Psychotherapists in NYC
Host Physicians for Human Rights
from Israel/Palestine

by Michal Seligman, Psy.D.
Private practice, New York

The Palestine Monitor reported on December 8, 2004 that Dr. Mustafa Barghouti and Dr. Allam Jarrar were beaten by the Israeli Defense Forces while trying to campaign for the upcoming Palestinian election near Ramallah in the West Bank. The report described how these physicians were forced from their cars at gunpoint, were verbally abused and physically beaten. Together with other staff members they were forced to the ground and were made to remain face down for more than an hour. This news was shocking to me, and not just in the way every story of terrible things that happen to Palestinians in the West Bank every day is shocking. This time I knew the people personally.

Dr. Barghouti is the head of the Palestinian Medical Relief Committees (UPMRC) and he graciously hosted a JAMP (description below) medical delegation last January in Ramallah, of which I was part. Dr. Jarrar is also a member of UPMRC. He was on the US tour of Physicians for Human Rights from Israel and Palestine this October, which I coordinated in New York with my colleague Elsa First, MA. Dr. Jarrar stayed with my family on that visit and we got to know him quite well. It was hard to imagine him, an exceptionally friendly, smart, articulate and gentle man being humiliated and physically hurt by soldiers at a checkpoint. When he was here, after a whole day of presentations and talks he went looking for a wedding dress for his daughter. I was struck by their close relationship, which enabled him to know what she liked and helped him make a choice from the endless possibilities that presented themselves at Macy’s. The contrasting images of Allam on the ground, face down, at a checkpoint in the West Bank and Allam shopping for his daughter in Macy’s could not leave my mind. It was hard for me to imagine these situations visually and have the person in them be the same man.

For a long time, I, an Israeli living in the US, felt disconnected from political activity. I was always concerned about the tragedy of the failure of peace negotiations in my home country and felt disconnected from political activity. I was always concerned about the tragedy of the failure of peace negotiations in my home country and...
I am pleased to report that our section has been maintaining a lively presence among our members during the past year. Our activities this year have included lively online exchanges organized around selected readings from the excellent course syllabus on “Psychoanalysis and Culture” developed by Lynne Layton and the other members of our education committee. In the months leading up to the November election, our attention turned away from these readings and toward a discussion of the political issues at stake in the election, our growing concerns about war and threats to democracy and how distortions of the real problems facing us as a nation were being depicted by both candidates and the media. We worried together as our exchanges began to focus on national political issues and their psychological implications. A rich exchange, sometimes centering on members’ experiences of politics as they enter the consulting room, helped to keep those of us who participated feeling emotionally and intellectually supported during the tension-filled period leading up to the election. In the post-Republican victory period, our shared states of despondency and even anger were somewhat ameliorated by the continuing dialogue afforded us by our listserve. Some members have said they are grateful for this opportunity to express their political concerns about the psychological, social and cultural implications of the rightward drift of the government, as it manifests not only in foreign policy but also domestically in initiatives like Bush’s effort to eliminate Social Security. For members who have not yet participated in this Section IX activity, I encourage you to check it out. As the spring begins and we return to a discussion of readings from the course syllabus, whose content always has implications for our current situation, members will find that this is a great way to experience the benefits of being in on-going contact with colleagues who share similar concerns about the psychological implications of living in politically polarizing social conditions. The listserve dialogue sharpens our theoretical skills related to these issues and raises provocative questions about how to deal with them within the clinical setting.

On a related issue, some of our members took part in a very successful three-day conference, “The Uprooted Mind: Psychoanalytic Perspectives on Living in An Unsafe World,” that was held just prior to the election in Los Angeles. With Robert Jay Lifton as first keynote speaker, the conference explored how subjectivity in the current period is deeply affected by the social realities of global violence and conflict. Almost 300 people attended the three days of the conference and agreed that it was a unique opportunity within the psychoanalytic community to explore the convergence between internal and external reality from different psychoanalytic and depth psychological points of view. In addition to Lifton, other keynote speakers included Andrew Samuels, Maureen Katz and myself. If you are interested in purchasing a DVD of the conference, please contact: Lester & Associates at 1147 Bonilla Drive, Topanga, CA 90290. Tel: 310/455-1819; Fax: 310-455-2690 and refer to Uprooted Mind Conference. You may find ways to use one or more of the presentations as a pedagogical, training or organizing tool.

I also want to call to your attention an article that appeared in the January 27 issue of Tikkun, “The Patriot Act and Your Therapist,” which addresses the Patriot Act’s potential impact on our practice as mental health professionals. In the article authors Shauna L. Smith, M.S.W. and Harry Wang, M.D. alert consumers of mental health services to the possible compromise of their privileged relationship with psychotherapists because of Patriot I and the proposed Patriot II acts. They explain how Section 215 of the Act allows the FBI to obtain “tangible things” (including books, records, papers, documents, and other items) for investigation to protect against international terrorism or clandestine intelligence activities. These “tangible things” include medical, psychiatric, and other health care records. Of concern is the fact that the FBI need not demonstrate probable cause that the individual being investigated is engaged in criminal activity, but only that “records concerned are sought for an authorized investigation.” Not only does this aspect of the Patriot Act undermine the patient’s right to confidentiality and privacy, but it imposes a gag order that prevents the holder of the record from telling anyone that it has been transferred. There is good news though, and that has to do with activism on the part of many of our colleagues: Smith and Wang note that some mental health associations have publicly protested the loss of civil liberties; for example, the National Association of Social Workers (NASW) supports legislation to reverse the most objectionable portions of the Patriot Act and encourages its members to advocate for community resolutions against the Act. In addition, Therapists for Social Responsibility (TSR) and Therapists for Peace and Justice (TPJ) (see website www.therapistsforsocialresponsibility.org) and The California Society for Clinical Social Work (CSCSW) have lobbied their organizations for wider disclosure of this information to other therapists through their ethics classes and to the general public in confidentiality statements. All four groups have petitioned the California Board of Behavioral Sciences, the state licensing board, to address this problem as part of their role as a consumer protection agency. The California Association of Marriage and Family Therapists (CAMFT) recently published a statement in their magazine written by their legal counsel regarding the problems with Section 215. Any of you who are members of these organizations may want to consult these documents in planning strategies to fight these assaults on our civil liberties and our patients’ right to privacy.

I close by reminding you all of our exciting activities at the upcoming Division 39 meetings in New York in April. At this year’s invited Section IX panel, “The Psychic Matrix of the Social World: How Can We Learn from the Past?” (Saturday, 10:00 a.m.), we will be honoring Dr. Robert Jay Lifton with our Psychoanalysis for Social Responsibility Award and featuring a discussion between Rachael Peltz (past-president of Section IX) and Dr. Lifton about his life and work. We will sponsor a book signing with Dr. Lifton for his latest publication, Superpower Syndrome: America’s Apocalyptic Confrontation with the World, as well as co-host a reception with Section III, the Committee on Multi-Cultural Concerns and the Committee on Sexualities and Gender Identities (Friday, 5:00-7:00 pm). See you all there!
Psychoanalysis is a discipline which derives its data from the case study analysis of individuals. Yet there seems to be an unwritten rule that such data be derived from what gets discussed within the boundaries of the clinical setting during the treatment hour. Clinical observations of the mind inform the theories that become our knowledge base. What are we to make then of real life anecdotal evidence, behavior as it occurs outside the clinical setting? Karen Rosica presents us with the story of R., a young man growing up in the shadows of civil rights turmoil. In so doing, she offers an interesting challenge to traditional psychoanalytic writing. She presents information about the function of the psyche while removing her case study from the confines of the treatment room and decentralizing the voice of the analytic author, the unseen clinical authority that underlies most psychoanalytic papers. Her decision to present the experiential rather than the theoretical and professionally processed version of dialogue allows us to find R. through the poetry of his own thought, just like R. found a place for himself in the primary process discourse of music and dance.

R. is the real life shadow who haunts clinical presentations: the almost remembered vestige of the traumatized world from which our patients often breathlessly emerge. Bromberg (1999; see also Davies and Frawley, 1994) writes of such shadows and talks about the dissociative nature of the human mind, the ability to disconnect and cordon off entire constellations of sensory and affective experience. Oddly, psychoanalysis has dissociated itself from the real human actors about whom we authors purport to write. Reality has become a dissociated memory that comes back to us in the lone voice of a man talking soulfully about what it was like to grow up black in a desegregating America.

Rosica removes the traditional psychoanalytic author’s voice telling the “patient story”, and allows R. to speak for himself in his own vernacular. This brings to mind Michel Foucault’s classic paper “What is an author?” (in Harari 1979). In his paper Foucault suggests that the merging of authorship and identity represents a significant change from the time when authors were merely transmitters of information or feeling states. Modern writing, he notes, is free from authentic or emotional expression and focuses instead on the communication of the legitimacy of the author’s authority — the author’s expertise rather than the representation of facts on the ground.

His critique of critical theory is similar to Rosica’s implicit challenge to psychoanalytic writing. Foucault states that the purpose of the work of criticism is not to bring out the work’s relationship to the author as person. Rather, he states, criticism should aim to analyze the text’s structure and form, independent of the individual who wrote the text. Otherwise the author’s name becomes synonymous with a type of discourse (e.g. Freud and psychoanalysis) or the author becomes something of an ideological figure created by dominant sociocultural processes rather than an originator of meaning or someone who is thinking, feeling and experiencing. Similarly, psychoanalytic writing is often written by the unseen subject (the analyst) who objectively comments on the “structure” of the patient’s personality function, and analyzes its origins. Traditionally, less attention is paid to the relationship between the writing analyst and the person/object of the text. We disconnect the patient from his identity as a human actor engaged in meaning derived from his or her experience of the world.

In this vignette, Karen Rosica enables R. to tell his own story — the story of a black youth growing up amid profound societal change as the civil rights movement became the assumed and taken for granted background of his developmental history. Since Rosica allows this man to tell his own story, the reader and the author, in this case both of us psychoanalysts, are left to live our own stories without hiding behind the daring courage of patients who with their pathologies often speak truths we dare not utter. Since her piece is not dependent upon her authority as analyst but rather the experiential authority of this man’s life, I am also free to read the piece independently of my role as analyst. Instead, as a reader, I am, once again, simply a person in the world. Could I not recognize that this man and I share a history? Did I not resonate to every single words, the author enacts entrenched sociocultural process and becomes a transmitter of its form and hierarchy rather than engaging in free thinking and discourse. As long as the psychoanalyst writes as the unheard expert organizing the experience of another into the verbal theoretical discourse or professional school that his or her name promotes, then the "patient" or text is not free to generate an independent set of meanings derived from his or her experience of the world.

Standing Outside the Space:
THE VOICE OF A REAL PERSON
Response to K. Rosica, “Embedded Lives”
(Psa. Activist, 10: Summer, 2004)
by Susan Bodnar, Ph.D.
Supervisor, William Alanson White Institute; private practice, New York

continued on page 6
Palestine, organized by JAMP. This past fall I was happy to help plan a visit of a larger organization based in Boston called Visions American Medical Project’ (JAMP), is part of a network of physicians in the US who were trying to have their time for medical projects in the West Bank. I believe that my work as a psychotherapist also contributed to my feelings of political helplessness and isolation. In the last few years I concentrated on my psychotherapy practice and slowly gave up other professional positions, which had connected me to larger social organizations. As much as I love my work, I found that my attention to the inner lives of individuals was not enough for me to feel involved with larger social and political matters. When the opportunity came to join a group of physicians in the US who were trying to have some political impact in Israel/Palestine, I felt quite relieved and eager. The group, the ‘Jewish American Medical Project’ (JAMP), is part of a larger organization based in Boston called Visions of Peace with Justice in Israel/Palestine (VOP). This past fall I was happy to help plan a visit of physicians who work for human rights in Israel/Palestine, organized by JAMP.

The purpose of the October US visit was to educate the American public about the impact of the occupation on the health and welfare of Palestinians. The participating organizations were UPMRC and PHR-I. UPMRC is a grassroots, community-based Palestinian health organization. It was founded in 1979 by a group of Palestinian doctors seeking to supplement the decayed and inadequate health infrastructure that now exists in the occupied territories. UPMRC runs 25 community health centers in the West Bank and Gaza. Physicians for Human Rights-Israel (PHR-I) was founded in 1988 with the mission of ensuring adequate health infrastructure that now exists in the occupied territories. UPMRC runs 25 community health centers in the West Bank and Gaza.

The three physicians who came on this tour were: Ruchama Marton, MD, an Israeli psychiatrist, president and founder of PHR-I; Hassan Matani, MD, an Israeli-Arab surgeon and family practice physician, who has been an active member of PHR-I since its inception; and Allam Jarrar, MD, a Palestinian physician, the head of Rehabilitation Medicine in UPMRC. Elsa First and I organized several presentations at New York area medical schools and more informal gatherings at private homes where the three described to us their efforts to provide medical care under the difficult conditions created by the occupation.

Dr. Marton and Dr. Matani spoke about the mobile clinics and the warm reception they get from villagers all over the West Bank. The actual medical work is often frustrating as it is hard to follow up on patients that they see on a weekend visit, and they are not always able to perform all the diagnostic testing that would be done under ordinary conditions. However, they stated that working together makes for close personal relationships between Israeli and Palestinian doctors and that this is the most important part of the initiative in the West Bank. This close contact between health care providers from opposite sides of the conflict defies the political climate of hatred and suspicion. Dr. Marton also stressed the importance of avoiding the pitfalls of condescending or prejudiced attitudes when it comes to working with organizations in the West Bank. Cooperation is the ultimate goal, and never from a position of power.

Dr. Jarrar described to us how he and his rehabilitation staff mobilize volunteers in places that have little or no access to medical or psychiatric care after. He views the community as a partner in providing health care, especially in providing rehabilitation services or caring for the chronically and mentally ill. His staff educates and supervises family members and other volunteers, who do the actual caring for patients. This holistic vision of a community providing health care under difficult conditions was inspiring, especially given the current state of health services in the US.

One of the gatherings was sponsored by Psychotherapists for Social Responsibility and drew an audience of mental health practitioners, including myself. The presentation held at Cornell Medical Center argued that physicians’ responsibility is to provide medical care for their patients and that political advocacy has no place within that role. He went on to say that Israeli hospitals provide care to any patient irrespective of religion and that talk about the difficulties Palestinians face in the West Bank is political propaganda. Dr. Marton’s response was that if this is what he thinks after listening to the presentation then she wasted her breath talking. She stated her belief that physicians do have a special responsibility in caring for the lives of all human beings and that the population they live among is served adequately, and that this responsibility requires political advocacy. Dr. Jarrar, responding to this challenge on a more concrete level, explained the complicated medical system in the occupied territories and how it evolved in this way after years of military rule and limited local authority. It is not by chance that in the current climate the Palestinian had to be more careful in his statements and the Israeli could allow herself to be more upfront and angry.

For me, the most important part of the physicians’ visit was the opportunity to forge a human connection with people doing such challenging and necessary work, and to serve as an informed and empathetic witness to their experience and struggle. Our guests told us that our listening to them and our attempts to understand the details of their daily struggle was an important validating experience for them. It is possible that our professional connection to our visitors as health and mental health service providers added a special value to our contribution.

continued on page 6
This past December, I traveled with a colleague to Dheisheh Refugee Camp in the Palestinian West Bank, to do mental health training and consultation. A local cultural center called Ibdaa invited us, after we’d visited with them the previous year while on a tour sponsored by a human rights group. Our time in the camp was as much a learning as a teaching experience for me. I discovered some things that were surprising, and I realized that what I knew about trauma counseling was not enough to address some of the problems presented to us.

What was surprising—although maybe it shouldn’t have been—was the Palestinians’ resiliency. Despite the traumas and humiliations of living in a refugee camp in a land under military occupation, they continue to pursue their education, get married, and work if they can find jobs. Everyone we met, despite their (often vocalized) resentment toward the U.S. government, was polite and friendly to us. The psychologists, social workers, nurses and doctors we worked with were well-trained. Many were volunteering their services, helping to make up for the lack of funds available for health care. The children who attended a “mental health camp” that took place during our visit (a combination of group therapy and other therapeutic activities)—despite having been selected due to their exposure to above-average stressors—seemed healthier than a lot of kids I’ve worked with as a therapist in the U.S. It was also hard not to notice that no matter where in the Territories we went, no homeless mentally ill persons were sleeping on the street or drinking liquor from brown paper bags. I thought to myself, if this represents a less-developed society, perhaps we should re-think our notion of “development.”

But the content revealed in the children’s group therapy sessions was depressing, if not entirely surprising. Fear, or rather terror, of the Israeli soldiers was a common theme. The omnipresence of the Israeli military in their lives was apparent. When asked by a group therapist to speak about “one bad thing and one good thing,” one boy spoke first about his fear when confronted by soldiers, then, about his success in outwitting some of them. A girl in an art therapy group drew a picture of Bethlehem being bombed, with a caption that read “the storm that doesn’t end.”

We were taken on a tour of the refugee camp, and saw the remains of a building that had housed a kindergarten for some of the younger children. The Israeli military had destroyed it, because a militant had been an occupant of an apartment on another floor. We were asked for advice on helping the children deal with this trauma. I couldn’t speedily think of a response. I thought about the ways I help people deal with trauma in the U.S., and they didn’t seem entirely appropriate. I thought about how often I’ve told patients that just because something terrible happened in the past doesn’t mean it will happen again. But this type of trauma will happen again to these children—again and again, until the issues underlying the Israeli-Palestinian conflict are resolved.

The professionals had been affected by the same traumas. They shared their stories: In one psychoeducational lecture for teen girls, on the topic of stress-induced and psychosomatic symptoms, the psychologist revealed that she suffers from spontaneous vaginal bleeding while at Israeli military checkpoints. I was intrigued by the symbolism in this symptom, although it was probably a hormonal reaction induced by stress.

We were asked to do trainings for the Ibdaa health committee and for staff at Bethlehem Hospital. The hospital, near Dheisheh, is funded by the Palestinian Authority and is the lone psychiatric hospital for the more than 3 million Palestinians in the Territories. It seemed to me that the staff really did not need training, but they seemed to appreciate it nonetheless—perhaps they were intrigued to hear whether we have the same ideas and techniques in the U.S. A lively discussion ensued during my talk on “The Patient-Therapist Relationship.” Unfortunately, although what I said was translated by a doctor into Arabic, no one translated the discussion back into English for me. I made a mental note to learn some Arabic before my next trip. The group then asked me questions in English, some of which were clinical, but a number of which addressed the issue of the lack of laws regulating mental health in the Territories—a significant difference with our system in the U.S. Despite the lack of regulation, it seemed to me the hospital, which offers both acute and long-term care, was committed to its goal of serving the patients. A variety of therapeutic activities, as well as medication and ECT, are used.

After a week in Dheisheh, we took a two-day trip to Gaza to visit the Gaza Community Mental Health Programme, a well-regarded system of clinics based in Gaza City, the Territories’ largest city. Quite different from the images I’d seen on U.S. television, Gaza City was a clean, hospitable place of white high-rise buildings with some smaller and older structures among...
Standing Outside the Space: The Voice of a Real Person

continued from page 3

legitimacy of data derived from the everyday life of ordinary people in the world? The people who seek psychotherapy or psychoanalysis and those who conduct or provide psychoanalysis, were once classmates together, perhaps gazing at each other across the many different walls of a cultural divide.

R. decided “I wanted to find laughter. I didn’t want to be depressed all the time. I could see a lot of black kids were depressed.” This is the choice point at which R. separated and distanced himself from the rest of his peers. His exposure to music and dance through the church gave him easy access to havens of joy: Soul Train, gospel, Gladys Knight and the Pips. Was this, or was this not, a naturally occurring form of therapy that exists, free for the taking, out in the world?

Rosica’s presentation may surprise at the lack of reference to psychopathology, and the standard terminologies (defensive structure, psychic organization, clinical process). Yet, in some ways it may be truer to the experience of the therapist/analyst and participant in psychotherapy or psychoanalysis. As therapist and patient we talk together using semiotics that are both verbal and nonverbal. In one way or another we create a drama, a text, a symphony, or even a poem. The artistic function of our work is as healing as the content-driven insights and understandings that emerge through our application of technique. Both are important to therapeutic cure, yet psychoanalytic writing mostly emphasizes the intellectual understanding rather than the creative action between patient and therapist. When meaning is created in the psychoanalytic work, it is an improvisational creation whose form is constructed by the relationship between two actors in a room (see Ringstrom 2001).

This brings to mind Stephen Mitchell’s (2000) understanding of Loewald (1974; 1977). In Mitchell’s view, Loewald believed that the infant’s initial experience of self and other is undifferentiated, a kind of primal mass folding into itself, and language is one of many domains in which the infant is immersed while also enveloping it in her own interdependent psychic and body state. Maturation and development are the processes by which that mass differentiates itself into organized environmental reality, the processes by which the language that is originally embedded in a state of sensual and affective density, also becomes a semantic experience. Unlike most developmental theorists Loewald doesn’t believe that primary process material evolves into more organized verbal discourse. Rather, he considers primary and secondary process to co-exist and considers psychic health to based in part on a balance of the two. In a sense, Loewald envisions the capacity to master the semantically-driven adult experience of language while still retaining the ability to access the affectively and sensuously alive version of it as the hallmark of a fully developed human psyche.

By serving as a conduit for R.’s voice, Rosica allows the reader to access R.’s aliveness. While we may miss the traditional frame of the professional analytic voice discussing a real patient, her piece offers an inspiration that is often missing from the traditional analytic text. Rosica’s piece is personal, and we are not able passively to internalize the author/expert. Instead, we are left with feelings, memories, and a stimulus for action. Mitchell writes, “What language should psychoanalysis be written and spoken in?” (2000 p.12). Indeed the more personal exposition of the work inevitably expands its boundaries. The affectively genuine primary process language generates fantasy, hope, belief and also makes vivid true pain. It reminds us of the validity of the dialogue between sequestered analytic space and public consciousness. The experience of living and life itself then becomes healing not only to the self, but also to the sociocultural process of a sometimes broken world.

References


Trauma and Coping in a Land Under Siege
continued from page 5

them. Although the poverty of some of the residents was apparent, again it was clear that homelessness and alcoholism, the most pernicious of social problems in my hometown of New York City, were almost non-existent. Extended families won’t let their relatives sleep on the streets, and alcohol is forbidden by Islam—meaning no bars or liquor stores.

Staff at the Gaza Community Mental Health Programme described two of their main projects—their mental health program, and a woman’s empowerment program to combat domestic violence. Unlike most clinics in the U.S., the Programme involves itself in politics and the media in addition to providing clinical services and conducting research. Public educational lectures, and public service announcements on radio, TV, and in newspapers, are undertaken by the Programme to help the population understand the effects of domestic violence. Staff members told us that the level of domestic violence has increased during this intifada (uprising), probably due to the spike in unemployment from the Israeli closure of Gaza as well as the traumatizing effects of political violence, despair and a sense of helplessness. The women’s program challenges the taboo against talking about domestic violence by coaxing women to the clinics with vocational programs. Members of extended families are often engaged in treatment, in order to use the natural support systems of the culture.

The Programme conducts extensive research and has discovered, not surprisingly, that large segments of the Gaza population suffer from symptoms induced by traumas such as seeing people killed or having one’s home demolished by the Israeli military. Some of the Programme’s research found that boys have fewer PTSD symptoms than girls do. The staff at Bethlehem Hospital had told us something similar. The conclusion was that participating in resistance activities, even just throwing stones at Israeli soldiers, ameliorates the feelings of helplessness and passivity that increase traumatization. Boys are much more likely to participate in these activities than are girls. I had been puzzled by the stone-throwing, since it is usually followed by the Israeli soldiers shooting at the children and often killing or maiming them. It is evidence that the need to assert oneself, to defy one’s oppressors, is a human need that can override even the instinct for self-preservation. I thought about Judith Lewis Herman’s book “Trauma and Recovery,” in which she mentioned social action as a therapeutic activity for trauma survivors. In our society, citizens can engage in the political system to enact change and to feel empowered. That’s not possible when one’s society is ruled by a foreign military force. Contrary to the picture presented in the U.S. media, the Palestinian Authority remains only a quasi-government, and most activities in the Territories are controlled by the Israeli authorities, a situation that has now endured for almost 38 years.

Leaving Gaza means going through the notorious Erez checkpoint, the main entry and exit point to Israel and to the West Bank. Double metal gates, instructions blared through loudspeakers and the sight of soldiers with guns pointed at us gave us the feeling of departing a maximum-security facility. Few Gazans are allowed to leave Gaza for any reason, a fact which has led many to describe Gaza as the world’s largest prison. Although the city seemed pleasant enough to me—with its beachfront, restaurants and shops—I sympathized with the frustration I heard from residents at being unable to leave to go to jobs, attend college, or visit friends and relatives who live elsewhere. Nor are others allowed to visit—we were granted special permission to enter Gaza because of our status as health professionals. At the checkpoint, we saw a few older Palestinian men who’d been granted special permission to leave for 48 hours to visit relatives for Christmas—probably they were from Gaza’s tiny Christian community. They waited for hours before Israeli soldiers led them to a pen to be searched. They were still waiting when we left. The tiny group of foreigners who were departing—the two of us, a few journalists and two teachers from an international school—were forced to wait two hours before soldiers searched us—for what reason, I don’t know. I whiled away the time chatting with several Fox News journalists. One of them cautioned that we shouldn’t take pictures of the checkpoint—we might be shot by the soldiers. I’d taken a picture anyway, but you really need to go there to experience it for yourself.

continued on page 8
From the Editor
continued from the front page

that they may stir controversy. In certain contexts it seems that even to speak of the suffering of Palestinians is to deny the suffering of Israeli civilians terrorized or killed by suicide bombers, or perhaps even to deny Israel’s right to exist. While here I can merely acknowledge the strong feelings the Israel/Palestine issue tends to generate, I invite readers’ responses to these articles.

Also in this issue Susan Bodner offers a thoughtful appreciation of Karen Rosica’s presentation of R, in the last issue of the newsletter, the first piece in her Embedded Lives series. Those wishing to read Karen’s article can access it online by going to the Section IX page of the Division 39 website (www.division39.org), where previous issues of the newsletter are archived.

Finally Nancy Hollander reviews some recent activities of our Section’s members and highlights Section-sponsored presentations at April’s Division 39 meeting.

Contact me at srb224@nyu.edu.

Trauma and Coping in a Land Under Siege
continued from page 5

We returned to Dheisheh for more conversations with the health committee at Ibdaa Cultural Center. The end of my stay coincided with the end of the children’s mental health camp, and I was asked to give a short speech to the children and staff. I told them how remarkably strong they seemed to me. The children came up to thank us individually, and I felt somewhat embarrassed. My colleague, Lori Rudolph, had raised money for the activities from some of her connections, but I hadn’t had success with fundraising. I hope this year I will be able to raise some money. Besides the children’s group therapy and activities, the health committee has plans for home visits to address domestic violence and child abuse, as well as for individualized mental health care. Until the Palestinian economy comes back to life—which won’t happen as long as the Israeli closures and other travel restrictions continue—the Palestinians will continue to need outside help. If you’d like information on traveling to Palestine to do volunteer work, or if you can help with fundraising for the mental health programs at Dheisheh, please contact me at annerettenberg@msn.com.

Reference: