," Psychosomatic Medicine 19 (1957): 179–81 (the issue memorializes Professor Walter B. Cannon and includes Dr. Binger's introductory remarks at the meeting).
80.- Alexander, "Psychological Aspects" (cit. n. 78), 15. At least initially, the American psychosomatic school noted that each emotion was related specifically to an organic disorder or disease. Alexander, Psychosomatic Medicine (cit. n. 76), 9, 14, and 16. However, from the very first issue of the journal Psychosomatic Medicine, the centrality of this point in the debate was obvious. See Pilar León-Sanz, "Resentment in Psychosomatic Pathology (1939–1960)," in On Resentment: Past and Present, ed. Bernardino Fantini, Dolores Martín Moruno, and Javier Moscoso (Newcastle upon Tyne, 2013), 131–64, on 139.
81 .- In 1950, an article coauthored by Hans Selye and Claude Fortier, "Adaptive Reaction to Stress," Psychosomat. Med. 12 (1950): 149–57, was followed by numerous articles on this subject, some of which connected cancer and stress. See Harrington, Cure Within (cit. n. 41), 139–74; Lea Haller, "Stress, Cortison und Homöostase: Künstliche Nebennierenhormone und physiologisches Gleichgewicht, 1936–1960," NTM 18 (2010): 169–95; Patrick Kury, Der überforderte Mensch: Eine Wissensgeschichte vom Stress zum Burnout (Frankfurt am Main, 2012); David Cantor and Edmund Ramsden, eds., Stress, Shock, and Adaptation in the Twentieth Century (Rochester, N.Y., 2014); Lea Haller, Sabine Höhler, and Heiko Stoff, "Stress—Konjunkturen eines Konzepts," in "Stress!" ed. Lea Haller, Sabine Höhler, and Heiko Stoff, special issue, Zeithist. Forsch. 11 (2014): 359–81, **http://www.zeithistorische** -forschungen.de/3-2014 (accessed 31 August 2015).

82.- On the shift of adrenaline excitement from physiological to psychological emotion after 1945, see Otniel E. Dror, “What Is an Excitement?” in Biess and Gross, Science and Emotions (cit. n. 8), 121–38. See also Theodore M. Brown, “ ‘Stress’ in US Wartime Psychiatry: World War II and the Immediate Aftermath,” in Cantor and Ramsden, Stress (cit. n. 81), 121–41; Tulley Long, “The Machinery and the Morale: Physiological and Psychological Approaches to Military Stress Research in the Early Cold War Era,” in Cantor and Ramsden, Stress, 142–85; Mark Jackson, The Age of Stress: Science and the Search for Stability (Oxford, 2013).
83.- Alexander, “Psychological Aspects” (cit. n. 78), 18.
84.-Grinker and Robbins, Psychosomatic Case Book (cit. n. 77), 331.
85.- The Rorschach test was developed by the Swiss psychologist Hermann Rorschach in the early 1920s. Its purpose was to examine an individual’s personality characteristics and emotional functioning. The Minnesota Multiphasic Personality Inventory (MMPI) was developed in the late 1930s by psychologist Starke R. Hathaway and psychiatrist J. Charnley McKinley at the University of Minnesota. It is still one of the most frequently used testing instruments both in clinical settings and in psychological research. The MMPI continued to be recommended during the following decades when searching for predictors of psychosocial adaptation to cancer. See Roderick D. Buchanan, “The Development of the Minnesota Multiphasic Personality Inventory,” J. Hist. Behav. Sci. 30 (1994): 148– 61; Harry J. Sobel and J. William Worden, “The MMPI as a Predictor of Psychosocial Adaptation to Cancer,” J. Consult. Clin. Psychol. 47 (1979): 716–24; Rebecca Schilling and Stephen T. Casper, “Of Psychometric Means: Starke R. Hathaway and the Popularization of the Minnesota Multiphasic Personality Inventory,” Sci. Context 28 (2015): 77–98. Regarding the Rorschach test, see Peter Galison, “Image of Self,” in Things That Talk: Object Lessons from Art and Science, ed. Lorraine Daston (New York, 2004), 257–94.
86.- Dr. Milton Tarlau (1910–91) was a psychiatrist and neurologist with practices in Manhattan and Eastern Pennsylvania. He held positions as a neurologist in Manhattan at Goldwater Memorial Hospital, Bellevue Hospital Center, and the Veterans Administration Hospital as well as at Easton Hospital in Easton, Pennsylvania. During the 1960s he became an expert encephalographer. See “Milton Tarlau, Neurologist,” New York Times, 16 June 1991.
87.- Milton Tarlau and Irwin Smalheiser, “Personality Patterns in Patients with Malignant Tumors of the Breast and Cervix: An Exploratory Study,” Psychosomat. Med. 13 (1951): 117–21, on 117.
88.-88 Ibid., 121.
89.- Ibid., 117. Another group of investigators who interviewed women with breast cancer concurred that breast-cancer patients were extremely repressed sexually. Furthermore, they indicated that women with breast cancer seemed to be markedly inhibited about expressing aggression and tended to camouflage themselves with a facade of pleasantness. But these authors were cautious about ascribing any causal significance to the relationships they found. See Catherine L. Bacon, Richard Renneker, and Max Cutler, “A Psychosomatic Survey of Cancer of the Breast,” Psychosomat. Med. 14 (1952): 453–60.
90.- James H. Stephenson and William J. Grace, “Life Stress and Cancer of the Cervix,” Psychosomat. Med. 16 (1954): 287–94. See also Wheeler and Caldwell, “Psychological Evaluation” (cit. n. 72).
91.- Similarly, a study done in California, involving fifty cancer patients and presented at the 1952 meeting of the American Association for Cancer Research by Eugene M. Blumberg, Philip M. West, and Frank W. Ellis, undertook “a complete battery of psychological tests, including the Minnesota Multiphasic Personality Inventory (MMPI), the Rorschach, the Thematic Apperception Test, and the Wechsler-Bellevue Intelligence Test” with a view to observing the relationship between average life expectancy and patients’ personality profiles. The resulting data suggested that “longstanding, intense emotional stress may exert a profoundly stimulating effect on the growth rate of an established cancer in humans.” Blumberg, West, and Ellis, “A Possible Relationship between Psychological Factors and Human Cancer,” Psychosomat. Med. 16 (1954): 277–86, on 286.
92.- Interestingly, these cancer personality patterns were usually ascribed to women, the preferred subjects of 1950s psychosomatic cancer studies. As Jasen notes, one can wonder whether this feminization of the cancer personality and the concomitant claim that this personality was a defective one reveals an underlying misogynic tendency in psychosomatic medicine and psychiatry at that time. This is particularly underscored by the fact that the studies were based on contested methodological settings. Jasen, “Malignant Histories” (cit. n. 6), 284–5. How assumptions about femininity, especially about the character and role of female emotions, influenced psychological and psychiatric concepts during that time can be followed up in Anne Harrington’s essay, “Mother Love and Mental Illness: An Emotional History,” in this volume.
93.- The surgeon Karl Heinrich Bauer, one of the leading oncologists in West Germany, admitted in an internal communiqué circulated in the mid-1960s that 80 percent of cancer patients could still not be cured. See Senatskommission für das Krebsforschungszentrum an der Universität Heidelberg (DFG), “Denkschrift betr. Anstalt für Geschwulstforschung und Geschwulstbehandlung an der Universität Heidelberg,” sgd. K. H. Bauer (n.d.), Bundesarchiv BArch B 142/3434, sheets 186–96, on 190.
94.- Eckart, Medizin (cit. n. 67), 287. 317–43.
95.-95 J. Kretz and O. Pötzl, “Die Psyche des Krebskranken,” Der Krebsarzt 1 (1946): 19–29, on 19.
96.- Hans-Georg Hofer, “Labor, Klinik, Gesellschaft: Stress und die westdeutsche Universitätsmedizin (1950–1980),” Zeithist. Forsch., online ed., vol. 11 (2014), http://www.zeithistorische-forschungen .de/3-2014 (accessed 31 August 2015).
97.- Norbert Paul, “Die molekulargenetische Interpretation des Krebs: Ein Paradigma, seine Entwicklung und einige Konsequenzen,” in Eckart, 100 Jahre (cit. n. 3), 95–100, on 96:
98.- This development is in line with what Nissim Mizrachi has described as a general tendency in American psychosomatic theory. Mizrachi, “From Causation to Correlation: The Story of Psychosomatic Medicine 1939–1979,” Cult. Med. Psychiat. 25 (2001)

99.- See, e.g., Marvin Reznikoff and David E. Martin, “The Influence of Stress on Mammary Cancer in Mice,” J. Psychosomat. Res. 2 (1957): 56–60; M. B. Waller, P. Waller, and R. F. Strebel, “Effects of Stress on the Course of Development of Cancer in Mice,” paper presented at the First International Conference of the International Psychosomatic Cancer Study Group, Amsterdam, August 1960.

100.- Hans-Joachim F. Baltrusch, “Leukämien und andere maligne Erkrankungen des haemotopoetischen, lymphatischen und retikulo-endothelialen Systems in psychosomatischer Sicht,” pt. 1, Z. Psychosomat. Med. 7 (1961): 229–35, on 230, and “Leukämien und andere maligne Erkrankungen,” pt. 2, Z. Psychosomat. Med. 8 (1962): 13–23. In 1981, Selye even wrote the preface to a medical textbook on cancer and psychosomatics that pointed to the significance of “psychosocial stress”: Kurt Bammer, Krebs und Psychosomatik (Stuttgart, 1981). See also the chapter on cancer in the most important West German textbook of psychosomatic medicine that explained the “psycho-physiological links”: Claus Bahne Bahnson, “Das Krebsproblem in psychosomatischer Hinsicht,” in Lehrbuch der Psychosomatischen Medizin, ed. Thure von Uexküll (Munich, 1979), 685–98, on 692–5.

101.- The German Research Fund even decided to finance a long-term prospective study on psychosomatic interdependencies in the development of chronic illnesses, including cancer. This study was carried out by the medical sociologist Ronald Grossarth-Maticek between 1971 and 1978 in Heidelberg—a clear indication that psychosomatic medicine had achieved scientific recognition. The “type C-concept” has been developed mostly by Lydia Temoshok and Henry Dreher, The Type C Connection: The Behavioral Links to Cancer and Your Health (New York, 1992).

102.- “Krebs durch Seelenschmerz und soziale Qual?” Der Spiegel 45 (1977): 102–16.

103.- One such expert was Isaac Berenblum, who from 1938 to 1948 was leader of the cancer research group British Empire Cancer Campaign, from 1948 to 1950 was a researcher at the National Cancer Institute in Bethesda, and eventually became professor for cancer research at the Weizman Institute in Rehovot; see Baltrusch, “Leukämien,” pt. 2 (cit. n. 100), 15.

104.- Viktor von Weizsäcker, “Klinische Vorstellungen,” Psyche 1 (1947): 258–93, on 291.

105.- Erwin W. Straus characterized the different approaches to psychosomatic medicine in the United States and Europe at the Fourth International Congress of Psychotherapy (1958) as a “meeting between an empirical science more or less aware of its metaphysical and epistemological background and one unaware of it.” Straus, “The Fourth International Congress of Psychotherapy Barcelona, Spain, September 1 through 7, 1958,” Psychosomat. Med. 21 (1959): 158–64.

106 .- This is especially obvious in social and political science as well as in economic thought. See Biess and Gross, “Emotional Returns” (cit. n. 8), 1–6.

107.- George M. Perrin and Irene R. Pierce, “Psychosomatic Aspects of Cancer: A Review,” Psychosomat. Med. 21 (1959): 397–421, on 416. Perrin and Pierce regarded such studies as questionable, at the very least, since they were basically anecdotal, e.g., an early twentieth-century study of Native Americans. See Isaac Levin, “Cancer among the American Indians and Its Bearing upon the Ethnological Distribution of the Disease,” Z. Krebsforsch. 9 (1910): 422–35.

108.- David Cantor, “Memorial’s Stress? Arthur M. Sutherland and the Management of the Cancer Patient in the 1950s,” in Cantor and Ramsden, Stress (cit. n. 81), 264–87. As Felicity Callard reflects, the development of psychopharmacology also contributed to the emergence of a new psychological approach to the study of emotions. See Felicity Callard’s essay, “The Intimate Geographies of Panic Disorder: Parsing Anxiety through Psychopharmacological Dissection,” in this volume

109.- Quoted in Dorothy Levenson, Mind, Body, and Medicine: A History of the American Psychosomatic Society (Baltimore, 1994), 126.

110.- Ibid., 127

111.- 111 E.g., in 1950, Avery D. Weisman stated: “Despite the importance of the doctor-patient relationship, it remains poorly understood, except in the special circumstances of psychoanalysis and psychoanalytic psychotherapy.” Weisman, “The Doctor-Patient Relationship: Its Role in Therapy,” American Practitioner and Digest of Treatment 11 (1950): 1144–51, on 1144. See Bettina Hitzer, “Oncomotions: Experience and Debates in West Germany and the United States after 1945,” in Biess and Gross, Science and Emotions (cit. n. 8), 157–78.

112.- Franz Alexander, “Individual Psychotherapy,” Psychosomat. Med. 8 (1946): 110–15, on 112. Helen Flanders Dunbar said, “The physician’s responsibility is to correct intraorganism dysfunction, but often this is possible only when he becomes the catalytic agent in restoring the patient’s capacity for integration in society.” Dunbar, Emotions and Bodily Changes: A Survey of Literature on Psychosomatic Interrelationships, 1910–1953, 4th ed. (New York, 1954), 685. Dunbar quoted Grinker and Spiegel regarding this question and pointed out that unless there was full connection and sympathetic understanding by the doctor, very little could be achieved. This was empirically proven in a 1957 study carried out by Margaret Thaler, Herbert Weiner, and F. Reiser Morton, “Exploration of the DoctorPatient Relationship through Projective Techniques: Their Use in Psychosomatic Illness,” Psychosomat. Med. 19 (1957): 228–39, on 230. See Pilar León-Sanz, “El carácter terapéutico de la relación médico-paciente,” in Emociones y estilos de vida: Radiografía de nuestro tiempo, ed. Lourdes Flamarique and Madalena D’Oliveira (Madrid, 2013), 101–30.

113.- Ruth D. Abrams and Jacob E. Finesinger, “Guilt Reactions in Patients with Cancer,” Cancer 6 (1953): 474–82.

114.- Arthur M. Sutherland, “The Psychological Impact of Postoperative Cancer,” Bull. N.Y. Acad. Med. 33 (1957): 428–45. See also Cantor, “Memorial’s Stress?” (cit. n. 108).

115.- Holland, “History” (cit. n. 74)