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HISTORY OF PSYCHOTHERAPY IN THE CZECH LANDS

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The article covers the history of psychotherapy in the present-day Czech Republic, focusing mainly on the era of the Communist dictatorship which lasted from 1948 to 1989. However, we also investigate how psychotherapy developed before Communism and how the period of totalitarianism is reflected in the present state of psychotherapy in the Czech Republic. Apart from psychotherapy in the narrow sense, we will mention related fields such as psychohygiene, philosophy, religion, development of psychology as a scientific discipline, mental health care, consultancy, etc. In the first part, we describe the history of psychotherapy in Czechoslovakia, which we will divide into five periods: 1. before the Communist putsch in 1948; 2. from the Communist putsch to the late 1950s (severe dictatorship); 3. the 1960s (liberalisation of the regime and a development of civic society); 4. from 1968 to 1989 (a period of the so-called normalisation when the regime strengthens again in the 1970s and weakens in the 1980s); 5. the period after the so-called Velvet Revolution (1989). In the second part, we will briefly address two specifically Czech therapeutic approaches (Mr. and Mrs. Knobloch's integrated psychotherapy and the SUR training program).

Keywords: psychotherapy, Czech Republic, Communism, dictatorship, history, retrospect, helping profession, Knobloch, SUR

Die Geschichte der tschechischen Psychotherapie: Die Studie bietet einen Überblick über die Geschichte der Psychotherapie in der Tschechischen Republik, besonders während der kommunistischen Diktatur zwischen 1948 und 1989. Es wird zu gleicher Zeit auch untersucht, wie sich die Psychotherapie vor dem Kommunismus entwickelte und welche Auswirkungen die Periode des Totalitarismus auf die Psychotherapie von heute in der Tschechischen Republik hat. Neben der Psychotherapie im engeren Sinne beschäftigen wir uns auch mit verwandten Disziplinbereichen wie z.B. der Psychohygiene, der Philosophie, der Religion, der Wissenschaftsgeschichte der Psychologie, der seelischen Gesundheitsfürsorge und Beratung usw. in der Tschechischen Republik. Zunächst wird die Geschichte der Psychotherapie in fünf Phasen gegliedert: 1. vor der kommu-

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nistischen Machtergreifung im Jahr 1948; 2. von der Machtergreifung bis Ende der 1950er-Jahre (strenge Diktatur); 3. die 1960er-Jahre (Liberalisierung des Regimes und Herausbildung einer bürgerlichen Gesellschaft); 4. von 1968 bis 1989 (die Periode der sogenannten Normalisierung, in der die Kommunisten ihre Machtposition in den 1970er-Jahren erneut verstärkten und ihre Macht dann in den 1980er-Jahren wieder schwächer wurde); 5. die Periode nach der „Samtenen Revolution“ von 1989. Im zweiten Teil befassen wir uns kurz mit zwei ausgesprochen tschechischen therapeutischen Ansätzen (integrative Psychotherapie des Ehepaars Knobloch bzw. Ausbildungsprogramm SUR).

Schlüsselbegriffe: Psychotherapie, Tschechische Republik, Kommunismus, Diktatur, Geschichte, Rückblick, helfender Beruf, Knobloch, SUR

1. Psychotherapy in the Czech lands¹ before the Communist putsch in 1948

If we trace the roots of psychotherapy, we look back in history to a time when guidance through difficult life situations and personal development was in the competence of religious authorities. Apart from religion, philosophy – which has had the ambition to deal with spiritual life since ancient Greece – comprises another important source of psychotherapy. Psychotherapy tried to break free from philosophy and religion at the turn of the 19th and 20th century as psychology started to establish itself as a scientific discipline. Sigmund Freud was one of the persons who strove to separate psychotherapy from philosophy and religion radically (the question remains if it was successful). In any case, a great number of personalities from different therapeutic schools – including psychoanalysis – later turned back to the roots, and drew their inspiration from both philosophy and religion.² This is also one of the reasons why psychotherapy was broadly considered to be a danger for the Communist regime and its Marxist ideology.

Czech history reveals several interesting figures who could be considered the ancestors of psychotherapy. Johannes Amos Comenius (1592–1670)³ contributed primarily to the fields of pedagogy and philosophy (in the 17th century – see KOMENSKÝ 1984, 1966). Jan Evangelista PURKINJE (1846) is another important personality who is primarily known as a physician and a biologist but who was a philosopher and a poet as well. His interest in the prevention of illnesses and his propagation of physical and psychological hygiene are most relevant for our article. Many years before Freud,

¹ Although Slovaks share a large part of their history with Czechs as Slovakia was a part of Czechoslovakia, and both Czech and Slovak nations were once part of the Austro-Hungarian Empire, we will mention just a few Slovak authors, since another article is being prepared on this topic.

² Most psychotherapeutic approaches indicate inspiration by various philosophical schools such as existentialism, phenomenology, pragmatism, postmodern philosophy, etc. As for religious inspiration, we can mention Buddhist meditation techniques that have influenced Gestalt therapy. C.G. Jung, who was apparently inspired by religion, emphasised the healing powers of religion. To read more about parallels of religion and psychotherapy, see e.g. BOEHNLEIN (2005), ŘIČAN (2007), RICHARDS & BERGIN (1999).

³ The importance of Comenius in connection to psychology may be documented by the fact that the remarkable French psychologist Jean PIAGET wrote an article about him in 1957 (1993).

he wrote a book entitled *Wachen, Schlaf, Traum und verwandte Zustände (On Sleeping, Dreams, and Similar States)*, where he investigates the healing power of dreams (first published in 1857). FREUD (1911) himself mentions him in his crucial work *The Interpretation of Dreams* (see PLHÁKOVÁ 2006, 81). Purkinje contributed to the formation of an organisation called 'Sokol' (Falcon), devoted to physical exercises to improve health of both body and mind.⁴ Tomáš Garrigue Masaryk, the first president of Czechoslovakia, is another versatile scholar relevant for psychotherapeutic thought. Among other things he occupied himself with hypnosis and the social causes of suicide. By this, he anticipated the later trend of studying mental health issues not only in the context of an individual personality but of the whole society as well.

A very important event occurred in 1886 when the department of psychiatry was founded at the Czech university in Prague. By this milestone the tradition of scientific research and systematic education in psychiatry began. As the Czech lands were officially a part of the Austro-Hungarian Empire until the end of World War I, the treatment of the mentally ill followed the Austro-Hungarian model of psychiatric institutions. Czech specialists in the mental health care system were oriented to the West; they followed the approaches of the German and Swiss school as well as the methods of the French school of rehabilitation and re-socialisation (ŠKODA 1992, 199).

The origins of psychotherapy are generally associated with Sigmund Freud who was born in the region of the present-day Czech Republic (Příbor in Moravia). Even though Freud's family moved to Vienna when Freud was three years old, and it was here he later developed psychoanalysis, these early days of his life were crucial to the forming of his theory in many respects. Freud himself often recalled his Czech nanny, who was almost like a mother to him.⁵ It was in Příbor that he saw his mother naked, and this is where he was driven out of the bedroom when he caught his parents having sex. Leaving the Czech country felt like leaving his home to him. When he was sixteen, he returned to Moravia once more, and he experienced his first real (though platonic) love here (CVEKL 1965).

Psychoanalysis came from Vienna to the Czech country very soon. Jaroslav Stuchlík, who met Freud personally during World War I, was the most important Czech psychoanalyst of that time. He spent most of the inter-war period in the Slovak Republic. In 1921, Stuchlík was delegated by the European League for Mental Hygiene to found its branch in Czechoslovakia (HOSKOVEC 2012). Stuchlík was also a pioneer of a number of psychological methods: association test, Rorschach test, Baum test (HOSKOVEC & HOSKOVCOVÁ 2000, 211). STUHLÍK also engaged in hypnosis and studied the relationship of language and psychological processes. He was later considered an ideologically problematical author which can be illustrated

⁴ The Communist regime later fought this organisation and almost succeeded in eradicating it (nowadays the organisation has almost 200 000 members).

⁵ This woman also significantly influenced Freud's opinion on religion as she often took him to church. It is said that in one of his dreams, she bathed him in water coloured by her menstrual blood. Some authors see religious connotations in this (VITZ 1993). According to Paul Vitz, Freud's hostility to religion is a form of defense against his subconscious religiosity.

by the fact that the Communists stopped the publication of his book *Nárys psychotherapie a psychohygieny* (*The Outline of Psychotherapy and Psychohygiene*) in 1949 (KRATOCHVÍL 2007, 274). Despite this, he acted in the field of psychotherapy until 1967 when he published the monograph *Neofatické polyglotie psychotiků* (*Neopathic Polyglotism in Psychotics*; STUHLÍK 2006).

Jan Šimsa, another interesting figure of Czech psychotherapy, dealt with alcoholism, natural healing, history of suggestion and hypnosis, mystics, and parapsychology. He applied psychoanalysis in his therapeutic practice as well (BORECKÝ 2006). Another psychoanalyst and a pioneer of hypnosis, Vilém FORSTER, wrote a book entitled *Duševní poruchy a jejich léčení* (*Mental Disorders and their Treatment*) as early as in 1926. Forster is considered to be the first psychotherapist in Czechoslovakia with non-medical education (HOSKOVEC & HOSKOVCOVÁ 2000, 211). We should also mention two psychoanalysts of Soviet origin who considerably influenced our psychoanalytic scene: Nikolaj Osipov, who immigrated to Prague between the two world wars, and his student, Bogudar Dosužkov. Another important name to be mentioned is that of Svetozar Nevole's, a psychiatrist and psychologist who was ahead of his time in many respects. He was not based in any specific therapeutic school, but drawing on phenomenology, he strove to understand the lived world of psychotics. In order to get closer to their world, he experimented with mescaline.⁶ He was also interested in the relationship of mental disorders and geniality, and that of mental health and civilisation (in this respect, we may consider him a predecessor of the field of evolutionary psychiatry), and he studied the phenomenon of suicide. He finally committed suicide himself in 1965 (BAŠNÝ 2010).

In the inter-war period, the first official study group of psychoanalysis registered by the International Psychoanalytical Association (IPA) was founded here. However, World War II put an end to this promising development since the Nazis who had occupied Czechoslovakia, had a negative attitude both towards the mentally ill, trying to 'purge' the nation from them, and psychoanalysis as well, since its founder and many of his followers were of Jewish origin. Many psychoanalysts emigrated or died in the concentration camps. Some of them still worked in illegality, Dosužkov among others. He organised underground seminars attended, among others, by Ferdinand Knobloch (BORECKÝ 2006), an influential Czech psychotherapist to whom we will dedicate an individual chapter later. Dosužkov also founded an official psychoanalytic group when the war was over. The group was later forcibly disbanded but it still functioned unofficially until the end of Communist times (ŠEBEK et al. 2003, 34).⁷

⁶ He published a few texts on such progressive topics, for instance: *O náhlém znovuprožití života 'jako ve filmu' při nebezpečí smrti a o jevech podobných* (*On the Sudden Re-living of Life 'as in a Film' Facing Mortal Danger and on Related Phenomena*; NEVOLE 1943) and *O čtyřrozměrném vidění: Studie z fysiopathologie smyslu prostorového, se zvláštním zřetelem k experimentální otravě mezkalinem* (*On Four-dimensional Vision: A Study of Physiopathology of Spatial Perception with Special Regard to Experimental Mescaline Intoxication*; NEVOLE 1947).

⁷ Psychiatrist Otokar Kučera was another important psychoanalyst of this time. His student Václav Mikota trains new psychoanalysts until these days.

2. From the Communist putsch to the late 1950s

After World War II, the popularity of the Czechoslovak Communist party increased, and it even won the general elections in 1946. Communists gradually consolidated their power until 1948 when they eliminated their political opponents, which marked the beginning of the dictatorship. The regime tried to build a centrally governed healthcare system and to eradicate the private sector and alternative approaches of treatment of psychological and social disorders (ŠKODA 1992, 200).

Psychology was regarded as bourgeois pseudo-science and it was possible to study it only together with Marxism-oriented philosophy. Psychology was in principle reduced to the study of the central nervous system and the teaching of I.P. Pavlov. Mental disorders were understood as mainly biological disorders which have to be treated biologically. Psychotherapy was often considered redundant (HORÁKOVÁ 2001).⁸ Those psychologists who were not Marxists could still work in research institutions, in school laboratories, or major health or specialised institutions (HUMHAL 2003, 17). However, some of the Czech psychologists were persecuted or spied on by the Czech state police (HOSKOVEC & HOSKOVCOVÁ 2000, 26). There were ideological purges, people were afraid of losing their jobs, and their children were denied access to higher education. Some of them even ended up in prison (Svetozar Nevole or psychoanalyst Ladislav Haas among others).⁹

Although psychoanalysis shares the secular ethos and several other features with Marxism, the Communist regime perceived it as a competitive ideology which had to be eradicated, and psychoanalysis was soon banned. However, therapeutic sessions and psychoanalytical trainings went on clandestinely (HORÁKOVÁ 2001).¹⁰

As for other therapeutic schools, behaviourism was completely rejected as well despite its common features with Russian reflexology (emphasis on the learning process). On the contrary, hypnosis framed in the Marxist paradigm was allowed. Psychiatrist Ivan Horvai, who drew on Pavlov's theory of hypnosis as a partial sleep with isolated waking spots in the cerebral cortex, was one of the first to apply it in therapy. Autogenic training, whose author was originally from Eastern Germany, was another allowed method. An eclectic form of psychotherapy, the so-called rational

⁸ The situation was not the same in other Communist countries. For instance, the ideological fight against psychotherapy was quite weak in Poland which was so partly because it was practically nonexistent there after WWII, partly because psychology was regarded as a part of medicine. Thus it was a Polish particularity that psychologists and psychiatrists received a similar amount of prestige (ALEKSANDROWICZ 2009).

⁹ Historian Závěš Kalandra, who made use of psychoanalytic theory in his texts, had the most tragic fate. He was finally executed in the 1950s in a trumped-up legal process with Milada Horáková (BORECKÝ 2006). The units of PTPs (so-called technical support troops) presented a particular form of persecution. Their 'members' (politically 'unreliable' people) were not sentenced officially, but they were put in a form of labor camps and they did not know when they could leave the troops. Members of church congregations were often put in these troops for example.

¹⁰ Many authors (E. Fromm, H. Marcuse, or Z. Kalandra and K. Teige in Czechoslovakia to name but a few) tried to fuse psychoanalysis with Marxism. This topic is beyond the scope of this article. For further information see PETŘÍČEK (1997).

psychotherapy was also employed, especially in the form of a supportive dialogue with a directive-didactic orientation. Furthermore, group therapy, which was compatible with the Socialist stress on the collective as opposed to the individual, was especially widespread (KONDÁŠ 1997, 247). The regime began to loosen its toughest restrictions as early as in the 1950s¹¹ which enabled psychology and psychotherapy to achieve some goals, though Marxism was still the only allowed approach. During that time, the psychotherapeutic section within the Psychiatric Society was founded. The journal *Československá psychologie* (*Czechoslovakian Psychology*) was first released in 1957, and one year later, *Československá psychologická společnost* (the Czechoslovakian Psychological Society) was restored (HORÁKOVÁ 2001). A national congress on neuroses was held in Mariánské Lázně in 1958. That was followed by the congress on neuroses in Jeseník (1959) where American and Soviet psychotherapists and psychiatrists met for the first time (KRATOCHVÍL 1970; 2012).

The Communist Party membership of some psychotherapists is still a controversial topic. We would like to avoid a one-sided interpretation of history condemning everybody who was a member of the party.¹² In order to assess the membership justly, we should take the specific context of particular people and their real behaviour into account. For example, many people entered the Communist Party out of idealism, and they sobered up and left it when Czechoslovakia was occupied by the armies of the Warsaw Pact in 1968. Some psychotherapists entered the Communist Party in order to be able to do their work. There was also a class of those who did not enter the Communist Party but who were supported by someone who did.

The most eminent specialist in the field of psychotherapy who joined the Communist Party was Ferdinand Knobloch (BORECKÝ 2006). This enabled him to conduct his activities. For example, the above-mentioned congress in Jeseník was organised thanks to Knobloch's social standing. Ivan Horvai is another example of those who entered the Communist Party. He is said to have been an enthusiastic Communist (HÖSCHL 2000). DIAMANT (2012) even points out that Horvai did not hesitate to use methods common in security organs. He was known to correct the teaching texts of professors so that they were in accord with Communist doctrine and the scientific program of I.P. Pavlov.

3. The 1960s

In the 1960s, the regime was gradually weakening. Some people who were illegitimately sentenced in the 1950s were rehabilitated. Censorship almost disappeared.

¹¹ There were several causes behind the weakening of the regime and the development of psychology: 1. the regime was not as afraid of the opposition as before, 2. ideological pressure was relatively weak when Nikita Khrushchev (1953–1964) came to power, and 3. Russian psychology itself started to turn to Vygotsky (HOSKOVEC & HOSKOVCOVÁ 2000).

¹² This issue is similarly complex and delicate as the question of membership in NSDAP (Martin Heidegger has been largely disputed in this matter, see ROCKMORE 1992).

New stimuli in the field of psychotherapy were coming from the Western countries once more. Psychology as a discipline experienced a promising development. National conferences were organised, and in 1967, several eminent Czech psychotherapists participated in the 7th World Psychotherapeutic Congress in Wiesbaden, Western Germany (HORÁKOVÁ 2001). Psychoanalysis was accepted, and there was a great number of psychotherapeutic approaches and directions flowing from the West to Czechoslovakia: the logotherapy of Viktor Frankl, who even visited Czechoslovakia at that time, the psychotherapeutic school of C.R. Rogers, Jungian therapy, and the psychodrama of J. Moreno, to name a few.

Another important psychotherapeutic school is behavioural therapy, but this school

was never really popular in the former Czechoslovakia. Perhaps the reason was that it referred to the laws of learning gained from experimenting with animals and that its methods resembled the methods of the totalitarian regime (to which the majority of psychotherapists was covertly opposed), rewarding desirable behaviour and punishing undesirable behaviour. (PRAŠKO et al. 2003, 40, our trans.)¹³

Behavioural therapy was traditionally considered a manipulative and superficial approach treating only symptoms, not causes of psychological disturbances. Although some psychotherapists made use of some elements of behavioural therapy,¹⁴ there was only one psychologist who drew widely on behavioural therapy in Czechoslovakia: the Slovak professor named O. Kondáš who used the term ‘discens psychotherapy’ (from latin *discere* – to learn) in order to avoid the ideologically unacceptable term ‘behavioural’ (PRAŠKO et al. 2003, 40).

In those times the field of child psychology and psychotherapy was developed by Zdeněk Matějček who studied the impact of fostering in a children’s home on children’s development and personality. He was probably the first person who used animals for therapeutic purposes (LANGMEIER et al. 2010). Furthermore, the therapeutic school called SUR came into existence. This is a specifically Czech approach, and the majority of psychologists working in the normalisation era are supposed to have undergone this training. We will describe it in more detail later.

From the second half of the 1960s on, M. Plzák was a very influential figure in the field of psychotherapy. He has founded the field of ‘matrimoniology’, studying the problems of cohabiting in marriage. He developed a methodology of a directive marriage therapy – in 1973, he published a book called *Poznání a léčba poruch manželského soužití (Recognition and Treatment of Matrimonial Disorders)*. He also studied depression, and in 1964, he set up the first helpline in Czechoslovakia (KRA-TOCHVÍL 1970; 2012).

¹³ Original text: ‘V bývalém Československu nebyla behaviorální terapie nikdy nijak populární. Snad proto, že se odvolávala na zákonitost učení, získané v pokusech na zvířatech, snad proto, že její metody do jisté míry připomínaly metody totalitního režimu (vůči němuž byla většina psychoterapeutů ve skryté názorové opozici), který žádoucí chování odměňoval, zatímco nežádoucí trestal.’

¹⁴ Cognitive behavioural therapy was given some attention, mainly as a strategy of alcoholism treatment.

In the 1960s, therapeutic communities employing the theories and methods of various psychotherapeutic approaches were developing.¹⁵ These eclectic approaches are sometimes called integrative or integrated psychotherapy. Apart from Knobloch, about whom we will speak more later, the names of M. Bouchal and S. Kratochvíl must be mentioned, who followed in the pioneering work of R. Konečný from the 1950s as proponents of this approach. They called their program ‘synthesising and differentiated approach’ (in Czech: ‘syntetický a diferencovaný přístup’). These therapists established therapeutic communities for neurotic patients (Bouchal as a part of a psychiatric clinic in Brno and Kratochvíl in Kroměříž). The therapeutic group in Kroměříž, established in 1971, has been running more or less continuously until today (KRATOCHVÍL 2003b).

In the 1960s, there was also a boom in the use of nonverbal techniques, such as the so-called psychogymnastics, created by a clinical psychologist called Hana Junová. This method utilises nonverbal expression, mainly gestures, movements, and facial expressions to gain insight into one’s situation, to relax, and to have a corrective experience (HOSKOVEC & HOSKOVCOVÁ 2000, 216–17). Hypnotherapy, which had been reduced to several isolated teams or individuals until the 1960s, also developed significantly during those days (KRATOCHVÍL 2003a).

Furthermore, experiments with hallucinogens have appeared in the 1960s. Milan Hausner used LSD for therapy (HORÁKOVÁ 2001) and organised an experiential psychotherapeutic training with the use of hallucinogens (HOSKOVEC & HOSKOVCOVÁ 2000, 212). Stanislav Grof, known as one of the founders of transpersonal psychology, also studied the application of LSD in psychiatry. He later emigrated to the USA where he developed, together with his wife, a method of Holotropic Breathwork, derived from yoga breathing techniques.

Psychotherapy also began to draw on non-Marxist philosophical systems in this era. Jan Patočka is a very important person in this respect, who was an eminent Czech philosopher with phenomenological orientation. He built on many ideas by Husserl and Heidegger. He was listed as a subversive and was often interrogated by the secret police in the 1970s. He died as a result of an interrogation in 1977.

A group of psychologists and doctors with psychotherapeutic education who were among the followers of Jan Patočka formed the basis of Czech Daseinsanalysis (RŮŽIČKA & ČÁLEK 2003). Eva Syřišťová, an outstanding Czechoslovakian psychotherapist, was also influenced by Patočka and phenomenology. Her main contribution was to the psychotherapy of psychoses.¹⁶ According to her, psychotherapy

¹⁵ An international symposium on group therapy organised by Kurt Höck was held in Berlin in 1966. There were participants from Czechoslovakia, Poland, Hungary, Yugoslavia, England, Austria, and the Federal Republic of Germany. MAAZ (2011) notes that the symposium had a great impact on group therapy in the German Democratic Republic. It inspired Czech psychotherapy as well.

¹⁶ Others were engaged in the psychotherapy of psychoses as well: in the 1960s, Irena STROSSOVÁ (1984), who published the monograph *Skupinová psychoterapie psychotiků v praxi (Group Psychotherapy of Psychotics in Practice)*, contributed largely to the tradition of group psychotherapy of psychoses in the psychiatric institution of Opava. In 1982, Kamil KALINA established the daily socio-therapeutic sanatorium for psychoses as part of the psychiatric clinic in Prague, and he later published the book *Jak žít s psychózou (How to Live with a Psychosis)*, KRATOCHVÍL 1970; 2012).

should aim at helping the patient to live a normal life and at the same time keep the sensitivity typical of psychosis. Similarly to Nevole, she tried to understand the inner world of people suffering from schizophrenia and the way they see the world. In her opinion, therapists should be personally engaged and should use their empathy to enter the world of a psychotic patient. The Communist regime did not like her approach and was restricting her pedagogical and publishing activity (mainly after 1968). The value of her approach reaches beyond the borders of Czechoslovakia and her work was published abroad, in English, German, and Spanish (see SYŘIŠŤOVÁ 1998).

4. After 1968 – the period of ‘normalisation’

The Soviet leadership (Leonid I. Brezhnev) did not like the reduction of the ideological pressure under the so-called ‘reformed Communism’ in Czechoslovakia in the 1960s (represented by Alexander Dubček, for instance), and put an end to this development by commanding the armies of the Warsaw Pact to occupy Czechoslovakia on August 21st 1968. With this event began the so-called normalisation, an era when the regime was becoming more severe again. Censorship and suppressing of ideological opposition affected psychology as well. The emphasis was put on ideologically ‘harmless’ topics such as the learning process and the research of the central nervous system (HORÁKOVÁ 2001).

Some eminent psychotherapists were forced to leave the country after 1968 (Knobloch, Haas, and Grof among others).¹⁷ Once again, psychoanalysis went underground and psychoanalytical literature was withdrawn from libraries. Psychosomatics, which was founded in the field of psychoanalysis (Franz Alexander), was also discredited (BORECKÝ 2006). Jaromír Rubeš, who led the psychotherapeutic section of the Psychiatric Society, was removed from his office for his political attitude (SKÁLA 2003a).

Contact with Western countries became limited again. As there was a similar situation in other countries of the Eastern Bloc, psychotherapists from Czechoslovakia, Poland, Hungary, the former DDR, Bulgaria, and the Soviet Union agreed on mutual support in order to compensate for the lack of international cooperation. The initiative came from Prague from the chairman of the psychotherapeutic section of the Psychiatric Society, Milan Hausner. In 1973, the 1st symposium of the Socialist countries on psychotherapy took place at the Horní Palata sanatorium in Prague.¹⁸ Hausner was appointed first chairman of the international work group for psycho-

¹⁷ The story of Jiřina Prekopová is also interesting in this respect. She could not work in Czechoslovakia since her husband was a political prisoner. After his discharge they were still considered ideological enemies, so they decided to emigrate in 1970. She then became famous in Germany for her controversial method of holding therapy sometimes called ‘a hard hug’.

¹⁸ The psychotherapeutic sanatorium in Horní Palata was led by Zdeněk Mrázek and Hana Junová during the normalisation period.

therapy. From then on, these symposiums took place every three years in one of the participating countries until 1988 (KRATOCHVÍL 1970; 2012).

Despite the ever more rigid ideology, some institutional development took place in the 1970s and mainly in the 1980s. Psychotherapy became a common part of the treatment in psychiatric institutions. According to HUMHAL (2003), this era is marked by an increased interest in psychological studies, and graduates wanted to work in medical care institutions. Some institutions offered a psychotherapeutic specialisation for psychologists or established specialised psychotherapeutic care centers (HUMHAL 2003, 17).

In the 1980s, Jaroslav Skála led the psychotherapeutic section of the Psychiatric Society. During his era, its activities became so differentiated that the establishment of an autonomous Psychotherapeutic Society was proposed (however, it was not realised until December 1989; SKÁLA 2003a). Within the Psychiatric Society, the Psychosomatic Committee led by Šavlík and Baštecký was formed. Skála and his colleague Růžička founded the Cabinet for Training in Psychotherapy at the Prague Psychiatric Clinic in 1979 (KRATOCHVÍL 2007).

As far as the development of psychotherapeutic approaches is concerned, professor Jan Vymětal pioneered Rogers' psychotherapy in the 1970s. In the late 1980s, several Czech psychotherapists and doctors attended an international educational training program in Slovakia which was led by a close colleague of C.R. Rogers, Ch. Devonshire. This was followed by three short-term training programs of Rogers' psychotherapy, organised for psychologists, doctors, and students of these disciplines (JUNKOVÁ 2003, 54). In the 1970s and 1980s, Gestalt therapy was described in textbooks by Stanislav Kratochvíl and presented for the first time by Karel Balcar. However, the real development of Gestalt therapy did not start until the 1990s (REKTOR 2003, 60). Frankl's logotherapy had been employed here since the 1960s but it was only in the 1980s and 1990s that the activity of Elisabeth Lukas and Frankl's frequent visits into Czechoslovakia made a systematic training in this approach possible (BALCAR 2003). In the 1980s, a psychoanalyst named Václav Mikota worked on the addiction treatment system at the Apolinář hospital in Prague. He later formulated his theory of addiction coming from self psychology (MIKOTA 1995).

From 1970 on, KRATOCHVÍL organised one-week courses of hypnosis every year. He also published his seminal textbook *Psychotherapy* in 1970. He tried to give an objective account of both international approaches in psychotherapy and the Czechoslovakian situation of psychotherapy in new editions of his textbook (1970, 1976, and 1987).¹⁹

Although normalisation forced Czech scientists to cut off their contacts with the capitalistic West and to come back under the influence of Soviet ideology, the community of psychotherapists, once it was created, kept its cohesion, and its activities succeeded in escaping political and ideological pressure. Community training with a

¹⁹ He himself was engaged in group psychotherapy, marriage therapy, and psychotherapy of sexual dysfunctions (KRATOCHVÍL 2012).

dynamic orientation continued to develop, and seminars, colloquiums, conferences, and congresses reflecting international trends were held. In 1979, Petr Boš succeeded in organising an illegal weekend training practice with Virginia Satir as part of a summer camp in Dobronice without any fatal consequences (KRATOCHVÍL 2012).

5. After the Velvet Revolution

The Velvet Revolution that took place in 1989 – called that due to its relatively non-violent course – had brought about a revolution in psychotherapy as well. Some specialists went abroad to receive new inspiration, and some who had worked abroad until then came back to share their experience. Psychotherapy became increasingly important in the treatment of mentally ill people.²⁰ ‘Healthy’ people started consulting psychotherapists as well to manage their psychological problems and to contribute to their psychological growth. New therapeutic trainings were established such as Gestalt therapy, logotherapy, Daseinsanalysis, etc. Approaches that had existed before were formed into official organisations. Czech psychotherapy became more professionalised and institutionalised.

As we have seen, contact with the Western world was restricted in the totalitarian regime, and our psychotherapists mostly did not desire to turn to the East. Despite this, or maybe exactly because of this, two psychotherapeutic approaches have risen here the importance of which goes beyond Czechoslovakia: ‘SUR’ psychotherapeutic training and the ‘integrated psychotherapy’ of Mr. and Mrs. Knobloch. We will describe these more in detail in the following chapters.

6. The integrated psychotherapy of Mr. and Mrs. Knobloch

The work of Ferdinand Knobloch (b. 1916) exemplifies the development of Czech psychotherapy from the 1930s until now. He dealt with psychotherapy as early as before World War II. During the war, he was studying psychoanalysis which was illegal by then (he was attending Dosužkov’s underground seminars). He was put in a concentration camp during the war as was his wife who did not survive it. Knobloch’s life story is thus reminiscent of that of Viktor Frankl. After the war, Knobloch developed his own therapeutic system together with his second wife, Jiřina Knoblochová.²¹ After the war, Knobloch had the possibility to draw inspiration from world-class

²⁰ After the revolution, several organisations emerged whose aim it was to provide people with mental illness with a wide range of social and therapeutic services. ‘Fokus’ was the first one, followed by ESET-help and Greendoors among others. Their mutual goal is to integrate these people back into normal life and to promote prevention and outpatient healthcare.

²¹ She has become a pioneer of child and family therapy, and from the 1950s on she began studying public education in mental health (HOSKOVEC & HOSKOVCOVÁ 2000, 215).

experts – he attended courses of Eysenck and Anne Freud, visited the therapeutic community of Maxwell Jones and took part in a training with Melanie Klein.

Knobloch was considered an ideologically problematic author at the beginning of the Communist dictatorship. In 1949, when he was studying in the UK, the publishing of his book *The Methodological Analysis of Psychoanalytic Theory* was aborted. On the other hand, he joined the Communist Party which helped him continue his activities even in the difficult period of the 1950s. Knobloch's emphasis on group therapy was in accordance with the Communist ethos of collectivism, but despite entering the party he was criticised again later in the 1950s and 1960s for adopting concepts of psychoanalysis and other 'bourgeois' approaches not compatible with Marxist science.²² While the preferred Pavlovian approach saw the cause of neurosis in a feeble neural system, he emphasised the role of interpersonal relations (HORÁKOVÁ 2001).²³

In the 1960s we can probably number Knobloch among the forward-looking Communists. He was head of the psychiatric department at the University Hospital in Prague until 1968 after which he emigrated to the USA. In 1970 he became a regular professor at the University of British Columbia in Canada (HOSKOVEC & HOSKOVCOVÁ 2000, 215). After 1989 he went back to Czechoslovakia to continue his training activities which had been interrupted by his emigration and which led to founding his own training institute called INCIP (KRATOCHVÍL 2003b, 93). In 1993, he even became chair of the psychotherapeutic section of the World Psychiatric Association (KRATOCHVÍL 2007, 112–14). He has founded successful psychotherapeutic communities not only in Czechoslovakia (Lobeč, Praha) but in Canada as well (Vancouver, Haney) (HOSKOVEC & HOSKOVCOVÁ 2000, 215).

Knobloch and his wife named their therapeutic system 'integrated psychotherapy'. This method integrates psychoanalytic and interpersonal theories with learning theories, the theory of small social groups, psychodrama, and autogenic training. It combines individual, group and family therapy and it encompasses the community and follow-up care as well (HORÁKOVÁ 2001). It makes use of both verbal and non-verbal techniques and it evaluates important psychotherapeutic approaches critically. The Knoblochs frame their system in the theory of small social groups (mainly family), which means they assume that we can understand an individual only as part of the system which is the small social group.

7. The SUR system and the therapy of alcoholism

The foundation of the SUR training program in 1967 meant an important turning point for psychotherapy in Czechoslovakia as it was the first training in group and

²² In spite of drawing on Marx in the 1950s he does not list him as his inspiration today. Instead, he professes the philosophy of Neopositivism (KNOBLOCH 2001).

²³ Knobloch himself accounts how he, together with American speakers, was verbally abused by some Czech and Soviet guests at the 1959 international congress on neuroses in Jeseník (see above; KNOBLOCH 2001).

community psychotherapy in the country. Its name is derived from the initial letters of the first names of its founders: Skála, Urban, and Rubeš. The program has always had a good reputation and most Czech psychotherapists (who started therapy training in 1970s and 1980s) have undergone it (HORÁKOVÁ 2001; ŠIMEK 2003). The SUR system was open to Slovak psychologists and psychiatrists as well, and they have contributed to its further expansion and development.²⁴

Psychiatrist Jaroslav Skála has been a key figure of alcoholism therapy since the 1950s. He has founded a community facility based on a strict regime. As to the treatment, he emphasised physical exertion, psychotherapy, and participation of the family (HOSKOVEC & HOSKOVCOVÁ 2000, 214). He has founded the 'Club of those Striving for Sobriety' (Klub usilujících o střízlivost) and a unique system of detention centers (SKÁLA 2003b; HOSKOVEC & HOSKOVCOVÁ 2000). Psychiatrist Jaromír Rubeš was engaged in the psychotherapy of neuroses and addictions and he has contributed to the development of psychodrama (HOSKOVEC & HOSKOVCOVÁ 2000, 214). Eduard Urban, a psychologist, also studied addictions. According to him, drugs attract people because they are forbidden and people who use them address their propensity for unrestrained behaviour this way. It is thus important to keep in mind the danger that the addiction might switch to another object (HOSKOVEC & HOSKOVCOVÁ 2000, 214).²⁵

The SUR system thus links Skála's anti-alcoholic regime, Rubeš's idea of psychotherapeutic community, and self-experience as a method of training (HORÁKOVÁ 2001). The SUR program involves many elements of community work that is applied in the therapy of addictions as well. The participants are involved in the organisation of meetings, the program encompasses various psychotherapeutic techniques such as psychodrama, art therapy, or autogenic training, morning exercise is prescribed, and so on (HOSKOVEC & HOSKOVCOVÁ 2000, 213).

The trainings were conducted in the time of normalisation which entailed a lack of freedom and oppression for psychotherapy. Despite training courses being provided for free, only those who were really interested entered training as it could put them in some danger. On the whole, however, as SUR did not have any formal structure, it was more or less tolerated by the Communists.

8. Conclusions – discussion

We have summarised the complex development of psychotherapy in today's Czech Republic. Psychotherapy has survived and it has developed creatively despite all the difficulties connected with Communism. We have been living in a democracy for

²⁴ HLAVENKA, V. & J. HAŠTO (1989) 'The Combination of Analytically Oriented Training in Group Therapy and Imagination in the Form of Schultz's Autogenous Training of Higher Degree', Presentation at the *Xth International Congress of Group Psychotherapy* (Amsterdam, 27 Aug – 2 Sept 1989).

²⁵ The dangerous objects can be gambling, workaholism, sex, etc. The person is looking for some kind of substitute. In such cases religion can be an acceptable substitute for drugs.

more than twenty years now. Many things have improved – people are not pursued for bringing home books from abroad. On the other hand, this situation entails its own specific problems that influenced psychotherapy as well. First, psychotherapy has lost a lot of its atmosphere as it has become a part of the free market. The trainings were led and received by enthusiasts until the beginning of the 1990s, and they were mostly provided for free, but by now enthusiasm has given way to commercialisation (KRATOCHVÍL 2012). Second, as psychotherapy is not listed as an independent profession, the standards of quality have not been established yet. This creates opportunities for unprofessional practitioners to offer their potentially harmful services under the label of psychotherapy. Let us hope psychotherapy will overcome these problems and contribute to the improvement of society in this time as it did during both dictatorships by creating islands of positive deviation.

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