

Interview with Prof. Horst Kächele.

S: Tell me some of your impressions about China, Shanghai, Wuhan and our hospital?

K: Oh.. my main impression is that China is much more modern as most people in the West realize. Much more. I mean the capacity to build. That's the first thing.

S: You mean the hardware, the building and ...?

K: Yeah. The hard, and software..Much more modern. I mean just looking at the diversity of cars on this street here. It would be hard to distinguish it from any European city. No way. However there might be a broad range of . There's more also middle age still around than in European cities, I mean look there is a lot of cottageindustry still in the streets. One would not find this in Western countries. There's a lot a lot small business that is really located on the pavement. That would be a difference, I think. rthermore I'm surprised that a city like Wuhan does not have a subway. I mean given it's a huge city. There's somehow...

S:It will be on...

K: Yeah. But it's still quite late. It reminds me of Bangkok. I mean that Berlin started to have a subway early in 20th of the century. So this is quite interesting that why this development was missed. That's something. In contrast with Shanghai which has a beautiful subway. Why do they planned it earlier ? So then I'm positively surprised about the degree of public installations displayed along the river, I mean this city must be very very rich to have this kind of a park along the city.

S: Have you walked one time?

K: Yeah, Quite extensive and beautiful. I mean not just a small stretch but really quite extensive along the river.

S: On both sides!

K: And contrast to Moscow, for example. I often make the comparison because both cities have been exposed to change after the 90s. It looks to me that Chinese cities are in a much better shape. Much better. Russian cities are much less well kept. They are in very bad shape even in downtown Moscow. Except that the subway is perfect in Moscow. The level of how things are kept here is incredibly good, incredible.

S: So What else have you seen here, the museum, and the East Lake and the culture...?

K: It's wonderful. It's only all too big, it's a little bit too big. One spends a lot of time in travelling. In the map you gave to me it says, Wuhan is a beautiful city for tourist - I doubt this. This is not a tourist city. No way.

S: Tourists usually travel in groups

K: Yeah, But that is not my issue. It's not for me. I'm not really concerned about tourists. I mean the lakes are beautiful and I like to walk, but I'm interested in work, as you know. For me it's more fun. What I'm surprised of also it's like

south of Europe. In the south of Europe, in Italy, Spain, Greece, only 30%--40% of academic trained people will understand English only, and well as in Russia. The difference is not very big to Europe in terms of understanding a foreign language. Here in your hospital 3 or 4 out of 15 or 4, students understand and speak English. I was impressed to learn that there is in an English and a German course of studying medicine. This is impressive. The faculty of medicine in Ulm recently offers an English course for Biomedicine. And obvious Heidelberg University is the main place that Tongji Medical College is exchanging students with, because I have not met any students from Wuhan in Ulm so far. So you have been the first one.

S: I was a student from Wuhan in Ulm many years ago, but not in your field.

K: Yeah.

S: Ok, let us come to your impressions of the professional field. Which kind of impressions did you get?

K: Here in this hospital I think the kind of patients I interviewed are more of less the same range of patient that we could also would see in German hospital of psychotherapy. I would not be surprised if we would compare the degree of severity with ours to find this out. What is very clear, that a lot of patients that come due the parents wish, which is unusual in Germany. In Germany the parents do not have much to say any more. In the 70s', we finished off the parents' influence. We are fatherless society now, in a way.

S: But in Germany the adolescents still have the parents taking responsibility.

K: Oh they have to pay but adolescent kids move out. It's different in Germany. They may even to go to court and they are very successful in making the parents pay for them. Because in German's law, as a young person you are in entitled to get supported for the same education level of your parents. If your father is a doctor and you are entitled to be financed until 25 of the age by law..So adolescents are utilizing the parents, but they are not obeying their wishes any more.

S: ok, so you mean that the adolescents, they come to psychotherapy alone rarely with their parents.

K: It's even considered as a negative sign. If the parents come and want their daughter or son to come for treatment it's more likely not going to do well. So the question we ask the young person: Do you want really to come and get treatment? We tend not to act on behalf of the parents. So that's a big difference.

S: So here it's characteristic sign of parents complaining about children not to do what they are expected. In Germany it's a sign that children didn't develop a lot. But maybe it's different in China. It's a sign for both sides. On one hand that children didn't get enough individualization process, and on the other hand they have a good resources.

K: Today I interviewed a young person, where is was very clear on one hand these parents are westernized, the way they live, they live their life, make money, and then in the intra familiar life their behavior follows a very

traditional line. And it's not surprising these kids do not do what they are supposed to do. The kids look at the parents and might say: this is funny, why should I followed my father? He behaves like a business person. So that's a crush between the two value systems: intrafamiliar and extrafamiliaar values. That would be my very cursory diagnosis but this is the point. For the 20 patients I could interview it's very very typical. A crush between the two world: inside and outside the family. I mean I am not a sociologist and I guess people more clever than me have made this point too.

S: How many patients have you...?

K: About 20.

S: So you got the impression the parents live out divergent positions?

K: I have never heard a single patient saying my parents allow me to find out what I want to do.

S: How about the average age of the patients?

K: Between 15 to 45. So more younger than older. So it's the more adolescent age group your hospital features. I have not seen successful business people also, this kinds of 40 years old people.

S: They should come directly to me.

S: So the first clinical impression is about the parents, What else?

K: What else? I think the young people I saw are most likely trying to find their own way in the changing society. I think they try to escape these demands of their parents.

S: But they fear to fight alone with their parents. So with the these day they are longing to get rid of their parents. Do you see some symptoms or some special diseases which are presented?

K: I think the patient of today problem is very typical. She is 17. In Germany she is a nearly adult person and the parents would not even be allowed to put her into hospital without her consent. No way. But the parents said we want you to be in the hospital and she followed. The problem here is the two sides of the coin. Adolescents behaviors are very close to psychopathology. And borderline behavior is normal to certain degree.

S: Why?

K: It's the definition. It's a matter of definition. She makes one suicidal gesture, she meets bad boys, they consume drugs from time to time. This is the way in Westernized world and the parents try to increase the pressure on her. What would be a focus in my discussion that the parents have be involved very strongly in terms of better understanding of what the are doing in their way in business and the young people try also to do their own way. If the world changes the change is on all points. Not only in the parents side. That would be for me an issue. How to prepare the parents and adolescent people in changing time would be very interesting. Kind of psycho-education for parents.

S: So you mean this experience a lot of borderline symptoms from the adolescents which you think it's belongs to this period, right?

K: At least it's very difficult to make a clear distinction. You have to put it back and forth. I mean how often do you do this? You find your parents are so wonderful and one more.

S: So the symptoms of borderline personality disorder seems to be very dominate in our hospital but what about the eating disorders?

K: Also. So I would be reluctant to fix a diagnosis of borderline disorders below the certain age.

S: But is it some difference between the German situation and here?

K: No. I would even formulate the probability that the more severe psychopathology, the less culture plays a role. So real culture difference are only in healthy people. And the more adolescents are moving on, the more they are enjoying risk behaviors.. Parents don't realize this for a number of years, suddenly they are very astonished that their daughter is quite thin and now they make a lot of pressure. Yesterday interviewed a patient. I immediately asked Prof. Tong to sent to a medical hospital to be treated for a number of weeks due to her quite bad medical condition.

S: How about the impression about our colleagues, young colleagues and other colleagues here in Wuhan and in Shanghai?

K: They impressed me by as being quite motivated. Given the kind of training they had, they are using their training very well., In Germany you have three years you go to psychotherapy training and 7 years to psychoanalytic training, every week, twice or so. So it there is a different amount of intensity of training. Given the exposure in training, I should say it's moving, It's moving in the right direction. That's what I would guess.

S: Do you have some impression by the self experience of the colleagues? d do you have some special impressions? Is there a difference between the German colleagues and...?

K: It would be unethical to talk about these two people that asked me for some self-experience.

S: So the last question, you have visited the day before yesterday, the Tongji University and you got the impression about the cooperation between the Ulm University and the Tongji University and you got some impression about the oncological department. What kind of impression do you have?

K: It's a very rich medical environment a new building; I was impressed by the huge amount of patients coming into this hospital in the out-patient department, 8000 per day.

S: 8000 to 10000 a day.

K: Yeah. That's the number they coming to Ulm within a year. Now with regards to our specific field, I'm surprised that given the high medical standard, f.e. in the field of bone marrow transplantation where I talked to the doctor, there's no regular psychooncological care.. In our experience, it is important to establish a regular called liason service between oncology and psychosomatics. The difference between a counseling service when doctors ask you to go to see a special patient it's often too late. Often one is asked

the day before the patient will be discharge. Instead one has to provide a regular counseling, what we call a liaison relation. That means, we provide one person to be in contact with all 16 patients on own initiative. Such a person also spends time with the nurses and the doctors in order to provide a psychosocial space on the ward not just caring it for the patient. Then I think it will work well.

S: What's the structure in Ulm? How the people organize daily work with those ?

K: We have provide 50% of a doctor / psychologist for gastroenterology wards and for cardiology wards, and a full position for bone marrow transplantation and oncology.

S: This person is a member of your department?

K: Yes, Going from our department there; we are reimbursed for the service. 100 euro for the first visit and 50 euro for following visit. So since then we procure a stable financial basis for such services.

S: This will be covered by the medical insurance.

K: It is covered by the income of the hospital on these patients

S: The question is: how many visits per patient are necessary provided by such a service. Once in a a month might not be enough? How frequent you do visit?

K: No. During the hospital stay these are short interventions.

S: How short?

K: The majority of counseling visits on medical wards are one or two in order to provide some additional points of views For bone marrow transplantation patients that stay in hospital for a longer time A continuous support frame has to be established. But in gastroenterology and in cardiology, we provide as a rule some intervention to the patients and some discussions with the doctors. The department of dermatology tends to be a high consumer of our counseling services for patients with neurodermatitis. Recently even the surgeons are starting to take into account the psychosocial issues for some complicated cases.

S: Are they patients from the internal medical wards that are admitted in your department.

K: In the frame of our psychosomatic counseling-liaison services (C/L) we take care of all in-patients that are in the university hospital. We cannot not care of patients from the diverse out-patient services. But we have our own out-patient service; sometimes we get a call and are informed there is a patient that should come to our own out-patient department. So CL service is for in-patients.

S: So you think we have a very good medical institution that is lacking psychosomatic services within the hospital. But since you visited the Tongji Hospital and since we have a long time cooperation together with university Ulm and Tongji, do you think that you could help to implement the psychosomatic thinking that in Tongji University?

K: Tongji Medical College has good working relations with quite a sizable number of German universities. All these medical faculties have established a department of psychosomatic medicine since 1970. I wonder why did Tongji Medical College never realize this. Hard to understand.

S: Hard to understand. So you might help us to build this kind of psychosomatic department.

K: Yeah, I'd like to. It would be a timely work

S: We expecting your next come. Thank you.