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Analytic work in the shadow of the Obersalzberg<sup>1</sup>

It has been a rare event in my analytic practice that I happened to meet patients that come from a family background 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 it is my case belongs to the generation that has grown up in the shadows of the Nazi regime in Germany.

So before describing the patient it seems fair to me that I give some biographical information that you are in a position to localize my background.

My father comes from a low 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 very coordinated life devoted to his work. During the war he worked for an airplane factory (Heinkel) in Austria as responsible for quite a lot of prisoners of war. One of my long standing concerns was if some day a report of his involvement in war crimes would turn up<sup>2</sup>.

I do not know whether it is typical for my generation - but it has been typical for my development that from fourteen onward or so - I always felt a special type of curiosity of the fate of the Jewish people. The decision to become a psychoanalyst took place quite early in my life because psychoanalysis provided the meeting-ground for this curiosity.

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<sup>1</sup> This paper is based on a German version Kächele H (1987) Ist das »gemeine Unglück« ein Ziel der psychoanalytischen Behandlung? *Forum der Psychoanalyse* 3: 89-99

<sup>2</sup> After his death I finally was able to commission to a professional historian to detail his responsibilities (Report by Dr. S. Lechner 1995)

### *Introduction of the analysis*

The 34 year old female patient borne after the war, working as psychologist at a consultation center, had applied for psychoanalytic training two years ago and was rejected; in the months following this humiliating experience - the more as a colleague of her whom she knew from study times had been admitted – „and he is a very mediocre character“ she says - she developed a severe depressive symptomatology which proudly impaired her professional activity. When she sought analytic help she already had two initial interview with female colleagues (which without knowing of the patient were in psychoanalytic training). The consent to take this patient in analysis by one of the two candidates was not given by the training committee, as one felt this constellation was not a good arrangement. So the patient was referred to me. 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, consumptous hair, with silver bracelets and rings, her contenance was just perfect.

Her deprecatory self-presentation was well organized and professionally worked out. She was able to recount herself that the rejection to be accepted for psychoanalytic training was but a last drop on her raising despair.

It already had started when she had left Munich where she had "wonderful times with her friends" to follow the husband's professional career which had led them to a small town nearby Ulm. In Munich while being a student of psychology she had many erotic and secual gratifying relationships with men, including her later 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 in

Hitler's bodyguard on the Obersalzberg. As I learned only later the mother has been the only child of a rich, catholic warehouse family - the first address in town - who had started a relationship with the SS man against her parents wishes in the age of sixteen years in 1944. Slowly I realized that in this bavarian deeply catholic, nationalistic family to to have business with the Nazis from the Obersalzberg was one thing, to be sexually involved something different. Alas, one might think that the sixteen year old blonde and beautiful adolescent acted out what was in the best of the family's business.

Immediately the thought occurred to me that her black death angel beauty - as she reminded me to Jean Marais' movie < Orphee > - this shiny, yet stiff blackness in her outfit would be connected to this background. However I knew that she was borne in the year after the thousand year Reich had collapsed, in 1946, so there would be no simple connection. When it all was over her father - a „primitive beast“ as the patient characterized him once who hadn't learn't anything but killing - a psychopath - disappeared in the woods. He escaped all clearance activities, never underwent denazification but must have remained in connection with the 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 into this survival and cleaning procedure. 18 month after the surrender of the Reich the patient was borne, the mother being just 18 years old staying with the jobless father in Heidelberg financially supported by the grandparents.

The early life experiences of the patient are shaped by the post war normality of bourgeois life in the small town of Berchtesgaden. The big building at the market place housed the shop in the first floor, in the second were the grandparents living and in the third floor the patient's family. Two years later, in 1948 a brother was borne and for reasons still unknown her until today the patient was moved to the grand parents floor. She assumes that she has been a very screamy infant and naughty toddler; her mother not being able to adjust

with the radical change of circumstances. Her former lover in 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 the parents in law but most probably also dependent on their agreed upon silence about his former profession.

The patient's transfer to the grandparents became a pattern of her life. She assumes that the 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 during analytic work (see Thomä & Kächele 1992, patient Käthe X, chap. 2.3.2).

The grandparents contributed to the confirmation of the patient's firm belief that only when one is a nice girl one is a lovable girl as well. So they continuously pointed out: „if you don't behave yourself we send you back to your mother“. This happened a number of times; so the patient spend her next years moving between the two flats and two different atmospheres.

In any case life with the grandparents was much warmer, care taking than the over emotionalized quarrelsome parental life. Grandpa used to tell her wonderful stories, bought her all those nice clothes and call her ‚My wonderful doll‘; grandma took care to shape the patient's very prudish attitude to her body which was 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; he provided the spiritual frame for grandma's practicalities. Still, as a child she felt taking cared and looked after; nothing more beautiful than go to sunday holy mass with grandpa feeling that grandma was really jealous.

The relationship between her mother and father deteriorated rather speedily. The man 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 her father left his job at the grandparents warehouse, worked as a salesman and started having numerous affairs.

Until puberty the patient had been a rather ugly young duck beautified only by the eyes of the grandpa; this changed rather suddenly and the patient turned into the swanlike, botticelli like appearance. Her mind was still asleep and her soul was confined in god - one of her favourite 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 most crudest situations, f.e. when the father took the fourteen year old to a night club to try out a new type of dance. She managed to organize these experiences in line with grandfather's "gold 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 eighteen years apart. The patient developed a very intense sensual relationship to her mother, helped her with the toilet, combed her hair, became a source of intimacy and confidence for the mother who used the patient's naivete to learn about the husband's infidelities.

With seventeen years the patient experienced for the first time 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 happened the clearly incestuous infringements with the father that continuously increased the marital tensions likewise.

Finally the father was thrown out of the house with the patient clearly on the mother's side; the mother formally initiated the divorce. The father trying to avoid this to him financially disastrous development succeed to talk the mother into seductive negotiations. These resulted in the mother becoming pregnant again. All this made the patient feel very isolated as she had sided the mother for all the past years; she also rejected the other's "carnal uncontrolled desires". Then the drama took another course: the mother found an unequivocal proof that the father was lying all the time. This resulted in an immediate stress-induced abortion. It was then that the patient developed an intense hatred for men for the first time. She declared her father dead and rediscovered her hatred towards her mother which had been counter-balanced by the overinvolvement mentioned above. For a short while she suffered from an impairment of vision on the right eye that most likely was based on her psychic turmoils. The patient left for Munich to study psychology.

The change from the small town to the big city into the autonomy of being a student financially well off caused a major reorganization of her adolescent personality. She wanted a real sexual relationship now, her first friend was not able to adapt to the new situation. After a few failed attempts she dropped him and soon discovered that her 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".

Part of the change became the habit of wearing elegant black and only black clothes. "I'm a specialist in black" she said, "there are so many shades in black, so many nuances". So we discovered that the patient's presenting image of being a super attractive, seducing person had being the outcome of a betrayal which had many forerunners in her life-history. Alas, from that time onwards she reversed the active and passive role, 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 ways to counter-act depression by initiating seductive relationships with men: whenever she felt lonely, deserted by her very successful engineer - who was sent around the world - one or other of her former friends would show up eager to console her.

After one year 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 get control back to her, but had avoided to investigate the reason 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 being a student in Munich the still juvenile 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 the feeling to undo an injustice in which her father had been involved in some undeterminane, yet cruel way. Out of this acquaintance developed, besides all her other superficial short live one night quickies, a very intensive sado-masochistic relationship which still was somehow alive when the patient came for treatment. For this "jew" - who in fact was from libanese origin, though she continued to call him "my jew" - she started to buy extravagant, black underwear/dessous 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 around in Munich; as soon as he phoned her she would drop everything else to spend a weekend in a underworld out of time and place. At first the sexual experiences were most exstastic 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 holocost victim in his family she felt deeply disappointed; however it

took her awhile to let this influence her relationship with him. What finally helped to get slowly disentangled was his unabashed way of praising the German philosemitism as something very profitable for his business. At the time when the treatment began the patient was not yet able to delineate herself clearly from this man. When he rings her up from time to time he still gets her into sexual intercourse though the exstatic qualities have gone since long. Something coercive is in this relationship. When the patient first talked about this strange relationship in the seventh session she remembered a recurring dream that repeats since the parents were divorced: "The father moves into 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 reports another dream that underscores her desperate battle against intrusion:

"A doctor wants to anesthetize me for an operation. I do not know which for what reason the operation should take place. 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 when an anaesthesia was necessary; on the contrary she likes the very thought of sleeping deep and dreamless. However she doesn't like her lovers to stay with her overnight, she has to throw them out of the house. The transferential 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.

What is the role of the "jew" in the patient's unconscious role relationship model? I think the patient herself had pointed out the functional value. To undo something very important. Politically the patient had never done more than to read the weekly left wing SPIEGEL and certainly had never undertaken activities to work on the past of her father. She had declared him dead - and



factually never seen him again until we were able to work on the topic. Instead of the dead father she had engaged with a living victim.

In the third year of the analysis for the first time we encounter the full psychological significance of the repressed past of her father. Up to then we had done a lot of work referring mainly to the basic problems of self-esteem of the patient, of her not being in control of space and objects therefore defensively being cool, distant, overcontrolling herself etc.

In March 1982 I conveyed to the patient that I would be abroad for 10 weeks in the summer this year. For some countertransferential reason I tell the patient directly that I'll go to the University of Chile to teach there. I suppose I wanted to excuse myself for being away so long by pointing out the importance of such a visit to her. Whatever the reasons the patient plunges into a deep, long silence. After awhile she is back, back into her most 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 that she felt deeply betrayed. Though I tried to understand this affective outburst and connecting it to the fact that this betrayal also entailed the feeling being deserted for a long time, the patient left ten minutes earlier commenting: "I'd rather cry by my own".

In the next session she is able to query me a lot, she wants to know why I am going there; it becomes clear that she thinks I am a right wing radical. It turns out that her husband over the course of years has lost the youthful anti-establishment attitude and mutated into a solid conservatist bourgeois; his father had been a Nazi too. "I had hoped never to meet this kind of people again". I point out that she has been very successful up to now in this analysis to avoid meeting "this kind of people" and the great shock that was caused by my information must be connected that these kind of people still inhabit her mind without her acknowledging it. The session ends by her discovery that Salvador

Allende was psychiatrist and probably there are some, just a few non right wing people there too.

It took another two years (september 1984) before we had a next chance to tackle the shadows of her past. as part of our work on her resistance against a positive - erotic transference on the analyst - a very conscious, well developed resistance. At the end of the fourth year we find out that she has maintained a representational world where men are either very soft, maternal, reliable like grandfather was, with no open erotic qualities allowed or where men are brutal, sexual, beasts, criminals. She for the first time is warming up with the idea that her father should have been placed into jails 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 as gratification for being very effective in the concentration camps".

She then brings forth a childhood memory when she once had thrown holy water unto him with the idea that he would go to hell like a devil as she had been told from her religious teachings that's the way you identify devils.

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

P: Grandma was telling it all the time

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

The patient's splitting the representational world into good and bad guys with her father belonging to the category of the bad which would exclude any erotic quality for her was finally exposed six months later. 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“.

She then adds that she had a clear sensation of sexual pleasure in the dream.

The associative work with the dream focuses on her activity regulating closeness and distance. She is clearly afraid that when she would get involved with the analyst something dirty about him might appear or that she would lose the regulatory power in that particular relationship.

The next dream deals with two lovers chasing her: The one is Eli the Jew, the other one is her husband who follows her on a trip to Israel. Her first association is that her husband is always the wrong person at the wrong time and place.

While working on the transference implications of the dream, she is reminded of a terrible dream - a nightmare dream that occurred during her summer holidays while being in her home town Berchtesgaden.

„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. I also am doing nothing, but I feel very bad“.

In her association the patient soon identifies the people as Jews, she feels herself also as someone not taken adequately care of. She then proceeds to talk about her total abstinence from politics which she rationalizes as the only way to cope with the helplessness.

We are able to parallel her retreat from interpersonal engagement into her syndrome of being the active deserter with her retreat from political engaged activity. It is in this context that the patient is able to approach the issue whether she shouldn't inform herself more what had happened in concentration camps. She remembers from her adolescence in Berchtesgaden that once she found a weapon with the swastika on it. The father proudly exclaimed that he had used it to kill Russians with it. The following sessions continue the patient's work on these issues. She has inquired from her mother how the father survived the times immediately following the disaster. Mother's family in order to protect the involvement of her provided false identity card; mother followed against the

will of the family him to Heidelberg where quite a few of the old guards had found ways to survive in the neighbourhoods of the American army. My line of interpretation is directing to the confusion in her: being a victim of the familiar disruptions herself she identified with the victims and was well advised to hide her true feelings. The patient is crying a lot and reports another dream:

"Yesterday I have observed how cattle was transported to the butcher. The guilelessness of the animals - not anticipating what was waiting for them, made me cry even within the dream". This is her feeling which she also connects to 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 to look to directly in order not to be confronted with another example of maltreating you and your feeling.

P: It is true, I knew that he was in Dachau, nothing more and I have never asked. I even never have 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.

Now the patient reports that she visited at a doctor in Günzburg (which is nearby to Ulm): „Didn't Dr. Mengele came from Günzburg, 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 if I would experiment on her by trying to make her face the terrible issue in her biography. The experiment we have tried here was to find out whether it would be possible to convince her that her negative experiences with close relationship do not necessarily 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 join with the patient and continue the story<sup>3</sup>:

A: The fox said to the little prince: the colour of the wheat will remember you to me. If you will need me again you will remember me and you may return.

Parallel to the working through of her suppressed anxieties around the 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 as she had never taken great care with regard to birth control. She 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 could find 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 decreasing the frequency of sessions and also insisted on sitting face to face to me. Again she had to try out under direct control as she said whether I was reliable person. It was clear. The patient was moving into a strong positive transference which she had to keep under control. She initiated the idea to terminate the treatment soon where the idea of separating was calming and disturbing alike. A series of dreams followed where she always only was second to some other woman to me. Having worked through these topics for a reasonable amount of time the patient was ready for entering the phase of termination.

We were both surprised of how strong a bout of depression overwhelmed the patient. She was possessed by the idea to lose me again totally, to lose her favourite position due to her baby which would get all the attention she had

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<sup>3</sup> Antoine de Saint Exupéry (1943) *The Little Prince*.

wanted for herself. The patient recapitulated again the deep loss she had suffered when her brother was born at the age of two. We finally arranged for an agreement that she might continue on a feeding of demand basis - a somewhat less analytical technique which in my experience works with patients traumatized by repeated separations.

The patient terminated after 512 sessions. One year later she consulted me again being under the recent impact of repetitive dreams. She dreamed to be 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 impacting dreams were that I asked whether the father had died. Indeed the patient had observed that when hearing from his death she didn't want to go to his burial. Instead these dreams menaced her. We took another six months of going over again what kind of experiences the father might have been through as I assumed that these dreams pointed out to her what she was afraid to find out about him now as he was dead. In this phase of treatment I encouraged to visit Dachau, to actively 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 what kind of activities he was involved in Dachau. However he had not been in Auschwitz, but due to his physical properties been delegated to the Obersalzberg in 1940.

Without belittling his deeds, for my patient a nightmare of non-remembering came to an end. She finally became sad about being the daughter of such a father who never had shown any signs of remorse. Her mother was disgusted at her activities and the patient decided to diminish the contact to her to a significant degree.

During all this battle for remembering the things past the patient gave up her habit of wearing these black festive garments. For me this way of expressing her enmeshment into a family world full of guilt and disruption was based on a private unconscious identification composed of being in sorrow for the loss of

her family. Her strong hysterical involvement with both parents made her receptive for the notions of death prevailing in the Nazi world: Der Tod ist ein Meister aus Deutschland.

Thomä H, Kächele H (1992) Psychoanalytic Practice. Vol. 2: Clinical Studies. Springer, Berlin, Heidelberg, New York, Paris, London