

# Psycho-Social-Medicine: More than just another journal

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## Text

Medicine has from its beginnings been an interpersonal experience. As George Engel [1] reminds us, the physician-patient relationship usually starts with the patient's disclosure of his or her perception of impaired health. This perception may or may not reflect major bodily changes, but it almost always reflects the intrapsychic appraisal of what is perceived as an altered physical or mental state. Becoming a patient means to react on this appraisal by searching the helping relationship with a health service provider, e.g., a physician or psychotherapist. And this potentially helping alliance forms the framework, in which medicine actually takes place.

Much of the progress in medical science achieved over the last decades has shaped the technical details of this relationship and drawn scientific and public attention to biological processes in healthy and disordered body functions. This progress has enhanced the physician-patient relation by providing health care professionals with a rich repertoire of models and techniques for physical and behavioral interventions that can - and should - be utilized for optimal treatment of the individual patient. The progress in biological science will and can, however, not turn the personal encounter between a patient and his or her physician less important. And although quantitative research is definitely needed in the psychosocial disciplines, it will certainly not be able to reduce the complexity of individual and group functioning to simple biochemical formulae, without losing highly relevant information.

This is not meant to disregard the enormous advances in medical science and technology, but it should remind

us that molecular biology, pharmacogenetics or microimplant technology, just to mention a few of them, are important tools, but they should not be (mis)taken for medicine itself. With no doubt, contemporary medicine should take advantage of these techniques. And by doing so, it is continuously changing its appearance. Nevertheless, the basic characteristic of medicine being a "social science" [2] is not taken into question.

Quite to the contrary: The changes brought about by technological progress actually require an advanced understanding of its consequences on patients and the physician-patient dyad (which is nowadays in many cases no longer a dyad but a complex network of interactions in multidisciplinary teams dealing with different groups of patients). Not surprisingly, the need for a deeper understanding of psychosocial processes involved in health and disease as well as in treatment and rehabilitation has led to a variety of scientific disciplines and subspecialties, all dealing with some aspects of psychological or sociological aspects of health and disease or medical health care.

Each of these professional groups may have their specific interests and understandings of psychosocial components in medicine: e. g. medical sociologists might mainly be interested in the sociocultural dimension of physical and mental disease. Medical psychologists might study the interdependences of psychological processes with social relationships and physiological reactions. Psychiatrists might wish to identify the biological basis and treatment of psychopathology. Psychotherapists might study the effects of interpersonal processes (including psychotherapy) on psychological well-being or brain functions. Psychosomaticists would examine the psychosocial dimension of physical illness or the physical correlates of interpersonal experiences and intrapsychic states. Researchers in health psychology or behavioral medicine might wish to study and modify illness-related attitudes and behaviors.

Although there are considerable overlappings among the different areas of expertise, the unavoidable process of specialization has made it increasingly difficult to keep pace with the latest research findings from the different areas of psycho-social medicine. This is not only due to the fact that research in psycho-social medicine is growing in a similar way as in somatic medicine; it also has to do with the disparate research landscape in psycho-social medicine, split up into a variety of highly specialized scientific societies, which in the past have not always collaborated to the best of the scientific progress.

Especially in Germany there has been a long tradition of scientific and therapeutic schools with a strong desire to create subgroup identities but little integrative power. While most individual physicians, psychiatrists and psychotherapists have certainly done their best to use the best available evidence for treating their patients, it is

Table 1

<p>*AÄGP=Allgemeine Ärztliche Gesellschaft für Psychotherapie e.V (General Medical Society for Psychotherapy).; DeGPT=Deutschsprachige Gesellschaft für Psychotraumatologie (German-speaking Society for Psychotraumatology); DGÄHAT=Deutsche Gesellschaft für Ärztliche Hypnose und Autogenes Training (German Society for Medical Hypnosis and Autogenic Training); DGMP=Deutsche Gesellschaft für Medizinische Psychologie (German Society for Medical Psychology); DGMS=Deutsche Gesellschaft für Medizinische Soziologie (German Society for Medical Sociology); DGPM= Deutsche Gesellschaft für Psychosomatische Medizin und Psychotherapie (German Society for Psychosomatic Medicine and Psychotherapy); DGPT=Deutsche Gesellschaft für Psychoanalyse, Psychotherapie, Psychosomatik und Tiefenpsychologie (German Society for Psychoanalysis, Psychotherapy, Psychosomatics, and Depth Psychology); DGPPN=Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde (German Society for Psychiatry, Psychotherapy, and Nervous Diseases); DGVM=Deutsche Gesellschaft für Verhaltensmedizin und Verhaltensmodifikation e.V. (German Society for Behavioral Medicine and Behavior Modification); DKPM=Deutsches Kollegium für Psychosomatische Medizin (German College for Psychosomatic Medicine)</p>
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often not quite easy to decide, how "best available evidence" can be defined. Individual societies have developed their special practice guidelines, which come to diverging conclusions.

On the institutional level, the competition for the modest amount of available research grants and posts has sometimes led to mistrust and hostile interactions among the scientific societies engaged in the field.

In this conflictual situation it is especially remarkable that the psycho-social societies in German medical science are now among the first to build up a common electronic publication platform, which is part of "German Medical Science" (gms), the e-journal system of the AWMF (Arbeitsgemeinschaft Wissenschaftlicher Medizinischer Fachgesellschaften [Working group of scientific medical societies]). The project is a joint initiative of ten psycho-social societies in medicine (Table 1).

Bringing together such a wide spectrum of societies is ambitious by itself. However, Psycho-Social-Medicine is not just meant to be a forum for interaction among German scientists from different research traditions; it is also supposed to become a new window to the world of international science. In the particularly language-dependent research areas often found in psycho-social medicine, there have always been language barriers for German researchers trying to get their findings published in international journals. For example, the development and validation of new psychometric instruments in German language often seems to be of little interest to the editors and publishers of international journals. But not only because of this language barrier, some German researchers may also have withdrawn from the international research community, ignored the methodological progress achieved in psycho-social or medical research and rather relied on clinical observation or philosophical considerations instead of sound empirical research.

Obviously, the initiation of a new e-journal will not immediately improve the quality of research. However, the internal structure of Psycho-Social-Medicine assigns high priority to thorough quality assurance. All submitted manuscripts will have to undergo a two-stepped peer-review process: In the first step, the manuscript will be evaluated by at least two prominent researchers from the authors' own society (or a society that has particular experience

in the area of the manuscript submitted). Only after the reviewers of this society have approved the manuscript (if necessary after the authors have provided a revision), a second-level review process will be started. Here, another two reviewers with special expertise in the field, but nominated by other societies, will cross-check the validity of the first-level manuscript assessment. Only manuscripts that also pass this second-level review are considered for publication.

This seems to be a rather complicated and time-consuming procedure, but the electronic way of publishing will speed up the publication process enormously. Authors can therefore expect that their manuscripts submitted to Psycho-Social-Medicine will be published considerably faster than those submitted to average print journals. In contrast to most print journals, Psycho-Social-Medicine also leaves the copyright with the authors. As a non-for-profit organisation, Psycho-Social-Medicine does not urge authors to transfer the copyright and it also does not take page or reprint charges.

For readers, Psycho-Social-Medicine is freely and immediately available throughout the world. Currently it is financed by a grant from the "Deutsche Forschungsgemeinschaft" (German Research Council) and hosted by the "Deutsches Institut für Medizinische Dokumentation und Information" (German Institute for Medical Documentation and Information). The editorial board is supported by the "Deutsche Zentralbibliothek für Medizin" (German National Library of Medicine). This financial and logistic support is not linked to any constraints on scientific content.

The only restrictions that apply have to do with the purpose of the journal, i.e. to publish high-quality science from the whole area of psycho-social medicine. This may mean different things in different areas of research. Methods and quality criteria in molecular psychiatry may be different from accepted standards in psychotherapy or health care research. Therefore high quality science will mean: Thoroughly planned and conducted research in the top segment of each research tradition in psycho-social medicine.

This leads us to the name of the journal. "Psycho-Social-Medicine" (P-S-M) is an artificial construct, and we are aware of the fact that the two hyphens are grammatically

incorrect. We deliberately chose this name for two main reasons:

First, as a tribute to internet naming conventions, we wanted the title of the journal to be reflected in its internet address. And this required us to replace the space between "psycho-social" and "medicine" with a hyphen. We hope that "**p-s-m.org**" will become an important address for the international research community.

Second, the name might express that "psycho-social" is not just subordinate to "medicine". In our understanding, psychological, sociological, and biomedical research should be linked to each other on an equal footing.

Of course, this platform is not limited to research from Germany. International researchers are also cordially invited to submit their research findings from the whole area of medical psychology and medical sociology, psychiatry, psychotherapy, psychosomatic and behavioral medicine.

This first issue reflects some of the current strengths and weaknesses of psycho-social research in German medicine: The manuscripts by Häuser et al., Buddeberg-Fischer et al. and Büscher et al. deal with the general conditions, under which medical care takes place in the German-speaking countries. Häuser et al. examine the financial basis of integrated psychosomatic services in internal-medical departments under the new diagnosis-related groups system. This major change in hospital reimbursement may have marked effects on integrated psychosomatic care, but the authors show that integrated psychosomatic services will still be able to cover their expenses with this new system. Buddeberg-Fischer et al. describe and evaluate a new mentoring program for junior hospital physicians and encourage a broader use of this idea. Büscher et al. review the current status of guideline development for the treatment and rehabilitation of patients with mental disorders. They conclude that an evidence-based consensus on how to rehabilitate mentally ill patients is still lacking. While these three papers deal with the medical system rather than the individual person, Reitz et al. report on an empirical study assessing predictors of interest in genetic testing for breast cancer in a population-based sample of women. They found that attitudes to genetic testing as well as breast-cancer-related perceptions and worries predicted womens' interest in the test.

Besides the articles included in this very first issue, also those that are still missing tell us about psycho-social research in German medicine and about the difficulties in starting a new e-journal.

First, there is obviously still a relatively little amount of good empirical research on clinical topics in Germany. This is not limited to the psycho-social disciplines but it is rather a problem of German medical research and research politics in general. Funding agencies have largely ignored the importance of good clinical research for a long time and recent improvements need some time to translate into excellent results.

Second, German authors of good research have become used to publishing their results abroad. Scientific journals

published in German language have only limited impact on international discussions - and they also have low impact factors, which - although not intended by the creators of the impact factor [3] - becomes a more and more important problem for individual careers and institutional development in medical science. Those who can, therefore publish their best results in English-language journals with high impact factors.

Although our journal is publishing articles exclusively in English, some authors might still hesitate to submit their results, because P-S-M - like any e-journal - is not assigned an impact factor by the institute for scientific information (ISI). This voluntary decision of the ISI could thereby have an influence on publication strategies, as long as no equivalent index measuring the impact of online publishing can be established. Since online publications are growing rapidly, there is a definite demand for defining quality criteria for these publications. There is growing awareness of this problem among German medical schools and the first results of the ongoing discussion are encouraging.

We invite our readers to participate in an open discussion about this kind of questions and about the articles published in our journal.

There is a good German saying: "Aller Anfang ist schwer" (all beginnings are difficult). So we are aware that it will need some time to convince all our colleagues to accept and use this new possibility for the fast publication of their research findings and for a new culture of scientific discussion.

We think that it doesn't make sense to wait too long for manuscripts from all scientific societies engaged in P-S-M, before we get out. So we decide to start right now knowing that not everything is perfect, but knowing also, that the chances are good to reach the quality standards soon, that we have to reach in order to find our place in the global competition.

Psycho-Social-Medicine will not only guarantee a high level of scientific quality control, but also permanent free access to anyone in the world who is connected to the internet. It could therefore become a highly relevant source of scientific exchange and information. However, like every journal, Psycho-Social-Medicine will only be as good as the researchers and reviewers sharing their results and comments with us and the international scientific community. So this bridge, forming one more link among German scientific societies as well as between German and international researchers, must be used, in order to become part of the international research network in psycho-social medicine. However, it is now set up and can be used. The future will show, how much it will be taken advantage of, but today we can declare this bridge open.

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