

EMOTIONAL RESUMES

BIOGRAPHICAL INTERVIEWS WITH THE FOUNDERS OF THE POLISH PSYCHOTHERAPY – ABOUT POLES AND THEIR EMOTIONS IN THE YEARS 1945–1989

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Interviews with the oldest founders of Polish psychology and psychotherapy differ significantly from traditional oral history recordings. First of all, what draws one's attention is how the narrative is built. The interlocutors pay much more attention to giving meaning to events of their lives rather than describing them in detail as isolated entities. The article aims to show the uniqueness of these testimonies for the study of the history of emotions – both due to their form and content. In the first part of the text, I explain the reasons that pushed me towards this type of recordings. I see them as testimonies of oral history, understood as an interdisciplinary approach, constituting a source of knowledge beyond the so-called objective truth. In the second part, I analyze the recordings themselves. First, I point out the uniqueness of the interviews as stories about experiences. I explain why, in my opinion, they cannot be subject to a full Fritz Schütze's autobiographical narrative analysis. Then I point to those elements of the accounts that distinguish them from the recordings I have made with other witnesses of history (the ones who are not professionally involved in psychotherapy).

In the third part of the work, I look at the interviews from the perspective of the history of emotion, using the classical historical methods (source criticism and hermeneutic analysis), while referring to psychologists' expert knowledge – as people who worked for years with emotions of other- and their assessment of the influence of the history on the mental condition of Polish society in the

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second half of the 20th century. Analyzing the content and the form of the testimonies, I argue that they are valuable sources for the investigation of emotions.

The research material consists of 20 biographical accounts that were recorded as part of the project I carried out in 2013. Among them were two psychologists and 18 psychotherapists, the most influential and leading founders of Polish psychotherapy. They were graduates of the Department of Mental Hygiene and the founders of the Psychotherapy Centre in Rasztów and the Laboratory of Psychoeducation in Warsaw; people trained and working together with famous post-war psychiatrists like Antoni Kępiński, Kazimierz Dąbrowski, Kazimierz Jankowski, Jerzy Mellibruda, Andrzej Malewski, Stefan Leder, and Maria Orwid. The interviewees represented various trends in psychotherapy. Among them, there were representatives of psychoanalysis, psychodynamic therapy, integrative therapy, Gestalt, cognitive, and Erickson therapy, as well as those active in the field of systemic therapy. Seven men and 13 women were recorded – all born between 1941 and 1960. The recordings were made according to a two-part scenario. In the first “informal” part, I allowed participants to speak about their entire life freely and encouraged them to express their personal reflections. The second part of the conversation concerned the course of the psychotherapists’ professional careers. I asked about their deep thoughts on the phenomenon of the intergenerational transmission of trauma and about the past and its impact on life choices, interpersonal relationships, and their patients’ psychophysical state over the years. The recordings are often long (4–12 hours). They are also an excellent source of knowledge on the development of psychology and psychotherapy in Poland in the 20th century. The topic is deeply neglected in the literature, and it might be the subject of my further work. All the recordings were prepared according to the formula used for many years by the Oral History Program of the KARTA Centre and archived in the History Meeting House in Warsaw as a separate collection of the Oral History Archive.

Although this had not been intended at the beginning of the project, the final decision was made to anonymize the collection, as this was often a condition for consent to the recordings. The stories became very intimate, and they contain a lot of detailed information about the narrators’ personal and family life. At the same time, most of the interviewees are professionally active and conduct regular psychotherapy for clients, often assuming the client’s limited knowledge of the therapist. For this reason, the quotes are anonymized in the text¹. Where

¹ The restriction was necessary. Many of the recorded did not expect and did not plan to talk about such personal and intimate moments in life (which shows the strength of the so-called narrative constraints – According to Schütze there are three constraints to storytelling: the constraint to close the form, to condense, and to go into details (Schütze 2012, 214).

necessary and justified, the context of the statement and the approximate description of the witness will be given. Names, places, or events that could lead to the narrators' identification have been changed (but done to preserve the meaning of the content).

ORAL HISTORY AS A STORY OF EXPERIENCING

Oral history is a method of collecting information about the personal experience of so-called witnesses of history. Despite its associations with historical methods, it is one of the most interdisciplinary methods of research. Oral testimonies have been of interest to historians for only a short time². The narrative interviewing belongs to sociology or psychology to a much greater extent. Today, it is also often used in the research of ethnologists, anthropologists, literary scholars, linguists, cultural scientists research, etc. The type of content that is significant for the researchers determines how interviews are conducted and what questions are asked.

Since 1968, American researchers associated with the Oral History Association have discussed the definition of oral history. The latest version of the Oral History Association's Principles and Best Practices is from 2009. According to

² The post-war period should be considered a time of growing criticism of the classic methods of writing history. Departing from classical and political history to micro-history has opened up new research topics, among which there is a man as an individuality, endowed with his memory, capable of reflection and experiencing. The movement called "history from below" has revolutionized the way we look at the past. Many human voices that did not exist in the official narrative so far were allowed. In the late 1960s, the phrase "underprivileged history" (including women, sexual and ethnic minorities, and victims of war) gained popularity in Britain. Oral history found its perfect place in the "history from the Bottom Up" stream. However, it had its origins in the 1940s in the United States (Alan Nevins – historian from Columbia University – established the Columbia Oral History Research Office in 1948. His mission was to record, transcribe, and preserve oral history messages) only now grown in popularity. The so-called "ordinary people" became the heroes of history (Kurkowska-Budzan 2002). The oral history in Poland became popular among historians after 2000, although in 1938, in *Przegląd Historyczny*, Henryk Wereszycki mentioned a unique source: the narration of participants and eyewitnesses of historical events (Wereszycki 1938, 422–423). In the 60–70s, the method was popularized by Krystyna Kersten. The "oral history" term was used for the first time in 1981 by Tadeusz Łepkowski (Łepkowski 1981, 441–443), and Jerzy Topolski in 1983 in his book *Teoria wiedzy historycznej*. He drew attention to testimonies as a source that can be evoked by the historian (Topolski 1983, 273–277). The beginnings of oral history in Poland were initiated in the 1980s by the KARTA Centre (oppositional circles), which registered the accounts of Poles repressed by the Soviet Union, whose memories remained in conflict with the official version of history. The KARTA Center carried out a separate Oral History program until now. Find more: Kałwa, 2017: 163–183, Kurkowska-Budzan, 2011: 9–34.

the Oral History Association, “Oral history is a field of study and a method of gathering, preserving and interpreting the voices and memories of people, communities, and participants in past events.” Oral history is about memory and lived experiences. It is about listening and being heard. It is about the past and how people give meaning to the past³.

Theorists of biographical research⁴ often refer to the distinction suggested by Ingeborg Helling, which points to biography as a means and biography as a topic. In the first case, the researcher remains focused on “what” had happened in someone’s life and what specific events created his or her biography. In the second case, the biography is treated as a phenomenon itself. The goal becomes a biographical reconstruction of the course of life and a search for “empirical indicators or important motives, and the reconstruction of personal types” (Helling 1990, 16). The second meaning of the biography, as a means, draws attention to experience as an essential element in building a personal narrative. The story itself has the power to create meaning. The facts of life and single events are reference points for interpretations of the storyteller. Therefore, it is not an interview in the classic sense of the word, i.e., one the purpose of obtaining information or facts about someone’s life. In this case, the goal is the story about personal experiences and how they are understood and interpreted by storytellers. Opinions and attitudes towards the past, as well as their subjective assessment and current perspective, are significant (Rokuszewska-Pawełek 1996, 41). Although more and more oral history projects focus on showing social and cultural processes and phenomena specific to given communities of groups (women, factory workers, childhood, etc.), in most cases, historians interacting with witnesses of history still look mainly for facts, which are then treated as supplements to the available written sources. It is compatible with Schütze’s narrative interview definition (Schütze 1992; 1997; Kaźmierska 2020). It comprises five stages: (1) starting the interview, (2) prompting the story through

³ Among Polish oralists, the most often cited definition of oral history is: “Oral history is a source evoke by a researcher by listening to and recording a narrative about experiences told by participants/eyewitnesses of events. The recording should take the form of a self-aware conversation, and its subject should concern aspects of personal life perceived as important by the storyteller himself” (Kierzkowski 2014, 6–20).

⁴ Classical works discussing the theoretical assumptions of the biographical method include texts published by Paulina Bednarz-Łuczewska and Michał Łuczewski (2012), Jan Włodarek and Marek Ziółkowski (1990), and Kaja Kaźmierska (2013; 2016, 2019). In *Metoda Biograficzna w Socjologii. Antologia tekstów* edited by Kaja Kaźmierska (2012) Polish readers will find 30 texts dealing with history, theoretical assumptions, and descriptions of the biographical method, including translations of works by: Anselm L. Strauss, Gerhard Riemann, Fritz Schütze.

a generative question, (3) the telling of the story without any interruptions until a “coda,” an ending-formula, is used by the narrator (4) asking questions, and (5) bringing the interview to an end. The third stage is the most important, and it always remains unpredictable for the researcher.

The topic that historians have consistently overlooked for years is the emotions that accompanied the experiencing of the past. One should ask a question why this is so, despite the growing popularity of non-classical historiography methods in the world. The fall of the Iron Curtain and the abolition of censorship opened the door to biographical literature and testimony. The popularity of the culture of remembrance changed the view or perspective on the meaning of testimony – not as evidence of a crime, but as a moral imperative to remember the past and recognize the responsibility for it. The privatization and subjectification of history meant that the experience understood as experiencing the world, marked by emotions and senses, was crucial, and it could be expressed by witnesses who had been silent so far. As the main factor in the building of a narrative about the past, it is the memory that introduced the oral history into issues that go beyond the objective truth. “All over the world, we are experiencing the coming of the time of memory,” wrote Pierre Nora in his essay *The Time of Memory*, published in 1984 (Nora 2001, 37). This sentence heralded a fundamental change in understanding history as the only way to discover the past. Memory stood in opposition to history and was defined as counter-history and the discourse of memory as an anti-historical discourse (Domańska 2002, 16). The duty of memory has overridden the duty of history, and the memory of experience rose above the memory of fact (knowledge). Memory has become a tool of researching reality that was beyond the area of classical history studies.

The issues of trauma and melancholy, postcolonial studies, and gender studies have come to the fore. The researcher (usually a historian) was called to play a new role. They became responsible for restoring the missing part of the past (stories of victims, black people, women, etc.). Historians have been called to rewrite history, and their work has acquired the dimension of an ethical imperative. Admittedly, World War II and the period of Stalinism are widely described in historiography. Historians write about their political, military, cultural, and social consequences. The numbers of people killed and wounded, the percentage of destruction, the number of prisoners, food rations in camps and labor camps – all are well-known. At the same time, the study of ordinary people’s experiences and their reactions to terror and cruelty is not a very popular topic, and it is consistently overlooked in classical historiography. There is a lack of historical considerations on how the memory of suffering shaped the identity of a particular person or an entire society, or how people with traumatic World War II experiences perceive and interpret historical and current social

reality and, consequently, how they build narratives about it. There are no answers to the questions about the results of these experiences and which of their consequences are still felt today. It is difficult to find historical publications on this subject, despite the plenty of field research carried out, as I have mentioned⁵.

Personally, as a historian and a sociologist, for over a dozen years, I have been recording witness accounts and studying the subject of war trauma, which I understand as the experience of suffering caused by World War II (not only camps and exiles experiences but also the experiences of civilians: hunger, loss of a loved one, being a witness to tragic events, etc.). For this reason, I attach particular importance to the emotions accompanying the stories I record. I am interested in personal interpretations of life events and the awareness of their impact on the narrator's later fate. Willingness to undertake biographical work on one's own life (i.e., recalling the past, repeating stories, interpreting, and redefining) is a massive challenge for most people. The narrative understood as a form of storytelling is, in most cases, constructed spontaneously. Its features: the need for chronology and the compulsions of explanation and consistency, enforce one's reckoning with their fate while telling the story. As a researcher, I am an active participant in the process and a witness to the biographical work performed by the speakers. Therefore, I, directly and indirectly, influence the situation (by my attitude towards the speaker, body language, and the questions asked). In many situations, I was in doubt on how to behave during the recording (what to say, what to ask about, how not to block the story, how to encourage people to speak, and when to stop asking). I mainly mean the cases when the stories were challenging for the narrators or their lifestyle and emotionality was a challenge for me.

Being attentive to the extent to which I can bear the story of the trauma and what I can ask, and when the questions become a kind of mental distress, is necessary. However, it certainly limits the possibility to go deeper (Maciąg 2020). The strongest emotions usually arise at difficult moments when the narrators decide to talk about a traumatic experience or suffering. They often become a barrier to the conversation – feelings of shame, regret, fear, embarrassment can block the narrative. The researcher has to assess what they should and should

⁵ Psychohistory and the history of emotions (Lucian Febrev, Peter and Carol Stearn, Walter Benjamin, Norbert Elias) dealt indirectly with this. Marcin Zaremba, Robert Traba, Ewa Domańska, Marcin Kula should be mentioned among Polish historians who have researched emotions. All publications of a memoir, diary, or autobiographical nature are rarely scientific. They are often the subject of primarily literary studies in which the study of trauma focuses on the language of statements (books by Mikołaj Grynberg, Henryk Grynberg, Magdalena Tuli, Anna Janek).

not ask. He relies on his intuition in the conversation. One of the fundamental ethical principles of oral history is caring for the narrator's well-being⁶. Telling stories might touch wounds that are hidden deep inside. An additional investigation and pressure may make the storyteller unable to cope with emotions after the interview. The sense of responsibility for the witnesses often made me stop at the most challenging moments in the conversations. Due to the lack of psychological competencies and, after all, the incidental nature of the meeting and limited support options, I decide against asking many questions. The idea of recording biographical accounts of the oldest generation of Polish psychologists and psychotherapists was an opportunity for me to go one step further in the conversation. Due to their interests and the specificity of their work, the people I decided to talk to were more conscious participants of the past than most other witnesses. Moreover, because of the character of their work, they were close to human beings – their feelings, emotions, and difficulties in the changing social and political conditions over the years. What is essential, they all had long-term therapy during which they worked through their past experiences. It allowed me to ask questions about even the most difficult experiences without fear of violating the psychological state of the narrators.

WHAT MAKES THE INTERVIEWS WITH PSYCHOTHERAPISTS DIFFERENT?

For over ten years, I have been recording biographical accounts with so-called history witnesses. Hundreds, if not thousands of hours of reports that I have listened to, allow me to state that my interlocutors, despite the different content of the story (resulting from different experiences), tend to use similar procedures and behaviors to build a narrative about their life. The recordings have a similar structure and narrative style. Based on my experience, I can point out standard features of stories that characterize most oral history recordings. Usually, the story is linear and in chronological order (according to the scheme: parents – childhood – school – profession, etc.), the speakers present the history of life on the background of “objective” historical events or periods (World War I, interwar period, World War II, Stalinism, the Polish People's Republic, time after 1989).

⁶ During the Polish Oral History Society (PTHM) congress, which took place in Warsaw on 1–2 October 2016, a several-hour-long meeting devoted to ethical issues of oral history was held. Its participants shared their thoughts and numerous doubts about professional practice (Gałęziowski and Urbanek 2017, 7). The result of the meeting was the formulation of a document entitled: *Ethical recommendations of the Polish Oral History Society* (Ethics. Ethical Recommendations of the Polish Oral History Society, 2019). The General Meeting of PTHM adopted the text of this recommendation in Lublin on May 13, 2018.

Most narrators present themselves positively; they care about the facts (time, place) and feel compelled to detail and authenticate the story. Some of them shy away from their own experiences in favor of generalities and digressions about third persons. They often abandon the main narrative to express their opinions and beliefs about modern times and tend to tell anecdotes. People rarely talk about embarrassing things to themselves and their family (addiction, betrayal), which may result from a sense of responsibility for their relatives, and assuming the role of a “representative” of the family, or the desire to protect them⁷. As a rule, recordings are 1 to 3 hours long (but also can be longer).

The length of the text, the number of interviews, and the purpose of my work do not allow for a complete analysis of the content of the interviews (which comes down to the analysis of communication patterns, the systematic comparison of the past and the present perspective, formal and structural analysis of narrative segments with the identification of the process structures of the life course – the trajectory of suffering, biographical patterns of action, metamorphoses, i.e., transformation processes and institutional patterns of course, according to the Fritz Schütze technique). I will refer here only to some of the tools Schütze suggested to indicate the key trends and features of recordings with psychologists and psychotherapists. The more important reason that kept me from entirely using the Schütze method is its strict requirements for the form of the analyzed interviews. One of the requirements is the spontaneity of speech and the domination of narration over other forms of expression (descriptive or argumentative comments). The processual reconstruction of events is usually performed by the narrators during the interview and becomes the subject of biographical analysis, which the researcher carries out after the recording is over. In the case of interest here, the narrators often made the biographical analysis in the past during their therapeutic work. The stories I have collected had been subjected to deep interpretation. They contain conclusions, the drawing of which is usually the task of the researcher that is to be done during the transcription analysis. Sociologist of the Lodz University writes about such testimonies: “Finally, the last category of people potentially excluded from narrative analyses are those whose biography was largely influenced by specialists. In this case,

⁷ The features of the accounts, characteristic for biographical interviews, were distinguished in Fritz Schütze’s biographical interview method. Since the aim of this work is not to carry out a complete analysis of the content using the tools proposed by Fritz Schütze, if you are interested in a detailed discussion of the biographical method, I refer to the texts of Fritz Schütze (2013), Kaja Kaźmierska (1997); L. Shopes (2010); Marek Czyżewski, Andrzej Piotrowski, and Alicja Rokuszewska-Pawełek (1996); Jan Włodarek and Marek Ziółkowski M. (1990) and texts by Jolanta Kolbuszewska and Rafał Stobiecki (2010) and a doctoral dissertation by Piotr Filipkowski (2010).

the structuring of life experiences is external. The narrator, to a greater or lesser extent, recreates what he talked about, for example, with a therapist, whose important task is to work on the patient's biography" (Granosik 2019, 123).

Fritz Schütze based his method on the assumption that narrative interviewing allows analysts to see how the storyteller experienced his past. According to the researcher, the story that is reconstructed in the course of the narrative opens "here and now" experiences that accompanied the particular experience in the past. Thus, if X felt sad 60 years ago as a result of unpleasant school experiences, he can feel sad while talking about it (Prawda 1989). The narrative should not be routinized and rehearsed, as Schütze writes, and the storyteller should be carried by his or her compulsions. Hence, there is the recommendation to make transcriptions with the use of symbols describing non-verbal aspects of communication. Not many psychologists and psychotherapists did have the experience of telling their biography continuously, during one, sometimes two, or three meetings. However, they had the experience of their own long-term psychotherapy. Therefore, I do not undertake a complete analysis of interviews, even though I followed the Schütze theory during my interviews (I asked for a narrative of my whole life and stimulated it when necessary). The narrative, as it was said, should be spontaneous, and there should be a homology of experiencing the past and the present. In the case of the project in question, most of the statements were devoid of any strong emotional reactions. It does not mean they lack emotions but their lower intensity in behavior. I believe that it resulted from the release of the past emotions during the psychotherapy and from the ability to experience them appropriately and constructively – and this belief was confirmed by what my narrators themselves said. Mrs. Hanna speaks with excitement but without any particular agitation:

I cried out for everything so far during my first group psychotherapy training. Because the world of emotions did not exist in my family home, they were not there. I associate my home with silence and dealing with specific matters. It was typical for my home – I broke up with my long-term life partner and my mother said: "You know what? You need a new coat". This shows the inadequacy of this house. The fact that emotionally ... it was bad. And I cried it out then. I had never cried before. I had just thought there was no sense, that somehow it was impossible. And suddenly, some dam in me became open, some parts of me that were frozen, and when they thawed. It was just a huge weeping and wailing without any special thoughts [...] I just cried, slept, and cried; I did nothing else. [...] The friend who was there... (at the end of the training), and she told me (and I was not young anymore) that I then had a child's face. And I know that a lot of tensions must have gone.

In most situations, emotions were simply called by name by my interlocutors. One of the psychotherapists, returning to her childhood memories, said:

Sometimes I suffered, I cried, I felt ashamed, I was humiliated, I was furious. I know very well what it means that you cannot fight something because my life experience is a ball and chain (Mrs. Ewa).

Next:

In my private mythology, I am grateful that my life was so hard that I learned to resonate. Probably, if I were different, and everything was different, I would not have such a sense of the hardship of existence ... that it is simply difficult to live (Mrs. Dorota),

and:

For a long time, I did not know what to do with my emotions towards my parents and the past. We had an awful lot of guilt and shame, so mixed up, and it was complicated to find designates. I mean, it was not clear where it came from. A big part of my therapy attempts to see what I am ashamed of and why I feel guilty (Mrs. Maria).

Analyzing testimonies of people for whom the oral history recording is the first opportunity to work on their biography, the researcher has direct access to an intense reaction (the witnesses are clearly moved, cry, stay silent, burst with anger). Usually, it is the researcher who names their emotions and interprets biographical process structures. In the paragraphs quoted above, the feelings of the speakers are clearly expressed. Speakers themselves indicate the importance of the events they talk about. At the same time, the range of emotions shown in classic interviews is quite limited. The most common be sadness, joy, anger, and shame, of course to varying degrees. I would take a risk saying that these emotions are also the easiest to recognize for us as researchers. There are many other emotions in interviews with psychotherapists. The respondents talk about deep sadness or apathy, about rage, hostility, or hatred towards their parents. Such feeling hardly ever appears in classic oral history recordings. Here, emotions are spoken and named, although they are often experienced less intensely during recording. Since the researcher must assume that the interlocutor has the most significant competencies in terms of their biography, he should also appreciate their analytical competencies, especially in the case of people for whom well-es-

tablished knowledge about themselves and their own emotions is necessary for therapeutic work. Here is what they say:

I remember that at some point, I made a conscious decision that I cannot keep saying that I am unmoved by my mother's death. I had to focus on this because if I do not do it therapeutically, I will remain deaf to similar issues affecting my clients. So there came later some workshops, and I said, "I want to work this through. And my colleague asked me how my mother's funeral looked like. And then I cried my eyes out and then I started talking about this, and talking, over and over (Ms. Maria).

From a history of emotion point of view, these recordings give us more opportunity to get a deeper understanding of narrators' past emotions than in the case of interviews with people who do not deal with psychotherapy on a daily basis and have no experience of working deeply on their biography. Almost all the psychotherapists I recorded had a strong tendency to formulate comments explaining the meaning of the past and to impose their interpretation on me. In most cases, the narrative about the past is combined with argumentative commentaries⁸. Sometimes, the course of events is limited to giving the necessary facts just to outline the situation. The language is often metaphorical and symbolic.

In the following fragment, Ms. Ewa started the story narratively, in a very typical way, i.e., she describes the fate of her parents and her childhood. But the narrative was quickly replaced by interpretation.

I was nine years old when we were still in Bulgaria. When my mother died, my father remarried, and the era of "evil stepmother" appeared very quickly in my life. I had a stepmother who came straight from the "Cinderella." She was the

⁸ Schütze believes that one of the fundamental issues of a researcher analyzing the content of a biographical interview is to select schemes of narrative, argumentative and descriptive parts. The narrative part, in classic interviews, is a relatively dynamic story of processual nature, in which there is a sequence of events, usually told in chronological order, and causal relationships of some of them with previous ones are made explicit. The relationship between the upcoming and previous events is clear. In the descriptive part, the story's action slows down; the listener has the impression that little is happening. Argumentative, in turn, is the moment when the narrator presents a contemporary perspective of biographical experience. The argumentative part may concern theoretical beliefs about one's own experiences or external events, or it may be personal when the speaker refers to his own experiences, and he tries to understand and evaluate them. The researcher's task is to obtain the most narrative interview (see: Prawda 1989; Kaźmierska 1999; 2012; Rokuszewska-Pawełek 2002; 2006; Dopierała and Waniek 2016).

spitting image of her. Everyone knows this thread; it so humiliating. Together with my brother, he was a pre-war child; we had the feeling of doing things, as Cinderella had to do many times... We had to sort the lentils and poppy seeds; we also had to do it... TV, sweets, and other things were just for her and her son. And it was evident that the children in the house were divided into better and worse. And some go to the ball, the other stay at home scrubbing the floor. This is a significant experience that showed me what happens to a person who is continuous, for a long time, exposed to trauma in the family [...]. It was painful, but I am thrilled because it shaped me. Later, when I started working with alcoholics, and they used to tell me about being worse than others, I could see it, and I had an emotional connection with it (Mrs. Ewa).

The narrative and archetype of the “evil stepmother” return many times in this account. The narrative of childhood (facts and events) is minimal and devoid of personal experience. In this case, the speaker uses metaphors, the archetype of Cinderella, the meaning of which the recipient knows perfectly well. Fiction is used by Ms. Ewa to reveal her own truth about her identity. This form of communication gives her confidence that I, as the recipient, understand her perspective and my interpretation is not different from hers (or it is not untrue). Representatives of non-classical historiography George G. Iggers and Hayden White have repeatedly written that history can function in a manner that is analogous to myths (Iggers 2002, 108; White 2009). At the same time, the narrator uses the metaphor to present reality in a concise form. The complexity of the past may be a kind of Unspeakable Reality (when experiences are traumatic, as the interviewee talks about). Conclusions presented by contemporary psychology (Kövecses 2000; Semino 2000; Cameron 2011) and supported by researchers of trauma studies (led by the creator of the trauma theory Cathy Caruth), as opposed to researchers of metaphor, indicate that the narrator can use metaphors and symbolic language only when “he remains aware of his feelings and is able to regulate his affect, as opposed to the situation when affective experiences control or even overpower the individual” (Stroińska, Szymański 2017). Maria similarly builds the story.

I was a sad and problem child, with a small number of friends. And there was a moment when I just stopped being sad. I started to recite poems at school shows, and I felt that I was doing something right. Until then, I did not really feel that something influenced me. I had a feeling that my life was not lived by myself. And I think it was because I cut myself off from childhood. Because I always looked after my sick mother and my drinking father. [...] Anne of Green Gables was my role model. And I stuck to it. I wanted to be Anne of Green Gables, who,

on the one hand, has these ideas, but on the other hand, is so accurate and so fair, and she embraces everything, understands, and helps. This is what I wanted to be. [...] I spent most of my childhood trying to hide somehow, just to survive, rather than to think that something might be for me. The influence itself as a category is important in life. I am talking about the fact that if we have no paths of power, even if we want to be responsible, something kicks us out of the system. I know that I missed it. It is a terribly important thing to impact, see that I have my area of influence, that I can do something about it, and that I can be my role model (Mrs. Maria).

In the autobiographical description, a literary character reappears and serves as a reference (White 2009). Anne of Green Gables became a strong factor constituting Maria's identity due to the lack of other constants in her life. The value of "Anne" identity helped the narrator develop a belief in the importance of the "category of influence" on which she now bases her life. And that is confirmed later in the interview. After learning the brutal truth about the past of her family, she says:

I found out. The story of our family revealed its cards to me... And now that I know it – I can do something about it (Mrs. Maria).

In both the quotations, there are few biographical details (childhood events and their course are not cited). The interviewees interpret their mental state as a child, and they explain the impact that childhood left on their later lives. In the case of personal experiences, this type of narrative deprives me, as a researcher, of the possibility of verifying the message⁹. The situation is different when descriptions of emotional states refer to historical events well known from other sources. In such a case, they allow us to see past and present in the broader context of human feelings. Researcher of emotions Birgit Aschmann mentioned many times that emotional states combined with thought processes influence human individual and social action. (Aschmann 2020)¹⁰.

⁹ Schütze claims that argumentative parts begin to dominate when the speaker cannot work on his own biography and prefers to explain why something had happened the way it had or why it could not have happened otherwise. Building a story turns out to be too much of an effort, and argumentative deliberations turn out to be safer. In the case of these recordings, this thesis seems to be incorrect. I believe that this way of building a story is a result of choice. For my interlocutors, facts from life are important as long as experiencing them was influential in the entire life process (Rokuszewska-Pawełek 2002).

¹⁰ Birgit Aschmann spoke about the influence of emotions on human behavior during a lecture delivered on January 28, 2020, at the German Historical Institute in Warsaw.

THE TWENTIETH-CENTURY EXPERIENCE

The history of emotions attempts to present the past in an alternative way to the common ones. As I have tried to show above, interviews with psychotherapists are a look at the past from the perspective of their emotions and with awareness of the impact the past had on them. At the same time, due to the specificity of their work, they were – to a more considerable degree than others – conscious participants of the history and had access to the world of emotions, which often reflected political, social, and cultural circumstances. Their insight into problems such as the need for psychological help in society, the number of people with mental disorders, alcoholism and addiction rates in particular periods, the loss of relatives during the war, and their influence on life and psychical condition of families was confirmed by research conducted by psychologists and psychiatrists in Krakow from the beginning of the 1960s until today.¹¹ It allows for reflection on the mental state of Poles in the second half of the twentieth century. For many years, the trauma of the past and the impact of historical events on emotionality and individual and social attitudes were underestimated. Meanwhile, the wartime experiences of our grandparents and parents' generation and the way they experienced turning points in history remain present in our lives. They influence the assessment of the present and are often transferred to the next generation¹².

¹¹ The post-war history of post-traumatic research conducted in Poland appeared in the fifties and was focused on the research of former concentration camps prisoners (KZ-Syndrome). Between 1962 and 1989, a special edition of *Przegląd Lekarski*, which concentrated entirely on war trauma research, was published. The research team from the Department of Psychiatry headed by Professor Antoni Kępiński made a very extensive description of KZ-Syndrome issues. The research on post-traumatic disorders was continued in Kraków at the Department of Psychotherapy and the Department of Psychiatry of the Jagiellonian University Medical College after 1989. Sixty years after World War II, about one-third of Polish respondents manifest a clinical level of PTSD symptoms. Learn more: *Przegląd Lekarski. Oświęcim* (1962–1991) and works by Antoni Kępiński, Stanisław Kłodziński, Aleksander Teutsch, and Roman Leśniak, Maria Orwid, Józef Bogusz, Jerzy Polaczek, Janusz Heitzman, Krzysztof Rutkowski, Ewa Dembińska, Maria Lis-Turlejska, Ewa Jackowska, Józef Gierowski. The summary of the research conducted over the years and their results were collected and developed in two scientific articles by Krzysztof Rutkowski and Ewa Dembińska (2015a; 2015b).

¹² In the early 1990s, Marianne Hirsch introduced the concept of post-memory (Hirsch 1997). “Postmemory” describes the relationship that the “generation after” bears to the personal, collective, and cultural trauma of those who came before – to experiences they “remember” only employing the stories, images, and behaviors among which they grew up. However, these experiences were transmitted to them affectively to constitute memories in their own right. It is closely linked to the term “transgenerational trauma,” which asserts that trauma can be transferred between generations. Emory University researchers Kerry Ressler

As mentioned earlier, this article aims to present the features of the collection and highlight the threads that require much more extensive study in the future. Therefore, I will present only selected fragments of the interviews that can be used to show the emotional states that accompanied specific events and to find out their further consequences in the lives of the narrators or their patients. These experiences are related to, above all, World War II and the ways of dealing with its heritage during the times of the Polish People's Republic. The narratives are extensive and full of multi-level interpretations. I am aware that a personal story always remains a kind of interpretation, but it is usually unconscious and results from the specific efforts of memory, the use of external knowledge, and the desire to create a specific impression on the listener. In this case, interpretations are more profound; they are usually an outcome of intentional intellectual work based on own biography or specialist knowledge gained during psychotherapy. Therefore, presented content is being treated as expert knowledge. In my opinion, it offers a new perspective on the past era.

Jean Scott (Scott 2002), in her article "After the History," writes about the paradox of history as a science that deals with creating things that, in fact, are only discovered by it.

At the same time, he suggests a thought experiment to look at the interpretation from the perspective of a scientific fact, with interpretation being defined as "an inseparable part of social phenomena, i.e., institutions, mutual relations, political systems and various forms of written text." He, therefore, proposes treating facts as objects of knowledge that have been disclosed or that were given their meaning by a specific conceptual system. In this case, the interpretations may refer to the systems of knowledge and ideology that created these facts. The history of emotions accompanying the experience of certain past events is not only a supplement to previously undiscovered or ignored areas or an "empirical correction" of existing sources but an analysis of the dominant ways of experiencing events, which in itself creates a "new reality."

When William Reddy introduced the concept of the "émotives," he pointed out the importance of the process by which emotions are introduced and shaped by social reality, not only by societies but also by individuals who seek to articulate them. Moreover, they seek appropriate ways to express the inexpressible – the things that they feel. "Utterances and texts grow directly out of feelings" (Reddy 1997, 331). However, attempts to express what one feels are always

and Brian Dias (2014) have shown that memories can be inherited (if adult mice are taught to be afraid of a particular smell, then their children will also fear it). In Poland, Maria Orwid was the first to research the generation of children of Holocaust survivors (Orwid 2009, 122–125).

unsuccessful to some extent; they are a kind of “declaration,” neither true nor false, they do not represent or construct reality. Instead, they remain a personal interpretation of something that remains available only to the individual. However, as Reddy points out, when emotions are spoken, they can intensify an emotional state. He uses the concept of “emotional regimes” to define the impressions and emotions that are the most desirable periods of time and cultural contexts. Therefore, controlling emotions is a way of exercising and maintaining power. Highlighting certain “emotional styles” leads to the suppression of others and is a signal that it is possible to change effect (in the case of traumas, it leads to the denial) (Reddy 1997; 2001). The phrase “you just did not talk about it” reappears in the therapists’ recordings many times. It indicates an area that should not be felt and experienced, which was impossible to verbalize because of its traumatic nature and the dominant political discourses (exercising the “emotional regime”).

Both in terms of chronology and its importance, one has to start with World War II. Admittedly, the memory of prisoners of the concentration camps, combatants, and victims of deportations remains alive today. Their fates are commemorated; there are books, monuments, and films. However, these people remained silent for many years. The problems were discussed only among themselves, usually not even in their own family¹³. The reasons for the silence were varied (Orwid 1962) and depended on individual experiences. Former political prisoners and soldiers of the Home Army were silent for political reasons, as they were often accused of “being a member of the intelligentsia,” and Poland, established after 1945, was not the country for which they fought¹⁴. Holocaust survivors were silent because the pain was unbearable, and the desire to forget and to cut themselves off from the past was dominant, and they did what they could to merge into a “normal” society. Some of them struggled with the feelings of guilt that were typically the former prisoners (guilty because they survived while others did not) (Orwid 2002, 168–170). The so-called “ordinary people,” civilians and their children, maintained silence because they never had a chance to talk about their painful experiences. They just could not apply for

¹³ Maria Orwid’s study shows that one of the recurring features recalled by concentration camp prisoners was a feeling of incomprehension among “ordinary people” and putting their trust in other prisoners. The relations between them did not have to be close or friendly. Often, the mere awareness that someone was in the camp was enough to make contact. At the same time, it was a factor that separated them from other people, relatives, and family (Orwid 1962, 96).

¹⁴ The situation changed when *Ustawa o kombatantach oraz niektórych osobach będących ofiarami represji wojennych i okresu powojennego* [The Law on combatants and certain persons who are the victims of wartime and post-war repression] was expired (Dz.U 2002 No. 42, item 371).

compensation, and the diagnosis of “the concentration camp syndrome” did not correspond to their experiences. We forget that these “ordinary people” often experienced suffering that remained with them for years and took the form of a trauma that directly impacted their later lives and was displaced by themselves and ignored in the public narrative. Meanwhile, the prevalence rates of post-traumatic stress disorder (PTSD) obtained in Polish studies after 1989 are much higher than the data obtained in similar studies conducted for about 15 years on people who survived World War II in other European countries. 30.9% of Polish civilians had symptoms accompanying PTSD (for comparison, it was 6.8% in the USA, and in a comparative study of six European countries – 1.9%) (Lis-Turlejska, Szumiał, and Okuniewska 2012, 146–147). Knowing the scale of the problem is not the same as recognizing it. In the testimonies, I have recorded with the “witnesses of history” over the years, the effect of the war is visible in their biography but almost always unspoken and unconscious. The situation is different in the case of psychotherapists. Among the 20 interviews, there is not even one in which the legacy of the war would not appear as a burden carried by subsequent generations of Poles.

And what did the war do? I have no doubts about it at all; I have seen this from two sides. First, I’m the second generation myself, so I know how it can hurt inside. I saw it in many people, lots, lots of people, from generations younger than mine; I see it in my daughter, who is the third generation and has some kind of conscious sadness and longing for the world that she doesn’t know and never knew. She has a grandmother on her father’s side, and the whole family is there. And there is no story on my family side; there is only one photograph. It is tangible to her, and she has some kind of regulatory mechanism, and she said she didn’t want to know anything about it. It wasn’t until she started school that she began to meet with her heritage (she saw Schindler’s List, *The Pianist*). And it is a personal matter for her now. It influences her in such a way that it also adds a tone of sadness to my life. And when it comes to my generation, the second one – we are shaped in that way, so shaped. And the other thing is that I know when I look at my clients, especially when I worked in a group where there were many men, that somehow it was more visible in men. It can be seen so clearly, just from what happened to the parents and grandparents during the war, how it affects them because, for example... Honestly, the only cases of serious psychopaths abusing my children’s children were people after concentration camps. [...]

On the other hand, I had a lot of clients who had a typical wartime fate. For example, someone tells with terrible pain tells a story like this: he had someone in his family, an uncle, someone who loved his family, who did not want to go to fight. But there was such social pressure that he must go and join the uprising

that he went and died. And this is the source of pain in this family that is still there today because there was no choice. And I could just sit down like this and without difficulty tell you about twenty or fifty such cases, which I remember well for these reasons. And this is just the tip of the iceberg. And these deepest, strongest emotions just squeeze through our defense mechanisms [...]. And this is hidden in the form of despair, in the form of anger, impulsiveness, and this has an impact on our functioning today (Ms. Ewa).

Ms. Ewa, as she says about herself, is a “child of the Holocaust.” She comes from a Jewish family, the members of whom died during the Holocaust. She regularly leads workshops on the healing of three wounds from World War II. Her personal experiences certainly influence her sensitivity to similar problems of her clients. At the same time, research shows that the psychopathy she talks about may be the result of prolonged traumatic stress or a sudden boundary situation (Dąbkowska 2006). The result of psychopathy was often violence from the relatives, which my interlocutors also talked about. The aid to the victims of violence began in the 1970^s, but a real breakthrough in the discourse on violence took place after 1989 (Klich-Kluczevska 2014). The issue of mental illness resulting from war experiences, which completely disturbed family life, appears in the narrative and conclusions from therapeutic work with patients.

When I found out about my family history, I understood why my mother could have such a terrible feeling that someone was hurting her in this house. And she came from a town that Germans first inhabited, then Jews, Belarusians, and finally Poles – I discovered that she felt a despised minority all her life. We spent all the time with my father’s family, which I like very much. But with my mother, we functioned like freaks – my mother went to the opera, to the theatre, which was not their model of life... And I understood from where my mother’s bipolar disorder might have come. I saw a 13-year-old girl who just lives right next to the ghetto, which the Germans are depopulating., and then also lives for many years in a house that was home to a Jewish family. And nobody talks about it, because they just don’t talk about it, and then... And then everything that happens has its causes, which always have some results. It is a fundamental conviction that we are not from outer space, that there was something before us, something we must face. When the disease showed up, and there was a constant struggle with these two bipolar states, everything was absolutely beyond her, and maybe that’s why I had such a feeling that I did not influence anything. Mom was focused on this enemy, on Dad and me, which allowed her to avoid the past. Well, she had to have a bad husband and, of course, a bad daughter; she lived with such a belief that I am such a bad Gestapo man. Since she was unhappy, it couldn’t be

her fault; it was always better to find someone else to blame. When dad was with us, he was guilty, and when he escaped into drinking, I was guilty, and I was really punished. And when I met... I know that somehow, I overcame it this heritage (Mrs. Hanna).

My interlocutors believe that there is a noticeable change in the disorders treated in the past and those treated today. Mental diseases (psychoses, also severe), as well as neuroses and addictions, prevailed in the post-war period and the period of the People's Republic of Poland. Now, as the interlocutors claim, personality disorders prevail¹⁵.

The brother was older than me, almost five years older. During the war, he had an ordeal, both mental and psychical, because he consciously survived his father's death, evacuation from Warsaw under bombs. As a result, he firstly developed tuberculosis and then a long-term episode of childhood psychosis. The effect was that I had to leave my family home. Firstly, to avoid getting infected, and secondly, not to participate in dramatic events related to my brother's psychosis. So, I spent a lot of my kindergarten time with my friends, in some orphanages for war children, with my extended family. I got used to not having my own place, which I think had a good influence on my social skills and predestined me to the role I play now (Mr. Marek).

The experiences my interlocutors are talking about are called "trajectory" in Fritz Schütze's terminology, that is, the experience of suffering and losing control over one's own life. Overcoming the trajectory and regaining influence on one's fate is often a turning point in biography. In the case of my interlocutors, a necessary condition for practicing the profession of a psychotherapist, Ms. Teresa, born in 1941, says:

So now we get to the Warsaw Uprising. My mother went to a hospital at the end of July because she was to give birth to my sister at the end of August '44. And I still have a letter from my dad that somehow, he managed to get from Narbutta

¹⁵ According to the EZOP research report, "Mental condition of Polish residents. Epidemiology of psychiatric disorders and access to psychiatric health care," every fourth person living in Poland experiences a mental disorder. The most common problems still include, among others, alcohol abuse (which affects every tenth citizen) and various forms of anxiety disorders – nearly 2.5 million Poles suffered from panic attacks or specific phobias. Every 30th citizen has experienced an episode of major depression, and almost a million Poles have had to deal with affective disorders (depression, mania, hypomania, dysthymia) (Moskalewicz, Kiejna, and Wojtyniak 2012).

Street, where we both stayed during my mother's stay in the hospital. And then I was transported as a tiny child to Powiśle and spent the Warsaw Uprising in the basement as a baby. I vaguely remember: my dad reached us, I am sitting on someone's lap, and it's very dark, it's very dark, but somehow, I see and hear something, and someone says something to me. Then the second image I see ... There is a wall of fire, and I am terrified... And many years after, I ask my dad and grandma, and they said that my grandfather or dad carried me, and we were walking around the burning building, and they covered my face with a handkerchief, and nobody knew where my mother was. I have an anxiety disorder, but I could quiet down anxieties and fears and recognize them somehow (Mrs. Teresa).

These events took place when Teresa was just two years old. It seems significant that she has devoted her entire professional life to work with young children – as a nursery psychologist. Through training, working with the directors and educators of nurseries all over Warsaw, she tried to draw attention to the importance of early life for the future of children. At the same time, in the narrative, she draws attention to the principles and conditions under which nurseries functioned in the communist period:

In the 1960^s, when I started working in a nursery, it was not so bad. Contrary to the 1950^s, when a small child was brought to the nursery, its home clothes were taken off, and some kind of nursery tracksuits were put on it. So just imagine, no one was paying attention to this child's sense of security. Each child had to be examined by the babysitter, and a thermometer was inserted into her bottom. These were medical recommendations. I remember. When I started visiting a nursery downtown, there was an empty room; there were only buckets and some pots on windowsills. These children were force-fed, which is also a form of violence. And it undoubtedly affected their mental health, had an impact on emotional matters. It was some kind of psychological violence, unfortunately. We did everything to stop these nurseries from being so medical-focused, working as a part of the health service. We wanted to make a child not only a body but also a soul (Mrs. Teresa).

The conditions of functioning, both proposed by the state through public institutions, as well as personal economic situation, were a factor supporting the pathologies, of which alcoholism is the most frequently mentioned.

The war appeared in the form of severe disorders and alcoholism primarily. It was during the whole of communism, and still, and today. Alcohol was a standard

antidepressant; it helped to relieve trauma and tension, everyone drank everywhere (Mr. Jacek).

When you work at the family level, every family in Poland has been damaged by alcohol (Mrs. Anna).

They drank to forget. And at that time, what was to be overlooked was a universal humiliation among men, this necessity to conform to the system, an inability to develop one's potential. And this war experience has still been present in culture, literature, and memory. These people drank heavily (Mr. Marek).

Alcohol problems are the most sensitive barometer of the general condition of society. Serious mental issues hardly react to sudden changes of socio-political-economic character, while alcohol is an immediate reaction (Ms. Katarzyna).

The financial situation and living conditions made it difficult to function normally. Therapists working with families from the 1960^s–1970^s say:

Alcohol compared cramped housing conditions, i.e., poverty. This is terrible, multi-generational damage. What I worked with now and in the past is the legacy of this period (Ms. Katarzyna).

They all smoked their cigarettes; these houses were damp and smelly, alcoholism or prison past. These were houses with much tension coming from frustration, everyone's unhappiness, lack of fulfillment. And mother, father, and children who are dirty, worse dressed. and others turn away from them as if they were marked in some way. (Mr. Piotr).

Multi-family houses, several generations, also, how to say this, I saw Poland stinking... I remember that there was often stale air in these houses. I also remember overworked people. Poland was a grey place. These houses and flats were not pretty; they were cramped. When I was walking in the fall or winter, and it was dark, weak light, weak bulbs, it was dark there. And it was impossible to escape (Mrs. Małgorzata).

Indeed, in Polish cities in the 1950^s, 21.5% of households consisted of one room and 37.7% of two rooms (in 1989, 19.2% were single-room apartments and 36.7 two-room apartments). The bathroom was in 14% of the apartments in 1950. Here, however, there was a rapid increase because, in 1988, as much as 82% had a bathroom. 42% of the population did not have any education. Poverty

in the 1960^s, 1970^s, and 1980^s affected retirees and disability pensioners, unskilled workers, and large families (e.g., in 1974, 60% of children lived in families with the lowest income), young families, people with disabilities, single mothers, and single mothers people with disabilities. chronically ill, alcoholics (Frąckiewicz 1983; Gliński 1983; Jarosz 1984). From the 1960^s to the 1980^s, there was a constant increase in the number of people living below the subsistence minimum (at the end of the 1980^s – around 30%) (Frąckiewicz 1993: 43). So almost every third person lived in poverty, which was dispersed and did not have to be linked to unemployment.

Hopelessness and lack of prospects – those families, they said that it was just not profitable for them. And it was economically justified. People were not demoralized; they had in themselves that from the fact that they are working, nothing good comes from it for them, nothing of any good use could (Malgorzata).

It, therefore, seems that in the opinion of the psychotherapists I have recorded, the period of the Polish People's Republic was a time of consolidating and strengthening the traumas experienced during the war and occupation.

Experienced suffering, which was causing mental disorders, neuroses, and alcoholism, was leading to further misfortunes that circulated around relatives and children. In such conditions, it is difficult to get support and understanding of their environment. And, as it turns out, it plays an essential role in minimizing the effects of trauma. In research in 2018, Maria Lis-Turlejka (Lis-Turlejska 2018, 4–5) followed psychologists Andreas Maercker and Julia Muller (Maercker 2004, 345) and used Social Acknowledgement Questionnaire – SAQ to prove that: (1) higher levels of exposure to potentially traumatic events associated with WWII are associated with higher levels of PTSD; (2) higher levels of perceived negative social reactions (i.e., the SAQ General Disapproval score) are associated with higher levels of PTSD symptoms and depression; and (3) lower overall level of social acknowledgment is associated with higher levels of PTSD symptoms (Lis-Turlejska 2018, 3).

The policy of the authorities at these times and the imposed “emotional regime” (that William Reddy writes about) is supposed to correspond with the politics prevailing at that time. Amnesia, which means the repression of certain emotions, became a way of survival in the individual dimension. Amnesia in the social dimension, in the case of people repressed by the Soviet Union and the authorities of the People's Republic of Poland, was a response to the socialist regime. However, in cases of people aggrieved by the policies of the Third Reich, it was in line with the policy of success, in which there was no room for depression, anxiety disorders, phobias, pathologies, and somatoform disorders. Ther-

apists working in the mental care system in the 1960–the 1980s agree that society was divided into “the normal ones” and “crazies” who were not treated but isolated from society (and thrown out of the discourse!). At the same time, lack of state specialist assistance and the aversion to psychology as a field perceived as “a figment of the bourgeoisie” did not provide an opportunity to work on disorders that could lead to normal functioning.

CONCLUSION

The Law on combatants and persons who are the victims of wartime and postwar repression from 24th January 1991 was expired in 2002 (Dz.U. 2002 No. 42, item 371). It changed the situation of repressed people: The Sejm (the lower house of the Polish Parliament) of the Republic of Poland recognizes the special merits for Poland of all those Polish citizens. They fought for sovereignty and independence of the Fatherland, scarifying their lives and health at battlefields in the formations of the Polish Army, allied forces, and underground pro-independence organizations and civil activities and therefore were subject to repression. The Sejm declares that the authorities of the German Third Reich, the then authorities of the Union of the Soviet Socialist Republics, and the communist apparatus of repression in Poland shall be blamed for the suffering inflicted onto numerous Polish State citizens due to ethnic, political, and religious reasons. They were the cause of death for millions of individuals, and for many, they constituted the cause of a permanent loss of health. Veterans and the victims of repression deserve deep respect from fellow citizens and special care and attention from state institutions, local governments, and community organizations. (Dz.U. 1991 No 17 item 75). The research that began after 1990 included former political prisoners of the Stalinist period, ex-prisoners of Soviet Siberian labor camp, ex-concentration camp prisoners, veterans, as well as Holocaust survivors and their families, and it had not only cognitive value but also a therapeutic one (which continues to this day)¹⁶.

Documentary research on the effects of the Nazi occupation in Poland, including the psychological ones, was carried out by the Central Commission for the Investigation of German Crimes in Poland, established in 1945 at the Ministry of Justice, and in 1991 transformed into the Commission for the Prosecution of Crimes against the Polish Nation. Its purpose was to research and collect materials concerning German crimes, and after 1991 also Soviet ones,

¹⁶ The results of the research and the treatment of repressed people are described in detail in the following studies: Lis-Turlejska (2012) and Rutkowski (2016).

committed in 1939–1945 in Poland or abroad, against Polish citizens or persons of Polish nationality. The Main Commission, District Commissions, and the authorities delegated by them had the right to conduct investigations and examine witnesses (in this respect, the provisions of the Code of Criminal Procedure were applied accordingly), exercising the powers of the judicial authorities. Among the collected documents, there are transcripts of interrogations of witnesses and medical reports on their physical and mental health, together with medical opinion qualifying symptoms as a result of war experiences.

Both the research was done by archivists and medical scientists are resources for research into war trauma. In the first case, we usually deal with “objective,” fact-based analysis, while in the second, we encounter data from polls and descriptions of symptoms written in technical language on the boundary between psychology and medicine. However, the use that historiography makes from these sources is limited. The research into emotional states accompanying living through World War II has become popular only recently. It is much easier to find a description of events that some traumatogenic potential. Historians use archival sources to estimate the numbers of victims, prisoners, the scale of material losses, the calorie content of meals in camps¹⁷. The consequences of these events are usually discussed as political, social, and demographic ones. Trauma as an individual experience or a social experience basically does not appear in textbooks – one example is the *Black Book of Communism* (Courtois, Kersten, and Wakar 2004), the largest so far scientific document of the suffering of thousands of people, in which the word “trauma” does not appear even once.

In recordings that I make while researching the war trauma, people marked by World War II experience (ones who are neither psychologists nor psychotherapists) often employ the exact mechanisms that served them for years. External prescriptions and proscriptions concerning what can be said and what cannot be said on a given subject have solidified the ways in which one feels about the past. My interlocutors do not allow themselves for regret, shame, sadness, and anger. When strong emotional reactions appear during the recordings, they quickly become suppressed. Very often, the interlocutors declare beforehand that they would not talk about the most painful experiences. During one of my recent recordings, the narrator admitted that she was beaten and sexually abused by her father, who had been a prisoner of Nazi camp for prisoners of war. Subsequently, she asked for the removal of this fragment of conversation and moved on to

¹⁷ It is certainly connected with the changes of 1989 in Poland. On contemporary tendencies and currents in historiography, writes Rafał Stobiecki (2019) and Tomasz Wiślicz (2016).

describe the very good relationship between her father with his grandchildren (her children). In the narrations of psychotherapists, we have rich descriptions of emotional states, often very intense ones, albeit relived at the moment of recording with much less intensity. This certainly follows because an overabundance of emotions with which they had coped was “let go” and worked through during their therapies. However, most of the Polish society had practically no chance for this. Everyday life after 1945 was not conducive to reflection.

Poles are kind of war children, with wits, capacity for doing things off the books, complete lack of trust in the state, a kind of slightly criminal individualism, and all this in some way childish. It's because those were not conditions for growing up; for maturing, one only had to survive. Poles are street kids, can take care of themselves, find a way to deal with things, but emotionally they are completely immature. Psychotherapy, psychological knowledge, are absent; there was no place for them; there was time to survive and not grow up.

One of the dominant features of stories that I record is the lack of a strong and responsible self and the lack of feeling of having an influence on one's life. My interlocutors were subjected to pressures from surrounding reality for most of their lives. In most cases, being born in a given environment was a decisive factor affecting one's life choices. The education was interrupted by the war or the necessity of working on the farm. The choice of occupation was obvious or accidental – most of the time, there was no choice. One of my interlocutors said: “My brother was working at a state farm in Ostróda, they were giving rooms at agricultural school there, so I went.” Place of living was similarly accidental (“we started to live with in-laws because they had a room,” “we were given a studio”), same for a place of work (“I was sent...”, “I found myself in...”, “I got an order to go there...”). Reasons for loss of control did not have to be sudden and painful experiences, but it was the reality that enforced subjugation and patterns of acting that became entrenched and were replicated in other aspects of life (including the emotional one): “Emotional control is the real site of the exercise of power: politics is just a process of determining who must repress as illegitimate, who must foreground as valuable, the feelings and desires that come up for them in given contexts and relationships,” Reddy writes (Reddy 1997, 335).

This narrative sometimes changes, and this is connected with taking on some activity, although most often when one is elderly. Usually, this is spurred by joining a senior club, a church organization, or organized education for retirees. A “me” starts to appear in the narratives, and it starts to take control of her life (“I became a treasurer, and I am responsible for the money, and now I am in charge of the organization of trips, I have lots of responsibilities”). Changes

resulting from psychotherapy were similar. Psychotherapy is constantly run by the Children of the Holocaust Association. From time to time, therapeutic camps for seniors are also organized. Maria Orwid, who used to work with Survivors in the mid-90s, said: "You cannot solve everything within a few weeks or months. Besides, psychotherapy itself is an infinite process. However, our survivors say they have fewer fears, and they are able to talk to people about their problems; they are able to give their children a little more freedom and do not feel completely rejected when they start living their own life. Alternatively, they stop being afraid of who they are. It becomes clear to them who they are. When they create a non-therapeutic support system among themselves, they are not only a psychotherapeutic group but also a social network, a reference group. The reference group is the Association of Children of the Holocaust" (Orwid 2012, 3).

A large majority of Polish society has not, however, taken up any work on their biography and their traumatic experiences, although these, as people often themselves say, "spill out," but then they are quickly brought back into the ruts in which they were stuck for years. "This is not culture creating grief but convention promoting certain emotives over others because, over time, these emotives strongly influence individual emotion in a manner that allows for certain stability and ideological comprehensibility in a community's life. [...] Those who feel more frustrated or excluded can more readily adopt new norms that are contending for domination" (Reddy 1997, 134). New norms can help in creating a new language for talking about the past, which is visible in the above-shown fragments of recordings. Metaphors, symbolization, speaking in an active voice, and interpretations help to free oneself from the chaos of ill-understood and long-repressed emotions and give them meaning. Recordings made using oral history methods are, in my opinion, a situation hospitable to working out of "new norms" of talking about the past and taking up the work on one's biography. An accepting attitude of a researcher, questions asked in the second part of the interview, and her being open to emotions outside others is not without influence here. The support of loved ones is also important, as Maria Lis-Turlejska mentioned. The data presented in the above-mentioned EZOP report (Research on Poles' health and mental condition in the last 30 years) are optimistic. Almost 70% of Polish respondents declare that they often "talk about their problems and worries with their spouse/partner." A similar percentage of respondents can count on their families' help. Unfortunately, this percentage is the highest among people with higher education and living in large cities. The lonely, the elderly, unemployed people, inhabitants of villages and small towns (Moskalewicz, Kiejna, and Wojtyniak 2012) can count on help and conversation to a lesser extent. My interlocutors constantly declare the need to talk to another

person in recordings. 92-year-old Marianna Rzeszotalska, who survived the Massacres of Poles in Volhynia 1940, who then lived in the small village of Tułodzian in Masuria, said to me in 2017: “Just after the war itself, there were so many people near the small figurine of the Mother of God, women, children, not children. [...] And so all the women told another about the world filled with iniquity, injustices, and misery. However, now everyone is sitting at home [...]”. Perhaps, despite the difficulties in conducting this type of conversation, it is worth undertaking them, not only for research reasons but, above all, for ethical reasons.

The fragments of recordings presented above contain only a fraction of what the full interviews consist of. In most of them, the narration has a logical and causal structure. Psychotherapists telling their stories use expert language and their practical knowledge. The picture concerning experiencing the historical reality presented in the interviews stands apart from both available historical books and psychological reports. When emotions, obviously dependent on external circumstances and conditions, knowledge, and self-awareness of a given person, are the subject of research, the form of communication has a large significance. A biographical interview shows one’s life as a process. If she takes up the work on her biography, the subject of the story discovers the logic of her actions and thoughts. The experiencing of one’s life shown in interviews with people working in the field of psychology and psychotherapy is connected with action that leads to constantly defining the circumstances of life.

Conclusions drawn by me are only a proposal of how one could work with this type of source. Its breadth and richness compel one to work further on it.

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EMOTIONAL RESUMES.

BIOGRAPHICAL INTERVIEWS WITH THE FOUNDERS OF THE POLISH
PSYCHOTHERAPY – ABOUT POLES AND THEIR EMOTIONS
IN THE YEARS 1945–1989

SUMMARY

Unlike other forms of recording and storing the past, oral history makes it possible to register facts of life and how life was lived and experienced by the witnesses. At the same time, emotions are the most common barrier in conversation – shame, fear, and embarrassment can block the narration. The researcher has to assess what kinds of questions they can ask or cannot every single time. In conversation, they must depend on their intuition. Meanwhile, the therapeutic conversation forces one to be "here and now" and touches a more intimate and emotional area of life. Due to the specificity of their work, psychotherapists were not only themselves, perhaps more than others, conscious participants of history, but also in working with patients over the years and changing circumstances; they were close to human beings – peoples' feelings, emotions, difficulties related to functioning and finding themselves in changing social and political conditions. I have recorded twenty interviews with the oldest generation of Polish psy-

chotherapists, each of them consisting of two parts – the first is a biographical account in which witnesses talk about their own experiences, and the second refers to their psychotherapeutic experiences and their work with clients. Analysis of the recordings has allowed me to answer the question of what marks World War II left on the everyday lives of Poles, how it affected and their mental condition, and how Poles dealt with the shocks and transformations in 1945–1989.

Keywords: oral history, psychotherapy, psychology, emotions, biographical interview