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David Freis

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David Freis

Westfälische Wilhelms-Universität Münster, Germany

Abstract

This article explores the history of ‘subordination-authority-relation’ (SAR) psychotherapy, a brand of psychotherapy largely forgotten today that was introduced and practised in inter-war Vienna by the psychiatrist Erwin Stransky (1877–1962). I situate ‘SAR’ psychotherapy in the medical, cultural and political context of the inter-war period and argue that – although Stransky’s approach had little impact on historical and present-day debates and reached only a very limited number of patients – it provides a particularly clear example for the political dimensions of psychotherapy. In the early 20th century, the emerging field of psychotherapy was largely dominated by Freudian psychoanalysis and its Adlerian and Jungian offshoots. Psychotherapists’ relations with academic psychiatry were often uneasy, but the psychodynamic schools succeeded in establishing independent institutions for training and treatment. However, as this article shows, the gulf between mainstream psychiatry and psychotherapy was not as wide as many histories of the psy-disciplines in the early 20th century suggest. In inter-war Vienna, where these conflicts raged most fiercely, Stransky’s ‘SAR’ psychotherapy was intended as an academic psychiatrist’s response to the challenge posed by the emerging competitors. Moreover, Stransky also proposed a political alternative to the existing psychotherapeutic schools. Whereas psychoanalysis was a liberal project, and Adlerian individual psychology was closely affiliated with the socialist movement, ‘SAR’ psychotherapy with its focus on authority, subordination and social hierarchy tried to translate a right-wing, authoritarian understanding of society into a treatment for nervous disorders.

Corresponding author:

David Freis, Institut für Ethik, Geschichte und Theorie der Medizin, Westfälische Wilhelms-Universität Münster, Von-Esmarch-Straße 62, 48149 Münster, Germany.

Email: david.freis@uni-muenster.de

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Introduction

Psychotherapy, the Viennese psychiatrist Erwin Stransky (1877–1962) believed, was about restoring the patient's self-control. First, however, the psychotherapist had to forcibly gain control over his patient:

At the beginning [of psychotherapeutic treatment], the use of a varying degree of force is required, as the captain of a ship in distress does when he uses his revolver to drive a panic-stricken, wailing, rampant crowd into pairs, as the rider does on a horse wading in a swamp, which has to be worked with whip and spurs, until it pulls itself up and, following its master's uncompromising use of the reins, in a single bound regains solid ground...Obedience as a coercive measure for inner freedom and strength of will! (Stransky, 1928: 44)¹

What today seems like an odd and potentially harmful way to treat nervous disorders was, in fact, part of the rich psychotherapeutic tapestry of inter-war Vienna. From the late 1920s to the end of the 1950s, Stransky advocated his approach under the catchy brand name of 'subordination-authority-relation' (SAR) psychotherapy. This kind of psychotherapy, based on his everyday experience as a practical physician, would offer an alternative to the ineffective methods of Adlerian individual psychologists and Freudian psychoanalysts. Instead of protractedly poking around in a patient's traumatic past and memories, he claimed, it would allow for the fast and efficient treatment of most neurotic disorders.

Erwin Stransky's 'SAR' psychotherapy has left no legacy that is still visible today. Despite his continuous efforts to advertise his approach, Stransky did not succeed in establishing a school of his own, or in seriously challenging his Freudian and Adlerian competitors. His solitary methodological reflections were rarely quoted by colleagues and had only little direct influence on the emergence of psychotherapy as a discipline and profession during the inter-war period, and no influence at all on the approaches discussed and applied by psychotherapists today. The 1928 treatise was positively reviewed (Kronfeld, 1928; Kogerer, 1929); yet, for all we know, Erwin Stransky was probably the only psychotherapist ever to fully apply his own method, and only because he was in charge of the psychiatric outpatient clinic of the Verband der Genossenschaftskrankenkassen, a major public health fund in Vienna and Lower Austria, did a three-digit number of patients come to enjoy 'SAR' psychotherapy. Slightly more important was Stransky's influence on his younger colleague Heinrich Kogerer, who was head of the psychotherapeutic outpatient clinic at the University of Vienna from 1922 onwards and incorporated some elements of Stransky's ideas into his own, eclectic approach.

Nevertheless, Erwin Stransky's 'SAR' psychotherapy should be seen as more than an obscure anecdote in the history of the 'psy-disciplines'. It provides us with a uniquely

clear example of the close and intricate connections between psychotherapy and politics. As I argue in this article, the history of psychotherapeutic approaches should also be understood as part of political history. This is not only the case because political events directly affected the lives and careers of many psychotherapists throughout the 20th century: psychotherapy, both on a theoretical and a practical level, was always closely connected to the political sphere. Even more than in other fields of medicine, psychotherapists' understanding of sickness and health cannot be conceived as apolitical. It is based on contemporaneous conceptions of the human being, on changing ideas of normal and abnormal behaviour, and the aims of psychotherapeutic treatment reflect ideas of how society is, and how it should be. More specifically, the major psychotherapeutic schools in inter-war Vienna did not only hold different conceptions of the human mind and different practical approaches to the treatment of neurotic disorders, but also were affiliated with different political stances. Adlerian individual psychologists, on the one hand, had strong links with the Social Democrats and the city government of 'Red Vienna'. Psychoanalysis, on the other hand, may essentially be described as a middle-class, liberal project, although some of its protagonists began to explore the more radical, emancipatory potentials of Freud's ideas after the First World War.

Erwin Stransky, by contrast, stood firmly on the right. Unlike his Adlerian and Freudian competitors, Stransky was an avowed right-wing nationalist, who wanted the young Austrian republic to become part of a Greater Germany. His nationalist political views directly translated into his medical writings. After the First World War, he called for psychiatry's participation in the 'mental reconstruction of the German people' and decried other nations' allegedly irrational hatred of the Germans as a symptom of a collective psychopathology; in the inter-war years, he positioned himself as a staunch advocate of racial hygiene (Stransky, 1919b, 1919c, 1920a). At the same time, his views on national politics were wedded to his conception of the politics of the medical profession. From the last months of the First World War, he tirelessly campaigned for the aggressive extension of psychiatry's sphere of authority into all fields of social life under the banner of 'medical imperialism' (Stransky, 1918a; Freis, 2015a: 92–4). As this article will show, 'SAR' psychotherapy has to be understood in this double context. It was not only an attempt to restore the authority of academic medicine and psychiatry over the emerging field of psychotherapy and against the increasing influence of the psychodynamic schools, but also translated Stransky's authoritarian notion of human relations into a treatment for nervous disorders. This political dimension did not remain implicit; in the 1928 treatise on his approach, Stransky discussed not only the theory and methodology of his brand of psychotherapy, but also the social, cultural and political aspects of the underlying 'subordination-authority-relation'.

This article begins with a short sketch of the psychotherapeutic landscape of inter-war Vienna. I briefly outline the political positions of the two major psychodynamic schools and discuss their troubled relationship with the established academic psychiatrists at the university clinic. The following section introduces the protagonist of this article and 'inventor' of 'SAR' psychotherapy, Erwin Stransky, who arguably was one of the most eccentric and interesting figures in 20th-century psychiatry. Beyond his medical career, I discuss Stransky's conception of the socio-political role of psychiatry, and the tensions – unresolved throughout his life – between his Jewish background and his right-wing

nationalist political views. Subsequently, the article moves on to ‘SAR’ psychotherapy, examining its theoretic premises, technique and socio-political implications, as well as its relation with the dominant psychodynamic approaches.

Psychotherapy and politics in inter-war Vienna

When Erwin Stransky introduced ‘SAR’ psychotherapy in 1928, the field was clearly in the hands of the new psychodynamic schools. ‘SAR’ psychotherapy stood in a double opposition to the Freudians and Adlerians. On the one hand, it was an authoritarian, right-wing response to the liberal or left-wing orientation of both schools. On the other hand, ‘SAR’ psychiatry also emerged in a very particular tension between the established and the outsiders. Like his colleague Heinrich Kogerer, Stransky developed his ideas as a representative of the medical establishment, claiming that his brand of psychotherapy was an empirical and pragmatic alternative to the speculative psychologies of the ‘outsider schools’ (Stransky, 1930; Kogerer, 1934: v). In the fledgling field of psychotherapy, however, the relation between the ‘established’ and the ‘outsiders’ was reversed. Rejected by academic psychiatry, the followers of Freud and Adler had successfully established an autonomous infrastructure for research, training and treatment, and dominated the public and scholarly debate about psychotherapeutic theories and methods. When it came to psychotherapy, supposed representatives of the medical mainstream like Stransky found themselves on the margin.

In early-20th-century Vienna, where the foundations of modern psychotherapy were laid, political allegiances had a considerable influence on the formation and self-understanding of psychotherapeutic schools. The best-known and most obvious example of the close connection between inter-war Viennese psychotherapy and politics was Adlerian individual psychology. From the beginning, Alfred Adler and his school were closely connected to Austrian social democracy. The Adlerians’ secession from psychoanalysis in 1911 was arguably due not only to a scholarly dispute about the underlying psychological assumptions of both schools, but also to the different political outlooks of Adler and Freud. In the First Republic, and in particular in the context of the vast social reform programs of ‘Red Vienna’, individual psychologists successfully used their adjacency to the ruling Social Democratic Party to establish a flourishing network of welfare, counselling and child-guidance offices (Adler, 1922c; Furtmüller and Wexberg, 1922; Kenner, 2007: 13–15). After the Austrian civil war in 1934, when the First Republic was superseded by the Austro-fascist *Ständestaat* [‘cooperative state’], the close affiliation with social democracy turned against the individual psychologists. Many of their institutions were forcibly closed, and some leading social democratic representatives of the school were exiled (Huber, 1977; Kenner, 2007: 24–5).

Psychoanalysis, by contrast, was more difficult to pin down on the political spectrum. Unlike Adler, Sigmund Freud avoided overtly situating his school politically and stressed the apolitical stance of psychoanalysis as an objective science instead – a rhetorical position not unusual for physicians in the 19th and early 20th centuries (Weidner, 2012). Although Freud mostly kept a safe distance from the politics of the day, this did not mean that his ideas were not political. With his focus on individual independence and emancipation and his scepticism about political and religious attempts

to socialize the individual, Freud can certainly be placed in the tradition of the Enlightenment and 19th-century liberalism (Roazen, 1999: 289–99).

Like bourgeois liberalism in general, Freud's ideas could be interpreted in more radical ways than he himself would have intended (Zaretsky, 2005, 2015). Before the First World War, the bohemian anarchist Otto Gross was the first to explore the inherent radical potential of psychoanalysis, when he made it the key element of a utopian theory of social and sexual liberation (Gross, 1913; Jensen, 2012). In Vienna, Alfred Adler pioneered the synthesis of Freudian and Marxian thought in a 1909 talk on the 'psychology of Marxism' in a meeting of Freud's 'Wednesday society'. However, Adler's talk received mostly negative reactions, and Gross remained a marginal figure in early psychoanalysis. Only in the inter-war period did Freudo-Marxist ideas gain momentum among members of the younger generation of psychoanalysts like Siegfried Bernfeld, Otto Fenichel and Wilhelm Reich. Despite historians' considerable and lasting interest in the 'Freudian left' (recently: Zaretsky, 2015), their ideas were not shared by the majority of Austrian psychoanalysts. However, it has been estimated that, prior to 1934, most of the members of the Vienna Psychoanalytic Society gave their vote to the Social Democratic Party (Reichmayr and Wiesbauer, 1978: 30).

Although both schools were well established in inter-war Vienna, neither psychoanalysis nor individual psychology was able to gain a foothold in academic psychiatry. Given the hierarchical structures at the University of Vienna in the early 20th century, the role of Julius Wagner-Jauregg, chair of psychiatry and director of the psychiatric university clinic, should not be underestimated. Politically, Wagner-Jauregg was a right-wing conservative; scientifically, he represented the dominant somatic approach to psychiatry (Whitrow, 1993; Neugebauer, Scholz and Schwarz, 2008). His research on the treatment of patients suffering from progressive paralysis through the inoculation with malaria was considered a breakthrough in psychiatry and earned him the Nobel Prize in medicine in 1927. Wagner-Jauregg had little understanding of and interest in the new psychological approaches. Much has been written about his conflict with Sigmund Freud in the aftermath of the First World War; in 1915 already, Wagner-Jauregg had also denied Alfred Adler's request for habilitation and had dismissed his major works as unscientific (Eissler, 1958; Beckh-Widmanstetter, 1965; Eissler, 1979; Hofer, 2011). Nonetheless, his rejection of psychotherapeutic approaches was not as absolute as it has occasionally been portrayed. Wagner-Jauregg tolerated that a number of his staff members moonlighted as psychoanalysts, as long as their activities did not impinge on the everyday medical practice in the clinic. Furthermore, in 1922 Wagner-Jauregg also supported the creation of a psychotherapeutic outpatient clinic, following a suggestion that Erwin Stransky had published two years earlier (Stransky, 1919a). Although the establishment of this outpatient clinic was mainly intended as a counterweight to the independent psychoanalytic clinic founded in the same year, it nonetheless was the first psychotherapeutic outpatient clinic of its kind at a university in the German-speaking countries (Kogerer, 1952; Danto, 2005; Freis, 2015b).

The psychodynamic schools' left leanings were certainly one important reason for the negative reception of the new psychotherapeutic theories by the representatives of academic psychiatry. Anti-Semitism was another reason. The founding fathers of both schools, Sigmund Freud and Alfred Adler, as well as many of their followers, were

Jews. With the prevalence of anti-Semitic and right-wing nationalist views among students and university faculties in the German-speaking countries in the early 20th century, Jewish psychoanalysts and individual psychologists faced considerable obstacles in their individual academic careers. At the same time, psychoanalysis in particular was attacked as a 'Jewish science' by its adversaries inside and outside academia. In the aftermath of the First World War, Erwin Stransky used both anti-Semitic and anti-liberal tropes when he accused psychoanalysts of undermining the cohesion of the national community by spreading egocentric individualism and effeminacy. Despite all his experiences in the following decades (on which, more later), Stransky repeated this opinion throughout his life (Stransky, 1920b, 1962).

For the cold reception of psychoanalysis by the psychiatric mainstream, the issue of sexuality was, however, more important than these overtly political accusations (Decker, 1977; Kauders, 2013, 2014). In most cases, it was not some prudish reaction to psychoanalysts' mentioning of sexual aspects per se that led academic psychiatrists to regard Freud's ideas with scepticism and outright scorn. Like Erwin Stransky, many psychiatrists acknowledged the importance of sexual factors in the development of at least some neuroses, but maintained that Freud and his followers had simply 'overshot the mark' (Stransky and Dattner, 1922: 89). In fact, as some examples show, those psychiatrists who were interested in psychotherapy were often willing to include psychoanalytic elements in their own approaches. In the case of Stransky, the use of psychoanalytic ideas and concepts happened mostly tacitly; his younger colleague Kogerer explicitly used some psychoanalytic methods in his outpatient clinic and described his own, eclectic approach as 'analytic-synthetic psychotherapy with a suggestive symptomatic treatment' (Kogerer, 1928; Kauders, 2011). This kind of piecemeal appropriation was hardly desirable for psychoanalysts, who saw their approach as a rigorous and coherent system in which theory and practice were inextricably linked.

Like psychoanalysis, Adlerian individual psychology was viewed with suspicion by many academic psychiatrists. Political divides, anti-Semitism and different theoretical conceptions of psychopathology all played a role. Nonetheless, the self-declared 'medical psychotherapists' Erwin Stransky and Heinrich Kogerer had far fewer reservations against individual psychology than against psychoanalysis. The reasons could be found in Adler's theory, as well as in clinical practice and in the conception of the relation between mental disorder and society. Adler's psychopathological theory was less a provocation to orthodox psychiatrists than Freud's teachings, as it attached less importance to sexuality in the formation of neuroses and acknowledged the importance of somatic causes instead with its theory of 'organ inferiority' [*Organminderwertigkeit*] (Adler, 1907, 1922b). Also, the pedagogical therapeutic methods advocated by individual psychologists were considerably more appealing to Stransky and Kogerer than psychoanalysts' time-consuming and indirect approach. These methods were easier to learn and matched their self-understanding as active and pragmatic physicians, while at the same time answering to their specific needs as psychotherapists working in outpatient clinics. Finally, although Stransky and Kogerer found themselves on the opposite side of the political spectrum from most individual psychologists, there was some overlap when it came to the question of psychotherapeutic treatment goals. More than Freud, Adler focused on the role of the social environment, both for the emergence of neurotic

disorders and for the maintenance and restoration of mental health. For a right-wing authoritarian like Erwin Stransky, Adler's social-democratic conception of the reintegration of the neurotic individual into society and his normative notion of the 'sense of community' were still more appealing than Freud's liberal individualism – even if the underlying notion of the community certainly did not mean the same thing.

'Applied psychiatry' and psychotherapy

Erwin Stransky was arguably one of the most interesting and eccentric figures in the history of Austrian inter-war psychiatry (Hoff, 1962; Reisner, 1962; Spiel, 1962; Tyndel, 1962). He was a prolific writer whose 300 publications covered almost all fields of contemporary psychiatry, a staunch right-wing nationalist despite his Jewish background, a pioneer of 'mental hygiene' and a fierce polemicist, who unswervingly kept to his political and medical views despite all the experiences of the 20th century. Born to Jewish parents in Vienna in 1877, he studied medicine and received his doctorate in 1900 at the remarkably young age of 22. In 1901, he joined the psychiatric university clinic of Julius Wagner-Jauregg, who had a lasting influence on Stransky's psychiatric formation and medical self-understanding. In 1908, he finished his postdoctoral dissertation on *dementia praecox* (which soon after was relabelled schizophrenia); in 1915, he was appointed as associate professor at the University of Vienna. However, at this point in time his promising career hit the glass ceiling for academics with Jewish origins at Austrian universities.

Stransky's bustling organizational activity and his prolific written output following the end of the First World War were certainly attempts to advance his stagnating career. However, it is unmistakable that the war and the break-up of the Austro-Hungarian monarchy were emotional and incisive events that changed and radicalized his political and medical outlook. Stransky had spent the war as a military psychiatrist; first, one year as an army physician with the troops at the Galician front and, after attaining his associate professorship in 1915, as a higher-ranking *Stabsarzt* (equivalent to the rank of a major in the k.u.k. Army ['Imperial and Royal' Army of the Austro-Hungarian Empire]) and a forensic expert for the military courts in Vienna. During this time, he increasingly turned to eugenics, arguing like many of his colleagues that the war had caused negative selection, which would have to be compensated by active eugenic measures (Stransky, 1916). In the immediate aftermath of the war, he joined the newly founded far-right National Democratic Party, but quickly resigned after his Jewish origins had led to controversy.

Stransky's relationship to his Jewish origins was complex. Religious Judaism played only a small role in his upbringing, and he converted to Lutheran Protestantism as early as 1902. In his work, religion primarily appears not as a system of transcended belief, but as a means of maintaining social order. First and foremost, Stransky identified as German, and adopted fiercely right-wing nationalist and anti-Semitic views during the First World War. In the inter-war period, he found himself in an awkward position; rejected by his own political camp for being Jewish, and, at the same time, rejected by many colleagues with similar scientific interests for being too nationalist and – as he perceived it – for not being Jewish enough. The rise of Nazi anti-Semitism forcibly reimposed a racially defined Jewish identity on Stransky; the ensuing identity crisis

being clearly visible in his circuitous self-characterization in a 1937 article on ‘race and psychotherapy’:

... I ask those of you, who are not aware of it, to take cognizance of the fact that I am, in language, culture, sense of belonging, and worldview, in short, in every conscious-intentional regard, unswervingly, while today almost turning sixty as well as in my youth, utterly rooted in the German territory, but that I am, not in the religious-confessional meaning of the word that was usually used in the past, but in the anthropological meaning that is esteemed in the present day, a Jew, and in fact a full-blood Jew (of Sudetenland origin in terms of family, of Viennese belonging and imprinting in terms of birth and home). (Stransky, 1937: 10)

He received the desired full professorship only after the Second World War – arguably as a symbolic compensation for the discrimination and humiliation that he had suffered after Nazi Germany’s annexation of Austria in 1938. Precariously protected by his marriage to his non-Jewish wife, the opera singer Josefine Stransky (1899–1978), Erwin Stransky barely escaped the transports to the Nazi death camps, and was stripped of his professorship, was banned from treating non-Jewish patients, and lived in constant fear of harassment and deportation. After the war, his professional and academic credentials were quickly restored, and he became director of the municipal Rosenhügel asylum. Despite his fierce nationalism and his unswerving support of eugenics, Stransky was one of the few medical professors who had not emigrated and were nevertheless considered untainted by Nazism.

While eugenic thinking was anything but unusual among German-speaking psychiatrists during the war, Stransky had taken the conflation of medical and political concepts to another level with his manifesto for ‘applied psychiatry’ published in 1918 (Stransky, 1918a). As Stransky magniloquently declared, psychiatrists’ training and work offered them unique insights into all aspects of the human mind and its expressions, and thus qualified them as universal experts in all fields of political, social and individual life. Psychiatrists’ duty would be to seize the position that was rightfully theirs and aggressively to expand their discipline’s sphere of authority. Stransky did not only use the language of state politics to describe this professional policy of psychiatrists as a form of ‘medical imperialism’, but also employed the concepts of psychopathology to speak about politics. Shortly after the 1918 manifesto for ‘applied psychiatry’, he published a booklet on the relation of war and mental disorder and a book-length study on the alleged irrational hatred that Germany faced from other nations (Stransky, 1918b, 1919b). In a 1920 talk in the aftermath of the collapse of the Habsburg and Hohenzollern monarchies, he reframed his programme of ‘applied psychiatry’ as a way to the ‘mental reconstruction of the German people’ (Stransky, 1920a).

Although ‘applied psychiatry’ was closely linked to its inventor and the specific situation in the immediate postwar period, the programme turned out to be surprisingly fruitful in the following years. Stransky remained loyal to the idea of ‘applied psychiatry’ for the rest of his life and was even able to recruit some followers. Despite his jingoism, his baroque rhetoric and his hyperbolic aims, the ‘Association for Applied Psychopathology and Psychology’ that he founded with two former members of the

Vienna Psychoanalytic Association in 1920 became one of the most interesting and interdisciplinary meeting places for representatives from all ‘psy-disciplines’ in inter-war Vienna (Hartmann, Pappenheim and Stransky, 1931). A short-lived series of publications on ‘applied psychiatry’ inspired by Stransky and edited by the Swiss psychiatrist and psychotherapist Walter Morgenthaler included not only the latter’s seminal study on the works of art created by the asylum inmate Adolf Wölfli, but also the first publication of Hermann Rorschach’s famous ink blots and Karl Jaspers’s study on August Strindberg and Vincent van Gogh (Morgenthaler, 1921; Rorschach, 1921; Jaspers, 1922).

Stransky’s conception of psychotherapy was closely connected to his idea of ‘applied psychiatry’, as he saw psychotherapy as instrumental in expanding psychiatry’s area of authority. It would allow for the targeting of borderline patient groups who usually did not turn up in the asylum or the university clinics and for an increase in the share of the overall population receiving some form of psychiatric treatment. Later in the 1920s, similar views were particularly common among representatives of the emerging movement for ‘mental hygiene’, for whom psychotherapy – usually in combination with eugenics – was a cornerstone of an envisioned broader psychiatric prophylaxis (Kogerer, 1931; Sommer, 1928). Stransky did not only see the public health benefits of psychotherapy and counselling for ‘psychopaths’ and neurotic borderline cases (Stransky, 1919a). He also advocated psychotherapy as a way to advance psychiatrists’ status as experts in all fields of life. Psychotherapy would allow psychiatrists to help people and to increase the prestige of their discipline, but also to use their position as therapists to gain authority over their patients and their environment. By becoming a ‘secular father confessor’, a ‘medical pastor’ and a ‘mentor of men from the cradle to the grave’, the psychiatrist could use his position to spread the gospel of mental health, eugenics and racial hygiene (Stransky, 1918a: 37–42). Psychotherapy, in short, would be a way to advance and to exert psychiatry’s new kind of authority.

At the same time, another reason why Stransky wanted psychiatrists to engage in psychotherapy was that the nascent field and potential psychiatric patients should not to be left to the competition (Roelcke, 2008). If physicians did not offer psychotherapy, others would: ‘It is little wonder that, after futilely having knocked on the doors of the most competent, a public that yearns for psycho-pedagogical treatment falls prey to quacks and semi-quacks and their “schools”’ (Stransky, 1918a: 39). This was a slight not only against hypnotists and other non-medical practitioners, but against the psychodynamic schools in particular. While the issue of ‘lay analysis’ was controversially debated by psychoanalysts and their adversaries, Stransky and his colleague Heinrich Kogerer were convinced that psychotherapy should exclusively be offered by trained physicians, who alone had the necessary ethics and expertise (Kogerer, 1928).

Subordination – authority – psychotherapy

The fundamental idea of ‘SAR’ psychotherapy was that every human interaction was necessarily hierarchic. One of the first formative experiences in human life, Stransky claimed, was the hierarchy between the child and different authorities, like parents, older siblings and teachers. This hierarchy, etched deeply in the mind, would reappear

throughout life in a variety of different settings as the ‘subordination-authority-relation’ or ‘SAR’ – an acronym that Stransky used throughout his psychotherapeutic texts. The subordination under different leaders was therefore not a result of an illegitimate and coercive use of force, but a healthy, and often even joyful, repetition of an infantile imprinting. Stransky based his views on an eclectic reading of very diverse sources, including the Norwegian zoologist Thorleif Schjelderup-Ebbe’s works on the pecking order among chicken, German sociologist Max Weber’s concept of charismatic leadership and psychologist Charlotte Bühler’s developmental psychology (Stransky, 1928: 6). In the late 1950s, he added another name and another aspect by situating the ‘SAR’ in the realm of C. G. Jung’s ‘archaic-primitive’ (Stransky, 1959: 62).

In Stransky’s account of the psychotherapeutic situation, the parts were clearly assigned: while the patient represented ‘S’, the therapist was ‘A’. Borrowing from Adlerian individual psychology, he argued that, owing to his or her illness, the patient approached the physician with feelings of inferiority, which in the case of neurotic patients ranged deeply into the psyche (Adler, 1912: 9–22; Stransky, 1928). This feeling of inferiority, Stransky believed, was not only a symptom of the illness, but also the key to a successful therapy. Unable to cope with the demands of life on his or her own, the patient searched for a strong authority to lean on and found it in the physician: ‘fleeing from the spell of threatening forces, the sick person gets under the spell of another force that he considers as stronger than himself, that is capable of giving him stability in his struggle . . . and he surrenders to this force, wants to surrender, wants to be led and dominated’ (Stransky, 1928: 16). To use the patient’s volitional subordination was the key principle of ‘SAR’ psychotherapy. As Stransky saw it, it gave an active and authoritative therapist the possibility to get the patient into a state of ‘situational regression’, in which her or his mind was again ‘infantile and malleable’ (ibid.: 53). From here, the therapist could then begin to re-educate the patient, to reshape the mind and to rebuild the ‘will’ and the ability for self-government.

Owing to ‘his’ very active role, the personality of the therapist was more important in ‘SAR’ psychotherapy than in other approaches. The ‘subordination-authority-relation’ worked in both ways; while the patient was expected to become joyfully subordinate, the therapist had to exert his authority in a similar way: ‘The more the physician develops properties that make him an authoritarian leader, the more quickly and thoroughly will his patient completely bow to him’ (Stransky, 1928: 51). Around the same time, other psychotherapists, like Alphonse Maeder or Hans Prinzhorn, also described their work as a *Führung* of their patients – a notion that could mean active leadership as well as spiritual guidance (Maeder, 1928; Prinzhorn, 1928). However, despite some parallels, none of them took the authoritarian interpretation of the term as far as Stransky. In 1933 – a crucial year in the conceptual history of the ‘leader’ – Stransky revisited the topic. Echoing the political rhetoric of the day, he argued in a short article in the Vienna medical weekly that the fact that a psychotherapist had to exert authority also meant that there were limits to how psychotherapy could be learned:

Being a psychotherapist means being a leader; being a leader means to be able to lead. To lead men in particular, of course one needs anthropological and pedagogical-technical

skills. But these are mere tools, which only genuine talent for leadership, only a genuine leader personality [*Führerpersönlichkeit*], can competently use. (Stransky, 1933: 550)

The true ability for leadership, and hence the ability to be a therapist, Stransky claimed, was mainly dispositional. Only with a natural sense of authority could the therapist develop the '*eros paidagogos*' that was needed to actively educate his patients. Given the fact that Stransky was the only practitioner of 'SAR' psychotherapy, much of his characterization of the born psychotherapeutic leader can probably be read as a self-description. For his Adlerian competitors, however, it must have looked very much like a textbook example of an inferiority complex, in which the perception of inferiority (the stigma of Jewishness in Stransky's right-wing nationalist environment, one might speculate) was overcompensated by aggressive masculinism and feelings of authority and grandeur (Adler, 1912: 9–29). Visibly aware of the possibility of this diagnosis, Stransky adamantly argued that (unlike the patient's subordination) his notion of therapeutic authority had nothing to do with feelings of inferiority, but was a natural fact of life and an expression of a Nietzschean 'will to power' (Stransky, 1928: 25–7).

To put things in a broader context, an active and educational approach to psychotherapy was not exclusive to Erwin Stransky, and he was not the first psychotherapist to raise questions of authority. In Vienna, individual psychologists had linked psychotherapy with active pedagogy and child guidance early on. Alfred Adler argued that the physician should also be an educator, whose task was to prepare children for the demands of the community in order to prevent future maladjustment (Adler, 1922a). The numerous child guidance offices operated by Adler's followers in inter-war Vienna were an attempt to put this idea into practice. Individual psychologists' pedagogical approach was not limited to children and adolescents, but also extended to neurotic adults. Arthur Kronfeld, one of the most prominent representatives of Adlerian ideas in Weimar Germany, used the older notion of 'psychagogy' to describe the characteristic combination of psychotherapy and rational education to self-government – a term also frequently used by Stransky (Kronfeld, 1924: 230–50).

Adlerian psychotherapists and pedagogues were no strangers to direct, educating approaches, and many of them put the rights of the individual behind the demands of society. They firmly believed that the aim of pedagogy and psychotherapy was to integrate individuals into society and to instil in them a 'sense of community'. Adler claimed that 'oddballs, individualists, egoists and fatalists' had no place as educators and that every education had to follow the 'real needs of a functioning society' (Adler, 1922a: 8). As he postulated, 'the cure of the neurosis and psychosis requires the pedagogic transformation of the patient and his final return into the human society, without any [empty/hollow] phrases' (Adler, 1920: 17). However, while some of this may seem vaguely related, the similarities between Adlerian individual psychology and Stransky's 'SAR' psychotherapy should not be overstated. Stransky treated his patients far more directly and forcefully than any individual psychologist would have done. Moreover, while some of the basic concepts sound the same, they did not mean the same thing. The exact meaning of reintegrating patients into society depends very much on the underlying conception of what society should be, and there certainly was a stark contrast between Adler's social-democrat vision of a society based on a shared 'sense of

community' and Stransky's authoritarian notion, which he mainly described in terms borrowed from biology, the army and the navy. The same is true for the concept of authority. Individual psychologist Leonhard Seif, for example, agreed that authority was an essential part of education. However, his conception of authority was diametrically opposed to Stransky's. Drawing on neo-Kantian ideas, Seif rejected personal authority as an expression of 'pedagogical imperialism and militarism' and propagated a rational and productive form of authority instead, which was to be based on reason and the 'sense of community' (Seif, 1922). Stransky's understanding of authority, by contrast, was direct, personalizing, and exactly what Seif explicitly rejected.

Another difference between 'SAR' psychotherapy and the psychodynamic schools could be found in their understanding of reason as a goal and means in psychotherapy. Despite his pessimism about the limits of human rationality, Freud's notion of psychocatharsis was based on the idea that a conscious re-experiencing of unconscious conflicts and traumata would allow the patient to resolve or accept them and thereby to overcome the symptoms caused by their repression. Rational understanding and conscious insight would allow the patient's self-empowerment, and it is here that psychoanalysis was most clearly a liberal project in the tradition of the Enlightenment. Adlerians were less concerned with internal conflicts and self-exploration, and more with correcting immediate misperceptions and maladjustment through education. Their ideal of education, however, was one of 'education to a self-confidence of reason, to self-activity, briefly, to rational self-determination' (Seif, 1922: 250). References to the patient's reason and rationality are absent from Stransky's psychotherapeutic writings; instead, he saw the restoration of the patient's ability to exert authority over herself or himself and others as the goal of treatment. Whereas Adlerians appealed to the 'sense of community' as a normative principle in which patients could find their way back to mental health, Stransky followed a popular Nietzschean vitalism when he emphasized the experience of joy in individual strength and authority: 'Therefore, a kind of redeployment, a reconstruction of the mental personality has to be triggered pedagogically, which replaces the lust for illness that somehow is part of every neurotic by a lust for health' (Stransky, 1928: 44).

Stransky vehemently rejected the 'rationalizing' stance of Adlerian and Freudian psychotherapists, as well as Paul Dubois's 'persuasive' therapy, for being ineffective and needlessly time-consuming. In the tradition of late-19th-century suggestive psychotherapy, 'SAR' psychotherapy was to use not only rational argumentation and education, but also unconscious, affective and 'thymo-psychic' impulses (Stransky, 1928: 40–3). Moreover, the suggestive influence was not to be developed by subtlety and compassion, but by a most direct exploitation of the 'subordination-authority-relation'. The therapist, Stransky believed, had to confront his patient as an authority figure. As he reported from his own practice, he routinely ordered his patients to remain standing in a respectful posture while he would sit down. He spoke to them in a 'markedly patriarchal-generous-energetic' way, occasionally used 'coarseness', 'ribaldry' and 'drastic gestures' and addressed them without any title or salutation by their last names only, as in the army or at school (*ibid.*: 54). This kind of treatment would help to create a 'subordination-authority-relation' that allowed the re-education of the patient, but also triggered his or her transition from 'S' to 'A':

With a firm hand, they [the methods of ‘SAR’ therapy] do away with the sensitivity that is so harmful to many neurotics, they harden his mental disposition, but they also spur his ambition, so that, together with an increasing feeling of vigour under the leadership of the physician, the patient wants to free himself and wants to test his newly trained vigour on his own. After being a joyfully obedient soldier, he wants to give orders to himself and perhaps to third parties (for instance his own children, who up to now have been disrespectful) and to become a commanding officer. (Stransky, 1928: 53)

Again, the contemporary popular reception of Nietzsche resonates strongly in Stransky’s idea of hardening the neurotic’s mind and the joy found in health, strength and the exercise of authority. Moreover, the frequent use of military metaphors also hints at ‘SAR’ psychotherapy’s roots in the psychiatric experience of the First World War, when, as mentioned earlier, Stransky had served as a military physician in the Austro-Hungarian army. He had also been present at the momentous conference of German psychiatrists in Munich in September 1916, where he had sided with Max Nonne and Robert Gaupp against Hermann Oppenheim’s concept of ‘traumatic neurosis’ (Lerner, 2003: 61–85).

Other wartime influences are palpable as well. The idea that neurotics were soft and effeminate and would need to be hardened for the ‘struggle for existence’ was ubiquitous in the masculinist climate during the war. German military psychiatrists had advocated the direct use of military authority and orders as a means of psychotherapeutic suggestion, and had introduced the distinction between different kinds of healthy and sick dispositions of the will (Lerner, 1996). The different types of ‘active treatment’ that followed the ‘psychogenic aetiology’ of the war neuroses led to fierce controversies during and after the war. In Austria, an inquiry into the alleged mistreatment of hysterical soldiers by Julius Wagner-Jauregg, during which Sigmund Freud was summoned as an expert witness, led Stransky to author some violent polemics against the psychoanalysts and in defence of wartime psychiatry (Stransky, 1920b). Although they were published a decade after the end of the war, Stransky’s psychotherapeutic ideas directly translated the main characteristics of wartime military psychiatry into a postwar psychotherapy for civilian patients. In a right-wing nationalist mind-set, civilian society and the military were based on the same principle of subordination and authority, and so was the treatment of neurotic patients in both spheres.

While Stransky persistently tried to minimize the importance of sexual factors in his theory, sexuality and gender in fact played a crucial role. The main reason was that the majority of his patients were women, many of them from the lower classes (Stransky, 1928: 61–2). The psychotherapeutic ‘subordination-authority-relation’ therefore was not limited to the doctor–patient relationship, but could also reflect hierarchies of gender and class. Gender differences directly affected ‘SAR’ therapy. As late as 1959, Stransky noted that men and women had to be addressed differently in psychotherapy:

Again, I want to stress that the gender difference should not be considered as negligible. Men should be seized by their military, academic, professional, etc., sense of honour (physician = leading comrade), whereas women of every class and age react well to a more robust imagery (physician = gentleman/master [*Herr*]). (Exceptions confirm the rule.) Differences in age and class are usually less relevant. (Stransky, 1959: 68)

That the therapist himself was male was tacitly taken for granted. Notably, Stransky's colleague Heinrich Kogerer also contemplated the possibility of female therapists, arguing that two types of woman were suitable for practising psychotherapy: 'very motherly women, and those that have markedly male traits' (Kogerer, 1934: 19). Stransky and Kogerer were ambiguous about the role of erotic tensions between male therapists and female patients. They accounted for the possibility that erotic attractions might develop between therapist and patient, but both rejected any Freudian notion of transference. While Kogerer simply stated that such feelings could be tolerated when they were limited to the patient and did not impede on the therapy otherwise, sexuality was a more complex issue in 'SAR' psychotherapy. Stransky identified subordination and authority with a female and a male principle respectively, and saw the psychotherapeutic situation 'as a particular example of the triumph of the Promethean, or as one might say, male spirit over the, as one might say, more animal-female un-spirituality' (Stransky, 1928: 20). Using Richard von Krafft-Ebing's terminology, the notion of male sadism and female masochism was a recurring motive in Stransky's 'SAR' treatise, and the joy in both subordination and authority was at least related to sexual pleasure. Despite all his attempts to minimize the role of sexuality both in the formation of neuroses and in their treatment, 'subordination-authority-relation' psychotherapy was in fact permeated not only by right-wing political thought, but also by an unmistakably sexual symbolism.

Conclusion: Authoritarian psychotherapy and authoritarian society

The main argument of this article is that Erwin Stransky's 'SAR' psychotherapy is a particularly clear – in fact almost caricatural – example of an approach to psychotherapy that drew its inspiration from a right-wing authoritarian worldview. As I have shown, 'SAR' psychotherapy sought to directly translate key motives of inter-war right-wing political thought into a treatment for mental disorder; including the idea of natural hierarchies, the anti-liberal favouring of social discipline over individual rationality, the popular-Nietzschean vitalism with its cult of strength and health, as well as the preservation of patriarchal gender relations. The notion of authority appears on various levels in Stransky's psychotherapeutic approach. 'SAR' psychotherapy was to establish physicians' medical authority over the quickly developing field of psychotherapy against Freudian and Adlerian competitors, and it was to use the authority of the psychotherapist over his patient, which also meant authority of a middle-class man over lower-class women. Moreover, Stransky based his idea on a solitary socio-psychological theory of subordination and authority as the basic principle of every human relation.

Picking up the notion of authority, one may perhaps draw a parallel with another, more critical, psycho-political use of the term in the Freudo-Marxist notion of the 'authoritarian personality' (Adorno *et al.*, 1950). What the protagonists of the Frankfurt School examined as one specific type of the 'social characters' in modern society and as a precondition for the rise of fascism in Europe, was the expressed goal of 'SAR' psychotherapy. A patient successfully treated with Stransky's method was supposed to be able again to bow to the demands of society and to exert control over himself or herself and others. If 'SAR' psychotherapy was a therapy for the authoritarian

personality, this also raises the question of psychotherapy and the right-wing authoritarian regimes that emerged in Germany and Austria in 1933 and 1934 respectively.

As Geoffrey Cocks has shown, psychotherapy in the 'Third Reich' stressed the role of the therapist as an active leader and as a representative of the demands of the national community (Cocks, 1997: 93). While the majority of psychoanalysts were exiled for political and racial reasons, some of those who remained in Germany had difficulties adapting their approach to the changed political environment (Lockot, 2002; Ash, 2010). 'SAR' psychotherapy, by contrast, seemed more suited to the demands of an authoritarian society. Erwin Stransky recognized the signs of the time. Following the lead of C. G. Jung, he published an aforementioned article in 1937 on the question of 'race and psychotherapy' (Jung, 1934; Stransky, 1937). Stransky's text was an ambiguous document (for another recent interpretation, see also Pytell, 2015: 66). On the one hand, he repeated Jung's claim about the incompatibility of Jewish psychoanalysis and the Aryan mind; on the other hand, he also tried to legitimize his own position as a psychotherapist who, in the eyes of Nazi raciology, was Jewish. There were situations, he argued, in which the racial difference between a Jewish therapist and an Aryan patient could even be used productively. The creation of a 'subordination-authority-relation', however, would be more difficult (Stransky, 1937: 27). Stransky's attempt to save his career was unsuccessful. After the annexation of Austria in 1938, his medical licence was revoked and he barely survived the following years in Vienna. In a strange twist of fate, Stransky had introduced a right-wing form of psychotherapy grounded in the idea of subordination and authority, and then became the victim of a political regime based on the same principles. This experience, however, changed neither his political nor his medical views, and he continued to propagate the idea of the 'subordination-authority-relation' psychotherapy until his death in 1962.

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Author biography

David Freis is a post-doctoral research associate at the Institute for the History, Ethics and Theory of Medicine at the University of Münster. He received a PhD in History and Civilization from the European University Institute in Florence in 2015 for a dissertation on psychiatry, society and psycho-politics in inter-war Germany, Austria and Switzerland. He has published chapters and articles on various aspects of the history of psychiatry and psychotherapy.