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BEYOND NEUTRALITY -- THE PSYCHOANALYTIC TREATMENT OF A DAUGHTER OF AN SS OFFICER¹

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It has been a rare event in my analytic practice that I happened to meet patients whose family background was directly involved with the Nazi past. This constitutes for any analyst a special moment, insofar as he immediately gets involved -- especially if the analyst, as in my case, belongs to the generation that has grown up in the after-shadows of the Nazi regime in Germany. So, before describing the patient, it seems fair to me that I give some biographical information to help the reader locate my own background.

My father was born in 1906 to a family of simple but solid social background. His father was a baker and my father was the first child of the family to achieve academic training. His life was characterized by a chronic tuberculosis for many years which forced him to live a carefully regimented life devoted to his work. He was trained as an economist and, after acquiring initial experience in the administration of the well-known Salamander shoe factory, he was offered a job as assistant to the directorate of Heinkel air plant in Rostock in 1939.

In 1942 he was appointed to take over the responsibility to run an offspring of Heinkel's expanding war production in Jenbach, Austria, where machines for airplanes and, later, also for the V2 rockets were built. As was typical for the highly [higher?] military-technical complex in Nazi Germany, the top management of the big industries kept out of too direct political involvements with the National-Socialist party while at the same time being useful to their utmost achievements. When the French army occupied the production sites in Jenbach in March 1945, my father was in a position to hand over the complex with more than 1,000 Russian prisoners of war alive, as he had resisted the command from the Berlin headquarters to eliminate them. After being

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interrogated intensively by the French and British secret services in the months following, he was found not guilty of being involved in crimes.

These facts of his career in the core of Germany's war machine became known to me only later, as my father would never speak of these dark times. The family was exiled from Austria and we had to settle in his hometown in Swabia. The American administration then engaged him as public attorney in the process of denazification -- a task which also speaks to his political reliability.

I do not know whether it is typical for my generation, but it has been typical for my development (born in 1944) that from age 14 onward I had always felt a special interest in the fate of the Jewish people. I think the decision to become a psychoanalyst took place quite early in my life in part because, under the circumstances of post-war Germany, psychoanalysis provided a suitable conscious and unconscious means of pursuing this interest.

Opening of the Analysis

The 32 year old female patient, a psychologist working at a consultation center, had applied for psychoanalytic training two years previously and had been rejected. In the months following this humiliating experience -- all the more so as a colleague of hers had been admitted whom she had known when they were students and had thought of as rather mediocre. She developed severe depressive symptomatology which impaired her professional activity.

By the time she sought analytic help from me, she had already had initial interviews with two female colleagues who, without her knowledge, were in psychoanalytic training. Consent had not been given by the training committee to take this patient in analysis because it was felt that this circumstance was unfavorable. So the patient was referred to me, which played a role within our treatment because it represented a repetition of the patient's early experiences of being a "displaced child."

Both interviewers had described the patient as a sympathetic, elegant yet distant. When she patient came to me the first time, I encountered a most attractive lady, clothed in black, elegant clothes, blonde, consumptuous [??] hair, with silver bracelets and rings; her appearance was just perfect.

Her deprecatory self-presentation was well-organized and professionally worked out. She was able to tell herself that her rejection for psychoanalytic training was but a last drop on a rising tide of despair. It already had started to develop when she left Munich, where she had "wonderful times with her friends," to follow her husband's professional career which had led them to a small town near Ulm. While a student of psychology in Munich she had many

erotic and sexually gratifying relationships with men including her future husband, with whom she had shared a flat for many years before getting married. He was selected by her from many admirers as the only one with whom she could share an intense pleasure in cynical remarks about God and the world.

I then learned from her that she had grown up in Berchtesgaden, being the elder child of a blonde and beautiful, spoiled, very young mother, and a blonde and beautiful former SS-man who had worked as bodyguard at the holiday retreat of Hitler's Obersalzberg. I learned only later that her mother had been the only child of a rich, Catholic family in the warehouse business [?], had lived at the first address in town, and had started a relationship with the SS-man in 1944, against her parents' wishes, at the age of 16 years. Slowly I realized that -- in this Bavarian, deeply Catholic, nationalistic family -- to do business with the Nazis from the Obersalzberg was one thing, but to be sexually involved was something quite different. Alas, one might think that the 16 year old, beautiful blonde adolescent had only acted out what was in the best interest of the family's business. Immediately the thought occurred to me that her black, death-angel beauty (she reminded me of Jean Marais [in Jean Cocteau's] film "Orphee") -- this shiny yet stiff blackness in her outfit -- would be connected to this background. However, I knew that she was born in 1946, the year after the thousand-year Reich had collapsed, so there would be no simple connection.

When the war was over her father -- a primitive beast, as the patient characterized him once, a psychopath who hadn't learned anything but killing -- disappeared into the woods. He escaped all clearance activities, never underwent denazification, but must have remained in contact with the patient's mother. It was a late achievement in the analytic work that the patient started to realize that even her kind, Catholic grandfather must have been involved in this survival and cleaning procedure. The patient was born 18 month after the surrender of the Reich, her mother being just 18 years old, and they stayed with the jobless father in Heidelberg, financially supported by the grandparents.

The early life experiences of the patient were shaped by the postwar routines of bourgeois life in the small town of Berchtesgaden. The big building at the market place housed the shop on the first floor, her grandparents' living quarters on the second floor, and the patient's family on the third floor. Two years later, in 1948, a brother was born and, for reasons still unknown her until today, the patient was moved to the grandparents' floor. She assumes that she has been a very noisy infant and naughty toddler, and that her mother had not been able to adjust to the radical change of circumstances. Her former lover in a fancy, shiny black uniform had mutated into an unqualified office clerk, still a great believer in his former idolized leader, dependent not only on financial support by his

parents-in-law but most probably also on their agreed-upon silence about his former profession.

The patient's transfer to her grandparents became a pattern in her life. She assumes that her mother was glad to have a good reason to get rid of her, to send her away for her being a "plague." An intense envy for her brother derives from this experience and has been also a topic for analytic work (see Thoma & Kachele 1992, patient Kathe X, chap. 2.4.2). The grandparents, for their part, contributed to the confirmation of the patient's firm belief that only when one is a nice girl is one a lovable girl as well. So they continuously pointed out: if you don't behave yourself, we shall send you back to your Ma. As this did happen from time to time, the patient spent her next years moving between the two flats and two different atmospheres.

In any case, life with the grandparents was much warmer and caring than her parents' over-emotionalized, quarrelsome domestic life. Grandpa used to tell her wonderful stories, bought her nice clothes, and called her "My wonderful doll." Grandma took care to shape a very prudish attitude to her body, which is still typical of traditional Catholic upbringing. She was not allowed as child to take a bath without a bathing suit, so that she would not have a chance to look at her self with sinful thoughts. (However, she remembers for many years the feeling of being observed while taking a bath.) Grandpa's stories were full of angels and devils, and he provided a spiritual frame for Grandma's practices. Still, as a child she felt cared for and looked after; that nothing was more beautiful than going to Sunday holy mass with Grandpa, feeling that Grandma was really jealous. However, she never felt well in the kindergarten and preferred to play on her own, building up kingdoms of fairy tales.

The relationship between her mother and father deteriorated rather speedily. The father, castrated in all respects, was not able to satisfy the unstilled hunger of the immature mother. She criticized him so much, supported by her own father's grim contempt, that he left his job, worked as a salesman, and started having affairs with other women. During childhood the patient had been a rather ugly young duck, beautified only by Grandpapa's eyes. At puberty this changed rather suddenly, and the patient acquired a swanlike, Botticellian appearance. Her mind was still asleep and her soul was confined in god -- one of her favorite day-dreams was to ponder whether god would find the right man for her -- when her father openly involved her into his sexualized world. Her strong defensive denial of his interests in her were undermined only in the crudest situations; for example, when the father took the 14 year old to a night club in nearby Salzburg to try out a new type of dance. She managed to organize these experiences in line with Grandfather's "golden angel" type of interaction, thus denying the erotic qualities of this overinfusion of paternal love.

At the same time, her mother rediscovered in the blossoming adolescent girl her own uncompleted adolescent life, and both women started to interact like sisters, both blond and beautiful, just 18 years apart. The patient developed a very intense sensual relationship to her mother; helped her with her toilette; combed her hair. She became a source of intimacy and confidence for her mother, who used the patient's naivete to learn about her husband's infidelities.

When she was 17, the patient first experienced a very intense, platonic love relationship with a sensible young man of her age and upbringing. For both it was clear that they would enter marriage untouched and sacrifice their innocence on the altar of the sacrament of marriage. This relationship was wholly in tune with her Catholic teachings and there was nothing to confess to her spiritual father; not even masturbation had been discovered yet. Parallel to this "normal" developmental involvement, there were clearly incestuous infringements with the father that continuously increased -- and the marital tensions likewise.

Finally, her father was thrown out of the house, with the patient clearly on the mother's side. Her mother formally initiated divorce proceedings. Her father, trying to avoid this financially disastrous development, succeeded in talking the mother into seductive negotiations [renewing sexual relations?]. This resulted in her mother becoming pregnant again, and made the patient feel very isolated because she had sided with her mother in the past years. She also rejected the mother's "carnal uncontrolled desires."

Then the drama took another course: her mother found unequivocal proof that the father was lying all the time. This resulted in an immediate, stress-induced abortion. It was then that the patient experienced intense hatred for the first time. She declared her father dead and rediscovered her hatred toward her mother, which had been counterbalanced by the over-involvement mentioned above. At that time the patient was graduating from school. When leaving for Munich for a while, she suffered from a "blindness" in the left eye.

The change from the small town to the big city and into the autonomy of being a financially well-off student caused a major reorganization of her adolescent personality. She wanted a real sexual relationship now to which her first friend was not able to adapt. After a few failed attempts she dropped him and soon discovered that the lesson she had learned with the Grandpa would also work with other men. "I'm pretty good in getting men where I want them, and I know from one look whether they want me." So she started having diverse, short-lived affairs; she especially liked getting her superiors into her bed.

The habit of wearing elegant black, and only black, clothes became part of the change. "I'm a specialist in black," she said; "there are so many shades in black,

so many nuances." So we discovered that her presenting image of being a super-attractive, seductive person had been the outcome of a betrayal which had many forerunners in her life. From that time onwards, she had reversed the active and passive roles; from then on, she never would be in the passive situation again. When this connection had been cleared up we understood her depressive mood changes as a loss of control, and identified her typical defensive tactic of counteracting depression by initiating seductive relationships with men. Whenever she felt lonely, deserted by her very successful engineer-husband who was sent around the world, one or another of her former friends would show up eager to console her.

After one year of analysis, the patient felt balanced again and was about to leave treatment. By pointing out to her that she had used me like all the other men -- to fill in a gap, to regain control for herself -- but had avoided to investigate the reasons for her having become such a monstrous black angel, she was able to redefine the goals of the treatment and continue with the analysis.

The "Jew"

While the patient was still a student in Munich, her still youthful-looking 40 year old mother would come to Munich to the Fasching. On one of these festivities both met a Jewish-looking businessman. The patient vividly remembers that she had the conviction that he was a Jew -- which turned out to be a false assumption later on -- and this conviction was connected to her feeling a wish to undo an injustice in which her father had been involved in some indeterminate yet cruel way. Out of this acquaintance there developed -- besides all her other superficial, short-lived involvements -- a very intense sadomasochistic relationship which was still alive when the patient came for treatment.

For this "Jew" -- who in fact was of Lebanese origin, though she continued to call him "my Jew" -- she started to buy extravagant black underwear, as he seemed to appreciate these on her very white-reddish skin. The relationship was totally unilateral, insofar as she never knew when he would be in Munich. As soon as he phoned her she would drop everything else to spend a weekend in an underworld out of time and place.

At first the sexual experiences were most ecstatic for her and they satisfied something "deep inside of me," as the patient was able to formulate late in treatment. When she finally realized that her "Jewish" lover had no holocaust victim in his family, she felt deeply disappointed. However, it took her awhile to let this influence her relationship with him. What finally helped her to get slowly disentangled was his unabashed way of praising German philosemitism as something very profitable for his business.

At the time the treatment began, the patient was not yet able to delineate [distance?] herself clearly from this man. When he rings her up from time to time, he is still able to involve her in sexual intercourse, although the ecstatic qualities have long since gone. There is something coercive [compulsive?] in this relationship.

When she first talked about this strange relationship in the seventh session, the patient remembered a recurring dream that was repeated since her parents were divorced: Her father moves back in with the family; she is pushing him out again; she is astonished how little resistance he displays; but then he is back again. A few sessions later she reported another dream that underscored her desperate battle against intrusion: "A doctor wants to anesthetize me for an operation. I do not know the reason for the operation. Whatever the physician tries, I remain awake and tell the doctor that I am not yet sleeping."

The patient was surprised because she never had a problem with the use of an anesthetic [?]; on the contrary, she liked the very thought of a deep and dreamless sleep. She doesn't like her lovers to stay with her overnight, and she has to throw them out of the house.

The transference aspect of the dream needs no further comment, besides mentioning that the patient many years later was able to tell me that from the very moment she entered my room and saw me, she knew she would not fall in love with me; meaning, to her, that she would not [?] become dependent on me.

What is the role of the "Jew" in the patient's unconscious role-relationship model? I think the patient herself had pointed out his functional value, i.e., to undo something very important. Politically, the patient had never done more than read the weekly magazine SPIEGEL, and certainly had never undertaken activities to work on the past of her father. She had declared him dead -- and, factually, had never seen him again until we were able to work through the topic again and again. Instead of the dead father, she had engaged with a living victim.

In the third year of the analysis for the first time we encountered the full psychological significance of the repressed past of her father. Up to then we had done a lot of work referring mainly to her basic problems of self-esteem; to her not feeling in control of space and objects; and, therefore, of her being defensively cool, distant, overcontrolling herself, and so forth. In March 1982 I told her that I would be abroad for 10 weeks in the summer of that year. For some countertransference reason, I told the patient directly that I would go to the University of Chile to teach. I suppose I wanted to excuse myself for being away so long by pointing out my importance. Whatever the reasons, she plunged

into a deep, long silence. After a while, she spoke again, in the delicate, sharp voice with which she had come to treatment: "So, you too!" No longer a question, just a statement. I didn't understand at all. All I understood was that she felt deeply betrayed. Although I tried to communicate this affect, and connect it to the fact that this betrayal also entailed the feeling of being deserted for a long time, she left the session ten minutes early, commenting: "I'd rather cry by myself."

In the next session she was able to query me a lot. She wanted to know why I was going to Chile. It became clear that she thought I was a right-wing radical. It turned out that her husband, over the course of years, had lost this youthful anti-establishment attitude and mutated into a solid conservative bourgeois. His father had been a Nazi, too. "I had hoped never to meet this kind of person again."

I pointed out that she has been very successful up to now in this analysis to avoid meeting "this kind of person," and the great shock that was caused by my information must be connected to the fact that this kind of person still inhabited her mind without her acknowledging it. The session ended with her discovery that Salvador Allende was psychiatrist, and that probably there were some -- just a few -- non-right-wing people there too.

It was two years (September, 1984) before we had another chance to tackle the shadows of her past as part of our work on her resistance against a positive erotic transference to the analyst -- a very conscious, well-developed resistance. At the end of the fourth year we found out that she had maintained a representational world where men are either very soft, maternal, and reliable like Grandfather was, with no open erotic qualities allowed, or where men are brutal, sexual beasts and criminals. She for the first time was warming up to the idea that her father should have been placed in jail for his crimes. "What crimes?" I ask.

P: "The crimes he must have committed to get the job on the Obersalzberg; I mean, they certainly have been placed there as gratification [a reward?] for being very effective in the concentration camps."

She then brought forth a childhood memory of an incident when she once had thrown holy water on him with the idea that he would go to hell like a devil, since she had learned from her religious teachings that this the way to identify devils.

A: "Who told you that he was likely to be a devil?"

P: "Grandma was saying it all the time."

It turns out that the patient from early on has been imbued with the idea that something was very bad about her father. Her grandparents related to his poor social behavior, his womanizing habits, but she always felt that there was something more behind these nagging criticisms.

The patient's splitting the representational world into good and bad men, with her father belonging to the latter category which would exclude any erotic quality for her, was finally relieved [resolved?] six months later (April 1985). She reported a dream:

"I go into the room of my father. He is half asleep in his bed. There is a shower in the room. I ponder whether I should undress or whether I can keep my nightie, as the Thai women do. I keep the nightie and am soaping myself under the shower. I have a clear sensation of sexual pleasure in the dream."

Her associative work with the dream focused on her activity in regulating closeness and distance. She was clearly afraid that if she would get involved with the analyst, something dirty about him might appear, or that she would lose the regulatory power in the relationship.

The next dream dealt with two lovers chasing her. The one is Eli "the Jew"; the other is her husband, who follows her to Israel. Her first association was that her husband Harald is always the wrong person at the wrong time and place. While working on the transference implications of the dream, she was reminded of a terrible dream -- a nightmare that occurred during her summer holidays while being [when she lived?] in Berchtesgaden.

This key dream, signaling the internal changes that had taken place, ran as follows:

"I am standing on the balcony of our house and, like in a movie, I observe a great number of naked, dirty people, ready for deportation. Many people are on their balcony, like at Corpus Christi, like at any ecclesiastic festivity, but no one is doing anything about it. I also am doing nothing, but I feel very bad."

In her painful associations, the patient soon identified the people as Jews. She then recognized that she too feels herself to be someone not adequately taken care of. She then proceeded to talk about her total abstinence from politics, which she rationalized as the only way to cope with helplessness.

We were able to find a parallel between her retreat from politically engaged activity and her retreat from any close personal engagement and her syndrome of being the active deserter. In this context, she was able to approach the issue

of whether she shouldn't inform herself more about what had happened in the concentration camps.

She remembered from her adolescence in Berchtesgaden that she once found a weapon with the swastika on it. Her father proudly exclaimed that he had used it to kill Russians. The following sessions continued her work on these issues. In the meantime, she had asked her mother how her father survived the times immediately following the disaster [war?]. It turned out that her mother's family, in order to protect her from being involved, had provided a false identity card. Against the family's will, her mother followed her father to Heidelberg, where quite a few of the old guards had found ways to survive in the neighborhood of the American army.

My line of interpretation was directed to the confusion she felt: being a victim of familial disruption, she identified with the Nazi's victims, and had been well advised to hide her true feelings. She cried a lot and reported another dream: "Yesterday I observed how cattle are transported to the butcher. The guilelessness of the animals -- not anticipating what was waiting for them -- made me cry even within the dream." This was her feeling, which she also connected in the dream with the Jews.

A: "It is your own guilelessness, your not knowing what your father and your mother were doing to you, that made you so vulnerable. So you had to learn to avoid looking too directly, in order not to be confronted with another example of their maltreating you and your feelings."

P: "It is true, I knew that he was in Dachau, nothing more; and I have never asked. I have never even been to Dachau." A: "So, by not knowing you tried to protect yourself. At the same time, you had to protect yourself from thoughts and surmises from within, which led to your very self-estranged way."

The patient reported now that she was at a doctor in Ginzburg [?]: "Didn't Dr. Mengele come from Ginzburg [?], so how can I know that this doctor didn't experiment on me?"

My interpretation connected the acute paranoid feeling with the acute transference issue of whether I would experiment on her by trying to make her face the terrible issues in her biography. So I interpreted: "The experiment we have tried here was to find out whether it would be possible to convince you that your negative experiences with close relationships do not necessarily [need to?] continue."

P: "I am reminded of the story of the Little Prince and the fox. The Little Prince has tamed the fox and what will happen when they depart? Will the Little Prince

not suffer? Wouldn't it be better not to have involved himself with the fox?" I joined with the patient and continued the story: "The fox said to the Little Prince: the color of the wheat will remind you of me. If you need me again, you will remember me and you may return."

Parallel to the working-through of her suppressed anxieties around her father's criminal involvement in the Nazi regime, the patient changed in ways even her colleagues in the consultation center noted. She became more open and relaxed, was less controlled and -- to her own great surprise -- she became pregnant. She was surprised because she had never taken great care with regard to birth control, but had been convinced that she would not conceive. During the pregnancy she visited her father, who had settled down with another woman. He was suffering from a carcinoma and it was clear that he wouldn't live very long. At least she found out that he was now taking care of his step-daughter, and found out that I too was a caring father of three daughters.

After the delivery of her baby (a daughter), the patient insisted on changing the frequency of sessions for practical reasons, and also insisted on sitting face-to-face with me. Behind these practical reasons, we found out that the dynamic reason was to try out under direct control, as she said, whether I was a reliable person.

It was clear. The patient was moving into that strong positive transference which she had to keep under control from the outset of treatment. She initiated the idea of terminating the treatment soon, where the idea of separating was calming and disturbing alike. A series of dreams followed where she always was only second to some other woman in relation to me. Having worked through these topics for a reasonable amount of time, the patient was ready to enter the phase of termination.

We were both surprised at how strong a bout of depression overwhelmed her. She was possessed by the idea of losing me again totally, of losing her favorite [favored?] position due to her baby, which would get all the attention she had wanted for herself. She recapitulated again the deep loss she had suffered at the age of two when her brother was born. We finally agreed that she might continue on a "feeding-on-demand" basis -- an unusual analytical technique [move?] that, in my experience, works well with patients traumatized by repeated separations.

The patient terminated analysis in May 1986, after 512 sessions. One year later she consulted me again, under the impact of recent repetitive dreams. She dreamed that she was in the gas chambers, hearing the gas pouring into the room. She found herself waking up and crying endlessly. My immediate

reaction to these very emotional dreams, beside being personally impressed by their vividness, was to ask whether her father had died.

Indeed, the patient noted that, when hearing about his death, she didn't want to go to his burial. Instead, these dreams menaced her. We took another six months, going over again what kind of experiences her father might have had, as I assumed that these dreams pointed out to her what she was afraid of finding out about him now that he was dead.

In this phase of treatment I encouraged her to visit Dachau and to inquire about her father's career, which she finally did. Her inquiry at the US Document Center in Berlin provided her, for the first time in her life, with an accurate account of the kind of activities he was involved in at Dachau. However, he had not been at Auschwitz, but due to his physical properties [characteristics?] had been assigned to the Obersalzberg in 1940.

Without diminishing his deeds, the nightmare of non-remembering came to an end. She finally became quite sad about being the daughter of such a father, who had never shown any signs of remorse. Her mother was disgusted at her activities [pursuing this information?], and the patient decided to limit contact with her to a significant degree.

I forgot to mention that during this battle for remembrance of things past, the patient gave up her habit of wearing these black festive garments. This was not a sudden event, but a slow unobtrusive discovery of lighter colors in dressing, and a less forced elegance in her appearance. I am not sure whether I have made a convincing case about this symbol of her fate. For me, this way of expressing her enmeshment in a family world full of guilt and disruption was based on an unconscious identification composed in sorrow for the loss of her family. However, her strong hysterical involvement with both parents made her receptive to the notions of festive death prevailing in the Nazi world: "Der Tod ist ein Meister aus Deutschland."

Coda

To present this case to a Jewish audience in Israel turned out to be a painful and worrisome experience for both presenter and audience. While presenting, I became aware how much my own life history was at stake, sharing with the patient the danger of never knowing exactly what had happened. Therefore, this analysis proceeded beyond neutrality, in the shared shadow of a Nazi past. I feel that this was part of my own working-through.

References

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