

The Influence of unconscious Emotions on the Outcome of Patients with chronically obstructive airway diseases – A Case Study

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Introduction

Chronically obstructive airway diseases often associates with psychic Comorbidities. These are mostly secondary anxiety - and depression disorders. That increase the organic symptomatology and reduce the quality of life. In many cases there is no psychotherapeutic treatment. Diagnosis and treatment of the psychic comorbidities improve the quality of life and reduce the treating costs. The case study demonstrate this impressively.

Importance of Psychotherapeutic Treatment

Psychic Comorbidities

1. Extend the Time Staying in Hospital₁
2. Increase Somatic Morbidity and Mortality_{1,2,4,5,6}
3. Chronicize the Bronchial Asthma₅
4. Influence Compliance and Quality of Life_{3,4,5}
5. Increase Demands and Total Cost_{3,5}

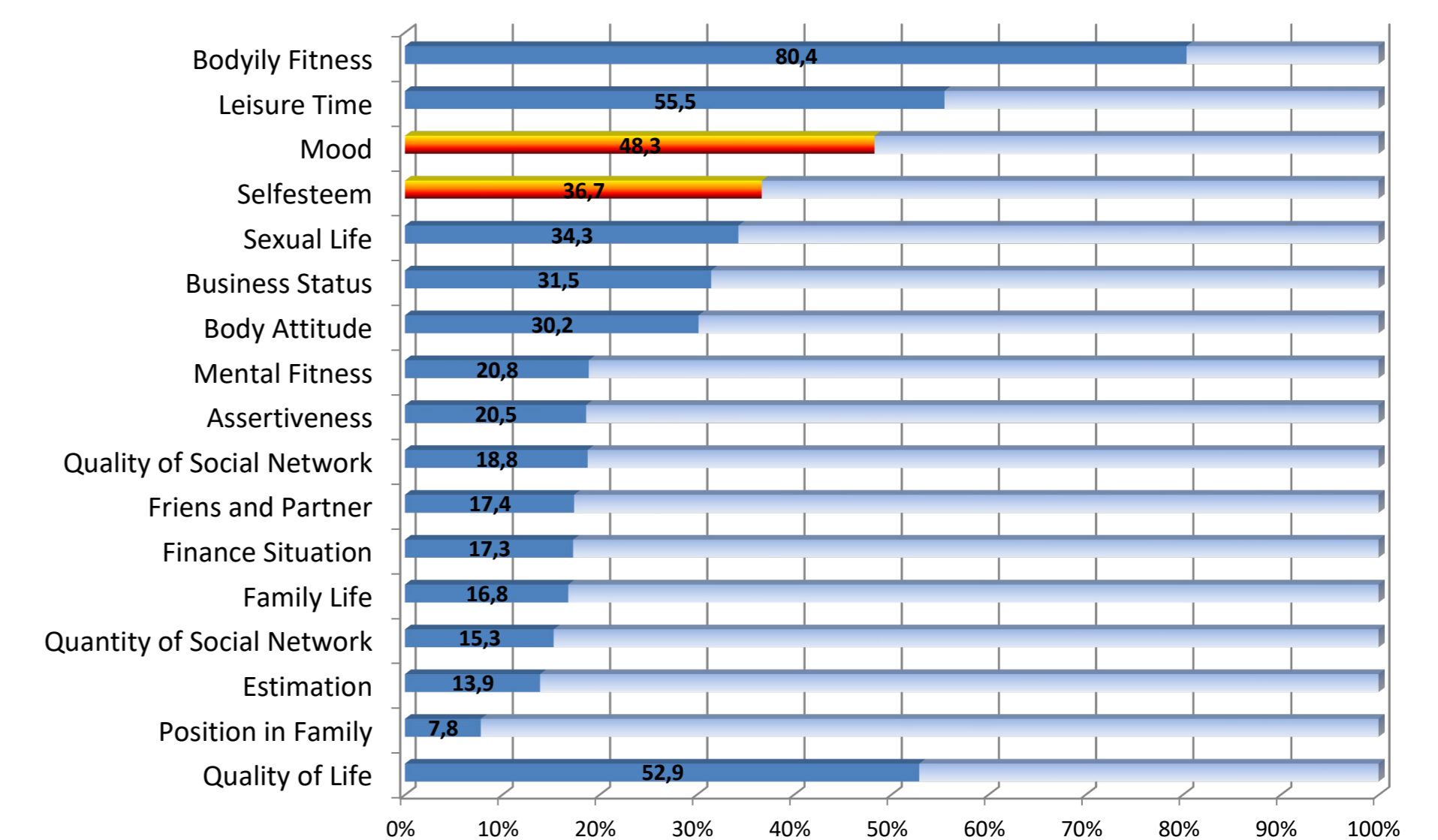
1:Ehler, 1998; 2:Cavanaugh et al., 2001; 3:Härter et al., 2002; 4:McDaniel et al., 1995; 5:Linton, 2000; 6:Saupé und Diefenbacher, 1999

Case Study

A 25 year old patient came to visit me with weekly occurring attacks of dyspnea in my newly opened private practice for internal medicine. He requested an intravenous EUPHYLLIN injection. I met his request with doubts. Afterwards he immediately felt better. At first I treated him according to his requests. Only after months he was willing to have a therapeutic interview. This eventually resulted in a psychoanalytic therapy during which he came to understand the following mechanism: Three years prior to our first meeting he had to watch helplessly as his father died from an asthma attack. The emergency doctor could not rescue him with the injections. Since the age of four he had suffered from bronchial asthma. But only after the death of his father he suffered from frequent asthma attacks which oftentimes also had to be treated stationary. He loved his father very much. His father was sympathetic and forgiving.

He did not reproach his son when he broke a window, not even when he dropped out of school. He also protected him from his dominant mother and sister. The patient restaged his father's death struggle every week. By means of a strong identification (Incorporation) he felt connected with his father. Thereby, he survived and in his father did so in his unconscious imagination. Thus he could bring his father back to life for a moment. This is best to be understood as a delusion. "I can't breathe anymore but I don't have to die and my father is alive as well." Only in the course of the Psychoanalysis sessions he could bid his father farewell. The psychoanalyst functioned as an substitute father for a long period of time, from which he could disconnect instead. Today, he is able to overcome his asthma attacks with Theophyllin pills and Bricanyl Injections autonomously.

Worsening in % of Quality of Life in Bronchial Asthma Kaiser 1997



Bronchial Asthma and Mental Disorders – Review

- Subclinical Anxiety: 30-40%
- Depressive Mood: 10-55%
- Anxiety Disorder: 17-88%
- Depressive Disorder: 11-34%

Very low part of Patients were treated with Psychotherapy

Bronchial Asthma and Mental Disorders - A Systematic Review of 26 Empirical Studies (1980 – 2002), Korinthenberg et al., 2003, RFB Bad Säckingen

Psychodynamics

Not only psychotic patients, but also psychosomatic patients require the safety of a constant distance. A distance too close leads to fear because subject and object merge with each other and thus, the identity cannot be preserved. A greater distance leads to fear because the object could get lost. This is the typical psychotic and oftentimes psychosomatic

dilemma. The patient in the case study merges during his attacks with his father in order to experience him for a short moment. In the psycho therapy the doctor assumes the role of the father during transference. By means of mourning the patient could bid his substitutional father farewell during psychotherapy as a substitute for his real father.

Psychotherapeutic Treatment

1. Psychotherapy
 - 1.1. to Treat the Comorbidity
 - 1.2. to Treat the Adjustment disorder
 - 1.3. Help for Coping the Disease
2. Special Groups for Coping, Anxiety, Depression, Compliance, etc.
3. Education (Distress, Smoking, Diets)
4. Relaxation Training
 - 4.1. Autogenous Training
 - 4.2. Progressive Muscle Relaxation
 - 4.3. Qi Gong
 - 4.4. Meditation
 etc.

Conclusions

1. Patients with Brochial Asthma have a high Psychic Handicap
2. Psychic Comorbidities worsen the Progress of Disease and the Quality of Life
3. Psychotherapeutic Training and Treatment results in a better Prognosis, Improve the Quality of Life and Reduce the Demands and Total Cost

Literature

CURRICULUM VITAE Dr. med. Axel Schüler-Schneider

Education

Date of Birth: 14th of September 1952
 Place of Birth: Mainz am Rhein, Germany
 Nationality: German

Professional Career

03/88 – Today
 03/79 – 02/88
 Private Practice for internal medicine and psychoanalysis,
 Assitant Doctor for Internal Medicine

Career as a Trainer

Since 2004
 Accreditation as an Instructor for advanced training in the field of "Psychosomatic Medicine and Psychotherapy"
 Board member of the section Psychosomatic Medicine/Psychotherapy, Academy for further Education of the Landesärztekammer Hessen.
 Accreditation as an Instructor for

Since 1995
 "Psychotherapy".
 Instructor for the section Psychosomatic Medicine/Psychotherapy of the LÄK Hessen, Frankfurt,
 Instructor for Therapeutic further training, AGPT, Germany.

Education

01/96
 specialist.
 05/88 – 08/94
 Freud-
 04/86
 05/81 – 04/86
 Frankfurt, Germany
 12/86
 04/72 – 11/78
 Frankfurt,
 Board certified Psychosomatic medicine
 Advanced Training Psychoanalysis, Sigmund-Institute, Frankfurt, Germany.
 Board certified Psychotherapy specialist.
 Advanced Training Psychotherapy, AGPT,
 Board certified internal medicine specialist.
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Main Research Interests

Psychosomatic Diseases, Narcissism, Burn-Out-Syndrome, Depression, Diabetes and Obesity