

IV Psychoanalysis and the truth of sexuality

Truth is always good, [...] and it concerns also the truth about sexual life. This claim will not be overthrown by any prudery, any moral hypocrisy. He who has recognized the huge importance of the sexual drive for all of culture, who, like the author of the present work, has studied for many years the relation between the problem of sexuality and culture from the point of view of medicine, anthropology, ethnology, literature and history of culture, he has not only the right, but also the duty to announce his findings, to publicly proclaim his views and to take a definite position on the pressing issues of the present day.

Ivan Bloch, *Das Sexuelleben unserer Zeit in seiner Beziehungen zur modernen Kultur*

1 Psychoanalysis and the Church. Sexuality as an area of conflict

This review of writings demonstrating the avid, rich reception of Freud's theory in the Polish academic community in 1900–1918 under the Austrian and Russian partitions shows that it was most widespread and intense in the medical profession, primarily among psychologists and psychiatrists. The rest of the academic community – for example, philosophers and literary scholars – approached it with considerable interest, but also with considerable distance.

The news about this new theory – although it is difficult to verify it today – must have also reached a wider “intelligent public,” although hardly anyone took it seriously here. We must remember that the medical journals and books to which texts on Freud were largely confined were addressed to a narrow group of recipients and were not widely available. At the same time, however, open lectures on psychoanalysis, delivered by such people as Jekels, Nunberg, and Karpińska, were held in cities like Kraków, Lviv, Warsaw, and Łódź; the daily press published various commentaries on it; psychoanalysis was discussed in cafes, appeared in gossip, and so on. One illustration of this is Jekels' letter to Freud (see above) in which the former proudly announces to the latter that newspapers widely covered the speeches on psychoanalysis at the Second Congress of Polish Neurologists, Psychiatrists, and Psychologists. And finally, we know that in this pioneering period psychoanalysis as a form of therapy was

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practiced – or at least its elements were included in therapy – by such people as Nunberg (in Częstochowa, Kraków, and Bystra); Jekels (in Bystra); Karpińska (in Zakopane); Jaroszyński (in Kraków); Bornsztajn (in Warsaw); and finally de Beaurain (in Zakopane).

Case studies appearing in the works of these psychiatrists often give us important insights into the mental condition of Polish society at the time. They can serve today as an excellent starting point for anthropologic, cultural, and sociological reflections. We can see, for example, that the very fact that the psychiatrist pointed to the excessive restriction of sexual drives as a source of his patients' mental problems created a situation of conflict with widespread notions perpetuated by tradition. It was the Church which stood behind these notions, with its concept of the "good Christian" (not to mention the "good Polish Catholic").

An excellent illustration of the enormous pressure exerted on various forms of secular authority by the Church is the story told by Nunberg in his memoirs (see above).²⁷⁰ It is worth recalling briefly in the current context. Nunberg writes that, while working in Professor Piltz's clinic in Kraków, he conducted an analysis of a patient who was the sister of a bishop's cook. The patient told her sister everything that went on during the sessions, where conversation revolved around the problems of her sexual life. The sister repeated everything to the bishop, who was deeply indignant and called Professor Piltz, probably demanding punishment for the therapist who morally depraved the patient. Piltz found a diplomatic solution and announced to the bishop that from then on he would be treating the patient, and he did not take any disciplinary action against Nunberg.

Nunberg ends his account with a profound sigh: "Such was the power of the Catholic Church in Poland."²⁷¹ This was, of course, the power over the peoples' "souls," but through souls also power over their bodies. This was expressed in the Church acting as the last moral instance in assessing various kinds of behaviors in the public and private sphere (the Church had access to the latter thanks to the institution of confession), and especially those which concerned the sexual sphere. Psychoanalysis must have appeared particularly suspicious to the Church's representatives because of its "rival" claim to a deep transformation in the patient's self-knowledge. Adam Bżoch points this out in his book on the history of Slovak psychoanalysis, citing an example of criticism of psychoanalysis by the Slovak Catholic theologian Alexander Spesz. This claim "seemed to threaten the irrefutable sacramental status of confession and undermine the foundations

270 See, p. 84 of this book.

271 Nunberg, *Memoirs*, p. 13.

of institutionalized religiosity. The author [Spesz] feared that the analyst's sofa would eventually replace the confessional."²⁷² In a word, the Catholic Church feared that once psychoanalysis gained widespread social acceptance, the Church would lose its monopoly on influencing and supervising the souls of the faithful. So it was no accident that psychoanalysis was often harshly criticized by the clergy.

The Church also had a large share in shaping the contemporary model of raising children, which was repressive towards sexuality and condemned all forms of sexual behavior, including masturbation and homosexuality, which it stigmatized as a mortal sin. The sexual life of married couples was also subject to many restrictions: many sexual behaviors (e.g., certain positions) were prohibited, extramarital sex – especially by women – was harshly condemned, and church divorces were granted only in exceptional situations.

The effect was the spread of various neurotic disorders, especially the obsessive-compulsive disorder. The situation was similar in the remaining provinces of the Austro-Hungarian Monarchy, regardless of which Church – Roman Catholic, Greek Catholic, Protestant, or Orthodox – held the dominant position in a given region. Only with this cultural context in mind can we fully appreciate the enormity of the challenge to public opinion and morality posed by Freud's views on sexuality, especially those expressed in *The Three Essays on Sexual Theory*.

Some idea about the serious disorders produced by the approach to sexuality imposed by the Church and sanctioned by society can be glimpsed from case studies found in the works of Polish psychiatrists from this period, and they are quite numerous (Jekels, Borowiecki, Jaroszyński, and others). They also provide valuable research material for sociologists and cultural scholars wanting to recreate the mental condition of Polish society in Galicia and the Congress Kingdom at the time on the basis of mental conflicts and disorders described therein.

2 An affair with a carter and an obsession with sin. Jaroszyński's case studies of the obsessive-compulsive disorder

A whole range of such examples is contained in Tadeusz Jaroszyński's work *Przyczynek do nauki o psychonerwicach* (A contribution to the study of

272 Bżoch, *Psychoanalizie in der Slowakei*, p. 46.

psychoneuroses).²⁷³ The author attempts to classify psychoneuroses and repeatedly quotes Freud's pronouncements on this matter, as well as opinions of other leading psychiatrists from that time (Jean Martin Charcot, Ludwig Binswanger, Carl Gustav Jung, Józef Babiński, and others). For every type of such disorders he gives a number of examples from his own therapeutic practice, his patients being inhabitants of Galicia, usually of Kraków and its environs. Anxiety disorders are predominant: "According to Freud, this suffering usually appears in these persons who are not completely satisfied sexually, so it develops in fiancées, widows, abstainers (especially after previous sexual abuses), spouses using 'coitus reservatus' or 'interruptus' etc. – in a word, all those with a self-poisoning produced by the physiological substances secreted by the gonads."²⁷⁴

I do not recall Freud mentioning fiancées, widows, and abstainers in this context or using the term "self-poisoning" (at least in the sense given by Jaroszyński). But I will treat this comment as Jaroszyński's creative interpretation of Freud's belief, and I will take a closer look at two cases of anxiety neuroses, with elements of the obsessive-compulsive disorder. The first is the case of a 40-year-old married woman who

comes from a relatively healthy family. [...] She lives in the countryside, she has always liked horses, she often traveled alone with a carter; a few times, when she was 18, she let him get close to her and let him touch her genital parts. 12 years ago she got married, she has two healthy children. She married without love, she was frigid in her sexual acts. After the second child (seven years ago) the patient was very exhausted by the long childbirth and the memory of the occurrence above was revived in her, her guilt assumed huge proportions in her eyes and the patient began to torment herself with remorse; she became unable to work [...].

Two years ago the occurrence with the carter was repeated, allegedly it was a superficial touch of the genital parts by the penis. At that time and later her husband used protective measures during copulation. In the last year the patient became nervous, weak, like she was seven years ago. But a sharp deterioration occurred when she heard from one of her confessors that using protective measures during copulation was a sin and that "for such a sin there is no absolution." From that time on, she started to think and be afraid that [she would be refused absolution]. Because of that she made her confession a few times more and although her confessors calmed her down saying that she would always get absolution, for it is not a mortal sin [...] – these thoughts and fears of being exposed to this great distress were so strong that the patient had to be sent to a sanatorium for

273 Tadeusz Jaroszyński, *Przyczynek do nauki o psychonerwicach, (Analiza 35 przypadków hysterii, neurastenii, nerwicy lękowej i psychastenii)* (Kraków: Drukarnia Uniwersytetu Jagiellońskiego, 1913).

274 Jaroszyński, *Przyczynek do nauki o psychonerwicach*, p. 70.

a second time. All day long the patient was consumed by the thought that she would not get absolution, she constantly thought that she was going to confess, speak about her sin, but that the confessor would not absolve her. Her husband promised her that there would be no intercourse or only intercourse without protective measures, but this did not calm her down, she was not certain if it would be really so and despite repeated assurances of friends and priests that confessors tolerated it if you had your doctor's permission – she constantly doubted if she might not come across a confessor who would be relentless in this respect.

At the same time, the old occurrence with the carter was revived in the patient's memories, and especially the last such event (two years ago), and also in this context she started to be tormented by thoughts and uncertainty if this occurrence was adultery or not. She constantly pictured this moment, how this encounter looked, if it was full copulation or not, if seduction was possible at all in this position; to resolve this doubt, she did a number of "trials" with her hands, legs, torso, imagining the circumstances of this moment and wanting to assure herself that there was no full copulation after all. She calmed down for a moment, but then uncertainty was sparked again and the patient again checked in her thoughts and through simulation if copulation could have taken place.

Repeated persuasions and explanations to the patient that her fears were unfounded, for copulation was impossible in these conditions and the question of absolution was repeatedly resolved, were not convincing for the patient; she often said that "her doubt is stronger than logic" and that she knew very well that her scruples were unjustified, and yet she was unable to chase away the thoughts haunting her and to order herself not to be tormented by them. This state lasted for a few months, the patient was also treated internally and through physical procedures; she finished treatment with some improvement.²⁷⁵

This example eloquently shows that restrictive moral prescriptions on sexuality grounded in Church doctrine may lead to deep complications in the mind of a woman wanting to adapt her behavior to these requirements. Lack of absolution for her sexual "vice" became a crucial problem, driving her into a deep anxiety neurosis.

It should be emphasized that in no case history described by Freud or his students we will find such an eloquent – as well as graphic – confirmation of his claim of the extraordinary "cruelty" of the punishing Superego, sanctioned through religious doctrine recognizing divine commandments and prohibitions as the foundation of all morality. We clearly see here a whole set of various factors listed by Freud which might have caused neuroses based on lack of sexual satisfaction:

275 Jaroszyński, *Przyczynek do nauki o psychonerwicach*, pp. 97–98.

- frivolous sexual behavior of an adolescent girl which is later treated as “premarital cheating”
- sexual frigidity of the patient in her relations with her – probably – much older husband
- limiting sexual relations with her husband or the use of “protective measures” by him, probably from a fear of conceiving another child
- “a momentary lapse” of the patient with a carter and the resultant remorse increased by the lack of absolution from a priest
- an added fear that she would not get absolution also for *coitus interruptus*, as well as for allowing her husband to use unspecified “protective measures”

We do not know, of course, to what extent the patient’s insistence that there was no full intercourse with the carter the second time corresponded to reality and to what extent it was just an attempt to deny and repress what really occurred. But even if we assume her own “mild” version, it is striking that in psychological terms this attempt was clearly unsuccessful. The obsessive self-assurances that nothing serious had happened did not assuage her doubts or remorse. On the contrary, the more she tried to deny it and persuade herself that nothing happened, the stronger the doubts and remorse were. The pressure of the harsh Superego was so strong here that such self-justifications were meaningless from the Superego’s perspective. Likewise, the first severe confessor who did not absolve her was the only one who counted in her self-assessment. She ignored the opinions of the more “tolerant” clergymen. Her sense of the huge burden of her guilt had its ultimate roots in the automatically responding Superego, and that was instilled in her by religion and looked with equal severity at all sexual desires and behaviors. From this perspective, the patient’s guilt appeared to her as irremovable; she had no way of freeing herself from this feeling.

The second example is the case of a young boy constantly reproached and punished by his severe father. This example shows that a restrictive approach enacted by others, additionally sanctioned by religiously grounded notions of right and wrong, may lead to an obsessive-compulsive disorder. His father’s reproaches were a grave concern for the boy:

[...] And once, when his father shouted unjustly at him, he had a kind of “attack”; he couldn’t speak, he was all shaking, he cried spasmodically. [...] A few days later, there was a retreat and confession, after which the illness developed. Namely, on the day after the confession the boy didn’t go to Communion, but he wanted to “correct himself” with the confessor and before that could happen, he constantly asked the people around him about his every act to check if he was committing a sin. Since then, he hasn’t gone to school (five weeks).

The content which aroused the suspicion of sin in him was varied; for example, when he sat down, he was careful not to lean on his elbow, because this would destroy his

clothes. When he went to his room, he was careful to avoid the rug, because this would ruin it unnecessarily. [...] In every room, he looks around to see where the holy picture is, so that he won't stand with his back to it, for that would be a sin. [...] He crossed himself before every dish and he regarded forgetting to do so as a sin. [...] When asked questions, he often answers "it seems" – he adds that just in case, so that he wouldn't be lying if it turned out that it was otherwise. When standing close to a wall, he is careful not to breathe on it, because "puffing on the wall dampens and destroys it, and deliberate destruction is sin" [...]

The patient's intelligence is fully preserved. As to his scruples, he remains critical of them; he knows they are morbid, that he is "too preoccupied with them" – but he points out that "at times he is haunted by uncertainty" whether a given fact is a sin not – on the one hand he knows that everybody does the same and does not regard it as a sin, but on the other hand he is afraid that it is a sin after all, and so on. Two years ago he masturbated, but abandoned this addiction under the influence of religion and fear of sin.

It is characteristic that the boy's conversation with the confessor in the presence of his doctor, and the declarations of both of them that such trivialities can't be a sin, did not calm the patient; on the contrary, they led to a slight deterioration: the very sight of the priest disturbed him, he later started to say that he hadn't told him everything, that he forgot many things he was uncertain about, and a few days later new scruples emerged. Only general treatment (isolation, hydrotherapy, psychotherapy), lasting about two months, was successful in bringing about a definite improvement in the patient's condition.²⁷⁶

We see that the boy's reaction to his father's reproaches and punishments was exacerbated by going to confession and by the presumably as-severe assessment of his behavior by the confessor. Consequently, the increased sense of guilt led to the strengthening of the dominant position of the boy's Superego, which started to terrorize him with its severity. The boy lost the ability to clearly differentiate what was a sin and what was not, and in his eyes potentially any behavior could be sinful. We may suspect that the punishment meted out by his father for his previous masturbation played a significant role here. Jaroszyński very generally mentions the "influence of religion," but it was certainly mediated by the father (and the confessor) and the various "educational methods" used at the time.

This case also clearly shows a typical set of factors which at that time and in that society must have played an important role in the emergence of persecutory anxiety neurosis. One of these factors was the rigorous model of education usually symbolized by the father and supported by religious representations. Of course, the institution of confession was also crucial, for if a given priest was intolerant, it could contribute to the deepening of the symptoms.

276 Jaroszyński, *Przyczynek do nauki o psychonerwicach*, pp. 99–100.

I quoted extensive excerpts from these case histories, for they emphatically illustrate the culturally grounded problems and resistances to the sexual sphere with which contemporary analysts had to deal. In such cases, attempts at making the patients aware that their excessive moral rigor and overwhelming sense of guilt were unjustified had to be accompanied by the task of developing a new approach to this sphere in the patients. The woman from the first story would have to notice, for example, that her “premarital betrayal” resulted from the sexual needs of the adolescent rather than her being “inherently” sinful. And that her later affair with a carter was clearly a consequence of the inadequate sex life with her husband and had little to do with “moral depravity.” Likewise, the boy would have to notice in his early masturbation a sign of his adolescent sexual desire rather than a “sinful act” rooted in the “evil” of his individual nature.

In both cases, focusing therapy on this would inevitably lead to confrontations with the collective morality sanctioned by the Church and to questioning the “metaphysical” religious assumptions on which this morality was based. These case histories imply that Jaroszyński was perfectly aware of the main sources of his patient’s problems. And yet he did virtually nothing to change the patients’ attitude to their own sexuality. In the case of the woman, his argumentation – just as the argumentation of the “tolerant” confessors – was confined to a declaration that such sexual behaviors were not mortal sins and one should get absolution for them.

Meanwhile, the problem did not consist in deciding what the woman should get absolution for, but in finding a way of changing her attitude to her own sexual behaviors, so that she would stop perceiving them in terms of vice and sin. But that would shake the widespread notions of the moral aspect of these behaviors instilled in her by the Church and the people around her. As a believing and practicing Catholic, she was probably incapable of such a transformation of her own attitude towards these things, as well as their assessment. Especially because, as the case history suggests, she was more religious than her husband. After all, it was she who insisted that the intercourse was “godly,” as prescribed by her confessors. This example emphatically illustrates the kind of problems our first psychoanalysts had to deal with in most of the patients and shows why the number of people ready to undergo such therapy was limited. In practice, it was confined to the most enlightened and liberal strata of the Polish and Jewish bourgeoisie, which constituted a very narrow, best-educated, and wealthy elite.

Remarkable in the second case is the fact that the obsessive-compulsive disorder erupted after the boy’s confession during Retreat. The definition of what was right and wrong in his behaviors, as given to him by his confessor, was indisputable. We may presume that when hearing the boy’s confession, the priest took

the side of his father, and consequently the boy's remorse reached a critical point. The obsessive-compulsive neurosis, manifested in exaggerated moral scruples, was in this case – like in the case of the woman – the result of repressing his sexual desires as “sinful.” He too strived to suppress all manifestations of aggression towards others, which took place under enormous pressure from the severe father and his confessors, representing the harsh cultural Superego. And since in the eyes of the boy the priests represented unquestioned authority, he internalized the image of himself which they imposed on him, namely the image of a person with an innate proclivity for “sin.” Once this image became an inherent part of his personality, any therapy which would question the authority of priests would encounter an insurmountable barrier in him. Especially that an analyst who dared to shift the therapy in this direction would certainly find no support for his actions in the boy's family.

Although Jaroszyński claims in both cases that, as a result of the methods employed (“isolation, hydrotherapy, psychotherapy”), the condition of the woman and the boy showed “some improvement,” these vague comments are not very convincing. The value of these case histories lies mostly in the fact that in painting the portraits of both patients and the course of their illness, he unambiguously indicates their social and cultural sources. These examples clearly demonstrate that “curing with psychoanalysis” involved the emergence of a new type of society in Europe and America, in which there would be a fundamental change in the relations between the Church and government institutions, and in the vision of the Church's role in the public and private life of its members. And that – as Eli Zaretsky shows in his book²⁷⁷ – became possible only once the Industrial Revolution assumed an advanced shape, when the increased mobility of working people liberated them from the pressure of family ties and local priests; but in Galicia, one of the most economically backward regions of the Habsburg Monarchy, these processes were only beginning.

The problem was not a matter of faith as such, but of the way particular Churches (in Europe mostly Christian) approached sexual life in their doctrine and social practices. Only later, starting in the 1920s, a clear polarization of positions emerged. This change was instigated by Protestant theologians and pedagogues, mostly from German-speaking countries such as Switzerland and Germany. Of crucial importance here were the works, very popular in the interwar period, of the Swiss theologian Oskar Pfister, who attempted to employ

277 See Zaretsky, “Part One. Charismatic Origins: The Crumbling of the Victorian Family System,” in: *The Secrets of the Soul*, pp. 15–114.

certain elements of Freud's theory of sexuality in theology (the faith in the existence of a Christian Eros) and pedagogy.²⁷⁸ But Pfister and other Protestant theologians were ready to accept only some aspects of Freud's approach to sexuality, and many of them invoked mostly Adler and Jung. This is illustrated by the position of the Polish Protestant Church in the interwar period, during which a minister from Cieszyn, Rudolf Kesselring, was a leading figure. His openness to questions of sexuality was obviously not unbounded, as demonstrated, for example, by his fierce attack on Emil Zegadłowicz's *Zmory*, in which he was as relentlessly critical of the novel as representatives of the Catholic Church. He charged the Silesian writer with promoting pornography and depraving his readers. I will take a closer look at this in the second part of the book.

3 Truth is always good. Wizel's diagnosis of "sexual impotence"

Another important clinical work whose author invoked Freud was Adam Wizel's book *Zaburzenia płciowe pochodzenia psychicznego* (Sexual Disorders of Mental Origin).²⁷⁹ The book concerned "sexual impotence" in men, considered from the perspective of its mental causes and taking into account the distinct nature of female sexuality. The author, inspired in part by the research of Jean Martin Charcot, in whose famous clinic in Salpêtrière he spent eight months on a scholarship (1898), pointed out that "the science of sexual life," having been neglected for centuries, in the early 19th century "started to exuberantly flourish." And the reason for the previous slow development of this science was that it was

seen as an attack on the moral and aesthetic feelings of humankind. It was feared that published works on sexuality, having penetrated to the general public, would cause a general scandal. It was also feared that widely known treatises on sexual perversions would exacerbate the already rampant sexual psychopathy by way of suggestion. [...]

278 Oskar Pfister was associated with the psychoanalytic community in Zurich, in which the leading figures were Eugen Bleuler and Carl Gustaw Jung. From 1909, he also corresponded with Freud and the letters were published as *Psychoanalysis and Faith: The Letters of Sigmund Freud and Oskar Pfister (1900–1939)*, transl. Erig Mosbacher (New York: Basic Books, 1963). Very popular in the interwar period was his book in which he demonstrated the usefulness of psychoanalysis for theology and pedagogy, entitled *The Psychoanalytic Method*, transl. Charles Rockwell Payne (New York: Moffad Yard & Company, 1917). In 1919, he founded the Swiss Society for Psychoanalysis, in which he defended the openness of Freud to so-called lay analysis.

279 Adam Wizel, *Zaburzenia płciowe pochodzenia psychicznego. Studjum kliniczne i psychologiczne* (Warszawa: Wende i S-ka, 1914).

Today, it is impossible for a doctor not to know the physiology and pathology of sexual life, but it concerns especially neurologists and psychiatrists, who will encounter abnormal manifestations of sexual life almost at every turn.²⁸⁰

This excerpt illustrates the growing awareness among Polish psychiatrists of the role of sexuality in treating mental diseases. This awareness emerged not only under the influence of Freud's theory, but in equal measure of other theories and tendencies appearing in the late 19th century, their representatives – such as Auguste Forel, Joseph Jules Déjerine, and Ernest Gauckler – pointing out the important role of sexual disorders in the etiology of mental diseases.

Wizel was perhaps the first Polish psychiatrist who, due to his fascination with the work of these authors, took such an open approach to the question of sexuality. No wonder that despite his considerable initial distance he later moved towards Freud's psychoanalysis. It should be highlighted that Wizel conceived his scientific work also as a kind of a social mission to spread scientific truth and subscribed to the statement of the well-known German sexologist, which he quoted:

Truth is always good, [...] and it concerns also the truth about sexual life. This claim will not be overthrown by any prudery, any moral hypocrisy. . He who has recognized the huge importance of the sexual drive for all of culture, who, like the author of the present work, has studied for many years the relation between the problem of sexuality and culture from the point of view of medicine, anthropology, ethnology, literature and history of culture, he has not only the right, but also the duty to announce his findings, to publicly proclaim his views and to take a definite position on the pressing issues of the present day.²⁸¹

Like Bloch, Wizel believed that the proliferation of mental pathologies had its origin in transformations of contemporary culture, characterized by excessive "nervousness" resulting from the general striving for maximum effectiveness, financial profit, and a rapidly developing professional career. His works, on the one hand, contained elements of social criticism, especially concerning the dominant approach to the sexual sphere, and on the other hand expressed his hope for a fundamental transformation thanks to the spread of scientific knowledge on that matter and liberation of mankind from the mental diseases tormenting

280 Wizel, *Zaburzenia płciowe pochodzenia psychicznego*, pp. 1–2, 5.

281 Quoted in: Wizel, *Zaburzenia płciowe pochodzenia psychicznego*, pp. 3–4; Ivan Bloch, *Das Sexuelleben unserer Zeit in seiner Beziehungen zur modernen Kultur* (Berlin: Louis Marcus Verlagsbuchhandlung, 1907).

it.²⁸² He was a man of great passion, immensely devoted to his medical vocation and full of faith in the transformation of universal social awareness.

4 Jekels' critique of cultural sexual morality

An equally critical attitude towards the “cultural sexual morality” is presented by Jekels, but he is unequivocally Freudian in his position. Interestingly, he starts his argument in *Szkic psychoanalizy Freuda* with emphasizing that “taming our sexuality is indispensable in the interest of culture and its further development, which we, psychoanalysts, recognize no less than others, and, since we conceive of culture as emerging from these repressions, we even put a special emphasis on it.”²⁸³

Pre-empting possible accusations of psychoanalysts' amorality in sexual matters, Jekels stresses that they do not make an appeal to abolish all restrictions in the sexual sphere. On the contrary, they regard them as necessary, for they see a culture-forming element in them. The problem is rather that

our times, due to an extremely dishonest approach to the sexual question, an approach which Freud aptly describes as prudery mixed with lasciviousness, went too far and imposed, completely ignoring individual differences, many unnecessary constraints [...]. So the numerous and still multiplying neuroses teach us that this excess of constraints to which sexuality is subject today has a very sad effect on our libido. And this disastrous influence affects us all the more severely, because other conditions – of an economic and social nature – also arrange themselves unfavorably in this respect.²⁸⁴

Invoking Freud's views, Jekels claims that prohibitions concerning sexuality shaped in the European cultural traditions have become too restrictive, and as a result sexually based neuroses proliferate in contemporary societies. At the same time, a healthy, natural approach to sexuality was replaced by prudery, excessive hostility and fear of it. Its reverse side is “lasciviousness,” a perversely unhealthy fascination with sexuality. What springs to mind here is the role played in that era by houses of trysts and various forms of prostitution, which were on the one hand castigated as hotbeds of moral depravity and sin and on the other tacitly accepted by the bourgeois world. Not to mention various forms of sexual abuse, suffered especially by women and children, in familial

282 Adam Wizel expressed these views in his book *Wiek nerwowy w świetle krytyki* (Warszawa: G. Centnerszwer, 1896).

283 Jekels, *Szkic...*, p. 88.

284 Jekels, *Szkic...*, pp. 88–89.

and professional life, which were common knowledge, but people preferred not to talk about them.

It is also striking that Jekels points out conditions of "an economic and social nature." Further on in his argument, he quotes the opinions of the German sociologist Werner Sombart, who saw the emergence of large concentrations of the urban population in Europe and the United States as the source of the "depletion of personal relations" between people. According to Jekels, this was accompanied by the "depletion of our libido," because the bond between man and nature had been lost. One example of that, he says, is the direct and intimate relationship with domestic animals lost by urban people, but that is still observed among peasants.

Of course, it is an open question as to how today's defenders of animal rights (and even Freud himself) would respond to this argument, based on the assumption that there is a profound and unconscious libidinal bond between man and the animal world. According to Jekels, the existence of this bond is confirmed by an area of sexual pathologies called "zoerastia," or a perversion in which man copulates with animals. On the level of culture, this bond is manifested in the sublimated form of man taking animals under his care. According to Jekels, this bond is extremely important, for it allows man to maintain his libidinal relationship with nature, which can protect him from succumbing to various kinds of neuroses.

The book ends with the author's philosophical creed where he criticizes the "philosophers' views" on consciousness, saying that consciousness remains on the surface of human mental life. He claims, invoking Freud, that consciousness is a secondary organ serving the perception of selected qualities and allowing man to adapt to external reality. Consciousness is in fact an effect of a compromise between the individual and society and represents mostly the interests of the latter. Consequently, in the contemporary world consciousness is turned into agency, sanctioning various forms of coercion against the individual. It was reduced to the role of a means for mechanically imposing certain requirements sanctioned by tradition onto man, which leads to profound disorders in his mind, which are then totally overlooked by him.

According to Jekels, psychoanalysis offers a chance to "peel off the mask," or the neurotic consciousness of the individual produced by contemporary culture, a consciousness burdened with various unnecessary demands. Psychoanalysis, thanks to a thorough study of the unconscious motives behind human behaviors and feelings and, thanks to revealing their repressive nature, makes it possible to liberate the individual from the "coerciveness." Jekels sees psychoanalysis as "the dawn and scientific interpretation of this era of culture when our consciousness will rule supreme and will tame our drives – and a state will come which

was predicted by the unfortunately oft-misunderstood prophet and thinker Nietzsche, who said: 'Duty and coercion will be replaced by will.'²⁸⁵

Such an understanding of the message of psychoanalysis is in line with Freud's famous postulate *Wo Es war soll Ich werden* (where there was It, there should be I) as it was conceived at the time. It assumes that once the individual becomes aware of the "coercions" which flow from the *Es* (It), a self-conscious "I" has to be established in its place. And this will make it see the actual nature of these coercions and liberate itself from them. The ultimate goal here is not to oppress consciousness, but to transform and strengthen it. It has to be a new type of consciousness, where man would overcome his alienation from his drives, subdue and master them. Quite unexpectedly, Jekels notices a profound affinity of the mission of psychoanalysis with Nietzsche's idea of "will to power," that is, a will liberated from all cultural restraints.

It is difficult to assess today to what extent the reference to Nietzsche was a tribute to the Polish reader, given the fact that the German philosopher was very popular at the time, and to what extent it resulted from Jekels' actual belief in the profound affinity of psychoanalysis' social mission with Nietzsche's project of transforming the foundations of culture through renewing the bond with Dionysian creative forces in life. But this is not the most important thing here. Of crucial importance is Jekels' view that, by freeing man from the "coercions" imposed by culture, psychoanalysis will be conducive to the recreation of his bond with nature and to strengthening the control of his consciousness/will over his drives. This belief assumes the possibility of a deep transformation of man's attitude towards his own instincts, resulting in his liberation from all kinds of neuroses which have their source in the oppressiveness of contemporary culture.

Jekels deeply believed in the emancipatory mission of psychoanalysis, leading to a change in the relations between the individual and society. This change was to mean that the human individual, freed from unnecessary cultural coercions, would be able to control his own drives and use their energy for various forms of his own activity in a much better way. Psychoanalysis was to lead to a transformation of the cultural self-knowledge of man, preparing for the arrival of an era when man, having abolished his alienation from nature (read: from his libido), would act in accordance with only those commands which are culture-forming and allow a harmonious coexistence with other members of society.

This optimistic approach was to break down in the 1930s. Drawing conclusions from the long years of his therapeutic practice, Jekels realized that not all cases

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of neuroses may be cured and that often recovery is only partial. And there is no guarantee that the patient's symptoms will not return. Hence his repeated pessimistic claims that psychoanalysts promised to the patients more than they were able to give them. Of course, we may ask if this pessimism resulted from the excessive hope initially placed by Jekels in Freud's theory. If so, what were the sources of the advantage of psychoanalysis over other forms of therapy for Jekels? What can it give to the patient, despite all its defects and deficits, that the remaining forms of therapy are unable to deliver? It seems from the essays later published as *Selected Papers* that Jekels would answer this question by pointing out the peculiar type of self-knowledge offered by psychoanalysis to the patient. Although this self-knowledge does not cure him or make him happy, it opens him to the truth about himself. And given such high stakes, the "game" of therapy is worth playing, even if the truth is hard to accept.

But Jekels' pessimism seems to have other sources as well. One of them was the growing popularity in 1930s Europe – especially in Austria and Germany – of fascist parties and the attendant explosions of unrestrained aggression towards Jews. This was another failure of virtually all progressive movements from that time, whose representatives deeply believed in the curative power of scientific progress, in cultural enlightenment, and in gradual liberation of the social masses from the prejudices defining them. The Frankfurt School, Marxism, analytical philosophy, structuralism, phenomenology... the list could go on.

