

The reception of Dr Ludwik Jekels’ “apostolic activity” to promote psychoanalysis in Poland before the outbreak of World War I. Part 1

Edyta Dembińska, Krzysztof Rutkowski

Department of Psychotherapy, Jagiellonian University Medical College

Summary

The paper sets out to present Dr Ludwik Jekels’ activity for the development of psychoanalysis in Poland between 1909 and 1914. Ludwik Jekels was the first Polish psychoanalyst and the first translator of Sigmund Freud’s works into Polish. Throughout numerous years he gained his psychoanalytic skills in the classical Viennese school of psychoanalysis while attending lectures conducted by Freud himself. The article analyses a number of previously unknown and unpublished historical sources (e.g. Ludwik Jekels’ memories and correspondence as well as daily newspapers and scientific journals). The research allowed the current knowledge of Dr Jekels’ activity and achievements in his early career as a psychoanalyst to be significantly complemented. The first part of the paper presents briefly Dr Jekels’ professional development and the causes why he gained interest in psychoanalysis. A little-known period of psychoanalytic activity prior to his first public presentations in Krakow and Warsaw in 1909 was reconstructed. The article includes a detailed review of Jekels’ first lectures on psychoanalysis, including one which has been completely unknown to the historians of medicine. The varied reactions of the Polish neurologists and psychiatrists to Jekels’ promoting activity and psychoanalysis itself were critically assessed.

Keywords: psychoanalysis, history of psychotherapy, Ludwik Jekels

Introduction

The paper sets out to present the analysis of Ludwik Jekels’ professional activity and its impact on the development of the Polish psychoanalysis. The article presents numerous previously unknown and unpublished historical sources e.g. Ludwik Jekels’ memoirs and correspondence, daily newspapers and scientific journals. This research allowed to significantly broaden the current knowledge of Dr Jekels’ activity and achievements. Although this is not the first scientific publication on Dr Ludwik Jekels as Czarnecki [1], Domański [2], Dybel [3] and Magnone [4] wrote about him

earlier, none of the authors was able to fully reconstruct Dr Jekels' "Polish period" of psychoanalytic activity. Neither did they avoid repeating the views which were not corroborated by an in-depth analysis of available historical sources. This paper not only aims to supplement the current knowledge of Dr Jekels with unknown facts, but it also participates in the discussion with the previously published studies. By doing so, it aims to deliver a comprehensive report on Dr Jekels' activity to promote psychoanalysis.

Early professional career

Ludwik Jekels was born on 15th August 1867 in Lviv as Louis Jekes [5]. In later years he would use the spelling 'Ludwig' in foreign publications. He graduated with a medical degree from the University of Vienna in 1892. Throughout five years he further advanced his knowledge and skills in a variety of medical fields by completing traineeships in Vienna clinics and then taking up in 1897 the position of a resort physician in Jaworze (Ernsdorf) in the Austrian Silesia at that time [6]. Between 1898 and 1912 he was the owner and director of a health resort in Bystra Śląska near Bielsko [6]. Around 1898 while Jekels was recommending his recently opened health resort to physicians in Vienna, he by chance met Sigmund Freud [7]. As he reported, the first encounter left an impression on him but it did not result in him developing an interest in psychoanalysis. At that time Jekels still supported the spa treatment which was very popular at that time. For several years he managed his health resort in a conventional manner and utilised treatment methods such as manual and machine massage, active and passive therapeutic gymnastics, electric baths, baths in air, sun and electric light, personalised dietary treatment, outdoor walking treatment by Oertel [8, p. XIII], and hydrotherapy.

Turning to psychoanalysis

One may wonder why researchers so far have not thoroughly explored why Ludwik Jekels developed an interest in psychoanalysis. Jekels' earlier activities as a physician suggested that he leaned towards modern but still conventional methods of treatment. Therefore, the fact that he turned to a field of knowledge which had no significant support in the medical community seems unusual. Dybel assumes that this was a direct consequence of the impression Freud made on Jekels during their first encounter [3, p. 115]. Magnone, in turn, argues that it was "the search for answers to the riddle of hysteria" [4, p. 78], which Jekels had encountered in his medical practice. In the light of the unpublished Jekels' memoirs which were made available by the Library of Congress, both theories should be deemed unlikely. During the first few years of work in the health resort Jekels experienced some therapeutic failures, which prompted him to seek more effective ways of treatment and constituted a major cause of his interest in psychoanalysis. The turn to psychoanalysis resulted from pragmatic reasons and it was not unusual in those times. It suffices to say that physicians coming from health resorts and private clinics of a similar profile constituted almost half of early psychoanalysis enthusiasts from the Viennese circle [9, p. 70]. In the times

of a stiff competition in the private health resort market, the possibility of providing a substantial number of patients with an effective treatment might have been a decisive factor in the commercial success of a health resort. It could also enhance interest in psychoanalysis which was perceived as a promising form of therapy.

Jekels wrote about the challenges he experienced while working in the spa and the reasons why he turned to psychoanalysis as follows: "I was incapable of comprehending the fact that some neurotic patients following the application of the therapy recovered completely while others failed to do so. This fact was also reflected in the reactions of my patients. Some admired me greatly, others completely rejected. Treatment consisted almost exclusively in the application of hydrotherapy recently developed by prof. Winternitz. In the end I came to the same conclusion as Freud did with reference to his patients in whom he applied electrotherapy postulated by prof. Erb: namely, that a suggestion lay at the basis of treatment" [7].

In the subsequent part of the memoirs Jekels reported how he attended Freud's lectures which took place in the lecture theatre of the Psychiatric Clinic at the University of Vienna¹: "At that time I had already heard of Liébeault and Bernheim² and decided to find out more about suggestion and hypnosis. So, after the end of the summer season I went to Vienna to obtain information and instruction. I learned that at the Clinic of Wagner-Jauregg in the General Hospital lectures on psychoanalysis were to be given at 7 p.m. on Saturday nights (...) Freud was already present. At the beginning of the lecture he asked us to come down from the benches, pull up chairs and sit around near him as if it was to be a friendly discussion or seminar. At that time, it was really extraordinary (...) Freud's lectures fascinated me from the beginning both by the novelty of the subject and the atmosphere in which they took place" [7].

While listening to Freud's lectures, Jekels demonstrated a great open-mindedness to innovative approaches to the treatment and understanding of patients. He did not reject psychoanalysis unlike many of his medical peers. Years later, he wrote: "The world that opened up while listening to Freud's lectures was completely unknown to me. An enthusiasm I had never experienced before made me go to Vienna year after year" [10]. The analysis of Jekels' memoirs does not offer a definite response to the query about the year in which Jekels attended Freud's lecture for the first time. The potential dates between 1901 and 1905 are mentioned [7, 11, 12]. Owing to the analysis of memoirs written by other participants who attended Freud's lectures, Isidor Sadger in particular, it can be assumed that the events reported by Jekels occurred in the autumn of 1903. However, it is only a very likely hypothesis unlike it is argued by Magnone [4, p. 78].

Since then Jekels spent every autumn and winter in Vienna in order to participate in Freud's lectures. Despite clear interest in psychoanalysis, until 1909 Jekels was not

¹ It should be noted that Jekels' stay in Vienna at that time was not related to his relocation to the city after his wife's death as argued by Mühlleitner [63]. Jekels' wife committed suicide many years later in January 1910 but Jekels settled down permanently in Vienna only in the autumn of 1912. His stay in Vienna was not related to the psychoanalysis he started with Freud (as reported by Magnone referencing to Dybel) [4]. Jekels started the psychoanalysis only in 1912.

² Ambroise-Auguste Liébeault (1823-1904) and Hippolyte Bernheim (1840 – 1919): French doctors and co-founders of the so-called Nancy Hypnosis School, applied hypnotic suggestion to treat patients.

a part of the mainstream Vienna psychoanalytic community. Due to the lack of historical sources, it is challenging to assess the nature of his relationship with Freud and members of the so-called Wednesday Psychological Association, an elite group which Freud had close ties with and which was created in 1902 [13, p. 113]. It was only in 1908 when first reports of Jekels' activity in the psychoanalytical circles started to turn up in sources. Carl Gustav Jung was the first to report it. On 11th March 1908 he wrote to Freud in connection with the organisation of the Congress of Freudian Psychology in Salzburg: "I have just received an application from Dr Jekels from Silesia" [14]. Freud made no references to Jekels in his response, which is unusual given his style of correspondence. It suggests that Jekels did not play a significant role in the Viennese psychoanalytic community. Jekels corroborates the assumption by saying that by 1910 he did not forge a close relationship with Freud and knew him only from the lectures [7]. The reasons for Jekels' marginal position among Viennese supporters of psychoanalysis could have been related to the limited time Jekels could devote to studying psychoanalysis due to the health resort which he ran as well as the inferior treatment he was exposed to as a suburban spa doctor by native Viennese, and Freud's underestimation of Jekels' potential. In the early years of the psychoanalytical movement development, Freud demonstrated exceptional determination to attract individuals who could look after psychoanalysis development most effectively and earn its recognition in the scientific community. These aspirations were expressed by offering high positions in the psychoanalytical movement to Eugen Bleuler and Carl Gustav Jung, who were distinguished Swiss psychiatrists from the Burghölzli Psychiatric Clinic, lecturers at the University of Zurich and researchers recognised in the world of science.

Initially Jekels probably did not intend to change his position. The time until 1908 he devoted to studying Freudian works independently and attending his lectures. At that time, there were no regulations which would specify the principles of studying and practising psychoanalysis, but through the opportunity of listening to Freud himself, Jekels received the best possible theoretical training. Available sources do not allow for precise specification of the time when he moved on to psychoanalytic practice with the first patient. Most likely it was a process of gradual integration of psychoanalytic techniques into his work with patients. Although in the description of the Bystra health resort dating from 1902 psychotherapy was reported for the first time as one of treatment methods [15], in line with the terminology used at that time, the application of suggestion, mostly a hypnotic one, was referred to as psychotherapy [16]. Jekels applied suggestion and it is very likely that suggestion under hypnosis was used as well [7]. He certainly used psychoanalysis in its full meaning in 1908 and probably even earlier as he made references to his experience of several years in practising psychoanalysis at the Polish Congress of Internal Medicine in 1909 [17]. Admittedly, it is Jekels who is credited with being the first individual who applied psychoanalysis on the Polish soil. In these first psychoanalysis trials in Bystra he was not accompanied by Herman Nunberg, as suggested by Dybel [3]. Nunberg started his employment at Jekels' health resort only in the summer of 1911.

In recent years a lot of myths accumulated around Jekels' early years of psychoanalytic practice with the most glaring example being the allegedly failed "psychoana-

lytic treatment" of Gabriela Zapolska. Magnone includes Zapolska to "the group of patients who are victims of psychoanalysis" [4, p. 85], whereas Domański referred to Jekels' treatment of Zapolska conducted in 1906 as "a model failure" from which "the monograph on the history of Polish psychoanalysis should begin" [2, p. 120]. Based on one patient and one alleged failed therapy during which Jekels did not recognise a parasitic infection in the patient and treated the symptoms with psychoanalysis, the authors built a false image of Jekels as an incompetent physician. At the same time, they suggested that the failure stemmed from his interest in psychoanalysis. Domański refers to Jekels as "a fanatic of psychoanalysis" and in another comment he wrote that "Jekels, being blinded by psychoanalysis, lost the gift of diagnostic intuition and reliable insight into the health problems of patients" [2, p. 121]. None of the authors, however, made a thorough assessment of Zapolska's treatment based on the knowledge of psychoanalysis basic principles, methods of physical medical examination and diagnosis of parasitic diseases.

First of all, as described in the letters by Zapolska the examination and treatment methods used by Jekels certainly did not constitute psychoanalysis at all [18, 19]. The doctor recommended "fattening therapy", hydrotherapy, rest and isolation. The aim of the treatment was to improve the nutritional status of the patient who weighed 47 kg and suffered from cachexia which led to a recurrence of tuberculosis. The only psychotherapy technique used in the treatment was suggestion which in 1906 was no longer used in psychoanalysis. Magnone erroneously classifies it as making the patient aware of the mechanism of a disease symptom, which is typical of psychoanalysis [19, p. 57]. However, the applied method had nothing to do with the psychoanalytic discovery of the unconscious sexual motives associated with refusing to eat. Jekels used the suggestion of death ("Do you know that if you shed a few more kilos, your lung will not be rescued!" [19, p. 50]) to break her resistance to food and save the patient's life. The method can be regarded as aggressive but even today it is used by physicians to convince patients to take care of their health promptly. The therapy proved very effective ("I stuff myself with food because I always think that I am losing weight and it means death" [18, p. 204]) and Zapolska gained two kilograms during her short stay in Bystra. Jekels' authoritarian attitude towards the patient and his attempts to persuade her to comply with medical recommendations is a typical physician's approach at the turn of the 19th and 20th centuries. If he were to adopt the role of a psychoanalyst, his conduct must have been different as he would listen to everything the patient had to say and would follow her. Therefore, it is challenging to justify a behaviour typical of an average physician with Jekels' "psychoanalytical interests."

Finally, the last allegation of failing to diagnose taeniosis which he mistook for hysteria should be addressed thoroughly. Zapolska's correspondence does not confirm that Jekels ever diagnosed her with hysteria. The writer herself argued that in Bystra she was treated for tuberculosis and emaciation ("For a week I have been at the clinic for tuberculosis patients") [18, p. 201]. Both in the times of Jekels and today it is not easy to diagnose taeniosis. The diagnosis becomes definite once tapeworms are found in the stool. Other diagnostic methods do not provide confirmation of the infection. In particular, there is a lack of characteristic symptoms of the gastrointestinal tract.

An author of a contemporary handbook notes that abdominal symptoms usually only deteriorate after diagnosis, which in his view has a psychogenic foundation and “a phobia of having a tapeworm occurs quite commonly.” [20, p. 290]. In the context of such information, the claim that due to fascination with psychoanalysis Jekels became a poor diagnostician and did not recognise the disease which was obvious to other physicians and the patient, should be dismissed. Jekels did not suspect taeniosis and considered Zapolska’s concerns to be a manifestation of her hypochondriacal tendencies as her symptoms did not suggest the infection. Other physicians who treated Zapolska earlier shared his opinion despite not being supporters of psychoanalysis themselves. Only after the expulsion of the first tapeworm segments did the diagnosis become evident. It should be noted that the expulsion of segments starts only after three months of the infection when the unarmed tapeworm, which is the parasite that Zapolska was infected with, reaches its full length [20]. Assuming that Zapolska did not miss earlier symptoms and she did expel the first part of the parasite on 17th November 1906 [18, p. 2019], she was likely to have been infected after she was treated by Jekels in Bystra, which occurred over five months earlier. Therefore, based on a critical analysis of historical sources and medical expertise, the view that Jekels exposed Zapolska to unsuccessful psychoanalysis and he committed major medical malpractice should be refuted.

Today no identity of any of the patients analysed by Jekels in Bystra is known. He presented in his works only five short anonymised clinical case studies. Due to the nature of the health resort stays all analyses were short-term and focused on current symptoms. It is difficult to assess how many patients he analysed until his first public appearances in 1909. Although Jekels demonstrated a great fascination with the psychoanalytic method, he applied it only to a group of selected patients whenever conventional therapeutic methods failed. As he reports in one patient case study: “When hydrotherapy and suggestion therapy brought no effect after several weeks (...) I started his psychoanalytic treatment” [21, p. 621]. Since Jekels qualified to psychoanalytic treatment only those patients who did not respond to traditional treatment methods, it is challenging to recognise him as a “a fanatic of psychoanalysis”. The clinical material he presented allows for at least partial assessment of his analytical skills in the period preceding his public speeches. This assessment may not be very accurate as Jekels presented only the most successful therapies. They paint a picture of a physician interested in his patients and their life stories, who skilfully collects interviews on the history of symptoms and sexual life, and effectively applies basic psychoanalytic techniques such as the analysis of dreams, the technique of free associations, and the interpretation of erroneous activities, and who also creates interesting interpretive hypotheses on the basis of the content collected from the patient. Such skills can only be gained through multiple hours spent on the psychoanalytic practice.

The culmination of the self-improvement period in psychoanalysis was participation in the Congress of Freudian Psychology in Salzburg on 27th April 1908 [22], which is known today as the First International Congress of Psychoanalysis. Jekels was the only Pole among 38 participants of the congress. The meeting was informal in nature. The most important objective, except for the scientific aspects, was to integrate the psychoanalytic community which was dispersed throughout the world. Consequently,

the idea of establishing an international psychoanalytic society appeared for the first time. Looking at Jekels' activity in the following year, it is the participation in the congress that inspired him to take the role of "an apostle of psychoanalysis" on the Polish soil. It also enabled him to gradually build a more personal relationship with Freud.

First Congress of Polish Internists in Krakow

In 1909 Jekels began a three-year mission to promote psychoanalysis in Poland. Preserved historical sources do not offer clarity whether it was Jekels' own initiative or he acted as a result of Freud's suggestion. He addressed his first speeches to physicians and, in particular, psychiatrists. Until now it was believed that the first of the lectures promoting psychoanalysis took place on 12th October 1909, during the First Congress of Polish Neurologists, Psychiatrists and Psychologists held in Warsaw [21]. We established, however, that three months earlier, on 21st July 1909 Jekels gave a lecture entitled "Freud's Theories of Neurosis and Psychoanalysis" during the First Congress of Polish Internists held in Krakow [17]. In the light of the sources known today, it was the first presentation on psychoanalysis delivered in Poland. This is a new discovery which changes significantly the knowledge about Jekels' activity and the history of Polish psychoanalysis.

Jekels presented the lecture on the last day of the congress in a session comprising of short presentations. His subject differed significantly from other lectures focusing on the essence of adrenal chromaffin or the Wassermann test value in the diagnosis of syphilis. Jekels' choice of the internists' congress as a venue to present the assumptions of psychoanalysis may come as a surprise. However, the congress was attended by 200 physicians from three country partitions. Many of them ran health resorts and were interested in balneology. Therefore, Jekels could expect that some participants would demonstrate an interest in the subject of his speech. The content of the presentation survived until today due to a detailed congress report which was published in "Przegląd Lekarski" [17]. If compared with other reports, the summary of Jekels' presentation offers so many details that without a doubt it must have been written by Jekels himself. It demonstrated his attention paid to physicians' correct understanding of psychoanalysis and his desire to reach a wider audience as "Przegląd Lekarski" was the most significant medical journal in Galicia at that time and it frequently published summaries of conference presentations drafted by the authors themselves.

Jekels' paper was a very condensed description of Freud's entire theories on neurosis and its treatment. Jekels presented Freud's key views on sexual genesis of actual neuroses (neurasthenia and anxiety neurosis) and psychoneuroses (hysteria and compulsive neurosis). He illustrated the mechanism of hysteria symptom emergence with a brief clinical example. Several months later in Warsaw he used the same example but in a much-extended form (the case of Ms. Anna S.). He reported on the evolution of the therapeutic techniques applied in psychoanalysis and briefly characterised those which were currently in use: the interpretation of dreams, the technique of free association and interpretation of erroneous actions, as well as the transference mechanism formed during treatment. But he never used the proper terminology for

these techniques. In his conclusion he glorified Freud and psychoanalysis by saying: “Based on my experience of several years, I consider Freud’s views to be absolutely true in the slightest detail with psychoanalysis being the invaluable achievement of the human spirit. Without its application, which has already been initiated anyway in psychiatric institutions in Zurich and Jena, psychiatry would need to stay at its budding stage” [17, p. 21, emphasis by E.D., K.R.]. Emphasising the significance of psychoanalysis in the development of psychiatry was also part of the lecture (“in this area [the study of hysteria] Freud implemented the most violent revolutions which had enormous significance not only for the pathogenesis of hysteria but also illuminated largely the darkness which psychiatry has prevailed in” [17, p. 20]). While assessing the educational qualities of Jekels’ paper, it should be noted that despite the clarity of its arguments, the presentation was heavily overloaded with theory. The brief character of the clinical vignette did not allow to illustrate psychoanalytic work or assess the validity of the final interpretation. However, in the description of the case study a highly interesting and novel finding could be observed that “a hysterical symptom is always an expression of several psychic trends which therefore have several meanings in which at least one must be a sexual symbol” [17, p.21]. The presented hypotheses of symptom comprehension (gait disorder) of the female patient demonstrated the speaker’s experience in conducting analyses as well as multi-dimensional understanding of patients not limited only to the sexual sphere.

Probably due to the audience’s lack of previous contact with psychoanalysis, the speech aroused no significant reaction and no criticism. No discussion followed the presentation as confirmed by “Przegląd Lekarski” and Warsaw “Gazeta Nowa” [23]. The author of the report in the latter source described the audience reaction to the presentation as curiosity. Owing to short notes in Lviv and Warsaw daily newspapers [23, 24] the ordinary reader could become familiar with the term psychoanalysis. The presentation did not result in any major reaction in the medical community, which is related to the fact that it was completely forgotten. The most important outcome was Freud’s recognition in a letter to Jekels dated 29th July 1909 when he wrote: “Thank you very much for your effort” [25].

First Congress of Polish Neurologists, Psychiatrists and Psychologists in Warsaw

Jekels’ next public speech took place in front of a more demanding audience of Polish psychiatrists. In October 1909 he took part in the First Congress of Polish Neurologists, Psychiatrists and Psychologists in Warsaw [21]. On 12th October 1909 during the psychiatric session Jekels presented a lecture entitled “Psychoneurosis Treatment with Freudian Psychoanalytic Method and Casuistry”. The entire presentation was further published in “The Proceedings from the First Congress of Polish Neurologists, Psychiatrists and Psychologists” [21]. It is the first comprehensive publication related to psychoanalysis in Polish. Moreover, it was the first work which included comprehensive clinical material originating from, among others, therapeutic sessions.

In the second speech on psychoanalysis Jekels shifted focus and amended the way how he presented Freud's theory, which could be associated with the experience he acquired in Krakow. He divided the paper into a short theoretical introduction and a comprehensive presentation of clinical material derived from his own practice, which accounts for its high clinical and historical value. In the theoretical part he focused exclusively on the mechanism of psychoneuroses formation according to Freud by characterising their sexual background. In particular, he focused on a widely psychosexual development of all people from childhood to adolescence and its significance in the formation of neurotic symptoms. He explained the broad approach to the psychosexual development with the significance of Freud's thesis on the impact of early childhood experiences on adult symptoms and the resistance it faces. Then he described the essence of psychoanalytic therapy: "It is based on the removal of amnesia and the awareness of unconscious imaginary units (complexes) which were suppressed into the unconscious. Thus, the patient gains insight into the nature of their pain and takes an objective and independent stand in question towards it, as rightly expressed by Jung" [21, p. 616]. Finally, he presented the basic therapy techniques: the use of free associations (he used several terms: "seemingly free and unconnected thoughts", "free thoughts" or a term more reminiscent of the contemporary one: "free association"), the analysis of dreams and the analysis of erroneous and symptomatic actions.

In the clinical section he presented four case studies of patients who he treated with psychoanalysis. It should be noted that these were the first case studies of individuals treated with psychoanalysis in Poland³. The parts of the presented analyses allowed for the visualisation of the analyst's method of working with the application of the previously mentioned techniques. More importantly from the educational value of the presentation, it made it possible to trace thoroughly the intermediary links of the psychoanalysis process leading to the formation of the interpretive hypotheses. The case study of Anna S. brings a particular value as Jekels introduced a fragment of the therapeutic session here. It is the first record of a psychoanalytical session fragment used in a case study in the Polish language. Jekels concluded his presentation with two statements: "I am not sure whether and to what degree the case studies quoted here (...) will get to convince my respected colleagues. It will come as no surprise to me if it is not like this as I share Freud's view that analysis can only get the completely persuasive power should it be experienced in all details" [21, p. 623]. Jekels was prepared to be criticised by the audience but at the same time he suggested then and on numerous subsequent occasions that the criticism originates in the audience's lack of experience in analysing patients.

The presentation sparked a debate which Freud's supporters referred to as "stormy" [26], and those less emotionally engaged observers called "animated" [27]. Besides Jekels, four other individuals took part in it: Adam Wizel – the head physician of the mental illness department at the Orthodox Jewish Hospital at Czyste district in Warsaw, Karol Rychliński – the director of the Psychiatric Hospital in Drewnica, Witold

³ A more comprehensive report on Jekels' patients can be found in [6].

Łuniewski – the founder and director of the Psychiatric Hospital in Warta and Ludwika Karpińska – a psychologist.

Dr Wizel was the only entirely critical voice of psychoanalysis. His attitude to psychoanalysis remained strongly influenced by the views of German psychiatrists. He made references to “severe criticism” which psychoanalysis underwent more than a month earlier at the 16th International Congress of Physicians in Budapest and the opinions expressed by the psychiatrists Wilhelm Weygandt, Johann Cramer, and Robert Sommer who were dubbed as “the definite enemies of Freud” [21, p. 623]. The scientific objectivity of Wizel’s views were undermined by the sources from which he drew most of the knowledge of psychoanalysis. Those were the publications and statements of people who were critical of psychoanalysis. While arguing with Jekels, he would refer to only hearsay opinions. He argued that psychoanalysis “brings all the suppressed complexes to sexual subject [and] it brings to light not only the content which existed in a sick individual but also the one which was non-existent” [21, p. 624]. Furthermore, “psychoanalysis may do harm should it extract from the depth of a soul any significant content which was forgotten for a long time. (...) That would definitely come as a shock to the sick person” [21, p. 625]. The last caveat related to the fact that the mental content could be assigned by psychoanalysts with any meaning. Wizel believed that “there is no such a drastic comment before which a Freud’s follower would pull back from” [21, p. 625]. At the end of his speech he somewhat softened his opinion and admitted that “psychoanalysis, in my belief, can sometimes give reliable service but it must be applied very cautiously and, above all, it must be strictly individualised” [21, p. 625]. Wizel’s critical approach to psychoanalysis based on the German school of psychiatry could also be traced in his further works. In 1914 he wrote: “Almost all most serious neurologists and psychiatrists opposed to it [Freudism] in the firmest manner and at the latest congress of German psychiatrists in Wrocław it was unanimously disparaged by such serious scientists as Kraepelin, Hoche, Lipman, Weygand, Stransky and others” [28, p. 165]. Wizel’s approach to psychoanalysis transformed dramatically during World War I when in 1916 he began its application in his own medical practice [29]. In the interwar period he was the psychoanalysis supporter and defender.

The views expressed by another speaker, Dr Rychliński, only seemingly classified him to be one of the cautious supporters of psychoanalysis. Although his presentation started with a very flattering assessment of psychoanalysis significance (“Freud’s theory is a fabulous step on the path to development”, “Freud’s theory has colossal meaning” [21, p. 625]), its further part had a strong critical tone. Rychliński claimed that “it makes overgeneralisations and boils down everything to the drive disregarding other factors” [21, p. 626], and above all its assumptions are too confusing. He concluded that “Freud’s views should be considered by a physician who complements the treatment of neurotic conditions with psychoanalysis” [21, p. 626], but he did not consider the psychoanalytic method to have therapeutic function and saw it more as a diagnostic tool. Rychliński and Wizel’s attitude towards psychoanalysis stemmed from their ignorance and a lack of experience. Rychliński became familiar with Freud’s theory in a superficial manner while reading in 1908 Carl Gustav Jung’s article “Die

Freudsche Hysterietheorie". He admitted himself that "comprehending Freud is very challenging even in the way how Jung presented Freud's theory of hysteria" [30, p. 40].

Following Wizel and Rychliński's critical views, the staunch supporters of psychoanalysis joined the discussion: Ludwika Karpińska [31], the only woman taking the floor in the discussion, the psychiatrist Dr Witold Łuniewski and Ludwik Jekels himself. Karpińska and Łuniewski familiarised themselves with psychoanalysis in the so-called Zurich school of psychoanalysis at the Burghölzli Psychiatric Clinic. While studying psychology in Zurich Karpińska took part in lectures on psychoanalysis conducted by C. G. Jung. She also participated in association experiments carried out by him [31]. That is how she gained her impressive knowledge of the practical application of psychoanalysis which was clearly demonstrated in the discussion. While discussing the advantage of psychoanalysis over other treatment methods, she argued: "Freud's psychoanalytical method reaches out the furthest as it explains the origin of pathological phenomena and their relation, and from the therapeutic stance it brings about the most considerable change in a sick individual [21, p. 627]. She drew attention to the scientific recognition of psychoanalysis by Swiss universities where medicine and psychology students were acquainted with it as well as to the psychoanalytic assumptions confirmed by Jung's associative experiments. The arguments served as a clear polemic with Wizel and Rychliński.

Dr Łuniewski, who did his traineeship at Burghölzli in 1908, demonstrated similar enthusiasm. He emphasised Freud's innovative approach to the comprehension of the content in mental disorders. Referring to Wizel's assertion that psychoanalysis brings everything to the sexual cause, he explained: "Sexuality should be understood in wider terms, not only as the sexual act" [21, p. 627].

At the end of the discussion the speaker addressed the arguments brought by critics. He demonstrated that Wizel's view of psychoanalysis was ambivalent. Based on the case studies, which unfortunately were not recorded, he argued that psychoanalysts' interpretations are not accidental, nor do they result from suggestions imposed by the physician. He attempted to undermine the allegation about the harmfulness of psychoanalysis by making references to his own clinical experience. He said that "he never observed any damage. On the contrary, he always perceived that the patient's specific illness symptom disappeared as well as that the patient would somehow spiritually rise and feel lifted" [21, p. 628]. This last argument was very personally received by Dr Wizel. His emotional response explains his inner and entirely non-objective rationale for being in opposition to psychoanalysis. Wizel felt personally affected by the fact that Jekels demonstrated the superiority of psychoanalysis over existing treatment methods of neuroses. He argued that "it seems as though so far we had not been able to treat hysteria at all until Freud came and showed us how we should treat hysteria. However, we have been treating hysteria for centuries and very often it was treated with a tremendous success" [21, p. 628].

The subsequent presentation in the psychiatric session was "On Psychotherapy" by Dr Tadeusz Jaroszyński, a Warsaw neurologist and psychiatrist, also to some extent focused on psychoanalysis [32]. Jaroszyński briefly characterised all psychotherapeutic techniques including psychoanalysis which existed at that time. While discussing

Freud's theory he stated that "those who oppose it most, do not comprehend it properly" [32, p. 649]. Despite classifying psychoanalysis as a high-tiered psychotherapy and recognising its value, he concurrently criticised it for "involuntary auto-suggestion sometimes bordering on absurdity" and particularly the interpretations related to the sexual origin of symptoms [32, p. 651]. He expressed his positive opinion of Jung and association experiments in which "there is no room for suggestions" [32, p. 651]. In line with Wizel, he argued that only some cases of neurosis have sexual origin and the psychotherapeutic method should be applied with care. He also claimed that the psychoanalytical method is too time-consuming and faster therapeutic effects can be achieved with other methods. The content of his speech suggests that among the psychoanalysis critics who contributed to the discussion at the congress, he knew Freud and his disciples' (Jung, Stekel) publications best.

Once Jaroszyński completed his presentation, the discussion revolved again around psychoanalysis and previously mentioned notions of sexual symbolism and the application of suggestions. Dr Ludwik Bregman, who was the head physician of the neurological department at the Orthodox Jewish Hospital at Czyste district in Warsaw, made a speech against psychoanalysis. While referring to the sexual symbolism, he argued that "in practice when the psychoanalytic method explains individual symptoms, it leads to conclusions which are quite improbable" [32, p. 663]. In support of his thesis he demonstrated some examples from Otto Juliusburger and Isidor Sadger's clinical material, which in his view were absurd. Jekels and Łuniewski acted in defence of psychoanalysis. Łuniewski objected to the way Bregman discredited psychoanalysis when giving the interpretation of the symptom "without providing researchers' intermediate links of thinking" [32, p. 664]. Jekels, in turn, emphasised that psychoanalysis advantage does not only consist in making symptoms subside as that can be achieved with other methods, but more importantly it offers "the insight into causes, origin and the mechanism of a hysterical symptom" [32, p. 661].

Summing up the debate on psychoanalysis from the First Congress of Polish Neurologists, Psychiatrists and Psychologists, it seems hard to disagree with Dybel's view that "both conflicting parties treated the theory as a serious challenge to contemporary psychology and psychiatry, which may not be handled with indifference [3, p. 104]. The circle of debaters was narrow as only few heard about psychoanalysis and Freud at that time in Poland. The dividing line between supporters and critics of psychoanalysis proceeded in accordance with a certain regularity: the supporters of psychoanalysis were practicing analysts (Jekels) or at least saw the practical application of psychoanalysis by other physicians (Karpieńska and Łuniewski), whereas the critics had the theoretical knowledge which was somehow limited (Wizel, Rychliński, Bregman and Jaroszyński). In the latter group the physicians, who read the original psychoanalytic works, presented a more balanced view. In this context Jekels' words expressed in Krakow sound highly legitimate when he says: "It is not enough, as Freud points out, to read the analysis but it must be essentially experienced at least once in order to assess its truth" [17, p. 21]. The repeated criticism revolved around pansexuality, arbitrary interpretation, suggesting associations to patients, no clear advantage over other treatment methods for hysteria and the lengthy duration of the treatment

process. The harshest criticism of psychoanalysis which bordered on its mockery came from Dr Wizel and Dr Bregman who were physicians of Jewish origin. In this context, it is difficult to explain the reluctance of Polish physicians to psychoanalysis with antisemitism as some authors routinely do.

Marcinowski notes that "the differences in views between supporters and opponents of [psychoanalysis] had not sharpened yet" [33, p. 217]. However, the lack of polarisation of opinions seems to be a secondary phenomenon. Firstly, the cause of the relatively mild nature of the discussion was the limited knowledge of the issues among the majority of the audience. Only Jaroszyński and Jekels' lectures did make the Polish psychiatrists and neurologists aware that it is essential to take a stand on psychoanalysis. Consequently, in order to draw attention to the urgent necessity a resolution was adopted at the request of the psychiatric section in order to "set the paper 'Freud's Views on Neuroses and Hysteria in particular and His Psychoanalytical Method' as the key lecture in the agenda of the next congress" [34, p. 922]. In this way way Jekels initiated a lengthy and heated discussion which has practically lasted until today about the value of psychoanalysis in Polish medicine.

Eventually, Ludwik Jekels was accepted in the psychiatric community. He was elected a chairman of one of the four sessions on psychiatry. Other chairmen included professor Jan Piltz (director of Neurological-Psychiatric Clinic at the Jagiellonian University in Krakow), professor Henryk Halban (director of Neurological-Psychiatric Clinic at the University of Lviv) and Dr Witold Chodźko (director of the Hospital for Mental and Neurological Disorders in Kochanówka). On 14th October 1909 when the congress was about to end, Jekels participated in a doctors' excursion to Drewnica Psychiatric Hospital, which was opened owing to Dr Karol Rychliński's efforts several years earlier, where during "improvised breakfast" he delivered a speech along with several other psychiatrists [35, 36].

In December 1909 the transcript of Jekels' presentation was published in a Warsaw medical weekly "Medycyna i Kronika Lekarska" [37]. Summary reports were also published in "Nowiny Lekarskie" [38] and "Przegląd Lekarski" [39]. In the latter it was noted that those partaking in the discussion split into "those who supported the method and its opponents who demonstrated on several occasions that the method is virtually harmful to one's health" [39, p. 613]. Daily newspapers referred to Jekels' presentation with greater friendliness and attention [40-42]. "Nowa Gazeta" reported that: "Two highly thought-provoking presentations of Dr Jekels from Bystra and Dr Jaroszyński were markedly significant in the psychiatric section. Mr Jekels in his presentation characterised the new psychoanalytic method of examination and treatment in mentally ill patients" [40]. In November 1909 in Warsaw "Słowo" Dr Stanisław Łagowski commented that "Dr Jekels' presentation on, so-called, psychoneuroses and their treatment with Freud's psychoanalytic method was the most thought-provoking for many congress participants" [41]. The numerous press reports from the congress were accompanied by an article which promoted Jekels' health resort in Bystra which aimed to attract new patients with psychoanalysis, a new method utilised by the physician. The author reiterated that Jekels' health resort is "a treatment institution which is unique in Poland." [43]. He dubbed Jekels as "Winternitz and Freud's disciple who

introduced in the treatment, except for an ordinary therapy, the first and only, so-called, psychoanalysis in neurotic cases in which the essence of the disease lies in the conflict of conscious and unconscious states.” [43]. As expected, the publicity did not deter potential patients as the health resort was fully occupied in the following season [6].

The aftermath of Jekels' lectures

Jekels' second presentation turned out to be a notable success which established his role as the first Polish psychoanalyst and psychoanalysis promoter. In 1914 Ludwika Karpińska wrote: “Psychoanalysis as a treatment method was first presented to the public by Dr Jekels at the First Congress of Polish Neurologists, Psychiatrists and Psychologists in Warsaw” [44, pp. 34-35]. The memory of Jekels' merits survived until the interwar period. Dr Józef Mirski recognised Jekels' pioneering character of actions and reported on psychoanalysis in 1925 as follows: “The movement (...) was first transplanted to us by Dr L. Jekels at the First Congress of Polish Neurologists, Psychiatrists and Psychologists in Warsaw” [45].

The presentation also had other significant consequences. As a result, a small group of psychoanalysis supporters who identified themselves as “Polish Freudians”⁴ sent telegrams to Sigmund Freud and Carl Gustav Jung [26, 46]. The initiative might have suggested to the then leaders of psychoanalytical movement that in Poland there is a consolidated group of physicians interested in psychoanalysis and they would undertake the effort of promoting psychoanalysis among their countrymen and establish contact with psychoanalytical centres in Vienna and Zurich. However, it was a misleading impression as only Jekels and Karpińska from the listed persons were those who favoured psychoanalysis.

The greatest reward for the promotion of psychoanalysis in Poland was the invitation to a meeting of the Vienna Psychoanalytic Society sent by Freud. Freud wrote: “I would be very pleased to see you at mine and have the opportunity to show appreciation for your courageous speech. Please make suitable arrangements so that you can join us on Wednesday”⁵ [47]. Jekels started to participate in the sessions of the society on a regular basis from 3 November 1909 [47, p. 290]. He participated in the discussion in which, among others, he requested that the clarification of differences between anal eroticism and anal character be made [47, p. 299]. Jekels recollected the pleasant atmosphere of the meetings: “Perhaps it was the genius loci that during these evenings there were no perceptible antagonisms and this was despite the fact that our group had already grown in number. The atmosphere was on the whole a rather agreeable, instructive one and full of enjoyment” [7].

Between 1909 and 1911 Jekels stayed in close contact with C. G. Jung and he likely visited him at Burghölzli [48]. His stays, however, must have been quite brief considering Jekels' intense professional engagements. Jekels was the only one from

⁴ Except for Jekels, the group included Witold Łuniewski, Czesław Sycianko, Ludwika Karpińska, Kazimierz Kempński, Witold Chodźko and Karol Rychliński.

⁵ Translated from German into Polish by Grażyna and Gregor Glodek.

the Vienna School representatives who did not question Jung's high position in the psychoanalytic movement. He treated him almost equally with Freud and often cited his works in his speeches. Their relationship must have been quite intimate as Jung even shared his dreams with Jekels [49].

At the end of 1909 Jekels received his first student, which also resulted from his appearances as a propagator of psychoanalysis. On 15th November 1909 Jung recommended Dr Karpińska to Jekels [50]. It is unknown whether this recommendation was to serve Karpińska's further training or it was made to carry out psychoanalysis. However, from 15th December 1909 Karpińska and Jekels started showing up together at the sessions of the Vienna Psychoanalytic Society [47, p. 535]. After 19th January 1910 the mutual appearances of Jekels and Karpińska mysteriously ceased and she never again attended any other session of the society. It is unknown whether she stayed in contact with Jekels but her interest in psychoanalysis definitely did not subside, which is corroborated by her numerous publications, scientific presentations and her decision to start her own psychoanalysis [31]. The event which might have so suddenly interrupted the contact with Jekels was probably Jekels' wife's suicide committed on 21st January 1910 [51].

The personal tragedy had an impact on Jekels' well-being and temporarily limited his activities of promoting Polish psychoanalysis. Despite this, 1910 abounded in important events for Jekels. In March 1910 he took part in the Second Psychoanalytical Congress in Nuremberg, whose leading theme was the creation of the International Psychoanalytical Association. Soon afterwards local working groups in Vienna, Berlin and Zurich were formed, too [52].

Although Jekels did not attend in person the gatherings of the Vienna Psychoanalytical Society until October 1910 [53], his activity was clearly noticeable. He submitted in a letter his proposals concerning the public promotion of psychoanalysis in the form of courses for physicians and teachers, a series of lectures in different Austrian cities and presentations made in societies for young scientists [47, p. 476]. In Magnone's view, Jekels himself presented the suggestions as "a person designated to prepare the promoting strategy for the psychoanalytic movement" [4]. The hypothesis is not corroborated by the minutes from the Vienna Psychoanalytic Society which recorded that "Jekels proposes in writing that intense promotion should be considered ..." [47, p. 476, emphasis by E.D., K.R.]. The rejection of the proposal by the society members and the manner in which the proposal for the psychoanalysis promotion programme was presented suggest that it was Jekels' own initiative rather than a task he was entrusted with by the society.

The culmination of Jekels' efforts was the day 27th April 1910 when he was admitted as a member of the Vienna Psychoanalytical Society after numerous years of training received from Freud [47, p. 498]. The event was preceded by the recommendation given by Otto Rank, the society secretary and one of Freud's closest associates [47, p. 476]. With the rise of Jekels' position in the Vienna Psychoanalytical Society, the relationship with Freud was strengthened, too. Jekels reported on Freud's invitations to homemade dinners which he would receive. The visits were not the most straightforward as he reported: "These dinners were more embarrassing than agreeable – because the host

seldom said anything and left talking to his guest and to his own family” [7]. Eventually, they became so close that Jekels invited Freud and his family to spend holidays in his health resort. Ultimately in 1910 only Freud’s two daughters, Sophie and Anna, together with his sister-in-law, Minna Bernays, visited Bystra⁶ [6].

Warsaw Medical Society and its stand on psychoanalysis

In 1910 Jekels did not take up any actions to promote psychoanalysis in Poland. He probably wanted to emphasise the effects of his previous activities and consequently published in “Zentralblatt für Psychoanalyse” the summaries of publications on psychoanalysis-related subjects which appeared in the newly established journal “Neurologia Polska.” Having delivered a successful speech at the congress, Jekels clearly placed high hopes in the Warsaw medical community. The hopes were not entirely unfounded as the references to psychoanalysis were made in the sessions of the neurological-psychiatric section of the Warsaw Medical Society (WTL) as early as in March and April 1909 [54, 55]. Maurycy Bornsztajn and Władysław Sterling, who worked as psychiatrists at the Orthodox Jewish Hospital at Czyste district in Warsaw, presented hysteria cases which they appended with a critical commentary related to psychoanalysis. Bornsztajn argued that he presented “the case which proves the one-sidedness of Freud’s theories. At the heart of the undoubted hysterical psychosis lies indeed psychological trauma but not of sexual nature” [54, p. 813]. Sterling expressed a similar view: “In this case psychoanalysis did not detect any sexual trauma in the Freudian sense” [55, p. 940]. The source of both physicians’ scepticism could be traced in their attendance of psychiatric training in Munich conducted by Emil Kraepelin who was an opponent of psychoanalysis.

A more general discussion on psychoanalysis took place at the WTL on 19th March and 7th May 1910 during lectures related to hysteria delivered by Tadeusz Jaroszyński (“Contribution to Psychoanalysis of Compulsive Ideas” and “Psychology and Psychotherapy of Hysteria”) and Władysław Sterling (“The Essence of Hysteria in the Light of Modern Psychological Theories”) [56, 57]. It suggests that the community of Warsaw physicians did demonstrate an interest in psychoanalysis together with common scepticism which was rooted in the German and French psychiatry. It is easier to understand this phenomenon while analysing Sterling’s views on Freudian works which “until recently were deafly silenced, whereas at present they became a sensation of the day mainly due to the research of the Zurich school (Bleuler and Jung)” [58, p. 1046]. Thus, the causes for greater interest in psychoanalysis at that time should be mainly traced to the influence of the Zurich school of psychiatry and Jekels’ promoting actions rather than the enthusiasm about psychoanalysis present in the medical community of the Tsarist Russian invader as suggested by Magnone [4]. Characteristically, none of the speakers devoted the entire speech to psychoanalysis. Jaroszyński presented his own theory of hysteria origins and treatment by integrating all the then seemingly contradictory theories. He devoted several sentences to psychoanalysis which he clas-

⁶ A more comprehensive report on Minna Bernays and Freud’s daughters’ stay in Bystra can be found in [6].

sified as one of the causal treatment methods which he regarded as more effective and recommendable. He concurrently argued that "the method can only be useful in very skilful hands" [59, p. 1216]. Sterling characterised psychoanalysis and several other theories of hysteria symptom origins which mainly derived from the French psychiatric school. He was critical of psychoanalysis but in his concluding remarks he postulated that "anything new, valuable and creative" be extracted from Freud's research [58, p. 1100]. Jaroszyński and Sterling's presentations were received with either moderate or ardent criticism of psychoanalytical ideas.

Jekels reported on both presentations despite not attending either. His account was based on comprehensive summaries which were published in "Neurologia Polska" in 1910 [56, 57]. He reported most elaborately on Jaroszyński's speech about the compulsive ideas focusing mainly on the mechanism of the so-called "masturbator's neurasthenia" origin [60]. At the same time he criticised the author's psychoanalytic skills. He wrote: "The speaker illustrated this assertion with several allegedly psychoanalytically treated cases, two of which he stressed were analysed on the basis of letters and records in order to exclude the patient's autosuggestion and the analyst's free interpretation" [60, p. 270, emphasis – E.D., K.R.]. Jaroszyński's presented analyses of the patients were indeed very superficial as they boiled down to the depiction of the current sexual conflict as the only source of symptoms. Jekels claimed that only three from Jaroszyński's conclusions were noteworthy: (1) the background of compulsive ideas has sexual causes; (2) the idea that the patient used to repress sexuality is turned into a compulsive idea; and (3) psychoanalysis has a significant practical importance in the treatment of compulsive disorder which is difficult to cure with other methods. Jekels also recognised the voices of Warsaw physicians who expressed their opinions of psychoanalysis: "In the discussion Bornsztajn criticises Freud who sees sexual causes everywhere, whereas Higier, who acknowledges Freud's great merit in neurosis, accuses his students of lack of moderation and exaggeration giving the bright example of Sadger's work 'Analerotic und Analcharacter'" [60, p. 270].

In Jekels' report of the second WTL session from 7th May 1910 he mainly focused on the discussion. He was astonished by Sterling's allegations of psychoanalysis. He wrote: "Sterling perceives the defects of this science, which the speaker refers to as one of the boldest psychological generalisations in recent times, in the free interpretation of symptoms as symbols, the absence of actual evidence for the repression mechanism and, ultimately, as the overestimation of child sexual trauma (?!)" [61, pp. 428-429]. The exclamation marks referred to the outdated wording "child sexual trauma" most likely associated with Freud's seduction theory. Out of the physicians who participated in the discussion Henryk Higier, a neurologist at the Orthodox Jewish Hospital at Czyste district in Warsaw, appeared to be the most implacable critic of psychoanalysis. Higier argued that many of Freud's views had long been known in medicine. He also considered all new discoveries (early childhood sexual trauma, repression mechanism, symbolic explanations of associations) very unlikely. Jekels noted down almost literally what Higier's harsher statements were: "The sexuality of newborn babies is an unproven fantasy", "the symbolic expression of unconsciousness is something that has not been proven and can never be proven", "it is a mystic, a caricature of scientific argumentation

that leads to dream guessing”, “a mythological surrogate of spiritual manifestations”, “metapsychology regressing us to the times of pseudo-science” [61, p. 429]. In Higier’s view the real success of the psychoanalytic method lay in its publicity, the time devoted to the patient and the intellectual engagement of the patients [61]. To counterbalance Higier’s views, Jekels quoted Maurycy Bornsztajn’s arguments which opposed the superficial criticism of psychoanalysis. Bornsztajn characterised himself as a sensible critic of psychoanalysis who appreciated its valuable elements: giving a significant role to the affective factor as well as drawing attention to child sexuality “which so far has been negated or neglected” [61, p. 429]. Jekels was also pleased to see that Bornsztajn was the most familiar with the current state of psychoanalysis. By questioning Sterling and Hilgier’s views, which Jekels strengthened with the addition of another exclamation mark, he emphasised that currently Freud considers sexual experience in adulthood rather than childhood to be the source of symptoms. However, he thinks that childhood experiences shape adult sexuality and fantasies. Jekels reported on Bornsztajn’s further praise for psychoanalysis: “Freud’s theory has brought a lot of new and fruitful input, and due to decades of hard work Freud deserves at least serious and conscientious criticism.” [61, p. 430]. Furthermore, Bornsztajn quoted the popular view of psychoanalytic supporters who said that only those who have tried this method themselves could criticise it. In the final part Jekels let himself express emotional comments in which he pointed out that he personally favoured Bornsztajn’s views while he believed that Higier’s comments suggested “a total lack of practical experience and blatant ignorance of the theory of psychoanalysis” [61, p. 430]. It should be assumed that most WTL members’ total ignorance and critical attitude towards psychoanalysis made Jekels actively seek new channels of promoting psychoanalysis in Poland. In the following year he directed his apostolic activity towards the medical community of Krakow and the intelligentsia of Lviv.

Among the representatives of the first generation of Polish psychoanalysts and supporters of psychoanalysis, Ludwik Jekels is a unique figure. He was actively looking for new methods of treatment that would allow him to treat patients more effectively. That is how he directly got to know Freud and his teachings on how to treat neurosis. Meanwhile other members of the first generation of Polish psychoanalysts learned about psychoanalysis mainly through professional or scientific experience acquired at the Burghölzli Psychiatric Clinic [62]. By the method of learning about psychoanalysis, as well as cultural similarity (Jewish origins), education (medical studies at the University of Vienna) and medical practice (work in health resort), he was closer to the Viennese circles of Freud’s first supporters [9] than to Polish psychoanalysis sympathisers representing the Zurich School. These differences may answer the question why Jekels, despite considerable commitment to popularising psychoanalysis, failed to become the leader of the psychoanalytical movement in Poland which was under partitions then.

When summarising the first period of Ludwik Jekels’ psychoanalytic prowess, it should be noted that it was only after several years he spent on improving his ability to conduct psychoanalysis that he decided to promote it publicly in the medical community. As a venue for psychoanalysis presentation he would select nationwide scientific conferences during which he could reach the widest audience of physicians who worked

in the three partitions. It should also be noted that in 1909 Dr Ludwik Jekels was the only individual in Poland with such a comprehensive theoretical knowledge and practical experience in the field of psychoanalysis to be able to cope with this task. Owing to Jekels' intense activity, Polish psychiatrists drew attention to psychoanalysis and the need to assess its usability as a treatment technique. They decided to devote to it a separate session at the next congress of Polish neurologists, psychiatrists and psychologists. Consequently, one cannot agree with the views expressed by some researchers who claimed that Jekels made an error by choosing the circles of Polish psychiatrists who he believed would be penetrated with the ideas of psychoanalysis most easily. These first successes encouraged Jekels to continue his efforts to promote psychoanalysis in Poland.

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Address: Edyta Dembińska
Department of Psychotherapy
Jagiellonian University Medical College
31-138 Kraków, Lenartowicza Street 14
e-mail: edyta.dembinska@uj.edu.pl