

The notion and practice of psychotherapy in Polish psychiatry of the interwar period. Part 2

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Summary

The paper further explores the development of psychotherapy in Polish psychiatry in the interwar period. Jaroszyński attempted to sketch out the idea of “emotional psychotherapy”. Stryjeński organized a counseling clinic for the mentally ill, using psychotherapy as one of the means of treatment. Bilikiewicz developed oneiroanalysis – a psychotherapeutic method of dream analysis based on modifications of psychoanalysis. Gottliebowa advocated for the use of psychoanalytically influenced psychotherapy in the gynaecologist practice. Markuszewicz considered psychoanalysis the only psychotherapeutic modality aimed at unearthing the real causes of mental illnesses. Henryk Higier proposed to consider psychoanalysis practically as a method of psychotherapy and saw its heterogeneity as its advantage. Critical views on psychoanalysis as a psychotherapeutic method were delivered by Wirszubski and Mikulski. In general, psychotherapy in Polish psychiatry of the interwar period was highly influenced by psychoanalysis. Moreover, the understanding and practice of psychotherapy in public psychiatric facilities differed from that in private practice. In public psychiatric facilities, it was used mainly to deal with psychoses, so it urged clinicians to modify the classic psychoanalytic approach. In private practice, psychiatrists were dealing mainly with cases of neuroses and therefore could apply standard psychoanalytic procedures. Methods of suggestion, persuasion and hypnosis, characteristic of nineteenth-century psychotherapy, were still in use in Polish psychiatry of the interwar period. The main obstacles to the development of Polish psychotherapy in the interwar period were antisemitic attitudes contributing to hostility towards psychoanalysis, as well as the biological orientation of the majority of the Polish psychiatric society.

Key words: interwar period, history, psychotherapy

Introduction

At the beginning of the second part of this article, the emotional psychotherapy proposed by Tadeusz Jaroszyński, who worked in Warsaw at the Holly Spirit Hospital and the Hospital at Złota Street will be outlined. However, psychotherapy in Polish psychiatry in the interwar period was not only the domain of psychiatric hospitals, but also of developing psychological clinics and, above all, private practices. The project of outpatient psychiatric care implemented in Krakow by Władysław Stryjeński will be presented. Then, psychotherapy in private practice developed by Tadeusz Bilikiewicz, Henryka Gottliebowa, Roman Markuszewicz, and Henryk Higier will be reconstructed. Next, the criticism of psychoanalysis as a method of psychotherapy, formulated by Abraham Wirszubski and Antoni Mikulski, will be presented.

Private psychiatric practice had its specificity in interwar Poland. Therefore, after presenting Tadeusz Jaroszyński's contributions to the development of psychotherapy in interwar Poland and Władysław Stryjeński's project of outpatient psychiatric care, the characteristics of private psychiatric practice will be presented. The article ends with a presentation of the results of both parts of the article and a summary.

Tadeusz Jaroszyński's project of emotional psychotherapy

The starting point of Tadeusz Jaroszyński's understanding of psychotherapy was French psychiatry (and the works of such authors as Pierre Janet, Jules Déjerine and Józef Babiński). The first works in which he promoted psychotherapy as a method of treating neuroses were published by Jaroszyński in 1910 [1, 2]. Jaroszyński's concept of psychotherapy is described in more detail by Domański [3].

In the interwar period, in a short work entitled *Psychoterapia emocjonalna (Emotional psychotherapy)* [4], Jaroszyński tried to integrate the knowledge about emotions, sentiments and affects and indicate the possibilities of treating psychoneurotic states which, in his opinion, were caused by "depressing emotions". As psychogenic disorders, they qualified for "mental treatment". Jaroszyński perceived a human being as a psychophysical unity. He believed that emotions are what connect psychology with physiology – they are mental states causally affecting the physiology of the organism. Thus, mental treatment was supposed to affect the organism as a psychophysical system. Jaroszyński stated that "exclusively mental illnesses do not exist" [4, p. 744]. Jaroszyński criticised methods of psychotherapy based on hypnosis, suggestion and persuasion, and most harshly psychoanalysis, as "intellectualistic" approaches [4, p. 744]. Jaroszyński criticized psychoanalysis particularly vehemently, repeating the opinion expressed at the French neurological congress in Bezançon in 1923: "psychoanalysis, like other mystical epidemics, develops mostly in Germanic and Anglo-Saxon countries, bypassing the Latin nations, which have always been characterised by the objectivity of observations and common sense" [4, p. 744]. For his part, he proposed a project of emotional psychotherapy, based on the assumption that unpleasant feelings cause "impairment of organic functions" and contribute to the formation of diseases, pleasant feelings, on the other hand, have a positive effect on the organism. The task facing

the project of emotional psychotherapy was to find out how to evoke pleasant feelings through other feelings, thoughts, or acts of will, and to eliminate unpleasant feelings.

Psychotherapy in outpatient psychiatric care – Władysław Stryjeński's Krakow counselling clinic for the mentally ill

The development of outpatient psychiatric care, first in the United States and then in Europe, was associated with the spread and popularity of ideas of the mental hygiene movement [5, 6]. In Poland, this movement began to develop only in the 1930s, in connection with the activities of Kazimierz Dąbrowski, who in 1935 founded the Polish League of Mental Hygiene and the Mental Hygiene Institute [6]. The outbreak of World War II stopped the development of various mental health facilities that the Institute had established. However, it was already in the 1920s, the first outpatient psychiatric care facilities began to be established – the first was a clinic organised at the John of God Hospital in Warsaw, and the second one was the Krakow counselling clinic for the mentally ill, founded on the initiative of Władysław Stryjeński in 1929 [5].

Gradziński and Stryjeński [7] indicated that one of the main goals of organising outpatient psychiatric care was to relieve the burden on overcrowded psychiatric hospitals. The counselling clinic for the mentally ill was supposed to help patients with various problems who, for various reasons, could not receive hospital treatment, as well as people “on the so-called borderline between health and disease, who usually do not receive psychiatric care at all” [7, p. 879]. Gradziński and Stryjeński [7, p. 880] characterised the methods of help for patients in the Krakow counselling clinic as follows:

the work there goes in two directions, on the one hand, medical care during the convalescence period aimed at preparing the patient for social life again, on the other hand, material assistance and social care to facilitate going through this very difficult period. The care also includes mentally ill who are healthy enough to stay outside a closed institution, but under some remote care of a psychiatrist, and finally the care of former patients who have been admitted to psychiatric institutions a long time ago, to protect them from relapses of psychosis by rationally managing their lives.

As the above quotation indicates, psychotherapy was not among the main interventions used in the Krakow counselling clinic. The fact that it was practiced there is indicated by the following fragment describing the case of one of the patients: “Patient J. J., private teacher, severe organic psychopathy and history of drug addiction [...]. Thanks to the financial support of the counselling clinic, and constant efforts to find work and psychotherapy, she survived until April 14, 1931, when she found a permanent job [...]” [7, p. 881]. Unfortunately, no definition of psychotherapy or the specifics of its practice in the context of the Krakow counselling clinic's work could be found.

It is worth emphasising that in the Polish literature on mental hygiene in the interwar period, the notion of psychotherapy appears very rarely. In the journal *Higjena Psychiczna*, edited by Oskar Bielawski, published from 1935 to 1937, in the original

articles the word ‘psychotherapy’ was used only: (1) by Jan Nelken in the context of describing mental hygiene practices in Soviet Russia [8]; (2) by Ludwik Bambauer in the context of describing the state of care for alcoholic patients in Switzerland [9]; (3) by Witold Winiarz in the context of describing mental hygiene in Germany [10]; (4) by Helena Katzówna, who, in the context of children’s mental hygiene, claimed that “certain psychological aberrations and disharmonies of an averagely normal child or adolescent can be compensated by constitutional therapy through appropriately directed psychotherapeutic upbringing at home and at school” [11, p. 211]. The concept of psychotherapy was not defined in any of these articles.

The specificity of private psychiatric practice in Poland in the interwar period

The healthcare system of the Second Republic of Poland was not uniform. It consisted of three systems: insurance care for working people and their families; the public health service, which was to provide care for the uninsured; and private healthcare [12]. Due to poor organisation and low financial outlays, in the first decade of independence, the Polish healthcare system was almost exclusively based on insurance institutions and private practice [12]. Thus, part of the uninsured population had to use private health services. This, of course, concerned those who had access to such services, i.e. the urban population. A huge percentage of the rural population was deprived of any medical care [12].

As the private healthcare sector remained completely independent of the public sector, all epidemiological and statistical data on psychiatric hospitals in the interwar period did not include private-sector psychiatric patients. Therefore, there is no data available indicating which psychiatric problems psychiatrists were dealing with most often in their private practices. It can only be assumed that those patients were residents of urban areas, at least of the middle class, with the financial means to pay for the treatment, and the mental ability to independently decide to start treatment and choose a specialist.

Psychotherapy in private practice

Tadeusz Bilikiewicz, Henryka Gottliebowa, Roman Markuszewicz, and Henryk Higier were Polish psychiatrists of the interwar period, working in private practice, who particularly emphasised the importance of psychotherapy in their texts, tried to define it and describe the way of practicing it.

Oneiroanalysis by Tadeusz Bilikiewicz as a psychotherapeutic method

In 1935, Tadeusz Bilikiewicz was appointed the director of the psychiatric hospital in Kocborow, but his concept of oneiroanalysis, according to Ryszard Kujawski [13], was influenced by his experience in private practice. Kujawski [13] called Tadeusz Bilikiewicz “a psychotherapist in the interwar period”. Indeed, the practice of oneiroanalysis developed by him appears as a *par excellence* psychotherapeutic procedure.

The most advanced version of oneiroanalysis before the Second World War was presented by Bilikiewicz [14] in a publication from 1938 entitled *Psychoterapia (Psychotherapy)*. At the beginning of the work, Bilikiewicz [14, p. 217] laid out his views on what psychotherapy is:

The task of psychotherapy is the healing effect of psychic influence on diseases. These diseases could be various, not necessarily mental. Because the term 'psycho' means one thing in the word 'psychotherapy' and something else in the word 'psychiatry'. In the first case, it denotes ways, means, methods of influence, and in the second, it means the subject of study and treatment.

In the following chapters, Bilikiewicz reconstructed the most important, according to him, psychotherapeutic modalities and techniques, which included: implicit suggestion; Schulz's autogenic training, psychagogical influences as intellectual psychotherapy in the spirit of Babiński and Dubois; "collective psychotherapy" which included occupational therapy, entertainment, music, reading, writing, play, and religious practices; hypnosis; the psychocathartic method, bridging hypnotic methods and psychoanalysis, and consisting in extracting "experiences trapped under the threshold of consciousness" [14, p. 273] in a state of mild hypnosis; Freud's classical psychoanalysis and its "derivatives", i.e. Adler's individual psychology, Jung's analytical psychology, Stekel's active approach, and oneiroanalysis.

Bilikiewicz [14] developed oneiroanalysis as a far-reaching modification of the psychoanalytic method of dream analysis. First of all, oneiroanalysis rejected the method of free associations, and psychoanalytic methods of dream interpretation, which, according to Bilikiewicz, allowed too much freedom. Oneiroanalysis was designed to be a comprehensive, diagnostic and therapeutic method based on the strict methodology of natural sciences. The procedure was as follows. The patient provided the doctor with dreams written down accordingly to strict guidelines. The doctor, on the basis of the collected material, made interpretations based on the method of functional symbolism developed by Bilikiewicz, according to which any object appearing in a dream can be interpreted as a symbol of another object only if it performs an analogous function to the object it is supposed to symbolise. During the interpretation procedure, the patient played a passive role, he was rather the subject of the psychoeducational influences of the doctor, which were supposed to alleviate the resistance to recalling and recording dreams. Since the role of the patient was limited to providing material for interpretation, the role of transference in the oneiroanalytical procedure did not play a significant role. Oneiroanalysis aimed to cure the patient, and this was to be done by making the patient aware of the origin of the disease. The psychotherapeutic potential of oneiroanalysis was based on Bilikiewicz's belief [14, p. 330] that "the fact of the disappearance of symptoms by realising their genesis is a gain of pure empiricism".

Henryka Gottliebowa: the idea of using psychotherapy in gynaecology

Henryka Gottliebowa, a graduate of medicine at the Jagiellonian University, had a private practice in Zakopane [15]. Gottliebowa [16] paid special attention to the

inseparable connection between the mind and the body, which, in her opinion, was indicated by the works of Kretschmer and Freud. She saw that many gynaecological disorders, as related to the sphere of libido, consisted of significant psychological elements. In her opinion, this opened up the way to psychotherapeutic intervention, based on psychoanalytic theory, which should be known and used by doctors of all specialties. Psychoanalysis, according to Gottliebowa, “allows us to make better and deeper use of the conversation with the patient” [16, p. 646]. As important psychotherapeutic techniques, Gottliebowa [16, p. 646] mentioned hypnosis and suggestion, which “can be classified as symptomatic psychotherapeutic measures”, because the doctor, using authority and imposing his will on the patient, could make “the pain disappear under the influence of this treatment, just as pain is relieved by morphine”. However, psychotherapy, as she pointed out, could affect not only the symptomatic side of disorders but also their causes. Among such “causal psychotherapeutic measures”, she included, besides psychoanalysis, “shaping the patient’s will, which, according to Jung, has a therapeutic value”, additionally persuasion, consisting in “friendly advice and explaining to the patient the meaning of his mental conflicts, where the patient is called to active cooperation when resolving his subconscious conflicts [...]”, and also, taken from Adler’s individual psychology, methods of “strengthening the spirit of a sick person” and “shaping his character in the right direction” [16, p. 647]. So, Gottliebowa proposed a whole arsenal of psychotherapeutic means, including those derived from psychoanalysis, as well as those older than it, such as hypnosis and suggestion.

Roman Markuszewicz and the superiority of psychoanalysis over other trends in psychotherapy

Roman Markuszewicz, a Warsaw psychiatrist closely associated with the community of the Jewish Hospital, and his psychotherapeutic approach was analysed in detail by Paweł Dybel [17]. Markuszewicz [18] divided the tradition of psychotherapy into two developmental lines. The first, existing since antiquity, was associated with the belief in supernatural forces and the impact of religious practices. The second, “rational psychotherapy”, as Markuszewicz called it, relied on the use of the doctor’s authority and influence through suggestion, hypnosis, or persuasion to change the patient’s thoughts and emotions. He contrasted both trends with psychoanalysis, the therapeutic effect of which was provided by discovering and understanding the causes of mental illness. According to Markuszewicz [18, pp. 269–270] “psychotherapeutic methods, such as suggestion, persuasion, hypnosis, only tried to divert the patient’s attention from what was the core of his suffering”, thus acting only on the level of symptoms and not the cause of the disease. According to Markuszewicz [18, pp. 270–271]:

the purposefulness with which Freud sought to explore the origins of psychoneurosis changed the doctor’s attitude toward the psychotherapeutic method he used. Thanks to this knowledge, the doctor no longer stood helpless in front of the mystery of psychoneurosis, which still puzzled him, but now, based on the acquired knowledge, he was able to understand the patient; while using the

therapeutic method called psychoanalysis, he used it consciously, deliberately aiming at the source of the disease.

Henryk Higier: psychoanalysis as an eclectic psychotherapeutic method and a critique of racially involved views on psychotherapy

Henryk Higier, a graduate of the University of Dorpat, where he studied under Emil Kraepelin, had a private practice in Warsaw [19]. In the article entitled *Bieg i rozwój myśli zasadniczych w medycynie wewnętrznej ostatniej doby* (*The course and development of fundamental ideas in contemporary internal medicine*) published in 1926, Higier [20, p. 403] wrote:

Psychotherapy, used in the treatment of mental illnesses for millennia, since the sick soul was known, unfortunately finds too little practical use in its rational form in clinics and hospitals, even where it could help a lot, on the border between neurology and psychiatry, in the sphere of psychoneuroses, psychasthenia, anxiety issues, etc., in which contact between the patient and the doctor can be established and maintained.

Then he went on to describe psychoanalysis as a psychotherapeutic method, stating that other techniques of psychotherapy, i.e. suggestion and hypnosis, are well known to psychiatrists and there is no need to explain them in detail. To avoid theoretical disputes which, in his opinion, were counterproductive, Henryk Higier proposed to distinguish between psychoanalysis as a theoretical science and psychoanalysis as a psychotherapeutic method. He believed that such a distinction would be practically useful because, in his opinion, “[t]here is no one, single completely satisfactory method of psychoanalysis and psychotherapy, but many [...]. The extraordinary diversity of human individuality also requires a wide range of psychoanalytical treatment methods, which should not fight and displace each other, but complement and support each other” [20, p. 404].

In 1938, Henryk Higier published two articles: *Lekarz a rasa i wyznanie* (*A doctor and race and religion*) [21] and *Psychoterapia a rasizm* (*Psychotherapy and racism*) [22], in which he opposed the increasingly widespread views in German-speaking psychiatry that the doctor’s race determined the quality of his scientific views and the effectiveness of therapeutic interventions. This view was especially promoted by Matthias Heinrich Göring – a psychiatrist, Nazi activist and cousin of Hermann Göring [19]. Higier also criticised the attitude of Carl Gustav Jung, who was to write a preface to Olga König – Fachsenfeld’s monograph on dreams, in which the author, as reported by Higier, made a racial argument justifying the superiority of Jung’s theories over those developed by Freud and Adler, according to which “Jung, bound to the land on which he creates, is able to touch the primal instincts of the human soul much more deeply than foreigners who write only in the language of the nation they live among” [22, p. 498]. According to Higier, it was unacceptable in medical work and science to propagate two views: “1) that not every doctor has the right to speak in a discussion, 2) that an indigenous doctor, connected with the earth, is able to find out the structure

of the human soul much more deeply than a foreigner who has settled there even for centuries” [22, p. 503]. According to Higier, such beliefs were represented by both Göring and Jung.

Critique of psychoanalysis as a psychotherapeutic method

Among the Polish psychiatrists of the interwar period who presented a critical attitude towards psychoanalysis as a method of psychotherapy, without proposing their own, independent therapeutic proposals (as Jaroszyński did), Abraham Wirszubski and Antoni Mikulski come to the fore.

Abraham Wirszubski was born in Vilnius, achieved his medical degree at the Imperial Kazan University and the University of St. Petersburg, and was a Zionist activist. He worked in Vilnius. He headed the psychiatric ward of the Jewish Hospital at Zwalna Street in Vilnius and was the head of the psychiatric wards of St. Jacob Hospital and the “Sawicz” Municipal Hospital [23].

At the beginning of his article entitled *Ocena krytyczna nauki Freuda (Critical evaluation of Freud's teachings)*, Wirszubski outlined a short context for the development of psychotherapy which, according to him, stemmed from “the pursuit of a critical assessment of the materialistic worldview, which is too dominant in science and philosophy” [24, p. 775]. He then provided a summary of the critique of psychoanalysis in European literature. Finally, he added the following remark on his part: “I am by no means convinced by the mechanism of the suppression process outlined in Freud's teachings, in which the author cleverly moves, like a juggler, psychic components from the subconscious sphere to consciousness and vice versa, like objects of material nature” [24, p. 785].

Antoni Mikulski was a psychiatrist and a graduate of John Casimir University. He also studied at the University of Munich under Emil Kraepelin and was a student of the philosopher and psychologist Theodor Lipps [25].

Mikulski presented his critical stance towards psychoanalysis as a psychotherapeutic method in the most extensive way in his *Podręcznik psychologii (Psychology textbook)* from 1925 [26]. In his opinion, one of the basic problems with evaluating the effectiveness of psychoanalysis was the impossibility of an objective test of its theorems. Mikulski considered the therapeutic result of psychoanalysis to be the result of factors common to psychoanalysis and other therapeutic methods, and not of influences specific to it:

Originally, great emphasis was placed on the supposedly great therapeutic result. In neuroses, however, a positive therapeutic result does not speak for the drug, and a negative – against it. In its time, metal therapy, consisting of applying metal plates to the skin of hysterics, worked perfectly well; bloodletting worked effectively, exorcisms and ordering work, and vis medicatrix naturae and autosuggestion always worked. However, the therapeutic effect of psychoanalysis is by no means as brilliant as it first appeared. Freud himself says that the treatment must last months, and sometimes even

several years; with such persistence, all psychotherapeutic methods work effectively in skilled hands. The point is for the doctor to show a lot of interest in the patient and to get to know him thoroughly. The therapeutic effect of psychoanalysis is no better than that of many other psychotherapeutic methods. [26, p. 173]

Results of the historical reconstruction

The results of the historical reconstruction of the notion of psychotherapy and its practice in Polish psychiatry in the interwar period are presented below in Table 1.

Table 1. Definition and practice of psychotherapy in various professional contexts in Polish psychiatry in the interwar period

Professional context	Facility/specialist	Definition of the notion of psychotherapy	Psychotherapeutic practices	Groups of patients/ disorders
Psychiatric hospitals	Dziekanka Psychiatric Hospital	Action "in a direct form through the influence of the doctor on the patient, as well as indirectly through the influence of the environment on his psyche „(A. Piotrowski)	occupational therapy good and friendly relations with the doctor and hospital staff conversation proper nutrition physical hygiene sleep hygiene psychoanalysis hypnosis	All hospital patients (psychoanalysis and hypnosis was especially dedicated to patients with manic-depressive psychosis)
	Jewish Hospital in Warsaw	The psychological impact of the doctor on the patient based on establishing a relationship (transferential) (G. Bychowski)	analytical psychotherapy (G. Bychowski) psychoanalysis persuasion suggestion hypnosis "small psychotherapy": work therapy, change of environment, regulation of life situation (W. Matecki)	Schizophrenia underdeveloped schizophrenia (A. Wizel) pseudoneurotic schizophrenia (W. Matecki) children and "low-intelligent individuals" (G. Bychowski)

table continued on the next page

Psychiatric hospitals	Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow	Targeted influence of the doctor on the patient based on establishing a good relationship, "mental orthopaedics"	explaining the nature and causes of the disease environmental impact (separation from the conditions that caused the disease) persuasion suggestion	war neurosis
	Holy Sirit Hospital and Hospital at Złota Street in Warsaw (T. Jaroszyński)	"Psychological treatment", psychological impact on emotions as an impact on the psychophysiology of the organism	emotional psychotherapy	neurosis hysteria
Outpatient psychiatric care	Counselling clinic for the mentally ill in Krakow (W. Stryjeński)	-	-	-
Private practice	T. Bilikiewicz	A method of treating mental illness involving the psychological influence of a doctor on the patient, mainly by making the patient aware of the origin of the disease	oneiroanalysis psychoanalysis	neurosis
	H. Gottliebowa	A means of symptomatic or causal treatment of psychogenic gynaecological disorders by talking to the patient	Psychoanalysis Hypnosis Suggestion Persuasion "training of the will" "character shaping" "strengthening the spirit of the sick"	gynaecological patients

table continued on the next page

Private practice	R. Markuszewicz	Treatment of mental illness through the psychological impact of the doctor on the patient; psychoanalysis as a method of understanding the causes of the disease by the doctor and self-understanding by the patient	psychoanalysis	neurosis
	H. Higier	Treatment of mental illnesses through the use of methods of the doctor's psychological influence on the patient and the analysis of the patient's personality	various methods of psychoanalysis hypnosis suggestion	Neurosis Psychasthenia anxiety disorders

As Table 1. shows, the practice of psychotherapy in Polish psychiatry in the interwar period developed primarily in two professional contexts: within public psychiatric hospitals and private practice.

There is a noticeable difference between psychotherapy in a hospital setting and private practices. In hospitals, psychotherapy was mainly intended to help patients struggling with psychoses, that is, in the first place, to stabilise patients' contact with the external reality – the cure itself was a long-term goal. Of course, disorders other than psychoses were also the subject of psychotherapy in hospitals – Tadeusz Jaroszyński, inspired by French psychiatry, proposed treating neuroses by inducing positive emotional states, and in the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow, attempts were made to treat war neuroses based on a good doctor-patient relationship and the techniques of suggestion and persuasion. However, in the conditions of private practice, specialists usually did not deal with severe cases of psychosis, but rather patients with neuroses. Therefore, psychiatrists such as Bilikiewicz and Markuszewicz could undertake psychotherapy in modalities more similar to the standard psychoanalysis of neuroses. Additionally, Gottliebowa proposed the use of techniques developed in Jung's analytical psychology or Adler's individual psychology. Eclecticism in the use of psychoanalytical methods in psychotherapy was also proposed by Higier.

The influence of psychoanalysis is visible in many definitions and descriptions of the practice of psychotherapy in Polish psychiatry in the interwar period. The impact of psychoanalysis is best seen in the psychotherapeutic practices of the Jewish Hospital in Warsaw psychiatrists and the private practices of Bilikiewicz, Gottliebowa, Markuszewicz, and Higier. However, it should be borne in mind that due to the process of indigenisation [27], to which Dobroczyński [28] points out, the Polish version of

psychoanalysis had a very idiosyncratic character. It was far from the orthodox version of Freudianism, as it allowed the influence of phenomenology, hermeneutics [29], and a kind of “privatisation”, as Dobroczyński calls it [30, p. 361], i.e. selecting only certain elements of the theory and rejecting others. This indigenous point of view is well illustrated by the modifications of psychoanalysis introduced to the psychotherapy of schizophrenia by Bychowski and Matecki and the technique of dream analysis by Bilikiewicz, as well as by Gottliebowa’s and Higier’s eclectic approach to the use of various psychoanalytic methods.

However, there were hospitals where the impact of psychoanalysis was not of particular importance. The staff of Dziekanka Psychiatric Hospital proposed a different, 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. Additionally, the psychiatric staff of the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow, headed by Jan Piltz, developed psychotherapy of war neuroses based on suggestion and persuasion in the 1920s, and in the 1930s – an approach based on Kretschmer’s constitutional theory, promoted by Władysław Medyński.

Apart from psychiatric hospitals and private practices, also within outpatient psychiatric care, specifically in the Krakow counselling clinic for the mentally ill, founded by Władysław Stryjeński, interventions called psychotherapy were used. However, in the texts devoted to the activity of this facility, a definition of psychotherapy or a broader description of the practices denoted by this concept, could not be found. Also noteworthy is the rare use of the concept of psychotherapy, as well as the lack of definitions and descriptions of the practice, in the main journal of the mental hygiene movement in interwar Poland.

Recapitulation

The specificity of the understanding of the notion of psychotherapy and its practice in Polish psychiatry in the interwar period was the unorthodox and eclectic processing of many different inspirations. The influence of various psychoanalytic ideas shaped the understanding of psychotherapy and its practice in the Jewish Hospital in Warsaw and the private practices of Tadeusz Bilikiewicz, Henryka Gottliebowa, Roman Markuszewicz, and Henryk Higier. On the other hand, psychoanalysis as a method of psychotherapy was criticised by Abraham Wirszubski and Antoni Mikulski. In Dziekanka Psychiatric Hospital, psychotherapy was understood broadly as the impact of the entire environment on the patient’s psyche, and as a particularly important method of psychotherapy was considered occupational therapy. The influence of French psychiatry can be seen in the concept of emotional psychotherapy by Tadeusz Jaroszyński. At the Psychiatry and Neuropathology Clinic of the Jagiellonian University in Krakow attempts were made to treat war neuroses by integrating various inspirations, and Władysław Medyński particularly emphasised the importance of Kretschmer’s constitutional theory for the practice of psychotherapy. However, it is also worth noting that

despite the evolution of psychotherapeutic methods, Polish psychiatrists still recommended the use of techniques that constituted nineteenth-century psychotherapy, i.e. hypnosis, suggestion and persuasion. This indicates that thinking about psychotherapy in terms of exerting a directed psychological influence by a doctor on a patient was still present in Polish psychiatry in the interwar period.

In 1900, Adam Wizel [31, p. 266] noted that “[i]n those countries where psychology was highly-valued, psychiatrists were keenly concerned with the psychological side of the issue, and where psychology was low-valued, the main emphasis was put on the anatomic-clinical side”. According to this observation, the dominance of biological orientation can be perceived as an obstacle to the development of psychotherapy in Polish psychiatry in the interwar period. Another factor that inhibited the development of psychotherapeutic methods, especially those derived from psychoanalysis, was the resistance to it, fuelled by anti-Semitic attitudes, also present in the psychiatric community.

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