Psychotherapy Guidebook

Active Analytic Psychotherapy

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DEFINITION

Wilhelm Stekel's Active Analytic Psychotherapy places the psychotherapist in the role of making the patient see his suppressed complexes through direct and purposeful interpretations. While Freud expected most enlightenment to come from his patients, Stekel found this stance to be passive and called for a more active role on the part of the analyst. The active role was considered essential because it would shorten treatment and require that the treating physician take greater responsibility for the "cure." According to Stekel, the analyst was to be capable of great powers of intuition, involving direct dream analysis without assistance from the patient. Stekel believed "it is not the method but the physician that cures."

The thrust of Stekel's Active Analytic Psychotherapy was to offer quickly and efficiently the findings of psychoanalysis to more and more people, so that they could indeed go on with living their lives. Stekel referred to himself as a practical man whose treatment model was an outcome of this trait: "Freud asks himself what a case offers for science. I ask myself what science can offer for the case." Stekel felt that the responsibility of the analyst was to

educate the public by reaching as many people as possible. He is said to have treated over ten thousand patients in thirty-five years — as opposed to a Freudian analyst who would treat about 180 in thirty-five years. Stekel was astutely aware of the role of social forces in shaping "parapathies" (his term for neuroses). His distinction between object-sick and subject-sick patients intentionally moves away from a strict and unyielding focus on the intrapsychic conflicts of the person toward an awareness of the role that institutions, morality, religion, and the family (objects) play in shaping parapathy.

HISTORY

Wilhelm Stekel was born on March 18, 1868, in Boyan, Bukovina (now Romania), and died in London in 1940. A neurologist by training, Stekel was one of the founding members of the Vienna Psychoanalytic Circle. He was analyzed by Freud, also a member, but left the Psychoanalytic Society in 1912 because of his disagreements with him. He felt that a "cult of orthodoxy" surrounded psychoanalysis, and that it was forbidden to doubt the master's words. The dogma and rigidity of psychoanalysis seemed to him to be limiting and dangerous. He favored a movement away from orthodoxy to what he called "independent analysis."

Stekel had a most successful career. He was a prolific writer, with a total

of 369 publications (compared to Freud's 363). He helped to popularize psychoanalysis through his journalistic writing style and his desire to educate the public.

Stekel was the first to speak of the bipolarity of emotions (ambivalence); of the relationship of anxiety to the realization of the death instinct; that not all loss was castration; that mental conflicts (parapathies) were not only sexual but also moral and religious.

TECHNIQUE

Although one of Stekel's books is entitled Technique of Analytical Psychothera py, he did not precisely outline his technique, and one must cull from his descriptions what one can. Many analysts have said that it was Stekel's personality that most accounted for his approach and treatment successes. He had an enormous intuitive ability that was acknowledged and admired by his colleagues. His interpretation of dream symbolism was applauded by Freud. In fact, many aspects of his approach have been likened to those of Sandor Ferenczi, who has received much greater respect and recognition.

Stekel believed in focusing on the problem presented, treating symptoms as targets for intervention, heightening emotional tension through confrontation (hence, increasing insight), and the use of reality situations

involving graduated exposure until cure. (These techniques are similar to such contemporary approaches as sensate focus, systematic desensitization, progressive relaxation, and focusing.)

In order to evaluate the patient's ability to cooperate in achieving his own health, Stekel had a trial week with new patients during which time he evaluated their ability to withstand an attack on their defensive structure and to judge the degree of their resistance. He felt that not everyone was a candidate for psychoanalysis. Undoubtedly, this technique accounts for his high rate of reported successes.

Stekel preferred six sessions a week for three to four months, believing this to be the best way to combat resistances. Stekel seems to have invented short-term psychotherapy as we know it today. His main technical contributions were dream analysis with no patient associations and the use of his intuitive, direct, and suitable provocation of the patient's defenses. He claimed he would never intervene actively until he was sure of the case.

After thirty years of treating patients, Stekel came to disbelieve in the unconscious as Freud described it. Rather, he believed that patients suffered from simulated mental blindness and mental deafness that served to obscure their sense of reality, and that the analyst, working as an intuitive artist endowed with imaginative insight, would actively force the willing patient to

confront his conscious mental blindspots (Stekel, 1950).

APPLICATIONS

Stekel has been accused of superficiality in his theoretical and technical explanations. His approach and method is often referred to as illogical, imprecise, and as having insufficient elaboration. He had a reputation among his colleagues as a healer and as an artistic person — not as a scientist. In short, he was thought of as a charlatan. Many of these criticisms seem to be well founded but should not obscure Stekel's very significant contributions and insightful predictions concerning the future of psychoanalytic psychotherapies. Several of Stekel's ideas have been very popular in the 1970s and have been sufficiently elaborated upon since he first introduced them.

Stekel's case histories are prevalent throughout his works and suggest that his system is best applied to phobias, organ parapathies, sexual difficulties, homosexuality, alcoholism, drug addiction, and some obsessive-compulsive parapathies. Indeed, his confrontational approach of forcing the patient to focus directly on the problem and symptoms is exactly the kind of technique that is so popular and reportedly successful these days for sexual dysfunctions, phobias, alcoholism, and drug addiction. It would seem that Stekel finally deserves recognition for his having intuited many contemporary

treatment methods.