



Survival is not a cure.

—— *Why the end of acute care is not the end of the illness.*

✦ The Triumph of Modern Acute Medicine.

I. Blocked Vessels

Reopened within the shortest possible time.

II. Life-Saving Procedures

Stents and bypass surgery bridge severe narrowings.

The heart attack is no longer the inescapable death sentence of past generations. Survival rates continue to rise.

III Improved Prognosis

Medication and structured rehabilitation secure physical resilience.

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✦ Discharge: The Beginning of a New Reality.

Acute Hospital

Organized. Measured. Secure.

Focus: saving life.

Everyday Life

Unstructured. Emotional. Uncertain.

Focus: life after the infarction.

From the outside, much appears to return to its usual course. For those affected, however, the real challenge often begins only here.

✦ Two Levels of the Same Reality.

Medical Finding

The pump — pumping function stable, blood flow sufficient.

Objective data: EKG, lab values, CT, MRI.

"The heart looks fine."

Subjective Experience

The anchor — loss of deep trust in the reliability of the body.

Daily sense of life: dizziness, exhaustion, uncertainty.

"It doesn't feel fine."

Both statements are true at the same time. They simply describe different levels of the same reality.

✦ The Loss of Taken-for-Grantedness.

Before the Infarction

The body functions unnoticed. Bodily sensations remain largely unconscious.

After the Infarction

The heart moves to the center of attention. The person begins to read their body differently.



Looking back, many survivors describe not the pain of the heart attack as the most formative experience, but the loss of a certainty: the quiet conviction that their own body would reliably carry them through everyday life.

✦ The Dilemma of Nonspecific Signals.

Pressure in the chest. Dizziness.

Normal Healing Process

Scar healing from surgery · Muscle tension · Changed posture · Blood pressure
fluctuations from new medication

Life-Threatening

Renewed reduced blood flow to the heart muscle.

The symptom alone does not reveal its cause. Patients are told to take warning signs seriously while remaining calm — an almost impossible contradiction in everyday life.

♦ Silent Hypersensitivity.

I.

Normal Bodily Reaction

A slightly faster heartbeat after exertion.

II.

Trauma-Informed Evaluation

The brain recalls the life threat: is this a new heart attack?

III.

Autonomic Nervous System

Release of stress hormones.

IV.

Physical Reaction

Blood pressure and heart rate rise measurably — the danger seems confirmed.

This is not imagined anxiety, but a biological protective response. The brain tries to detect future dangers as early as possible.

✦ When Well-Meant Words Are No Longer Enough.

"You have to think positively now. You were lucky."

An expectation to become the old self again, faster.

"When will you be fully fit for work again?"

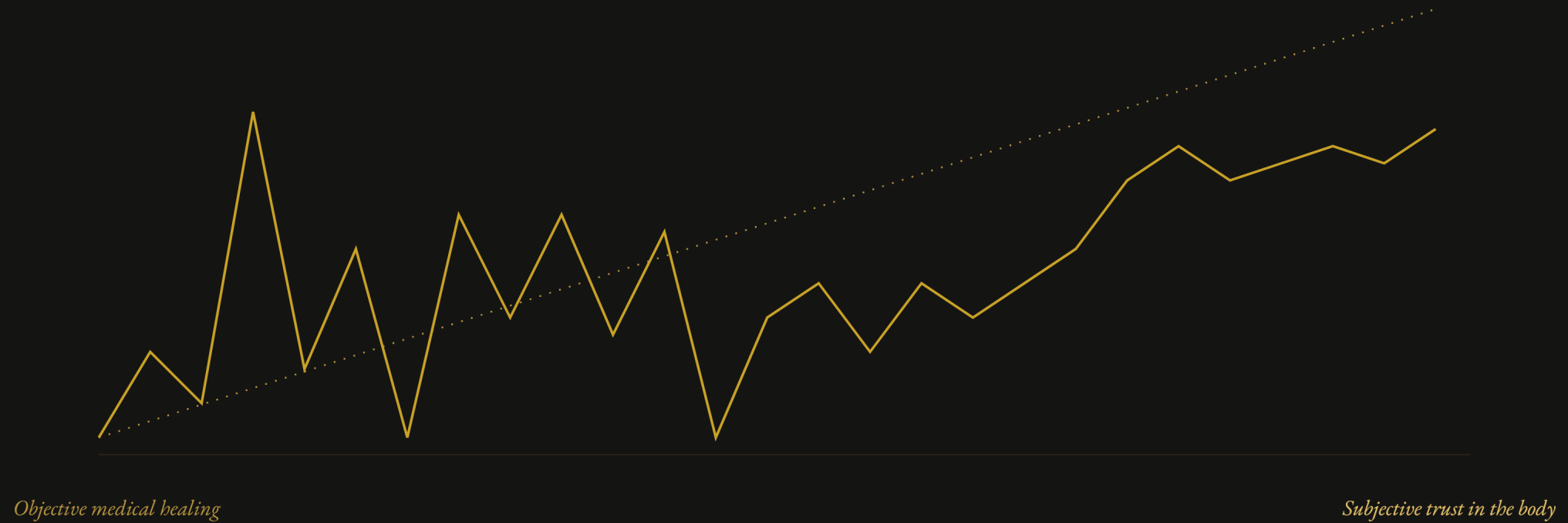
Expectation of visible performance, ignoring invisible exhaustion.

"From a cardiological standpoint, everything is fine."

Does not answer why the body still feels unfamiliar.

Between these perspectives, a space of communication emerges in which no one feels consciously misunderstood, and yet everyone is talking past one another.

✦ The Rhythm of Recovery.



Progress is often not experienced by the patient as continuous development, but as a sequence of approaches and setbacks. Life does not follow a schedule of check-ups.

✦ Between the Will to Live and Awareness of Death.

One's Own Finitude

The knowledge that the future is not a guarantee, but a possibility.



The New Mindfulness

A shift in priorities, appreciation of small moments, more conscious time with family.

A zest for life and an awareness of death are not mutually exclusive after a heart attack. They exist side by side — the challenge is to regain trust in life despite the memory of one's own vulnerability, not to lose it.

✦ The Unrecognized Gap in Care.

Acute Medicine & Rehab

Saves the life. Stabilizes physical performance.

Monitors heart function and medication.

The New Life

Returning to work. Managing family life. Regaining self-efficacy and trust.

*The biographical, social, and
existential space in between.*

There is a lack of a reliable place for symptoms that cannot be fully explained medically but still feel very real.

✦ The Bridge: Psychocardiology.

Psychocardiology does not mean hastily psychologizing physical symptoms. It recognizes that the cardiovascular system and psychological experience are inseparable.

I.

Uniting Biology & Psyche

Understanding how anxiety alters the heartbeat and how physical symptoms intensify insecurity.

II.

Integrating Experience

Careful distinction between normal trauma processing and a narrowing state of alertness.

III.

Mediating Between Truths

Acknowledging the real danger of the heart attack and the real experience that the acute threat is over.

♦ What We Must Expect from Follow-Up Care in the Future.

	So Far		In Future
Central Question	How is the heart functioning?	—	How is the person living?
Success Metric	Survival rates and open vessels	—	Prevention through self-efficacy and quality of life
Handling Symptoms	Medical evaluation as an endpoint	—	Shared interpretation that creates orientation
Role of Psychology	A specialty for a few	—	A natural part of holistic cardiac medicine

Whoever treats only the organ leaves part of the illness unaddressed.

—— *The Real Turning Point* ——

Survival describes the end of an acute threat to life. Healing begins only where a person rediscovers their place in life — not despite the experience of the heart attack, but with it.

A heart attack is not forgotten; it becomes part of the biography.

Trust grows through the experience that life, step by step, succeeds again.

Medicine must not only treat the person, but understand them.