

Dąbrowski, K. (2010). Remarks on Wilhelm Stekel's active psychoanalysis. (F. Maj & P. Samborowski, Trans.). HEKSIS Polsko-Angielski kwartalnik internetowy Polish-English Online Quarterly No. 2/2010, Retrieved July, 27, 2010, from <http://www.heksis.com/> (Original work published 1958). Note: [The text is a translation of selected fragments from Kazimierz Dąbrowski's book, *Nervousness of Children and Youth* ("Nerwowość u dzieci i młodzieży") Warsaw 1958, pp. 253-259.]

[In 1932 Dąbrowski received a two year research scholarship from the National Culture Fund to study in Vienna and Paris. In Vienna he studied at the Institute of Active Psychoanalysis under fellow Pole, Wilhelm Stekel (1868 – 1940) and on September, 13, 1934, was given a diploma by Stekel authorizing him to conduct psychoanalysis practice.]

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REMARKS ON WILHELM STEKEL'S ACTIVE PSYCHOANALYSIS

Wilhelm Stekel, a physician from Vienna, is the creator of the so-called active psychoanalysis. He comments largely on the most crucial difference between his and Freud's theories in many of his works (Stekel 1928), and underlines the most important points in the article "The difference between Freud and myself" (1931a). The most important difference between their views concerns the creation of neuroses. While Stekel does not agree with Freud about the so-called actual neuroses (cf. chapter about Freud), he believes that all neuroses are created by a mental conflict.

Such conflicts can emerge, according to Stekel, from sexual life, will to power, struggle between life drives and pride, etc. Both theories describe the problem of the sources of anxiety differently. Freud claims that anxiety is an expression of repressed libido, an attack of the unconscious content that is too strong. All anxiety is, according to Freud, a castration fear. Stekel believes that anxiety is a reaction to the death drive. While Freud believed onania to be the vital source of neurasthenia, Stekel believes onania to be a phenomenon that is in most cases kind and innocent.

Stekel also deals differently with the problem of perversion. A lot of perversions are defense mechanisms (Schutzbauten) of the moral "self"; they represent hidden forms of asceticism. To Freud, the primal sexual vent meant health, while neuroses were created because of repressing sexual drives. Stekel, on the other hand, points out the significance of the repressed religious

“self” in neuroses and indicates that apart from the repressed sexuality type, there is also a repressed morality type. This type is created in the conditions of sexual venting while being opposed to doing it at the same time. This internal process is expressed by, for example, vaginismus (i.e. a painful contraction of muscles around the vagina and the uterus), male impotence, etc. (the somatization of the ethical protest against unrestrained vent).

What is more, apart from the mechanism of repression, Stekel assumes the mechanism of annulment, that is, not acknowledging, not considering the facts (i.e. a married man’s behaviour as if he was not married).

Stekel is not only a psychoanalyst of adults, but also of children and adolescents. He claims the environment to be the most crucial condition that determines a child’s health and morality. “A happy environment creates happy children” (Stekel 1931b, p. 141). Psychoanalysis proved, according to Stekel’s claim, the permanence of the impressions that a child acquires during the first years of life. “A person’s fate is determined during the first years of his life” (Stekel 1931c, p. 26). It is especially true for impressions taken from observing the sexual life of parents, siblings, also from traumatic sexual impressions, from the improper influence of guardians, older friends, etc.

Children show sexual experiences while playing early on, for example when playing “father, mother and doctor”, where an “examination” of the body is one of the elements (already when two – six years old). Autoerotic behaviour appears prior to heteroerotic behaviour (sexual interest in other people), however, it disappears very quickly if there are no prejudicial stimuli on the part of the educators. The child’s relations with siblings are a very important problem to a child’s mental health. The appearance of a second child in the family triggers a great conflict, because some of the mother’s sympathy and interest is switched to another person. Here, as in the one-sided affection of the child to one of the parents of the opposite sex (Oedipus complex), is the source of death wishes addressed to the undesired member of the family. Here we can also find a form of remorse, if the disliked member of the family died.

An attentive observer will see – according to Stekel – the existence of authoritarian tendencies and cruelty in children. Apart from the ones characteristic to children, some symptoms, like obstinacy, stammering, biting fingernails, sleep disorders, are above all the results of improper education. A child reacts to the orders of elders with obedience or stubbornness, depending on the value and way of giving instructions.

States of anxiety, the fear of darkness, of loneliness, of animals, of bandits is frequently created because of improper educational influence or the excessive binding of the child's affairs with the family and not developing his social interests. Most of the neuropathic material, claims Stekel, shows that we deal with their families' slaves, people that cannot free themselves from family bindings.

A child has great difficulties adapting itself to different conditions, getting up, washing, getting dressed. Apart from that, there is also the necessity of leaving the mother and the family to work at school. All that creates a collision between the desire of pleasure and reality (Stekel 1931b, p. 151). If a child is in any way handicapped, a feeling of inferiority, especially in the school environment, appears.

Puberty is a time of revolution, a time of instability (Stekel 1931b, p. 153); here the bipolarity of human nature (love and hate, loathing and desiring, seeking the great and the low) expresses itself with more intensity. The role of assuming an attitude towards the problem of sublimation by the closest people is immensely important.

Stekel's theory is not far from Freud's theory, but it is less rigid, more eclectic. To explain a case, Stekel uses some elements of Freud's, Adler's or Jung's theories when needed. Stekel does not overrate the role of sexual drives in neuroses, he is more sceptical towards the rigid use of certain theories in diverse cases.

I have mentioned earlier some original interpretations of neuroses and general rules that derive from them. Stekel did not formulate any new theory about the psychopathology of the child, but he was able to apply valuable achievements of psychoanalytical knowledge while interpreting irritabilities and neuroses in children.

The most basic difference between Freud and Stekel boils down to the methods of medical proceedings. Stekel considers himself to be a practitioner above all, Freud, on the other hand, is

always a theoretician that asks himself in every single case the question, what can science learn from it. Stekel constantly seeks the answer for the question – how can science and experience help to cure each particular patient (Stekel 1931a, p. 8). “Freud, Adler and Jung know what they will find in each case – I don’t” (Stekel 1931a, p. 8). The method of orthodox psychoanalysis is rigid, the method of active psychoanalysis takes into consideration the individuality of each case, that every single human being constitutes a kind of specific type. The ill person, according to Stekel, has a kind of cataract that impedes him from seeing himself in the right light. The objective of active psychoanalysis is to eliminate this cataract and let the ill person see what he does not want to see (Stekel 1931a, p. 6).

In this way Stekel tries to cure the dysfunctional attitude of the patient towards the environment and the world. The analysis of dreams that are expressions of conflicts rooted in the unconscious is necessary. Stekel claims, however, that he does not hunt dreams, but he takes into consideration the personality and life situation, he seeks hidden motives and desires (Stekel 1931a, p. 6). Freud’s method is passive; its principle is to give the patient a full freedom of associations, through which the dream will be explained by itself; sometimes the doctor gives no explanation for a few months. Passive psychoanalytical proceedings take from a year to a few years.

According to Stekel, Freudian psychoanalysis that takes more than a year is dangerous, because it creates an artificial regression to childhood and can lead to an outburst of a psychosis that remained hidden up to that moment. That is the reason why curing is, e.g. most efficient with the patients that have a limited amount of time - doctors temporarily suspend their practice, officials take their holidays, etc. According to Stekel’s method, the time of treatment varies from a few weeks to three – four months; the principle is to cure the patient in possibly the shortest time.

The doctor is never passive, he is not an actor of the play, but an educator, an advisor, the manager and the creator of an improved plan for life. That is why the doctor’s acumen, intuition, his skilful placing of himself in the personality of the patient and his understanding of his role is so necessary. “The ill cannot eliminate the cataract without the doctor” (Stekel 1931d, p. 10). “The analyst has to be aware that he is the most important person for the patient” (Stekel 1931d, p. 8).

The doctor should remain objective when evaluating himself. Experience shows, however, that he does not see nor understand the complexes of the ill person that he suffers from himself or the other way around – he suggests ideas to the patients that he believes are significantly valuable. It is in a way “transplanting” one’s own complexes onto the patient (Stekel 1931d, p. 3).

The psychoanalyst’s most important objective is to find, already in the primary phase of analysis, the sources of resistance in the patient and to reveal the content of the resistance to the patient. It so happens that such resistance cannot be suppressed (Stekel 1931d, p. 14). Its source is the central idea of illness, the “will to illness”. One cannot immediately reach this central idea. During the first hours of analysis, the ill person avoids the most important problems, pushes them aside, wanders around the more or less bright circumference of the dark core of the illness. During the first sessions it is impossible to point out the most important issues, especially since the patient’s resistance is unstable, it appears and disappears.

Undoubtedly, when the patient tells the story of their life for the first time, what they say is not important, the important thing is what they omit. This is why the doctor cannot believe the ill person’s words; however, he has to adapt an attitude of a believer, but concentrate on the omissions, understatements. The analysis of the first dream usually facilitates the situation. “The first dream is immensely important, it usually contains the ill’s life conflict, his central idea, also unveils his resistance” (Stekel 1931d, vol. I, p. 116). Because we deal with affective disorders in neuroses, so the educational-curing influence has to be of an emotional undertone.

The greatest difficulties arise with patients that have a superficial knowledge of psychoanalysis, because they are resistant to influence. The patient feels that he knows everything, that he knows the issues concerning himself; it is a form of a secondary suppression. We can assume good results with a patient that eagerly undergoes psychoanalysis, does not want to waste time, does not impose conditions, does not expect favour, is interested in the course of the psychoanalysis (Stekel 1931d, vol. I, p. 54). Stekel’s conclusions about the educational influence on the child are clear.

Understanding the fact that children know and understand a lot, treating them seriously and arranging the matrimonial bedroom to possibly impede the children’s access – is an educational must. A great emphasis should be put on choosing playmates or nannies. Proper, equal treating of children in the family will not give the child the base for envy, fantasies about a sibling’s death, and the possible development of remorse. Working on creating independence, bravery, the

development of social feelings, refraining from using corporal punishment, but using persuasion will not allow for anxiety to appear.

It is immensely important to make the child's obligations pleasurable. A hard task will never be fulfilled by means of coercion (Stekel 1931d, p. 145). Thus, what emerges is the issue concerning the parents' example, his lies and truthfulness in the education. The parents' and the educators' antipathy, the lack of love, and on the other hand, the overabundance of affectionate symptoms, are harmful. The feeling of sympathy, on the other hand, should stay in harmony with the influence on the development of the child's independence, on the emancipation of the child from the narrow family circle. These principles should be followed especially during puberty.

On the psychoanalysis of a child, Stekel underlines that it has to be different from the psychoanalysis of an adult, it has to be adapted to the child's mobility and be more direct in character. A psychoanalysis conducted while playing is the best. It is not infrequent that games give us an image of the child's illness. According to Stekel, the analysis of children is not difficult at all if it is properly thought of; the symptoms of an illness disappear much more quickly in children than in adults.

While Stekel's theory complements Freud's theory in a few basic elements, the methods of treatment that both authors present are fundamentally different. The most important and the most valuable methods of active psychoanalysis can be summed up in these points: the activity and the educational-managing role of the doctor, a limited time of treatment (from a few weeks to four months), distrust towards superficial symptoms of a successful treatment, the highest possible individualization of the psychoanalytical method in each particular case.

As I mentioned, Stekel was able to apply the achievements of psychoanalytical knowledge to interpret and cure neuroses in children. He demonstrates an understandable carefulness in this area and uses a transitional method to analyse the unconscious processes of a child, which is, undoubtedly, the right way to do so.

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