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# The contribution of trauma therapy to commemoration culture

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***Summary***

***Background:*** *The inhumane events during the era of National Socialism with persecution, sterilization and mass murder still have consequences and influence individuals and the society.*

***Method:*** *By describing the typical steps of trauma therapy (secure – working through – reconnect) the author suggests to use these elements as parts of a "collective trauma therapy".*

***Result:*** *The different local actions and events of the commemoration culture in Carinthia are divided into these three areas.*

***Conclusion:*** *The Commemoration Culture, very often spread in single events and actions without connection, can thus be planned and structured. The authors hope to be able to contribute to a relief of the horror caused also by transgenerational phenomena.*

***Keywords:*** *Trauma Therapy, Commemoration Culture, NS-Euthanasia, Collective Trauma*

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## INTRODUCTION

The symposion concentrated in general on processes of containment of post war experiences and their effect on mental health of the individual, the health care and the society, as indicated in the title: Acute and chronic crises – what can we learn from each other?

First and in historical order we reflected the Austrian history: The terrible events of Nazi euthanasia continue to have an impact today. The accompanying work with affected families and a culture of remembrance based on trauma therapy were presented and are provided in this article.

Experiences from Hungary: we further briefly acquainted the audience with the trauma of World War II leading to transgenerational aftereffects, and the particularities of its transmission in the Eastern Bloc era Hungary. Then a new psychoanalytical model was introduced, the "Transgenerational Atmosphere", which was developed to help understand the short and long-term psychic effects of collective traumas, especially the effect of the mass trauma on the individual. "Transgenerational Atmosphere" is an original concept which enables us to comprehend many familiar phenomena in a new theoretical framework, such as: the psychological impact of the trauma on the first generation; the mode of transmission; the psychic impacts in the heirs of the transgenerational trauma; and special therapeutic aspects.

Experiences of post-war societies were presented from the Bosnian & Herzegowinian country. A „model of trauma healing" refers to treatment processes of traumatized and severely addicted patients after the massacre of Srebrenica pointing also on the transgenerational devastating effects of a genocide on mental health and illness (Zigić et al., 2023).

Current experiences on resilience and coherence were presented from the different countries' point of view concentrating on health care problems and their solutions.

## TRAUMA THERAPY

Alongside many other authors, Luise Reddemann has developed a trauma therapy intervention strategy which she divides into the phase of establishing a relationship with the aim of creating a sustainable therapeutic relationship, the stabilization phase with the mediation of

The following article presents the lecture the first author held at the symposion of the Danubian Psychiatric Association in Vienna at the 26. April 2024 focusing the topic "Acute and chronic crises – what can we learn from each other?"

psychological stability even in difficult therapy phases, the trauma confrontation phase and finally the integration phase (Reddemann, 2004). These three phases – securing (stabilization, relationship building) – working through (trauma processing) – reconnecting (reintegration) – are components of many established schools of therapy, whereby different emphases are set. As Fischer (2006) describes, these phases can already be found in Freud's work "Remembering, Repeating and Working-Through" (Freud, 1914). Depending on the school and the focus of the authors, the focus is laid on the teaching of stabilization techniques (Reddemann, 2001), on the resources of the individual (Lampe et al., 2013), the treatment of certain patient groups such as borderline patients (Kernberg et al., 2000), psychotic patients (Moskowitz et al., 2008) or traumatized refugees (Ottomeyer, 2011), specific symptoms such as dissociative phenomena (Watkins J. G. & Watkins H., 2008, Van der Hart et al., 2008) or self-injurious behaviour (Sachsse, 1997), differences in the treatment of man-made disaster versus nature-made disaster are discussed (Abdul-Hamid et al., 2021). Body-oriented and non-verbal relaxation methods are also recommended in cases of pronounced somatization tendencies (Noll-Hussong, 2014), as well as neurobiological based approaches are established (Smajić-Hodžić & Hasanović, 2018). This list is of course incomplete due to the abundance of specific publications and trauma therapy approaches, but the following applies in every best possible individual and multimodal therapy: *„Diese drei Etappen sind die zentralen Elemente einer jeden Therapie, so unterschiedlich gerade die Möglichkeiten der Traumabearbeitung auch sein mögen. („*These three stages are the central elements of every therapy, however different the options for dealing with trauma may be") (Vyssoki & Tauber, 2004).

## "COLLECTIVE TRAUMA"

Psychotraumatology is now an elaborate field of knowledge, which has contributed significantly to the switch in psychiatry from the phenomenological-descriptive level to aetiopathogenesis. Mental trauma has been clearly defined, the effects of such trauma on a bio-psycho-social as well as spiritual and ideological level have been well researched, and manuals for trauma therapy as well as mindfulness-based therapy approaches have been evaluated. Approaches from different cultural backgrounds are considered (Hasanović & Pajević, 2021).

The events surrounding Nazi euthanasia and other cruel events have led to multiple, sequential and cumulative psychological trauma in the individual as well as in the society. On the one hand for those affected and their relatives and families, but also for all those who worked in various roles and institutions in the context of Nazi euthanasia and who witnessed, contributed to or shared responsibility for this most inhumane period in medical history. The pure perpetrator-victim constellation cannot be stated anymore, the traces of this trauma have to consider all the shades of perpetration in different ways and roles (Assmann, 2018).

Of course, even after 1945, decision-makers had to come to terms with the fact that they supported an era in which all compassion, humanity and culture was lost, a regime that promoted killing and forced sterilization, or at least did not protest against it. In addition to the trauma suffered by the victims, there is also a trauma suffered by the perpetrators, which is caracterized by a sudden dramatic shame caused by a total loss of face and not by a gradual awakening of conscience. Since the events during the National Socialist regime traumatized people in so many different ways, one can speak of a „collective trauma" in this context – even if this term is controversial due to the conflation of perpetrators and victims (Wutti, 2013) – which also affects one or more subsequent generations. While the term "collective violence" can be outlined much more clearly and the framework conditions for its emergence seem clearer (Möller-Leimkühler et al., 2013), the concept of collective trauma remains unsatisfactory in its definitions, and there is a danger that the experience of the individual threatens to be lost in the traumatized mass, the large group identity (Volkan, 2000). This discussion concerning the item „collective trauma" in this context was already deepened in another publication (Oberlerchner, 2022)

The definition offered here – without going into the discourse on collective trauma in more detail – is as follows: A group of people is exposed to a certain trauma, affected by it, so individual trauma consequences arise in each person, depending on many factors, but the trauma also leads to special group phenomena and collective "supraindividual" mechanisms that proceed according to certain rules and phases.

Trauma (those of the victims and those of the perpetrators) are passed on to descendants in a variety of ways. The models for the transgenerational transmission of psychological structures and trauma are currently a central topic in psychotraumatology (Glaesmer et al., 2011) and also affect the relatively new research field of epigenetics. Stressful life events or traumas are biologically "embedded" via epigenetic mechanisms and thus passed on to the next generation (Binder, 2019), a fact that underlines the necessity of careful family anamnesis and offer (psychotherapeutic) treatment to the following generations. In addition to molecular genetic and neurobiological

transmission in the sense of epigenetics, there are also psychodynamic, systemic, sociocultural and socialization-related transmission theories; in this context, too, a synoptic and integrative view is recommended, as represented by Kellermann (2001), for example, in the context of the Holocaust. Unprocessed traumas and mourning from the past can create and shape social, even global attitudes (Sutović, 2021).

The interdependence between the individual and the group is beyond doubt; mourning processes in the group (culture of remembrance, memory work, reflective processing) make it easier for the individual to cope with the trauma consequences, and the individual's coping strategies have an effect on the group.

Symptom complexes in the context of trauma-related disorders are known to be subdivided into hyperreactivity, constrictive, intrusive and dissociative phenomena. In the work with descendants of victims of Nazi euthanasia it is evident, that, analogous to these symptoms in the individual, these symptom complexes (syndromes) also exist in the traumatized collective, so that we can confront the collective with the strategies tested in the individual. This is because the collective shows, to varying degrees, the familiar symptoms of hyper-reactivity (topic-specific alarm, outrage dynamics), constriction (forgetting, denial, avoidance), intrusion (rapid arousal to historically explosive topics) and dissociation (derealization, falsification of history ...).

## ON THE HISTORICAL EVENTS

The "efforts" for the "health of the people" and the "safeguarding" of german national identity culminated in a "hereditary-biological inventory" of the entire nation (Czech, 2007). Card indexes and archives were created, fed by a wide variety of information and records from authorities and institutions. Examinations and statements on the occasion of the issuing of marriage certificates, based on the Marriage Health Law (Law for the Protection of the Hereditary Health of the German People of October 18, 1935), the preparation of expert opinions for applicants for child benefits and marriage loans were, for example, opportunities for the complete hereditary biological and racial-hygienic penetration of the population with the creation of hereditary card indexes, which were also to be interpreted in a "kinship context" (Poier, 2004). This in turn culminated in

1. the implementation of the Law for the Prevention of Hereditarily Diseased Offspring *(Gesetz zur Verhütung erbkranken Nachwuchses vom 14.07.1933)*, regulated in the Hereditary Health Law (Law for the Prevention of Hereditarily Diseased Offspring of 14.07.1933)." Both of these laws came into force in Austria on January 1, 1940.
2. the euthanasia program for the "incurably ill". Aktion T4 (named after its Berlin headquarters at Tiergartenstraße 4) was based on a decree written by Hitler on private paper and dated September 1st, 1939: "Reichsleiter Bouhler and Dr. med. Brandt are instructed, under their responsibility, to extend the powers of doctors to be designated by name in such a way that, at human discretion, the terminally ill can be granted mercy killing after the most critical assessment of their state of illness".
3 the direct "eradication" of undesirable nationalities and undesirably ill people through special treatment.

The implementation of hereditary-biological and racial-hygienic measures in their unbelievably inhuman potency also reached the Klagenfurt State Mental Hospital. We assume that over 550 forced sterilizations were carried out, 741 people were deported to the Hartheim killing centre near Linz and murdered as part of four transports, and a further 700 victims were killed in the "Gaukrankenhaus" itself after the transports had ceased. The historical processes have already been widely published (Oberlerchner & Stromberger, 2011, 2013, 2014, 2017).

## CULTURE OF REMEMBERANCE – COMMEMORATION CULTURE

Analogous to trauma therapeutic interventions and trauma therapy techniques, of which there are several for these symptom complexes in the individual (Ottomeyer, 2011), this treatment and processing and mourning process will now be divided and described in the following three sections and this sequence will be used to describe a gradual process of the collective trauma of Nazi euthanasia, which, although carried out by protagonists, is potentially healing for society.

However, due to many inhibiting political and social conditions, it was not until the 1980s that a consistent culture of remembrance emerged that brought this knowledge to the public, including an offer directly to relatives. An attempt is made to help relatives with their complex psychodynamic, sociodynamic and epigenetic needs, which can be passed on transgenerationally, with feelings of shame at the forefront. This work with relatives has also already been described (Oberlerchner & Stromberger, 2015a, 2015b).

This culture of remembrance (Oberlerchner, 2022) itself is based on the pillars of trauma therapy and, analogous to the pedagogical-psychotherapeutic approach for traumatized people, also attempts to apply the "secure/ describe – work through – reconnect" approach to collective trauma in the context of memory work. Analogous to trauma therapeutic interventions and trauma therapy techniques, this process of processing and mourning is divided into the following four sections as part of a consistent culture of remembrance:

- Securing the memory (kick-off events, culture of mourning and remembrance, securing documents and medical records, erecting memorials and places of remembrance ...) Securing the memory includes also describing (publications, public relations work, teaching, seminars, guided tours ...)
- Working through – (project for relatives with support for affected families, rituals)
- Reconnecting – further development of the discipline of psychiatry by commenting on relevant topics such as assisted suicide or establishing psychiatric ethics (Oberlerchner, 2019).

The collective grieving and commemoration process can result in many consequences in terms of psychiatric ethics. Examples include statements on the subject of "end-of-life care" or psychiatric ethics as well as conscious counter-impulses to psychiatry in the National Socialist era. Instead of de-individualization and nameless anonymity, individual fates are portrayed and special patient needs or challenging patient groups are addressed. Knowledge of the psychodynamics and needs of traumatized mentally ill people, their relatives and the treatment teams result in consequences for treatment strategies, including the creation of beneficial atmospheric and organizational framework conditions (Oberlerchner, 2022).

# CONCLUSION

This process and this description of a gradual process that is carried out by protagonists but is potentially healing for society using the example of the collective trauma of Nazi euthanasia can also be applied to other mourning processes in the sense of an exemplary culture of remembrance and commemoration. In this gradual process, a violent past can be made a reflexive part of public discourse in the sense of a trauma therapy-based culture of remembrance. *„Denn Gewalt verliert ihre zerstörerischen Folgewirkungen (auch auf die nächsten Generationen), wenn sie innerhalb des kollektiven Gedächtnisses einer Gesellschaft vom tabuisierten Thema zum reflexiv bearbeitbaren Thema überführt wird."* "Violence loses its destructive consequences (also for future generations) when it is transformed from a taboo subject into a subject that can be dealt with reflexively within the collective memory of a society." (Loch 2019, 147).

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## References

Abdul-Hamid, W., Karki, C. B., Hughes, J. H., & Morgan, S. (2021). The Need for Trauma Therapy for Victims of Man-Made Trauma Compared to Those of Natural Disaster, a Survey of Health Professionals. *Psychiatria Danubina, 33*(1),13-17.

Assmann, A. (2018). *Der lange Schatten der Vergangenheit. Erinnerungskultur und Geschichtspolitik.* Beck: München. Dritte Auflage.

Binder, E. B. (2019). Environment and epigenetics. *Nervenarzt, 90*, 107-113. https://doi.org/10.1007/s00115-018-0657-3

Czech, H. (2007). Die Inventur des Volkskörpers. Die „erbbiologische Bestandsaufnahme" im Dispositiv der NS-Rassenhygiene in Wien. In: Baader, C., Hofer, V. & Mayer, T.: *Eugenik in Österreich. Biopolitische Strukturen von 1900-1945.* Czernin Verlag: Wien. 284-311.

Fischer, G. (2006). Psychoanalytische Grundlagen der Psychotraumatologie. *Forum der Psychoanalyse, 22*, 342–357. https://doi.org/10.1007/s00451-006-0294-5

Freud S. (1914). *Erinnern, Wiederholen und Durcharbeiten.* Gesammelte Werke. Band 10. Fischer: Frankfurt.

Glaesmer, H., Reichmann-Radelescu, A., Brähler, E., Kuwert, P., & Muhtz, C. (2011). Transgenerationale Übertragung traumatischer Erfahrungen. Wissenstand und theoretischer Rahmen und deren Bedeutung für die Folgen transgenerationaler Folgen des zweiten Weltkrieges in Deutschland. *Trauma und Gewalt, 4,* 330-342.

Hasanović, M., Pajević, I. (2021). Islamic Approach to the Psychotrauma: Animation, Growth and Transformation. *Psychiatria Danubina, 33*(4), 870-881.

Kellermann, N. P. F. (2001). Transmission of Holocaust trauma – An integrative view. *Psychiatry – interpersonal and biological processes, 64*(3), 256-267.

Kernberg, O., Dulz, B., & Sachsse, U. (2000). *Handbuch der Borderlinestörungen.* Schattauer: Stuttgart, New York. 2000.

Lampe, A., Abilgaard, P., & Ottomeyer, K. (2013). *Mit beiden Augen sehen: Leid und Ressourcen in der Psychotherapie.* Klett-Cotta, Stuttgart.

Loch, U. (2019). Gewalt an Kärntner Kinder und Jugendlichen in Institutionen. *Kärnten Dokumentation, 35*, 147-156.

Moskowitz, A., Schäfer, I., & Dorahy, M. J. (2008). *Psychosis, Trauma and Dissociation. Emerging perspectives on severe psychopathology.* John Wiley & Sons.

Möller-Leimkühler, A. M., & Bogerts, B. (2013). Collective violence: neurobiological, psychosocial and sociological condition. *Nervenarzt, 84,* 1345-1358.

Noll-Hussong, M. (2014). Neurobiology of posttraumatic and somatoform disorders in the elderly. *Z Gerontol Geriat, 47,* 209-213. https://doi.org/10.1007/s00391-014-0629-6

Oberlerchner, H., & Stromberger, H. (2011). Die Klagenfurter Psychiatrie im Nationalsozialismus. *Psychiatr. Psychother, 1*, 7-10.

Oberlerchner, H., & Stromberger, H. (2013). Fates at the psychiatric hospital of Klagenfurt during National Socialism. *Neuropsychiatrie, 27(2)*, 79-84. DOI: 10.1007/s40211-012-0034-6

Oberlerchner, H., & Stromberger, H. (2014). Compulsory sterilization: the psychiatric hospital of Klagenfurt under national socialism. *Neuropsychiatrie, 28(1),* 33-40. DOI: 10.1007/s40211-013-0093-3

Oberlerchner, H., & Stromberger, H. (2017). *Sterilisiert, vergiftet und erstickt. Das Wüten der NS-Euthanasie in Kärnten.* Drava: Klagenfurt.

Oberlerchner, H., & Stromberger, H. (2015a). Psychiatry and NS euthanasia. Facts, transgenerational effects and work with the relatives in Carinthia/Austria, *Nervenarzt, 1,* 83-89. https://doi.org/10.1007/s00115-014-4073-z

Oberlerchner, H. (2015b). (K)ein Ende des Schreckens? Therapeutische Arbeit mit Familien von Opfern der NS-Euthanasie. *Psychologie & Gesellschaftskritik, 39*(4), 45-60.

Oberlerchner, H. (2019). Psychiatrieethik – Ethik in der Psychiatrie. In: Likar, Pinter, Kada, et al. *Ethische Herausforderungen des Alters.* Kohlhammer Verlag, Stuttgart. 228-239.

Oberlerchner, H. (2022). Culture of remembrance based on trauma therapy. From trauma to commemoration culture using the example of NS-euthanasia in Carinthia/Austria. *Neuropsychiatr. 36*(2), 60-68. https://doi.org/10.1007/s40211-022-00416-1

Ottomeyer, K. (2011). *Die Behandlung der Opfer. Über unseren Umgang mit dem Trauma der Flüchtlinge und Verfolgten.* Klett-Cotta: Stuttgart.

Poier, B. (2004). „Erbbiologisch unerwünscht". Die Umsetzung rassenhygienisch motivierter Gesundheits- und Sozialpolitik in der Steiermark 1938-1945. In: Freidl, W., Sauer, W.: *NS-Wissenschaft als Vernichtungsinstrument.* Facultas: Wien.

Reddemann, L. (2001). *Imagination als heilsame Kraft. Zur Behandlung von Traumafolgen mit ressourcenorientierten Verfahren.* Pfeiffer bei Klett-Cotta: Stuttgart, 2001.

Reddemann, L. (2004). *Psychodynamisch Imaginative Traumatherapie PITT – Das Manual. Ein resilienzorientierter Ansatz in der Psychotraumatologie*. Klett-Cotta: Stuttgart. Zweite Auflage. 2004.

Sachsse, U. (1997). *Selbstverletzendes Verhalten. Psychodynamik – Psychotherapie. Das Trauma, die Dissoziation und ihre Behandlung*. Vandenhoek & Ruprecht: Göttingen.

Smajić-Hodžić, L., & Hasanović, M. (2018). The Efficiency of EMDR Therapy in Treating Early Multiple Traumas – A Case Report. *Psychiatria Danubina, 30*(5), 302-306.

Sutović, A. (2021). Treatment in Psychiatry in a New Classification Attire in the Shadow of Silence and Unprocessed Traumas from the Past. The Imperative of Perfectionism in the Present and Shame and Discomfort in the Future. *Psychiatria Danubina, 33*(4), 1091-1098.

Van der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2008). *Das verfolgte Selbst. Strukturelle Dissoziation und die Behandlung chronischer Traumatisierung*. Junfermann Verlag. Paderborn.

Volkan, V. (2000). Gruppenidentität und auserwähltes Trauma. *Psyche 9/10*, 931-953.

Vysokki, D., & Tauber, T. (2004). Intervention und Psychotherapie. In: Friedmann A., Hofmann P. et al: *Psychotrauma. Die Posttraumatische Belastungsstörung*. Springer: Wien, New York.

Watkins, J. G., & Watkins, H. (1997). *Ego-States – Theorie und Therapie*. Carl Auer Verlag: Heidelberg. 2. Auflage: 2008.

Wutti, D. (2013). *Drei Familien, drei Generationen*. Drava: Klagenfurt.

Zigić, N., Becirović, E., Mirkovic-Hajdukov, M., Aljukić, N., & Löffler-Stastka, H. (2023). Role of transgenerational transmission of trauma in development of schizophrenia: A case report of a patient whose parents survived genocide in Srebrenica. *European Psychiatry, 66,* 632-633. https://doi:10.1192/j.eurpsy.2023.1316.

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