

Clinical Psychologists do Politics: Attitudes and Reactions of Israeli Psychologists toward the Political

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ABSTRACT *This article presents an analysis of a survey among Israeli clinical psychologists, examining their attitudes towards diverse political issues. The survey involved the distribution of 600 questionnaires, 115 of which were returned. Within this framework, psychologists were asked to relate to questions regarding political issues in psychotherapy and the ways of dealing with them, socio-political issues in psychology studies and training processes, socio-political involvement of psychologists as citizens or as professionals, and more. This inquiry enabled the current state of affairs to be portrayed with regard to common professional-political conceptions and stances toward political aspects of psychotherapeutic work.*

The survey's findings point to a divide within the Israeli psychologist community, as expressed by divergent and contradictory opinions that arise in response to a sizable portion of the issues examined. It is quite possible that this rift marks a process of change and indicates the decline of the conservative psychodynamic conceptual system. This theoretical perspective had, up until recently, a hegemonic position within the Israeli psychotherapeutic milieu. In most cases this standpoint was applied in a dogmatic manner, justifying a passive social-political stance in the name of anonymity and neutrality. It appears that still, today, this epistemic position is predominant within the Israeli psychotherapeutic culture. However, nowadays, a large minority of Israeli clinical psychologists seems to be sensitive to different political aspects of psychotherapy and favourable toward working in a politically informed and socially responsible manner. As political issues are almost entirely absent from psychology academic programs and clinical training processes, there is much confusion and helplessness as to how such issues and phenomena should be treated in therapy. Copyright © 2009 John Wiley & Sons, Ltd.

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Since the late 1980s, there a growing trend has been evident of attending to the political in international psychological discourse. This trend is apparent in theoretical and conceptual processes of change in regard to therapy, in a growing awareness of the influence that political variables bring to bear upon psychology, as well as in recognition of the possible

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effects of psychology on political realities. This trend is both influenced by the cultural atmosphere and constitutive of it, and its expressions can be found in the increase in the number of references to psycho-political relations in the professional literature and at conferences, as well as in political initiatives led by psychologists. It seems that broad theoretical developments (related to multiculturalism, power relations in therapy and more) have formed the basis for engaging in the political aspects of psychological practice and of therapeutic relations. This discussion has recently evolved into a detailed examination of the practical implications of these theoretical insights. A number of contemporary books and papers have focused on the possibility of formulating a therapeutic practice of sociopolitical value (for example, Aldarondo, 2007; Proctor et al., 2006, Layton et al., 2006). In these texts, the analytical distinction between the professional and the political is abolished, so that (a certain type of) therapeutic intervention can now be viewed as a political act, and conversely, political engagement can be seen an act of therapeutic value. Thus, the therapeutic is perceived as an integral aspect of the political, while the political serves as a central channel for therapeutic intervention.

This contemporary trend has not passed over the Israeli therapeutic community, with the Imut organization representing the most obvious manifestation of the shift from the passive stance that had characterized the community up to that point. Imut was founded in early 1988, immediately following the outbreak of the first *Intifada* as a response to the political events, and remained active for a decade. The organization's members adopted an unequivocal stance regarding the occupation and the military operations in the West Bank and Gaza, and openly campaigned for peace. This unique episode opened the way for change in the professional culture with regard to its attitude toward the political.

This change did not last; with the onset of the second *Intifada*, and possibly due to the intensity of the violent events, Israeli psychologists resumed their silence and avoidance of any political involvement. It seemed as though Israeli psychologists had regressed to the same encapsulated position that had characterized them for many years. The organization did not resume its activity and was erased, as it were, from the collective and personal memories of Israeli psychologists. Accordingly, many within the psychological milieu are unfamiliar with the organization.

Beginning in 2004, the *Intifada*'s intensity diminished significantly, and civilians experienced an increase in their level of personal safety. The following years were characterized by political stability and growing public trust in the leadership, particularly in Prime Minister Ariel Sharon, during his years in office. As I have shown elsewhere (Avisar, 2005), such conditions usually constitute the essential foundations for a growing openness among psychologists toward inclusion of the political in theory, as well as for practical political involvement. And indeed, in 2004 a group of Israeli mental health professionals founded another movement called *PsychoActive*, which has been active since (for a more extensive description of Israeli therapist groups and their activities, see Avisar, 2008).

These changes in national and international psychological discourses are the background from which I set out to examine the political outlooks that characterize Israeli psychologists today. I wished to investigate whether the political circumstances described above have had an effect on widely held psychological perceptions in Israel. In addition, I wanted to look into how Israeli clinical psychologists currently relate to the political in general, and to politics in particular. My attempt to answer these and other questions involved conducting

a survey among Israeli clinical psychologists. This survey was intended to outline the current state of affairs pertaining to psychologists' attitudes towards the political and it involved the distribution of 600 questionnaires, 115 of which were returned. The questionnaires comprised open-ended questions and professional dilemmas (not detailed in the current paper) that relate to political aspects of therapeutic work. Psychologists were requested to address political issues that emerge in therapy and the way they cope with them; the training process; their political involvement as citizens and as professionals; their work in different frameworks, and more. It should be noted that Andrew Samuels' wide-ranging survey (1993) has greatly influenced both the motivation for conducting this survey and its design.

The current paper presents an analysis of the responses to the questions according to the order in which they appeared in the questionnaire. Each item will include three parts: 1) A title, detailing the original question. 2) General statistical data concerning the response distribution, mostly descriptive in nature. 3) A discussion that forms the main part of the analysis and which makes extensive use of direct citation from the questionnaires.¹ That said, the current study is primarily qualitative in nature, and it constitutes an initial attempt to learn the terrain and to form preliminary hypotheses. It is important to stress that this is the first study of its kind to be conducted in Israel, and should therefore be regarded as an exploratory research project.

For all of the questions, the answers of respondents from different groups were matched for the following independent variables: gender, age, religiosity, political inclination, professional status, years of experience in psychotherapy, and therapeutic approach. With regard to the experience and professional approach variables, no significant differences were found. Slight differences were found pertaining to the variables of age, religiosity, and political inclination, usually in relevant contexts. The gender and professional status variables yielded a larger number of significant results. The results are delineated below, in the appropriate sections.

I now proceed to present the survey's core findings and to analyze the respondents' answers to the questions presented in the questionnaire.

Question 1: In your work, how frequently do you estimate that patients raise topics that have to do with political issues in the broad sense of the term, such as community, ethnic and gender issues, or political issues concerning the Israeli-Palestinian conflict? Seldom/Occasionally/Often

At face value, this question seems to offer a quantitative index of the extent or the frequency in which political issues come up in psychological treatments. Yet assuming that there are no significant differences between participants in the extent to which such issues arise, the answer should be taken, rather, as a qualitative index of the therapist's sensitivity to the

¹ Due to similarities in the topics they examined, in three cases pairs of questions will be analysed jointly (questions 4–5, 8–9 and questions 10–11). In one case (question 1) the subjects were requested to choose from among three response options, so that no qualitative analysis could be performed. In two other cases (questions 4 and 5) no statistical analysis was carried out, and in these cases the title will be followed by content analyses of the answers.

political aspects of personal material. Thus, it can be concluded that the higher the reported frequency, the more the therapist discerns the political aspects of the issues that emerge.

Analysis of answers from the entire sample yielded that almost half of the respondents marked 'Seldom' (48.6%), a slightly lower percentage (44.8%) marked 'Occasionally', and only a small minority marked 'Often'. A significant difference was found for the gender variable, as women mostly reported 'Occasionally', while most men indicated that political issues arise only rarely ($\chi^2_{(2)} = 7.02, p < 0.05$).

The difference associated with the gender variable can be attributed to power relations between genders or to the fact that women are a devalued or subdued segment of society. These power relations are commonly manifested within the family, the workforce, among decision makers and public opinion shapers, and so forth (Tamir, 2007). One may assume that like other devalued or marginal groups, women would tend to be more sensitive to the effects of power relations in society, and to perceive reality as being more 'political'. This hypothesis coincides with Rhoda Unger's (2000) findings, which demonstrate a correlation between marginality and a constructivist worldview, as well as an increased level of activism. And yet, as this author points out, identification of demographic variables is insufficient for assigning a person to a marginal group; rather, subjective variables and those related to consciousness must be taken into account. It follows that people can choose which aspects of their identity will be salient and by so doing to make use of 'marginality' as a source of power. Recognizing that one has choice with regard to identity constitutes a necessary condition for the development of 'positive marginality' (Mayo, 1982). This can be argued to be the psychological 'benefit' of belonging to a marginal group, whose position within the sociopolitical field heightens its members' sensitivity to human suffering, and specifically to the broad political forces that influence its generation and perpetuation. Within the context of psychotherapeutic work, this may be regarded as the added value of women as a group.

Question 2: Please present three sociopolitical issues that emerge relatively frequently in your treatments.

This question examines the nature of political issues that emerge in psychotherapies in Israel. In addition to providing an overall map of the specific subjects that emerge in treatments, these findings also pinpoint broad political fields of interest and the manner in which they tend to crop up in therapy. Summation of all of the responses according to topic and identification of those that occurred most frequently yielded the following picture (the number of times that the topic emerged appears in parentheses):

1. Ethnic issues within Jewish Israeli population (39).
2. Gender issues (37).
3. Disengagement-convergence, settlement evacuation (17).
- 4-5. The Second Lebanon War, the *Katyusha* rockets (11).
- 4-5. Topics associated with religious-secular relations (11).
- 6-7. General Jewish-Arab relations (10).
- 6-7. The Israeli-Palestinian conflict (10).
8. Terrorist attacks and terrorism (9).
9. Homosexuality and sexual identity (8).

Two findings are of special interest here. The first has to do with the frequency with which ethnic issues appear, which is higher than any other subject. It seems, therefore, that the tension between Oriental and Ashkenazi Jews (which is known in Hebrew as the 'ethnic ghost') is commonly verbalized in therapies. This is a topic, nonetheless, that the Israeli public does not discuss as much as it used to (other than within rather specific circles). Furthermore, despite their enormous relevance, Oriental and Ashkenazi ethnic identities, as well as other topics concerning ethnicity, do not normally enter the Israeli psychological-therapeutic discourse. Here, too, there are minor exceptions, yet this parallel between public discourse and psychological discourse may not be incidental. This finding can be seen as another expression of the manner in which psychology participates in the production and perpetuation of the status quo, rather than contributing to the kind of socio-cultural development that psychology as a discipline aspires to encourage. Undoubtedly, ethnic issues emerge so frequently because they still exist, causing people considerable misery. Israeli psychology could contribute to a change in this state of affairs, and the effort would not even have to start from scratch. Although general theoretical material is available, and even though it is a lively domain in research and therapy globally, it has virtually not been practically applied in Israel.

An additional finding relates to the frequency with which the Second Lebanon War is mentioned. It should be noted that since only roughly half of the questionnaires were administered during or after the Second Lebanon War, this topic would presumably have received higher placement had more of the questionnaires been administered during the war or soon after it. As in the case of the disengagement from the Gaza Strip, the fact that the war has been so broadly addressed attests to the intensity of the effect that contemporary political events bear upon psychic life and psychological treatments. Given the impact that political processes in Israel have on individuals' lives, and in light of the power that images of political events have in public Israeli discourse, this finding comes as no surprise. While psychotherapy might serve as a steam valve for the political 'pressure cooker' that Israelis live in, in other instances it may provide the space for examining the personal aspects of the political, as part of a process of change in attitudes (and consequently, sometimes, of actual political change). As we shall subsequently see, topics such as those mentioned above have virtually no representation (or at any rate, insufficient representation) in academic programs, supervision, and Israeli psychological discourse.

**Question 3: Have you ever discussed political issues with your patients?
If so, please elaborate; if not, why?**

This question is a sequel to its two predecessors, but while the first addressed the extent to which patients bring up political issues in treatments (thereby indicating the extent to which therapists perceive therapeutic issues as political issues) and the second delineated the issues involved, this question directly probes the therapist's role. Presumably, therapists are at least as responsible as their patients for the therapeutic discourse and for the extent to which political issues are discussed. One can assume, therefore, that therapists in whose treatments political issues are discussed more frequently are those who are more aware of this facet of private and public life. If this hypothesis is valid, we would expect to find a correlation between the pattern of responses to the first question, which, as mentioned, examines

sensitivity to the political in therapy, and the present question. And indeed a significant correlation was found between the distribution of the answers to Question 1 and the distribution of answers to Question 3 ($\chi_{(4)} = 21.07, p < 0.001$).

A summary of respondents' answers shows that over half (52.4%) claimed not to discuss political issues with their patients, while almost a fifth (19.4%) indicated that they discuss political issues on occasion, and a quarter (25.2%) declared that they do discuss political issues with their patients. I would like to describe the general impressions that emerged from the responses and to give voice to the less conventional attitudes as conveyed in the respondents' own words.

Many respondents made do with 'No' or 'Irrelevant' and quite a few noted that the topic 'is not brought up by patients'. By employing the plural form, one expert psychologist expressed a hegemonic stance: 'We do not refer to worldviews that are not relevant to the treatment.' Many suggested that they do not share their political attitudes (in the narrow sense of the word) with their clients, even though this was not what they were asked. I believe that these responses reflect the widespread conception among psychologists that the political is a partisan and therefore divisive, issue. A psychology intern wrote: 'No. The topic usually shifted to personal lines. I might have been afraid that I would "choose sides" and create a split within the patient or between us (right-left, ill-healthy, woman-man).' Fear leads in this case to abstention and ignorance that hold no potential for change in the power relations between the patient, his environment, and beyond. Thus, the power relations and the split between the different groups remain unquestioned, and the treatment takes part in their perpetuation. Fear of voicing a position sometimes leads to complete avoidance of reference to the political. One expert psychologist, for example, explains: 'No, because my opinions are far off center...' An intern writes: '...I do not bring up this issue due to discomfort when faced with concrete questions ("who did you vote for in the elections?").' A number of responses also included outright references to the neutrality principle, which is still widely adhered to in Israeli therapeutic practice. Nonetheless, it is more interesting to inquire how this neutral posture is expressed in therapeutic relations, vis-à-vis the political. The picture that emerges ranges from ignoring the political or denying it, on one end of the spectrum, to outright criticism or latent aggression toward the client on the other.

Denial sometimes manifests as the defusing of political issues and conceptualizing them as intrapsychic content. The following citation provides a striking example of such a displacement: 'I do not take a stand unless it has to do with transference, such as in the cases of ethnic relations or religiosity-secularity.' Ethnicity and religiosity-secularity are taken here to be derivatives of the transference process – that is, as expressions of the patient's unconscious, while no reference is made to the fact that these are actual social categories within a given cultural-historical context. In other words, the intrapsychic dimension casts a shadow over the realistic dimension, even though we are dealing with clearly political issues. An expert psychologist writes: 'When a patient brings up a political issue, I treat it as a projection or a metaphor for intrapsychic issues, and I discuss these internal representations of his with him.' Another expert psychologist writes: 'I do not often get around to discussing political issues with patients. Nevertheless, such topics are sometimes brought up by them – as a channel for expressing aggression, inferiority, a sense of discrimination, etc., but I usually focus on the private sense.' It follows that for a broad group of

practitioners, ‘the political is personal’, and actually everything is personal. Not merely personal, but those personal parts that are contemptible or defective. The political becomes an expression of everything that is perceived as problematic by traditional psychology: aggression, inferiority, a sense of discrimination, and more.

In contrast to most therapists’ extensive denial of the political, others display varying degrees of political awareness from merely taking note of the political aspect of therapeutic issues (‘The truth is that it comes up in some thoughts, yet it has never been a topic for discussion’) all the way to active involvement in a political therapeutic discussion. That said, only a fraction of the therapists feel comfortable working with political material within therapy. For some this has to do with concrete life circumstances such as: ‘A large proportion of my patients belongs to the displaced population or to the settlements surrounding Gaza, who suffer from ongoing exposure to Qassam missiles. Therefore, these issues are an integral part of treatments, especially in the beginning.’ In other instances it is less a question of addressing narrow political issues or contexts; rather, the political serves as an impetus for the broader comprehension of the self and for personal development: ‘Within the framework of my work with adolescent girls who suffer from eating disorders, issues sometimes crop up that have to do with gender – what “feminine” roles are as opposed to “masculine” roles and to what extent the fear of identification with the feminine stereotype leads to the development of the eating disorder.’ In this case, the connection between a person’s mental state and the political-cultural context is especially evident, so much so that it is difficult to distinguish between them. Similarly, a ‘political’ discussion may serve as a medium for understanding the person and his relations with others. On occasion, additional value is gained from engagement in activity whose implications reach beyond a person’s immediate life circumstances, toward the community in which he lives.

Finally, few therapists allow themselves to play with political materials in individual therapy: ‘Patients note their political thoughts and I find myself participating and responding when subjects come up that are relevant to what is happening between me and the patient, to his or her life, or that I find personally touching.’

Questions 4 and 5: How do you think your political worldview is expressed in therapeutic conversations, if at all? Could you provide an example? In your opinion, do your therapeutic interventions express political viewpoints in the broad sense, and to what extent?

This pair of questions actually examines psychologists’ perceptions of political positions or worldviews that underlie their clinical work. Further, this pair of questions presumes an integration (rather than a split) between psychotherapy and politics and therefore inspires integrative references to the issues at hand. Analysis of the answers yields the general impression that the Israeli psychological community is divided on this topic. As is true for other highly charged issues, here too, two camps that reflect opposing therapeutic-political perceptions can be identified. At one end, representing the larger camp, psychologists perceive the therapeutic space as politically sterile and are highly dedicated to the neutrality principle (‘I try to keep as neutral as possible’). At the opposite end is a large group (yet still a minority) of respondents who acknowledge the political charge that exists in therapeutic practice.

In a number of cases this goes as far as conceiving of this practice as a political act ('Even if indirectly, my liberal worldview gains expression in many therapeutic interventions, as well as in my perception of relationships, authority relations, rights, and equality'). Here is an essential controversy, which permeates and affects therapeutic activity and theorizing. The positioning of therapists or of the profession's mainstream along this continuum has wide-ranging implications: for the manner in which therapeutic and diagnostic practices are understood and applied, for psychologists' involvement in current events and with the community and for their public standing.

Many of the respondents noted that their worldview remains entirely unexpressed in therapeutic conversations and that their therapeutic interventions do not reflect or express a political worldview. Furthermore, many answers explicitly clarify that this means that the therapists' political attitudes (in the narrow sense) are not disclosed to the patients. Once again, these answers expose the widely held perception that a political-moral worldview (and the political in general) is equivalent to identification with a certain partisan political camp. In Israel political worldviews are often articulated in terms of right and left. As one psychologist writes: 'I suppose that my being a leftist enables me to treat Arab patients', and two others note that their therapeutic interventions express a 'leftist' point of view. The equation drawn between worldviews and participation in local political camps might lead to the virtual obstruction of dialogue surrounding these issues (as far as that is possible). It might also lead to an avoidance of a free and explicit examination of the substantive weight of political forces in each person's life and of its possible implications. It is thus instructive that a psychology intern writes: 'Regrettably, I feel that my attempt to refrain from infusing the treatment with my political attitudes regarding the Israeli-Palestinian conflict results in my exaggerated avoidance of expressing my opinion.' Such obstruction is unnecessary and sometimes stands apart from other self disclosures, which expose other, less threatening aspects of therapists' identities.

Certain therapists allow themselves to express thoughts or frustrations concerning the Israeli political system. One expert psychologist notes: 'I sometimes express indignation at the government's behavior with regard to the Palestinian conflict, but not at length', while a psychology intern illustrates how she expresses her outlook: 'When I wish a happy new year "and no more adventures in Lebanon."' These answers demonstrate how political worldviews can also be given expression in the intentional sharing of specific attitudes in reference to a particular issue. In other cases, narrow political attitudes may find alternative, covert and unintentional avenues for expression. In these cases patients can often identify their therapists' specific political attitudes, even if they are not explicitly verbalized:

I feel like a bit of a sinner on this issue, because when the political attitude does not conform with my position, I use it more for the understanding of personal and interpersonal processes in therapy. For example, when a patient dealt in the session with the pain of deportment and disengagement, I mirrored this as the pain of my deporting her (I was nearing maternity leave).

An expert psychologist asserts:

[I] suppose patients feel my 'consent' or 'lack of consent'. A *Meretz* [left-wing party – N.A.] supporter knows of my disappointment – akin to his – from the election results. An officer who lives in Ma'ale Adumim [a settlement in the West Bank – N.A.] senses my reservations.

Another psychologist states that her worldview is also expressed when she either addresses or refrains from addressing certain issues. A number of other respondents emphasized bodily, nonverbal cues as disclosing their attitudes, even when they do not wish to do so. For example, 'I have no doubt that it has an effect – whether directly, when I restrain “gut responses” that are influenced by my political world, or when I do not succeed in withholding emotional responses and facial expressions, from which patients conclude (usually correctly) what my attitudes are.' The question then arises, if it is so clear, why deny it? Why take the risk of double-bind communication or of hypocrisy? One may wonder then, if the existence of 'the last taboo' ('Is Politics the Last Taboo in Psychoanalysis?' 2006) in psychotherapy still justified?

Question 6: Were sociopolitical issues discussed during your training as a psychologist? If so, in what manner?

This informative question is of great importance. The assessment of the extent to which such topics were addressed in the training processes may assist in the assessment of these processes' contribution to Israeli therapists' general tendency to avoid political issues in therapy, not to mention their lack of political involvement. If one assumes that academic and training programs shape the profession and its unique local culture then the question of the presence or absence of political issues in training becomes crucial, as a prominent factor configuring therapists' attitudes towards politics in and outside the clinic.

The results showed that a decisive majority of 71.4% of the respondents replied with an absolute 'No', while 6.7% marked 'Yes'. The rest of the respondents (19%) replied 'occasionally'. However, our content analysis suggests that, as unambiguous as these findings are, they are nonetheless somewhat skewed because, in reality, the picture is even more unequivocal. No differences between the various groups were found regarding the independent variables examined. It is especially interesting to note that this absence of relevant political topics in training processes crosses generations and characterizes senior therapists as much as novices. Conversely, a substantial group of psychologists found it appropriate to express their discontent with the fact that these aspects do not receive sufficient attention.

Common answers to this question included various qualified versions of an absolute negative. Therefore, I shall focus here on other answers, which indicate how and the degree to which broad political issues are addressed in professional psychological frameworks. It is important to note that sociopolitical topics attract the interest of many psychologists. Among the topics mentioned are: 'Social status, and socioeconomic issues, especially when working in underprivileged areas', or 'Immigration from Russia and Ethiopia and social issues surrounding immigration crises...[the] growing erosion and reduction in budgets, the number of beds allocated by the Ministry of Health.'

And indeed these subjects are discussed in therapeutic forums but issue mostly from uninformed private initiatives, which is to say that they draw on minimal knowledge and lack an agenda. They are reported to arise 'with colleagues in staff meetings' and in 'kitchen conversations' but less so in an organized and formal fashion. One of the respondents notes that 'there was no organized training dedicated to this. The method – the voicing of a variety of opinions and ideas.' The resulting discussions are consequently superficial and may

include sporadic statements made by some figure or another, who either voices his or her opinion or frustration. Sometimes the issues arise inadvertently:

... from between the lines in supervisions, in supervisors' attitudes towards external events – terrorist attacks, wars, the Territories, and different ethnicities – Arab or Russian culture, and the like. Utterances such as: 'Russians are very suspicious of the system', but no real discussion.

In less fortunate cases, a form of silencing occurred, as another expert psychologist writes:

In different phases of my early work I brought up situations in which political issues arose for discussion in forums, but I never received support or backing in relation to them. They were always translated into analytic terms (transference etc.), there was awkwardness, and I finally gave up and stopped mentioning it.

In other instances, raising political issues might lead to conflict and take its toll on anyone who initiated such a step. As one expert psychologist writes: 'During my training the First Lebanon War was going on, I tried to recruit people to demonstrate, to donate money, and it led to arguments with the staff.'

The very same principle holds for training. When political issues are discussed at all, they remain localized initiatives. The vast majority of the responses that suggested that political topics *had* been discussed during training (approximately one-quarter of the entire sample) point to the exception, thereby magnifying their overall lack of attention to socio-political issues during the professional training. Within this group, answers such as 'to a negligible, insignificant degree' or 'I believe that they were discussed, but I cannot recall the situation exactly', can be found. These answers indicate that the sparse references to the political during training resulted in nothing but a vague memory, leaving no mark on one's professional identity. When the impression left is clearer, it is reported as having been a one-time event: 'Only a one-time opportunity in the interns' seminar', 'Almost never, except for a presentation that I prepared', 'I recall one specific lecture'. For the most part, no dialogue takes place tying political issues to other issues, resulting in a narrow, sectorial frame of reference. Some respondents view this as an unwanted restriction, as one expert psychologist writes: 'Neither political nor social issues were discussed at all, and I regret that', another notes: 'I find this to be a disadvantage of the training.'

Question 7: Do you believe that your being a psychologist makes it more difficult for you to take part in political or social activities?

This question, like the following ones, deals with psychologists' involvement in public life in Israel. In addition to exploring the power that professional identity has as an inhibiting factor on therapists' political involvement, this question aims to map the common conceptions of this issue in the Israeli psychological community today. A distribution analysis shows that opinions diverge and distribute almost evenly, so that a little over a half of the respondents (51.4%) believed that their profession does not at all obstruct their ability to be socio-politically involved. The rest of the respondents believed that their professional identity constituted an inhibiting or deterring factor with regard to sociopolitical activism.

I find both answers interesting. On the one hand, the fact that almost half the psychologists in Israel find that their vocation actually makes it more difficult for them to act publicly (for example, for a more just society or reducing suffering in areas of conflict) is a disturbing and worrisome finding. On the other hand, the fact that over half of the respondents believe that it does not diminish their freedom to take part in sociopolitical activities is surprising in light of the low percentage of psychologists who are actually involved in such activities, as we shall see presently.

As stated above, the effect of the neutrality principle is salient in this section as well because to many it serves as grounds for avoiding any sociopolitical involvement. Keywords that emerge repeatedly in this context as deterring factors are 'detection' (usually by patients), 'exposure', 'publicity' and 'visibility'. Psychologists' renowned introversion is demonstrably present here. A combination of psychoanalytic therapeutic principles and personal preferences are invoked here to explain this tendency, alongside more 'pragmatic' explanations. Psychologists from this group note that their involvement, especially of the overt type, would harm 'the patient's projective space' and, as stated by a psychology intern, could actually interfere with 'therapeutic purity' and therefore with the interests of the patients themselves. And indeed, some respondents note that they refrain from sociopolitical activity 'for the good of the patients'. Detection and exposure that may result from involvement are taken in these responses to be almost exclusively hindering elements: 'media exposure deters me and may damage my role vis-à-vis the patient, who would identify me as "contaminated" by a certain attitude.' Another relevant response of one expert psychologist caught my attention, as she simply replied: 'Yes, because the disclosure and the statement take a certain direction.' Her answer implies that it is problematic to make a clear statement or to take a stand publicly. The very adoption of such a strong declaration creates a severe limitation, to my mind. It prevents therapists from fighting for the values that they believe in and renders them mute or, worse, presents them as lacking a moral backbone.

Another factor contributing to the passivity that characterizes the Israeli psychological community has to do with the amount of mental resources remaining for activities outside the clinic. A few respondents mention the mental burden that their vocation entails and that makes it difficult to act on the public plane. For example: 'I simply don't have enough time left to breathe, and paying therapeutic attention to the individual somewhat narrows the wider perspective.' Another psychologist points out that her being a psychologist does not hinder her involvement, 'aside from the fact that it is as though the energy invested in the personal scenario and story seems satisfying and meets my need to be involved with society at large.' The same psychologist subsequently notes that 'on the other hand, specific examples do evoke the shaping and formulation of a social outlook.' The answer's two parts signify the different implications that focusing on the individual's psyche have for psychologists' sociopolitical involvement. On the one hand, it is fulfilling and satisfying in itself, and as such inhibits involvement. On the other hand, it exposes therapists to unique expressions of the political forces operating in society, and as such provokes deeper involvement. Furthermore, while the first part of the answer suggest an 'economic' conception, in which therapists are offered a choice of one or another (either therapy or involvement), the second part allows for integration of these apparent alternatives. An integrative conception of this kind may view involvement in the 'political game' as unavoidable, acknowledging the

potential for therapists' involvement through personal psychotherapy. Such involvement does not require additional investment or the supplementation of resources. Rather, it requires an epistemological-conceptual change in the way therapists relate to the therapeutic praxis and its interaction with reality, political or otherwise.

As a result, different therapists restrict themselves in various ways, as the following examples illustrate: 'I'm afraid to express my position in newspapers in case my patients read it and are bothered by it', 'Otherwise, I would come out with my political opinions much more publicly and vocally', 'I didn't put political stickers on my car because I didn't want to deter people with other opinions from approaching me', 'Fear of exposure – in the sense of impinging on the degree of anonymity that is necessary for the therapeutic relationship – infringes, for example, on my ability to go to demonstrations', 'There are quite a few racist remarks that I hear, and I remain silent or I listen to them as a therapist rather than responding as a fellow citizen... I have a conscious fear of being seen in places that are identified with the left because of certain patients (religious, ultra-orthodox...).'

For these therapists, living space and freedom of action in private life are considerably curtailed. Moreover, therapists sometimes sentence themselves to silence (or paralysis) in the clinic, positioning themselves as passive objects of attacks, which are unbearable to them. Therapists' feelings of victimization and helplessness lie at the far end of the spectrum. It is obviously very difficult to enhance change, autonomy and empowerment from such a stance, devoid of freedom within and outside the clinic. Furthermore, a passive attitude towards the reality we live in models acquiescence and concession, conveying a message that contradicts the one that therapists usually take pride in, namely, of freedom and change. This issue is articulated well by one of the respondents, who writes:

There is no reason for me to entrench myself in anonymity and not fight for the principles that in my eyes are worthy of fighting for. As part of the definition of mental health, I would expect as much from my patients – there is no reason for me not to 'first adorn myself'. [based on the Talmudic adage: 'First adorn yourself, and then adorn others' – N.A.]

Questions 8 and 9: In the past, were you politically involved or active? No/Yes, Elaborate (as a citizen or as a psychologist, type of activity); are you politically involved or active today? No/Yes, How so?

These questions will be analysed together, as their subject is common: political involvement – past and present. The emphasis here is on the respondents' actual personal involvement in political activity. The most impressive finding is that 57% of the respondents were politically involved in the past to some extent ('Yes' and 'Occasionally' answers). The significance of activity and the option of carrying it out are not foreign to these respondents. In light of these data it is surprising to find that the scale of current activity is extremely small. Only 20.5% of the entire sample report being currently active to any extent ('Yes' and 'Occasionally'). As we shall see, the types of involvement, which were coded as positive responses, may be extremely limited. In contrast, nearly 80% of the sample reported not being politically active at all. This is a striking and unequivocal finding, which sheds light on the political culture of Israeli psychologists. Additionally, a significant difference was found between psychologists' involvement in politics in the past and in the present, whereby

more psychologists were politically active in the past than they are currently ($\chi_{(4)} = 25.42$, $p < 0.001$).

The finding pertaining to the small number of psychologists who are active today may be interpreted in light of the greater extent of activity in the past. It should be borne in mind that the two questions compare the extent of personal involvement and not to collective measures of the psychological community's involvement as a whole. Therefore, alongside claims regarding a collective shift in relation to the contemporary political context, a pattern may be postulated in which involved individuals give up this aspect of their lives. The following examples, provided by respondents who were once politically active, but no longer are, may illustrate this process: 'I was active as a citizen in Peace Now while I studied for my undergraduate and graduate degrees. I was a Meretz party member, and during the years that Netanyahu was PM I took part in various protest activities', 'As a citizen and student I used to take part in protests and petitions a lot. When my children were born this activity became less important. Also, Rabin's assassination left me without hope or strength to act', 'While I was a psychology student I was very active politically as a citizen. My positions belong to the right wing, and at the time I was busy establishing settlements (in the Occupied Territories, N.A.) and in protests against those who prevented this', 'I was involved with Peace Now before I was a psychologist', 'In the past I was active in one of the parties for a few years, especially surrounding elections, before I became a psychologist.' These, then, are political people, whose formerly significant involvement was pushed aside or vanished entirely for some reason. As in similar responses, the cited examples emphasize the fact that the activity was 'civilian' and that it was carried out prior to the completion of professional training – usually during youth or as a student. Do studies and the training course distance psychologists from political involvement? Is it an attribute of the profession, in that it entails much mental investment without leaving enough room or resources for additional activity? Or maybe, as alluded to by one of the respondents, as we mature and become established, priorities change in such a way that the belief in the possibility of change, as well as the urge to act for ideals and values, subside and wane. As the answers to the above questions fall beyond the scope of this research, they will remain open.

Questions 10 and 11: Do you think that there is added value or uniqueness in psychologists' involvement in current affairs (as compared to other professions)? Do you think there is room for organized activity on the part of psychologists for political or social issues?

Unlike the previous pair of questions, this pair examines abstract attitudes and is devoid of personal or practical dimensions. This difference seems to be highly significant because the findings here diverge considerably from the attitudes derived from the respondents' replies to the previous questions. The two sets of questions differ in respect to the organizational axis of psychologist involvement, which is also related to the question of involvement as citizens and as professionals.

The data show that over half of the respondents (50.9%) find psychologists' involvement with current affairs to be unique or valuable. Three out of ten (30.2%) do not find psychologists' involvement to hold special value. Many of them state explicitly that the value of such

activity is comparable to involvement by other groups in society. This attitude, therefore, does not negate the value of such involvement, but only its singularity. The responses to the subsequent question (number 11), which refers to the value of *organized* political and social involvement by psychologists, might hint to the extent to which such support can be translated into actual political power. The picture here is more complex, as the objectors and the supporters distribute almost evenly, with a slight advantage to the formers (38.1% versus 35.2% respectively). A small group of nearly a fifth (19%) of the sample is located in between, representing an attitude that does not entirely object, but holds reservations. This in effect constitutes a split between two central camps of opposing attitudes within the Israeli psychologist community, as reflected in the answers' contents.

A small proportion of the respondents explain why psychologists' involvement is inappropriate or detrimental. For example: 'There is no added value, rather, there is detracted value, since it may add noise and complicate relationships with patients', and another adds: 'A psychologist is supposed to seem relatively neutral in the clinic and not to flaunt his political involvement (he can do so in private).' We return then to the principles of neutrality and anonymity, which promote a passive stance in the public realm, justified by therapeutic-analytic claims. The opposing camp sets out from the very same claims: 'In my opinion, one of the problems is that in our profession, anonymity is sanctified; privacy belongs in the office, and sometimes there are places where we should sound our voice.'

It should be noted that this is not a technical or localized disagreement but rather a conflict that touches upon the central core of the profession. One of the respondents writes: 'I think this is part of being connected to society and being able to take on responsibility for things that happen around us. It is important at least to reach this position in order to be mature enough to function as a therapist.' From this standpoint, a good therapist is a person who assumes responsibility for his environment. From the opposite vantage point, a good therapist is one who enables the creation of a 'clean' therapeutic environment, including downplaying public expressions of his positions. The controversy is also related to the understanding of the human psyche and human nature. Those who perceive the human psyche as a relatively closed system emphasize inner reality and tend to be less politically involved. Conversely, those who view reality as a force that shapes the psyche tend to act in order to change life-circumstances that breed suffering. The following answers reflect such a perception: 'Obviously, the personal aspect cannot be divorced from the social', 'Our psyche doesn't live in a vacuum – neither for us nor for our patients.' Other respondents describe other added values to psychologists' involvement, such as: 'To warn of the implications of wars/poverty/women's status, including aspects that are only known to them', 'A unique contribution to the sphere of conflict resolution/non-violent resistance', 'A humanistic perspective, a mode of thought that perceives systems/organizations from unconscious spheres, so that they offer a unique contribution to current topics' and more.

The step from here to justifying and supporting psychologists' organized activity is short, because 'Ultimately, everything is political. Ignoring this does not change the fact that psychologists belong to a society replete with forces and interest groups. Lack of involvement brings about passive drifting according to "market forces", which do indeed operate and dictate the situation.' Therefore, 'Only organized. There is justification, because political issues bear psychological impact, and also because psychology is closely associated with social topics. We must not live in a *bubble*' (underlining in original). Such organization can

promote desirable change in keeping with to the professional values of psychological practice: 'It is possible to have an influence in this manner. It is actually a moral duty. It is an ethical requirement, but for some reason, responsiveness is low.' Psychologists can thus assist '*in planning* political and social moves' (underlining in original), contribute to 'the psychological welfare of the country's citizens... to populations in distress that cannot get help from the private sector... and there is no lack of these in volatile Israel!!!' Organized activism would also permit many more psychologists to become involved, because 'structured organization gives individuals the power to express their opinion.'

Summary

The survey's findings point to a divide within the Israeli psychologist community, as expressed by divergent and contradictory opinions that arise in response to a sizable portion of the examined issues. This divide may signify a process of change and reflect the waning of the conservative theoretical-conceptual system in psychology. This system attaches importance to intrapsychic forces that are isolated from external contexts and favours avoiding expression of any political attitudes or involvement. It seems that the effect of these conservative psychoanalytic positions on Israeli psychology today is still very strong. Conversely, contemporary (Intersubjective, Relational) conceptualizations, which seem to have a substantial following within the Israeli therapeutic community, emphasize the therapist's unique attributes. Such notions enable therapists to express attitudes, including political ones, more freely and openly, both in and outside therapy. As mentioned, the central locus of power and influence in Israel today is still with conservative intrapsychic attitudes.

Nevertheless, the divide creates a threat. It destabilizes, breeds uneasiness and prevents practitioners from taking a stand or initiating action. Instead, we witness a retreat, or even helplessness, which may stem from the inner rift plaguing the psychological community's attitude to the political. Milton and Legg (2000) claim that part of the difficulties that therapists experience when facing political material originates in the epistemological foundations of therapeutic theory. In other words, the difficulty does not originate from reality or its attributes, but rather from psychology's vantage point on it. Moreover, perceiving reality in isolation from context does not apply solely to patients and their psyches but also to psychotherapy itself. Most psychologists do not view their vocation and its unique character as a derivative of some cultural-political reality but as a neutral technique that does not embody a particular worldview. As noted by Milton and Legg, 'At times this stance also means that any attempt to view the incorporation of contextual or political understandings into therapeutic practice are deemed unnecessary or problematic' (p. 283). I believe that there is tension, or even a contradiction, between such an epistemic position and politically informed therapeutic work.

Israeli psychologists' avoidance of and uneasiness with the political constitute a real limitation that touches upon the very core of the profession. This can be signified by the (analytic) distinction between the professional and the political. The former basically consists of narrow professional knowledge coupled with the ability to act in accordance with clear procedures and rules (psychology as an 'expert system', as Totton (2005) puts it). I believe that Israeli psychology today is based on these principles but that, as such, it is

deficient. It neglects the political, which may be defined as a domain of ambiguity that extends beyond the narrow professional framework to the ethical-moral space, and which requires the exercise of judgment. In other words, this is the political aspect of the profession – which is revealed when psychologists are required to decide one way or the other.

But it is precisely in these situations that the possibilities available to them are curbed, since this dimension of moral judgment does not receive enough attention or cultivation in the different training and academic courses. The latter usually emphasize narrow or ‘technical’ professional study that is based on various transmissions of knowledge, while yielding to professional authority. This is the ‘professional’ that is divorced from the ‘political’, or the ‘apolitical’ praxis. Extracting the political from the psychological means taking part in an essentialist, closed and dogmatic professional discourse. Such discourse is completely devoid of judgement – even when faced with limitations and constraints. Denying the political means leaving it in the hands of others, who are often motivated by interests other than mental health and wellbeing. Neglecting it is comparable to consenting to harmful realities and the continuation of socio-culturally bred suffering. In the field of social sciences and in the helping professions in particular, such a narrow, ‘apolitical’ professional stance depletes the profession of its power.

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