Received: 31 July 2020 | Revised: 21 February 2021 | Accepted: 27 February 2021

DOI: 10.1002/ppi.1587

ARTICLE

WILEY

The emotional heritage of postwar Germany: The transgenerational transmission of a guilt conflict

Susanne Schade

Euro-FH European Fernhochschule Hamburg, Hamburg, Germany

Correspondence
Susanne Schade, Euro-FH European Fernhochschule Hamburg, Doberaner Weg 20, 22143 Hamburg, Germany.
Email: mail@susanne-schade.de

[Correction added on 1 April, 2021: The copyright line was changed]

Abstract

This clinical case study of a 60-year old woman suffering from recurrent depression brings to light the social situation of postwar Germany, during which time the patient grew up. Her life story is embedded within a discourse of emotional heritage involving National Socialist perpetrators. The text seeks to mediate between the inner world of the patient and the external world; that is, between the intrapsychic and the external social world. The adjustment mechanism described is part of her way of processing her Nazi father's wartime guilt. With this being case, it will be illustrated that children of Nazi-perpetrators are confronted with the paradox of finding their parents narcissistically lovable while, at the same time, identifying with their parents' defence mechanisms. To make optimal sense of the case study, relevant subject matter is drawn upon from Rainer Fassbinder's film '*The Merchant of Four Seasons*', Heinrich Böll's novel '*And Never Said a Word*' and Susanne Vega's song '*Luka*'. These associations with literature, film and music provide a way to contemplatively address the often difficult to bear countertransference. They also bring certain societal dimensions to the surface and help foster an understanding of the setting in which the patient finds herself. In this text, the hypothesis is advanced that the 1968 movement was a necessary development in German postwar culture. It represented a societal and psychological break with the generation of parents and grandparents

who had experienced and participated in the war in order to make the unbearable intra-psychically bearable.

KEYWORDS
depression, inability to mourn, trauma, world war

1 | POSTWAR GERMANY

A. Mitscherlich (2003/1971) characterised the situation in which many German families found themselves during the postwar period as, 'The lack of stably developed first object relations, the cold climate in family groups, in which one has little or nothing to say' (p. 339, own translation). The emotionally barren climate prevailing in families, as well as the widespread sense of desolation and hopelessness when it came to improving the social situation, can also be observed throughout Heinrich Böll's novel '*And Never Said a Word*'. It is precisely the rather extreme juxtaposition of poverty and wealth that resulted in the increasing rejection of Catholicism after the war according to Böll (1991), and this process of secularisation especially gained ground with the advent of the 1968 movement. Böll convincingly describes how a family comes apart when faced with the burden of trying to live a decent life after the war. The male protagonist, Fred, does not live at home with his wife and children because he cannot bear living with them within the confines of their flat. His wife, Käthe, reminds me of my patient's mother—she was the one who, probably, tirelessly intervened in the life of her husband in order to lead him onto the right path. Böll, for his part, meticulously describes the lives of ordinary people, their sufferings, hopelessness, desires as well as the privations they experience. The monotony of everyday life strongly pervades this novel as does the daily struggle for survival, where almost everything is lacking.

In postwar times, A. Mitscherlich and Mitscherlich (2014/1977) developed the hypothesis that the German people would have fallen into melancholy had they not taken note of their reality as such. Furthermore, they needed to deny it as such because, as a result of the 'lost ego ideal', the ego ended up experiencing a 'central devaluation and impoverishment' (A. Mitscherlich & Mitscherlich, 2014/1977, p. 37, own translation). Furthermore, they characterised the post-war period as having a conspicuous emotional numbness and an intense departure from both guilt and shame (A. Mitscherlich & Mitscherlich, 2014/1977; Mitscherlich-Nielsen, 1979, 1992). 'Where guilt has arisen, we expect remorse and the need for redressment. Where loss has been suffered there is grief and where the ideal has been violated, shame is the natural consequence' (A. Mitscherlich & Mitscherlich, 2014/1977, p. 36, own translation).

Shame plays an important role in Böll's (1991) novel. Fred, for example, wanders through the streets, drinking cheap coffee, full of embarrassment and shame because he does not know whom he can ask for money. His decision to no longer inhabit the same flat as his family is not so much an escape as it is the desperate attempt to avoid another emotional escalation which might well lead to violence. Consequently, his wife has to manage the household and take care of their children alone. She (the wife) says: '(...) and even if it is a Sunday, I have to clean, I have to fight against the dirt. For years, I have been fighting against the dirt of this single room' (Böll, 1991, p. 75). For such ordinary people, life is a veritable struggle for survival, entailing a purging of guilt or, at any rate, at least a repression of the remorse over a lack of resistance.

Käthe—the protagonist, it needs to be stressed, cannot brush away the filth. Indeed, it is something that clings to her flat and cannot be released. Both the poverty in the novel and the housing situation are oppressive. With nearly everything either broken or destroyed, how can there be any room left for caring and being together? What especially wears down Fred are the conditions that the war has left behind and that are now turning for the better—but only for a certain segment of the population, from which both he and Käthe are excluded. The cramped living conditions of the flat in which the protagonist cannot bear residing with his wife and children, and the

threatened repetition of violence, represent the self of many working-class people in the postwar period. It is this class of people that always ends up on the losing side of wars.

When I was writing about the patient, and even when I was reading Böll, I noticed how at times I had to distance myself from both her life story and the novel itself. Indeed, I found myself becoming tired rather quickly, which is rather unusual for me. The desolation of the postwar era, undeniably, still exudes a certain gloom. Not for nothing is the German literature of this period called rubble literature because it refers to so many external and internal types of ruins. Böll (1991), in particular, focuses on the stories of people who cannot find any support during the time of the West German economic miracle. In Böll's novel, the emotional atmosphere in the aftermath of WWII in Germany bore a striking resemblance to that described and experienced by the patient when she was growing up. It became clear to me that the next generation in postwar Germany also existentially needed this distance from the lives of their parents and a break with their perpetration (Täterschaft) and guilt, since the feelings were so unbearable. The '68 movement represented a necessary evolution out of this gloom, a necessary step that the patient herself did not actively help develop and from which many difficulties in her life resulted. The emotional turmoil of the aftermath in Germany would have led to a healthy and mature reaction like the '68 movement, which will become more understandable after the case has been presented.

Shame and guilt are also phenomena that are transmitted from one generation to another and which, therefore, always reappear in the course of treating patients belonging to subsequent generations. Austrian psychoanalyst, Otto Fenichel, to whom we owe a text on anti-Semitism that is especially relevant today, maintained in his work *Psychoanalytic Theory of Neurosis*, that guilt entails a regression towards the traumatic event, which can only be stopped through narcissistic supply (Fenichel, 2014/1945, p. 195). I will return to the topic of guilt later in the paper. The patient, to be discussed, was born in 1959 and grew into the postwar situation in Germany as described above. In the following, the patient's symptoms and essential biographical events are detailed.

2 | SYMPTOMATOLOGY

The patient initially came into my practice suffering from a depressive mood that had persisted for decades and which, episodically, increased in intensity. Additionally, at the time of this case study, she was experiencing insomnia and feelings of loneliness. Despite having an extended family, she only maintained contact with her son. At work, she was a victim of harassment and constantly experienced feelings of guilt: 'Everything's just too much for me'. Above all, she was unable to say no. She had built for herself a wall, so to speak, behind which one could not look. She was accused of being jealous of a colleague's job and had been subject to accusations of being 'harsh and evil'. Her current situation reminded her of the time before her son's birth when she was having suicidal ideations; 'I keep taking it all in. I'm not swearing at all but then things reach a point where I'm just so fed up, hurt and angry. I deliberately hurt myself once in such a situation, injuring my hand with either a needle or a knife'. Nowadays, if she happens to be angry, she throws an object around and the tension dissipates. 'Things can be so intense, especially when I'm feeling helpless. But my son called on New Year's Eve and said, "I love you, mum!" That's what sustains me'. Recently, she had undergone treatment at a psychosomatic rehabilitation clinic and afterwards felt somewhat better.

3 | BIOGRAPHICAL AND PSYCHOLOGICAL INFORMATION RELEVANT TO HER TREATMENT

The patient was born in the western part of Berlin, the third of four children. She has two older brothers (+5 and +6 years) and a younger sister (−5 years), who was her father's favourite child. As a little girl, she spent a lot of time with her maternal grandparents. Yet, there was little contact with her paternal grandparents. She describes her childhood retrospectively as being a 'wonderful time'. However, she also reports that school was problematic

because she had poor reading and writing skills and thus received poor grades in dictation which her mother complained about. Her mother would punish her using the following words: 'I don't love you anymore'. Since then, she has feared that nobody would ever love her and so she would often feel rejected. Finally, she had to change schools and ended up attending a special school, where she received good grades.

Her mother had been raped during the war more than 30 times by the Allies. She is described by the patient as being a very strict person. Her mother also abandoned the family two or three times only to be brought back by her children. The patient increasingly ended up on the receiving end of her mother's violent outbursts: the patient was subject to physical abuse which included spanking. Her mother's mood was unpredictable—she could be very strict but, periodically, also loving in nature. Her father had fought as a Wehrmacht soldier in the battle of Stalingrad and had been held in captivity by the Soviets for a long period of time. Her family kept quiet about this experience. He did not pay attention to his children and spent most of his time sleeping. He either wanted to work or to be left alone in peace. He only showed love to her younger sister. The patient does not remember ever being hugged by him. Only towards his dogs did he behave in a more emotional manner; they were 'like babies' for him.

At the age of 15, the patient met her first husband, who was five years older. At 17, she moved to this man's residence to escape her family and to start a family of her own. On her 18th birthday, she was beaten for the first time by her husband. Due to financial hardships, she remained with him for many years. She met her current husband while participating in a leisure activity group. The patient first fell in love with him when visiting him in hospital. She left the hospital with butterflies in her stomach. In 2010, they married each other. In her second marriage, the patient has had to put up with the sarcasm of her husband and his insufficient emotional availability.

The patient's initial diagnoses include recurrent depression, currently experiencing a mild depressive episode F33.0; somatoform disorder F45.31; narcissistic personality disorder F60.8; at a higher borderline level of organisation according to Kernberg.

4 | COURSE OF TREATMENT—MOURNING FOR 'THE MERCHANT OF FOUR SEASONS'

The following section contains theoretical considerations concerning psychodynamics and information about how the patient was treated. The first part of the treatment was, in great part, characterised by her mourning for her deceased first husband. The patient escaped from her parents' home—which was marked by physical and psychological violence—only to enter into a relationship with a violent man who would later become the father of her son. Motz (2014) and Humphries and McCann (2015) have pointed out that when it comes to domestic violence, relationship dynamics are characterised by the exercise of control: 'One partner controls the other through threats of harm or physical harm and fear' (Humphries & McCann, 2015, p. 150). Further, they assume that the violence inflicted has its roots in interpersonal and personal problems. More specifically, they posit that both partners were not sufficiently contained in their earliest experiences with relationships and that, as a result, they have a low capacity for mentalisation or, as the case may be, reflectivity. Hence, a relationship develops between both partners consisting of emotional dependence (Humphries & McCann, 2015). What consequently arises is 'mindlessness, an empty, inanimate and even malignant sense of self. The incapacity to reflect on and integrate mental experiences results in the body and bodily experience is also available as a sense of relief' (Ruszczynski, 2006, p. 115, cited in Humphries & McCann, 2015, p. 155).

A woman's fear of a man and a man's violence can be explained 'to a great extent by the need for contact' with another person and a 'frustrated need for attachment' (Humphries & McCann, 2015, p. 156). Indeed, according to attachment theory, the earliest bonding experiences with the primary objects are crucial for later attachment patterns. Bowlby (1990) wrote:

> What is believed to be essential for mental health is that the infant and the young child should experience a warm, intimate and continuous relationship with his mother [...], in which both find satisfaction and enjoyment. A child needs to feel he is an object of pleasure and pride to his mother; a mother needs to feel an expansion of her own personality in the personality of her child. (p. 77)

The emotional ups and downs experienced on account of her mother probably contributed to the patient's problematic attachment pattern. From the onset, I sensed the patient's attachment to me. She repeatedly told me how happy she was that she had me as her psychologist and how she was always looking forward to our sessions. However, at the same time, she talked incessantly, hardly allowing me the chance to speak, which pointed to a certain aggressiveness. Thus, it can be assumed that her behaviour evinced a form of attachment very much characterised by both uncertainty and ambivalence (Bowlby, 2014). Another important aspect of this attachment pattern is that the patient was torn between her need for intimacy and a sense of resentment towards me. Bowlby (1998) described how such a phenomenon is especially the case for patients who have lost a parent:

> Loss of a loved person gives rise not only to an intense desire for reunion but to anger at his departure and, later, usually to some degree of detachment; it gives rise not only to a cry for help, but also to a rejection of those who respond. (p. 31)

It was this kind of ambivalence which to a large extent determined the course of treatment. I soon had the feeling that a kind and tender approach to the patient's needs would have to be interrupted, periodically, with a more direct, firm approach or tough love so to speak. Yet, I did not permit myself to carry out this latter action because I was thoroughly convinced that the patient would be unable to effectively handle it. I also came to realise that the patient, at some level, must have felt it unbearable that there was somebody there for her who wanted to help.

Because her mother was not fully emotionally available on a predictable basis, and due to the unconscious, dreaded or anticipated loss, the patient did not know what to expect. A sufficient object consistency was lacking. Therefore, she re-enacted this relationship dynamic in relation to me in order to find in repetition compulsion an object of transformation (Bollas, 2005). It can be assumed that the patient wanted to establish some kind of intimacy precisely through the aggressiveness that assumed the form of excessive talking, just as she had done before in the context of other social relationships, in order to find a way of dealing with her separation anxiety. In other words, whenever she happened to find someone with whom she could share a great deal of personal information and emotion, she simply found herself unable to let go of this individual.

At an unconscious and more or less conscious level, her ongoing relationship with her second husband, despite the aspect of violence, can be understood as an expression of the conflict between a 'need for autonomy and the need for intimacy' (Humphries & McCann, 2015, p. 157). Thus, it can be assumed that the patient identified with her first husband because he represented emotional inaccessibility and independence, just like the patient's father who had returned from the battle of Stalingrad as a broken man, one who was emotionally unavailable. With her childhood and adolescence set in such a scenario of triangulation, a proper form of maturation is rather difficult to envision. Thus, her relationship with a violent man corresponds to her unconscious attempt to repair her relationship with her late father. Presumably, violence is the only kind of affection that the patient can tolerate and it 'increases an unconscious state of uncertainty' (Braun & Puget, 2003, p. 31) that was clearly perceptible in my countertransference. A feeling that the patient must have had at that time is described in the song 'Luka' by Suzanne Vega:

> If you hear something late at night
> Some kind of trouble, some kind of fight

Just don't ask me what it was
Just don't ask me what it was
Just don't ask me what it was

I think it's cause I'm clumsy
I try not to talk too loud
Maybe it's because I'm crazy
I try not to act too proud

They only hit until you cry
After that you don't ask why
You just don't argue anymore
You just don't argue anymore
You just don't argue anymore. (Vega, 1987)

The patient did not want to ask anyone about her situation; and, as expressed in the lyrics above, she could not explain why she had not sought out help before. For a long period of time, a silent form of suffering on her part marked her relationship: 'Just don't ask me what it was'. The patient was a victim of violence and ended up seeking help and breaking her silence. Such actions never came to mind until she felt as if certain debts had been discharged, so to speak. 'You just don't argue anymore' is an expression of the fact that her power to oppose her husband was no longer sufficient and, at any rate, the process of becoming settled in her new social situation was determining the course of her life at this point in time. Self-accusations such as 'Maybe it's because I am crazy', as well as her feeling guilty about everything, shaped the patient's inner landscape. Consequently, she ended up turning against herself in an infantile way, blaming herself for the violence inflicted upon her. This behaviour was an attempt, at the level of her unconscious, to maintain a relationship of sorts with her parents.

When Freud (2000/1912-1913), in his work '*Totem and Taboo*', pointed out that 'no generation is able to conceal significant mental processes from the next' (p. 441), it can be assumed that the patient has had trauma passed on to her in a transgenerational manner: the traumatisation that her father had experienced as a Wehrmacht soldier fighting in the battle of Stalingrad and the traumatisation that her mother had experienced by being raped on multiple occasions by Allied soldiers. More recent accounts describe this process of transgenerational transmission using the metaphor of a phantom: 'The phantom is a formation of the unconscious that never has been conscious – for good reason. It passes-in a way yet to be determined-from the parent's unconscious into the child's' (Abraham, 1994, p. 173). For Abraham (1994), it is like a 'stranger' that is "inscribed in the patient's own unconsciousness" (p. 174). It is a 'return of the repressed' (Abraham, 1994, p. 173).

My hypothesis is that the patient was now attempting to be the better mother by stabilising the father. This attempt at reparation she projected onto her violent first husband by enduring years of violence: 'Just don't ask me what it was' (Vega, 1987). She saddles herself with the guilt of her father (the aggressor) and her husband since she identified with her father in such a way that something repressed ended up returning like a phantom. She hoped to save her father from his own predicament; yet, at the same time, wants to outdo her mother by so doing. This fact can be clearly seen in her feelings of envy towards her younger sister—her father's favourite child—and the breaking off contact with this sister.

5 | COURSE OF TREATMENT AND TRANSFERENCE

We began our therapy sessions in October 2017. The patient had just returned to Berlin from a psychosomatic rehabilitation centre. The first part of our therapy sessions was characterised by listening and empathic

interventions because the patient was mostly complaining about her current husband's sarcasm, the lack of intimacy between her son and herself and the conflict she was having at work with a colleague. The rather negative object representations of primary reference objects led the patient to quickly experience enmity vis-à-vis other people, which caused her to end up feeling guilty. I responded to this situation primarily by letting myself be a constant and reliable object so that she could find a better sense of inner balance.

It became understandable that the patient finds it difficult to find words for what happened and for what she has been experiencing as inner emotional turmoil, which she subsequently ended up internalising. She places the unutterable introject into external objects and it was initially difficult to discuss what she may have also done wrong. It is likely that her mother's violence and the multiple times that she had abandoned her family led the patient to blame herself for the aggression committed by others and not to be able to integrate her own aggression. In the first few hours of therapy, the patient described her childhood experiences that highlighted her mother's ambivalence. The patient complained that the mother had always called her 'fat' or said 'I don't love you anymore' whenever she came home from school with bad grades. The patient said, 'At the age of 12, my childhood came to an end and I had to grow up fast because my nephew came into the family as a baby'.

The arrival of her nephew must have revived incredible feelings of envy in the patient as the baby received more attention than the patient herself. At this point in time, she describes her mother as becoming increasingly 'nastier' (patient, personal communication, 2017). The patient took refuge from the situation at home by having a relationship with a violent man. Her husband later threatened to take her son away from her. 'How can a man say, I love you more than anyone else and then the next moment hurt you so much?' (patient, personal communication, 2017). In the countertransference, I felt a great sense of sadness and perceived a yearning on her part for her first husband, who had passed away a few years ago due to alcohol dependency issues. At the same time, I was also pervaded with a sense of anger towards this same man. Together with the patient, I tried to understand which of her feelings of hope were connected with the enduring situation of violence and how the coupling of love with violence was something that the patient had already experienced in the presence of her mother, who often responded by withdrawing love and exerting punishment.

I also explored situations in which her first husband's 'anger had gotten out of hand' (patient, personal communication, 2017). For example, the patient described how she once had given food to her son first and, as a result, her husband threw his plate against the wall. On other occasions, he would become violent when she refused to buy beer for him. She did not know where to buy the kind he wanted nor was she particularly inclined to go to a store just for beer. However, if he drank beer, in contrast to whiskey or rum, he was less inclined to beat her. He also beat her during her pregnancy. She never understood that her husband was jealous of the child. The patient informed me that she did not have the strength to break out of the relationship at the time.

In the course of our therapy, the patient became increasingly angry with her first husband while her sadness and feelings of guilt regarding his death receded into the background. At the same time, the difficulty in the first part of the treatment consisted in the fact that it might become obvious what could change—so I expected that the patient would at some point end up projecting the negative object representation onto me.

It is clearly the case that her first husband's violent and controlling behaviour incited the patient to project negative object representations and contributed to her having ever greater feelings of guilt. The patient's self-esteem was significantly impaired both by her mother's violence and the violence she experienced in her first marriage. The patient's identification with her mother was evinced by her need to be dominant towards other people. It is likely that the patient attempted to compensate for having been devalued by others in the past by means of aggressiveness and dominance of her own doing. Furthermore, on the basis of the countertransference I experienced, which generally consisted in my desire to offer sympathy and empathy and, from her side, feelings of irritation, it can be assumed that the patient fluctuated between sad feelings and forms of aggression and that she still experienced great difficulty in attempting to integrate them (see Heimann, 1950).

6 | THE EMOTIONAL HERITAGE—SOME REFLECTIONS

In our sessions, the basic theme that we dealt with was how the patient either directed her aggressions inwards, which manifested itself in depression, or directed it outwards and, as a result, found herself surrounded by men who are living out their unlived aggression. Thus, whenever she projected her aggressions outwards, she became, at the same time, the target of her own aggression. Looking back at our therapy sessions so far, it is clear to me that an improvement in the patient's depressive symptoms has been achieved. The patient was strengthened in terms of her affect regulation, her mentalising ability (Fonagy et al., 2004) and her ego functions. Additionally, her relationships with her second husband, son and boss increasingly became characterised by more differentiated object representations. The patient even reported that she could not recall having so much energy in such a long time. However, the fact needs to be stressed that part of the dynamics described in the transference and countertransference events will continue to shape the patient's social relationships and will need to be worked on in future therapy sessions.

I especially took note of all this whilst writing this case report as part of my psychoanalytic training. I had no interest in discussing the patient with my academic supervisor during this period of time because I had already spent most of my time with her. I needed distance and, unconsciously, found myself repeating the same behaviour of her mother, who had left home several times, effectively abandoning the patient. On one hand, there was an authentic connection that I had established with the patient, something akin to belonging to the same sisterhood, an alliance of sorts against the prevailing patriarchal structures. This was certainly related to the great amount of empathy that I have for people who have always been defenceless and who have never benefited from the economic boom in West Germany—just like the fictional characters in Böll's novel who had to live a thoroughly emotionally and materially barren life after the war. On the other hand, I sensed that the patient was actually making me feel confused and burdening me with unbearable feelings for much of the treatment. Among other things, she was constantly talking nonstop, not giving me the chance to respond to what she was saying, which ended up sapping an inordinate amount of my energy.

As described by Puget (1989), there was a notion of a nonwanting to belong that I sensed and, at the same time, a wanting to be understood and to belong. The patient needed to separate herself from society and from me because 'social life is alien and alienating' (Puget, 1989, p. 365) and because there was an element of social anxiety. However, at the same time, she made me feel breathless through the sheer amount of information she was providing and her desire to belong and to be understood.

It was not an easy task gaining the patient's trust because subliminally there was the expectation that one had to agree with her and that she was off limits to criticism. Even in the moments when the patient criticised herself, she wanted to be confirmed only in her personal excellence. It was a great task, as Parin (1977), for instance, wrote:

> Man is not master in the social house but obeys unconsciously the imperatives of social institutions. If psychoanalysis is to contribute to altering oppressive social conditions, it must help individuals to break the automatism of adaptation mechanisms that work at the unconscious level. (p. 481)

I was only partly successful in doing away with the adaptation mechanisms that, in this case, work at the unconscious level. The hard truth is that the patient's experiences and her external reality are far too restrictive in nature.

The patient described to me a family story similar to the one set in postwar West Germany by Rainer Werner Fassbinder in his film '*The Merchant of the Four Seasons*'. A man, who is dependent on alcohol and violence, suffers a heart attack when the divorce is finalised. Afterwards, the toxic couple do not separate but stay together. At a certain level, there is no doubt an element of humour here, but in the real life of the patient her first husband experienced many heart attacks and she ended up staying with him till the very end, until the financial debt had been fully paid off so to speak that is, the unsuccessful reparation of her relationship with the father, symbolically

represented by her first husband. I had the feeling that the patient needed space to be sad about this process. Perhaps it is also a transgenerational form of mourning—an emotional heritage of sorts—a form of grief that the father could not show, indeed a form of grief that his experiences at and after the battle in Stalingrad had rendered him incapable of properly processing (see Lohl, 2011; A. Mitscherlich & Mitscherlich, 2014/1977).

Lohl (2011) wrote about how the coldness of the parents was felt for a long period of time after the war in German families. In particular, he argued that

> it is highly imperative that children who came of age after the war take cognisance of the trans-generational aspect of their own psychological condition and, in such a way, that they seem at least narcissistically lovable to their parents and do not become the epitome of that which they were warding off and hating during their narcissistic regulation. (...) The children of Nazi perpetrators and those who went along with the regime identify with the defence structure that enabled their parents to avoid their own melancholic conflict. (Lohl, 2011, p. 207).

Lijtmaer (2017), in her own reflections concerning the transgenerational transmission of the trauma of her mother, a Holocaust survivor, noted that 'children are confronted with a paradox. Lacking their parents' direct experience of devastating atrocities, they are faced with the task of assimilating such realities into consciousness through their own imagination' (p. 277).

Given the cross identification of a culprit and victim, the patient must have had some imagination about her father's involvement in the war alongside the conflict of simultaneously being both a culprit and victim. Thus, in the case of the patient's father, he ended up saddling himself with a certain guilt. The patient, in turn, has been trying to heal this guilt whilst saddling herself with it too. Her endurance of her first husband's physical abuse up until the repayment of the debt, so to speak, can be understood as a literal reduction of the debt. In fulfilling what she perceived as her sense of duty and by eradicating the debt both symbolically and in reality, the patient did, in fact, experience a form of catharsis. At the same time, the patient became a victim herself and here it needs to be stressed that a victim cannot ipso facto be guilty. Indeed, it is precisely by assuming a preparator-introject that one ends up becoming saddled with both guilt and shame. The upshot is that the patient finds it difficult being in the presence of people because her pain and possible 'destructive-sadistic identifications' are too deeply rooted (Lohl, 2011, p. 208). This explains why benevolent acts directed towards her, such as her husband's care and my own treatment of her psychological issues, are so difficult to sustain.

What many children of the perpetrators of National Socialism suffer from is an 'unmourned, narcissistic object relationship of the parents, which they are unaware even existed' (Lohl, 2011, p. 210). They have created a protective understanding of their parents. In other words, they want to see them in a good light. Their violent and destructive side is not imaginable and, if acknowledged, would lead to cognitive dissonance. Thus, there is often a splitting off of the filthy side, as is skilfully depicted in the novel by Böll (1991), when Käthe cannot shake off the filth of her own room for years on end. In short, it cannot be mentalised. In a certain manner, the patient transposed her view of her parent onto her first husband, whose destructive side she experienced physically but without being able to conceptualise the violence as actually being a part of him.

7 | CONCLUSION—WHY THE '68 MOVEMENT WAS A NECESSARY EVOLUTION

If one takes Carl Rogers, a great humanist and psychologist, truly seriously, then treatment is essentially about entering into the patient's world of thought and becoming thoroughly at home in it. Politically speaking, the consequence for me has meant creating a societal break with the nefarious past associated with the generation of Nazi perpetrators; with the generation of my grandparents, which is what the 68ers, the participants of the German student movement, effectively accomplished. On the basis of my countertransference, and the analysis of the social

relationships associated with the patient, it becomes clear what difficulties arose as a result of the emotional situation (i.e., through the splitting process affecting the patient's delusions of grandeur and victim mentality) and this was sometimes quite difficult to bear. My countertransference, as Heimann (1950) noted, can be understood as being a part of the personality of the patient. The patient must have felt the same way at least at certain points throughout her life. Yet, to be precise, she did not encounter these feelings in the context of any form of solidarity with any countermovement such as the '68 movement.

It thus becomes clear from this case study, which kind of social countermovement, of necessity, had to arise in postwar Germany in opposition to the political parties and institutions imbued, to various degrees, with the spirit and values of the 68ers. They counteracted the 'apathy' reigning in postwar Germany, which became clearly perceptible in my countertransference; they displaced bourgeois forms of thinking, through their 'alternative lifestyles' and 'sense of morality'; 'caused authoritarian structures to totter'; 'articulated the contradictions existing in society'; and spurred on 'the upheaval of structures' (Gilcher-Holtey, 2008, p. 201ff).

Rudi Dutschke, an important leader and theoretician of the German student movement, formulated one of the main ideas of the 68ers,

> Any radical opposition to the present system, which wants to prevent us by any means at its disposal from establishing conditions under which people can lead a creative life without war, hunger and repressive work, must necessarily be global in scope today. (Dutschke quoted in Tolmein, 2008).

The 68ers are also responsible for increasing interest in psychoanalysis throughout society, critically focusing on the issue of the collective German memory and, in so doing, reappraising the emotional heritage of National Socialism. Envisioning the patient's own history, it became clear to me that, growing up as a child and transitioning into adulthood, she would have undoubtedly benefitted from a certain liberation from the past, a different sexual morality, a different education, not to mention a proper critique of capitalism (Lau, 2006). This case shows once more that, as Davoine et al. (2004) argued, 'a fraudulent notion of an ahistorical and universal psychic reality' (p. xxvii) can hardly be supported. It is much rather the case that the frame of references to other cultural artefacts allow for a more fully articulated sense of how I was personally touched throughout the treatment and how I tried to make sense of both cultural history and her-story.

Of course, it is also possible to juxtapose the different ways of dealing with the past in East and West Germany by examining evidence from literature, music and the arts but this would go beyond the scope of the present work. In any case, East and West Germany have many similarities in terms of individual and collective psychological defence mechanisms when dealing with the history of the war and the resultant emotional heritage, as Mitscherlich-Nielsen (1992) pointed out soon after national reunification had occurred.

Towards the end of the treatment, my intent was to continue to carefully uncover adjustment mechanisms and also to search for suitable opportunities for social integration so that the patient would have a diverse range of opportunities for personal development. The focus was on empowering the patient so that she could increase her self-esteem based on her ego-structure weakness (M. Mitscherlich, 1985) and so that she could learn more forms of assertive behaviour (M. Mitscherlich, 1990) and might be able to solidarize herself more with counter-movements of the WWII aftermath.

ORCID

Susanne Schade https://orcid.org/0000-0001-5937-8831

REFERENCES

Abraham, N. (1994/1975). Notes on the phantom: A complement to Freud's metapsychology. In N. Abraham & M. Torok (Eds.), *The shell and the kernel—Renewals of psychoanalysis* (pp. 171–176). University of Chicago Press.

Böll, H. (1991/1953). *Und sagte kein einziges wort (And never said a word)*. Routledge.

Bollas, C. (2005/1987). *Der Schatten des objekts (The shadow of the object)*. Klett-Cotta.
Bowlby, J. (1990/1953). *Child care and the growth of love*. Penguin Books.
Bowlby, J. (1998/1980). *Loss—Sadness and depression*. Pimlico.
Bowlby, J. (2014). *Bindung als sichere Basis—Grundlagen und Anwendung der Bindungstheorie (A secure base)*. Ernst Reinhardt Verlag.
Braun, J., & Puget, J. (2003). Perplexity: An effect of social trauma. *Psychotherapy and Politics International*, *1*(1), 27–31. https://doi.org/10.1002/ppi.49
Davoine, F., Gaudilliere, J.-M., & Fairfield, S. (2004). *History beyond trauma*. Other Press.
Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2004). Entwicklungsaufgaben der normalen Adoleszenz und adoleszenter Zusammenbruch. In *Affektregulierung, mentalisierung und die entwicklung des selbst (Affect regulation, mentalisation and the development of the self)* (pp. 320–342). Klett Cotta.
Freud, S. (2000/1912-1913). Totem und Tabu (Totem and taboo). In S. Freud (Ed.), *Studienausgabe*, Bd. IX. (pp. 287–444). Fischer Verlag.
Fenichel, O. (2014/1945). *Psychoanalytische Neurosenlehre (psychoanalytic theory of neurosis)*. *Studienausgabe*, 1, Psychosozial Verlag.
Gilcher-Holtey, I. (2008). *1968—Eine Zeitreise (1968—A time travel)*. Suhrkamp Verlag.
Heimann, P. (1950). On countertransference. *The International Journal of Psychoanalysis*, *31*, 81–84.
Humphries, J., & McCann, D. (2015). Couple psychoanalytic psychotherapy with violent couples: Understanding and working with domestic violence. *Couple and Family Psychoanalysis*, *5*(2), 149–167.
Lau, M. (2006). *Freud und die 68er (Freud and the 68ers)*. *Die Welt*. https://www.welt.de/print-welt/article215026/Freud-und-die-68er.html
Lijtmaer, R. (2017). Untold stories and the power of silence in the intergenerational transmission of social trauma*. *The American Journal of Psychoanalysis*, *77*, 274–284. https://doi.org/10.1057/s11231-017-9102-9
Lohl, J. (2011). Das psychische Erbe des Nationalsozialismus—Ein psychoanalytischer Beitrag zur Generationenforschung. In M. Brunner, J. Lohl, R. Pohl, & S. Winter (Eds.), *Volksgemeinschaft, Täterschaft und Antisemitismus – Beiträge zur psychoanalytischen Sozialpsychologie des Nationalsozialismus und seiner Nachwirkungen (National Community, Perpetration and anti-Semitism—Contributions to a psychoanalytic social psychology of the national socialism and its aftermath)* (pp. 195–226). Psychosozial-Verlag.
Mitscherlich, A. (2003/1971). *Auf dem Weg zur vaterlosen gesellschaft (Society without a father: A contribution to social psychology)*. Piper Verlag.
Mitscherlich, A., & Mitscherlich, M. (2014/1977). *Die Unfähigkeit zu trauern – Grundlagen kollektiven Verhaltens (The inability to mourn—Principles of collective behavior)*. Piper Verlag . https://www.piper.de/buecher/die-unfaehigkeit-zu-trauern-isbn-978-3-492-20168-1
Mitscherlich, M. (1985). *Die friedfertige frau (The peaceable sex: On aggression in women and men)*. Fischer Verlag.
Mitscherlich, M. (1990). *Über die Mühsal der Emanzipation (About the hardship of emancipation)*. Fischer Verlag.
Mitscherlich-Nielsen, M. (1979). Die Notwendigkeit zu trauern (The necessity to mourn). *Psyche – Zeitschrift für Psychoanalyse*, *33*(11), 981–990.
Mitscherlich-Nielsen, M. (1992). Die (Un)Fähigkeit zu trauern in Ost-und Westdeutschland. Was Trauerarbeit heißen könnte (The (in)ability to mourn in East and West Germany. What mourning could bring about). *Psyche – Zeitschrift für Psychoanalyse*, *46*(05), 406–418.
Motz, A. (2014). *Toxic couples: The psychology of domestic violence*. Routledge. https://doi.org/10.4324/9781315817996
Parin, P. (1977). Das Ich und die Anpassungs-Mechanismen (The ego and the adjustment mechanisms). *Psyche*, *31*(6), 481–515. http://paul-parin.info/wp-content/uploads/texte/deutsch/1977a.pdf
Puget, J. (1989). Social violence and psychoanalysis in the Argentinian context. *British Journal of Psychotherapy*, *5*(3), 363–369. https://doi.org/10.1111/j.1752-0118.1989.tb01093.x
Tolmein, O. (2008). *Der Geist der Provokation - Vor 40 Jahren demonstrieren Studenten zum Abschluss des Internationalen Vietnam-Kongresses (The Geist of provocation – 40 years ago students protested at the end of the International Vietnam-Congress)*. *Deutschlandfunk Kultur*. https://www.deutschlandfunkkultur.de/der-geist-der-provokation.932.de.html?dram:article_id=129985
Vega, S. (1987). *Luka*. https://www.songtexte.com/songtext/suzanne-vega/luka-2bd27c72.html

AUTHOR BIOGRAPHY

Susanne Schade studied psychology in Dresden and Manchester and modern languages and linguistics in Sheffield. Since 2001, she has been an associative member of Discourse Unit Manchester. Since 2016, she has been teaching Psychology at the Euro-FH European Fernhochschule Hamburg. She has recently become a state-licensed psychoanalytic psychotherapist and works in private practice in Berlin.

How to cite this article: Schade, S. (2021). The emotional heritage of postwar Germany: The transgenerational transmission of a guilt conflict. *Psychotherapy and Politics International*, *19*(2), e1587. https://doi.org/10.1002/ppi.1587