

## JOHANN CHRISTIAN AUGUST HEINROTH: PSYCHOSOMATIC MEDICINE EIGHTY YEARS BEFORE FREUD

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### SUMMARY

Most often it is assumed that the 'psychosomatic' concept originated from psychoanalysis. However, this term had already been introduced into medical literature about 80 years before Sigmund Freud - namely by Johann Christian August Heinroth, the first professor of psychiatry and psychotherapy in the western world. Widely through quotations from his works, the authors analyze Heinroth's understanding of the interrelations between the body and the soul. For Heinroth both formed a unified, indivisible whole, which interacted in many ways, including pathologically. According to him, a mental illness had its cause in the patient's leading a 'wrong life'. This 'wrong life' deranged the soul from its normal functioning. In a second step, this derangement can have an impact on the body and produce the somatic symptoms that accompany a mental illness. Since both 'components' of the 'indivisible whole' were affected, it was clear for Heinroth that doctors needed to view their patients holistically and treat the whole person. Since in the end the somatic symptoms were caused by an underlying mental derangement, this needed to be treated in the first place - and the psyche could only be reached by direct psychological intervention. Hence what he called his 'direct-psychische Methode' ought to be the remedy of choice for mental illnesses. Through his clear understanding of the interactions of body and soul and by integrating somatic and psychological therapies into a holistic, unified treatment program, Heinroth is of major importance for the history of psychosomatic medicine.

**Key words:** history of psychosomatic medicine - Johann Christian August Heinroth - holistic medicine - romantic psychiatry - unity of body and soul

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### Introduction

The term 'Psychosomatic Medicine' describing a tradition to integrate biological, psychological and social factors in medicine has been linked to Freudian psychoanalysis. It has not yet been adequately acknowledged though that psychosomatic thinking and terminology is probably as old as medicine itself. In the 4<sup>th</sup> century B.C. the Greek philosopher Platon argued that one should not undertake to heal the body without the soul (Burnet 1974). The word 'psychosomatic' too had already been introduced into medical literature as early as 80 years before Sigmund Freud (1856-1939) by Johann Christian August Heinroth (1773-1843) (Steinberg 2005).

Up to the present day Heinroth has been known as the first professor of psychiatry and psychotherapy in the western world. He was appointed to the Chair of 'psychic therapy' (German original '*psychische Therapie*') at Leipzig University in Germany on 21 October 1811 and occupied it until his death in 1843 (Steinberg 2004, Steinberg 2011). With his thoughts on the interactions of body and soul in health and illness, Heinroth made a notable contribution to the development of psychosomatic medicine.

### Personality as a Unified Whole of Body and Soul

Heinroth's concept of body and soul was based on ideas that were common opinion in romantic psychiatry. He not only acknowledged the mutual interrelationship of body and soul (Heinroth 1823), but went far beyond this. According to his concept of personality (Heinroth 1818), 'the person is more than just the mere body as well as more than the mere soul: it is the whole human being' (Heinroth 1825). In his understanding, health always comprised physical and mental health: 'Those, however, who consider their ego not only as a physical but also as a mental being... know no half health and no health of one half of their whole being, ... but in the same way that their ego, outer and inner, physical and mental, is one and the same ego and life ..., their feeling of health comprises their body and soul, and they feel well and healthy only if they are of a free and comfortable mood outerly and innerly' (Heinroth 1818). From this passage it becomes clear that Heinroth approached his patients anthropologically, i. e. as a unified whole, an indivisible individual consisting of two parts - a bodily and a spiritual ego - which are interdependent on each other. Within his concept of

personality, the body was regarded as the material part, as the 'carrier, the preserver' (Heinroth 1823) or as the 'organ' of the immaterial soul (Heinroth 1818). In Heinroth's concept it is the soul that dominates the body, whereby he defines the soul as a 'being which has feelings and is receptive to air and pain' and which 'longs to satisfy its in-born needs' (Heinroth 1818). For Heinroth as a deeply religious man the 'inborn needs' of the soul were to 'create an independent reasonable human being' who should devote himself to God and live a life according to Christian ethics. To fulfil this task the soul uses the mood, the mind and the will as its powers in order to take command over the body which 'obeys the laws of this forming power unconsciously'. Only through the body, however, does the soul become existent in the world and 'receptive to stimuli and able to respond to them' (Heinroth 1818).

### A Biopsychosocial View of Mental Illnesses

According to Heinroth's concept, all mental illnesses are 'disorders of the soul'. A mental illness emerges if two different factors come together simultaneously. He differentiated an internal, predisposing factor, which he called the 'soul's mood' ('*Seelenstimmung*') from external ones that affected it in the form of 'stimuli' ('*Reiz*'). One of these two factors alone was not sufficient to cause an illness. This understanding comes close to modern diathesis–stress models (Zubin & Spring 1977).

The most important parameter in determining the mood of the soul was the temperament (Heinroth 1818). The 'soul's mood', as predisposing factor, was necessarily linked to a second parameter, namely the receptiveness to 'God and the world', i. e. to religious influences, on the one hand and to worldly stimuli on the other. For Heinroth it was clear that the biography of the soul's life encompassed above all religious aspects. The more a person doubted in God or became weak in his belief, the more 'egoistic' he would become (and this for Heinroth meant the more he was susceptible to the evils and stimuli of the world) and consequently more likely to fall ill and suffer from a mental illness. But although the soul can be 'excited by stimuli', it 'does not necessarily need to be determined by them'. On the contrary, the soul has the freedom to choose how far it will submit to these stimuli (Heinroth 1818).

The individual's spiritual and bodily history had a major impact on whether and to which extent a person was predisposed to suffer from mental illness. 'It follows from this survey of the particular dispositions that we must not concentrate on details but must contemplate human life as one whole in all its aspects' (Heinroth 1818). Accordingly, the ill person too was considered by Heinroth as a complex individual and perceived by him as much from a socio-biographical as from a physical and mental perspective. Thus, Heinroth found it essential to analyse his patients' physical well-being, their social situation and life style, their sanitary

conditions, nutrition, sleep – briefly their whole way of life. For him all these factors had a major impact on the emergence of a mental illness. This perspective is developed in his textbook of 1818: 'if we ... make a detailed study of the past life of the patient, prior to the complete derangement of his psyche, we would perhaps find that the key to the organic degeneration of the brain and of the vessels lies in this life itself, in its wrong conduction, its excesses and debauches'. In another passage of his famous 1818 textbook Heinroth puts this in different words: 'sickness is only the product and the final consequence ... of a life led in a completely wrong way, which has over a long time unnaturally - mentally and somatically - overfilled and overstimulated itself ... so that in the end the raging of the organism is only the outer manifestation of the inner state' (Heinroth 1818).

### Psycho-Somatic Interactions

Earlier in this book we get to learn Heinroth's conviction that each mental illness could cause a somatic one: 'in the great majority of cases it is not the body but the soul itself from which mental disturbances directly and primarily, even exclusively, originate, and it is these disturbances which then affect the bodily organs' (Heinroth 1818). Vice versa Heinroth explicitly acknowledged physical symptoms and even diseases resulting from mental disorders: In any mental illness 'the bodily life ... is, ... at least in danger of being affected and - depending on the type and degree of such a state also of falling really ill, since after all the whole human being is only one life' (Heinroth 1818). At least, disturbances of the soul could lead to altered body perception and even physical symptoms: 'Furthermore there are clear indications that pathological somatic-organic aberrations can be the equivalents of mental ones and - in a way - their outer sides' (Heinroth 1818). For that reason the physician 'needs to respect the somatic organism - that is to say the brain and ganglia system as well as the arterial and venous vessel system with their central points, the heart and the liver with the spleen, finally the sexual system – as the carrier of the mentally ill states. ... These states themselves with their somatic basis can be considered as critical appearances of the original sufferings of the soul' (Heinroth 1818).

In addition to mental disorders leading to physical dysfunction and disease, Heinroth realized that in turn these physical dysfunctions were able to deteriorate the mental disorder, including depression: 'Constipation is never good; however, it is frequent, especially in the beginning of mentally ill states. Both exaltation and depression are able to elicit and maintain it. It acts back, though, on the sick state and aggravates it' (Heinroth 1818).

While physical dysfunction could thus be a symptom accompanying a mental illness and acting back on the mood, genuinely physical illnesses were in Heinroth's understanding not sufficient to cause a mental illness.

## The Birth of the Term 'Psychosomatic' in Medical Literature

As was illustrated above, Heinroth's concept of personality and illness revealed strong psychosomatic thinking. Heinroth even used the word 'psycho-somatic' (*psychisch-somatisch*) to illustrate his view. However, despite the extent of his published works he used the word only once, in his most famous book, the Textbook of Disturbances of Mental Life published in 1818. The passage reads as follows: 'Usually the causes for sleeplessness are psycho-somatic; however, each of these two spheres alone can contain its full cause' (Heinroth 1818). It is true that seven years earlier, in 1811, Samuel Taylor Coleridge (1722-1834), the English poet, used the term 'Psycho-Somatic Ology (or Science)' in 'quite a modern sense' - but not in a medical text. Scientifically, it was in German romantic medicine, and more specifically in Heinroth's 1818 textbook, that the term 'psychosomatic' originated (Steinberg 2007).

It would be interesting to examine whether and how far-reaching an influence Heinroth had on the foundations and the basic ideas of biopsychosocial medicine. For even though the meaning of the word 'psychosomatic' has changed since first being used in Heinroth's book, his holistic view of the patient and his illness as a unified whole has endured and maybe this is exactly what Heinroth had in mind when using this word. If we want to identify Heinroth's place in the tradition of a particular contemporary school of thought, we could say that his concept, which includes biographical, social, psychological and also somatic aspects, corresponds to a large extent to modern holistic, or anthropological psychiatry and also to modern psychosomatic medicine. Even more, this holistic approach has meanwhile found its entrance into the whole medicine, specifically into those disciplines with a variety of psychosomatic aspects such as family medicine and gynecology.

## Therapeutic Considerations

Heinroth's therapeutic approach too is explicitly based on the concept of the whole person. According to Heinroth, physicians need to take into account both the personality and the physical status of their patients: 'considering the whole personality of the ill person, i.e. his character, his mental education, his likes and dislikes as well as his habits ... not only credits the talents and skills of the physician, but has a positive impact on the state of the ill person, whereas neglecting these things will bring obvious disadvantage. ... It was our intention to show that the psychiatrist ... - as fully as he may understand the nature and appearances of mental disorders – cannot avoid being an equally thorough physician of the bodily organism.' To fully understand the patient, the doctor needed a 'clear view' and 'adequate tact', which Heinroth defined as 'putting

oneself in the place of others and their states' (Heinroth 1818). Here, Heinroth gives an early medical description of empathy.

Besides these basic characteristics of a good physician, Heinroth suggested a specific 'direct mental therapy', which was intended to lead the deranged soul back to norm 'by bold, immediate intervention ... in a directly psychological way'. Since mental disorders were conceptualized as 'products of a disordered mental life' they needed 'a direct psychological method to cure the ill soul directly ... even though the somatic organism was affected' (Heinroth 1818).

Heinroth substantiated this view by arguing: 'It is the soul that is the closest relative to the soul.' He continued that since 'an impure soul can spoil a pure one, a healthy, divinely strengthened soul must be able to heal the sick one to the same degree' (Heinroth 1823). Heinroth called this 'the healing power of the pure will', which was not only a gift but also an 'acquired skill, which originates from the practice of one's own self-confidence in approximately the same way as the art of swimming' (Heinroth 1818). Although this mental power was largely conceived in religious terms, Heinroth's concept opened the way to a technique of medical psychotherapy that can be taught and learned.

## Heinroth: a Typical Representative of German Romantic Medicine, yet with an Original Religious-Dogmatic Approach

In many regards Heinroth's approach to mental health and illness as well as his diagnostic and therapeutic concepts are typical of German romantic or, more precisely, anthropological (Benzenhöfer 1993) medicine and psychiatry. Marx viewed Heinroth as a typical example of and embedded in German romantic psychiatry (Marx 1990, Marx 1991). The term 'romantic medicine' was coined for a medical approach typical of Germany between the years 1800 and 1840, which had close relations to romantic philosophy of nature developed by Friedrich Wilhelm Joseph von Schelling (1775-1854) that regarded nature and spirit as a unity. This somehow mirrors in Heinroth's concept of human body and soul forming one unified whole. The 'classical' romantic doctors were born before the French revolution of 1789 and understood themselves as some kind of countermovement to the late enlightenment, German/Weimar classicism and the so-called 'Vormärz' (the time period and movement leading up to the failed March 1848 revolution in the German Confederation). This self-understanding mirrored in a scientifically spiritualistic and metaphysical approach to thinking and the world. It was the psychiatrists and psychologists of the time who in particular contemplated the Unconsciousness, the underbelly of the human soul, or the dark side of natural sciences. For long years medico- and psychiatric-historical literature referred to this approach as speculative in nature. For it is true that

romantic thinking includes both a deliberate anti-rationalist tendency and different approach to empiricism.

A typical romantic or anthropological trait in the different theories, including Heinroth's, is their interdisciplinary approach. Heinroth for instance not only dealt with medical and psychiatric issues in the narrow sense. He rather understood himself as medical and philosophical anthropologist and thus followed his scientific tutor, 'philosophical doctor' and the founder of scientific anthropology in Germany Ernst Platner (1744–1818). In accordance with this self-understanding Heinroth can be referred to as a '*genius universalis*' for all questions being human. The drafted, in modern terms interdisciplinary approach was to become typical of most of Heinroth's upcoming bigger works, which underlines that Heinroth neither regarded his discipline as rigidly separated from others nor as a purely medical one, but rather viewed it embedded in a wide range of psychological, anthropological, pedagogic, philosophical and also theological approaches. This is reflected in the fact that Heinroth not only included aspects from all these approaches into his works, but also contributed to many of those himself, writing on a variety of subjects.

In order to adequately represent the young discipline, which tried to emancipate as independent a psychiatrist needed to be a widely educated personality. At Heinroth's time, one should remember, above all philosophy too claimed to be in charge of the conceptualisation of mental disorders. The 'philosophical doctor' (term coined by Platner) viewed a mental symptom as an expression which revealed information about the whole person. For that reason, Heinroth deemed a thorough philosophical knowledge essential to properly understand mental illness. A purely empiric approach, including diagnostically, was regarded by him as inadequate and insufficient to understand the illness in its entirety. For him all symptoms needed to be seen in the context of the whole personality and its inadequate lifestyle.

The concept of the whole person is typical of the whole romantic psychiatry and can also be found, in slight variations, in the works of Christian Friedrich Nasse (1778-1851), Johann Michael Leupoldt (1794-1874), Carl Wilhelm Ideler (1795-1860), Friedrich Groos (1768-1852), or Gustav Blumröder (1802-1853) (Benzenhöfer 1993).

Apart from philosophy, most representatives of romantic medicine shared a deep interest in arts or were artists themselves, thus uniting scientific and artistic work. In this too, Heinroth is prototypical: not only did he take active part in the cultural life of Leipzig city and the surrounding area, he even succeeded in leaving an impact on it. In this connection, his poetic works should be mentioned. These give a clear feeling not only for the quintessentially romantic character of his thinking, but also reveal his devotional religiosity. First and foremost,

however, they are poetic testimonials of a Biedermeier personality (Schmideler & Steinberg 2003).

Other romantic 'ingredients' of romantic medicine that can be found in Heinroth's concept include the already mentioned individualisation and orientation on the individual patient and his holistic approach. His nosology of mental illnesses follows the traditional trichotomy of exaltation, depression and mixed forms ('*Ordnungen*') as suggested by William Cullen (1710-1790) and John Brown (1735-1788). Combined with the three capacities of soul – mood, mind and will – Heinroth establishes nine categories ('*Gattungen*') subdivided into a total of 36 kinds ('*Arten*') of mental illnesses (Heinroth 1818). This nosology reflects the romantic idea of a main classifying categorisation, which in his terms in addition refers to the holy trinity. That everything is subject to a higher will reflects the romantic idea and ideal of a synthesis of nature and spirit, object and subject, reality and irreality.

Apart from this, Heinroth's therapeutic options too are romantic practice and can be found in more or less the same form with virtually every romantic psychiatrist. His 'direct-psyche method' ('*direct-psychische Methode*') is very similar to psychotherapeutic techniques described by Johann Christian Reil (1759-1813) or suggestion-based hypnotisation and magnetisation. Heinroth also shares the very common view that the soul is excited and calmed down via the body (brownianism) and within his concept this can only be understood on the basis of body and soul being conceived as a unified whole.

On the other hand, many of his ideas and also terms appear strange or even repel present-day readers. His 'direct-psyche method' is often understood as religious healing and catharsis (Steinberg & Himmerich 2012). In his concept both mental health and illness have an underlying moral or religious sense. Against this background one may indeed ask if Heinroth's psychosomatic concept, and with it all psychiatric ideas, is still a medical concept or rather the transformation of his pietistic religiosity into medicine. Still, such thinking across boundaries and frontiers is typical of romantic medicine, transgression of boundaries and smooth transitions being quite common. In so far Heinroth's view that a mental illness is an illness of the whole person on the one hand and not only a medical problem on the other is nothing out of the ordinary. For him the purely medical erasion of symptoms would not bring about cure, for the illness needs to be tackled at its roots and hence the patient needs to change his whole life and his attitude towards it, if he wants to be cured. Against this background anthropological, psychological and other scientific ideas and knowledge plus, for Heinroth who was deeply religious, theology were to become an integral part in the diagnosis and treatment of mental illnesses. Their inclusion and consideration in medicine is nothing new in the history of medicine, if we just remember monastery medicine or the out-

standing tradition of Christian health care. Moreover, general and widely used terms such as ‘*Seele*’ (‘soul’) and ‘*Heilung*’ (‘cure’, in German ‘*Heilung*’ is a relative to ‘salvation’) were taken over into medicine from theology too. In Heinroth this strong link of theology and medicine is just more visible and sensible, for he uses these terms emphasising both their aspects, the religious and medical one, intentionally (e.g. in ‘*Seelenstörung*’ = ‘disturbance of soul’).

It is true that Karl Josef Hieronymus Windischmann (1775-1839) and Johannes Nepomuk von Ringseis (1785-1880) too saw and described a relationship between (good) religiosity and mental health and insufficient or lack of religiosity and mental illness. Yet none of them intermixed theology, anthropology and psychiatry to an extent as Heinroth did. For that reason his theo-anthropological psychiatry is a genuine and original phenomenon. It is based on his own religious and ethical understanding of and approach to life. He sees his task as a maddoctor in supervising a process of human purification, thus uniting love towards and service for your neighbour. His whole concept can only be understood on the basis of Christian morality.

Of course his religious dogmatics and idealisation of asceticism are highly problematic. Yet on the other hand, his concept of (personal) *freedom* implies that each person is responsible for his mental health or illness himself and hence should approach it, and life accordingly, with utmost care and caution. From this perspective his psychiatric approach is a very early prophylactically oriented *scientific* concept of mental health. Since it has a strong medical and anthropological basis too, it is more than just a transformation of his religiosity into medical theory.

Man has the freedom to choose to follow his consciousness and hence religious ideals with the help of his power of *reasoning*. Only through reasoning and following a good way of life a human being can reach a health status. Heinroth refers to *reason* as ‘the key to heaven (=health) or hell (=illness)’ and, synonymously, as the ‘moral power’ in men (Heinroth 1829). Compared to the age of enlightenment, where reason was aimed at being in harmony with or even united with God and at ‘acknowledging the holy in ourselves’ (Kroedel 1940), Heinroth’s concept of reason was much religiously overcharged. In a materialistic sense, reason could be perceived as the ‘organ to receive the Holy Spirit’ (Gregor 1921), which prevents the human being to fall prey to the materialistic and sensory earthly temptations. As such, Heinroth viewed reason as the ‘germ of the highest consciousness’ and man following this reasoning to live a godly live as a ‘natural necessity’ (Heinroth 1818). Such a teleological development of man’s consciousness can be understood as the continuation of God’s creation of man on his own authority, Heinroth wrote in the very first paragraphs of his famous Textbook of the Disturbances of Mental Life (Heinroth 1818).

## Conclusion

Heinroth was not only the author who introduced the term ‘psycho-somatic’ into medical literature. He also was a pioneer of psychosomatic medicine who had a clearly biopsychosocial understanding of health and disease including a holistic approach to medical treatment. Heinroth’s ideas and his early psychotherapeutic approach might remind us that psychosomatic thinking did not originate as late as the 20th century, but has its roots in medical history going back to previous centuries and even longer.

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