

The notion and practice of psychotherapy in Polish psychiatry of the interwar period. Part 1

Jan Kornaj, Andrzej Pankalla

Institute of Psychology, Cardinal Stefan Wyszyński University

Summary

The paper explores the development of psychotherapy in Polish psychiatry in the interwar period from the perspective of Kurt Danziger's historical psychology. Firstly, the organizational and social context of the development of Polish psychiatric care in the interwar period and its impact on the development of psychotherapy is outlined. Then, the most influential in Poland, European psychotherapeutic developments in the interwar period are reconstructed. Finally, the views of psychiatric personnel of three psychiatric facilities proposing psychotherapy as one of the main means of treatment of mentally ill patients are introduced: Dziekanka Psychiatric Hospital, the Jewish Hospital in Warsaw and Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow. Psychiatric personnel from Dziekanka Psychiatric Hospital, directed by Aleksander Piotrowski, understood psychotherapy broadly, as the influence of the environment on the patient's psyche. Psychiatrists of the Jewish Hospital in Warsaw, Adam Wizel, Gustaw Bychowski, Władysław Matecki, and Maurycy Borsztajn developed psychoanalytically influenced psychotherapy of schizophrenia. Bychowski also advocated for the application of psychotherapy in such neglected groups of patients as children and the intellectually disabled. Jan Piltz and Eugeniusz Artwiński pursued psychotherapy in the treatment of war neuroses at the Psychiatry and Neuropathology Clinic of the Jagiellonian University.

Key words: interwar period, history, psychotherapy

Introduction

The concept of psychotherapy was introduced in 1872 by Daniel Hack Tuke [1]. Since then, the category of psychotherapy in Europe and the United States has evolved, referring to a variety of practices and escaping precise definitions. In Polish territories in the nineteenth century, psychotherapy was understood mainly as the so-called moral therapy, i.e. a method of treatment that utilises the doctor-patient relationship and the doctor's authority to influence the patient's psyche through conversation and persuasion [2]. Hypnotic suggestion techniques were also used. The very concept of psychotherapy

came into use in Poland in the 1890s [2, 3]. In the years 1908–1914, psychoanalytically influenced psychotherapy was developed in the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow, founded by Jan Piltz [3].

This article aims to investigate the understanding of the category of psychotherapy and its practice in Polish psychiatry in the interwar period. The work is based on Kurt Danziger's methodology of historical psychology. Danziger's historiography, as indicated by Pankalla and Kilian [4, 5], can be understood as a perspective of studying the history of psychology, rooted in Ludwik Fleck's sociology of knowledge (as a philosophy of science) and critical psychology (as a philosophy of psychology). Danziger's historical psychology [6] serves to study the historical evolution of any psychological object defined as a category existing in psychological discourse and being the goal of psychological practices. Psychotherapy is recognised here both as a psychological object and as an investigative practice developed within certain professional environments. The term 'investigative practice' is defined by Danziger [7] as all activities undertaken by researchers in the process of constructing knowledge – these include concepts, theories, methodologies, research, as well as educational and clinical practices. Investigative practices are socially constructed within local professional environments embedded in broader specific social, cultural and economic contexts. Psychotherapy, a phenomenon on the borderline of various disciplines, institutionally often located "everywhere and nowhere", as indicated by Rosner [8], in this article will be analysed from the point of view of the history of psychology, as a psychological practice for which psychiatry served as the institutional and professional context.

The review of Polish psychiatric literature of the interwar period suggests that psychotherapy developed in two professional contexts that shaped the differences in its development as an investigative practice: in psychiatric hospitals and private practices. The first part of this article presents the development of psychotherapy practiced within psychiatric hospitals. Psychiatric hospital professional environments developing psychotherapy included the psychiatric staff of the Dziekanka Psychiatric Hospital, the Jewish Hospital in Warsaw and the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow. In interwar Poland, also ambulatory care facilities were organised. Such was the clinic for the mentally ill founded in Krakow by Władysław Stryjeński, where psychotherapy was one of the methods of treatment. Psychotherapy within this facility will be described in the second part of this article.

However, before the psychotherapy practices developed in these hospitals are presented, the development of psychotherapy in the context of the development of Polish psychiatry and psychiatric care in the interwar period will be outlined. The most influential trends in the development of European psychotherapy in the interwar period will also be briefly reconstructed.

It should also be noted that only those works whose authors referred to the category of psychotherapy nominally are included in this study. This is to avoid the trap of equating the history of psychotherapy with the history of psychoanalysis, which many historians of psychotherapy warn against [1, 8, 9].

Social context and organisation of Polish psychiatry and psychiatric care in the interwar period and psychotherapy

The main challenges related to the organisation of the Polish psychiatric care system were related to the need to integrate the three former partition territories which inherited different legal regulations, a diverse material condition of hospitals and the number of facilities, various psychiatric nomenclature, and even different ‘psychiatric cultures’ as indicated by Bilikiewicz and Gallus [10, p. 179]. The most favourable material situation prevailed in the territories of the former Prussian partition, the worst in the territories of the former Russian partition. The demand for psychiatric care was very high and resources were insufficient [10]. For the first few years after regaining independence, due to the lack of funding from state healthcare institutions, the organisation of psychiatric care in Poland was financed from the funds of charitable and private organisations and institutions. According to statistics compiled by Józef Bednarz [11], there was a significant shortage of psychiatric staff in interwar Poland – in 1927, out of 112 vacancies in psychiatric hospitals, 67 were filled. According to Kujawski [12, p. 1384], “Bednarz for the main causes of this «psychiatric poverty» – which also included the lack of places for patients in hospitals – recognised the danger associated with the work of a psychiatrist and low salary, especially for young doctors”.

Polish psychiatry and psychotherapy of the interwar period was developed in the context of an unstable political situation, social conflicts and economic problems of the Second Republic of Poland. The assassination of President Narutowicz in 1922 marked the beginning of a violent power struggle between the Polish Socialist Party and the National Democracy. Social problems included alcoholism, unequal access to education, as well as intensifying national conflicts, especially between the Polish, Jewish and Ukrainian populations. Anti-Semitic and nationalist attitudes intensified [13]. Due to anti-Semitic attitudes, many psychotherapeutic methods inspired by psychoanalysis, as the product of the Jew Sigmund Freud, aroused objections from the nationalistic part of the psychiatric community.

According to the statistics provided by Bernasiewicz and Łuniewski in 1930 [14], the most widespread mental health problem that Polish psychiatrists had to deal with was schizophrenia, which affected nearly 48% of all patients of Polish psychiatric institutions. The proponents of psychotherapy had to look for ways to include this group of patients in their practice.

Regarding the dominant paradigm in Polish psychiatry in the interwar period, Stefan Borowiecki [15] conducted a survey in 1935 to find out whether a psychological or a biological approach was preferred. The results indicated the dominance of the biological approach: out of 27 responses, only 5 were in favour of the psychological approach as more important to psychiatry, and 4 were in favour of the equivalence of the biological and psychological approaches. The dominance of the biological approach in the Polish psychiatric community suggests that regarding the treatment of mental illnesses, biological interventions such as malaria treatment, insulin coma treatment or using sedatives and sleeping pills, prevailed over psychological impact.

European concepts of psychotherapy in the interwar period

A complete reconstruction of psychotherapeutic practices developed in Europe in the interwar period is beyond the scope of this study, which is why the authors decided to limit the presentation to the trends developed within German-speaking and French psychiatry – the most influential traditions in Poland [10].

Psychoanalysis proclaimed as a revolutionary method of psychotherapy by Sigmund Freud at the end of the nineteenth century, exerted a significant influence on the understanding of psychotherapy and psychotherapeutic practice in the interwar period [8, 9]. After 1918, Freud made significant developments to his theory, introducing the concepts of *id*, *ego* and *superego*, redefining the theory of drives towards the dichotomy of *Eros-Thanatos*, or posing the problem of ‘finite analysis’. Alfred Adler, who broke with Freud and classical psychoanalysis in 1911, developed his concept of individual psychology based on the assumption that it is not the drive conflict that is the essence of neurosis, but a complex system of social influences within which the individual is unable to realize his own aspirations and goals [16]. Since 1914, Carl Gustav Jung had been developing, in opposition to Freud, his approach called analytical psychology, which placed great emphasis on psychotherapy as a form of supporting the process of individuation, i.e. becoming a psychological whole [16].

The roots of French psychotherapy are related to the development of Hippolyte Bernheim and the Nancy School’s practice of hypnotism, as well as the work of Jean-Martin Charcot [1, 16]. An advancement to psychotherapy was provided by the psychological concepts of Charcot’s student, Pierre Janet. Even before Freud, he proposed his concept of psychological analysis (*analyse psychologique*) [16]. During the interwar period, Janet continued to be an active researcher, publishing works in the field of psychotherapy such as *Les médications psychologiques* of 1919 and *La médecine psychologique* from 1924. Janet’s therapeutic procedure was not a uniform procedure, but rather a careful analysis of each patient’s life history in search of a connection between trauma and symptoms of mental illness [16]. Other French neurologists who contributed to the development of psychotherapy in the early twentieth century were Józef Babiński (neurologist of Polish origin) and Jules Déjerine. The former proposed persuasion or ‘counter-suggestion’ as a method of treating hysteria, which he considered only a complex of symptoms caused by a suggestion [16]. Since 1910 in the Salpêtrière Hospital, the latter had been developing psychotherapy inspired by the method proposed by Swiss psychiatrist Paul Dubois, consisting in shaping the will of the patient through support, education and persuasion techniques based on a good relationship between the doctor and the patient [16]. Freudian psychoanalysis began to develop in France only in the 1920s, and a major contribution to its propagation was made by Eugenia Sokolnicka, a psychoanalyst of Polish descent [17].

Psychotherapy in Dziekanka Psychiatric Hospital

Dziekanka Psychiatric Hospital was established in 1894 in the territory of the Prussian partition in the village of Dziekanka near Gniezno. In 1919, Aleksander

Piotrowski became the first Polish director. Piotrowski was a graduate of the University of Rostock and in the years 1905–1919 he gained experience working in various psychiatric institutions in Germany [18].

From the very beginning, Piotrowski implemented his own vision of the functioning of a psychiatric hospital. He opposed all forms of isolating and excluding the mentally ill and using coercive measures against them [19]. He attached great importance to the aesthetics, hygiene and ergonomics of the psychiatric hospital environment, which, in his opinion, had a great impact on the treatment process [20]. As important treatment measures, he mentioned good nutrition, physical and mental hygiene, sleep hygiene, education, and psychotherapy [19, 21]. He attributed great therapeutic value to active forms of spending time by patients, i.e. occupational therapy, which he considered a form of psychotherapy. Psychotherapy was understood by Piotrowski as an action “in the direct form through the influence of the doctor on the patient, as well as indirectly through the influence of the environment on the patient’s psyche” [20, p. 292]. Therefore, all activities aimed at building well-being, a sense of security and pleasure, which included institutional and community activities, as well as the kind and friendly attitude of the hospital staff, deserved to be called psychotherapy, according to Piotrowski. He formulated the same recommendations for the treatment of manic-depressive psychoses: “Without a doubt, the best therapeutic agent is psychotherapy, which starts in the above-mentioned proper feeding of the patient, in a comfortable bed, in a rational division of the day, in house regulations, in the appropriate occupation” [22, p. 225]. According to Piotrowski, psychotherapy was not limited to the relationship between the doctor and the patient and the doctor’s direct influence on the patient’s psyche but included a wide range of influences of the external environment, nutrition, sleep hygiene, well-planned and properly selected activity, or positive interactions with others. According to Piotrowski, the specificity of psychiatric treatment was the extensive use of psychotherapy “on which the outcome of the treatment largely depends” [21, p. 78].

The psychiatric staff of Dziekanka seemed to share Piotrowski’s views. In his report on the 10th anniversary of the Polish activity in the hospital, Franciszek Wilczyński [23] repeated most of Piotrowski’s views. Psychotherapy, one of the most important forms of influence, Wilczyński [23] understood as planned influences regulating the influence of the environment on the patient’s psyche. It was important to bring the conditions in the hospital closer to the natural living environment from before the illness and to make the patient feel that everything is organised in such a way as to support his recovery. As for the treatment of manic-depressive psychoses, Wilczyński [23, p. 197] added that in these cases “various methods are recommended [...] not excluding psycho-analysis and hypnosis”.

Karol de Beaurain, former psychiatrist at the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow where he was involved in the development of psychoanalytically oriented psychotherapy [3, 24], worked in Dziekanka in the years 1921–1924. In the journal *Nowiny Psychiatryczne* (*Psychiatric news*) discussions from meetings of the hospital staff were published, with de Beaurain’s involvement [25–31]. For example, he commented on the treatment of traumatic neuroses as follows: “a rigid scheme should be avoided, and having penetrated the patient’s psyche,

he should be treated individually, with the use of suggestion, but giving it a direction and dynamic action” [28 p. 14]. From his statements, a picture of a psychological approach to the treatment of mental illness can be induced, but nowhere in the reports did the term ‘psychotherapy’ explicitly appear.

Psychotherapy in the Jewish Hospital in Warsaw

The Jewish Hospital in Warsaw was officially opened in 1902, but the psychiatric ward had been in operation since 1898. The first head of the psychiatric ward was Adam Wizel, one of the promoters of psychotherapy.

Mira Marcinów [32] called Adam Wizel’s approach a “project of psychoanalytic psychotherapy”. During the first years of his work, he was considered a staunch opponent of psychoanalysis, however, over time he imported more and more psychoanalytic ideas into his works. The work that summarises Wizel’s late views on psychotherapy is *Pamiętnik Pacjentki* (“*Patient’s Diary*”) [33], published in 1928, in which the psychiatrist described his therapeutic approach to a patient whom he included in the category of underdeveloped schizophrenia he coined. Wizel [33, p. 169] wrote about the course of therapy: “for a long time our conversations were nothing other than a philosophical discussion. I had a very difficult task: as a doctor, I had to manoeuvre between my own philosophical views and the indications of psychotherapy”. The aforementioned indications of psychotherapy in the form of an enumeration of psychotherapeutic techniques, as indicated by Marcinów [32], can be found in the description of Wizel’s [33, p. 174] intervention regarding the patient’s suicidal behaviour: “my constant psychological influence on the patient, persuading, comforting, correcting erroneous views, bringing the essence of conflicts to awareness, directing thoughts to the objective world – all this, taken together, soothed the patient’s moral suffering and gradually brought peace to her mind”. Wizel [33, p. 174] also noted that, in addition to these more complex techniques, “the confession alone, the mere honest confession of the most intimate experiences to the doctor allowed the patient to a large extent to relieve the pain that had accumulated in her soul for so many years”.

Another psychiatrist of the Jewish Hospital who promoted the use of psychotherapy was Gustaw Bychowski. He believed that psychotherapeutic influence was possible in patients with schizophrenia by establishing a positive transference relationship with them [34]. The type of practice he proposed was a modified version of psychoanalysis, which he called “analytical psychotherapy” [34, p. 64]. As he perceived schizophrenia as a disorder of “the basic relationship between the «self» and the world of objects” [34, p. 60], the main goal of therapy was to maintain the patient’s contact with reality in cases of developing illness, and in cases of already developed schizophrenia, to restore this contact. When it comes to the methods of therapeutic interventions, Bychowski believed that when dealing with developing forms of schizophrenia “just awareness and explanation of psychological mechanisms, such as the formation of delusions and hallucinations, can lead to the disintegration of emerging pathological formations and restore contact between the self and reality” [34, p. 60]. The difference between proper psychoanalysis and its

proposed modification, Bychowski saw in the fact that psychoanalysis, created as a method of treating neuroses, had the task of resolving the conflict between the self and the drives, and to do so, it had to reach its source and make the patient aware of it. However, in cases of schizophrenia, the goal of psychotherapy, as mentioned above, was to enable the self to relate to reality, so here, as Bychowski reasoned, reaching for deep libidinal conflicts could cause the patient's self to withdraw from reality, i.e. psychotic regression. Just as schizophrenia could take various forms, according to Bychowski, psychotherapy also should be varied and individualised. On the one hand, due to the difficulty with maintaining positive transference, he recommended the use of a passive technique characterised by attentiveness and delicacy in confronting delusions and formulating interpretations, and to induce transference, an attempt to "enter the plane of their delusions" [34, p. 67]. On the other hand, in the cases of patients presenting strong resistance, and showing more neurotic symptoms, according to Bychowski, it was necessary to act more actively, in the form of requests, persuasion, and insistence. The problem of balancing the passive and active techniques was perceived by Bychowski as one of the most difficult technical issues in the psychotherapy of schizophrenia.

Gustaw Bychowski also addressed the issues of psychotherapy of people with intellectual disabilities [35] and children [36, 37]. At the beginning of a short work on the psychotherapy of "low-intelligent individuals", Bychowski emphasised the social issue, which in his opinion aroused insufficient interest in medical circles, and drew attention to the ethical problem of the inadequacy of psychotherapeutic methods to help this group of patients [35]. He saw the biggest difficulty of applying classical psychoanalysis in working with this group of patients in the lack of intellectual resources to understand the psychological, causal explanations proposed by the doctor. According to Bychowski, the modification of the psychoanalytic technique in these cases consisted in adopting an active, strongly suggestive attitude, taking care to maintain the transference "which in these patients will often have to assume the form of submission to authority" [35, p. 554]. In the face of the need to adopt an active, even authoritarian attitude, according to Bychowski, it was worth using the methods of "non-psychoanalytic psychotherapy" [35, p. 555], i.e. waking suggestion and hypnosis. According to Bychowski, these methods should be used in these cases specifically, to enhance the impression of authority and power over the patient:

With such primitive individuals, it can often prove useful if we behave like some sorcerer, and make it clear at once that we will pour all our power upon them, and that the same power which will in a moment overpower their limbs, then heal them at our command.

The patient's sudden startle must sometimes take on an almost violent character; there are cases when you have to pounce on him almost with all violence and immediately take him under your power; otherwise any possibility of hypnotic influence ceases [35, p. 555].

Bychowski's ideas may now seem grotesque, but it should be remembered that he was trying to illuminate a completely overlooked sphere of psychotherapeutic

practice, and he was also aware of the experimental nature of his proposals when he wrote: "I know well that all this does not sound very encouraging, and we must realise that we have entered an area that still requires a lot of work and effort" [35, p. 555].

Psychotherapy of children, according to Bychowski, consisted in influencing the educational system of the child – i.e. parents and educators – and correcting educational errors, which most often consisted of too restrictive treatment of children's sexuality, which was supposed to cause symptoms in children in the form of various fears and inhibitions [36, 37]. Thus, Bychowski emphasised the role of the child's early relationships with its caregivers and educational influences in the development of neurotic symptoms.

In the second half of the 1930s, Władysław Matecki presented a concept of psychotherapy for schizophrenia resembling that proposed by Bychowski. Matecki saw psychotherapy as the most appropriate method of treating patients belonging to the category of pseudo-neurotic schizophrenia he introduced [38]. In his opinion, the two basic conditions for employing effective psychoanalysis, i.e. the possibility of transference and access to the mature and conscious part of the self, were in cases of pseudo-neurotic schizophrenia "met to a limited degree" [38, p. 132]. Therefore, he proposed a therapeutic procedure that was a modification of standard psychoanalysis and resembled Bychowski's recommendations. The therapy was to be carried out in two phases. In the first, the therapist was supposed to distance the patient from the symptoms, strengthen the ego, and in its capacity for extraversion – these activities served to establish a better contact of the patient with reality. In the second phase, the therapist could begin proper psychoanalysis, but still with sensitivity and caution in discovering archaic libido conflicts, because the uncontrolled release of infantile drives could threaten the disintegration of still recovering ego. According to Matecki [38, p. 133], the further the schizophrenic process progressed, "the less you can count on the success of psychoanalytic therapy, and the more you should use the arsenal of the so-called «small psychotherapy»". The arsenal of "small psychotherapy" included "methods of treatment of a psychological nature, persuasion and suggestion, work therapy, change of environment, regulation of life situation, sometimes psychotherapy in the conditions of a medical facility" [38, p. 133].

Maurycy Bornsztajn, one of the most ardent supporters of psychoanalysis in the Polish psychiatric community of the interwar period, also worked in the Jewish Hospital in Warsaw [39, 40]. After the death of Adam Wizel in 1929, he became the head of the Psychiatric Ward. Bornsztajn emphasised the therapeutic application of psychological analysis, taking into account the phenomenological description of symptoms in the spirit of Karl Jaspers and Eugeniusz Minkowski, as well as the psychoanalytic approach to the pathomechanism and pathogenesis of mental illness [41, 42]. According to Bornsztajn, psychoanalysis was the most effective of the psychotherapeutic methods – in the work *O psychozach wieku dziecięcego (On childhood psychoses)*, he wrote that in the case of children affected by psychological problems "psychotherapy should be utilised, and of all psychotherapeutic methods, the best and most durable is psychoanalysis" [43, p. 1095]. According to Bornsztajn, the in-depth psychoanalytic influence had the quality of a permanent change, because it was not

aimed only at removing the symptoms, but included the transformation of the entire personality:

The analysis must be long by nature, because today, as was the case in the first periods of the development of psychoanalysis, it is not about the removal of neurotic symptoms, but about ploughing up the soil on which these symptoms have grown, about the most profound transformation of the neurotic personality. [...] A full therapeutic analysis necessarily becomes a character analysis [44, p. 38].

Like Bychowski, Borsztajn was also a supporter of the use of psychoanalysis in the treatment of psychoses [39].

Psychotherapy in the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow

In 1905, the founder and director of the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow, Jan Piltz, laid out his *credo* regarding the role of psychotherapy in the treatment of mental illnesses: “after all, the participation of the psyche in the formation of many diseases is generally recognised today, and psychotherapy plays a fundamental role in the treatment” [45, p. 484].

After leaving the Clinic by psychiatrists who in the years 1905–1914 developed psychoanalytically oriented psychotherapy in this centre, i.e. Borowiecki, de Beauarin, Jekels, Nelken, and Nunberg, the importance of this method of treatment decreased [3]. After the First World War, the problem that attracted the attention of the staff of the Clinic was war neuroses, which were dealt with, apart from Piltz, by Eugeniusz Artwiński [46]. As early as 1917, Piltz laid the foundations for the “psychotherapeutic model of treatment of war neuroses” as defined by Dembińska and Rutkowski [46], detailing what psychotherapy was to be characterised by:

The most effective and important method of treating hysteria is psychotherapy. It consists primarily in reassuring the patient, gaining his trust, awakening in him confidence in his own strength, strengthening his willpower, solving and alleviating his pathological affective state, correcting his pathological thoughts and removing his pathological autosuggestions, and so on, a certain kind, if so to speak, mental orthopaedics. This goal is best achieved by a thorough examination of the patient, and in particular by a psychological analysis of his personality, by explaining to the patient the true essence of his disease and those endogenous and exogenous moments that caused his pathological condition, on the other hand by isolating him from outsiders and not beneficial influences and by the use of persuasion or suggestion [47, pp. 397–398].

Jan Piltz was against the use of hypnosis in the treatment of hysteria: “contrary to the views of the Charcot school, I have long ago refrained from using the method of hypnotic sleep in hysteria” [47, p. 398].

In the interwar period, Piltz did not return to this topic in his writings, but Artwiński in his writings on war neuroses [48, 49] referred to Piltz's article quoted above, which was a reference point for him.

Another psychiatrist of the Psychiatry and Neuropathology Clinic of the Jagiellonian University, Władysław Medyński, devoted an entire article to the issue of psychotherapy in 1930 [50]. The starting point for Medyński was Kreschmer's constitutional perspective, which understood human being as a dynamic psychophysical whole. According to Medyński, this perspective allowed to look at the patient as a whole, and not only through the prism of his symptoms. Medyński began the article with a short summary of the history of psychotherapy, which, according to him, the scientific world "avoided and distanced itself from" for a long time, only to recognise its usefulness recently. According to Medyński, then-contemporary psychotherapy "has become a powerful weapon of the modern doctor, a weapon that, although it operates only with words, can have a power that can only be compared with a sharp knife in the hands of an operating surgeon" [50, p. 308]. Medyński, recognising certain advantages of traditional methods of psychotherapy, i.e. hypnosis and persuasion, criticised them as incapable of causing a permanent change in character. However, as he stated, under the influence of hypnosis, certain symptoms "significantly disappear, but the powers that create the symptoms, their sources, remain, because the disease elements of the individual psychophysical organisation still exist" [50, pp. 309–310]. Similarly, persuasion, although it often has a positive effect on the patient through a close doctor-patient relationship, where the doctor "gets close to the patient as his friend and companion, bringing him help and knowledge based on a deep sense of the emotional nature of psychoneuroses and their symptoms", "however, it is not able to neutralise the predisposition itself, the constitution with a biological basis, due to which the patient develops a tendency to illness [...]" [50, pp. 311–312].

Medyński also emphasised that the constitutional approach makes the psychotherapist go beyond the established nosological units and analyse the dynamics of character rather than focusing on the clinical diagnosis: "the clinical presentation of the nosological individual is relegated to the background and for the psychotherapist it is no longer of primary importance whether a given symptom is a specific manifestation of a given disease. Faded clinical schemes are replaced by a biologically justified dynamic science of character" [50, p. 308].

This change in perception, as Medyński argued, was to have a significant impact on the perception of psychotherapeutic practice:

In the past, the area of its operation was the imagination of hysterical women, to which the psychologist appealed, trying to 'appease' her in quite monotonous ways, in this way psychotherapy aimed at removing or suppressing the symptom by overt or hidden suggestion [...].

Currently, we strive to genetically penetrate the psychological mechanism of the origin of symptoms, considering them as forms of manifestations of individual character.

Today, our task is to reach a point where, by influencing the psychic individuality in its entirety, a person can be influenced in such a way

that he can adapt to life, increase his life 'tension', and thus remove the possibility of manifestations of morbid reactions [50, p. 309].

Medyński acknowledged the impact of Freud's psychoanalysis on psychotherapy. Summarising the basic concepts of psychoanalysis, he identified the concept of transference as particularly important. However, in his opinion, this was not a phenomenon specific only to psychoanalysis: "The matter of the affective relationship between the patient and the doctor is the basis of almost all psychotherapeutic procedures" [50, p. 315].

Medyński reduced his reflections on psychotherapy to the following fundamental issue: "The fundamental problem of psychotherapy is as follows: *how to use methodological transferences* in their numerous forms to *influence the individual to adapt to a given life situation* as actively as possible?" [50, p. 316].

Recapitulation

The understanding of the notion of psychotherapy, as well as its practice, in Polish psychiatric hospitals, were not uniform. The psychiatrists of the Jewish Hospital in Warsaw, strongly inspired by psychoanalysis, understood psychotherapy as a kind of modification of standard psychoanalysis, which would be effective in the treatment of psychoses. Here, psychotherapy was understood as a form of individual impact of the doctor on the patient, through relationship and conversation. On the other hand, the personnel of Dziekanka Psychiatric Hospital proposed a much broader and more independent of the influence of psychoanalysis understanding of psychotherapy. In this version, the psychotherapeutic impact was not limited to the doctor-patient relationship, but included the influence of the entire hospital environment. An example of psychotherapy in this sense was occupational therapy, widely used in Dziekanka. The psychiatric staff of the Psychiatry and Neuropathology Clinic of the Jagiellonian University, developing psychotherapy for war neuroses in the 1920s, used the understanding of psychotherapy as laid down by Jan Piltz, according to which psychotherapy was a form of healing influence of a doctor on a patient, based on a trusted relationship and involving multiple influences. In this version, psychotherapy was understood as a kind of "mental rectification" – in Piltz's words "mental orthopaedics".

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Address: Jan Kornaj
Cardinal Stefan Wyszyński University
Institute of Psychology
e-mail: kornajjan@gmail.com