

Politics and Israeli Psychologists: Is it Time to Take a Stand?

Nissim Avissar, MA in Clinical Psychology, MA in Hermeneutics and Cultural Studies

Sheba Medical Center, Bar-Ilan University, Ramat Gan, Israel

Abstract: In Israel, it is quite rare for psychologists to relate to political and social issues. This remarkable tendency of psychologists to avoid dealing with such matters seems to supersede the common indifference or obtuseness of other groups in the Israeli public and similar groups in particular (e.g., physicians or social workers). Within this context, this paper focuses on the qualities and forms of reaction of the psychotherapeutic community in Israel to the national conflict that has been present intermittently since the late 1980s — namely, the two Intifadas. More specifically, as opposed to the current situation (the second Al-Aksa Intifada), in the course of the first Intifada (1987-1996), the voice of Israeli psychologists was clearly heard. Until now, this is the only exception to the rule of neutrality and passivity, in which psychologists in Israel became politically active. Specific elements of involvement of the therapeutic community is presented and discussed. Also, an attempt is made to suggest possible reasons to the very puzzling questions: Why then? Or what factors allowed for this change in position to occur? And more importantly, why did the protest of the psychologists in Israel vanish and their clear voices turn into silence?

In Israel, due to the intensity of the political and of politically related events, such as terror attacks and military operations, one cannot avoid the political. Naturally, this includes those who are involved in psychotherapy: “since the military situation permeates every aspect of Israeli life, its intrusion into the therapist’s thoughts parallels its importance for clients” (1). Therefore, politics unavoidably penetrates the boundaries of therapeutic relationships and affects both parties. Similarly, being so widespread and influential, psychotherapy may have public (social and political) implications as well. It may amplify feelings of discrimination or frustration, for example, or facilitate processes of adjustment to and acceptance of an undesirable reality. Each course of action will then carry its own political consequences. Hence, psychotherapy cannot remain apolitical.

One aspect of this connection is described by Bar-On (2), who suggests that in spite of the apparent noninvolvement of Israeli psychologists in political processes, they are an integral part of the political system with which they identify:

The deep involvement of Israeli psychology in the military, accepting the dominant political claim that Israel was constantly under a strong security threat, may account for the conformity of most Israeli psychologists (p. 336).

That is to say, psychologists in Israel take an active, though covert, part in political systems, advance conventional or dominant political ideas and views, and contribute to the perpetuation of the existing political reality, whatever it may be. Thus, the questions remaining to be answered are not whether psychotherapy is or is not political and should or should not act politically, but rather what kind of an impact do psychologists have on social and political reality in which they function, and what kind of political involvement is desired?

Still, it is rare that psychologists relate to political and social issues. Within this context of what has been called “the silence of psychologists” (2, 3), one exceptional period stands out. It is a time of conflict for which the Israeli society was not prepared and therefore raised intense emotional reactions. This conflict is now widely known as the Intifada or the Palestinian uprising, which took place in the West Bank and in Gaza.

The First Intifada and Mental Health

The immediate pretext for the outbreak of the Intifada, on December 8, 1987, was a car accident involving one Israeli vehicle and one Palestinian vehicle, causing the death of four Palestinians. The Palestinians claimed that this was no accident, but a

deliberate collision by the Israeli vehicle intending to murder the four passengers. The riots started at the funerals of the four, but persisted for almost a decade (until 1996). This uprising escalated as time went by: from stones thrown at soldiers to suicide bombers at the heart of Israeli populations, from soldiers hitting Palestinian civilians to bombs launched at crowded areas in Palestinian cities.

One should bear in mind that, unlike the preceding wars, the Intifada was not a war of armies fighting one another away from the home front, where only its echoes can be heard. In that sense, the Intifada was not a "classic" war. In fact, this war took place, largely, in the home front, through suicide bombings, on one hand, and in military actions in civil population centers, on the other. As such, its impact on the collective mental welfare was extensive. During the late stages of the first Intifada, anxiety was felt by virtually every Israeli. Especially at times of escalation, when terror attacks became frequent, fears regarding suicide bombings rose high and led many to avoid certain activities (such as being at crowded places, traveling by bus, etc.). At times like this normal living could not be maintained and daily routine was badly disrupted.

Obviously, the toll this extensive conflict took was high on both sides (although, in no sense, similar), including at the social and mental levels. In Israel, shortly after the outbreak of the Intifada, criticism and doubts arose as well as a genuine concern for the soldiers having to face such harsh and unfamiliar tasks as fighting Palestinian civilians inside settled areas. For example, Emanuel Rosen (4) interviewed an infantry brigadier named Israel, whose soldiers were described as "worn and in pain." Israel, with remarkable honesty, shared the following thoughts:

The hardest? I think it's the eye contact. This second before the club hits the demonstrator, when your eyes and his meet. This physical closeness is irksome, difficult. For many soldiers here this is traumatic, personally traumatic.

Ron Ben-Yishai's column (5), titled "The blows hurt the hitters as well," deals with the possible psychological reactions and damage that may result from the requirement to exert violence on a civilian population over a prolonged period of time. In this col-

umn, former IDF's (Israeli Defense Forces) head psychologist, Reuven Gal, is quoted: "When you get legitimacy from the army to hit, it may very well be transferred to civilian life as an intensified tendency to use violence."

Indeed, such drift occurred as the implications of the Intifada were clearly felt, within Israel, in a variety of manners, including the loss of lives and the consequent feelings of fear and anxiety, the massive damage to the economy and to the labor market as well as the moral drift and the decline in national stamina. Also, criminal activity of all kinds as well as police violence grew dramatically high within Israel (6) and led to "Banalization of brutality" (7). All of this directly impacted the collective and individual mental well-being.

Israeli Psychologists Get Involved

This time the voice of Israeli psychologists was clearly heard and a protest was made possible. As soon as late January and early February of 1988, two petitions were published in an Israeli newspaper, signed by more than 650 mental health professionals. Among other things, the first petition said:

For the last 20 years, the Arabs under our occupation have lived without civil rights, in fear and humiliation. Arabs are being deported from their homes, separated from their families, arrested in large numbers, tortured, and lately even shot to death in frightening frequency. Among the killed are women and children. We have no doubt in our heart that this reality must stop... we hope that more and more people will join the protest against the destructive occupation. **Occupation must stop.** (Bold letters in the original).

The second petition too conveyed a message opposing the occupation and its destructive effects on both populations, but it also stated more explicitly the desired resolution: "Against the occupation: For dialogue and political settlement" (the second petition's title). This stand, supporting dialogue and political compromise, was clearly identified by the Israeli public with the political left. This step is in no way trivial and it actually marks a turning point in the Israeli psychologists' political involvement. Shlomo Slutsky, the reporter who covered these unprece-

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dent developments within the mental health community for the newspaper *Al-Hamishmar*, wrote (8):

These two events — Dr. Bermans article [“The Silence of Psychologists,” N. A.] and the publication of the two petitions — have led directly to the conference being held this week and to the establishment of the “Organization of Mental Health Workers for Social Involvement.” This is, by all means, a significant change with regard to the activities outside the practices and clinics.

The conference mentioned in the above quote was called “The Events in the Territories — Psychological Facets and Implications.” As Slutzky recounts, instead of the expected 150 the conference was attended by more than 650 professionals, participating in 15 different discussion groups and workshops. *Imut* (the Hebrew word for verification), the Organization of Mental Health Workers for Social Involvement or Mental Health Workers for Peace Promotion was founded in 1988 and was active for approximately 10 years. At its peak the organization counted hundreds of active members involved in various undertakings (9). Among them, conferences and seminars were organized, a journal was issued (“*Imut-Katuv*”), research studies were conducted and articles published. Also, encounters between left and right-wing professionals (10) and between Palestinian and Israeli professionals (11) were initiated. Moreover, *Imut* activities were not limited to addressing professionals. During the first Intifada, not long after its establishment, the voice of organization members was also heard in the media.

For example, Attar Ornan, one of the leading figures within *Imut*, is quoted in one article (12) as saying: “A psychologist who doesn’t speak about the situation nowadays is not neutral, but taking a stand by remaining silent.” Susana Holler, an Israeli psychologist, raised some questions following an *Imut* conference in 1989 that would probably make any psychologist uneasy:

Maybe we’re afraid that our clinical work makes us a part of the same establishment that is responsible for such a disaster — and maybe we contribute to some kind of anesthesia or habituation which increases the power of the institution even further (13).

A similar stand to Ornan’s and Holler’s is reflected in Amnon Toledano’s words (14): “Not only those who

signed (the petition, N.A.) will have to explain themselves to their patients, but also those who did not do so. In effect, declaring lack of involvement is not an option.”

Imut members chose not to remain bystanders, rather they protested and took action for peace and for the moral cleanliness of society. As a marginal group, its impact on the political and military systems was quite limited, some claim even negligible. Furthermore, *Imut* did not set a long-lasting and energetic movement of activist psychologists in motion. Accordingly, the group and its name are mostly unknown today to many psychologists who have not taken part in its activities. Nevertheless, and perhaps because of that, I believe that it is important to address this activity, belittled by the dominant narrative or common stand of (social and political) neutrality and passivity. *Imut*’s importance lies in its uniqueness; since the foundation of the State of Israel onward, until this day, psychologists, as a group, have not been involved in organized activities of the sort.

With these proceedings, the debate over “involved psychology” became one of the burning issues within the psychological community and outside of it, and so Emanuel Berman was asked to explain in the newspaper *Ha’aretz* (15) the difference between an “involved psychology” and “mobilized psychology.” “A ‘mobilized psychology,’” writes Berman, “can serve different and even conflicting ideologies, and will always produce the wanted conclusions, sometimes while abandoning all criticism and ignoring different implications... this kind of ‘recruitment’ is different from what I would call ‘involved psychology,’ which is an attitude that honestly makes an effort to check political and social questions, while maintaining the autonomy and three-dimensionality of psychological thinking.” A week later *Ha’aretz* newspaper published a critical response to Berman’s editorial, arriving from an unexpected direction (16). The writer, psychologist Avi Katzman, disapproved of Berman’s “tepid” stand. An “involved psychology,” in his opinion, is something that is “neither here nor there,” a “stuttering psychology.” Katzman drew a sharp distinction between the way clinicians address the individual, which may be empathic and free of judgement, and the way they relate to the collective. He considered the transition

from the former to the latter to be a "dizzying leap" that psychology does not allow. Moreover, in his editorial Berman wrote:

The psychologist, nevertheless, will contribute more if he tries to accurately listen to the individual's feelings, to the feelings of the many individuals trapped in the historical drama; if he makes an effort not to distance himself from politics but not to submerge himself in it, if he defends the stand that one should **understand** how all these people feel even when their actions outrage him.

Katzman responded fiercely in the following:

From here, it is easier to proceed to a more explicit language: to delegitimizing the stand taken and to dissimulating the controversy, which finally lead to preventing a decision. He who sympathizes with both the aggressor and the victim — chooses paralysis and mouth-shutting. And remaining silent (or indulging everyone with a forgiving smile) means accepting the existent and repressing the outraging.

The Second Intifada: From Action to Silence

A debate, interestingly enough, of the sort described above did not arise in the second Al-Aksa Intifada. Also, an organized protest did not take place in the second Intifada as the psychologists' voice turned once again into silence. This position is reflected by the extreme paucity of professional written references to this intense state of conflict. One possible explanation to this puzzling change has to do with the difference in the intensity of the conflict (*vis à vis* the Palestinians and, equally important, internally). The second Intifada marked a whole new level in the escalating Israeli-Palestinian conflict, introducing previously unheard of and extremely violent means used by both sides (notably assassinations by the Israeli and suicide bombers by the Palestinians). As a result and due to the excessive intensity of the events and emotions, the second Intifada was much more conflicting to the Israeli public. At times like these taking a critical stand is not easy. Any empathic or sympathizing reference to the Palestinian suffering may be viewed by some Israelis as being insensitive towards the people's hardship, virtually "crossing the line" and identifying with the enemy. Any conscien-

tious claim regarding the moral values of the government and its policy or any criticism concerning its pragmatic value or rationale is quite likely to be referred to as weakening and damaging to the nation. Indeed, at times of political dispute and uncertainty, any nonconformist view or deed may be followed by severe sanctions, aggressive reactions or isolation, in both social and professional milieus. Still, it is important to stress that some psychologists are active, politically and socially; the psychological community as a whole, however, is silent.

Activism in a State of Conflict

It seems that the external conflict (the Intifada) generates a no lesser conflict internally, within the therapeutic community, which has a paralyzing affect on its members. In other words, there seems to be a linkage between the political context within which the conflict occurs and the extent of national consensus in particular, to the possibility of taking critical stands and expressing them. This, in turn, leads to a paradox: at times of political crises, located outside the collective consensus, the need for a change is crucial, and personal confusion and distress are widespread. At times like these, psychologists may offer their professional skills and take a more active and dominant social role. Instead, in politically conflicted situations, psychologists tend to become paralyzed and mute and their ability to provide real help and hope for change is significantly damaged. That is to say, the more the need and helplessness the less the ability of psychologists to function effectively and vice versa. Elitzur (17) points to one relevant example of the potential damage embodied in this tendency of psychologists to avoid the political:

This point is especially evident within the time period of the Intifada: the mental health unit (in the IDF, N.A.) denied the existence of traumatic reactions among fighters participating in the Intifada, in spite of the calls coming in through the mental health officers who were operating in the field and saw what was happening. Once again we see that the (mental health, N.A.) professionals are part of society and that alleged avoidance of politics and working within four walls constitutes a political act of the "never seen, never heard, never said" kind.

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Hence, in politically conflicted situations (as in other conflicted situations) the risks are high, leading to a tendency to converge into the center, i.e., the consensus. This tendency is in no way a unique characteristic of psychologists; however, it is worth mentioning that it certainly does not pass over them. Bar-On (18) comments:

Through the collapse of the Israeli national consensus during the Lebanon war, and moreso with the outbreak of the Intifada, these questions gained acute, cogent meaning. The questions of what is the goal of the organizational psychologist's intervention and what is the goal of psychological therapy, gained an acute political and social relevance, that could no longer be ignored (p. 173)

Bar-On is referring to the historical context, and to the sense of political unity in particular, as a factor apparently affecting psychological work in Israel. Along the same line, I would like to offer a hypothesis that may make sense of this historical process, that on the one hand allowed for an overt protest to take place in the first Intifada, and, on the other hand, did not provide favorable conditions for it to take place in the second.

"Facilitating Environment" for Social and Political Activism

Simply stated, political action would be made possible whenever personal safety is a given and is not being severely threatened **and at the same time** feelings of frustration and unease prevail. This is a fine line, since being sufficiently satisfied in the present or sufficiently hopeless would most probably lead to political conformism (due to lack of security in the former and of motive in the latter). This simple principle applies at the personal and at the social levels similarly. Let us briefly examine several cases in order to exemplify this hypothesis: the above-stated favorable conditions did not exist in Vienna in the late 1800s and early 1900s up until the First World War. The sense of safety, originating from the political stability and economical prosperity at this particular time and place, allowed Freud to develop an intra-psychic theory and a socially and politically passive and indifferent therapeutic method. The young European psychoanalysts, born around the

turn of the century, lived in a completely different socio-political climate. Being aware of the possibility of war and its implications, alongside feeling secure enough, made it possible for this "second generation" to be more politically active and critical of various social structures. With the rise of the Nazis, many of those "political psychoanalysts" immigrated to the U.S. and settled there. This totally different socio-political environment led, once again, to change. During the 1950s, considering the living memory of the Holocaust, the insecurity of an immigrant in a foreign culture (and especially with McCarthyism around), as well as the fact that they personally prospered, their political activism vanished (19). Also, favorable conditions were present in America during the 1960s, with the anti-war movement, but changed as feelings of pessimism and despair became more prominent within this camp. "Having given up the hope for massive political change [many of them] chose psychotherapy as a profession for a number of humanitarian, altruistic, and personal reasons, including the hope that they could do well (financially) without doing harm (politically)" (20), notes Cushman.

In Israel, while the Yom Kippur War (1973) had a traumatizing affect on Israeli society, it nonetheless opened a "window of opportunity" for peace with Israel's most formidable enemy, the Arab superpower of Egypt. Five years later, the peace treaty was signed and opened new horizons for international and economical relations. But, above all, peace with Egypt significantly changed the power ratios in the region. It seems that with the Israeli-Egyptian peace, survival became less of an issue and was largely taken for granted by the Israeli public. Thus, when existential threats lessened dramatically and a greater sense of safety achieved, introspection was made possible and criticism from within surfaced. At this time, during the Lebanon war, the first signs of protest arising from the psychological community appear, although they would not ripen until some six years later, during the first Intifada.

Where Do We Stand Now?

Now, moving from past to present, it seems that the current conditions are once again favorable for political action. At this time there is no real doubt regard-

ing either Israel's existence, or the financial stability of most psychologists. Moreover, at the present "low-gear" status of the conflict, risks are lessening. Nevertheless, suffering and unease prevail in Israel. Among others, economic and social gaps are constantly widening, poverty is widespread, violence of all sorts is becoming intolerable, basic human rights are being violated on a daily basis, and values seem to fade away rapidly. This state of affairs leaves virtually no choice but to call for recruited action.

Still, the Israeli psychologists remain silent. The remarkable tendency of psychologists to avoid dealing with social and political matters seems to supersede the common indifference or obtuseness of other groups in the Israeli public. Moreover, it is important to emphasize that this passive socio-political stance does not characterize Israeli physicians or social workers, each group having its own organization promoting peace and human rights ("Physicians for Human Rights" and "Ossim-Shalom," respectively). Therefore, a question is raised regarding possible explanations of this interesting phenomenon. The first and more common hypothesis has to do with the basic psychoanalytic rule of neutrality. According to this rule, the therapist should avoid any act that may reveal his or her personal views or preferences. Doing so, he or she would more easily function as a "blank screen" onto which the patients will project inner contents (unconscious wishes, fantasies, etc.) and allow transference to take place. An alternative hypothesis for the "silence of the psychologists" in relation to public affairs would stress more personal and "selfish" motives. Simply stated, the general tendency of psychologists to avoid personal involvement (within or outside the clinic), reflects a need for security, control and power. At the same time, this passive, neutral and noncommittal stance maintained by therapists allows for the status quo to exist and in fact, although unwittingly, serves as a perpetuator of the existing reality. Obviously, this is contradictory to the goals and values of psychotherapy.

This apparent reluctance to take a stand and act, on the Israeli psychologists' part, is in no way due to ill will or lack of conscience. Rather, I would suggest that in absence of awareness of the political and its interrelations with the psychological (and the therapeutic in particular) psychologists remain passive

and helpless when encountering political issues. As such, they are bound to cause damage. If the political remains unconscious or denied, psychologists will act politically without even knowing that political forces may then set them in motion and put words in their mouths. In other words, the repression of the political may turn against the goals and values of psychologists and functions in similar manners to the psychoanalytic unconscious, irrationally and autonomously.

Awareness has the capacity to locate ourselves in context, in this case political and social. It may serve as a compass. Without an ethical compass, at times of conflict and distress mental health practitioners (in both private and organizational settings) are thrown into the turmoil and react just like the rest of the public: with panic and helplessness, blindness and stagnation. This stance is clearly contradictory to a therapeutic one. Paradoxically, it is at times like this when psychologists and other mental health professionals may make a difference and utilize their knowledge and skills to contribute to their own community. Without an independent perspective, psychologists will not be able to make a valuable and unique contribution to the social and political life of their community. Without such a perspective, real change may become virtually impossible and psychotherapy will at best allow for an adjusting process to the harsh political reality (alternatively and more frequently, total avoidance or denial of the political characterizes psychotherapeutic work). Through this process, psychologists take part in perpetuating the status quo and sometimes become accomplices to the production of suffering (instead of minimizing it, of course).

Luckily, this is not a necessary evil; psychotherapy and psychologists can be different. Psychologists may become active socially or politically and aspire to bring about change. Isn't that what psychotherapy is all about?

Conclusions

Involved psychologists may play a central role in socio-political change processes, and may even lead such processes. Or, as Andrew Samuels put it (21): "Psychotherapy can contribute to a general transformation of politics. Therapists... can try to transform

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self-concern into social and political concern, thereby helping revitalize politics." In order for psychologists to assume such a social role, they must first and foremost be aware of their own political stance and its possible implications. This first step may enable them to act more consciously (politically) and to minimize the possible damage concealed in their practice:

By directly acknowledging the central role of moral discourse within psychotherapy, therapeutic practices will have the opportunity to be less the exercise of a "disguised ideology," and thus less an unknowing instrument of those forces that have shaped the arrangements of power, privilege, and meaning predominant in our... society (22)

So, as psychologists we first need to do as we preach and enhance our own awareness of those aspects of existence that have been denied and overlooked: the social and political. My sense is that in Israel we are still not there. However, given that psychologists are socially and politically conscious, they will also be aware of various forces that are detrimental to the well being of people (some of which may be regarded as "therapeutic"). Being aware of such forces that contradict the therapists' values and goals, it is quite likely that some of them will become active and seek to change those unfavorable conditions. To do so is to be consistent and congruent with the value of change that psychotherapy is based on; to do so is an affirmation of one's caring and concern with the well being of people. It is only then that psychologists will not find it intimidating or inappropriate to "stand up with the materially disadvantaged and the socially frightened, as well as sit down with educated analysts" (22). Moreover, psychologists may then struggle for values even if those are unpopular or stand outside the immediate scope of their therapeutic work, for example:

They should be engaged when a Law of Return is passed and small ethnic groups gain or regain their lands; hence, they should be engaged when *intifada* erupts. They *should* be concerned with promised lands, as well as sovereign nation states; with the people as well as with their leaders (italics in the original, 22)

In other words, the therapeutic stance is concerned with a diversity of issues and phenomena, personal

and political alike. This concern may express itself through acts of resistance to the undesired constituents within existing reality. Acts of resistance may serve as facilitators of social and political forces and will also serve as a living example of how psychologists believe undesired reality should be encountered. Action and responsibility may become prominent key-words in the therapeutic milieu, and join the more familiar ones, like listening, respect and empathy. In order for that to happen, psychologists would have to go through the same process they expect their clients to go through, that is *change*. But, even with the above-mentioned unchallenged and familiar values there is plenty to do, especially in Israel, vis à vis the Arab-Israeli conflict.

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Commentary

Zvi Zemishlany

Geha Mental Health Center, Petah Tikva, Israel

This interesting article challenges the tendency of psychologists to avoid dealing with political and social issues and calls for the psychological community to play a more prominent role in political processes intended to benefit individuals and society as a whole. The article relates, interchangeably, to political and social issues: "Psychologists may become active socially or politically and aspire to bring about change."

Politics and social issues, however, are not synonymous and to take a political stand is different from being involved in social process. Politics is defined as "the art or science of government" (1) and usually reflects various interests, sometimes conflicting ones.

As with the rest of the population, psychologists do not all share the same political ideology and may believe in different solutions for the Israeli-Arab conflict. Thus, it is not realistic and not ethical to expect Israeli psychologists to take a political stand as a group.

A professional organization, however, does have an important social function, which derives from its

members' specific profession. Mental health professionals are exposed to the consequences that war and violence have on people. Their social involvement and contribution can and should be expressed along the following professional lines:

1. Scientific research and publication — developing research on the causes and consequences of violence, for example, the prevalence of post-traumatic stress disorder in the community and in specific subgroups. The *Israel Journal of Psychiatry* recently dedicated a special issue to mental health in the Arab society. The article by Srour, "Children living under a multi-traumatic environment: The Palestinian case" (2), demonstrates very vividly the emotional lives of Palestinian children during times of war. The mental health consequences of political violence are reflected in two other articles as well (3, 4).
2. Training programs that will help in the prevention of violence and in helping the victims.
3. Cooperation with other professionals and with

Address for Correspondence: Zvi Zemishlany, Geha Mental Health Center, POBox 102, Petah Tikva 49100, Israel.
E-mail: zzemishlany@clalit.org.il

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