

Psychoanalysis in Poland during the partitions and its emancipatory ideals

Speech is a powerful lord, which by means of the finest and most invisible body effects the divinest works: it can stop fear and banish grief and create joy and nurture pity. [...]

The effect of speech upon the condition of the soul is comparable to the power of drugs over the nature of bodies. For just as different drugs dispel different secretions from the body, and some bring an end to disease and others to life, so also in the case of speeches, some distress, others delight, some cause fear, others make the hearers bold, and some drug and bewitch the soul with a kind of evil persuasion.

Gorgias, *Encomium of Helen*

1 Emancipatory claim of psychoanalysis and the “cauldron of ideas” in Central and Eastern Europe

The researcher who starts writing a book about the history of psychoanalysis in a country like Poland faces a unique challenge. This challenge stems from the fact that psychoanalysis appeared in the late 19th and early 20th century in Vienna as a form of therapy which, while recognizing the transformation of the patient's self-knowledge through talking as one of its effects, in the long run assumed the transformation of the self-knowledge of the society in which this patient was functioning. This approach implies that the effect of this type of therapy understood as a talking cure is not limited to its impact on the mental life of the patient subjected to analysis. Neither is it limited to asking to what extent analysis of the patient is a challenge for psychoanalysis as such, forcing the analyst, for example, to modify his own theoretical assumptions and methods.

This also raises the question of the role that psychoanalysis, conceived as the art of talking to the patient in a particular way, has played or should play in transforming the cultural self-consciousness of a given society. If a researcher writing on the history of psychoanalysis in a given country or cultural area does not pose such questions, he loses sight of that which has always constituted the foundation of psychoanalysis as the form of therapy proposed by Freud, which underwent various changes and assumed different shapes and versions. If such

issues are not raised, the researcher would not be able to account for the relationship between psychoanalysis as a unique form of mental therapy and its emancipatory claim regarding individual and collective self-knowledge.

Having said that, it is the combination of both these claims – their assessment escaping the rigorous criteria used in empirical sciences – which underlies the fact that psychoanalysis, unlike other modern forms of therapy, attracted so many arguments, controversies, doubts, and questions in the 20th century. This is tellingly evidenced by the fact that each year we see a spate of books and articles whose authors attempt to prove that this theory is full of inconsistencies and contradictions and is a kind of scientific fraud. At the same time, we get a roughly equal number of books and articles positing the exact opposite claim. Their authors argue for the epoch-making role of psychoanalysis as compared to all previous psychological and psychiatric traditions, and for its later dynamic development, which resulted in the proliferation of many concepts and trends. They also point out that some of its claims and theoretical ideas even today may become a genuine source of inspiration for practitioners of various scientific disciplines.

These discrepancies in the interpretations and evaluations of psychoanalysis in part result from the fact that in Freud's work we can find arguments both for treating psychoanalysis as a natural science with empirical foundations and for perceiving it as a special kind of hermeneutics based on the interpretation of dreams, mistakes, or symptoms, and its ultimate aim being a change in the patient's self-understanding. In addition, the analyst's ability to talk to the patient in an adequate manner, an important element of therapy, does not succumb to precise empirical procedures and criteria. Such criteria are largely useless for assessing the impact of the analyst's words on the patient's mind. Can the new kind of understanding which the patient acquires during analysis through insight into what has been repressed into the unconscious be objectively captured? And more generally, how should we approach the close connection between therapy and self-understanding which is assumed here? Does it have anything in common with science in today's conception of the term?

The problem with defining the status of psychoanalysis as a science results from the fact that it is difficult to verify empirically the therapeutic and social effects of transforming the patient's self-awareness through conversation. For what do we mean when we say that the patient changed his self-understanding as a result of therapy? In what sense does this change allow him to cope with his disorders and problems better? How can we measure and verify it all? We are on shaky ground here and using empirical criteria will not make things much easier.

Such skeptical questions about psychoanalysis were – and still are – asked by researchers who say, like many other forms of therapy, it should be guided by the epistemological ideals of modern science. One of the first people to ask such questions was Ludwig Wittgenstein, also Viennese. At first, Freud’s theory reportedly fascinated him, and according to some he even wanted to become a psychoanalyst himself. But he finally concluded that psychoanalysis was a pseudo-science which had become popular only because its founder seduced the imagination of the masses by acknowledging the key importance of sexuality and gender.⁴

In fact, Wittgenstein claimed, Freud offered the masses a kind of modern myth disguised as science, which contained the promise of “salvation” of individuals from neurosis by developing a new attitude towards the whole realm of instinctive drives, especially the sexual. But the task of science is not to create myths and thus produce false self-awareness, but to provide solid, empirically grounded knowledge about humans and the world.

But can we really say that every type of knowledge which cannot be squeezed into the epistemological ideals of science conceived in the neo-positivist vein should be regarded as a myth? Must it by definition be a pseudo-science? Would a psychoanalytically emancipated society of the future, as projected by Freud and later by his disciples, be necessarily based on a false self-awareness instilled into it by representatives of this trend?

Eli Zaretsky definitely would disagree with such a view, for he believed that the revolutionary social potential of Freud’s theory in this domain resulted from Freud’s endowment of the concept of the unconscious with an individual, private character. This was in line with the profound changes occurring at that time in Western European societies as a consequence of the rapid development of the market economy and which found their expression in the breakdown of traditional forms of family life:

The founding idea of psychoanalysis, the idea of dynamic or *personal unconscious*, reflected this new experience of personal life. According to that idea, stimuli that came to the individual from the society or culture were not directly registered but were first dissolved and internally reconstituted in such a way as to give them personal, even

4 Wittgenstein makes this claim in his lectures, arguing that the pronouncements of psychoanalysis cannot be adequately verified scientifically. See L. Wittgenstein, “Conversations on Freud,” in: *Lectures and Conversations on Aesthetics, Psychology and Religious Belief* (Berkeley: University of California Press, 1967). Wittgenstein’s position on Freud is the subject of Frank Cioffi’s book: see Frank Cioffi, *Freud and the Question of Pseudoscience* (Chicago: Open Court, 1998).

idiosyncratic, meanings. Thus, there was no direct or necessary connection between one's social condition and one's subjectivity. Equally important, Freud's idea of the unconscious signalled the absence, under modern conditions, of any pre-given fit or harmony between larger, public patterns of cultural symbolism and the private, inner symbolic worlds of individuals. The idea of the unconscious marked a lived sense of dis-juncture between the public and the private, the outer and the inner, the sociocultural and the personal.⁵

According to Zaretsky, Freud's unconscious implied a new understanding of human subjectivity, which was more consistent with the individual's liberation from the pressures of familial, professional, social, and religious relations, and expanded the range of possible decisions regarding the individual's life. Human subjectivity's social existence clearly fell into two spheres, the private and public, characteristic for societies shaped by the so-called Second Industrial Revolution. This term, introduced by Zaretsky, refers to new social phenomena that attempted to produce a counterweight for the impersonal world of the market and found their expression in the emergence of "the 'new' (or independent) woman, the emergence of public homosexual identities, and the turning of young people away from a preoccupation with business and toward sexual experimentation, bohemia, and artistic modernism. In the period that initiated [...] roughly from the 1880s to the 1920s, new urban spaces and media – popular theater, music halls, the kinetoscope – provided reference points from which individuals could imaginatively construct extrafamilial identities."⁶ Based on similar assumptions, the interpretative perspective of the American historian allows for new insights into the role that Freud's theory played at the turn of the 20th century in relation to the societies of the Austro-Hungarian Monarchy during its period of transformation under the influence of the market economy. It seems, however, that this author goes too far in assuming that the level of advancement of these changes and related social transformations was similar to that in the United States and Western European countries. In fact, these changes had just begun in Central and Eastern Europe, and their effects had been limited to narrow aristocratic, middle-class, and artistic elites.

Therefore, Zaretsky's proposal to look at the influence of Freud's theory in the countries and provinces of the region in the period up to the outbreak of World War I, when its impact was particularly strong, needs to be corrected, because the Second Industrial Revolution was in its introductory phase in Central/Eastern

5 Eli Zaretsky, *The Secrets of the Soul. A Social and Cultural History of Psychoanalysis* (New York: Vintage Books, 2004), pp. 5–6.

6 Zaretsky, *The Secrets of the Soul*, p. 5.

Europe, which meant that old traditions, religions, and customs remained very important. In a word, the influence of the existing “patriarchal” cultural tradition played a significant role in shaping relations within the family, in professional life and in the structure of political and administrative power. For most nationalities inhabiting the Habsburg Monarchy, it was above all the influence of a cultural tradition shaped by Catholicism, while for the overwhelming majority of the Jewish community it was the influence of the Judaic tradition.

It should also be emphasized that it was not just in the Austrian-Hungarian Monarchy, but in all of Central and Eastern Europe that agricultural regions dominated at that time, with a small percentage of the population living in cities. Industrializing processes had only just begun and engaged certain segments of the population. Poverty, often extreme, was widespread, and semi-feudal relations prevailed in the countryside, while the emerging working class was brutally exploited, which caused the spread of radical attitudes among it, supported by leftist intellectual circles. This was accompanied by intensifying assimilation processes among the Jews and the enrichment of some of them, which increased social resentment and anti-Semitic sentiments.

Cultural backwardness was particularly drastic in Galicia, which was inhabited by Poles, Ukrainians, and Jews, and formed one of the poorest provinces of the Monarchy (the Austrian partition). The situation was no better in the Congress Kingdom, that is in the Russian partition, where only as late as the end of the 19th century major industrial centers appeared: in Warsaw, Łódź, and Białystok. In all three partitions pro-independence movements gained momentum, which led to the exacerbation of ethnic conflicts (e.g., between Poles and Ukrainians in Galicia). Added to that was the growing influence – related to processes of assimilation and emancipation among Jews – of Zionist groups promoting the idea of founding a Jewish state in Palestine. Moreover, socialist and social democratic ideas enjoyed growing popularity among the more progressively inclined part of the Polish and Jewish intelligentsia. Particularly popular in these communities was the Polish Socialist Party (PPS), whose agenda combined left-wing causes of equality and social justice with pro-independence ideas.⁷ In opposition to it, the

7 The Polish Socialist Party was a pro-independence political group with a socialist and working-class agenda (classified as a left-wing organization). It was founded in November 1892 and remained one of the most important political forces in Poland until 1948. Almost throughout the communist period, it functioned as an independent party in exile. One of its leading figures and leaders was Józef Piłsudski.

right-wing National Democracy party was founded by Roman Dmowski, showcasing a clearly anti-Semitic and anti-German profile.⁸

Leftist intellectuals, usually associated with the PPS and often coming from Jewish families assimilated into Polish culture, constituted the majority of the first Polish psychiatrists of psychoanalytical orientation: Ludwig Jekels, Herman Nunberg, Helena Deutsch, Maurycy Bornstein (Bornsztajn)⁹, Jan Nelken, Mira Gincburg, and Eugenia Sokolnicka. Some of them, especially those who studied in Warsaw, were directly involved in politics and were persecuted by the tsarist regime (Nelken, Bornstein, Gincburg). The situation was similar whether one was in Vienna, Hungary, or in Russia, where most representatives and supporters of psychoanalysis were also ideologically affiliated with leftist circles and some were directly involved in political activities.

The spread of various political ideas in the culturally backward regions of Central and Eastern Europe to which the “Polish lands” of the Austrian and Russian partition belonged¹⁰ constituted the paradox of the social and cultural situation in this part of the continent. At the turn of the 20th century, a veritable “cauldron of ideas” bubbled, leading to the political and social mobilization of the intelligentsia and the middle class. One result of this was an increase in ethnic and social antagonisms and a deepening of political and cultural divisions within these groups.

It is in the context of this “cauldron of ideas,” rather than the economic and civilizational processes which Zaretsky calls the Second Industrial Revolution, that we should analyze the beginnings of the psychoanalytical movement in the entire region. This movement was joined mostly by Jewish graduates of medical studies, who perceived Freud’s theory not only as an innovative scientific theory offering a new mechanism for human mental life and as a proposal for a new method of therapy for mental disorders, but also as a theory which, when

8 National Democracy, also known as the national movement or the national camp (the popular name “Endecja” came from the abbreviation ND), was a political movement with a nationalist ideology formed in 1887. Its main ideologist and co-founder was Roman Dmowski, who during World War I – in opposition to Piłsudski – advocated an alliance of Poles with Russia.

9 In the twenties Maurycy Bornstein changed his name into “Bornsztajn”.

10 The term “Polish lands” refers to the territories which before the partitions (1772–1795) belonged to the First Polish Republic, that is the Commonwealth of Both Nations, Poles and Lithuanians, in the East, covering the area of later Austrian Galicia, almost half of its inhabitants being Ukrainians, as well as today’s Belarus, Latvia, and some Russian lands. This term only has a historical sense, now obsolete.

implemented in therapeutic practice, would lead to a fundamental change in the functioning of the “economy” of human mental life in terms of the role played by sexual drives and aggression. This would open the way to the emergence of a human being who would be able to cope better with the threats generated by these drives. And in the longer term, it would allow for the emergence of a new psychoanalytically enlightened society and emancipate it not only regarding sexuality, but from anti-Semitic prejudices.

These first-generation Freudian psychoanalysts, coming in large part from Galicia, assigned a crucial role to the emancipatory claim contained in Freud's theory. For them this constituted the fundamental difference between psychoanalysis and other psychiatric and psychological concepts popular at the time. And this difference determined the particular attractiveness of Freud's theory for young adepts of medicine from Jewish families assimilated into Austrian or Polish culture (or both). They saw in it, just like in Marxism, social democracy or Zionism, a concept holding the promise of fulfilling their emancipatory hopes and desires, the promise of producing a new human who would be emancipated from himself, and a society which would be based on the principles of equality and social justice. Only if we consider this social and political dimension implicitly contained in Freud's theory can we understand why it was so attractive to young Jewish graduates of the medical sciences.

2 Psychoanalysis and Polish Modernism in literature

Let us return to the Polish cultural context, crucial for this book. The assimilation of Jewish communities in Galicia and the Congress Kingdom in the 19th and early 20th century occurred mostly through studying Polish literature, through reading its classic works and getting acquainted with its dominant trends. This was possible thanks to the existence of an extensive network of primary and secondary schools whose language of instruction was Polish, and a few Polish universities in Galicia, above all in Lviv and Kraków. It was much worse in the Russian partition, but Polish schools (private educational facilities and universities with classes in Polish) also existed there. The worst situation in this respect was in the Prussian partition, where the policy of Germanization targeting the Polish population was a major strategic aim of the government.

As for the Jews who attended Polish schools in Galicia, not all of them found Polish literature of the Romantic period to their liking. For example, Martin Buber, who attended a Polish school and wrote his first texts in Polish, said that he was more attracted to the idealist German philosophy than to the literature

of Polish Romanticism. Therefore, in his youth, he possessed a somewhat more German than Polish cultural identity.

In any case, at the turn of the 20th century, modernist ideas dominated Polish literary circles, presided over by Nietzsche and Schopenhauer – treated more as writers rather than philosophers – and by the native Romantic literature. These ideas found a telling expression in the work of writers from the Young Poland period. One of the initiators of this trend was Stanisław Przybyszewski, who up until 1898 had lived in Berlin, where he assumed the mantle of the leader of the German-Scandinavian artistic bohemia. He wrote his first literary works in German, and, besides Nietzsche, embraced Freud's theory as one of his main sources of inspiration.¹¹ Fascination with Romantic literature is also clearly visible in the case of Ludwig Jekels. In his book entitled *An Outline of Freud's Psychoanalysis*, the first work on Freud's theory published in Polish (and one of the first overall), he quoted a significant excerpt from Adam Mickiewicz's drama *Dziady* (Forefathers' Eve), one of the most important works of Polish Romantic literature:

Wisemen say "dream is back to life recalled."
Cursed wiseman, all!
Can I not distinguish dream from memory?

Adam Mickiewicz, *Forefathers' Eve*, Prologue¹²

11 In his autobiography, Stanisław Przybyszewski wrote, for example:

I imagine what a bizarre paradox all my reasoning seems to all of you, and yet given that official science starts to proclaim theories which I have been promoting for 30 years, it is by no means sterile.

The great psychologist Freud in Vienna weaves the rich and interesting patterns of his theories on the same loom, and a few years ago I had this satisfaction that at the congress of psychologists in Vienna my *De profundis* was quoted as an insightful description of what twenty years later was to be called *Dämmerungszustand* in German psychiatry.

O, qualis artifex pereo!

Being a madman myself, I would have really made a great psychiatrist. Throughout my life I have been rummaging in those unknown, possessed, insane, crazy states of the human soul, so despite myself I had to be infected with the madness of my heroes [...].

Stanisław Przybyszewski, *Moi współcześni* (Warszawa: Czytelnik, 1959), pp. 166–167.

12 Adam Mickiewicz, *Forefathers' Eve*, trans. Charles S. Kraszewski (London: Glagoslav Publications Limited, 2016).

Quoting this excerpt from the masterpiece of Polish Romantic literature, Jekels was aware of its crucial role in shaping the cultural consciousness of the Polish intelligentsia. He certainly also knew that one of the main points of Mickiewicz's poetic program – as well as of Polish Romanticism as a whole – was the vindication of the importance of dreams in the spiritual biography of a person. This approach was in line with the views of the “Master from Vienna” as presented in his book about dreams. Its main claim, after all, was that dreams had “sense.” This affinity of the native Romantic tradition and psychoanalysis probably also explains why the first Polish texts in psychoanalytic literary theory were overwhelmingly devoted to works by Mickiewicz and Słowacki, not to mention the book by Gustaw Bychowski on Słowacki, the most important interwar work in literary studies written from a psychoanalytical perspective.¹³

Pointing at Mickiewicz's distinction between memory and dreams, Jekels wanted to illustrate for the Polish reader the crucial importance attached in Freud's theory to notions determined by drives, and which have their roots in events from youth. It is not a coincidence that Polish physicians, in their first articles on Freud's psychoanalysis, emphasized the key role of his theory of dreams and the role of imagination in the mental structure of the individual. This theme is discussed most exhaustively in a paper Jekels delivered at the first Congress of Polish Neurologists, Psychiatrists, and Psychologists which took place in 1909 in Warsaw. This event could be considered the beginning of the reception of Freud's psychoanalysis in this community. The paper started with the following claim:

“The basis of Freud's theory of psychoneuroses is the view that the causes of the disease are unconscious sets of representations, symbolised by a physical or mental symptom of the disease. As far as the nature of these sets is concerned, psychoanalytical examination shows that we always deal with the representations that remain in sharp conflict with the rest of the individual's consciousness.”¹⁴

A similar claim was made by Herman Nunberg, who made his first major public appearance at the Second Congress of Polish Neurologists, Psychiatrists, and Psychologists in 1912 in Kraków, where he gave a fiery lecture on Freud's

13 Gustaw Bychowski, *Słowacki i jego dusza. Studium psychoanalityczne* (Warszawa: Wydawnictwo J. Mortkowicza, 1930); second edition: ed. Danuta Danek (Kraków: Universitas, 2002).

14 Ludwik Jekels, *Leczenie psychoneuroz za pomocą metody psychoanalitycznej Freuda, tudzież kazuistyka*, in: „Neurologia Polska” (Warszawa) 1910, special issue: „Prace Igo Zjazdu Neurologów, psychiatrów i psychologów polskich odbytego w Warszawie 11–12–13 października 1909 r., ed. Adam Ciągłyński and others p. 613.

theory of dreams.¹⁵ Jan Nelken, associated with the workshop of Carl Gustav Jung in Burghölzli, focused on analyzing the symbolism in the fantasies of schizophrenics and claimed that his analysis did not lead to “the creation of individual symbolism, but to the recreation of entire systems of symbols from the ancient world, that is an individual in a state of strong introversion recreates the sets of thoughts, feelings, and desires of the whole race, which, long ago repressed from collective consciousness, were revived in the symbols contained in myths, cults, etc.”¹⁶ Consequently, participants of the Congress less familiar with Freud’s and Jung’s theories might have gotten the impression that psychoanalysis dealt mostly with schizophrenic fantasies of the mentally ill and with dreams. It corresponded to the neo-Romantic atmosphere of Young Poland prevailing at the time in the Kraków artistic community. Another thing is that, because of its specialized nature, the Congress did not arouse much interest in this community. Its most prominent member was Stanisław Przybyszewski, who was deeply convinced that it was him rather than Freud who first discovered “the unconscious.”¹⁷ But there was one exception: Karol Irzykowski made an appearance at the Congress. This outstanding literary critic was also the author of the novel *Pałuba. Sny Marii Dunin* [*The Hag. The Dreams of Maria Dunin*]. This book, published in 1902, contained a number of themes showing an amazing affinity with Freud’s *The Interpretation of Dreams*.¹⁸ Inspired by what he heard at the Congress about psychoanalysis, Irzykowski later wrote the article “Freudianism and Freudists” in which he stated that the theory of the Viennese psychiatrist had a great future ahead of it.¹⁹

But of crucial importance in Polish Romantic literature is another topos that, to an equal degree, influenced the way Freud’s theory was read by Polish

15 The paper was later published as: Herman Nunberg, “Niespełnione życzenia według nauki Freuda,” *Neurologia Polska*, Vol. III, No. 1 (1913), pp. 1–13.

16 Jan Nelken, “Badania psychoanalityczne chorób nerwowych,” *Neurologia Polska*, Vol. III, No.1 (1913), p. 251.

17 Stanisław Przybyszewski was a leading Polish writer of the Young Poland period. In 1898 he arrived in Kraków from Berlin, where he had been a leading representative of the local bohemia. He gained fame in Germany with his essays on Chopin, Nietzsche, Wiegeland, Munch, and Hamsun.

18 Irzykowski’s presence was noted by Ludwik Jekels in his report from the Congress for the *Internationale Zeitschrift für ärztliche Psychoanalyse*. See Ludwik Jekels, “Vom II. Polnischen Neurologen- und Psychiater-Kongreß in Krakau (20. Bis 23 Dezember 1912),” *Internationale Zeitschrift für ärztliche Psychoanalyse*, No. 2 (1913), pp. 191–192.

19 Karol Irzykowski, “Freudyzm i freudyści,” *Prawda*, No. 2–6, 8–9 (1913), pp. 1–2; reprinted in: *Kronos*, No. 1 (2010), pp. 215–229.

psychoanalysts during the partitions and in the interwar period. It is the topos of the transformation of the Romantic hero, who at first is a young man unhappily in love, but becomes aware that his main task in life is to fight for the freedom of his country. This topos is captured in *Forefathers' Eve* in the key scene of the protagonist's transformation from Gustaw into Konrad, and it appears in the dramas and poetry of Juliusz Słowacki. In the works of Mickiewicz, this theme also serves as the foundation for the concept of Messianism, which assigned to Poland the role of "Christ of Nations." According to this idea, the Polish people were to shed the yoke of the occupiers through their relentless fight for independence and thus bring freedom to other European nations deprived of their own statehood.

Mickiewicz tried to implement this messianic idea by creating Polish legions in Italy and Turkey, with one detachment composed of Jews. But it soon turned out that the idea had little chance of success in the political reality of the time. Interestingly, the messianic idea developed by Mickiewicz strongly influenced not only the Polish intelligentsia, but also the new Jewish Messianism which later emerged in Galicia and was based on the Jewish return to Palestine.²⁰

It is not a coincidence that when we follow the reception of Freud's theory by the Polish medical community in 1909–1939, our attention is drawn to numerous discussions on the emancipatory claim contained within it. As I have already said, Freud's theory assumed a radical change in self-knowledge, both that of the patient and of society as a whole. This view was first explicitly posited by Ludwika Karpińska (Luise von Karpinska), a Polish psychologist and philosopher connected with the Jungian and Viennese circles, probably analyzed by Freud himself. She saw a parallel between the type of self-knowledge acquired by the analyzed patient and the emergence of a "new type of man." This is how she writes about the human being of the future, transformed by psychoanalysis: "This type of man will be internally more free, stronger, more persevering in facing hardships, more indulgent to others and more demanding of himself, because he will understand that both evil and good flow from the deepest layer

20 Today, very rich literature on this subject exists. Maria Janion wrote about the links between Mickiewicz's Messianism and Jewish Messianism in her article "Legion żydowski Mickiewicza," in: *Bohater, spisek, śmierć. Wykłady żydowskie* (Warszawa: Wydawnictwo: W.A.B, 2009), pp. 223–258. A few decades later, after their initial propagation, Mickiewicz's messianic ideas will be invoked by the first Zionist activists in Poland during the partitions (i.e., Mordechaj Bentova). See Elkana Margalit, "Social and intellectual origins of the Hashomer Hatzair youth movement 1913–1920," *JOC*, No. 2 (1969), pp. 25–49.

of his essence rather than being dependent on hostile external powers.”²¹ Of course, one can be skeptical of Karpińska’s view that a “deepened” knowledge of the human mind brought about by Freud’s theory would lead to the birth of a “new man” who will be more resistant to hardships and will prevail over his own aggression. In fact, Freud never made such direct and unambiguous pronouncements on this matter. Nevertheless, basing his concept of psychoanalytical therapy on assigning a crucial role to unconscious sexual and aggressive drives in mental disorders and proposing that the patient should change his own attitude toward them, he clearly assumed a change in the patient’s self-knowledge during therapy. It was expected that after the analysis the patient would better comprehend the nature of his desires and the conflicts produced by them.

Due to this assumption, Freud was later faced with the question of how far psychoanalysis could influence the transformation of society. He himself was very restrained on this subject and tried to avoid formulating radical claims. But the fact that this was how his theory was interpreted by many of his students and followers was not accidental. Finally, since he had proclaimed – just like Nietzsche – the death of God and religion and proposed a new “strategy” in dealing with instincts, he could not fail to assume a radical change in the functioning of society. Psychoanalysis was expected to change everything, but before it could happen, it had to take deeper root in society. According to the author of *Totem and Taboo*, this was only a question of time.

3 The beginnings of psychoanalysis in the Polish lands and the assimilation of Jews

The first period of the influence of psychoanalysis on Polish intelligentsia, from 1909 to 1918, was during the partitions when the Polish state did not exist. As I have already mentioned, its followers were mostly young Jews assimilated into Polish culture, usually graduates of medical studies from the Austrian partition (Galicia) and the Congress Kingdom. In their case, assimilation generally meant Polonization, which resulted either from 19th-century patriotic familial traditions (Eugenia Sokolnicka, Maurycy Bornsztajn) or from the aforementioned fact that they grew up in a Polish environment and received an education in Polish schools and universities. There, they not only mastered Polish, but also gained knowledge about Polish cultural traditions, with which they

21 Ludwika Karpińska, “O psychoanalizie,” *Ruch Filozoficzny*, Vol. IV, No. 2 (1914), pp. 33–38.

identified. Other factors, psychological, environmental, familial, and so on, were often at play too. But in the Prussian partition, due to the brutal policies of Germanization forced on the Polish population (the prohibition on using Polish in schools, the absence of Polish universities, and so on), such possibilities did not exist. As a result, the assimilation of Jews in the Prussian partition meant their Germanization. Moreover, unlike the Jewish population in Galicia and Congress Kingdom, which was overall very poor, in Prussia assimilated Jews formed a wealthy and well-educated segment of the German middle class. Therefore, their assimilation up until World War I was very rapid and successful.²²

Another important factor was the fact that in all the partitions, especially the Russian one, almost all of the Polish intelligentsia was involved in underground pro-independence activities. And in Galicia, due to the wide-ranging autonomy of the province, Polish-language literary and cultural life flourished. These historical and cultural contexts allow us to understand why a significant number of assimilating Jews were Polonized, despite the fact that no Polish state existed at the time. These were very often reciprocal processes, which is well-illustrated by the words of Helena Deutsch, who was born in Przemyśl under the Austrian partition:

In the period leading up to World War I, Poland was a vortex of clashing social trends. In my immediate surroundings, contradictory ideologies appeared in three generations of my ancestors, who bore the heavy burden of being a Polish Jew. [...] In some families religious orthodoxy was deeply ingrained, while in others you could have an Orthodox grandfather, but also a completely assimilated grandson considering himself Polish. These assimilated young people took an active part in Polish political demonstrations, national holidays and the like, and there were even those who joined in sporadic acts of resistance against the Austrian Empire.²³

Deutsch speaks here about the divisions within Jewish communities in the Austro-Hungarian Monarchy, where the Polish independence movement was not as strong as in the Russian partition. This explains why almost all psychoanalytically oriented psychiatrists getting their medical education in this partition were involved in political activities and belonged to left-wing underground organizations. We could name here Waclaw Radecki, the aforementioned Bornstein and Nelken, as well as Karpińska, Sokolnicka, and Gincburg.

22 This was the result of a deliberate immigration policy towards Jews pursued by Prussian kings in the 19th century. One of the key elements of this policy was the introduction of property qualifications for every Jewish immigrant.

23 Helen Deutsch, *Confrontations with Myself* (New York: W.W. Norton & Company, 1973), p. 83.

This left-wing approach, often combined with elements of social and cultural liberalism, will be characteristic also for the interwar Polish psychiatrists with a psychoanalytical orientation: Adam Wizel, Tadeusz Bilikiewicz, Roman Markuszewicz, and the most eminent of them all, Gustaw Bychowski. When pointing out the crucial role of the Romantic theme of the protagonist's transformation in shaping the national identity of the 19th-century Polish intelligentsia, we should also note that in the literature of Positivism, that is the epoch which succeeded Romanticism, this theme assumes a new form. After the defeat of the 1863 uprising, which resulted in thousands of its participants being exiled to Siberia, the period of the Positivist fascination of the Polish intelligentsia with the discoveries of the natural sciences and scientific-technological progress began. The Romantic hero turns from an indomitable warrior, fighting for the independence of his country, into an intellectual and a social activist obsessed with raising the level of education in society and establishing a system of health care accessible to all.

The national hero is now a doctor working "at the grassroots" of social existence. He is ready to treat the sick for free, often risking his own health. When, for example, I read in Phyllis Grosskurth's monograph on Melanie Klein that her father, a doctor from Lviv, traveled from village to village during a typhoid fever epidemic and treated people for free, the idea of "grassroots work," popular among the Polish intelligentsia at the time, automatically springs to mind.²⁴ And I vividly see the figure of Judym from Żeromski's *Ludzie bezdomni* [Homeless people], a young doctor from a Jewish family who puts a sign on the door of his office saying that he will receive patients without charging them. Or when I learn that, after his wife's suicide, Jekels sold his sanatorium in Bystra – apparently for quite a modest sum – to the Group of Polish Miners from Karvina, who arranged a House of Health for – as the text on the information board informed – "their sickly wives and daughters wasted by chlorosis."²⁵

At the turn of the 20th century, the situation changed to a certain degree, namely the underground independence movement became more active, especially in the Congress Kingdom. As a result, the two models of the hero, Romantic and Positivist, merged. The new role model for the Polish intellectual was an independence fighter who was also an ardent social activist, and who believed in the idea of "organic work" and advocated left-wing causes of equality

24 Phyllis Grosskurth, *Melanie Klein: Her World and Her Work* (New York: Knopf, 1986).

25 Such information can be found in the history of the Bystra hospital. See <http://www.szpitalbystra.pl/index.php/o-nas/historia>.

and social justice. He considered selfless service to society, utilizing his skills and knowledge, as patriotic activity.

The influence of these ideas was particularly visible in the pedagogical, philosophical, and medical communities. This was the period of the pre-eminence of great social activists in Polish science and medicine, involved in the development of health care and raising the level of hygiene in Polish society. We should name here Edward Abramowski, who was also – along with Kazimierz Twardowski from Lviv – the greatest Polish psychologist at the turn of the century. Incidentally, he was the author of the work *Experimental Research on Memory*, with two volumes devoted to the subject of the “unconscious.”²⁶ He understood this term quite differently than Freud, but his works prepared the ground for a wide-ranging interest in psychoanalysis in the Polish medical community. Another great physician and social activist was Ludwik Natanson, who pointed out the important role of unconscious determinants in conscious behavior and thinking.²⁷ This figure deserves particular attention in the context of our analysis, because he initiated the construction of the Jewish Hospital in the Warsaw district of *Czyste*, having for several decades collected funds from private persons. In the interwar period, this hospital was the main center of psychoanalytical thought and practice in Poland.

Finally, we should mention Adam Wizel, the doyen of Polish psychiatry, who at the end of his life in the 1920s took an interest in psychoanalysis. Wizel was also involved in the efforts to build the aforementioned hospital, and its first buildings were constructed in 1902. In 1906, along with Samuel Goldflam, Wizel founded the Society for the Care of Poor, Neurotic and Mentally Ill Jews, and in 1908 had a part in the establishment of the well-known institution for mentally ill Jews, the famous “Zofiówka,” in Otwock, Warsaw. In the 1930s its director was the psychiatrist Jakub Frostig, inventor of insulin shock therapy for schizophrenia and a person analyzed by Fenichel.

Writing about the beginnings of the reception of psychoanalysis in “Polish lands” during the partitions, I strongly emphasize this social and cultural context, because it makes it easier to understand the importance of social activism, sometimes combined with pro-independence political involvement, in the biographies of early Polish psychoanalysts and psychiatrists of Jewish origin. It also

26 Edward Abramowski, *Badania doświadczalne nad pamięcią* (Warsaw: E. Wende i S-ka, 1910), Vol. I–III.

27 Ludwik Natanson, *Teorya jestestw idiodynamicznych*, (Warszawa: W drukarni J. Bergera, 1883).

highlights the extremely difficult conditions for therapeutic work during the partitions, as well as in the interwar period; these people often lacked adequate material resources and equipment (of course, this was also associated with the fact that the so-called Second Industrial Revolution as understood by Zaretsky was still in its initial phase here).

In this situation, the involvement of the Polish and Jewish medical community in social activism was a natural attempt at compensating, at least to some extent, for the terrible condition of the clinical infrastructure. This community was characterized by a unique ethos in this respect. In one of his articles, Jan Nelken quotes statistical data on the number of inhabitants of particular Austro-Hungarian provinces per psychiatric ward bed. In other provinces this number was usually between 600 and 1100, while in Galicia there were 6,494 inhabitants per bed.²⁸ The situation in the Russian partition did not look any better, and it concerned hospitals both for the Polish and Jewish populations. Adam Wizel wrote about this in 1899:

The deficit of lunatic asylums is a great social evil in our country [...]. Each of our psychiatric wards serves as a shelter for a huge number of patients who are not eligible for hospitalization. [...] Today, a patient with acute psychosis who could be cured knocks in vain at the hospital gates. He cannot get there, because his place is occupied by a demented mental cripple [...]. And the sick person goes away from the hospital and waits for a free bed until he himself becomes a demented mental cripple.²⁹

This disastrous state of the health care system persisted in Poland in the interwar period. Zofia Podgórska-Klawe writes about the conditions that prevailed in the psychiatric wards of Warsaw hospitals in the 1920s: “The state of psychiatric wards was the worst. [...] In addition, they were hugely overcrowded. During an inspection it turned out that often two patients were put in one bed and under one blanket.”³⁰ It also happened that patients were laid on the floor on mats, in the corridor, and even on the stairs. There were conflicts and even fights between patients, and the police sometimes had to intervene. Such working conditions were difficult to imagine for the Austrian members of the Vienna Psychoanalytical Society. No wonder that native psychiatrists often had

28 Jan Nelken, “O potrzebie państwowego Zakładu dla umysłowo chorych zbrodniarzy w Galicji,” *Lwowski Przegląd Lekarski*, No. 42 (1913), pp. 667–671.

29 Adam Wizel, “Ze spraw szpitalnych,” *Medycyna*, Vol. XXVII, No. 12 (1899), pp. 274–277, Vol. XXVII, No. 13, pp. 298–300.

30 Zofia Podgórska-Klawe, “Szpital Starozakonnych w Warszawie,” part 2, *Pamiętnik Towarzystwa Lekarskiego Warszawskiego*, 2008. <https://docplayer.pl/5161017-Zarys-historii-szpitala-wolskiego-dawniej-szpitala-starozakonnych-na-czystem.html>.

to deal with psychotic, deeply disordered patients completely unable to function in society.

These difficulties were exacerbated by poor social awareness of the importance of various forms of mental therapy for the functioning of the community. The very idea of visiting a psychiatrist degraded the individual in the eyes of the people around him, and such a person was subject to social exclusion. This state of social awareness in the context of mental disorders was suggestively expressed by Roman Markuszewicz in his funeral address for Adam Wizel:

[...] Psychiatrists are still working in much too-difficult conditions, our society shows too little understanding of psychiatry, of this field of the medical sciences which combines knowledge of both the human body and soul – and therefore it should be the pinnacle of the medical sciences, but in fact it is a poor relation. And therefore the life of the psychiatrist is difficult: for he has to struggle not only against the tough problems which he constantly encounters in his scholarly activity – but he must also overcome the indifference of society towards those whom people contemptuously call “loonies.”³¹

These circumstances, of both an objective and subjective nature, were due largely to the fact that in the interwar period Poland was an economically backward agricultural country where the middle class (in the Western sense of this term) was only starting to emerge. And even this was mostly thanks to the economic activity of the Jewish population. Using Eli Zaretsky's terminology, Poland was a country which, unlike its Western counterparts, did not have a Second Industrial Revolution. According to Zaretsky, the importance of this revolution for the popularity of psychoanalysis in the West was because it gave the individual the freedom to decide about his personal life, especially the sexual sphere.³² This does not mean that the middle class indulged in sexual behaviors incompatible with the rigorous approach to the whole sphere of sexuality espoused by the Church (promiscuity, visits to brothels by men, the diversity of sexual positions, using various contraceptives, frequent changes of partners, premarital sex, and so on). On the contrary, they were treated as something obvious and natural in “social practice.” And perverse behaviors, the sexual harassment of women, the

31 Roman Markuszewicz, “O działalności naukowej ś.p. D-ra Adama Wizła” (a paper delivered on December 17, 1928, at a meeting of the Psychological Section of the Warsaw Philosophical Society), *Medycyna*, No. 17–18 (1929), p. 261.

32 Zaretsky, *The Secrets of the Soul*, pp. 15–115.

sexual abuse of children by adults, and other such behaviors constituted taboos. People often knew about them, but they simply tried to ignore them.³³

But in the sphere of public life and officially declared attitudes, there was evident pressure from the cultural Superego, rigorously shaped by religious tradition. Succumbing to its impact, people treated sexuality as an expression of a biologically rooted striving for procreation, and it was held to be of secondary importance in the realm of human mental experience. This was clearly manifested in the manner in which Freud's claims about sexuality were received in the Polish interwar academic community: he was accused of crude "pansexualism" and subjected to devastating criticism.

So Zaretsky is clearly correct when he says that the changes in social consciousness (and subconsciousness) which took place under the impact of the Second Industrial Revolution in the United States and Western European countries were among the key factors that, at least since the 1920s, had led to the popularization of psychoanalysis among the middle class in these countries. This means that although his hypothesis is problematic in the context of the early "Viennese" period of the emergence of the psychoanalytical movement and its spread in Central and Eastern Europe, it explains very well the later shift of the center of gravity in the development of this movement in Western European countries and the United States.

In the Polish and Jewish societies of the interwar period, this "Western," liberal, self-aware approach to this sphere of the individual's private life was characteristic only for an elitist, well-educated, and wealthy bourgeoisie with liberal-leftist views. Czesław Miłosz perceived this very clearly when he said in an article for the *Pionier* journal from 1932 that "Freudianism and liberated sexualism" was the "ideological menu" of the "fat Polish and Jewish bourgeoisie," but it was alien for the petty bourgeoisie.³⁴ This explains why in interwar Poland a psychotherapist who wanted to use the "talking cure" in his private practice could not count on many patients. Sexual matters were generally treated as "embarrassing"; they were instinctively associated with something dirty and sinful, and in addition they were considered to be of little importance for the various complications of human mental life. Another problem is that we know very little

33 This prudish and hypocritical attitude towards sexuality in Polish bourgeois circles in the interwar period is described by Kamil Janicki in his book *Epoka hipokryzji. Seks i erotyka w przedwojennej Polsce* (Kraków: Ciekawostki Historyczne, 2015).

34 See Czesław Miłosz, "Dwa fałszy et co.," in: *Przygody młodego umysłu*, ed. Anna Stawiarska, (Kraków: Wydawnictwo Znak, 2003), pp. 56–57.

even about those few patients, mainly Jews, who were subjected to psychoanalytical treatment (or its elements) – for the simple reason that an overwhelming majority of them were murdered during the war. In any case, the preserved accounts of Bychowski, Bornsztajn, Matecki, or Markuszewicz from their therapies show that they attempted to follow the methodological requirements of Freudian psychoanalysis.

4 Where did Freud come from?

Let us return to Karpińska's statement on the development of a new human personality through psychoanalysis. Freud, as I have already mentioned, never spoke so radically about the man of the future transformed by psychoanalysis, although this idea certainly appeared on the horizon of his theory. This is evidenced not only by his numerous comments in his articles and letters or by his later works in social and cultural theories. The numerous continuations of his theory also testify to this, such as the ideas of Wilhelm Reich or Herbert Marcuse, where psychoanalysis was expected to play – along with Marxist theory – a crucial role in transforming the economic and political order in Western European and American societies.

This emancipatory claim is of key importance for understanding the dynamic development of psychoanalysis in Central and Eastern Europe in the first half of the 20th century, because, as I have also mentioned, it was attuned to large-scale assimilation among Jews. Young representatives of the Jewish community, usually from petty bourgeois families, saw higher education as a basic means to gain a higher social status and to assimilate with people from different ethnic backgrounds. Since the easiest way to a career and social respect was through the professions of physician and lawyer, young Jews stormed the doors of medical and legal departments. Members of the Vienna psychoanalytical society centered around Freud came mostly from the medical profession.

In their case, the fascination with the therapeutic method proposed by Freud, assuming a change of the patient's attitude to the instinctive foundations of his mental life – and thus a change of his self-understanding – was combined with the hope that in the future this would lead to the emergence of a new, psychoanalytically emancipated type of man, who would be free from the negative influences of these drives, or at least neutralize them to some extent. In a word, the emancipation of the individual from his drives was to be followed by a collective emancipation of the whole society. Jewish medical students saw the emancipatory claim of psychoanalysis as an extension of the emancipatory strivings and ambitions of which they were an embodiment. One can say that the particular

attractiveness of Freud's theory in their eyes came from the fact that this theory assumed a transformation of self-awareness, not so much in the horizontal perspective, or through the individual's adaptation to his environment, but in the vertical perspective, namely through a change in the functioning of the whole "economy" of his mental life. The change should be profound, affecting not only the surface of consciousness, but also reach into the unconscious instinctive roots of the human mind.

This leads to the conclusion that a crucial role in the emergence and development of the psychoanalytical movement in the Austro-Hungarian Monarchy, and then in its spread into other countries of the Central and Eastern European region, was played by the emancipatory strivings of assimilated and assimilating Jewish communities. This factor was marginalized in Zaretsky's monograph. Due to the fact that the Second Industrial Revolution in particular regions of the Monarchy was only beginning and in some areas, for example in Galicia, semi-feudal economic relations still prevailed,³⁵ we can hardly speak about radical changes in general social consciousness as described by Zaretsky in *The Secrets of the Soul*.

For this reason, only a small part of the Viennese population could undergo the form of therapy proposed by Freud. The category of potential patients was even narrower in Budapest, Prague, Lviv, Kraków, and Warsaw. In short, there was a very small group of patients ready to take a reflexive-critical approach to their own "personal unconscious."³⁶ The lack of patients corresponded with the academic and social isolation of the psychoanalytical movement, formed by a small group of young Jewish doctors treated very suspiciously by the university and bourgeois circles. Moreover, most members of this movement showed left-wing political sympathies, which was not very popular among the bourgeoisie in the Habsburg Monarchy, so the academic and social isolation was exacerbated by political isolation.

If the main claim of Zaretsky's book was true, namely his claim that there is an affinity between Freud's concept of the "personal unconscious" and the notion of an individual liberated from family ties and the pressure of tradition by the Second Industrial Revolution, the psychoanalytical movement in Vienna and particular regions of the Monarchy had no right to emerge and to develop.

35 Larry Wolff writes about this in his book *The Idea of Galicia. History and Fantasy in Habsburg Political Culture* (Stanford, California: Stanford University Press, 2010), pp. 308–350.

36 See Zaretsky, *The Secrets of the Soul*, pp. 15–40.

So where did Freud and the psychoanalytical movement around him come from? The genealogy of this movement is similar to the pedigree of many other scientific theories whose authors propose a radically new discourse within a given discipline, undermining the existing conceptual paradigms. Such discourses provide new perspectives for looking at the issues at hand and explain them better than existing theories; at first, such a discourse provokes widespread criticism, but then gradually gains acceptance in a given academic community and finds a growing group of supporters. We are dealing here with a process which basically took place in the sphere of scientific thought, and its course looked more or less as it was described in Thomas S. Kuhn's famous book *The Structure of Scientific Revolutions*.³⁷

In the case of Freud's psychoanalytical theory, the underlying understanding of the relationship between the system of consciousness and the unconscious was of decisive importance, as it led to a completely different perception of the whole "mental apparatus" and a new recognition of particular mental phenomena and the relationships between them (dreams, symptoms). It was followed by a new method, developed by Freud, of conducting therapy, also quite distinct in its assumptions from contemporary mainstream psychiatry and psychotherapy.

From this perspective, the issue of social changes taking place under the impact of the Second Industrial Revolution was of secondary importance, in part for the simple reason that in the Austro-Hungarian Monarchy these transformations were still in the incipient stage. The fact that, as it later turned out, an important determinant of Freud's concept of the unconscious was its individual, personal nature, which implied the idea of an agent "free" from familial influences and religious tradition, could not yet correspond with the free-market changes in the Habsburg Monarchy and the emergence on a mass scale of a new middle class with a liberal approach to sexuality. The Freudian concept of the unconscious was in line with these transformations, but it was essentially a product of his theoretical thought, rather than an effect of cultural and economic transformations in the Monarchy.

An important role in the later development of the psychoanalytical movement was played by the processes – increasingly intense in the second half of the 19th century – of assimilation and emancipation of Jewish communities under Austro-Hungarian rule. Massive enrollment of younger Jews and Jewesses in the medical departments of Vienna, Budapest, Prague, Kraków, Lviv, Warsaw,

37 Thomas S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1962).

and Russian cities, on a scale incomparable to that in Western countries, was the foundation for the dynamic development of the movement. That was the distinguishing feature of the spread of psychoanalysis in Central and Eastern European medical communities, and this process concerned mostly young Jewish graduates of medical departments at universities in this region (and in Switzerland), rather than the widely respected professorial class which usually subscribed to completely different forms of therapy. In this region, the process fundamentally differed from the way in which, according to Kuhn, new scientific theories usually emerge within a given discipline.

This should also explain the “incomprehensible” fact that in the Habsburg Monarchy, that is a country which was then at the periphery of free-market economic and cultural processes, a tendency emerged which in its assumptions seemed to correspond to the cultural and social transformations occurring at this time in the United States and Western Europe. And this found its telling illustration in the 1920s, when Germany, France, Great Britain, and the United States became the main centers of the psychoanalytical movement.

The birth of the psychoanalytical movement in Vienna and its spread to other urban centers in the Habsburg Monarchy and the neighboring countries was an unusual event, in the sense that the movement's main foundation was the intellectual capital brought by representatives of assimilated Jewish communities in Central and Eastern Europe. This intellectual capital materialized very quickly through the constant enrichment and modification of Freud's theoretical insights and ideas with a number of new approaches and refinements. And also, of course, through the emergence of various rival proposals, which Freud usually disavowed and rejected (Stekel, Adler, Tausk, Rank and, of course, Jung). This dynamic development and the emergence of a number of new theoretical ideas within it was enabled by the fact that psychoanalysis was a completely new discipline still in the process of formation, not yet solidified institutionally and not subjected to strict methodological rigor. This opened a space for various types of innovation, leading in time to the emergence of a psychoanalytical discourse using its own terminology, quite distinct from all other discourses prevailing in psychiatry and psychotherapy at the time. It was, to use Foucault's term, a discourse with a separate *episteme*, incomparable to the *episteme* of other discourses from that era; its authors and followers started to obsessively protect its distinctiveness, for good and for bad. This is why this peculiar *episteme* of psychoanalysis, which could not be forced into the epistemological patterns of neo-positivist science, so badly irritated Wittgenstein, Popper, and others. And still irritates the heirs of this philosophical tradition.

But if we look at it within the wider context of cultural and social transformations which, along with the dynamic development of capitalist economic forms, took place above all in Western countries (but not in the Habsburg Monarchy), it turns out that Freud's theory, with its concept of the "personal unconscious," was in tune with these transformations. His concept assumed that the patient, as a free agent, was capable of taking a critical approach to his dependencies on others, which lay at the source of his disorders, and of radically changing his relations with them. The effectiveness of this type of therapy was based largely on the extent to which interpersonal relations – with family, friends, and colleagues – in a given community allowed the emancipation of the individual from his dependencies.

In the countries of Central and Eastern Europe we can hardly speak about the emergence of this type of modern society, which influenced the situation of the psychoanalytical movement in the region. On the one hand, the movement was part of modernization and supported it, but on the other hand, since these processes were very weak and the movement was made up mostly of young, emancipated Jews, it soon acquired an elitist and self-enclosed character. It became a kind of curiosity with practically no chance of taking root outside the milieu of the wealthy Viennese bourgeoisie. This was the main reason for the social isolation of the movement's representatives, exacerbated by anti-Semitism, ubiquitous in the entire Habsburg Monarchy and later growing throughout Europe until the 1930s.

So in order to understand this peculiar situation of the psychoanalytical movement in Central and Eastern Europe, it is necessary to reverse the perspective adopted by Zaretsky and to point out that the movement, paradoxically, first emerged in countries where the Second Industrial Revolution was still in its infancy. The trend was several decades ahead of the time when its actual social and cultural rooting took place. Its underlying theory of human mental life and the form of therapy derived from it assumed such a picture of the agent/patient, of the free personal I, which in Central and Eastern Europe did not yet exist on a mass scale. Therefore, the overwhelming majority of potential patients were not mentally prepared for active, creative participation in this form of therapy, also because of the pressure of existing traditions and family ties. This same factor resulted in a strong resistance to this form of therapy.

We will find an abundance of testimonies confirming the widespread dislike or even hostility to the movement, if we study the statements on this subject made by leading representatives of the academic community in Vienna and the reactions to the initial efforts by Sándor Ferenczi to establish a psychoanalytical society in Budapest. The situation in Polish psychiatry was different, because

during the two congresses held in 1909 and 1912, some dozen papers on psychoanalysis were delivered by Jekels, Nunberg, Nelken, Karpińska, Borowiecki, and others. The very fact that so many supporters and sympathizers of Freud's and Jung's theories could be found in the Polish medical community was something exceptional for the era. But overall, the Polish intelligentsia and bourgeoisie in Galicia and the Congress Kingdom were also very suspicious of psychoanalysis as a theory and therapeutic practice. A telling illustration of this is provided by Nunberg's words on the failure of his and Jekels' attempts to introduce analytical therapy to the sanatorium in Bystra. In his reports for the Vienna Psychoanalytical Society, he wrote that one of the reasons for Jekels' closing of this sanatorium was the dramatically decreasing number of patients ready to undergo this type of therapy.³⁸ Another reason was the failed attempt (strongly encouraged by Freud) by Jekels – and later Sokolnicka – in 1919 to found a Polish psychoanalytical society in Warsaw.

The situation in the interwar period was no better. This was caused, on the one hand, by the emigration of such leading figures of the movement as Jekels, Nunberg, and Sokolnicka, and on the other hand, the departure from the systematic practice of psychoanalytical therapy by Karpińska, de Beauraine, and Nelken. They abandoned their previously intense contacts with the psychoanalytical milieu centered around Freud and Jung, and turned their interests to other specialities and trends in contemporary psychology and psychiatry. It should be remembered that in the interwar period, Poland was essentially an agricultural country with 80 percent of the population living in the countryside and with only small industrial centers, while the middle class was somewhat limited. At the same time, about 80 percent of the three-million-strong Jewish population lived in poverty and was hostile to any emancipatory and assimilatory processes. At that time, privately practicing a psychoanalytical form of therapy bordered on heroism in Poland.

No wonder that psychoanalysis was mainly practiced in hospitals, and the patients were usually deeply disturbed schizophrenics completely unable to function socially. These were the type of patients dealt with by a group of psychiatrists in the Jewish Warsaw Hospital in Czyste, the main center where Freudian therapy was practiced in the interwar period. The group included Gustaw Bychowski, Maurycy Bornsztajn, Władysław Matecki, and Roman Markuszewicz, whose work and achievements I will describe in more detail

38 Herman Nunberg, Ernst Federn, eds., trans. H. Nunberg, *Minutes of the Vienna Psychoanalytical Society*, Vol. II (1908–1910), (New York: 1974).

in the second volume of this work. Like in most cases in Vienna, Hungary, Czechoslovakia, and Russia, they all came from assimilated Jewish families, and made an important contribution to the development of Polish psychiatry and psychotherapy. Just like in those other countries, they sympathized with the political left and hoped for transformations of the collective consciousness through psychoanalysis, which was expected to lead to the gradual emergence of a new type of society which would not only be sexually emancipated, but also liberated from aggression. This hope broke down in the 1930s with the wave of anti-Semitism sweeping across Europe, which in Poland found its expression also in regulations limiting access to universities and a number of occupations for Jews. However, the time of greatest despair came in September 1939, when after the military defeat of Poland, the Hospital in Czyste and the Asylum for Mentally Ill Jews in Otwock were attacked. All patients were murdered on the spot, while Jewish doctors and their assistants were resettled to the ghetto, where within the next two years most of them died of starvation and various infectious diseases. But I will write more about this matter in the second part of the book.

