Families in the War Zone: Narratives of "Me" and the "Other" in the Course of Therapy

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Introduction

In this article, we will share some of our experiences of living with ongoing political conflict under a continuous threat to our lives. The point of view expressed reflects our effort to present our own overall perspective in relation to an absent "other." The current situation in Israeli society in a time of conflict with the Palestinians is analogous to that of a large family whose members tell many different stories and have many voices.

These stories and voices evolve; they change their volume, frequency, and heroes in relation to sociopolitical changes. These changes can be viewed from the perspective of the social construction of meaning. The many voices form a variety of narratives of "me" and of the "other" (the enemy), the auditory equivalent of looking through a kaleidoscope. The major factors that shape collective and subjective construction of meaning have political, economic, social, religious, and personal components, all of which create multiple narratives in relation to each other. We will elaborate on each of these aspects from the perspective of the Israeli narratives, but assume, based on our experience, that Palestinian narratives are not dissimilar. Although these factors are related, we will focus on each one separately to illustrate how each is perceived by representatives of both sides of the continuum.

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Political Factors

The narratives of the extreme "left" and the "right" ideologies, although similar, are influential at opposite extremes of the political continuum. The essence of the narrative on the left is that of "peace and coexistence," in which the "other" is perceived as a partner. The essence of the narrative on the right is "peace and security," in which the "other" is perceived as an enemy.

Economic Factors

Economic narratives also include two poles. On the one hand, conflict is seen as weakening Israeli economic growth, whereas on the other pole, the state of the economy is not seen as related to the conflict. For instance, some Israelis view the employment of Palestinians in Israel as contributing to Israel's national economic growth in specific fields, such as building construction. This perspective acknowledges a mutual accommodation of each group to the "other." At the other extreme is the perception among Israelis that Palestinians' employment damages the Israeli economy. From the latter perspective, Palestinians are seen as causing damage by competing with Israeli workers, which results in an increased unemployment rate in Israel. In this narrative, the other is perceived as an enemy.

Social Factors

Social factors include the effects of the conflict on social unity and on welfare policy. Throughout the years, there have been changes in Israel's welfare policy. A few decades ago, welfare policy received priority, but with the growing expenses of national security costs, welfare and education policy have suffered great cuts in financial resources delivered to families and individuals, as well as in social security allowances.

Religious Factors

From the traditional perspective of Jewish religious beliefs, settling in the Bible's "promised land" is a spiritual commandment (*mitzva*). From that perspective, the "other," who is also in the "promised land," is considered an enemy who disturbs the fulfillment of this *mitzva*. From a moderate religious perspective and a secular one, the above idea is considered unjust because it is inhuman to deport people from their houses and land. The "other" is perceived as equal to oneself. In Israel there exists a linkage between organized religion and national-political issues, for example, in family, marital, and divorce laws. Presently, this linkage increases with

the involvement of religious parties in the governmental coalition. Needless to say, religious beliefs and political ideologies are linked in the Israeli reality.
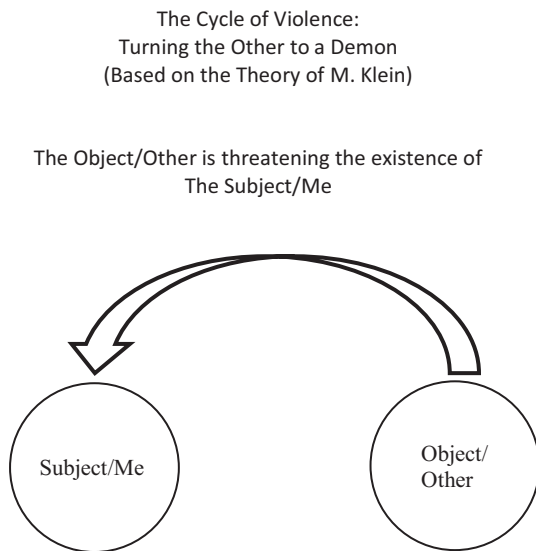
Personal Components

Under continuous stress, as is the case nowadays in Israel, reactivation of past traumatic personal experiences are not uncommon; it is frequently seen among Holocaust survivors, families bereaved as a result of wars and terrorist attacks, soldiers and civilians suffering from PTSD, and so forth. These experiences affect the way the "other" is perceived. Representations of the "other" range from perceptions as an enemy to someone with whom to identify. It is beyond the scope of this paper to describe in full all the possible configurations of all the above elements. We therefore focus our discussion on the following issues: living in a war zone, the cycle of violence, and the effects of both on professional aspects of experience. Additionally, we will provide some illustrations of coexistence of "me" and the "other" by adopting a meta-prism through which we can look and touch on, at least in part, a sensitive and complicated ever-evolving narrative.

Living in a War Zone

Epidemiological studies carried out by Bliech, Gelkopf, and Solomon (2003) among 512 Israeli adults indicate that almost 50% of the respondents had been exposed either directly or indirectly to terrorist attacks. However, only a very small percentage (9%) showed symptoms of PTSD. Sixty percent felt their lives were in danger and 68% felt their families and/or acquaintances were in danger. Yet, strikingly, 82% felt optimistic about their personal future and 67% felt optimistic about the future of the state of Israel.

The Cycle of Violence

It is possible to explain the dynamic between the Israelis and the Palestinians according to Melanie Klein's (1975) theory of the personal tendency to express aggression as a way of self-defense. Although Klein described this process as an intrapsychic phenomenon, others (e.g., Scharff and Scharff 1987) have applied her conceptualization to interpersonal relations. We take her conceptualization further, conceiving of it as a social process in which the subject symbolizes the "I/We" and the object symbolizes the "Other." As the cycle of violence proceeds, each subject in a conflictual interaction turns the "other" into a demon (See Fig. 1).

Fig. 1 The Cycle of Violence

The Cycle of Violence:
Turning the Other to a Demon
(Based on the Theory of M. Klein)

The Object/Other is threatening the existence of
The Subject/Me

In the cycle of violence:

- The Subject (I/We) experiences the "Other" (them) as threatening his or her existence and therefore as bad and dangerous.
- The Subject acts in an aggressive manner, which the Subject but not the Other perceives as self-defense.
- The Other perceives the Subject (Me/Us) as bad and dangerous.
- The Other attacks the Subject (Me/Us) in order to protect him/herself/themselves.
- As a result of the aggressive attacks, both the Subject and the Other are afraid of each other's revenge, thus the anxiety of both the Subject and Other increases.
- The Other (who is also his/her own Subject) perceives the Subject (who is also Other) as more dangerous and cruel—a demon.
- The cycle recursively continues.

The Subject and Object positions are, of course, interchangeable for both Israelis and Palestinians. The results of the cycle of violence can be illustrated as axes along two continua in which one axis represents the level of threat and the other represents the oscillation between humanization and demonization (see Fig. 2). The level of threat is positively associated with the humanization/demonization axis: As the level of threat increases, the tendency to demonize the other increases.

The Therapeutic Context

Since the entire population of Israel shares a common context of war and terror, both therapists and families are "in the same boat," with shared experiences of fear, anxiety, pain, and loss. The factors that affect the therapist's reactions might be

Fig. 2 The therapist fluctuates on both axes up and down due to continual threat situation

Humanization/Demonization In Relation to Level of Threat

Demonization

Humanization

Low

High

Level of Threat
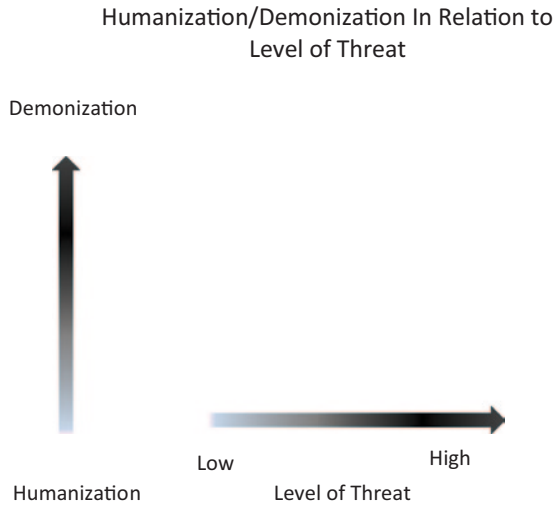
- The level of exposure, either direct or indirect, to the trauma of war and terror as happens when the therapist is at or near the terror event, or a relative or a friend is exposed to the event (Malkinson et al. 2005).
- The extent to which the therapeutic context, including the client's system, exposes the therapist to clinical material that relates to war and terror
- The extent to which the therapist's "routine" of the accumulated stress that results from living under continuous threat combines with the therapist's need to contain the stress of the client's system.
- The extent of the therapist's future orientation despite living with uncertainty and the continuous search for coping.

We illustrate the level of direct or indirect exposure with the following case example from one of our (MS) practices. Michal relates:

Ori, as we will call him, has been in therapy for about two years. His son serves in the same army unit as my son. In one session, Ori told me that his son had informed him that he was going to Gaza, which was a particularly dangerous place at that time because of heavy fighting between the Israeli soldiers and the Palestinians. As Ori told his story, I became anxious and could not listen to him, even though I (unlike Ori) already knew the end of the story: the unit had not entered Gaza. I interrupted Ori's story and told him what I knew. He looked surprised and asked how I knew. I replied that I had gotten the same information from my son, adding that our sons serve in the same unit.

For a few minutes, we talked about the army and about my experiences as the parent of a son in this unit. Moments later, as I realized the extent of my personal exposure in the therapeutic relationship, I felt defenseless as a result of over-identifying with Ori and therefore becoming the focus of therapy. In the following session, I asked Ori how he felt about my having taken his therapy time to share my own experiences as the parent of a soldier. Ori responded that he had been thinking about it during the week and had felt that he should have been more supportive of me, since I had been supportive of him during the entire process of therapy.

Some therapists may argue that my sharing with Ori gave him the option of being supportive rather than of being supported, which might be effective in determining therapeutic outcome. However, the fact that revealing our shared situation was the unplanned result of the therapist's own needs cannot be ignored. In situations in which both the therapist and client share the same threat of war and terror, therapists should be aware of how their own exposure might interfere with the client's therapy.

There are situations during a therapeutic process in which the therapist is wise to share personal information with the family. This self-disclosure, when the therapist has control over the content and process of the disclosure, is intentionally offered for therapeutic purposes. In the illustration described above, however, the therapist had not controlled her disclosure to the client; rather, her response had been reactive to the mutual danger, to which client and therapist alike were exposed.

Terror as a Therapeutic Context

Therapy in Israel takes place under very stressful conditions that include, among other things, the ongoing terror as a dominant factor that affects the degree of closeness and/or distancing between therapist and family. As the therapist comes closer to the experience of terror, which is evoked by family members' evolving narratives about an event involving terror, she risks moving toward the pole of demonizing the other (in this case, those labeled as terrorists). In contrast, in distancing from family members' experience of terror, or in the absence of that experience of terror, the therapist can more readily shift the narratives and feelings in the session toward the humanization pole.

The overall political context of Israel in which therapeutic relationships are embedded depends largely on the current intensity and frequency of terrorist attacks. During periods of intense attacks, the probability is high that the attacks and related issues that families raise will also affect the therapist, while during periods of quiet, the issue, with little salience for both family and therapist, may hardly be raised at all. Additionally, the political context in Israel and the one experienced by Palestinian people are very dynamic and fluctuate between optimism and pessimism, as well as between humanization and dehumanization. The impact of these elements on the therapist and the family's interaction during therapy is very prominent.

The Therapist's Future Orientation

The therapist's personal level of optimism and hope for conflict resolution affect how she becomes involved with the family and her reaction to clinical material regarding terror and war that families bring to therapy. The therapist's level of involvement with the family as well as her reaction to the material regarding terror and war the family brings to treatment can shift her experiences between hope and

despair. How much she shifts and in which direction depends in part on her personal, family of origin, and professional experiences of trauma and loss, both past (as with first or second-generation Holocaust survivors) and present (as with direct or indirect experience with families struggling with bereavement or PTSD as a result of terror). These variables are highly influential under less stressful conditions, let alone when therapists are coping with continuous stress.

Therapists' Coping Strategies

The ongoing effects of Israel's political and violence situation on therapists require them to develop special coping strategies that allow them to function well on both personal and professional levels. Living under continuous stress increases the need among therapists to care for themselves so as to remain efficient facilitators of healing and to minimize burnout. Therapists can employ a variety of self-care strategies, including those of physical, spiritual, and emotional care, as well as mutual support. Specific coping strategies relevant to our topic include, among others, minimizing the level of threat, balancing between demonization and humanization of the "other," shifting between identification with and disengagement from the experiences of client families, and empathizing with clients.

Reducing the Experienced Level of Threat in Order to Deal with the Horror of the Event

As a result of the ongoing nature of terror attacks, many therapeutic sessions take place shortly after the reports of a terror attack. Such announcements affect the entire population, even those who are, at most, indirectly harmed. People's reaction to terror events and news reports about them can be regarded as acute traumatic responses (Shalev et al. 2003).

Clients often hear the news of an attack first and then break it to their therapists. Using an internal process of minimization as a coping strategy can help the therapist focus on the therapeutic process rather than shifting away from her clients' feelings about the terror attack even when she experiences as high a level of threat as do the clients. It is important to emphasize that one must apply caution when using this strategy. The therapist needs to be careful to use this strategy optimally in order to maintain her professional competency. Optimal use of this coping mechanism calls for the therapist to take good care of herself as well both in and out of sessions.

In a supervision group session, "Ron" asked to discuss a family with whom he was working. The entire group and I (MS) knew that 4 days prior to the supervision session, Ron had intervened with a family who had lost one of their members in a terrorist attack, but Ron did not mention it. The group's and my reflections followed. When asked about his decision not to raise the attack, he offered detailed

information, as if we were part of the media rather than a supervision group. I then asked why he had not chosen to bring such a horrible experience to the group and why he had shown no emotion in his narrative. In response, Ron, along with others in the group, said that they were so used to these terror attacks that they related to this one as just another attack among many rather than as a special event. Upon continuing to explore this attitude, I (MS) came to understand that minimization was the group's preferred way to cope with the situation. They were afraid that talking about their painful experiences might decrease their ability to cope with a chronic situation on a personal as well as at a professional level.

Between Demonization and Humanization of "The Enemy Other"

The following anecdote illustrates this strategy, in which humor was used in a group supervision session to address this axis:

> In response to another participant's comments about her fear of a possible terrorist penetration into her house, which was located in a village close to the Israeli-Lebanese border, "Eve" told the following story: Once we were talking about possible terrorist penetration into our village. The issue raised our anxiety until my neighbor, who has a wonderful sense of humor, said that of such a thing happened, she would use the "Jewish Mother Tactic." She said that because a terrorist is just a regular human being, when he got to her house he might be tired, hungry, and tense after walking all the way from Lebanon, crossing the border, and trying to hide from the soldiers. So, she said, first she would offer him some food and drink and in the meantime, she would find out what to do with him…. Thus, terrorists who were first perceived in a demonic light turned into regular human beings who needed care just like all of us.

Shifting Between Identification and Disengagement

This coping strategy can be used when working with clients who have been directly or indirectly involved in terrorist attacks. Identification, as we define it, refers to the over-involvement with the clients' experience and feelings of the therapist, who thereby becomes absorbed in it to the point that she may lose her professional judgment. Disengagement, on the other hand, involves the therapist's distancing herself from the client's experience in order to protect herself from becoming too absorbed. Moving between these two poles is often the therapist's way to search for the optimal degree of distance for any particular intervention. The following vignette illustrates the therapist's simultaneous identification with the client's pain to the point of crying, and her moving toward an emotional and cognitive disengagement from the pain and then finding the optimal distance in the interest of keeping her professional judgment and perspective.

> In a therapy session, a woman whose husband had been tragically killed by Arab gunmen tells of her notification of his death and her response to it. She had dialed his cellular phone right after talking to him, but this time she got no response. She started crying as she

described the tension and horror she had experienced while unsuccessfully trying to call the police, family members, and friends. A few hours later, she fainted on being notified that he had in fact been murdered. Listening to her story, I (RM) started shivering and tears filled my eyes. Thinking to myself, I realized that I felt sorry for her but also realized how vulnerable we all are.

Recognizing the importance of being with her, I was able to stop my own chain of thoughts and return more fully to her. After a moment of silence, I said, "your world has been shattered, never to be the same again." In this sequence, disengagement was followed by empathy (Malkinson et al. 2005).

Empathizing

The therapist's ability to stay with her client's pain within the therapeutic process and, at the same time, to understand the pain and losses of the enemy "other" is a central skill in managing the effects of ongoing stress. There is a parallel process in which the therapist must be able to empathize with both the pain and the anger of the injured family and the losses and suffering of the "other." Empathizing with the enemy has the potential to reduce the therapist's own level of anxiety and anger, which helps her to contain the family's feelings. When the bereaved families themselves adopt this empathic stance toward the other, they find a source of hope. Two illustrations will be presented: empathy as first experienced by a therapist conducting a research study and second as experienced between bereaved Israeli and Palestinian families.

To illustrate this shift from disengagement to empathy, in this case, for the "other," we describe the research of a colleague (TL), who works with us at the university investigating the experiences and attitudes of both Israeli and Palestinian children. She told us:

The intensity of the experience of the research interviews was so profound that although in daily life I try to be politically involved, I found that during the period of collecting data, I felt it was too much and I neutralized any political activity of mine. I felt a need to come "clean" of attitudes toward the various villages I visited for purposes of my study. This was a terrible shake-up: to move from one Palestinian village to another and see real and true suffering, especially that of children. It was a surreal [situation] to be 1 day in Bethlehem with a colleague from Bait Jalap [an Arab town] and a month later to visit Gilo [a Jewish suburb of Jerusalem].

Children's Visions of the Conflict

So far, we have focused on how therapists and researchers, ourselves included, experience the ramifications of the ongoing conflict in the Middle East, both as individuals and as professionals. Now, we add the experiences of children. The children of today are the adults of tomorrow. How do they envision the conflict? What are their attitudes regarding how and when the conflict will end and the safety and coherence of their life restored?

Lavi and Solomon's (2005) and Solomon and Laufer's (2005) studies of 552 Palestinian and 741Israeli children's view of the conflict revealed similar patterns for Israeli (age range 12–16) and Palestinian children, (ages 10–14). Children were asked about their attitudes toward resuming peace talks between the Israelis and the Palestinians. Of the Palestinian children, 41% reported thinking that the talks should not resume at all, as did 39% of their Israeli peers. Fifty-one percent of the Palestinian children wanted to resume talks in comparison to 36% of the Israeli children. Finally, 8% of the Palestinian children and 25% of the Israeli children wanted to hold off on resuming talks. Apparently, the perception of "Me" and of the "Other" is a two-way mirror.

According to the researchers (Tamar Lavi, personal communication, June, 2004) the children's responses regarding the end of the conflict represented three distinct voices, as follows:

The Aggressive View

From the aggressive standpoint, the "other" is viewed as the bad party who is responsible for the evil and who therefore deserves revenge. One Israeli child (a boy, age 13) said, "We will bombard the Arabs, we will expel the Arabs; in the end we will kill them all." A Palestinian (a boy, age 14) shared this aggressive stance, reporting, "Last night I dreamed that my friends blew up five houses and killed soldiers…. Only then a victory was achieved, the victory that everyone wished for." These children expressed this aggressive view in a negative activist manner, advocating the expulsion or killing of the "other" as a solution to one's distress. This is a black or white attitude with minimal ability to empathize with the "other."

The Pessimistic View

Disbelief and feelings of helplessness and despair characterize this stance. One Israeli girl, age 12, answered that "The killing will continue and will never end." (Unfortunately we don't have access to a quote of a pessimistic view expressed by a Palestinian child). One possible outcome of continuous conflict is the feeling of exhaustion expressed in a passive, negative attitude toward any solution. Such pessimism provides one with a way of disengaging oneself from a situation perceived as unresolved and distressing.

The Optimistic View

Optimistic views can take many forms, which represent many voices of hope and resolution. One 11-year-old Israeli boy premised his optimism about the future of Israel on his religious beliefs, opining, "When the Messiah comes, everything will

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