Why is psychosomatic medicine flourishing in Germany?
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In the current issue of *Psychotherapy and Psychosomatics* a group of German investigators headed by Prof. Stefan Zipfel brings data on the status of psychosomatic medicine in Germany.

Psychosomatic medicine in Germany is not a synonym for consultation-liaison psychiatry but represents a comprehensive field as well as a specialized medical discipline. As a consequence, psychosomatic medicine in Germany has a larger institutional basis than in any other country.

In Germany, psychosomatic medicine is not a subspeciality of psychiatry, although it has clear connections in terms of shared models, methods, and overlapping care for patients. At some places, departments of psychosomatic medicine are part of overarching departments for *internal medicine*. The institutional independence of psychosomatic medicine in Germany is largely due to German psychiatry resisting the integration of *psychotherapy* as a core method. Hence, psychosomatic medicine developed independently as an institutional and academic basis for psychotherapy in medicine and later for *integrated care* models.

Clinically, disorder-oriented psychotherapy is a core method integrated with other modes of therapy; as a conceptual base for empirical research, nonreductionist accounts of the interactions of (sick) persons with their environment are most important. Therefore, the German model of psychosomatic medicine is a strong advocate for psychotherapy in medicine and thus more than ever a strong partner for a bio-psycho-social medicine in the 21st century.


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The clinical core competency of German psychosomatic medicine is centered on integrated care for the following disorders: somatoform/functional disorders, eating disorders, somatopsychic disorders (including psycho-oncology, psychocardiology, neuropsychosomatics, and psychodiabetology), and psychotraumatology. An overlap with psychiatry exists in the fields of depressive, anxiety, and personality disorders. In addition, health insurance (public or private) covers treatment costs from a budget separate from the one for psychiatry. Costs for psychosomatic care are based on length of treatment rather than on the diagnosis-related group. This refunding system will probably change in the next few years.