

The Land of Milk, Honey & PTSD

The Medicalization of Trauma in Israel

Heather Caroline Rosengard



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Heather Caroline Rosengard

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Introduction

Dr. Morroe Berger, a professor of sociology and expert on the Near East, joined the faculty of Princeton University in 1950.¹ Among his countless contributions to academics at Princeton is a yellowing copy of *The Seventh Day*, a collection of interviews with Israeli soldiers just after the Six Day War of 1967, which he donated to the university library. The text is an emotional and personal review of the state of affairs in Israel, specifically of the trauma of war, “recorded and edited by a group of young Kibbutz members,” as the byline reads. This work places its metaphorical finger on the palpable pulse of Israel in the late 1960s. But Dr. Morroe Berger’s copy includes a particularly illuminating addition, a short hand-written inscription on the front cover that reads:

To Prof. and Mrs. Berger,
Some of the things we want to say, and would like you to know. In addition to a
sincere welcome, From, Avner Hershlag
Jerusalem, 11-8-1970²

By 1970, Dr. Berger was a prominent and respected scholar whose knowledge about the social structures of the Near East was comprehensive and virtually unparalleled. However, the dedication indicates that there was something specific, almost intimate, that Avner Hershlag wanted Dr. Berger to realize about Israeli society in particular – a perplexing identity, a traumatic past, a complex reality.

Hershlag was a medical school student and the son of eminent Middle Eastern economist Zvi Yehuda Hershlag, a colleague and collaborator of Dr. Berger. In his short

¹ Alexander Leitch, *A Princeton Companion*, Princeton, NJ: Princeton University Press, 1978.
<http://etcweb.princeton.edu/CampusWWW/Companion/sociology.html> (accessed March 31, 2011).

² Avner Hershlag, inscription in Avraham Shapira, ed. *The Seventh Day: Soldiers Talk about the Six-Day War*, (New York: Scribner, 1970).

note, Hershlag employed the first person plural, a quintessential Israeli convention³. It was common to speak of a shared sentiment, a mutual desire, as if every citizen of Israel existed in a uniform society.⁴ There was an immense value placed on the collective society reflected in everything from the creative literature to the socialist policies of the Labor government.

In the first decade of Israel's existence, what historians and sociologists have labeled "the *Sabra* culture" emerged as the dominant manifestation of Zionist ideology. A *Sabra* is a prickly fruit found in Israel, but the term is used as a label for native-born Israelis. "The *Sabra* culture" has been the focus of countless scholars who debate its origins and its implications for Israeli society.⁵ The construction of the "*Sabra*" as an Israeli archetype was ubiquitous in the first decades of Israel's existence, creating a false sense of homogeneity along with a genuine sense of community.⁶ Nevertheless, as Hershlag's message reveals, the Israeli collective was united by much more than a repressive Zionist ideal or a religious entitlement to the land of Israel. Zionism was rooted in the traumatic history of the Jewish peoples – a response to widespread anti-Semitism that ranged in severity from restrictions to pogroms. Hayyim Nachman Bialik's poetry exposed the savage reality of life in the Diaspora, while Theodor Herzl's political essays concluded that such discrimination was inevitable.^{7,8} Zionism built its framework on the foundation of Jewish suffering in exile for which there was ample evidence. The movement had gained a significant amount of support by the 1930s, but Israel did not

³ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002).

⁴ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002).

⁵ Oz Almog, *The Sabra: The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000).

⁶ Oz Almog, *The Sabra: The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000).

⁷ Hayyim Nahman Bialik, "The City of Slaughter" in *Complete Poetic Works of Hayyim Nahman Bialik: Translated from the Hebrew, Volume I*. Ed. Israel Efros. (New York: Histadruth Ivrit of America, 1948).

⁸ Theodor Herzl, *A Jewish State*, (New York: Federation of American Zionists, 1917).

become a reality until after the horrors of the Holocaust.⁹ This extermination did not only convince many world leaders of the need for a Jewish state, but it actually convinced many Jews.¹⁰ Trauma became the defining feature of a past from which Jews required an escape. Zionists proclaimed a new era: free of Jewish sacrifice, free of Jewish suffering, free of weakness.

Yet, over the course of Israeli history, from the nineteenth century British Mandate for Palestine to the present, the notion of *trauma* has changed drastically. In 1948, Israeli psychiatrists turned a blind eye to the combat stress reactions presented in veterans of the War of Independence.¹¹ In many ways, this can be seen as a result of the restricting social mores that prevailed under the *Sabra* culture. Trauma was acknowledged, but it was not emphasized and it certainly was not studied as an origin of psychological illness. Perhaps this is understandable: even today we classify trauma as “a stressor outside the range of usual human experience.”¹² By that definition, who in Israel was not traumatized? The majority of citizens had either survived the Holocaust, been displaced from their homeland, fought in a bloody war, or a combination of the three. Nevertheless, over the course of three decades a radical shift unfolded in the Israeli psychiatric literature. By 1978, a professor of psychology at Hebrew University had published a book focusing on the traumatic experiences of soldiers in the Israel Defense Forces (IDF).¹³ By the mid-1980s, Israeli psychiatrists were declaring the nation a “stress laboratory” and diagnosing individuals with Post Traumatic Stress Disorder, a recent addition to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders-III

⁹ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

¹⁰ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 22.

¹¹ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992).

¹² *DSM-III: Diagnostic and Statistical Manual of Mental Disorders (3rd Ed.)*. (Washington, D.C.: American Psychiatric Association, 1981), 236.

¹³ Amia Lieblich, *Tin Soldiers On Jerusalem Beach*, (New York: Pantheon Books, 1978),

(DSM-III).¹⁴ Trauma had become an epidemic – a contagious pathogen that was vertically transmissible and had an array of clinical presentations. How then can we understand such an extreme change? What, if anything, does it signify and what does it reveal?

This shift, which I have dubbed the *medicalization of trauma*, cannot be attributed to any one factor; instead, it is best understood as a confluence of factors that shaped the Israeli psychiatric community as well as the Israeli public. Many have employed teleological arguments for the medicalization of trauma, seeing psychiatric advancement as an inevitable result of *progress*, a rather optimistic assessment of social change. Yet, this notion of *progress* lacks historical agency and can neither provide a sufficient explanation of this phenomenon, nor a nuanced assessment of its evolution. Others have tried to identify an event that initiated this change, pointing to a specific incident or war – be that the trial of Adolf Eichmann or the Yom Kippur War.^{15,16} Perhaps one could also interpret this medicalization as a result of the export of the American psyche, a trend of global Americanization in the fields of psychiatry and psychology.¹⁷ I believe that the medicalization of trauma transpired in a gradual manner, reaching a crescendo over decades by virtue of evolving cultural norms and social environments. As we trace the development of trauma's medicalization, we discover Israel's unique relationship with trauma and distinctive conception of traumatic neuroses.

The first chapter of this thesis investigates the status of trauma in Israel at the time the state was founded and for the first decade of its existence, both in the psychiatric community and the lay Israeli public. To accomplish this, we must explore Israeli society

¹⁴ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983).

¹⁵ Judith Stern, "The Eichmann Trial and its Influence on Psychiatry and Psychology," *Theoretical Inquiries in Law* 1, no. 2 (2000).

¹⁶ Avi Bleich, "Military Psychiatry in Israel: Historical Review" *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992).

¹⁷ Ethan Watters, *Crazy Like Us*, (New York: Free Press, 2010).

in 1948, as well as the complex political, cultural, and religious forces at work in the pre-state period. We learn that although Israelis regarded trauma as the unifying feature of their past and recognized the trauma in their present, the *Sabra* culture disdained any exposition of vulnerability and advocated strength and bravery in the face of difficulty.¹⁸ As a result, there existed a widespread impression that the European Jews' impotence had allowed the Holocaust to happen, which in turn provoked anger.¹⁹ Thus, as the traumatic pasts of survivors living in Israel were a source of discomfort and scorn in the Israeli public, the Israeli psychiatric community shamefully neglected these survivors and their psychological trauma. In this chapter, I also try to understand why psychiatrists in Israel were resistant to the notion of psychological effects of trauma, or at least why they failed to acknowledge or research post-traumatic mental diseases in Israel. As I examine the discussion of trauma in Israeli books, newspapers, and other documents, and the lack of any such discussion in the psychiatric literature of the time, it becomes clear that there was a nuanced recognition of trauma's existence that was situated within a general cultural rejection of its manifestations. It is clear that Israelis were extremely optimistic about a future without any trauma and were, in the meantime, intent on proving their ability to overcome.

During the 1950s, the psychiatric community in Israel had expanded and developed its role in cities and communities throughout the country.²⁰ In the early 1960s, *The Israel Annals of Psychiatry and Related Disciplines* was founded, providing Israeli psychiatrists with a forum through which to communicate aside from general medical journals. Chapter

¹⁸ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000).

¹⁹ Judith Stern, "The Eichmann Trial and its Influence on Psychiatry and Psychology," *Theoretical Inquiries in Law* 1, no. 2 (2000).

²⁰ S. Baumatz, "The importance of a mental-health center in the community in Israel," *Is An Psych Rel Disc* 1, no.1 (1963): 79-87.

Two is a study of Israel in the 1960s, for it was during this decade that Israeli psychiatrists began a limited, but pivotal, investigation into the effects of trauma. However, these preliminary studies were heavily impacted by the social climate in Israel. When Israeli society was forced to confront the trauma of the Holocaust during the public trial of Eichmann, so too did Israeli psychiatrists initiate a legitimate study of Holocaust survivors' psychiatric health.²¹ Furthermore, even once the Israeli psychiatric community began a broader evaluation of traumatic neuroses, their investigations continued to be dictated by cultural prejudices. Psychiatrists generally focused their attention on marginalized communities, rarely critically studying the psychiatric trauma of war or terrorism on soldiers or civilians. The writing of the psychiatrists expresses the same discriminatory attitude of many Israelis, which clearly motivates the questions they pose and influences the conclusions they draw. Yet, in the aftermath of the Six Day War, and during the War of Attrition, a theoretical meta-discussion on trauma in society slowly emerged in the psychiatric literature.²² Although no significant action was taken, we must acknowledge the extent to which trauma was being reconsidered in the psychiatric literature; by the early 1970s, trauma was formally recognized as an important cause of mental illness and persistent psychiatric distress. A framework to address the effects of trauma had been produced.

In the final chapter, I examine the reasons for the surge in the study of trauma during the 1970s and 1980s, when the public and the psychiatric community became obsessed with the negative effects of recurring wars and persistent worry. In many ways, it began with the shock of the Yom Kippur War, which had a deep impact on Israelis and

²¹ Judith Stern, "The Eichmann Trial and its Influence on Psychiatry and Psychology," *Theoretical Inquiries in Law* 1, no. 2 (2000).

²² F. Brull, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969).

induced a pervasive melancholia. Following the public outcry, psychiatrists, especially military psychiatrists, began a thorough examination of combat stress reactions and the mental damage war can have on individuals.²³ In this chapter, I also investigate the major social changes that were occurring in the 1970s – specifically addressing theories of Americanization – and their impact on Israeli culture and Israeli psychiatry. What emerges in this chapter is a dynamic exchange between the Israeli public and Israeli psychiatrists. Initially, public anxieties were reflected in the work of psychiatrists, but as psychiatry demonstrated the extent of post-traumatic stress, the public seized upon this medical validation to support anti-war movements, to question the status quo, and even to justify continued war in order to permanently end terrorist attacks.²⁴ Chapter Three analyzes the surge in psychiatric literature as a result of the public outcry. We soon realize, however, that interactions between the psychiatric community and the Israeli public are by no means a “one-way street” – their relationship is dynamic and as the psychiatric community exposed the medically harmful effects of trauma, the society seized this new information to justify new acts of political dissent or even to justify continued war with the future hope of stopping terrorist attacks.

It is important here to discuss the term “trauma” both as a popular idea and as a medical diagnosis. Of course, trauma is not easily defined. Trauma can have multiple meanings, each of which is primarily a function of time and culture. Throughout my thesis, I have tried to be explicit about my use of *trauma*, repeatedly re-defining the temporal and cultural understanding of trauma as a historical memory or a physical threat. As trauma entered the international psychiatric literature it took on multiple forms ranging

²³ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992).

²⁴ Michael Feige, “Peace Now and the Legitimation Crisis of ‘Civil Militarism’” *Israel Studies* 3, no. 1 (1998): 95.

from Freudian theories of internal and childhood trauma to post-World War I documentation of shell shock. As Israelis began to discuss the effects of trauma in their own country, there was minimal consistency in terminology. Many researchers openly criticize this lack of consistency before using their preferred term – be that shell shock, combat stress reaction, combat fatigue, traumatic neurosis, Konzentrationslager (KZ) syndrome (in the case of Holocaust survivors), or any other of the countless diagnoses in this category.²⁵ Only after the publication of the *DSM-III* in 1980 did the terminology streamline. Thereafter, the label post-traumatic stress disorder (PTSD) was used with greater frequency. Additionally, a variety of conditions relating to constant trauma (or constant fear of trauma) emerge in the psychiatric literature, including stress and anxiety disorders. Research on anxiety and stress became of great interest to the public and the terms became integrated into everyday life, as they had in America, perhaps losing their precise medical definitions in the process.

Throughout this examination, we learn a great deal about Israeli culture – how Israelis perceive weakness, danger, and themselves. Trauma becomes a vehicle through which we can study reactions to war and terrorism, as well as the stimuli of social change and the hope of peace. We find that notions of trauma have evolved in response to shifting social norms, but also that the recognition of stress, anxiety, and PTSD can spur changes of their own, such as motivating political dissent. Of course, *culture* is extremely difficult to capture and any attempt to expose all tacit beliefs and latent emotions will never be complete. Israeli culture proves an additional challenge as it is shaped by numerous ethnic sub-cultures, various religious practices, and conflicting political ideologies. Additionally,

²⁵ Ruth Leys, *Trauma: a Genealogy*, (Chicago: University of Chicago Press, 2000).

as Israel does not exist within a vacuum, it is heavily impacted by the export of international and – particularly American – culture.

In his welcome to Professor Berger, Hershlag chose a collection of personal and emotional interviews in an attempt to expose the vulnerable underbelly of Israeli society, the generally unspoken fears and hopes of the people living in this small State. In a few simple words, Hershlag alludes to the difficulty of expressing the complex and often conflicting sentiments surrounding war, death, victory, and the trauma of them all. Trauma in Israel formed a perplexing identity – it was an important historical phenomenon and a daily threat. Even as it became a feature of medical psychiatry, it maintained a distinctly personal quality and in this way, through its study, we gain a unique insight into an intimate aspect of Israeli society.

Chapter One: Traumatized from the Start

Trauma in Jewish History

To fully comprehend what trauma meant to the first Israelis, how it was conceptualized, perceived and appreciated, requires a careful consideration of Jewish history prior to 1948. In his research on the origins of Post-Traumatic Stress Disorder, historian Allan Young identifies the development of the “traumatic memory,” which he believes is at the heart of this diagnosis.²⁶ A “traumatic memory” could be formed in an individual in the wake of a traumatic experience, and thus served as the causative agent for persistent mental infirmity.²⁷ Young concludes that the psychological “traumatic memory,” and the implicit recognition that trauma could do more than physically impair an individual, was a creation of the nineteenth century and the product of emerging forms of “scientific inquiry.”²⁸ Yet as we examine the history of the Jewish peoples, a religious notion of the traumatic memory emerges that is disconnected from any medical inquiry. Yosef Hayim Yerushalmi, a noted historian of the Jewish people, describes Judaism as having a “fundamentally historical orientation.”²⁹ Yerushalmi has studied the intersection between Jewish Memory and Jewish History, reconciling the Jewish fixation on memory with the lack of Jewish historiography until the modern period.³⁰ In his exposition of Jewish memory, we learn how the past was valued as a tool for learning and as a

²⁶ Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997).

²⁷ Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997).

²⁸ Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 13.

²⁹ Yosef Hayim Yerushalmi, *Zakhor: Jewish History and Jewish Memory*. (Seattle: University of Washington Press, 1996), 26.

³⁰ Yosef Hayim Yerushalmi, *Zakhor: Jewish History and Jewish Memory*. (Seattle: University of Washington Press, 1996).

motivation for the present, “the command to remember was absolute.”³¹ Of particular interest to us is the frequency with which Jews are impelled to remember the traumas of their peoples’ collective past. Yerushalmi quotes biblical passages that command the Jews to remember and many of them pertain directly to suffering: “Remember what Amalek did to you (Deut. 25:27),” “O My people, remember now what Balak King of Moab plotted against you (Micah 6:5)” or “Remember that [*sic*] were slaves in Egypt (Deut. 16:12).”³² Traumatic memory as a medical entity may have been a relatively new concept, but as a religious entity for the Jewish people, traumatic memory has existed for centuries and represents a foundation of their faith. It is essential to understand that this memory was not intended to weaken the individual, but to strengthen the community.

As we delve into the modern history of the Jews and of Israel, and primarily the Zionist ideology, we discover that themes of trauma in the Diaspora were at the heart of this modern movement. Of course, Religious Zionism can hardly be dated – since time immemorial Jews have prayed to return to Jerusalem, Zion and the land of milk and honey. However, political Zionism became a serious proposal in the mid-nineteenth century, provoking an impassioned intellectual discourse and initiating a cascade of events to enable the formation of a Jewish state in Eretz Israel (the land of Israel). Although the Austro-Hungarian journalist Theodor Herzl was not the first to earnestly call for a Jewish homeland, his contributions to the movement were nearly unparalleled. After publishing the seminal pamphlet “*Der Judenstaat*” (The Jewish State) in 1896, he founded what would become the Zionist Organization in 1897 and wrote and spoke tirelessly on behalf

³¹ Yosef Hayim Yerushalmi, *Zakhor: Jewish History and Jewish Memory*. (Seattle: University of Washington Press, 1996), 10.

³² Bible Passages as quoted in Yosef Hayim Yerushalmi, *Zakhor: Jewish History and Jewish Memory*. (Seattle: University of Washington Press, 1996), 9-10.

of this cause.³³ Additionally, he was held in high regard by his contemporaries; as Israeli historian Howard Sachar notes, “Herzl was unanimously elected president of the Zionist Organization,” at its initial convocation.³⁴ His importance to early Israelis can be gauged by the enormous public excitement elicited when his remains were taken from Austria and he was reburied on Mt. Herzl in Jerusalem.³⁵ His powerful legacy endures in Israel today with a large town, Herzilya, named in his honor and, as the *Ha’aretz Weekend Magazine* recently revealed, a Herzl Street exists in nearly every major Israeli city.³⁶

The extent of his continuing impact on modern Israel, and whether modern Israelis are Zionists, post-Zionists, or post-post-Zionists, is continually debated.³⁷ Regardless, the Israeli Zionism of the mid-twentieth century was heavily influenced by Herzl and, if anything, was even more radical than he may have intended.³⁸ Herzl, writing in 1896, regarded the Jews as one entity, one nation living in exile. In his pamphlet, “*Der Judenstaat*” he wrote, “We are one people—our enemies have made us one in our despite, as repeatedly happens in history. Distress binds us together, and, thus united, we suddenly discover our strength.”³⁹ Herzl’s writing reflects the religious, uniquely Jewish, conception of traumatic memory that Yerushalmi alluded to. Thus, the trauma inflicted upon the Jews throughout history was an integral part of the collective Jewish memory. Historians have long appreciated that Zionism as a Jewish nationalist movement was inspired by similar European nationalist movements and influenced by intellectual trends

³³ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 1-64.

³⁴ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 46.

³⁵ Tom Segev, *1949; The First Israelis*, trans. Arlen Neal Weinstein (New York: The Free Press, 1986), xi.

³⁶ Alex Levac, “Where the Streets Have One Name” *Ha’aretz Weekend Magazine*, March 5, 2010.

<http://www.haaretz.com/weekend/magazine/where-the-streets-have-one-name-1.287867>

³⁷ See Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002). Or Assaf Likhovski, “Post-Post-Zionist Historiography,” *Israel Studies* 15 no. 2 (2010).

³⁸ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002).

³⁹ Theodor Herzl, *A Jewish State*, (New York: Federation of American Zionists, 1917), 10.

of the period.⁴⁰ It would be inaccurate to insinuate that Zionism was simply a Jewish reaction to discrimination; rather, the origins of Zionism are far more complex and the subject of many detailed studies.⁴¹ Yet, the extent to which the trauma of the Jewish peoples was emphasized in the rhetoric of Zionists like Herzl indicates the power of this trauma, and these traumatic memories, to spur change. Herzl's incentive to create a Jewish state was in response to the pervasive anti-Semitism, which he believed was inevitable as long as Jews lived under Gentile rule.⁴² He professed that until Jews had a state of their own their victimization and distress would continue.⁴³ Long after Herzl's death, his arguments continued to be used and emulated. For example this article, published in the Palestine Post in 1940, is nearly identical to Herzl's credo:

Jewish history since the destruction of Jewish independence is largely a history of migration...the one great measure which can alone render normal the life of the Jewish people in terminating its landlessness [is] the restoration of the Jewish National Home in Palestine. There a considerate and growing part of the people will live a life of national freedom and full national creativeness, free from the handicaps and dangers besetting a permanent minority...in the Diaspora.⁴⁴

This article references the degree to which suffering was a critical part of the collective Jewish memory and the extent to which the land of Israel would represent the deliverance from persecution.

Many early Zionists took such philosophies a step further, developing a sharp disdain for the provincial and isolated Jewish communities in the Diaspora. Such sentiments are revealed in the poetry of Hayyim Nahman Bialik, a Zionist of the early

⁴⁰ Michael Stanislawski, *Zionism and the Fin-de-siècle: Cosmopolitanism and Nationalism from Nordau to Jabotinsky*. (Berkeley: University of California Press, 2001).

⁴¹ SEE Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996). OR Michael Stanislawski, *Zionism and the Fin-de-siècle: Cosmopolitanism and Nationalism from Nordau to Jabotinsky*. (Berkeley: University of California Press, 2001).

⁴² Theodor Herzl, *A Jewish State*, (New York: Federation of American Zionists, 1917), 10.

⁴³ Theodor Herzl, *A Jewish State*, (New York: Federation of American Zionists, 1917), 10.

⁴⁴ "War and the Jewish People," *The Palestine Post*, May 19, 1940.

twentieth century who has been named the National Poet of Israel.⁴⁵ In his noted poem, “In the City of Slaughter,” Bialik laments and derides what he sees as the deplorable impotence of Diaspora Jewry.⁴⁶ He writes, “[They] have made peace with shame...They are too wretched to evoke thy scorn” and he exclaims, “Concealed and cowering,—the sons of the Maccabees!”⁴⁷ Bialik mocks the foolish reliance on religion and evokes the former strength of the Jews when they lived in Israel and defeated the Greeks.⁴⁸ This contempt for the wretched Diaspora culture was a common message of Zionism and, following the foundation of the State of Israel, became a hallmark of early Israeli society. Previously, Jews had been seen as strong by surviving incessant trauma, but Zionists emphasized that power came from active resistance, not passive endurance and complacency. In this way, there emerges within Zionist ideology a new interpretation of trauma as well as a commitment to end Jewish suffering by inspiring Jews to be brave and independent.⁴⁹ Nevertheless, we should not overemphasize the strength of the Zionist movement in the early part of the twentieth century. Zionism may have been a response to the so-called “Jewish Question,” but it was by no means the only solution proposed – in fact many of Zionism’s major opponents were Jews who favored assimilation or other, less drastic, resolutions.⁵⁰ For example, Zionism won a significant victory with the Balfour Declaration of 1917, in which Britain formally and publicly moved to promote Palestine as

⁴⁵ "Beit Bialik - Home of Israel's National Poet." *Israel Ministry of Foreign Affairs*, 1998. <[http://www.mfa.gov.il/MFA/MFAArchive/1990_1999/1998/7/Beit Bialik - Home of Israel-s National Poet.htm?DisplayMode=print](http://www.mfa.gov.il/MFA/MFAArchive/1990_1999/1998/7/Beit%20Bialik%20-%20Home%20of%20Israel-s%20National%20Poet.htm?DisplayMode=print)>.

⁴⁶ Hayyim Nahman Bialik, “The City of Slaughter” in *Complete Poetic Works of Hayyim Nahman Bialik: Translated from the Hebrew, Volume I*. Ed. Israel Efros. (New York: Histadruth Ivrit of America, 1948).

⁴⁷ Hayyim Nahman Bialik, “The City of Slaughter” in *Complete Poetic Works of Hayyim Nahman Bialik: Translated from the Hebrew, Volume I*. Ed. Israel Efros. (New York: Histadruth Ivrit of America, 1948).

⁴⁸ Hayyim Nahman Bialik, “The City of Slaughter” in *Complete Poetic Works of Hayyim Nahman Bialik: Translated from the Hebrew, Volume I*. Ed. Israel Efros. (New York: Histadruth Ivrit of America, 1948).

⁴⁹ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000).

⁵⁰ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 22.

a “national home for the Jewish People.”⁵¹ However, among the enemies of the Declaration were influential British Jews, including Members of the British Parliament, who worried that such measure would jeopardize their positions in English society or inadvertently create more anti-Semitism.⁵²

It is true that following the Balfour Declaration the *Yishuv*, the collective label for the Jewish residents of the British Mandate over Palestine, had expanded significantly to form a vibrant community. Still, it was not until the immediate aftermath of the Holocaust, when the scale of the Nazi-orchestrated attempted annihilation of the Jewish people was fully realized, that there was mass immigration of Jewish refugees to Palestine and a dramatic increase in support for the ideals of Zionism, both by Jews and non-Jews. After the horrors of the Holocaust were exposed, the urgency to secure a Jewish homeland increased, along with the concomitant rhetoric dramatizing this need. In an article published in the Tel Aviv-based economic magazine *Palestine and Middle East* as well as in the *Palestine Post* in 1944, parts of a Jewish soldier’s letter were reproduced and discussed. The soldier was stationed on the Suez Canal and had recently witnessed Jewish refugees, “most of them orphans...on their way to Palestine.”⁵³ The author of the article, Harold Laski, wrote, “on [the refugees’] faces was written all the tragedy of all Jewry, of boys and girls who had seen the kind of thing which belongs not to civilization but to the tiger in the jungle when it flings itself upon prey.”⁵⁴ It is clear that the author did not see the traumatic experiences of these individuals as unique, but instead as tragically familiar to all Jews throughout history. Calamity was a mutual history, an unfortunate reality, and a dismal constant in a variable Diaspora. Many Jews around the world became Zionists

⁵¹ Balfour Declaration in Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 109.

⁵² Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 22.

⁵³ Harold Laski, “On a Jewish Soldier’s Letter,” *The Palestine Post*, January 19, 1944.

⁵⁴ Harold Laski, “On a Jewish Soldier’s Letter,” *The Palestine Post*, January 19, 1944.

after concluding that a national homeland was the only solution to the recurrent worldwide anti-Semitism.

The Birth of Israel and the Sabra Culture

Israel declared her independence on May 18th, 1948 in accordance with the United Nations Partition Plan of 1947. The Partition Plan was the United Nations' intended solution to the competing desires of Jews and Arabs living in Palestine under the British Mandate, land that had been controlled by the Ottoman Empire prior to World War I.⁵⁵ About forty-five percent of the land would be intended for an Arab State, while the remaining fifty-five percent of the land would form a new Zionist state. The land immediately surrounding Jerusalem and Bethlehem was to be an international zone that would be monitored by the United Nations.⁵⁶ The Arabs of the British Mandate, as well as the surrounding Arab nations, rejected the Partition Plan and thus, upon the withdrawal of the British, the situation in the Mandate, already tense and occasionally aggressive, deteriorated into a full-scale war.⁵⁷ This war, which is now known to Israelis as the "War of Independence," ended with the Rhodes Armistice Agreement in February 1949, which established borders between Israel, Jordan, Syria, Egypt and Lebanon.⁵⁸ The activities of the United Nations, the United States, Britain, the Soviet Union, the Arabs, and the Zionists in the 1940s have been the subject of countless historical, political, and philosophical reviews. The implications of the Balfour Declaration, the United Nations Partition Plan, the Israeli Declaration of Independence, the Rhodes Armistice Agreement, as well as numerous other official policies and accords have been thoroughly examined

⁵⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

⁵⁶ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

⁵⁷ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 279-314.

⁵⁸ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

and their legality repeatedly assessed. The history of Israel has been highly politicized and is still fiercely debated in light of the ongoing hostilities in the region. However, by all accounts, Israel was born out of disorder and discord. Jews around the world recognized that the establishment of a Jewish State would be a hard fought battle. Yet, although the traumatic nature of this war was lamented as a continuation of Jewish suffering, the fight was considered imperative and unavoidable.

Zionism had overcome extreme hurdles – both theoretical and practical – and had realized its dream of a Jewish state after tense international negotiations and a grueling war. At this point the Zionist ideologies did not fade, but instead, at least for the first decade of Israel’s existence, they transformed and intensified. On May 5th, 1949, the Israeli diplomat and classicist Aubrey “Abba” Eban delivered an address before the Ad Hoc Political Committee of the United Nations entitled “Israel: The Case for Admission to the United Nations.”⁵⁹ In his speech Eban declared, “Rarely in history had a people so small in all the attributes of physical power surmounted so many ordeals and adversities in its path to independence. It had emerged out of mortal danger into the clear prospect of survival.”⁶⁰ Eban was expressing the same spirit and resolve of early Zionists, noting the trauma of the past, but emphasizing the fortitude of the Jews.

In line with Zionist values, Israel was not promoted as a nation for the desperate, the meek, or the dysfunctional Jews of the world. Immediately following the Holocaust other nations may have viewed Israel as an essential sanctuary for the tortured victims of Hitler, but it was clear that the Israelis did not intend to dwell on this trauma or have it

⁵⁹ Aubrey S. Eban, *Israel: The Case of Admission to the United Nations*. Address delivered before the Ad Hoc Political Committee of the United Nations on May 5, 1949, (New York: Israel Office of Information, 1949).

⁶⁰ Aubrey S. Eban, *Israel: The Case of Admission to the United Nations*. Address delivered before the Ad Hoc Political Committee of the United Nations on May 5, 1949, (New York: Israel Office of Information, 1949), 5.

define who they were. Zionist leaders stressed that the past must never be forgotten, but in order to create a productive, powerful, and enduring nation, Israelis must focus on the present and on the future. A particularly representative example of this Zionist ethos can be seen in the writings of Martin Buber, an active Zionist since the turn of the nineteenth century and a renowned scholar. Buber was a professor of philosophy at the University of Frankfurt, but fled to Jerusalem in 1938. In 1939, Buber published an article in which he said:

[The] holding back and bearing of the world's indifference is called "havlaga" (self-restraint). We do not claim that he who practices this is a hero; but we do say that self-restraint is the real strength...Even he who emerges from the trial unbroken may still have to endure and go on waiting in greatest bitterness. But he will live, and when the time for harvest comes, faith alone will walk over the fields and reap.⁶¹

Buber succinctly encapsulates the Zionist mentality of the era, emphasizing the merit of quietly bearing the burden of past "trials." Strength in the face of adversity was a major tenet of Zionism for fragility was perceived as a relic of the Diaspora.

In the first decade of Israel's existence, these Zionist ideologies were perpetuated through the *Sabra* culture. The *Sabra*⁶² was an early construct of Zionist ideology – a physical embodiment of the strength and power of the new state that stood in direct contrast to the image of the Diaspora Jew, who was characterized by frailty and cowardice. Israelis wanted to fight against this image of the weak and intellectual Jew of the Diaspora and instead cultivate a new Jew, brawny and skilled, "tall, strong, tanned, simply dressed, [with]...high-rise hair" that would denote the "'wild and untamed, yet innocent and sincere' *Sabra*."⁶³ In her writings, anthropologist Meira Weiss cites an infamous passage

⁶¹ Martin Buber, "Keep Faith," *The Palestine Post*, July 18, 1938.

⁶² A *Sabra* is a prickly fruit found in Israeli but the term is used to label native-born Israelis.

⁶³ Ehud Ben-Ezer, *The Image of 'the Jew' in Literature of the 'Native-Born'* (1967), 110, quoted in Meira Weiss, *The Chosen Body: The Politics of the Body in Israeli Society* (Stanford: Stanford University Press, 2002), 26.

from an Israeli *Haggada*⁶⁴ that exemplifies the resentment felt by many Israelis: “Had [the six million Jews killed in the Holocaust] known that a Jew has power too, they would not have all gone as a lamb to the slaughter.”⁶⁵ Israelis were obviously conscious of their status as “new Jews,” as images and stories of these model *Sabras* pervaded Israeli life and literature during the 1940s and 1950s. Historian and sociologist Oz Almog has written a book about the *Sabra* and describes in detail how this “cultural archetype” was immortalized in Israeli society. Almog emphasizes that the *Sabra* was not meant to be hostile or antagonistic, but rather a kind and brave individual who embodied the loftiest ideals of Zionism.⁶⁶ Almog explains that the *Sabra* was constructed as a “gentile Jew” as a belated result of the Zionism’s “envy of the gentiles,” since most early Zionists were secular.⁶⁷ In the 1950s, this notion was taken to the extreme by some Israelis who rejected Zionism as a Jewish movement too closely tied to the culture of the Diaspora.⁶⁸ They referred to themselves as Hebrews, instead of Jews, as part of what noted Israeli historian Tom Segev describes as the “Canaanite worldview...that the Zionist movement itself had cultivated.”⁶⁹ Israelis were purposely remodeling themselves to become stronger and more self-sufficient. There was immense social pressure to conform, but there was also immense excitement and hope created by Zionist ideologies and *Sabra* culture.

Israelis were striving to become these “new Jews” and their attitudes towards the traumatized and the debilitated reflected their new social positions. In fact, following the

⁶⁴ A *Haggada* is a Passover text that includes the biblical tale of the Israelites’ exodus from Egypt as well as a collection of various other fables and maxims. *Haggadas* vary greatly in their content and usually are directed at a specific audience, whether that means Orthodox Jews, Reform Jews, Children, or the Jews of a particular Diaspora.

⁶⁵ Meira Weiss, *The Chosen Body: The Politics of the Body in Israeli Society* (Stanford: Stanford University Press, 2002), 25.

⁶⁶ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000), 76.

⁶⁷ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000), 76.

⁶⁸ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 42.

⁶⁹ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 43.

establishment of the State of Israel, some Israelis were openly hostile to the immigration of the weak. In his seminal history, *1949: The First Israelis*, Segev quotes Levi Eshkol, who went on to be Israel's third Prime Minister, as having said, "Israel is a small country and cannot take in all the crazy Jews in the world."⁷⁰ Segev references a Zionist Executive from June 19, 1949, to demonstrate that Eshkol was referring specifically to the mentally ill.⁷¹ An influential but often controversial Israeli historian, Segev notes, "The attitude of the first Israelis toward the newcomers was complex and self-contradictory."⁷² In Israel, the experience of trauma was somewhat universal and, in many ways, it seemed to be a continuation of the extended Jewish history. The message of Zionism was not to forget these past collective trials, but instead to utilize them as motivation to become stronger and positively guide the fate of the Jewish people. We can see that although there was a widespread recognition that trauma had been a fact of the past, Zionist ideology created a new Jewish people that valued individuals who would aid in the process of nation-building.

Psychiatry and its Related Disciplines in Israel

After exploring the popular Israeli conception of, and attitude toward, trauma we have determined that, at the State's inception in 1948, the new Israelis acknowledged the past traumas of the Jewish people. However, they envisaged their new state as a form of Jewish empowerment; they were not to resemble the Jews of the Diaspora culture who had tolerated discrimination, expulsion and extermination. As such, within Israel, in accordance with prevailing Zionist ideologies, a new discourse was created ignoring, if not

⁷⁰ Levi Eshkol in Tom Segev, *1949: The First Israelis*, trans. Arlen Neal Weinstein (New York: The Free Press, 1986), 117.

⁷¹ Levi Eshkol in Tom Segev, *1949: The First Israelis*, trans. Arlen Neal Weinstein (New York: The Free Press, 1986), 117.

⁷² Tom Segev, *1949: The First Israelis*, trans. Arlen Neal Weinstein (New York: The Free Press, 1986), 117.

rejecting, any perceived weakness in Israeli society – including physical and mental debilitation. It was accepted that wars, terrorism, loss and other traumas had been experienced by nearly all Israelis (not just the Jews of Europe, but also the Jews from Arab countries) hence those who dwelt on these past troubles were deemed especially feeble. One might expect such opinions from a public immersed in an exhilarating and sweeping movement that encouraged and validated the near-utopian hopes of a newly independent people. However, many of these attitudes were shared and condoned by the psychiatric community in Israel who were also critical of mass immigration and failed to recognize, let alone treat, cases of Combat Stress Reaction following the War of Independence.⁷³ It is important to carefully examine the history of psychiatry, psychology and psychoanalysis in Israel in order to understand how psychiatrists, psychologists and psychoanalysts adapted their profession to endorse Israeli cultural norms.

Prior to the founding of the state of Israel, psychiatry and other disciplines concerning mental health-care were not held in particularly high esteem in the British Mandate.⁷⁴ To say that the *Yishuv* entirely rejected the medical fields of mental health would be inaccurate; however, the pervasive attitudes of the populace towards these fields, and towards the mentally ill, could not be described as anything but hesitant acknowledgement.⁷⁵ Even when the need for mental health facilities was conceded, the chagrin of Israelis was evident. In a review chronicling the circumstances in Israel, published by the Israel Office of Information in 1954, the “problem of mental disease” is

⁷³ Rakefet Zalashik and Nadav Davidovitch “Recalling the Survivors: Between Memory and Forgetfulness of Hospitalized Holocaust Survivors in Israel,” *Israel Studies* 12, no. 2. (2007). Also, Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992).

⁷⁴ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 569-587.

⁷⁵ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 569-587.

described as “one of the gravest facing the Ministry of Health.”⁷⁶ Remarkably, the first explanation of this predicament was that “It is an immediate consequence of unselective immigration.”⁷⁷ This excerpt suggests that mental illness was regarded as an abnormality imported from abroad, rather than a disorder native to the Israeli population. It implies that the best strategy would have been to prohibit the entrance of mentally ill Jews into Eretz Israel, a direct contradiction of the Law of Return, passed in 1950, that grants all Jews the right to immigrate to Israel.⁷⁸ Psychiatric illnesses were recognized and understood, but were heavily stigmatized. Many Israelis viewed the mentally ill as humiliating impediments to the proper functioning of the State and, therefore, directly sabotaging the goals and potential of Zionism.⁷⁹

In this way, mental health professionals already had the difficult challenge of finding a place for themselves within a generally resistant society. As it was, many members of the *Yishuv* considered psychiatry a foreign endeavor – and frankly they were correct. For example, Dr. Erich Gumbel, writing in 1965 on psychoanalysis in Israel, comments: “in the days of the British Mandate over Palestine, most of the lectures were delivered in German.”⁸⁰ The fact that psychiatrists, or in this case psychoanalysts, would hold meetings in Israel in a language other than Hebrew bespeaks the cultural estrangement between mental health professionals and the *Yishuv*. Perhaps this statement could be challenged since it is true that many immigrants did not speak Hebrew; however, prior to the Holocaust most immigrants to Palestine were Zionists and at least attempted to learn Hebrew and engage with the community. Two eminent historians of Israeli

⁷⁶ *Israel 1954*, (New York: Israel Office of Information, 1954), 142.

⁷⁷ *Israel 1954*, (New York: Israel Office of Information, 1954), 142.

⁷⁸ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 383.

⁷⁹ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 569-587.

⁸⁰ Erich Gumbel, “Psychoanalysis in Israel” *Is. Ann. of Psych. and Rel. Disc.* 3, no. 1. (1965): 91.

psychiatry, Rakefet Zalashik and Nadav Davidovitch, explain that in the British Mandate for Palestine, and subsequently in Israel, these European scientists formed an elite class of medical professionals that was largely removed from the majority of the population.⁸¹

Many of these psychiatrists, psychologists and psychoanalysts had been celebrated professors at the leading European universities before immigrating to Palestine. These professionals had become accustomed to the scientific-medical tradition of Western Europe; unfortunately, psychiatrists quickly realized that the existing mental-health infrastructures and funding network were tremendously inferior to those in their native countries. Yet what especially perturbed them was the lack of respect they received from members of the *Yishuv*. Zalashik and Davidovitch recount the tale of Martin Pappenheim, a Jewish-Viennese psychiatrist who was recruited to serve as the head of an asylum in Bnei-Brak, yet whose entrance into Palestine was repeatedly blocked by members of the *Yishuv* who questioned his political allegiances. As Zalashik and Davidovitch state, “German Jewish immigrants were often suspected of being too bourgeois and of lacking ideological conviction, and as such they were perceived as potential dangers to the Zionist cause.”⁸² Naturally, this cynicism was mutual. Although many of these elite psychiatrists had no understanding of the local *Yishuv* culture, barely spoke Hebrew and held meetings in German, they expressed disbelief and disdain that they were not fully trusted or adequately admired.⁸³ Their frequent scorn for their new patient population reveals their innate sense of superiority as European intellectuals. This superciliousness likely corresponds to the fact that most, if not all, of these psychiatrists did not immigrate to Palestine by choice, but

⁸¹ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 569-587.

⁸² Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 574.

⁸³ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 579.

rather to escape the escalating oppression of Nazism; they deeply missed their lives and careers in Europe and originally rejected the Zionist pioneer spirit of the Yishuv.

Still, these refugee psychiatrists were committed to their fields of study. In 1934, fifteen psychiatrists and neurologists in Jerusalem formed the Eretz Israel Neuro-Psychiatric Society.⁸⁴ Soon after, other “professional circles” were formed in Tel Aviv and Haifa, with twenty-six and five members, respectively.⁸⁵ As in Europe, within the psychiatric community existed a wide range of opinion on the origins of mental disease and the appropriate methodologies for classification and treatment. Freudian psychoanalysis came to Palestine in the form of Dr. Max Eitingon, “one of Freud’s ‘Group of Seven.’”⁸⁶ Freud himself had served on the board of governors of the Hebrew University of Jerusalem in the 1920s, but until Eitingon’s immigration in 1933, there was not a serious community of psychoanalysts in Israel.⁸⁷ Upon his arrival, Eitingon founded the Palestine Psychoanalytic Society, which became the Israel Psychoanalytic Society (IPS) in 1948.⁸⁸ Dr. Erich Gumbel traces the activities of the IPS and the significant influence it had in early Israel – from its active role in the Child and Youth Immigration Department of the Jewish Agency to its powerful voice as a consultant for leaders of the Kibbutzim.⁸⁹ However, even with the growing importance of psychoanalysis in Palestine, the Rector of the Hebrew University rejected the proposal to create a Chair of Psychoanalysis at the University in 1932 and instead hired “an academic animal

⁸⁴ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 574.

⁸⁵ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 575.

⁸⁶ Rafael Moses, “A Short History of Psychoanalysis in Palestine and Israel” *J. Am. Acad. Psychoanal.* 26, (1998): 329-341.

⁸⁷ Rafael Moses, “A Short History of Psychoanalysis in Palestine and Israel” *J. Am. Acad. Psychoanal.* 26, (1998): 329-341.

⁸⁸ Erich Gumbel, “Psychoanalysis in Israel” *Is. Ann. of Psych. and Rel. Disc.* 3, no. 1. (1965): 91.

⁸⁹ Erich Gumbel, “Psychoanalysis in Israel” *Is. Ann. of Psych. and Rel. Disc.* 3, no. 1. (1965): 91.

psychologist.”⁹⁰ Ultimately a Sigmund Freud Chair of Psychoanalysis was established at the Hebrew University in Jerusalem, but not until 1977, by which time the field of psychiatry had changed immensely. During the 1930s, 1940s, and early 1950s, the state of psychiatry in Israel was in many ways typical of the nation itself – disorganized, entangled in conflict, and firmly linked to European conventions. The community as a whole, and its academic focus on mental illness, remained largely isolated from the Yishuv and the first Israelis.⁹¹

A Profession with a View

Despite this schism in the pre-State period, as European psychiatrists assimilated to their new environments they were not left untouched by the prevailing spirit of Zionism. After the end of World War II, professionals who were not persuaded by the Zionist credo, and continued to feel removed from early Israeli society, gradually emigrated from Israel, often to the United States.⁹² Hence the psychiatric community that remained in Israel was generally committed to life in Israel and continued to expand their professional institutions and advocate for improved mental health in Israel. As a matter of fact, these early Israeli psychiatrists realized that there was a great deal of common ground between European psychiatry and the *Sabra* culture of early Israel. For example, one of the most striking features of the newly established psychiatric community in early Israel was the prevalence of theories relating to psychiatric eugenics. Initially, this may appear quite bizarre due to the profound link between eugenic theory and Nazi policy, which had compelled so many Jewish psychiatrists to immigrate to Palestine. However, early Israelis made an explicit

⁹⁰ Rafael Moses, “A Short History of Psychoanalysis in Palestine and Israel” *J. Am. Acad. Psychoanal.* 26, (1998): 329-341.

⁹¹ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009).

⁹² Erich Gumbel, “Psychoanalysis in Israel” *Is. Ann. of Psych. and Rel. Disc.* 3, no. 1. (1965): 91.

distinction between Aryan eugenics and the field that was dubbed “mental hygiene.”⁹³ As an aside, analogous theories of “mental hygiene” were believed and practiced around the world, including in the United States.⁹⁴ Along with the genuine concern that Jews were more prone to mental diseases than gentiles, there was a sincere fear that a new Jewish state would not survive if the inhabitants were impaired in any capacity.⁹⁵ As Zalashik and Davidovitch observed, “eugenic theories and practices went hand in hand with the Zionist Movement’s goal to create the ‘New Jew.’”⁹⁶ Of course, any notions of mental hygiene did not come anywhere near the horrific realities of the Nazi execution of the mentally ill and physically handicapped, but the distaste for anyone considered “mentally weak” enabled psychiatrists to overlook and disregard many obvious manifestation of mental illnesses induced by trauma.

In particular, theories of mental hygiene created a complex relationship between Israeli culture and the traumatized victims of the Holocaust. Historians Zalashik and Davidovitch have investigated this troubled convention and documented the initial reaction towards Holocaust survivors, their past traumas, and their present status in society.⁹⁷ Zalashik and Davidovitch point to an Israeli identity crisis induced by these survivors: “The survivors were flesh and blood reminders of the reality that [Zionists] meant to distance themselves from: that the ‘strong’ and ‘healthy’ Israeli was rooted in the ‘weak’

⁹³ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 580.

⁹⁴ Rakefet Zalashik, “Psychiatry, ethnicity and migration: The case of Palestine, 1920-1948,” *DYNAMIS. Acta Hispanica ad Medicinal Scientifiarumque Historiam Illusrandam* 25 (2005): 403-422.

⁹⁵ Rakefet Zalashik, “Psychiatry, ethnicity and migration: The case of Palestine, 1920-1948,” *DYNAMIS. Acta Hispanica ad Medicinal Scientifiarumque Historiam Illusrandam* 25 (2005): 403-422.

⁹⁶ Rakefet Zalashik and Nadav Davidovitch, “Profession Identity across the Borders: Refugee Psychiatrists in Palestine, 1933-1945,” *Social History of Medicine* 22, no. 3. (2009): 583.

⁹⁷ Rakefet Zalashik and Nadav Davidovitch “Recalling the Survivors: Between Memory and Forgetfulness of Hospitalized Holocaust Survivors in Israel,” *Israel Studies* 12, no. 2. (2007): 150.

and ‘diminished’ Diaspora Jew.’⁹⁸ The dearth of publications relating to the psychological consequences of specific traumatic experiences of Holocaust survivors, which included bereavement, starvation, rape, human experimentation, and witnessing mass murder, was related to the pervasive Zionist ideology that Israelis were a new type of Jew, resilient and fierce.⁹⁹ In fact, most of the original studies published on the psychiatric conditions of Holocaust survivors were published outside of Israel, in spite of the obvious abundance of Holocaust survivors who resided there.¹⁰⁰ Psychiatrist and historian Judith Stern writes on this scarcity of investigation and notes that even when there were studies published they were generally “optimistic” and display “the kind of denial that was prevalent in Israel for many years.”¹⁰¹ Stern explains this phenomenon in light of the aforementioned Zionist ideologies that rejected and resented Jews of the Diaspora: “Psychiatrists and psychotherapists had been influenced by society’s attitude of denial and avoidance of Holocaust memories. It was not easy for them to develop their own clinical understanding when another general attitude pervaded even professional circles.”¹⁰²

However, Israeli psychiatrists were not only avoiding the post-traumatic reactions of Holocaust survivors; this was more than a complex Jewish-Israeli identity crisis. Avi Bleich, in a short review of military psychiatry in Israel, points to the “denial of Combat

⁹⁸ “Rakefet Zalashik and Nadav Davidovitch “Recalling the Survivors: Between Memory and Forgetfulness of Hospitalized Holocaust Survivors in Israel,” *Israel Studies* 12, no. 2. (2007): 150.

⁹⁹ “Rakefet Zalashik and Nadav Davidovitch “Recalling the Survivors: Between Memory and Forgetfulness of Hospitalized Holocaust Survivors in Israel,” *Israel Studies* 12, no. 2. (2007): 150.

¹⁰⁰ SEE J. Dreyfus-Moreau, “Etude structurale de deux cas de nevrose concentrationnaire” *Evol Psychiatr* 2 (1952): 201-20. (France) OR A. Szymusi, “Poobozowe zaburzenia psychiczne u bylych wiezniow obozu koncentracyjnego w Oswiecimiu [Mental disorders after liberation in former prisons of the Auschwitz concentration camp.]” *Przegląd Lekarski* 18, no. 1 (1962): 98-102. (Poland)

¹⁰¹ Judith Stern, “The Eichmann Trial and Its Influence on Psychiatry and Psychology” *Theoretical Inquiries in Law* 1, no. 2 (2000): 6.

¹⁰² Judith Stern, “The Eichmann Trial and Its Influence on Psychiatry and Psychology” *Theoretical Inquiries in Law* 1, no. 2 (2000).

Stress Reaction” by psychiatrists during and after the Israeli War of Independence.¹⁰³ This war was an extremely bloody war in which one percent of Israel’s population, six thousand people, were killed.¹⁰⁴ Today, Israeli psychiatrists generally acknowledge that there were “numerous mental casualties” in the War of Independence.¹⁰⁵ However, neither during the war nor in the decade that followed did mental health professionals in Israel document or study these individuals.¹⁰⁶ It is important to note that the lack of literature certainly cannot be attributed to a global avoidance or disregard for such topics. War neuroses had been a major topic of discussion in psychiatric circles since the phenomenon of “Shell-Shock” was described after World War I. Theories regarding combat stress were still very much in vogue in 1945 when Lieutenant Colonel Roy Grinkler and Major John Spiegel, of the AAF Convalescent Hospital in Florida, published *Men Under Stress*, which thoroughly reviewed the psychological effect of war on soldiers. The book opens proclaiming, “The stress of war tries men as no other test that they have encountered in civilian life...under sufficient stress any individual may show failure of adaptation, evidence by neurotic symptoms.”¹⁰⁷ The psychiatric community in Israel was certainly in touch with psychiatrists in America and Europe, so it seems puzzling that there was very little discussion of the traumatic effects of the War of Independence in 1948, or for that matter the Sinai War of 1956, on Israeli soldiers, let alone on civilians who often directly experienced the effects of war.¹⁰⁸ Bleich believes, “The failure to face up to the issue of Combat Stress Reaction stemmed

¹⁰³ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 205.

¹⁰⁴ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 205.

¹⁰⁵ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 205.

¹⁰⁶ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 205.

¹⁰⁷ Roy R. Grinker and John P. Spiegel. *Men Under Stress*. (Philadelphia: Blakiston, 1945). vii.

¹⁰⁸ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 203-217.

from a value judgment which regarded it as tantamount to cowardice.”¹⁰⁹ In this way, we can extend Stern’s explanation of psychiatry’s neglect of Holocaust survivors to encompass the parallel avoidance of other post-traumatic psychological reactions. Psychiatrists and other mental health professions were heavily influenced by the *Sabra* culture that viewed Israelis as exceptionally strong and capable. Thus, Israeli psychiatrists were not prepared to recognize evidence of Combat Stress Reaction, as they did not expect to see these reactions in their society. It is likely that if they encountered a patient exhibiting these symptoms they would have considered this individual a craven anomaly. We can see that this was simply a reflection of the atmosphere of extreme confidence in Israel after the War of Independence. For example, in the “Israel 1954” review published by the Israel Office of Information, this enthusiasm is obvious:

The Army of Israel was born in the midst of war. It had to fashion itself, in the chaos and anarchy of battle conditions, into an effective fighting machine. It had limited physical resources but an unlimited stock of fighting spirit. It was victorious in the War of Liberation.¹¹⁰

The rhetoric is only enhanced in regards to the battles fought over outlying Israeli settlements:

It is axiomatic in war that people fighting on their own soil show a higher mettle than a soldier fighting on a vague distant battlefield. The pioneer settler who has created something out of nothing with his own hands is usually prepared to defend it to the very last. In no other terms can one explain the victory in the battle of the settlements when, in each case, they faced a vast superiority of firepower and armour.”¹¹¹

Clearly the official position was that the Israelis had more “mettle” than any others and were thus destined to succeed.

Tom Segev shows the extent to which these characterizations of the ideal Israeli soldier permeated Israeli popular culture, referencing multiple plays, poems, and best-

¹⁰⁹ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 205.

¹¹⁰ *Israel 1954*, (New York: Israel Office of Information, 1954), 44.

¹¹¹ *Israel 1954*, (New York: Israel Office of Information, 1954), 52.

selling novels featuring the heroic Sabra as the protagonist.¹¹² If the 1948 War of Independence was seen as successful, the Sinai War was viewed as a euphoric victory. The war was fought in response to the escalating menacing by Egypt, including attacks on Israeli civilians and soldiers as well as Egypt's president Gamal Abdel Nasser's decision to nationalize the Suez Canal and the Strait of Tiran, which were essential for Israeli and international trade.¹¹³ Sachar highlights the favorable results of this war stating, "Fedayun [suicide troops] activity from Gaza virtually ended. Israelis in the outlying border settlements now could work and sleep in peace for the first time in seven years. The Gulf of Aqaba was open and stayed open for eleven years."¹¹⁴ The immense spirit of excitement and hope immediately following the Sinai War served to further engrain the ethos of Zionism into Israeli culture. In fact, the military victories were being interpreted as proof of the legitimacy of the *Sabra* culture and the related Zionist ideologies. As there were very few publications, perhaps only one, relating to Combat Stress Reactions following the Sinai War, and as Israeli psychiatrists maintained an uneasy silence regarding the mental status of Holocaust survivors, it is clear that the psychiatrists were not immune to this patriotic spirit.¹¹⁵

A common explanation of this psychiatric negligence is simply that there were too many distractions in a new and poor country like Israel in the 1950s and that, as a result of this early struggle, the field of psychiatry did not have the time or the resources to thoroughly investigate any of these issues. Dr. Dan Hertz, formerly a psychiatrist at Hadassah Hospital in Jerusalem, expressed this sentiment with relation to the Holocaust in

¹¹² Tom Segev, *1949: The First Israelis*, trans. Arlen Neal Weinstein (New York: The Free Press, 1986), 290.

¹¹³ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

¹¹⁴ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 514.

¹¹⁵ Avi Bleich, "Military Psychiatry in Israel: Historical Review" *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 203-217.

a retrospective article published in 1993.¹¹⁶ He writes, “Other urgent responsibilities did emerge which did not erase the impact of the Holocaust, but somewhat enhanced the avoidance of the confrontation with the recent past.”¹¹⁷ To some extent, Hertz’s argument is true – there were so many distractions in the first decade of Israel’s existence, from the War of Independence to the massive waves of immigration to the Suez Crisis of 1954, that the infrastructure of Israel’s psychiatric community was still substandard by the late 1950s. For example, Israel’s major psychiatric publication, *The Israel Annals of Psychiatry and Related Disciplines*, was not founded until 1963.¹¹⁸

Yet, even in the earliest articles in this publication, the significant extent to which Zionist ideologies and priorities are influencing the psychiatric community is evident. In an article from the first issue of *The Israel Annals of Psychiatry* entitled, “The Importance of a Mental Health Center in the Community in Israel,” the Head of the Community Mental Health Team shows the significant effect Israeli society had on psychiatry:

Israel had to absorb Jews from many parts in the world and...Various attitudes and behavioral patterns had to be considered when trying to find an answer in accordance with mental health principles. In addition, we were faced with a great number of sick, defective, handicapped, and anti- or asocial elements as a result of an immigration without selection...That was the situation when we started...promoting mental health within a community in Israel where a new Way of Life was in the making.¹¹⁹

This excerpt is particularly revealing, because it demonstrates the extent to which psychiatry in Israel was tied to the *Sabra* culture and reflected cultural norms. For example, the remark about “immigration without selection” echoes the sentiment expressed in the 1954 “Report on Life in Israel” by the Israel Office of Information

¹¹⁶ Dan Hertz, “Heinrich Zvi Winnik; Profile of a Pioneer Israeli Researcher of the Holocaust” *Echoes of the Holocaust* 2. (1993): 1.

¹¹⁷ Dan Hertz, “Heinrich Zvi Winnik; Profile of a Pioneer Israeli Researcher of the Holocaust” *Echoes of the Holocaust* 2. (1993): 1.

¹¹⁸ “Editorial: The Israel Journal of Psychiatry: Past and Future,” *Isr. J. Psychiatry Rel. Sci.* 42, no. 1. (2005): 1–4.

¹¹⁹ S. Baumatz, “The Importance of a Mental Health Center in the Community,” *Is. An. Psych. Rel. Disc.* 1 no.1 (1963).

discussed earlier. Similarly, the allusion to the *Sabra* culture (the “new Way of Life”) suggests the extent to which these theories of Jewish nationalism had pervaded every facet of Israeli society. It is clear that by 1963, Israeli psychiatrists had espoused the goals of Zionism, using their craft to aid with assimilation, promote the *Sabra* way of life, and even to classify individuals who deviated from the norm as “anti- or asocial.”¹²⁰

Even if psychiatrists in Israel had been inclined to identify traumatized individuals or engage in a critical dialogue on the effects of trauma, they would have found themselves in a uniquely precarious situation. Zionism, as presented by the *Sabra* culture, pontificated that the new Jews of Israel would be stronger and more powerful. Those who had overcome past traumas, and were prepared to fight for the Jewish people, comprised this new formidable nation. If suddenly psychiatrists were to say that the traumas – whether experienced through Holocaust, through expulsion, through immigration, or on the battlefields – were having deleterious effects on Israeli society, they would be attacking Zionism and the strength of their own countrymen. One must keep in mind the extent to which trauma and loss had become a part of a latent Israeli identity. If one was not a Holocaust survivor, one was a foreign immigrant, a soldier, or at the very least, a Jew whose ancestors had experienced racial and religious discrimination for generations. Of course psychiatrists were aware of this phenomenon as many had fled persecution themselves. As such, psychiatrists were not necessarily disregarding or denying trauma; traumatic experiences, and even moderate psychological effects of this trauma, was the norm. Thus we evoke the theories of renowned philosopher and sociologist, Michel Foucault, who recognized that mental illness is determined in relation to the standard

¹²⁰ S. Baumatz, “The Importance of a Mental Health Center in the Community,” *Is. An. Psych. Rel. Disc.* 1 no.1 (1963).

mental condition of the individuals that compose the society.¹²¹ In this way, diagnosing a patient with a mental illness is simply a way of labeling them socially deviant.¹²² How then would psychiatrists in Israel address trauma as a source of mental illness (*i.e.* deviance) if it were not an aberrant experience?

This consideration was raised in an interview conducted with Dr. Shlomit Gross, an Israeli psychologist who currently practices in Tiburon, California and treats mostly Israeli patients.¹²³ Dr. Gross recalls the experience of trauma in Israel as innate, and at least to some extent, a source of pride – she even references the struggles of her own family members:

Though trauma was recognized, most people carried on. Of course, some severe cases of psychosis were recognized but for the most part everyone was traumatized from the Holocaust...Everyone handled the trauma in their own way. Looking back...my aunt did have something like PTSD. She certainly had nightmares and talked about the War a lot. But it was normal. It was expected.¹²⁴

Dr. Gross indicated there was an unspoken belief that individuals should handle their own disturbing pasts without burdening others.¹²⁵ By no means, however, did Dr. Gross present this phenomenon as negative or repressive; on the contrary, this willful move to forget one's past was part of the invigorating and confident climate in the first decades of Israel.¹²⁶ In fact, she believes that her father, who was also a Holocaust survivor, found the opportunity to fight for the State of Israel deeply cathartic because it gave him a purpose and restored his pride.¹²⁷ There was a sense that simply being in Israel, simply being part of the Zionist movement, made these traumas, both in the past and in the present, a source

¹²¹ Michel Foucault, *Madness and Civilization: a History of Insanity in the Age of Reason*, (New York: Routledge, 2001).

¹²² Michel Foucault, *Madness and Civilization: a History of Insanity in the Age of Reason*, (New York: Routledge, 2001).

¹²³ Shlomit Gross. Interview by author. Skype Recording. Princeton, NJ, February 6, 2011.

¹²⁴ Shlomit Gross. Interview by author. Skype Recording. Princeton, NJ, February 6, 2011.

¹²⁵ Shlomit Gross. Interview by author. Skype Recording. Princeton, NJ, February 6, 2011.

¹²⁶ Shlomit Gross. Interview by author. Skype Recording. Princeton, NJ, February 6, 2011.

¹²⁷ Shlomit Gross. Interview by author. Skype Recording. Princeton, NJ, February 6, 2011.

of camaraderie, a reality to be channeled into the spirit of life and mind. In a 1961 sociologic study on Israeli immigration, called “Migration and Belonging,” the authors express this sentiment: “The fact is that the refugee in Israel ‘comes home,’ so to speak, notwithstanding all the many differences in mentality between the Jews arriving from the Diaspora and the Jews resident in Israel.”¹²⁸ The notion that there was a tragic past shared by all Jews that would finally be overcome with the existence of a national homeland was widespread.

In this context, we develop a nuanced appreciation of the psychiatric community’s perspective in early Israel and its approach to trauma. Mental health professionals practicing and researching in Israel were still Israelis. They adopted the complex, and often contradictory, attitudes towards trauma held by other Israelis. Alongside the Zionist optimism was the often-bitter day-to-day reality of life in Israel with poverty, limited resources, wars, terrorism, and national isolation. While Sachar maintains that the 1950s in Israel were a time of unrivaled joy, other historians, such as Segev, argue that there was a growing undercurrent, of anxiety and anguish.¹²⁹ Fathers, sons, and husbands were killed in battle; school children were killed in bombings; and soldiers witnessed the confusing horrors of war – clearly the Israeli mood was not eternally overjoyed. Segev regales his reader with the amusing and revealing Israeli custom on El Al flights to applaud upon landing – “the working assumption was that the plane would crash. Landing safely was cause for celebration.”¹³⁰ Even traumatic war experiences were shared in public forums, without censorship from the government. The famous 1949 novella by S. Yizhar, *Khirbet Khizeh*, a harrowing literary work about an Israeli soldier unnerved by his assignment to

¹²⁸ Abraham A. Weinberg, *Migration and Belonging* (The Hague: Martinus Nijhoff, 1961), 112.

¹²⁹ Tom Segev, *1949: The First Israelis*, trans. Arlen Neal Weinstein (New York: The Free Press, 1986).

¹³⁰ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 13.

expel native Palestinians from their village, was considered a masterpiece of Modern Hebrew writing and was assigned reading in Israeli high schools for decades.¹³¹ Yizhar, who fought in the War of Independence himself, beautifully verbalizes the trauma of this war, which he says “has haunted me ever since,” and the extent to which he felt it conflicted with his moral principles.¹³² He openly questions what he perceives as Zionist hypocrisy – an emphasis on the need to end Jewish exile in the Diaspora while simultaneously forcing native Palestinians into an exile of their own.

Yizhar’s style of reflection would fit into a more holistic picture of Israeli reality, not the oft over-simplified portrait of dominating radical Zionism. There existed an acceptance of trauma as part of daily life, as part of physical existence, along with a conviction that such trauma must not be permitted to overshadow the accomplishments of the new state or transfix, and thereby debilitate, its citizens. Trauma was experienced, pain was felt, distress was written about; but the prevailing ideologies of the time, which had captivated the new nation, prevented the anguish from being over-analyzed. This extended into the realm of psychiatry, in which there was a reluctance to medicalize the effects of trauma, or address the potential enfeeblement of Israeli society as a result of the ongoing anxiety despite the seemingly ample supply of traumatized victims. However, as various aspects of Israeli society shifted and fluctuated, the effects of trauma on Israelis became harder to endure and impossible to ignore. Over the course of several decades, trauma would no longer be viewed as a necessary evil, but would come to occupy the thoughts and works of Israelis, and especially those of the Israeli psychiatric community.

¹³¹ Afterward by David Shulman, S. Yizhar, *Khirbet Khizeh*. Trans. Nic’holas De Lange and Yaacob Dweck. (Jerusalem: Ibis Editions, 2008.) 115.

¹³² S. Yizhar, *Khirbet Khizeh*. Trans. Nicholas De Lange and Yaacob Dweck. (Jerusalem: Ibis Editions, 2008.) 7.

Chapter Two: “A Change is Gonna Come”¹³³

The Sixties and the Start of Something New

The early sixties were a time of relative stability for the State of Israel. By 1965 it had been nearly a decade since Israeli soldiers had fought in a major war and, although tensions with Arab neighbors remained high, there existed a growing ease among Israelis as it became clear that their new homeland was permanent, not just a transitory addition to the world map. Israel was, in many ways, in a practical period of economic, intellectual, and artistic development.¹³⁴ Sachar notes that the years of peace after the Sinai War enabled Israel “to establish...trade relationships with the Orient, to inaugurate a series of pipelines that transformed the little republic into one of the major oil entrepôts between Iran and Europe, and to develop an industrial infrastructure.”¹³⁵ There were studies conducted in Israel assessing everything from agriculture products to religious tensions to the healthcare system.¹³⁶ The State was focused on assessment, improvement, and innovation.

Within psychiatry, a similar movement of growth was apparent. In 1963, Heinz Zvi Winnik founded *The Israel Annals of Psychiatry and Related Disciplines*, which became the official publication of the Israel Psychiatric Association.¹³⁷ Many articles in *The Israel*

¹³³ Sam Cooke, “A Change is Gonna Come,” *Ain’t That Good News*, 1963, RCA Victor.

¹³⁴ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 514.

¹³⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 514.

¹³⁶ SEE: Yair Mundlak, *Long-term Projections of Supply and Demand for Agricultural Products in Israel*, (Jerusalem: Faculty of Agriculture, Hebrew University, 1964). OR Eliezer Goldman, *Religious Issues in Israel's Political Life*, (Jerusalem: Mador Dati, Youth and Hechalutz Department, World Zionist Organization, 1964) OR *Research Report, Volume II, Medicine, Pharmacy, Dental Medicine*, (Jerusalem: Authority for Research and Development and the Dept. of Organization and Information of the Hebrew University of Jerusalem, 1965).

¹³⁷ David Greenberg, “The Israel Journal of Psychiatry: Past and Future,” *Is J Psych Rel Disc* 42, no. 1 (2005): 1–4.

Annals of Psychiatry analyzed the infrastructure of the mental health care system in Israel, raising questions as to its efficacy or proposing measures to induce reform. In an article published in 1963, entitled “The importance of a mental health center in the community in Israel,” the author reviews the immense challenge faced by Israeli psychiatrists after the founding of the state and the progress they made.¹³⁸ The final section of the article discusses “vistas for the future,” at which point the author, Dr. S. Baumatz, asserts, “A lot more has to be done and should be done.”¹³⁹ He specifically mentions, “requests for new clinics,” a need for “educational work and counseling,” a “lack of personnel,” and plans for “an appropriate Post Graduate Center.”¹⁴⁰ An article published one year later in the journal of the Israeli Medical Association, *Harefuah* (□□□□□□), outlines a “program for dealing with the epidemiologic aspects of mental disorders in Israel.”¹⁴¹ Even the status of psychoanalysis, and its history as a “young science” in a “young country,” was examined as recommendations were made for future progress.¹⁴² In the Israeli field of psychiatry, as in the nation as a whole, there was a self-conscious emphasis on forward momentum, as the need for development was discussed with urgency.

Perhaps most intriguing was expansion and slight alterations made in the Israeli Defense Force’s (IDF) Mental Health Branch. Dr. Avi Bleich, in his review of military psychiatry, points out that in the early 1960s the first social worker was hired as a result of the rise in popularity of “experimentation and application of the psycho-social model of

¹³⁸ S. Baumatz, “The importance of a mental-health center in the community in Israel,” *Is An Psych Rel Disc* 1, no.1 (1963): 79-87.

¹³⁹ S. Baumatz, “The importance of a mental-health center in the community in Israel,” *Is An Psych Rel Disc* 1, no.1 (1963): 86.

¹⁴⁰ S. Baumatz, “The importance of a mental-health center in the community in Israel,” *Is An Psych Rel Disc* 1, no.1 (1963): 86.

¹⁴¹ L. Miller, “A Program for Dealing with the Epidemiologic Aspects of Mental Disorders in Israel,” *Harefuah* 66 (1964): 410-411.

¹⁴² Gumbel, “Psychoanalysis in Israel” *Is An Psych Rel Disc* 3, no. 1 (1965): 89-98.

community psychiatry” among mental health professionals.¹⁴³ This social worker, Gabi Weissman, worked to encourage outreach to the combat units, emphasizing prevention and early-identification in “cases of acute adjustment crises.”¹⁴⁴ Additionally, the IDF restructured its Mental Health Branch, granting psychiatrists with additional authority and extended jurisdiction. Military psychiatrists would now be called Mental Health Officers (MHOs) and, over the course of the 1960s, the number of MHOs in the IDF increased steadily.¹⁴⁵ In spite of this limited development it is evident that that there were no significant shifts in the attitudes towards or treatment of battle trauma. As Bleich notes, the sole paper that studied combat stress reaction (CSR) after the Sinai War concluded that military psychiatrists should “serve as the primary therapeutic agents” and be stationed with soldiers on the front lines.¹⁴⁶ This paper focused more on professional advancement than on the actual problem of CSR in Israel, likely because the researchers regarded CSR as an anomalous psychiatric response to battle.¹⁴⁷ Bleich emphasizes that after this paper was published, “there was no subsequent process of lesson-learning or organizational applications” in regards to CSR.¹⁴⁸ Furthermore, although the IDF had created the new position of MHO, solidifying the position of military psychiatry in the IDF by providing mental health professions a military title, Bleich observes that inherent in this new label

¹⁴³ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 206.

¹⁴⁴ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 206.

¹⁴⁵ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 206.

¹⁴⁶ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 206.

¹⁴⁷ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 206.

¹⁴⁸ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 206.

was “an acknowledgement that the target population is inherently a healthy one.”¹⁴⁹ In other words, by calling psychiatrists or psychologists “Mental Health” Officers, as opposed to using the titles of their medical or doctoral trades, the IDF was emphasizing that MHOs were not managing and treating mentally ill soldiers, but instead were maintaining and improving the already thriving condition of these soldiers.

Although the perceptions of battle trauma remained relatively constant, and although the research and documentation of CSR continued to be negligible, there were certain societal spheres in which Israeli psychiatrists began to acknowledge and investigate the psychological effects of trauma, namely in the cases of Holocaust survivors and foreign immigrants who hailed from Africa and Asia. These isolated cases reflected two major issues with which the Israeli population had become concerned. Naturally, the Holocaust and immigration were not new matters at the start of the 1960s: they had been widely discussed and frequently referenced since before Israel had even been founded. Yet during the early 1960s the Holocaust and its victims were reconsidered while the success of immigration, and particularly assimilation, was reevaluated. As mental healthcare specialties in Israel had established a firm foundation and were quickly expanding, psychiatrists were treating more patients, conducting more research, and publishing more papers. Consistently, these publications reflect Israeli norms, as well as the priorities and attitudes of most Israelis.

The Trauma of the Holocaust

In 1960, the Holocaust reentered Israel in the form of Nazi SS Officer Adolf Eichmann, who had been pursued and arrested by the Israeli secret service in Argentina.

¹⁴⁹ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 206.

Eichmann was the notorious director of “the Jewish Section of Nazi Germany’s Reich Main Security Office,” and his capture not only mesmerized Israelis, but made headlines around the world. From America, *The New York Times* proclaimed: “Israel Seizes Nazi Chief of Extermination of Jews.”¹⁵⁰ From England, *The Guardian* declared: “Mass Murderer of Jews Found.”¹⁵¹ News even reached New Delhi as *The Times of India* announced that the “Blood-Thirsty Nazi Leader” was being held in Israel.¹⁵² As most other infamous Nazis had sat trial in Nuremburg, under the aegis of the international community, or committed suicide,¹⁵³ this was the Jewish nation’s first opportunity to formally and methodically avenge six million of its people. As a result, the trial felt deeply personal to many Israelis. When the trial eventually commenced, in April 1961, Attorney General Gideon Hausner spoke with intense emotion: “As I stand before you, Judges of Israel...I do not stand alone. With me, in this place and at this hour, stand six million accusers.”¹⁵⁴ Sachar describes the media coverage of the trial as “constant and unrelenting,” with daily newspaper updates, frequent radio broadcasts, and even telecasts of certain court sessions.¹⁵⁵ Israelis who had accepted the Zionist and *Sabra* ideologies, which had portrayed the Jews of the European Diaspora as weak and cowardly, were suddenly inundated with accounts of atrocities and testimonies of the tortured. It was unclear whether these people, or anyone, could have evaded the organization and efficiency of the Nazis, which had made the unthinkable possible and the extermination of millions feasible.

¹⁵⁰ Lawrence Fellows, “Israel Seizes Nazi Chief Of Extermination of Jews,” *New York Times*, May 24, 1960.

¹⁵¹ “Mass Murderer of Jews Found,” *The Guardian*, May 24, 1960.

¹⁵² “Adolph Eichmann Held In Israel,” *The Times of India*, May 24, 1960.

¹⁵³ Three of the highest-ranking Nazi leaders – Adolf Hitler, Heinrich Himmler, and Joseph Goebbels – committed suicide.

¹⁵⁴ Hausner in Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 557.

¹⁵⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 558.

Holocaust survivors had always made up a significant portion of Israel's population and it is true that the memory of the Holocaust had been an important part of the state.¹⁵⁶ For example, the Holocaust memorial, *Yad Vashem*¹⁵⁷ was established as a "Martyrs' and Heroes' Remembrance Authority" by the Israeli Knesset in 1953.¹⁵⁸ Two years earlier, in 1951, the Knesset had passed a resolution to create a day of remembrance, *Yom Hashoah Umered Hageta'ot* (Holocaust and Ghetto Uprising Day), and by 1959 the Knesset had passed a law to ensure observance this day.¹⁵⁹ However, these measures failed to create a significant change in the public's impression of the Holocaust and its victims. Even the original name of the remembrance day, which referenced the ghetto uprisings, and the chosen date of observance, selected to coincide with the dates of the Warsaw Ghetto Uprising, reflected the priorities of the nation: first and foremost, the state would honor the Jews who had showed strength through defiance.¹⁶⁰ Consequently, the Eichmann trial served as a major turning point by forcing Israelis to candidly face the horrors of the Holocaust as well as the helplessness of European Jewry.

As Israelis began to address this trauma, Israeli psychiatrists began to grapple with its psychological effects on Holocaust survivors. Studies on these survivors were published for the first time in Israel during the early 1960s, revealing the increased interest in this patient population; many papers even mentioned the Eichmann trial and its impact in

¹⁵⁶ Dalia Ofer, "Holocaust Survivors as Immigrants: The Case of Israel and the Cyprus Detainees," *Modern Judaism* 16, no. 1 (1996): 1-23.

¹⁵⁷ A biblical reference translated literally as "a monument and a name."

¹⁵⁸ James E. Young, "When a Day Remembers: A Performative History of Yom Hashoah," *Textures and Meaning: Thirty Years of Judaic Studies at the University of Massachusetts Amherst*, (2004) accessed March 22, 2011, <http://www.umass.edu/judaic/anniversaryvolume/index.html>.

¹⁵⁹ James E. Young, "When a Day Remembers: A Performative History of Yom Hashoah," *Textures and Meaning: Thirty Years of Judaic Studies at the University of Massachusetts Amherst*, (2004) accessed March 22, 2011, <http://www.umass.edu/judaic/anniversaryvolume/index.html>.

¹⁶⁰ James E. Young, "When a Day Remembers: A Performative History of Yom Hashoah," *Textures and Meaning: Thirty Years of Judaic Studies at the University of Massachusetts Amherst*, (2004) accessed March 22, 2011, <http://www.umass.edu/judaic/anniversaryvolume/index.html>.

Israel.¹⁶¹ Additionally, some psychiatrists observed the extent to which these observations conflicted with preexisting theories of trauma in Israeli society and Israeli psychiatry. In one paper from 1964, Dr. Abraham Weinberg addressed this incongruity:

How was it possible for the Jewish people to survive in spite of innumerable severe upheavals, discriminations and expulsions...? Could not this tenacity, this indomitable urge for survival be a sign of a high degree of mental health?...Severe persecution in concentration camps, etc., has raised another question. In how far and in which respect has severe persecution had an untoward impact on mental health and personal adjustment?¹⁶²

That Weinberg realized these inconsistencies demonstrates the extent to which the Zionist ideology and even Jewish religious lessons, which consistently referenced the strength of the Jews who overcame historical trials, had permeated the psychiatric community in Israel. Throughout the rest of his paper, Weinberg examines the new research indicating the serious psychological effects of this trauma, recommending that more extensive research be done to learn more about the long-term ramifications of severe trauma.¹⁶³

Judith Stern was a young Israeli psychologist when the Eichmann trial began and in 2000 she wrote a historical analysis of the impact of the Eichmann trial on Israel and especially in the psychiatric community.¹⁶⁴ She references the now-clichéd notion of the “collusion of silence,” a term applied to describe the eerie Israeli neglect of the Holocaust, and demonstrates that it was not a sinister conspiracy, but instead a social phenomenon “representative of its time, and of the difficulty, not even conceived then, of a therapeutic dialogue concerning the war experiences.”¹⁶⁵ Stern carefully analyzes the different characters in the trial – the judges, the prosecutor, the witnesses, the audience, and

¹⁶¹ Abraham Weinberg, “On Comparative Mental-Health Research of the Jewish People,” *Is. Ann. Psych. Rel. Disc.* 2, no. 1 (1964).

¹⁶² Abraham Weinberg, “On Comparative Mental-Health Research of the Jewish People,” *Is. Ann. Psych. Rel. Disc.* 2, no. 1 (1964).

¹⁶³ Abraham Weinberg, “On Comparative Mental-Health Research of the Jewish People,” *Is. Ann. Psych. Rel. Disc.* 2, no. 1 (1964).

¹⁶⁴ Judith Stern, “The Eichmann Trial and its Influence on Psychiatry and Psychology,” *Theoretical Inquiries in Law* 1, no. 2 (2000).

¹⁶⁵ Judith Stern, “The Eichmann Trial and its Influence on Psychiatry and Psychology,” *Theoretical Inquiries in Law* 1, no. 2 (2000): 10.

Eichmann himself – assessing the ways in which their presence helped to change Israeli attitudes. In terms of how the trial enabled psychiatrists to appreciate the victims’ trauma, she writes:

The healthy society put dehumanization on trial and the victim could put an end to feelings of worthlessness and helplessness. This confrontation provided the incentive for a loosening of the psychological defenses...It liberated therapists and patients alike from the fear of having the weaker part of their personalities contaminated by the pervasive, dehumanizing ideology that attacked the core of the person.¹⁶⁶

Stern cites several psychiatric studies published after 1960 addressing the mental health of Holocaust survivors and thus shows how, in psychiatric circles, the treatment of these traumatized individuals began to change.

However, in many ways the Eichmann trial did not induce the watershed that Stern claims it did; it may have initiated a dialogue among professionals, but it was a relatively limited discussion confined to a very small segment of the population. Additionally, even in psychiatric circles, it did not spur a more general investigation on the effects of trauma. Stern views the Eichmann trial as the impetus for a societal reevaluation of the Holocaust and recognition of its living victims. She notes, “Psychiatrists mirrored more than led the attitudes of society towards the survivors,” and she is certainly correct.¹⁶⁷ However, in many ways, her assessment of societal attitudes is rather optimistic. Considerable evidence suggests that Israel’s relationship with victims of the Holocaust remained extremely complicated and, in certain ways, Eichmann’s trial only reinforced certain social paradigms.¹⁶⁸ Israelis still refused to believe that anything similar could happen to them

¹⁶⁶ Judith Stern, “The Eichmann Trial and its Influence on Psychiatry and Psychology,” *Theoretical Inquiries in Law* 1, no. 2 (2000): 20.

¹⁶⁷ Judith Stern, “The Eichmann Trial and its Influence on Psychiatry and Psychology,” *Theoretical Inquiries in Law* 1, no. 2 (2000): 17.

¹⁶⁸ Nadav Davidovitch and Rakefet Zalashik, “Recalling the Survivors: Between Memory and Forgetfulness of Hospitalized Holocaust Survivors in Israel,” *Israel Studies* 12, no. 2 (2007): 153.

and hence continued to place blame on European Jewry. For example, in 1967, an Israeli paratrooper was interviewed and revealed the lingering discomfort with the Holocaust:

I sometimes instinctively disbelieve some of the things Dad tells me...[We] have talked a lot about the ghetto, and I sometimes have the feeling that he doesn't altogether believe what he tells me, but he says it anyway to cover up for his generation...It annoyed me that they turned [Yom Hashoah] into a heroes' memorial day. In fact, only a handful rebelled and fought...It's my impression that the overall picture is not one of heroism.¹⁶⁹

This is just one example of uneasiness with the Holocaust's legacy and, in particular, the lack of "heroism" exhibited by Eastern European Jews. While the Eichmann trial may have enabled the Holocaust to be examined, especially from an academic perspective, it did not erase the Zionist ideology upon which the State had been founded. The distaste for the Diaspora and the scorn for impotence remained.

Naturally, these attitudes were reflected in the psychiatric literature. For example, in the first major study on Holocaust survivors in psychiatric hospitals, cited by Stern herself, the researchers write:

It might be assumed that the social background and emotional atmosphere of the small Eastern European town ("Stetl") influenced the manner in which [the survivors] perceived and assimilated their painful experiences. It might have determined, in part, the passive, fatalistic attitude towards their emotional and physical deprivations during the oppression.¹⁷⁰

The blame the authors place on the Stetl, the insular Jewish towns associated with Diaspora life, is a clear reflection of cultural prejudice against the stereotypical parochial Jews. First of all, there is no indication that only Jews from Stetls communities were included in the experiment group that had experienced oppressive conditions. Many Jews who had been victims of the Holocaust had lived in cosmopolitan cities so the insinuation that all of them had a "Stetl mentality" would be inherently biased.

¹⁶⁹ Avraham Shapira, ed. *The Seventh Day: Soldiers Talk about the Six-Day War*, (New York: Scribner, 1970), 156.

¹⁷⁰ Hilel Klein, Julius Zellermyer, and Joel Shanan, "Former Concentration Camp Inmates on a Psychiatric Ward," *Archives General Psychiatry* 8, no. 4 (1963): 341.

Additionally, Stern implies that the creation of the “diagnostic entity,” mentioned in the 1963 Israeli study on the mental health of Holocaust survivors, is indicative of a movement to formally recognize the traumatic neuroses specific to Holocaust survivors. Yet, it is crucial to realize that the term “K.Z. Syndrome,” from the German “Konzentrationslager-syndrom” meaning concentration camp syndrome, was actually coined at an international convention in Copenhagen and was studied most extensively in Oslo by Dr. Leo Eitinger.¹⁷¹ Israeli psychiatrists were merely following the lead of their international colleagues. In fact, the authors of the paper, Dr. Hilel Klein and Dr. Julius Zellermyer, explicitly cite the work of psychiatrists in Denmark, France, Norway, and Russia. Furthermore, they even observe the peculiarity that no “serious...research” on the “effects of persecution” had taken place in Israel and propose an explanation:

One possible reason for the reluctance to study former inmates of concentration camps may be seen in the desire...to help them to adjust in their new homeland, rather than to delve into the immediate traumatic past which contained so much horror and destruction not only for the direct victims, but for the Jewish population of Israel, too.¹⁷²

The authors allude to the discomfort with which many Israelis contemplated the Holocaust and the emphasis the society placed on handling the present and looking toward the future. What can be gleaned from our historical examination is that although Israeli scientists were beginning to research the effects of Holocaust trauma, their efforts were still characterized by their cultural attitudes towards trauma and the traumatized. Eichmann’s trial turned Israeli attention to the Holocaust, but it did not immediately change social conceptions of this attempted extermination. Israeli psychiatrists followed the lead of psychiatrists from other countries, reflecting in their works Israeli society’s recent interest in the Holocaust, but also the enduring scorn for the Jews who allowed such a fate to befall them.

¹⁷¹ Leo Eitinger, “Pathology of the Concentration Camp Syndrome,” *Archives of General Psychiatry* 5, no. 4 (1961).

¹⁷² Hilel Klein, Julius Zellermyer, and Joel Shanan, “Former Concentration Camp Inmates on a Psychiatric Ward,” *Archives General Psychiatry* 8, no. 4 (1963).

The Trauma of Immigration and Assimilation

Alongside the investigation into the psychological effects of the Holocaust there emerged an additional probe into the trauma induced by immigration. As mentioned earlier, the psycho-social model of mental healthcare had been gaining support and this was displayed in the multiple articles and publications that discussed the interaction between one's social environment and one's psychological health. Many psychiatrists and psychologists had begun to study the adjustment of immigrants and were appreciating that a radical cultural shift could be very traumatic and have psychological consequences.¹⁷³ In many of their studies, these professionals reflected the attention that Israeli society was giving immigration, as well as the patronizing and prejudicial attitudes displayed towards many of the immigrants. As the definition of trauma, and what was traumatic, broadened, the Israeli psychiatric community limited their focus to segments of Israeli society already viewed as somewhat decrepit: primarily Holocaust survivors but also the foreign immigrants that were not yet fully assimilated.

Over the course of Israel's short history, the nation had a huge number of immigrants – one report notes that from May 1948 until the end of 1951 “they came at the rate of 23 per hour, day, and night for three and a half years.”¹⁷⁴ While the pace did slow, the immigration continued, and by 1954 “the entire Jewish communities of Yemen and Bulgaria and almost all the Jews of Libya, Tripolitania, Yugoslavia, and Iraq” had arrived in Israel, often after having been expelled from their homes.¹⁷⁵ The leaders of Israel were, for the most part, of *Ashkenazi* descent, and they had brought to Israel many aspects of

¹⁷³ Abraham A. Weinberg, *Migration and Belonging*, (The Hague: Martinus Nijhoff, 1961).

¹⁷⁴ *Israel 1954*, (New York: Israel Office of Information, 1954), 54.

¹⁷⁵ *Israel 1954*, (New York: Israel Office of Information, 1954), 54.

Western life and culture.¹⁷⁶ As a result, the Jews who arrived from the Arab nations, known as *Mizrahim*, were completely unprepared for their entrée into a relatively westernized society, having assimilated to their native Arab homelands where they had resided for centuries. In Israel, the enthusiasm that had been generated by the notion of a united Jewish nation seemed to dwindle in light of the deepened cultural rifts within Israeli society.¹⁷⁷ In an article for *The Israel Annals of Psychiatry*, a psychiatrist actually detected this sentiment: “Once the Hope was fulfilled, disappointments arising from reality had to be anticipated...harsh realities...are bound to create tensions and hostilities resulting in aggressive behavior and violent responses to frustration.”¹⁷⁸ The psychiatrist, a Dr. S. Baumatz, was referencing the domestic agitation due to the absorption of “Jews from many parts of the world.”¹⁷⁹ The community mental health services with which Dr. Baumatz was concerned became key to assimilation in order to fulfill the Zionist goal of a harmonious, and thus a productive, society.

However, the Israelis and the *Ashkenazi* elite were not interested in forming a unified society by means of a cultural exchange; they expected these *Mizrahi* immigrants to conform to their westernized customs. Unfortunately, but perhaps not surprisingly, they treated the new *Mizrahi* immigrants in a patronizing and often blatantly discriminatory manner.¹⁸⁰ Aside from being sprayed with DDT upon their arrival to Israel, *Mizrahi* Jews were forced to live in over-crowded camps or deteriorating slums, while immigrants from

¹⁷⁶ *Israel 1954*, (New York: Israel Office of Information, 1954), 54.

¹⁷⁷ Joseph Massad, “Zionism's Internal Others: Israel and the Oriental Jews,” *Journal of Palestine Studies* 25, no. 4 (1996): 61.

¹⁷⁸ S. Baumatz, “The importance of a mental-health center in the community in Israel,” *Is An Psych Rel Disc* 1, no.1 (1963): 79.

¹⁷⁹ S. Baumatz, “The importance of a mental-health center in the community in Israel,” *Is An Psych Rel Disc* 1, no.1 (1963): 79.

¹⁸⁰ Joseph Massad, “Zionism's Internal Others: Israel and the Oriental Jews,” *Journal of Palestine Studies* 25, no. 4 (1996): 53-68.

Eastern and Western Europe were granted superior housing.¹⁸¹ Although most *Mizrahi* Jews arrived in the 1950s, historian Joseph Massad believes, “The ‘gap’ between the Ashkenazim and Mizrahim...showed no sign of diminishing during the 1960s.”¹⁸² The ethnic tensions were evident in countless facets of life. In 1963 Gideon Noar, then Mayor of Kiriat Gath, wrote a report on the difficulty, but also the importance, of implementing social services for immigrants and creating effective programs, as well as creating new jobs, to ensure absorption.¹⁸³ Kiriat Gath was one of the so-called “development towns” specifically established in the 1950s to solve the problems created by mass immigration.¹⁸⁴ Yet Gath also reveals some of the ethnic tensions present in the Israeli society of the 1960s adding, “We try to attract as many old-timers, or *Sabras*, as we can, because we think they are a healthy nucleus for the new administrative, social, and cultural life.”¹⁸⁵ In this statement Gath reflects the tacit Israeli outlook that the *Sabras* are more capable and more valuable to Israeli society. Gath was not alone; it was a widely held belief that the best solution to the immigrant issue was to help them adjust to the established Israeli society. Mapam, a socialist political party in Israel, expressed this same view in a pamphlet published in 1965: “The job of creating a homogenic people from the Jews of widely different backgrounds...demands all of Israel’s energies.”¹⁸⁶ The notion that Israel needed to be homogenous in order to be strong and effective was an application of the Zionist

¹⁸¹ Joseph Massad, “Zionism's Internal Others: Israel and the Oriental Jews,” *Journal of Palestine Studies* 25, no. 4 (1996): 53-68.

¹⁸² Joseph Massad, “Zionism's Internal Others: Israel and the Oriental Jews,” *Journal of Palestine Studies* 25, no. 4 (1996): 61.

¹⁸³ Gideon Noar, “Local Authorities in Development Areas,” in *Public Administration in Israel and Abroad*, (Jerusalem: The Israel Institute of Public Administration, 1963).

¹⁸⁴ Gideon Noar, “Local Authorities in Development Areas,” in *Public Administration in Israel and Abroad*, (Jerusalem: The Israel Institute of Public Administration, 1963).

¹⁸⁵ Gideon Noar, “Local Authorities in Development Areas,” in *Public Administration in Israel and Abroad*, (Jerusalem: The Israel Institute of Public Administration, 1963), 46.

¹⁸⁶ *The United Workers Party of Israel*, (Tel Aviv, Israel: International Department of Mapam, 1965): 10.

ethos which had held that all the Jews around the world belonged to a nation in exile. Now Israelis just needed to eliminate cultural divisions, preferably through assimilation.

As expected, the Israeli professionals in the psychiatric field held many of the same beliefs, which were subsequently incorporated into their work. Dr. Yehoshua Ramoth, in a joint meeting of the American Psychiatric Association and the Israel Neuro-Psychiatric Association in 1963, described Israel as being in an “oriental era,” characterized by immigration from “oriental countries.”¹⁸⁷ He related the difficulties faced by these immigrants, noting in particular Moroccan adolescents, and mentioned that the culture shock upon immigration is a source of serious trauma for these immigrants.¹⁸⁸ A study published in 1964 showed a correlation between migration and suicide, related to the personally traumatic and isolating experience of immigrating and disrupting existing social structures.¹⁸⁹ A research report published on the prevalence of emotional disorders in Israeli immigrant communities founded especially high rates of disturbance in women “aged 20-34 from Afro-Asia and those aged 50-56 from Europe” and men “aged 40-44 from Afro-Asia.”¹⁹⁰ The researchers in this study related the emotional disturbances of the women to their respective lifestyles as mothers, grandmothers and caretakers, but believed that the emotional disturbances were a result of “a break in continuity occurring in middle life.”¹⁹¹ The results of the study also showed that younger European men exhibited higher rates of emotional disturbance than their Afro-Asian counterparts (See Figure 1 in

¹⁸⁷ Dr. Ramoth in A.A. Weiss, “Joint Meeting of the American Psychiatric Association with the Israel-Neuropsychiatric Association,” *Is. An. Psych. Rel. Disc.* 1, no. 2 (1963), 260.

¹⁸⁸ Dr. Ramoth in A.A. Weiss, “Joint Meeting of the American Psychiatric Association with the Israel-Neuropsychiatric Association,” *Is. An. Psych. Rel. Disc.* 1, no. 2 (1963), 260.

¹⁸⁹ Paper presented by Dr. O Mahler, “Suicide and Migration,” reported by Joseph Marcus in “The 9th Congress of the Israel Neuro-Psychiatric Association,” *Is. An. Psych. Rel. Disc.* 2, no. 2 (1964).

¹⁹⁰ Asher Hoek, Rafael Moses and Leslie Terrespolsky, “Emotional Disorders in an Israeli Immigrant Community,” *Is. An. Psych. Rel. Disc.* 3, no. 2 (1965): 213-228.

¹⁹¹ Asher Hoek, Rafael Moses and Leslie Terrespolsky, “Emotional Disorders in an Israeli Immigrant Community,” *Is. An. Psych. Rel. Disc.* 3, no. 2 (1965): 213-228.

Appendix).¹⁹² Yet this finding was not explained anywhere in the discussion.¹⁹³ Instead, the researchers focus on the weakness and inadequacies of the Afro-Asian men, such as the fact that these men had “little or no schooling” and speculate that they may have had more difficulty with “transit camp living conditions” and “separation from relatives” than European men.¹⁹⁴ Technically, based on p values, the European data is not significant – likely the product of the smaller sample size. So it begs the question, how can a comparison even be made? Psychiatrists were comfortable to detail the inadequacies of *Mizrahi* immigrants, but they seemed reluctant to focus comparable attention on European immigrants. In this way they were reflecting a deeply ingrained culture prejudice that viewed *Mizrahi* Jews as inferior and in some way deficient.

Similar trends in research were identified in many other papers from the 1960s. In a 1964 study on the attitudes of Afro-Asian immigrants towards Israeli Psychiatric facilities, the researchers proposed the hypothesis that “Afro-Asian immigrants would not refer their mental patients to a hospital, but would keep them at home in the care of native healers.”¹⁹⁵ The title of the paper, “From native healer to modern psychiatrist,” and their original hypothesis display the prejudice of the researchers.¹⁹⁶ However, their hypothesis is proven false. Interestingly, the researchers interpret this as a remarkable and unpredicted triumph of the Israeli mental health care system while simultaneously applauding the

¹⁹² Asher Hoek, Rafael Moses and Leslie Terrespolsky, “Emotional Disorders in an Israeli Immigrant Community,” *Is. An. Psych. Rel. Disc.* 3, no. 2 (1965).

¹⁹³ Asher Hoek, Rafael Moses and Leslie Terrespolsky, “Emotional Disorders in an Israeli Immigrant Community,” *Is. An. Psych. Rel. Disc.* 3, no. 2 (1965): 213-228.

¹⁹⁴ Asher Hoek, Rafael Moses and Leslie Terrespolsky, “Emotional Disorders in an Israeli Immigrant Community,” *Is. An. Psych. Rel. Disc.* 3, no. 2 (1965): 213-228.

¹⁹⁵ Joseph Hes, “From Native Healer to Modern Psychiatrist - Afro-Asian immigrants to Israel and their attitude towards psychiatric facilities,” *Is. An. Psych. Rel. Disc.* 2, no. 2 (1964): 204.

¹⁹⁶ Joseph Hes, “From Native Healer to Modern Psychiatrist - Afro-Asian immigrants to Israel and their attitude towards psychiatric facilities,” *Is. An. Psych. Rel. Disc.* 2, no. 2 (1964): 204.

efforts of their “supposedly primitive patients.”¹⁹⁷ The attitudes of psychiatrists towards their *Mizrahi* patients are generally characterized by transparent patronization, carefully avoiding anything blatantly discriminatory but frequently alluding to the ignorance and ineptitude of their patients. As we have seen, when trauma was studied in Israel, it was either in relation to Holocaust survivors or in relation to immigrant, usually *Mizrahi*, populations. The interest in the effects of trauma was definitely intensifying: one paper presented at the 9th Congress of the Israel Neuro-Psychiatric Association did remark upon the international confusion regarding post-traumatic neuroses.¹⁹⁸ However, the psychiatric community’s discussion of trauma and stress was kept relatively limited and its gaze rarely turned inwards upon the native *Sabra* population, as it would nearly two decades later. Sachar is correct when he says that the Zionist ideologies, so vehement and blatant in the 1950s, were fading by the end of the 1960s.¹⁹⁹ Nevertheless, the value placed on the *Sabra*, especially his strength and courage, remained intact. Perhaps this denial of weakness was motivated by fear or self-defense – we can only speculate. In any case, it is clear that Israeli psychiatrists could classify certain marginalized populations as “traumatized,” without disrupting the cultural faith in native Israelis, and especially Israeli soldiers, who represented the fortitude of the nation. After three additional wars had shaken Israeli confidence this would change; but at this point it was believed that trauma could only affect the weak and *Sabras* were not weak.

Approaching the Six Day War

¹⁹⁷ Joseph Hes, “From Native Healer to Modern Psychiatrist - Afro-Asian immigrants to Israel and their attitude towards psychiatric facilities,” *Is. An. Psych. Rel. Disc.* 2, no. 2 (1964): 204.

¹⁹⁸ Paper presented by Dr. R Yaffe, “Nosological Questions Relating to the Syndrome of Post-Traumatic Neurosis,” reported by Joseph Marcus in “The 9th Congress of the Israel Neuro-Psychiatric Association.” *Is. An. Psych. Rel. Disc.* 2, no. 2 (1964).

¹⁹⁹ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 597.

What Israeli psychiatrists and sociologists were beginning to identify were the phenomena of stress and anxiety, though they did not always employ these precise terms in their work. Psychiatrists and psychologists were increasingly involved with the “Community Psychiatry” movement, which was differentiated from older forms of “Hospital Psychiatry” that were detached from society.²⁰⁰ Thus, they became cognizant of the factors that were negatively affecting their patient population and simultaneously realized the pressing need for psychiatric care to be readily accessible. In a lecture given to the joint meeting of the American Psychiatric Association and the Israel Psychiatric Association in 1963, psychiatrist Dr. Louis Miller explained these new trends in the application of psychiatry.²⁰¹ After mentioning internal and external sources of tension in Israeli society, Dr. Miller suggests that the practice of community psychiatry is vital in Israel so that “the values and themes of...group responsibility and mutuality...[are] promoted and supported.”²⁰² Dr. Miller was advocating the role of psychiatry in Israeli society by implying that these professionals could and would help Israelis “prevent and mitigate” psychological illness induced by various “anxieties” or “stresses.”²⁰³ Although the Israeli public may not have been familiar with the medical notion of stress – a relatively new concept described by Hans Selye in America²⁰⁴ – it was clear that the parlous position of Israel in the Middle East was a serious cause for concern. Psychiatrists and other mental healthcare professionals were sensitive to this societal unease and, although their studies on battle trauma and post-traumatic stress disorder lagged, their attention to continual psychological anxiety and stress was quite sophisticated.

²⁰⁰ Louis Miller, “Community Psychiatry in Israel,” *Is. Ann. Psych. Rel. Disc.* 2, no. 1 (1964): 41.

²⁰¹ Louis Miller, “Community Psychiatry in Israel,” *Is. Ann. Psych. Rel. Disc.* 2, no. 1 (1964): 41.

²⁰² Louis Miller, “Community Psychiatry in Israel,” *Is. Ann. Psych. Rel. Disc.* 2, no. 1 (1964): 41.

²⁰³ Louis Miller, “Community Psychiatry in Israel,” *Is. Ann. Psych. Rel. Disc.* 2, no. 1 (1964): 42-43.

²⁰⁴ Anne Harrington, *The Cure Within*, (New York: W.W. Norton & Company, 2008), 154.

Here it is crucial to elucidate the extent of Israeli trepidation in relation to the persistent acts of terrorism of their Arab neighbors. Even the 1965 Mapam promotional pamphlet, which repeatedly preaches “Brotherhood of Nations” in an attempt to accommodate Arab workers, bemoaned:

Here is a small Jewish community in the midst of seven Arab countries, four of which share 1053 Km of borders with Israel...This, together with the Arab refugee problem, leads to a very insecure situation, the more severe in view of the existence of armistice agreements in place of peace.²⁰⁵

There was a growing sense that the peace following Israel’s Sinai campaign would not last. As President Nasser of Egypt gained strength, as well as significant support from the Soviet Union, the Israelis felt increasingly isolated.²⁰⁶ A comprehensive study entitled the “Hopes and Fears of Israelis” was conducted during the 1960s, primarily collecting data in 1962. The study indicated that, “Peace with Arabs” was the leading national hope in Israel (See Figure 2 in Appendix), while “War with Arabs” was the leading national fear (See Figure 3 in Appendix).²⁰⁷ If nothing else, this study reveals to us the extent to which the relations with neighboring Arabs preoccupied the thoughts of Israelis. Moreover, that such a comprehensive study was even conducted is evidence that there was at least limited interest in the way Israelis were handling and perceiving various stressors. This study was lead by two sociologists – one of whom went on to study stress as a medical phenomenon in society.²⁰⁸ Although it did not focus on the psychological manifestations of stressors, the researchers noted that in their attempts to study Israelis’ hopes and fears they were really examining Israelis’ perception of reality, which they believed represented “a manifestation

²⁰⁵ *The United Workers Party of Israel*, (Tel Aviv, Israel: International Department of Mapam, 1965): 10.

²⁰⁶ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 620-630.

²⁰⁷ Aaron Antonovsky and Alan Arian, *Hopes and Fears of Israelis; Consensus in a New Society*, (Jerusalem: Jerusalem Academic Press, 1972).

²⁰⁸ Aaron Antonovsky and Alan Arian, *Hopes and Fears of Israelis; Consensus in a New Society*, (Jerusalem: Jerusalem Academic Press, 1972).

of a psychological state.”²⁰⁹ Israelis were linking stress to the threat of trauma and tentatively suggesting effects on the society and on the individual. Psychiatrists were expressing similar attitudes alluding to the unknown effects of “continuous chronic stress.”²¹⁰ Actually, in 1963, one psychiatrist explicitly wrote, “We also hope that sooner or later peace will be established with our neighbors which will be beneficial to all of us.”²¹¹ Clearly, the antipathy between Israel and her neighbors was inducing anxieties that permeated all segments of Israeli society, including the psychiatric community.

Tensions continued to build in the months preceding the Six Day War of 1967; the threat to Israel’s existence became impossible to ignore. Nasser again closed the Strait of Tiran, a crucial waterway for Israel’s economy with approximately thirty percent of Israel’s mineral exports traveling through this route.²¹² Nasser proclaimed: “The Strait of Tiran is part of our territorial waters. No Israeli ship will ever navigate it again. We also forbid the shipment of strategic materials to Israel on non-Israeli vessels.”²¹³ Egypt was not alone in their endeavor to imperil Israel – Syria and Jordan had also been making obvious preparations for an assault against Israel, stockpiling weaponry and assembling armies along the borders.²¹⁴ Moreover, Iraqi troops had been given permission by Hussein of Jordan to “take up positions along the Israeli frontier” and, in a concurrent move, Algeria, Kuwait, and Saudi Arabia pledged their support, sending troops and arms to Egypt.²¹⁵ To make matters worse, leaders of the newly founded Palestinian Liberation Organization

²⁰⁹ Aaron Antonovsky and Alan Arian, *Hopes and Fears of Israelis; Consensus in a New Society*, (Jerusalem: Jerusalem Academic Press, 1972).

²¹⁰ Paper presented by Dr. R Yaffe, “Nosological Questions Relating to the Syndrome of Post-Traumatic Neurosis,” reported by Joseph Marcus in “The 9th Congress of the Israel Neuro-Psychiatric Association.” *Is. An. Psych. Rel. Disc.* 2, no. 2 (1964).

²¹¹ S. Baumatz, “The importance of a mental-health center in the community in Israel,” *Is An Psych Rel Disc* 1, no.1 (1963).

²¹² Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 625-6.

²¹³ Nasser in Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 625-6.

²¹⁴ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 629.

²¹⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 629.

(PLO), which at this time was committed to Israel's complete destruction, were publicly pontificating with venomous rhetoric to antagonize Israeli civilians.²¹⁶ Sachar writes that in June of 1967, immediately before the outbreak of hostilities, "PLO's Ahmed Shukeiry informed a press conference that the Arabs were prepared for the [war]. What would happen to the Israelis, he was asked, if the Arab attack succeeded? 'Those who survive,' he replied, 'will remain in Palestine. I estimate that none of them will survive.'"²¹⁷ Even those Israelis who believed the State of Israel could survive feared the war and the death that seemed inevitable. Dr. Ginat Wintermeyer Mirowski of Indianapolis, IN was an eight-year old child during the Six Day War. She recalls, "My aunts called nightly to plead with my mother to come to France before all was lost. They were hearing and watching the Arab news casts indicating the imminent demise of Israel."²¹⁸

Sachar astutely observes that the Eichmann trial, which had commenced in 1961 and concluded with Eichmann's hanging in 1962, had ensured "the memory of the Holocaust was vivid in the consciousness of every Israeli on the eve of the Six-Day War."²¹⁹ The paralyzing fear of a second annihilation swept the country with immense force, and although certain historians see this fear as unwarranted, it does not change the magnitude of anxiety experienced by Israelis.²²⁰ An Israeli woman penned her distress in a letter to an American friend: "How could this be? Not twenty-five years have gone by since World War II and it's happening again?"²²¹ Sachar describes the "grim mood" that had overcome the country, noting, "Parks were consigned as emergency cemeteries and

²¹⁶ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 633-4.

²¹⁷ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 633-4.

²¹⁸ Ginat Wintermeyer Mirowski, e-mail to author, March 31, 2011.

²¹⁹ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 558.

²²⁰ SEE Tom Segev. *1967: Israel, the War, and the Year That Transformed the Middle East*, trans. Jessica Cohen (New York: Metropolitan, 2007).

²²¹ Letter to Vardit and Adir Zik, 28 May 1967 in Tom Segev. *1967: Israel, the War, and the Year That Transformed the Middle East*, trans. Jessica Cohen (New York: Metropolitan, 2007), 15.

sanctified by rabbis” among other examples.²²² Dr. Mirowski says that the fear and anxiety of her schoolmates, neighbors, and family was palpable.²²³ With war imminent, the Israeli leaders realized that their nation was at a significant disadvantage, at least in terms of sheer numbers. Therefore, the decision was made that in order to gain an edge over the enemy, Israeli forces would strike first and strike hard. Even soldiers, who were aware of Israel’s military excellence, worried that they would be inferior to the Arab forces and the Soviet weapons; it was clear to everyone that this was a war of self-defense and survival and that there was no choice but to fight. An Israeli soldier voiced this sentiment in an interview conducted soon after the war ended:

You don’t judge whether a war is a war of self-defense simply by the criterion of who fires the first shot...If you can compare the two, then I would certainly say that this was more of a war of self-defense than the Sinai Campaign. I know I felt far more apprehensive this time because it seemed clear that there was a whole military set-up ready and waiting for us – that they’d provoked us simply in order to push us into some move.²²⁴

The apprehension this soldier mentions was a sentiment shared by most Israelis. Although in the late 1960s there was not an immense body of psychiatric literature studying stress or anxiety, as would exist less than a decade later, the intensifying fears of Israelis had sparked the curiosity of Israeli psychiatrists.

After the Six Day War

In six days, Israel won a sweeping, unbelievable victory that surprised even the most optimistic patriots. In his history of the Six Day War and 1967, Segev draws our attention to a special edition of *Life-Maariv* was published declaring, “Israel’s Lightning Victory” with a large picture of Yitzhak Rabin, the Chief of Staff of the Israeli Defense

²²² Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 631.

²²³ Ginat Wintermeyer Mirowski, e-mail to author, March 31, 2011.

²²⁴ Avraham Shapira, ed. *The Seventh Day: Soldiers Talk about the Six-Day War*, (New York: Scribner, 1970), 23.

Force during the war (See Figure 4 in Appendix.)²²⁵ Segev also presents a cigarette advertisement that displayed the Israeli Mirage fighter jet and promised, “Mirage glory with every smoke” (See Figure 5 in Appendix).²²⁶ For most of the population, the thrill was immense and the taste of triumph was sweet. Yet, as the immediate excitement faded, there was a growing sense in Israel that the cease-fire was only temporary and they had not heard the last of the Arab world. In 1974, Abraham Wagner, an expert on international relations and a visiting professor at the Hebrew University in Jerusalem, published an analysis of Israeli crisis decision-making in 1967, during the Six Day War, and in 1973, during the Yom Kippur War. Wagner assessed the situation in Israel following the Six Day War and observed, “The de facto calm was not peace by any means but was a stabilized situation, as viewed by Israeli decision makers...while most Israelis saw a genuine settlement as far distant at best, few expected any sort of major confrontation as an immediate possibility.”²²⁷ In an interview conducted with an Israeli soldier a few months after the Six Day War, he conveyed a similar attitude:

When the Sinai Campaign was over, my father came to see me in Dir el Balah. I was overjoyed. ‘Now there’ll be peace,’ I told him, ‘it was all worthwhile.’...This time, I went through the same process. I firmly believed that after such a crippling blow, our neighbors would have to revise their thinking and recognize our existence, and perhaps the way to peace would be open. Today, I’m quite skeptical about it. There’s no shadow of doubt in my mind but that there’ll be another round.²²⁸

While we must avoid teleological deductions, it is clear that Israelis continued to be concerned about the instability of the region and the impermanence of peace. As a result, the sense of strain and trouble among many Israelis persisted, even after their triumphant

²²⁵ Pictured in Tom Segev. *1967: Israel, the War, and the Year That Transformed the Middle East*, trans. Jessica Cohen, (New York: Metropolitan, 2007).

²²⁶ Pictured in Tom Segev. *1967: Israel, the War, and the Year That Transformed the Middle East*, trans. Jessica Cohen, (New York: Metropolitan, 2007).

²²⁷ Abraham R. Wagner, *Crisis Decision-making: Israel's Experience in 1967 and 1973*. (New York: Praeger, 1974).

²²⁸ Avraham Shapira, ed. *The Seventh Day: Soldiers Talk about the Six-Day War*, (New York: Scribner, 1970), 225.

victory. One paratrooper, interviewed anonymously in 1967, expressed his anguish: “I came back without any joy...I’ll tell you in two words what the battle was: murder and fear, murder and fear. We had to do it though...But it must never, never happen again. If it doesn’t then perhaps it will have been worth while [*sic*].”²²⁹ Another soldier, Ayelat, was more blunt about her experience: “Look here, if anybody thinks war doesn’t cause some sort of shock, then they’re making a mistake, a very big mistake.”²³⁰ Although most of the nation was basking in the glory of 1967, there were a significant number of individuals, mainly soldiers who had fought in the war, who realized that even victories could take a heavy emotional toll on the individual.

The degree to which the Six Day War affected the psychiatric conception of trauma is somewhat unclear. Military psychiatry in Israel was still a relatively small enterprise, and the documentation of combat reactions presenting as a result of the war was virtually nonexistent.²³¹ Dr. Bleich remarks, “From interviews with therapists we know that even in that extremely successful war there was a considerable number of psychological casualties, despite the very high threshold of their identification by commanders.”²³² Bleich also confirms that prior to the Six Day War few preparatory measures were taken in anticipation of any psychological ramifications for soldiers.²³³ He points to the “absence of a coherent therapeutic concept” as the main hindrance to effective treatment, but fails to

²²⁹ Avraham Shapira, ed. *The Seventh Day: Soldiers Talk about the Six-Day War*, (New York: Scribner, 1970), 64-5.

²³⁰ Avraham Shapira, ed. *The Seventh Day: Soldiers Talk about the Six-Day War*, (New York: Scribner, 1970), 79-80.

²³¹ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 203-217.

²³² Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 207.

²³³ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 207.

explain the reason that psychiatrists did not do a better job of documenting cases of combat reaction or at least begin a serious discussion regarding the effects of trauma.²³⁴

As previously described, psychiatrists in Israel were just beginning to acknowledge the effects of trauma. The conception of the strong, clever, and brave *Sabra* soldier was still firmly in the mind of Israelis and was only reinforced by the stunning victory against seven Arab armies. Even in the study on the “Hopes and Fears of Israelis” the authors found, “the overwhelming majority of the Jewish population has identified with Zionist ideology” and believed that Israeli society was still characterized by the *Sabra* culture.²³⁵ Thus, individual cases of combat stress reaction were not the focus of the nation and even military psychiatrists did not feel any impetus to address the potential for delayed psychological effects. Soldiers may have realized the distress induced by war, but it is unlikely they would have considered themselves mentally ill. Everyone acknowledged the unpleasant nature of war, but it was an unavoidable reality for individuals in the young nation. Perhaps psychiatrists should have been more attentive to the needs of soldiers, or of other traumatized individuals, and recognized the need for an excellent mental healthcare infrastructure in a country where many of its citizens faced traumatic experiences. However, this supposes that psychiatrists in Israel would have been able to completely remove themselves from societal influences and cultural norms promoting the disregard of weakness and disdain of cowardice. Also, like many other Israelis, psychiatrists recognized that although stress was induced by war, Israel was powerless to stop the fighting if neighboring Arab nations continued to threaten the nation’s existence.

²³⁴ Avi Bleich, “Military Psychiatry in Israel: Historical Review” *Is. Ann. Psy. Rel. Disc.* 29, no. 4. (1992): 207.

²³⁵ Aaron Antonovsky and Alan Arian, *Hopes and Fears of Israelis; Consensus in a New Society*, (Jerusalem: Jerusalem Academic Press, 1972): 150, 23.

Nonetheless, it is true that the psychiatric medicine in Israel had been built on European foundations of study and psychiatrists in Israel maintained a dynamic relationship with psychiatric communities all over the world. As early as 1949, *The Palestine Post* published a short article on the “Planning for Mental Health.”²³⁶ This was one of the only articles in the lay press that discussed “minor emotional illnesses,” as well as the psychological problems arising from the difficulty of adjusting to life in Israel. The article, however, focuses on the formation of a “Committee for Mental Health in Israel” by professionals in the United States.²³⁷ It appears these American psychiatrists were working with local professionals to set up “a short-term mental health programme [*sic*].”²³⁸ Most interesting is the journalist’s mention of the goals of the American psychiatrists: “They have offered their help not solely out of sympathy but for practical reasons...they believe that Israel has everything needed to teach the world something on the deeper dynamics of group relationship, adjustments and human behaviour in general.”²³⁹ It would appear that the involvement of American psychiatrists in Israel’s development went much deeper than merely charitable aid. Over the next decade, the American Psychiatric Association would build a lasting relationship with the Israel Neuro-Psychiatric Association, planning joint meetings and sustaining an ongoing dialogue. In fact, the *Israel Annals of Psychiatry* was intended to serve as a “link with the many professionals around the world” and for this reason was always published in English.²⁴⁰ Additionally, Israeli psychiatrists collaborated with colleagues from many nations besides America, such as Finland, the United

²³⁶ B.S. Barer, “Planning for Mental Health,” *The Palestine Post*, October 25, 1949.

²³⁷ B.S. Barer, “Planning for Mental Health,” *The Palestine Post*, October 25, 1949.

²³⁸ B.S. Barer, “Planning for Mental Health,” *The Palestine Post*, October 25, 1949.

²³⁹ B.S. Barer, “Planning for Mental Health,” *The Palestine Post*, October 25, 1949.

²⁴⁰ David Greenberg “The Israel Journal of Psychiatry: Past and Future” *Isr J Psych. Rel. Disc.* 42, no. 1 (2005): 1–4.

Kingdom, Uganda, Canada, Thailand, Belgium, Greece, and countless others.²⁴¹ Therefore, Israeli psychiatrists were by no means a sheltered entity.

Therefore, in the late 1960s, Israeli psychiatry was in a rather precarious position. On the one hand, Israelis often saw trauma as tolerable – a necessary evil in the face of the perpetual threat of annihilation, a threat that dated back two thousand years. Israeli soldiers who had fought in the Six Day War were more familiar with the harsh realities of war, but they felt deeply that the nation had to defend itself and, therefore, had no alternatives. Plus, the Six Day War came at a time when the notion of the stalwart, unbreakable *Sabra* still reigned supreme and the glory of this victory served only to corroborate this message. On the other hand, there was an international discussion of traumatic neuroses and combat stress that Israeli psychiatrists could not ignore. In fact, American psychiatrists actually published papers in *The Israel Annals of Psychiatry* on the psychology of repetitive warfare.²⁴² As documented earlier, Israeli psychiatrists had already begun a serious discussion on the traumatic effects of the Holocaust and the shock of immigration and had even tentatively considered stress. For example, by 1970, when the annual meeting of the World Federation for Mental Health was held in Jerusalem, an Israeli psychiatrist presented an abstract entitled, “Neurosis Traumatica Sine Traumato,”²⁴³ showing that psychiatrists were engaging in the study of post-traumatic neuroses prior to 1973. Dr. Bleich’s review is primarily concerned with the practical advancements of the Israel Defense Forces to prevent, recognize, and treat the psychological afflictions displayed in soldiers after battle; thus he concludes that there was no legitimate progress until after the

²⁴¹ “Programme Abstracts, World Federation for Mental Health. Annual Meeting.” (Jerusalem: World Federation for Mental Health, 1970).

²⁴² Martin Wanh, “A psychogenetic Factor in the Recurrence of War: Preliminary Reflections” *Is. An. Psych. Rel. Disc.* 6, no. 2 (1968): 126-133.

²⁴³ S. Kulcsar, “Neurosis Traumatica Sine Traumato” presented in “Programme Abstracts, World Federation for Mental Health. Annual Meeting,” (Jerusalem: World Federation for Mental Health, 1970), 71.

Yom Kippur War of 1973. Consequently, he discounts the extent to which the views of the Israeli psychiatric community regarding trauma had evolved in the years before the Six Day War and especially the extent they had shifted following the Six Day War.

From 1967 to 1970, hostilities between Israel and Egypt continued in what became known as the War of Attrition; these border skirmishes and targeted killings only ended with the death of Egypt's President Nasser. Additionally, Israelis were being attacked abroad in a series of hijacking and shootings, most notably the massacre of Israeli athletes and coaches by Palestinian terrorists at the 1970 Munich Olympics.²⁴⁴ Sachar describes the effects of these events on Israelis, saying, "The sense of moral confidence that Israel had infused into its citizens following the establishment of independence was at least partially stripped away. Israelis apparently were as vulnerable as Jews had ever been."²⁴⁵ During the same period of time, psychiatrists in Israel extended and intensified their own study of trauma, if not in the applied way that Dr. Bleich would have wanted, then certainly on the theoretical level. In a lecture delivered in 1969 at the 11th National Convention of the Israel Neuropsychiatric Society in Haifa, Dr. F. Brüll, of Tel Aviv University, provided an exhaustive analysis of psychiatric trauma. His lengthy discussion, which was subsequently published in *The Israel Annals of Psychiatry*, differentiated between three major types of trauma – "sudden traumata," "protracted traumatization," and "traumatic situations" of which "extreme traumatic situations" (such as the Holocaust) was a sub-category.²⁴⁶ Entitled "The Trauma – Theoretical Considerations," Brüll's address was just that: no relevant data was presented, no preventative actions were proposed, and no treatments

²⁴⁴ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 698-701.

²⁴⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 701.

²⁴⁶ F. Brüll, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 96-108.

were endorsed.²⁴⁷ Still, Brüll's examination, which was patently informed by Freudian theory, was exceptionally thorough and shows the degree to which psychiatric professionals in Israel were truly thinking about this topic. He discusses how trauma can impact the individual or the larger social body.²⁴⁸ He notes that oftentimes, after a "collective trauma," not all of the people affected will exhibit pathological responses and he examines the notion of the "pre-traumatic personality" to explain this phenomenon.²⁴⁹ Brüll even notes that, "traumatic reactions of soldiers and their prevention are directly related to the morale of the army or...with the soldier's identification with the war aims."²⁵⁰ Incidentally, Brüll actually indicates that the precarious situation in Israel affected Israeli people, saying, "I may perhaps mention that many of us feel differently after the Six Day War than before it. Our world has changed, and there is no way back."²⁵¹

In fact, the Six Day War and the ongoing conflicts comprising the War of Attrition had prompted the delivery of this lecture: the subject of trauma was one of the "principal topics" for the 1969 Israel Neuropsychiatric Convention.²⁵² As a result, at the same convention Dr. Winnik, the prominent Israeli psychiatrist mentioned earlier as founder of *The Israel Annals of Psychiatry and Related Disciplines*, gave a talk on "Psychic Trauma."²⁵³ In the talk, he stated that the convention's topic "appears not to be accidental," adding, "It may be conditioned by the incessant threat to the security of our country and, in fact, it may be connected with our nation who, in the entire course of its history, had to

²⁴⁷ F. Brüll, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 96-108.

²⁴⁸ F. Brüll, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969).

²⁴⁹ F. Brüll, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 96-108.

²⁵⁰ F. Brüll, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 96-108.

²⁵¹ F. Brüll, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 102.

²⁵² F. Brüll, "The Trauma – Theoretical Considerations," *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 102.

²⁵³ H. Z. Winnik, "Second Thoughts about 'Psychic Trauma,'" *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 82 – 95.

endure and to overcome so many traumatic conditions.”²⁵⁴ Winnik’s lecture was almost exclusively an evaluation of the Freudian conception of trauma, though he repeatedly references the need for a precise nosology, such as a formalized differentiation between stress, shock, and trauma, terms that were frequently used interchangeably.²⁵⁵ These discussions of trauma in the psychiatric literature, though admittedly theoretical in nature, reflect the medicalization of trauma among Israeli psychiatric professionals. Lay Israeli society did not immediately take heed of these psychiatric theories. Following the shock of the bloody Yom Kippur War, however, attitudes towards trauma shifted dramatically and public distress legitimized and invigorated the study of trauma by Israeli psychiatrists.

²⁵⁴ H. Z. Winnik, “Second Thoughts about ‘Psychic Trauma,’” *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 82.

²⁵⁵ H. Z. Winnik, “Second Thoughts about ‘Psychic Trauma,’” *Is. An. Psych. Rel. Disc.* 7, no. 1 (1969): 82.

Chapter Three: An Epidemic of Trauma

Trauma's Status on Erev²⁵⁶ Yom Kippur

Prior to the Yom Kippur War of 1973, the Israeli perception of trauma had evolved significantly. Initially, Israelis saw trauma as a requisite of life in the Diaspora, a troubling reality with which Jews had lived for centuries. Early Israelis, influenced heavily by Zionist ideology, resented what they perceived as submissive and meek behavior and consequently, reconstructed their ideal Jew as a fearless, stalwart, and capable individual without physical or psychological impairment.²⁵⁷ As such, the Holocaust was approached with discomfort, eliciting both pity and contempt for the Jews who had “allowed” this extermination. When psychological suffering was encountered it was largely ignored – even psychiatrists would focus on other forms of mental illness, such as affective disorders.²⁵⁸ Over the course of the 1960s, traumatic experiences and their psychological and emotional ramifications were reassessed; a fragmented dialogue materialized in the psychiatric literature as older social norms eroded and a movement to confront, as opposed to suppress, trauma emerged. Still, vestiges of an older Israel remained and, therefore, although various types of trauma were being recognized, these findings were informed by conventional opinions and beliefs. As psychiatrists and psychologists began to see forms of trauma as causative agents of psychiatric infirmity, primarily through the study of Holocaust survivors and immigrants, a foundation was built on which a rapidly expanding analysis could grow.

²⁵⁶ Erev Yom Kippur means the night before Yom Kippur in Hebrew.

²⁵⁷ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000).

²⁵⁸ Robert Kohn, Itzhak Levav, Stacey Zolondek and Michael Richter, “Affective disorders among Jews: a historical review and meta-analysis,” *History of Psychiatry*, 10 (1999): 245-267.

Following the public's shock in the wake of the Yom Kippur War, the analysis of this shared trauma was hoisted into the spotlight and became quite a sensation. The discussion of trauma throughout the 1960s gave Mental Health Officers in the IDF the tools to identify cases of combat stress reaction during the war and post-traumatic stress reactions in the weeks and months following a tour. Mental healthcare professions popularized the psychological effects of trauma in tragic exposés of Israeli traumatic experiences. Soldiers and civilians alike seized upon the increasing medicalization of trauma in order to launch anti-war movements.²⁵⁹ This public unrest regarding war, and its focused concern on the negative effects of trauma, pushed psychiatrists deeper into the study of post-traumatic disorders, including the cumulative effects of trauma, the inheritable nature of trauma, the varying clinical presentations of disorders related to trauma, as well as manifestations of chronic exposure to trauma. Israeli psychiatrists and psychologists presented trauma as a pathogen and Israel as the hotbed of an epidemic. Additionally, Israeli psychiatrists and psychologists asserted their international professional preeminence as a result of their examination of the "stress laboratory"²⁶⁰ that was the State of Israel. As we explore the mushrooming medical phenomenon of trauma we see the extent to which Israeli society had changed and was changing.

*"The War of Sons"*²⁶¹

It is critical to comprehend the powerful effect that the Yom Kippur War had on Israelis if we are to understand the ways in which it ignited the issue of psychological trauma. On paper, the Yom Kippur War was a defensive military victory for Israel. Sachar

²⁵⁹ Michael Feige, "Peace Now and the Legitimation Crisis of 'Civil Militarism'" *Israel Studies* 3, no. 1 (1998).

²⁶⁰ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983), 269.

²⁶¹ Phyllis Palgi, "The socio-cultural expressions and implications of death, mourning and bereavement arising out of the war situation in Israel," *Is. Ann. Psych. Rel. Disc.* 11, no. 4 (1973): 318.

remarks that this was “the most striking victory in [Israeli] history,” noting, “the combined Arab forces...had launched their offensive with more troops and weapons than those available to NATO in Europe.”²⁶² That Israel was able to defend herself and emerge victorious was a truly remarkable achievement. Yet, the victory held little of the glory and jubilation of the Six Day War. Although the defeat of the Arabs was harder won and perhaps more extraordinary under the circumstances, Israelis were uneasy. The failure of the military leaders to foresee the attack and the huge number of casualties had shaken Israeli confidence and hurt national morale. “The nation had lost 2,552 dead and over 3000 wounded...This was a painful attrition for a tiny nation,” Sachar notes.²⁶³ To add insult to injury, the Arabs had launched the attack on the holiest of high holy days – peace seemed impossible in an atmosphere of such deep-seated hatred. Sachar describes this tense atmosphere: “Painful questions were being asked, often in shaken whispers. Four violent and brutal wars had taken place within the state’s short history – indeed within the memory of a single generation. What, then did peace look like?”²⁶⁴

Of course, Israelis knew that their stability in the region was always questionable. President Anwar Sadat of Egypt, Nasser’s successor, had been promising Israel retribution since he had taken office.²⁶⁵ In the months and weeks immediately preceding the war, the situation had grown particularly tense. Yet, because Israel’s preemptive strike in the Six Day War had elicited international ire, both the civilian and military leaders of Israel chose not to launch a similar attack.²⁶⁶ It is likely that these leaders did not realize the immediacy or the extent of the danger Israel faced. Four days after fighting broke out in

²⁶² Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 786.

²⁶³ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 787.

²⁶⁴ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 787.

²⁶⁵ Avi Shlaim, “Failures in National Intelligence Estimates: The Case of the Yom Kippur War.” *World Politics* 28, no. 3 (1976): 348-380.

²⁶⁶ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

1973, an article in the *Jerusalem Post* published the accounts of “the first wounded back from the front.”²⁶⁷ One sergeant was quoted as saying, “We were told before Yom Kippur started that we could expect something big. They explained to us it was a political problem and we would just wait for the attack. But I didn’t expect it to come on Yom Kippur itself.”²⁶⁸ The soldiers were caught off guard and the public was frightened. On the same day, Aluf Yariv, a former chief of military intelligence who had recently been appointed as a special aide to the Chief of Staff, warned Israelis that this was going to be a long war.²⁶⁹ Yariv remained optimistic, but he conceded that casualties had been heavy and that the Arab forces had a clear “quantitative superiority” as well as support from the Soviet Union.²⁷⁰ Five days later, the war raged on and the headlines bellowed the death tolls: “656 Israelis killed in eight days of war.”²⁷¹ The Defense Minister Moshe Dayan had appeared on Israeli television the night earlier and announced:

We are a nation whose destiny is shaped by its fighters and fallen sons. It is through this road, which they have helped build, that we will attain a secure state recognized by our neighbors, and peace, even though the road is long.²⁷²

Dayan echoed the sentiments of most Israelis; his words were doleful, but not hopeless. He still tried to reassure and encourage Israelis who were losing faith in the future and becoming increasingly frustrated by the endless wars. Israel had been formed on the premise that Jews need a refuge from the perpetual anti-Semitic assaults experienced in the Diaspora. However, thus far, life in Israel seemed anything but secure: twenty-five years since the War of Independence and still most of Israel’s neighbors denied her existence. A

²⁶⁷ Abraham Rabinovich, “Wounded tell of battle in Sinai,” *Jerusalem Post*, October 10, 1973.

²⁶⁸ Abraham Rabinovich, “Wounded tell of battle in Sinai,” *Jerusalem Post*, October 10, 1973.

²⁶⁹ Ronnie Hope and Ze’ev Schul, “Yariv: No rapid conquest; Bar-Lev line is evacuated,” *Jerusalem Post*, October 10, 1973.

²⁷⁰ Ronnie Hope and Ze’ev Schul, “Yariv: No rapid conquest; Bar-Lev line is evacuated,” *Jerusalem Post*, October 10, 1973.

²⁷¹ “656 Israelis killed in eight days of war,” *Jerusalem Post*, October 15, 1973.

²⁷² “656 Israelis killed in eight days of war,” *Jerusalem Post*, October 15, 1973.

somber mood had taken hold of the nation and Israelis were growing weary of constant conflict.

Immediately following the war, this melancholia persisted as Israelis focused on the failures of the war. A commission was appointed to investigate what came to be known as “the breakdown.”²⁷³ Their findings were published in the Agranat Report, named after the chair of the commission and President of the Supreme Court of Israel, Shimon Agranat. Ultimately, the report placed primary blame on military leaders, and specifically intelligence personnel.²⁷⁴ However, civilian leaders, such as Prime Minister Golda Meir, did not escape the anger of Israelis. Activists, such as Motti Ashkenazi, led postwar protests that criticized the government’s inadequacy and negligence preceding and during the War; many blamed them for the unprecedented death toll.²⁷⁵ Though Golda Meir’s Labor Party still won the majority of seats in the 1973 election immediately following the Yom Kippur War, in 1974 she resigned.²⁷⁶ This war had far-reaching effects in Israel and traumatized the collective Israeli society greatly. Many leaders were calling it the “War of Sons” since so many of their children had been lost in battle.²⁷⁷ This sense of widespread grief spurred a large self-examination and, ultimately, an evident shift in Israeli attitudes towards trauma.

The Eruption of Medicalized Trauma

In the previous chapter the rise of psycho-social models of psychiatry and psychology was reviewed and the ways in which cultural norms impacted mental

²⁷³ Avi Shlaim, “Failures in National Intelligence Estimates: The Case of the Yom Kippur War,” *World Politics* 28, no. 3 (1976): 348-380.

²⁷⁴ Avi Shlaim, “Failures in National Intelligence Estimates: The Case of the Yom Kippur War,” *World Politics* 28, no. 3 (1976): 348-380.

²⁷⁵ Motti Ashkenazi, “Just a scared soldier,” *Jerusalem Post*, October 3, 2003.

²⁷⁶ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 804.

²⁷⁷ Phyllis Palgi, “The socio-cultural expressions and implications of death, mourning and bereavement arising out of the war situation in Israel,” *Is. Ann. Psych. Rel. Disc.* 11, no. 4 (1973): 318.

healthcare in Israel was explored. Increasingly, psychiatrists and psychologists were paying closer attention to the mental health status of society as a whole. Psychiatrists and psychologists were prompted by the numerous cases of battle fatigue and palpable collective melancholy to study trauma, from combat stress reactions to chronic anxiety.²⁷⁸ Immediately following the war, it was clear that the society's morale had been crippled and psychiatrists and psychologists monitored this shift, gaining knowledge and drawing conclusions. In a paper published only two months after the end of the War in *The Israel Annals of Psychiatry*, anthropologist Phyllis Palgi wrote extensively on the "socio-cultural expressions and implications of death, mourning and bereavement arising out of the war situation in Israel."²⁷⁹ Palgi worked for the Mental Health Division of the Israeli Ministry of Health, and her analysis was not concerned with individual cases of psychiatric illness as much as it assessed the collective mental health of Israeli society. In particular, Palgi stressed the difficulty of the Yom Kippur War on Israeli psychiatrists and psychologists noting, "Professional people...have to deal with their own emotional feelings. In Israel, in the war situation, the problem was deepened for them, as they are potentially vulnerable like any other member of Israeli society."²⁸⁰ That this relatively non-medical paper was published in *The Israel Annals of Psychiatry* demonstrates the degree to which psychiatrists and psychologists in Israel were self-consciously attempting to address the nation's trauma effectively, even as they themselves were grappling with similar issues. Palgi summarizes the contradictory values of Israel and the painful predicament faced by many Israelis:

²⁷⁸ Avi Bleich, "Military Psychiatry in Israel: Historical Review," *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992).

²⁷⁹ Phyllis Palgi, "The socio-cultural expressions and implications of death, mourning and bereavement arising out of the war situation in Israel," *Is. Ann. Psych. Rel. Disc.* 11, no. 4 (1973): 301-329.

²⁸⁰ Phyllis Palgi, "The socio-cultural expressions and implications of death, mourning and bereavement arising out of the war situation in Israel," *Is. Ann. Psych. Rel. Disc.* 11, no. 4 (1973): 301-329.

One of the tenets on which the State was established was that its citizens would no longer be victims for sacrifice. At the same time, however, the ideal remains that the freedom and independence of the State must be preserved at all costs. The Yom Kippur War...has thrown the general society into a philosophical dilemma...for the pioneer generation which experienced heavy losses in the War of Liberation...the reality that sons...continue the struggle and perhaps die in battle is a bitter one for them to accept.²⁸¹

Without a doubt, the Yom Kippur War had raised questions about existing cultural norms and, as social mores shifted, the topics of stress and war surged in the psychiatric literature.

In his review of military psychiatry, Avi Bleich criticizes psychiatrists for not paying closer attention to combat stress reactions prior to the Yom Kippur War.²⁸² First of all, the framework to even recognize CSR was put in place well before this war – even Bleich acknowledges the work of mental health officers (MHOs) during the War of Attrition to investigate and attempt to prevent “syndromes of anxiety and stress” in soldiers.²⁸³ The advancing psychiatric discourse on trauma in the years prior to the Yom Kippur War should not be over-looked, even if it had not become the elaborate or nuanced empirical analysis that Bleich would have expected. Second, to truly begin an active investigation of battle trauma, psychiatrists needed approval from the Israel Defense Force (IDF), as well as support from the government and the public. This was the major shift induced by the Yom Kippur War; even Bleich concedes, “The pervasive atmosphere of the heavy casualties laid the foundation both in the Army and in the general public for a preparedness to accept the reality of emotional breakdown in war and to examine its ramifications.”²⁸⁴ As previously explained, the Yom Kippur War was a huge shock to Israeli society; Israelis began to examine their past and question their future. During the

²⁸¹ Phyllis Palgi, “The socio-cultural expressions and implications of death, mourning and bereavement arising out of the war situation in Israel,” *Is. Ann. Psych. Rel. Disc.* 11, no. 4 (1973): 328.

²⁸² Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992).

²⁸³ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 208.

²⁸⁴ Avi Bleich, “Military Psychiatry in Israel: Historical Review,” *Is. Ann. Psych. Rel. Disc.* 29, no. 4 (1992): 208.

1970s and early 1980s, Israel witnessed what Sachar describes as “a social revolution of sorts.”²⁸⁵ This was partially the result of the disillusion following the Yom Kippur War, but also it was a response to growing disenchantment with the Labor government and the progressive Americanization of Israel. The discussion of trauma in Israel surged after the Yom Kippur War, but it was only sustained by the increasing social upheaval that prompted Israeli psychiatrists to continually examine the nature of Israeli society from a psycho-social perspective.

Psychiatrists and psychologists began flooding journals with studies, analyses and essays on mental responses to trauma. In 1974, Gaby Weisman published “A psycho-Social Model for Limiting Mental Reaction During Stress,” which proposed a model “to deal with personal and situational needs arising in situations of stress in the armed forces.”²⁸⁶ Weisman hoped that teaching commanding officers about mental health issues would create a more supportive environment for soldiers and in this way prevent traumatic reactions²⁸⁷. An article published in 1975 documented the psychiatric conditions of Yom Kippur War veterans who had suffered burns during service.²⁸⁸ The same year *Harefuah*, the leading medical journal in Israel, published a study of “Combat Fatigue following the October War,” indicating that even the wider medical community was tracking psychological trauma.²⁸⁹ In 1976, in *The Israel Annals of Psychiatry*, an article was published on “mental breakdown in battle” with “remarks on treatment.”²⁹⁰ Another article

²⁸⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

²⁸⁶ Gaby Weisman, “A Psycho-Social Model for Limiting Mental Reaction During Stress,” *Is. Ann. Psych. Rel. Disc.* 12, no. 2 (1974): 161-167.

²⁸⁷ Gaby Weisman, “A Psycho-Social Model for Limiting Mental Reaction During Stress,” *Is. Ann. Psych. Rel. Disc.* 12, no. 2 (1974): 161-167.

²⁸⁸ Albert Solnit and B. Priel, “Scared and Scarred – Psychological Aspects in the Treatment of Soldiers with Burns,” *Is. Ann. Psych. Rel. Disc.* 13, no. 3 (1975): 213-220.

²⁸⁹ TS Adler, “Combat Fatigue following the October War,” *Harefuah* 88, no. 11 (1975): 519-521.

²⁹⁰ Dasberg, “Belonging and Loneliness in Relation to Mental Breakdown in Battle – With Some Remarks on Treatment,” *Is. Ann. Psych. Rel. Disc.* 14, no. 4 (1976): 307-321.

published in 1976 attempted to create a nosological differentiation between “worry, fear, and concern” claiming, “evidence is that since October 1973 the people of Israel live in a relatively stressful period, that is, one in which expressions of worry – and possibly fear – on certain topics are at a higher level than before.”²⁹¹ The psychiatric community was echoing the sentiments and questions of Israeli society and trying to simultaneously broaden and deepen the scope of the study of trauma and its psychiatric manifestations. Throughout the 1970s, Israeli psychiatrists also published such studies in larger, international journals, including *The American Journal of Psychotherapy*,²⁹² *Psychological Reports*,²⁹³ *The Journal of Psychology*,²⁹⁴ and *The International Journal of Social Psychiatry*.²⁹⁵ Psychiatrists in Israel found themselves in a position of domestic and international power as authorities on trauma, stress, and anxiety – topics popular not only in Israel, but also in America where the discourse on trauma had expanded greatly after the Vietnam War.

Still, Israeli psychiatrists and psychologists continued to mirror Israeli society and concern themselves with distinctly Israeli questions. As the discussion on trauma burgeoned in the 1970s, much of the psychiatric discourse focused on the future, reflecting Israeli hopes for peace as well as fears of war. In 1979, Israel had reached a peace agreement with Egypt that had been in the pipeline for years; throughout the nation there

²⁹¹ S. Levy and L. Guttman, “Worry, Fear, and Concern Differentiated,” *Is. Ann. Psych. Rel. Disc.* 14, no. 3 (1976): 211-228.

²⁹² H. Kurtz and S. Davidson, “Psychic trauma in an Israeli child,” *American Journal of Psychotherapy* 28, no. 3 (1974): 438-444.

²⁹³ SC Sohlberg, “Stress experiences and Combat Fatigue during Yom-Kippur-War,” *Psychological Reports* 38, no. 2 (1976): 523-539.

²⁹⁴ RM Migram and NA Milgram, “Effect of Yom-Kippur War on Anxiety level in Israeli Children,” *Journal of Psychology* 94, no. 1 (1976): 107-113.

²⁹⁵ Kalman, “Combat Neurosis – Psychiatric Experience during recent Middle-East War,” *The International Journal of Social Psychiatry*, 23, no. 3 (1977): 195-203.

was extensive celebration and optimism.²⁹⁶ The fact that a hawk like Prime Minister Menachem Begin, of the right-wing Likud party, would sign a peace agreement with Egypt's Sadat and return the entire 1967-captured Sinai Desert for an agreement of peace was not lost on most Israelis.²⁹⁷ For a short while Israelis were hopeful.²⁹⁸ Unfortunately, just as peace reached the southern border, escalating violence within Lebanon between Muslims and Christians was generating anxiety on Israel's northern border. The origins of the tensions and hostilities within Lebanon prior to Israel's entrance into the Lebanese War in 1982 are a vast topic well beyond the scope of the current study. However, as PLO contingents were fighting alongside Lebanese Muslims (against the Lebanese Christians in power), Israelis became concerned that they would soon have a new enemy and another war.²⁹⁹ This constant state of uncertainty and doubt was reflected in the writings of Israeli psychiatrists. Dr. Edelstein wrote on the challenges of peace while others, such as Dr. Moses of Jerusalem, emphasized the necessity of preventing psychiatric trauma in future emergency situations.^{300,301} Moses went on to scold those unwilling to prepare for the possibility of war as being part of a "widespread phenomenon of denial."³⁰² Ultimately, in 1982, Israel launched a mission in Lebanon, "Operation Peace for the Galilee," in order to clear the region of PLO terrorist cells.³⁰³ However, Lebanese Muslims had continued to make progress, so the decision was made to extend Israeli involvement.³⁰⁴

²⁹⁶ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 843-860.

²⁹⁷ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 843-860.

²⁹⁸ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 843-860.

²⁹⁹ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 898.

³⁰⁰ Edelstein, "Psychiatry and Social Change in Israel – Challenge of Peace," *Is. Ann. Psych. Rel. Disc.* 17, no. 3 (1979): 187.

³⁰¹ Moses, "Community Mental Health Services in Times of an Emergency," 15, no. 3 (1977): 277-288.

³⁰² Moses, "Community Mental Health Services in Times of an Emergency," 15, no. 3 (1977): 277-288.

³⁰³ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

³⁰⁴ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

Fierce rhetoric proclaiming Israel's right to self-defense and decrying the incessant terrorist activity convinced a portion of the population that Israel needed to take action.³⁰⁵ But it did not convince everyone. Oz Almog notes that this was "the first war over which the Israeli public was deeply divided."³⁰⁶ Generals resigned in protest, citizens organized charitable drives for the Lebanese, one hundred thousand Israelis protested in Tel Aviv, and Abba Eban published an article in the newspaper *Ma'ariv* declaring, "these six weeks have been a dark age in the moral history of the Jewish people."³⁰⁷ The contentious nature of the war heightened the tragedy of combat trauma; never before had Israelis felt that they had the option to fight – it had always been a necessity for survival. The public sorrow and anger served to encourage the medical study of trauma. Thus, by the end of the war, and in the decade that followed, the psychiatric literature in Israel was preoccupied with studies of PTSD in soldiers, as well as stress in the general population.

Before this war, Israelis psychiatrists were deeply involved with the study of trauma. After the war, they were experts.

Accepting Psychological Trauma

Israeli psychiatrists used their professional status to emphasize the harmful ramifications of this incessant distress, casting trauma as a pathogenic agent endangering both the collective Israeli society and individual citizens. In the 1970s there emerged a synergistic and symbiotic relationship between the Israeli public and the mental health care professionals. As more information on the harmful effects of trauma emerged in the psychiatric literature, the public took note. Primarily, the public became extremely

³⁰⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 900.

³⁰⁶ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000), 17.

³⁰⁷ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 913.

concerned about the effects of war trauma on their soldiers. As explained in previous chapters, the values of early Israeli culture were personified in the *Sabra* – a figure synonymous with “youth, roguishness, self-confidence, boldness, and common sense.”³⁰⁸ Oz Almog, who has studied the representation of *Sabras* in Israel, notes that over the course of the 1970s this Israeli *Sabraism* faded as Israelis rejected the cultural uniformity of their past:

Criticism of Sabra literature and the myth it represented intensified in the mid-1970s after the trauma of the Yom Kippur War, when the role of the Sabra as a social model was weakened and his aura dimmed. The Israeli intelligentsia began to see the Sabra in a less heroic light that brought out his human failings and even presented him as a pathetic and ridiculous figure.³⁰⁹

It is very telling that more and more Israelis were finding fault with this cultural construct; formerly seen as physically powerful and mentally resistant, the *Sabra* now seemed more like fraudulent propaganda than a realistic model. As Israelis questioned their own livelihoods in Israel, along with the situation of the state itself, the image of *Sabra* seemed detached from reality. Almog emphasizes that often the *Sabra* was depicted as altruistic, disputing the notion that the *Sabra* was primarily a militant figure: “Israeli culture [did not] develop a myth of the war experience meant to disguise the terror of war and give it legitimacy.”³¹⁰ Almog is certainly correct that the *Sabra* was not meant to glorify martyrdom or indiscriminately encourage combat. But perhaps Almog is not critical enough: it is important to note that in Israel there remained a significant amount of pride in the power of the IDF soldier and a patent disdain for weakness, which often did promote a culture of psychological suppression and national denial. After the Yom Kippur War,

³⁰⁸ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000), 9.

³⁰⁹ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000), 16.

³¹⁰ Oz Almog, *The Sabra; The Creation of the New Jew*, (Berkeley, California: University of California Press, 2000), 262.

Israelis became more self-aware, rejecting their current circumstances upon the conscious realization that Israel was not the haven Zionism had promised.

This realization coincided with the growing awareness, both in the psychiatric community and among the public, that silently tolerating the trauma of war was unnecessary and potentially dangerous. In many ways, the emerging psychiatric literature documenting the deleterious effects of trauma encouraged the abandonment of the *Sabra* ideal as Israelis acknowledged the naïve optimism of their past. Although a powerful and poignant collection of war literature had existed in Israel since the State's founding, these narratives were often first-person accounts of harrowing experiences without medicalized interpretations of trauma. However in 1978 Dr. Amia Lieblich, a professor of psychology at the Hebrew University in Jerusalem, published a book on the psychological impact of war; Dr. Lieblich's intended audience was not her colleagues in the fields of psychology and psychiatry, but rather the general public.³¹¹ The book is entitled *Tin Soldiers on Jerusalem Beach; An Israeli psychologist's account of the inner lives of her compatriots*, and consists of case studies that are narrated and analyzed by Dr. Lieblich. Interestingly, Dr. Lieblich drew attention to the fact that the trauma of war affected all Israelis, not only soldiers on active duty.³¹² She wrote, "The salience of war in the Israeli reality...render war inseparable from our mental life."³¹³ Multiple examples of the manifestations of war in "psychological issues" are provided and, in her commentary, Lieblich's own aversion to war became clear.³¹⁴ As such, Lieblich uses her professional authority to advance a medically motivated call for peace.

³¹¹ Amia Lieblich, *Tin Soldiers On Jerusalem Beach*, (New York: Pantheon Books, 1978), 27.

³¹² Amia Lieblich, *Tin Soldiers On Jerusalem Beach*, (New York: Pantheon Books, 1978), 27.

³¹³ Amia Lieblich, *Tin Soldiers On Jerusalem Beach*, (New York: Pantheon Books, 1978), 27.

³¹⁴ Amia Lieblich, *Tin Soldiers On Jerusalem Beach*, (New York: Pantheon Books, 1978), 27.

Lieblich's message, and the continuous discoveries of psychiatrists, did not go unnoticed. In fact, many of the Israeli peace movements arose largely because of the public call for the rejection of war trauma. During the late 1970s, an opportunity for peace between Egypt and Israel emerged, and Israelis were eager to end the perpetual hostilities taking place along their southern border.³¹⁵ In 1978, the largest pro-Peace organization, "Peace Now," was founded in an attempt to increase pressure on Begin to make difficult concessions to Egypt so that a lasting peace could be achieved.³¹⁶ The founding document of "Peace Now" was an "Officer's Letter" in which 348 Israeli signatories addressed Begin and pleaded for peace.³¹⁷ In his critical analysis of the origins and construction of the Peace Now movement, sociologist Michael Feige notes the "mental construction of the war context" among Peace Now activists.³¹⁸ Feige observes, "War trauma...was a recurring motif in the reasons members of Peace Now gave for their participation and activism. In interviews, many said that their war experiences were especially traumatic and led them to political conclusions."³¹⁹ Feige even quotes Yuval Neria, an officer decorated for bravery during the Yom Kippur War as having said, "Our main message was that as witnesses to that hell we are obliged to warn the others."³²⁰ For the first time, trauma was being publicly rejected as unnecessary. Previous discussions of trauma in lay publications had often portrayed this suffering as unavoidable and essential for the existence of the State of

³¹⁵ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996).

³¹⁶ Michael Feige, "Peace Now and the Legitimation Crisis of 'Civil Militarism'" *Israel Studies* 3, no. 1 (1998): 85-111.

³¹⁷ Michael Feige, "Peace Now and the Legitimation Crisis of 'Civil Militarism'" *Israel Studies* 3, no. 1 (1998): 85-111.

³¹⁸ Michael Feige, "Peace Now and the Legitimation Crisis of 'Civil Militarism'" *Israel Studies* 3, no. 1 (1998): 95.

³¹⁹ Michael Feige, "Peace Now and the Legitimation Crisis of 'Civil Militarism'" *Israel Studies* 3, no. 1 (1998): 96.

³²⁰ Michael Feige, "Peace Now and the Legitimation Crisis of 'Civil Militarism'" *Israel Studies* 3, no. 1 (1998): 96.

Israel.³²¹ This rejection of trauma marks a significant departure in the Israeli public discourse on combat stress, as well as a growing acknowledgement and rejection of the anxiety and stress induced by the perpetually tumultuous security situation in Israel.

Americanization of Israel

As we document the growing recognition and study of post-traumatic stress disorder (PTSD) in Israel over the course of the 1970s, we must acknowledge the parallel acceptance of PTSD by the American Psychiatric Association (APA) and investigate its influence on Israeli psychiatrists and psychologists. American psychiatrists had long recognized psychiatric manifestations of severe stress, such as combat stress, and had been engaged in the study of PTSD-like illnesses for decades.³²² However, following the Vietnam War and the homecoming of countless traumatized veterans, there was a renewed effort to understand and establish formal criteria for an official diagnosis. By 1980, PTSD had become an official diagnosis in the third edition of *The Diagnostic and Statistical Manual of Mental Disorders* (the DSM III), which was published by the APA.³²³ Thus we have to determine if the medicalization of trauma in Israel was merely symptomatic of Israeli Americanization. American journalist Ethan Watters has described the “globalization of the American psyche,” remarking, “Americans have been industriously exporting our ideas about mental illness. Our definitions and treatments have become the international standards.”³²⁴ It is certainly true that following the addition of PTSD to the

³²¹ S. Yizhar, *Khirbet Khizeh*. Trans. Nicholas De Lange and Yaacob Dweck. (Jerusalem: Ibis Editions, 2008.) OR Avraham Shapira, ed. *The Seventh Day: Soldiers Talk about the Six-Day War*, (New York: Scribner, 1970).

³²² Roy R. Grinker and John P. Spiegel. *Men Under Stress*. (Philadelphia: Blakiston, 1945).

³²³ *DSM-III: Diagnostic and Statistical Manual of Mental Disorders 3rd Ed.*, (Washington, D.C.: American Psychiatric Association, 1980).

³²⁴ Ethan Watters, *Crazy Like Us*, (New York: Free Press, 2010), 2.

DSM-III Israeli researchers and clinicians quickly conformed to these clearly defined standards. So we must ask, is Israel simply the beneficiary of an American export?

Certainly, there has been a significant exploration of the Americanization of Israeli culture beyond the potential Americanization of Israeli psychiatry or psychology. Segev in particular has written on this “Americanization of Israel,” describing countless American trends – from sneakers to civil rights – that took hold in Israel during the 1970s and 1980s.³²⁵ The socialist Zionism of the 1940s and 1950s that had idolized the communal life on the *Kibbutz* was fading and emerging in its place was a growing concern for the rights of the individual and life in “swanky neighborhoods.”³²⁶ The shifting political landscape of Israel during the 1970s can also be interpreted as evidence of Americanization. Following the Yom Kippur War, a great deal of anger was directed at domestic and local leadership.³²⁷ As details from the war emerged, Israelis became increasingly displeased with the Labor government, who had been in control since Israel had declared independence in 1948. Labor leaders were involved in a series of financial scandals and the party’s inconsistent stance on the issue of Israeli settlements only aggravated discontent.³²⁸ In 1977, the extent of the public’s frustration with the Labor party was revealed when, for the first time, the Likud party won the majority in the Knesset. Led by Menachem Begin, who many regarded as a heroic figure previously involved in *Irgun*,³²⁹ Likud stood for social conservatism and free market politics, a decided shift from the

³²⁵ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002).

³²⁶ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 59.

³²⁷ Dan V. Avni-Segre, “The breakdown of Israel’s bureaucratic system in October 1973,” in *Public Administration in Israel and Abroad*, (Jerusalem: The Israel Institute of Public Administration, 1974): 123.

³²⁸ Howard M. Sachar, *A History of Israel*, (New York: Knopf, 1996), 833.

³²⁹ *Irgun* was a militant Zionist organization that operated during the British Mandate of Palestine. It was a bellicose offshoot of the *Haganah* the Jewish para-military organization in Palestine and was notorious for attacks against the British. After Israel was founded, legislation was passed declaring *Irgun* a terrorist organization and demanding the elimination of all para-military organizations in favor of the united IDF. See Yvonne Schmidt, *Foundations of Civil and Political Rights in Israel and the Occupied Territories*. Diss. University of Vienna, 2001, (Norderstedt, Germany: GRIN Verlag, 2001): 254.

socialism of the Labor Party.³³⁰ Segev contends that the synchronous rise of Likud and appearance of pro-peace activism – two rather antithetical movements – can be explained by the Americanization of Israeli society.

Of course, there is undeniable evidence that the changes in the United States influenced Israelis: for example, a group of young Sephardic Israelis actually started their own “Black Panthers” organization to rebel against the Ashkenazi elite.³³¹ In the opinion of Segev, even “Peace Now” was merely “imitating the American peace movement.”³³² However, it seems rather simplistic to say that the trends in Israeli society are exclusively products of American influence. In fact, Feige specifically differentiates anti-war movements in America from the Peace Now movement, which began in the hopes of ending the suffering of Israel’s own soldiers, not to promote any saccharine or chimerical intentions of universal love or brotherhood.³³³ The Officer’s Letter that launched “Peace Now” did not accept signatures from women with the intention of keeping the message’s tone serious and practical. Additionally, a pamphlet published by Peace Now shortly after the Letter’s publication actually stated, “It was clear to all that those craving for peace in the letter were not pacifists or ‘flower children,’ as in other countries, but men of the fighting units of the I.D.F. [*sic.*]”³³⁴ The framing of the Israeli anti-war movement reflects the differences between Israeli society and American society. It is in this light that we should assess the simultaneous rise of the capitalist Likud party and the Israeli anti-war movements: not as mere replications of American culture, but rather as idiosyncratic Israeli

³³⁰ Susan Hattis Rolef, “Political Dictionary of the State of Israel,” (Jerusalem: The Jerusalem Publishing House, Ltd. and Keter Publishing House, 1993) as quoted in “Menachem Begin (1913-1992),” *Knesset Website*, http://www.knesset.gov.il/lexicon/eng/begin_eng.htm

³³¹ Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 64.

³³² Tom Segev, *Elvis in Jerusalem*, trans. Haim Watzman (New York: Metropolitan Books, 2002), 64.

³³³ Michael Feige, “Peace Now and the Legitimation Crisis of ‘Civil Militarism’” *Israel Studies* 3, no. 1 (1998): 95.

³³⁴ Michael Feige, “Peace Now and the Legitimation Crisis of ‘Civil Militarism’” *Israel Studies* 3, no. 1 (1998): 95.

movements potentially inspired by an American example. It is within this historically Israeli context that historian Eran Kaplan has assessed the rise of Likud, demonstrating that Likud was a legacy of the revisionist Zionism of the “Jewish Radical Right.”³³⁵ In his nuanced analysis of Israeli society during the years of Likud leadership, Kaplan gives an alternate explanation for the concurrent rise of opposing social trends:

Under the Likud a more pluralistic and heterogeneous Israel has emerged; alongside the Ashkenzai Sabra, the Moroccan singer and the national-religious yeshiva student dressed in an army uniform came to symbolize the new and more complex image of the prototypical Israeli.³³⁶

With the rise of Likud came the rise of diversity and dissent.³³⁷ Of course Israel had always been an ethnically and religiously diverse population; however, as previously marginalized communities entered political debates, the cacophony of voices in the tiny nation grew, producing new forms of expression. Thus while perhaps American values did affect Israel, by studying the specific modalities in which Israel accepted, or preempted, American trends, we can learn a great deal about Israeli society.

American PTSD versus Israeli PTSD

It is with the knowledge of these inconclusive interpretations of Israeli Americanization that the influence of America’s struggle to accept PTSD on the Israeli conception of the illness can be addressed. In America, the debate surrounding PTSD occurred within the psychiatric community, but also between psychiatrists and members of the military, particularly the Veterans Administration (VA).³³⁸ In *The Harmony of*

³³⁵ Eran Kaplan, *The Jewish Radical Right: Revisionist Zionism and its Ideological Legacy*, (Madison, WI: University of Wisconsin Press, 2005).

³³⁶ Eran Kaplan, *The Jewish Radical Right: Revisionist Zionism and its Ideological Legacy*, (Madison, WI: University of Wisconsin Press, 2005), 160.

³³⁷ Eran Kaplan, *The Jewish Radical Right: Revisionist Zionism and its Ideological Legacy*, (Madison, WI: University of Wisconsin Press, 2005), 160.

³³⁸ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997).

Illusions, Alan Young explains that by the 1970s and 1980s, the trends in American psychiatry had long since turned away from Freudian hypotheses, and most psychiatrists, including those arranging the *DSM-III*, “identified themselves, in a self-conscious way, with the nosological perspective of the famous German psychiatrist Emil Kraepelin.”³³⁹ Kraepelin focused on exacting classifications to help psychiatry find the precise causes of various mental illnesses, which he believed to “have organic and biochemical origins.”³⁴⁰ Thus, because PTSD was in many ways a Freudian disease, with its pathological source in a patient’s traumatic past, there were many “influential neo-Kraepelinians” who opposed its entrance into the *DSM-III*.³⁴¹ Only once significant evidence was collected, and only after the compilers of the *DSM-III* were aggressively lobbied, did PTSD become an official diagnosis. Young emphasizes the extent to which the PTSD diagnosis was linked to the Vietnam War and the varied array of post-traumatic symptoms the war had provided for its veterans.³⁴² In America, Young explains, “The ‘crazy Vietnam vet’ – angry, violent, and emotionally unstable – had become an American archetype” and thus, the nation paid close attention to these individuals.³⁴³ Consequently, the story of PTSD in America is a complex tale that reveals the professional tensions among American psychiatrists, the economic priorities of the United States Military, and the Veterans Administration, as well as the complicated social response to the Vietnam War in America.

³³⁹ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 95.

³⁴⁰ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 95.

³⁴¹ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 110.

³⁴² Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 110.

³⁴³ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 108.

In Israel, the APA had long been regarded as the international psychiatric authority; Israeli psychiatrists had been collaborating with American psychiatrists and conforming to American standards since the 1950s. Psychiatry in Israel had been founded by European professionals who had always intended to continue their participation in the international scientific discourse; it was for this reason that lectures were frequently given in German and English and that Dr. Winnik, the founder of *The Israel Annals of Psychiatry*, decided it would be published in English.³⁴⁴ Hence, there is no doubt that the escalating debate in America surrounding the status of post-traumatic psychiatric afflictions was heard and heeded in Israel. Yet to discount Israel's endorsement of the PTSD diagnosis as simply a blind submission to the APA is to ignore Israel's unique construction of trauma throughout its history as well as the distinct way in which PTSD was framed in Israeli society in the 1970s and 1980s. Indeed, by the mid-1980s Israeli psychiatrists were referencing the APA's *DSM-III* when using the term PTSD, but their construction of the disease reflected existing cultural norms and social values.

As we have seen, the discussion of mental trauma in Israel began long before the publication of the *DSM-III* and almost exclusively focused on Israeli or Jewish events – from the Holocaust to mass immigration to the Yom Kippur War. In fact, in most articles throughout the 1970s and 1980s, Vietnam was barely mentioned. A study published in *Harefuah* in 1975 reviewed the history of combat fatigue and noted the recognition of shell-shock after World War I and the large number of Vietnam veterans presenting similar stress reactions upon their return home.³⁴⁵ The researcher, T.S. Adler, went on to note that these combat-related stress reactions were ignored in Israel after the War of Independence in 1948, but that the Israeli psychiatric community began to consider the problem after the

³⁴⁴ Erich Gumbel, "Psychoanalysis in Israel," *Is. Ann. Psych. Rel. Disc.* 3, no. 1 (1965): 91.

³⁴⁵ T.S. Adler, "Combat fatigue following the October War," *Harefuah* 88, no. 11 (1975): 519-21.

Six Day War.³⁴⁶ Adler's study examines one hundred veterans of the Yom Kippur War, documenting symptoms such as "depression," "verbal aggressiveness," "difficulty concentrating," and "insomnia."³⁴⁷ Adler also notes that among the patients were varying degrees of symptom severity; accordingly, he outlines three levels of stress disorder intensity as well as various treatment modalities.³⁴⁸ Notably, Adler makes sure to point out that the Yom Kippur War was "different in its essence," though he remains vague in his explanation.³⁴⁹ Here, Adler reflects the cultural significance of this war and the impact it had on all of its citizens, including psychiatrists. Thus we see that the construction of PTSD in Israel was based on the experiences in the Yom Kippur War, just as the construction of these disorders in America was based on the Vietnam War. Additionally, Israeli researchers began retrospective analyses of veterans from past wars, such as the Six Day War.³⁵⁰

In America, Vietnam veterans were isolated individuals – soldiers who had fought a confusing battle on the other side of the earth. In Israel, where nearly the whole population was composed of civilian-soldiers, and where all battles were fought along their own borders, post-traumatic disorders were a national dilemma and consistently depicted as such. An editorial published in *The Israel Annals of Psychiatry* bluntly stated this danger in its support for community mental health programs: "Since its establishment, Israel has been faced with difficult political and military situations with obvious implications for the mental health of the population."³⁵¹ Two decades earlier, these implications would have seemed rather less obvious, but as the psychiatrists channeled

³⁴⁶ T.S. Adler, "Combat fatigue following the October War," *Harefuah* 88, no. 11 (1975): 519-21.

³⁴⁷ T.S. Adler, "Combat fatigue following the October War," *Harefuah* 88, no. 11 (1975): 519-21.

³⁴⁸ T.S. Adler, "Combat fatigue following the October War," *Harefuah* 88, no. 11 (1975): 519-21.

³⁴⁹ T.S. Adler, "Combat fatigue following the October War," *Harefuah* 88, no. 11 (1975): 519-21.

³⁵⁰ T.S. Adler, "Combat fatigue following the October War," *Harefuah* 88, no. 11 (1975): 519-21.

³⁵¹ "Community Mental Health in Israel," *Is. Ann. Psych. Rel. Disc.* 15, no. 3 (1977): 179-80.

societal fears into their research, the psychiatry of stress in Israel was rapidly expanding and being continually validated. This collective anxiety about the psychiatric status of the nation was reflected in the extensive research conducted by psychiatrists and psychologists on the Israeli population. The numerous publications include, “The effect of the Yom Kippur War on anxiety level in Israeli children,”³⁵² “Worry, fear and concern differentiated,”³⁵³ “Psychological Stress and Adjustment in Time of War and Peace”³⁵⁴ and “Adjustment and War Bereavement,”³⁵⁵ all of which discuss individual psychological stress as related to extended social stress. In fact some psychiatrists explicitly voiced these concerns: in 1979 Dr. Edelstein wrote a paper on the psychiatry of social change remarking, “Stimulating as this diversity may be, it poses a serious challenge: that of crystallizing our collective identity and self image.”³⁵⁶ In Israel there may have been a growing appreciation for the individual, but there remained a strong sense that he or she was part of a larger social network. The individual and the society functioned in a dynamic equilibrium in which the psychiatric condition of the larger social mind exerted an effect on the individuals who comprised it, and thus, a negative mental status of a group of individuals could exert deleterious effects on the entire nation of Israel.

In this way, the discussion and study of post-traumatic illnesses before and after 1980 were characterized by allusions to the repeated societal encounters with trauma. Israeli professionals used the unique circumstances within Israel to create a niche, somewhere between anxiety and PTSD, which was not only more applicable to the plight

³⁵² R.M. Milgram and N.A. Milgram, “The effect of the Yom Kippur War on Anxiety level in Israeli children,” *Journal of Psychology* 94, no. 1 (1976): 107-113.

³⁵³ Levy, “Worry, Fear and Concern Differentiated,” *Is. Ann. Psych. Rel. Disc.* 14, no. 3 (1976): 211-228.

³⁵⁴ N.A. Milgram “Psychological Stress and Adjustment in Time of War and Peace,” *Is. Ann. Psych. Rel. Disc.* 16, no. 4 (1978): 327-38.

³⁵⁵ Ruth Purisman and Benjamin Maoz, “Adjustment and War Bereavement – Some considerations” *British Journal of Medical Psychology* 50 1977: 1-9.

³⁵⁶ Edelstein, “Psychiatry and Social Change in Israel – Challenge of Peace” *Is. Ann. Psych. Rel. Disc.* 17, no. 3 (1979): 187.

of Israelis, but also provided them with a certain international prestige. Following 1980, Israeli clinicians and researchers generally utilized the PTSD diagnosis, likely in an attempt to sustain the international dialogue that was dictated by the *DSM-III*.³⁵⁷ Yet, even these studies frequently point out the notable social differences between American and Israeli PTSD patients. One 1987 study investigated the effect of phenelzine treatment in a group of Israeli veterans with PTSD, comparing their results to those found in a group of American veterans with PTSD, all of whom fulfilled the *DSM-III* criteria.³⁵⁸ Interestingly, the researchers point out that the Israeli veterans with PTSD exhibited fewer substance abuse issues as well as less antisocial behavior than their American counterparts.³⁵⁹ They comment that this is likely a result of “sociologic considerations” noting that the because Israelis are “strongly supportive” of veterans and because Israel has “adequate compensation and rehabilitation facilities,” Israeli veterans experience less alienation and thus do not experience the “severe adjustment difficulties...reported in US Vietnam veterans.”³⁶⁰ Not only do we see Israeli psychiatrists indicating that they are international experts on how to manage, and perhaps reduce, PTSD and its associated behaviors, but again we perceive the responsibility that is placed on the society as a whole. In Israel it may be the individual that faces a trauma, but it is the nation that is able to overcome and facilitates an individual’s recovery.

It is in this way that the discussion of PTSD often becomes entangled with stress and anxiety. Although in America we often see these diagnoses as separate entities, this was not always the case in Israel, where a continuum of experience exists, making

³⁵⁷ Ethan Watters, *Crazy Like Us*, (New York: Free Press, 2010), 3.

³⁵⁸ Bernard Lerer et al, “Posttraumatic Stress Disorder in Israeli Combat Veterans,” *Archives General Psychiatry* 44, (1987): 980.

³⁵⁹ Bernard Lerer et al, “Posttraumatic Stress Disorder in Israeli Combat Veterans,” *Archives General Psychiatry* 44, (1987): 980.

³⁶⁰ Bernard Lerer et al, “Posttraumatic Stress Disorder in Israeli Combat Veterans,” *Archives General Psychiatry* 44, (1987): 980.

classification more difficult. One article, published by a therapist in Haifa, presented case studies of two veterans of the Yom Kippur War and, along with discussing aspects of their individual trauma, considered the way that the stress within the social body affected them. Writing in 1979, Dr. Soliman, the director of a Child, Youth and Family clinic, asserted, “I believe the individual guilt and depression of my patients were deepened by the collective guilt and depression.”³⁶¹ Not only does this example show, once again, the importance placed on the community of Israel as a whole, but it notes that the stress of the community can exacerbate the PTSD in an individual. Dr. Amia Lieblich, in her 1978 work, actually differentiates between PTSD, as associated with a single traumatic event, and the psychological status of Israeli soldiers and citizens:

‘Normal’ here means waiting for the next convulsion...Psychologically, I believe this is different from experiencing one war as an isolated event, which is part of one’s past. In Israel, war is part of the past, present, and future of each individual. One has to prepare for the next one, hoping to postpone it as long as possible, yet waiting.³⁶²

The American description of PTSD, as associated with a single traumatic event and a single traumatized individual, seems somewhat flawed in the Israeli setting of a series of traumatic events and a traumatized community. In Israel PTSD was even studied as an inheritable disease. A 1988 study lead by Zahava Solomon, an Israeli expert on PTSD, investigated the frequency of combat-related PTSD “among second-generation holocaust survivors.”³⁶³ The study found that the children of Holocaust survivors did indeed have higher rates of PTSD and recommended further research to understand how “trauma is transmitted.”³⁶⁴ This notion that “trauma deepens trauma”³⁶⁵ and is in some sense

³⁶¹ P. Soliman, “Confrontation with Death,” *Is. Ann. Psych. Rel. Disc.* 17, no. 2 (1979): 162-3.

³⁶² Amia Lieblich, *Tin Soldiers On Jerusalem Beach*, (New York: Pantheon Books, 1978), 3-8.

³⁶³ Zahava Solomon, Moshe Kotler and Mario Mikulincer, “Combat-Related Posttraumatic Stress Disorder Among Second-Generation Holocaust Survivors,” *Am. J. Psychiatry* 145, no. 7, (1988): 865.

³⁶⁴ Zahava Solomon, Moshe Kotler and Mario Mikulincer, “Combat-Related Posttraumatic Stress Disorder Among Second-Generation Holocaust Survivors,” *Am. J. Psychiatry* 145, no. 7, (1988): 867.

vertically transmissible not only reveals the distance Israelis had moved from their original non-medical conception of trauma, but also the extent to which Israelis manifest their unique relationship to trauma within their understanding and investigation of PTSD.

By the mid-1980s, mental healthcare professions felt that psychiatric stress and mental illness could not be suppressed or ignored, but must be investigated and treated. The psychiatric community had come a long way from the denial of 1948 and the fragmented uncertainty of the 1960s. In 1979, the Ray D. Wolfe Centre for Study of Psychological Stress was been founded at the University of Haifa.³⁶⁶ In 1983, the center's director, Dr. Shlomo Breznitz, served as the editor and compiler of a series of studies and essays that formed a book entitled *Stress in Israel*. Each chapter examines a different facet of stress or a different aspect of how it affects members of Israeli society, from orphans to criminals. Of particular interest is his indifference towards the individual in favor of "larger units such as families, communities, and even entire nations."³⁶⁷ His examination of stress, and also anxiety, looks deeply at Israeli society and questions whether a society becomes "immunized" or "exhausted" with its continual influence.³⁶⁸ Breznitz dubs Israel "a natural laboratory for stress research," which he believes is "agreed upon by medical, social and behavioral scientists" in Israel and abroad.³⁶⁹ Even impending trauma, the stress induced by worry, fear, uncertainty or anticipation, became a medically relevant phenomenon. The American conception of PTSD endured at one end of the spectrum, frequently publicized and constantly studied.³⁷⁰ However, trauma in Israel was not an

³⁶⁵ Z Solomon, B Oppenheimer, Y Elizur and M Waysman, "Trauma deepens trauma: the consequences of recurrent combat stress reaction," *Isr. J. Psychiatry Relat. Sci.* 27, no. 4 (1990): 233-41.

³⁶⁶ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983).

³⁶⁷ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983), xvi.

³⁶⁸ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983), 269.

³⁶⁹ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983), 269.

³⁷⁰ See Judy Siegel, "IDF Medical Corps' study of shell shock in Lebanon war finds: Holocaust survivors pass trauma to soldier-sons" *The Jerusalem Post* October 30, 1989. OR Vivian Edden, "Neutralizing

isolated occurrence; it was not restricted to a soldier fighting on the other side of the planet, nor was it limited to the rare victim of heinous crime. Trauma was not only experienced by individuals, but also by families, communities and the nation as a whole. Trauma was experienced on Israeli soil, felt by Israeli children, and viewed by the entire society. Trauma could be looming fear – the death of a loved one, the lack of personal security, the destruction of a nation. Indeed, Israeli psychiatrists and psychologists had gradually medicalized their own distinctive experience with trauma, the trauma that had come to define their nation.

Trauma” *The Jerusalem Post* July 13, 1989. OR Peter Hirschberg, “The Scars that Can’t be Seen” *The Jerusalem Report* January 23, 1992.

Conclusion: The Medicalization of Identity

As we investigate the *medicalization of trauma* in Israel, which transpired over the course of three decades as a result of shifting social norms, and investigative trends in psychiatry and its related disciplines, a unique Israeli identity crystallizes. Throughout this study we have seen that trauma is fundamentally and inescapably bound to the rather nebulous notion of memory. Trauma, as a memory, is not a modern concept. Yet trauma as a harbinger of traumatic memory and, in turn, this traumatic memory as a focus of psychopathology, is a relatively recent idea. Thus our assessment of trauma – medicalized or not – compels us to consider memory, both as an individual and as a collective phenomenon. Memory, as associated with brain function, is certainly a prominent focus of neurological research and is increasingly studied in relation to post-traumatic stress disorder, both in America and in Israel. However, I hope to illuminate a rather different construction of memory: memory as identity.

In his memoir documenting life with Alzheimer's disease, Thomas DeBaggio articulates a very common impression of memory: "For me now, any question of identity becomes profound and difficult. Without memory you lose the idea of who you are."³⁷¹ DeBaggio's construction of memory is inherently individualistic; his memory and his identity are one and the same. Memory, the way it is understood and conceptualized, is socially constructed and, thus, DeBaggio naturally reflects this American cultural convention. In the United States, where individual memory is the primary vehicle for identity, trauma is an individual experience and, hence, a traumatic memory is destructive

³⁷¹ Thomas DeBaggio, *Losing my Mind. An Intimate Look at Life with Alzheimer's* (New York: Free Press, 2002), 42.

to the individual. In the 1970s and 1980s, PTSD was largely constructed around the individual memories of a segment of the American populace: the veterans of the Vietnam War. Still, the diagnostic category remained broad in scope, welcoming the post-traumatic stress of other individuals that had arisen from an array of isolated, traumatic experiences (a rape, a car accident, *etc.*).³⁷² In this way, psychiatrists, psychologists, and psychoanalysts have been able to maintain the objective distance generally expected in the doctor-patient relationship: they assess their patients' trauma, they delve into their patients' memory, and they even examine their patients' neuroanatomy and neurological function. The reasons behind this individualistic American orientation are the subject of many studies that cannot be properly elucidated here.³⁷³ However, it suffices to say that in America, memory is viewed as a personal file of past experiences and, with only a few exceptions, trauma is not a national experience.

Although Israelis continue to use the terminology of the American Psychiatric Association, their research and discussion reflects an essentially different conception of memory and trauma as collective and national phenomena. In Israel, traumatic experiences are not unique. Israel has a civilian army and thus, with its recurrent engagement in military conflicts, combat experience is not infrequent.³⁷⁴ Additionally, terrorism is a constant threat: 1,815 people were killed in terrorist attacks between 1948 and 2000.³⁷⁵ Israeli clinicians and researchers have been denied the good fortune of a neutral perspective as well as the luxurious American conception of traumatic events as isolated

³⁷² *DSM-III: Diagnostic and Statistical Manual of Mental Disorders 3rd Ed.*, (Washington, D.C.: American Psychiatric Association, 1980).

³⁷³ SEE Paul Bernstein, *American Work Values: their Origin and Development*, (New York: SUNY University Press, 1997). OR Robert Neelly Bellah, Richard Madsen and William M. Sullivan, *Habits of the heart: individualism and commitment in American life*, (Berkeley, CA: University of California Press, 1985).

³⁷⁴ Eugene Weiner and Anita Weiner, ed. *Israel – a Precarious Sanctuary: War, Death, and the Jewish People*. (Lanham, MD: University of America, 1989), 92.

³⁷⁵ "Terrorism," Israel Ministry of Foreign Affairs, <http://www.mfa.gov.il> (accessed March 31, 2011)

occurrences. In fact, Israeli psychiatrists and psychologists often alluded to their own involvement in the trauma they were researching, speculating that they may be “too close to the subject matter.”³⁷⁶ So while Israeli clinicians certainly treat individuals’ symptoms, and explore an individual’s memory, no case of PTSD can be separated from the broader cultural interaction with trauma. The pervasive presence of stress is also extensively studied as another, less severe, manifestation of the ubiquitous trauma in Israel.

Aside from being a feature of daily life in Israel, trauma is also a hallmark of “Jewish collective memory,” and thus, the medicalization of trauma in Israel is more than a creation of a new nosology, but a peculiar medicalization of Jewish identity. Jewish collective memory is nearly impossible to succinctly describe, but encompasses a religious and cultural history of exile, suffering, triumph, and sacrifice; it serves as the foundation for a collective identity that could hardly be attributed to a shared religion.³⁷⁷ Yosef Hayim Yerushalmi, an eminent professor of Jewish history, explains that the Jewish collective memory is complicated by the “unique fusion of religion and peoplehood” characteristic of the Jewish people.³⁷⁸ The notion of collective memory has been clearly explained as an abstract concept, yet as a subject of psychological investigation remains elusive. Alan Young has researched the construction of the “traumatic memory” and actually explores the abstraction of “collective memory,” which he believes, “can reside not only in individual minds but in practices, standards, apparatuses, and social relations, and in the calculations and documents that these things produce.”³⁷⁹ However, Young distinguishes this pseudo-cultural collective memory from the type of collective memory that is the

³⁷⁶ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983), ix.

³⁷⁷ Yosef Hayim Yerushalmi, *Zakhor: Jewish History and Jewish Memory*. (Seattle: University of Washington Press, 1996).

³⁷⁸ Yosef Hayim Yerushalmi, *Zakhor: Jewish History and Jewish Memory*. (Seattle: University of Washington Press, 1996), xxxv.

³⁷⁹ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 129.

subject of “psychiatric epidemiology.”³⁸⁰ This type of collective memory is studied by assessing individual memories within a population, determining their knowledge contents, and analyzing these findings.³⁸¹ Still, this model remains somewhat deficient in the case of the complex entity of the Jewish collective memory, which is so deeply tied to religious and cultural practices.

In Israel, the presence of this Jewish collective memory has been an influential, if hidden, force within society.³⁸² Zionist ideologies utilized and reshaped the collective Jewish memory to construct a new Israeli identity, the *Sabra*, which was rooted in the Jewish past but distinct in its essence.³⁸³ The *Sabra* culture has since been studied as a myth accepted by naïve Israelis in the early years of the State – a form of historical revisionism that is both analytical and important, which has been employed in this thesis to provide perspective and depth.³⁸⁴ However, in their book, *Shaping Israeli Identity*, Robert Wistrich and David Ohana make an important point regarding the origins and nature of this myth.³⁸⁵ They write, “It needs to be remembered that myth is something more subtle than merely an erroneous belief or dogma held to against all the historical evidence.”³⁸⁶ The authors examine the collective memory as a creator of “myth,” as well as the ways in which trauma is incorporated into Jewish collective memory and Israeli identity. Within their study, however, trauma is not regarded as a medical entity with a pathogenic quality.

³⁸⁰ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 129.

³⁸¹ Allan Young, *The harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton, NJ: Princeton University Press, 1997), 129.

³⁸² Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995).

³⁸³ Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995).

³⁸⁴ Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995).

³⁸⁵ Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995).

³⁸⁶ Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995), ix.

Still, their exploration informs this concluding discussion of identity not only by validating the presence of trauma in Israeli collective memory, but also by highlighting the power and depth of this collective traumatic memory. It is thus understandable that while tracing the medicalization of trauma, I have witnessed a confusing, and often contentious, medicalization of Jewish identity.

Are Jews, and especially Israelis, evidence of the “survival of the fittest,” as avowed by Darwinian evolution?³⁸⁷ Or does “trauma deepen trauma?”³⁸⁸ Are Israelis weaker as a result of their continual exposure to trauma?³⁸⁹ Will stress bring us together and make us stronger?³⁹⁰

I have been intrigued by these questions, but they are not my own. Rather, they belong to a generation of Israeli theorists, many of whom search for their answers via the structure of the scientific method as applied to medical inquiry. Thus trauma, as a cultural and historical phenomenon, emerges as a psychic entity belonging not necessarily to an individual, but to a community and a nation. A particularly revealing example of the medicalization of this collective memory has been elucidated by Yael Zerubavel, a distinguished professor of Jewish studies. Masada is a mountain upon which a Jewish community in the first century of the Common Era committed mass suicide rather than become slaves of the Romans, who were attempting to conquer the ancient land of Israel. The “memory” of Masada is considered an important part of Jewish collective memory and Zerubavel has analyzed the ways in which this memory impacts Israelis today.³⁹¹ She discusses the notion of the “Masada Complex,” an accusation that means, “contemporary

³⁸⁷ Hilel Klein, Julius Zellermyer, and Joel Shanan, “Former Concentration Camp Inmates on a Psychiatric Ward,” *Archives General Psychiatry* 8, no. 4 (1963).

³⁸⁸ Z Solomon, B Oppenheimer, Y Elizur and M Waysman, “Trauma deepens trauma: the consequences of recurrent combat stress reaction,” *Isr. J. Psychiatry Relat. Sci.* 27, no. 4 (1990).

³⁸⁹ Zahava Solomon, Moshe Kotler and Mario Mikulincer, “Combat-Related Posttraumatic Stress Disorder Among Second-Generation Holocaust Survivors,” *Am. J. Psychiatry* 145, no. 7, (1988): 867.

³⁹⁰ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983).

³⁹¹ Yael Zerubavel, “The Multivocality of a National Myth: Memory and Counter-Memories of Masada,” Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995).

Israelis'...look at the world as if they were still situated on top of besieged Masada, helpless and overpowered by their enemy."³⁹² In fact, Zerubavel notes that the use of this psychological term ("complex") in the political discourse indicates, "groups, like individuals, can suffer from pathologies."³⁹³ The use of this term among members of the Israeli public shows the extent that historical Jewish traumas have been medicalized. In the same way that Jewish collective memory has always affected the Jewish people, it seems that the medicalized historical traumas present only in the Jewish collective memory can actually adversely affect members of Israeli society today.

The medicalization of trauma in Israel is consequently a lens through which we can examine an intricate Israeli identity and its relation to Jewish collective memory and trauma. As the American discussion of trauma, and eventually the American Psychiatric Association's PTSD diagnosis, arrived in Israel, it did not merely replicate and uncritically applied by researchers and clinicians. The American notions of medicalized trauma that percolated Israeli psychiatry and Israeli society were accepted within the existent Israeli cultural framework and eventually reconfigured to fit the collective Israeli experience of trauma. The broader philosophical questions psychiatrists and psychologists were posing regarding the Jewish people and the State of Israel illustrate the extent to which a medicalization of trauma entailed a medicalization of Jewish memory and Jewish identity. That these theoretical musings emerged within a discussion of trauma as an origin of psychological illness indicates the degree to which Jewish memory had fused with trauma. Novel studies emerged showing that trauma was vertically transmissible – the

³⁹² Yael Zerubavel, "The Multivocality of a National Myth: Memory and Counter-Memories of Masada," Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995), 122.

³⁹³ Yael Zerubavel, "The Multivocality of a National Myth: Memory and Counter-Memories of Masada," Robert Wistrich and David Ohana, ed., *The Shaping of Israeli Identity: Myth, Memory and Trauma*. (London: Frank Cass, 1995), 122.

sons of Holocaust survivors were more prone to combat stress reactions in battle.³⁹⁴ Yet, was this not just a medicalized verification of the inheritable nature of collective memory, and particularly traumatic collective memory?

The medicalization of trauma allowed for the scientific study of trauma, and in this way, a scientific study of memory and identity. In Israel, psychiatrists and psychologists became the shepherds of this emerging study, conducting exhaustive research to answer an endless stream of questions. Due to the excellent technological and intellectual framework present in modern Israel, Israelis found themselves leading the western world with their forays into trauma and stress research. Their political reality had given them a professional niche and a boundless supply of traumatized research subjects.

I do not wish to say that these professions intended to capitalize on the trauma of their people or the stress of their neighbors. Throughout my investigation of this topic, a rather tragic thread emerged in the writings of psychiatrists and psychologists who found it increasingly difficult to distance themselves from the subjects of their study. In many ways, mental healthcare professionals knew that they were cursed caretakers. As Shlomo Breznitz wrote in *Stress in Israel*, his comprehensive compilation of studies of stress:

Who wants to be a natural laboratory for stress research? Look at the themes in which Israeli behavioral researchers are at the forefront of knowledge: the study of orphans, widows, psychiatric combat casualties, prisoners of war, and of course, death itself.³⁹⁵

In his writings Breznitz is also rather optimistic, hoping that stress could be a “noble challenge” or that trauma could be an opportunity for cohesion. He even notes that although Israelis are exposed to so many stressors, they are not a particularly somber people. Of course this is supplemental proof of the ways in which trauma was a part of

³⁹⁴ Zahava Solomon, Moshe Kotler and Mario Mikulincer, “Combat-Related Posttraumatic Stress Disorder Among Second-Generation Holocaust Survivors,” *Am. J. Psychiatry* 145, no. 7, (1988):

³⁹⁵ Shlomo Breznitz, *Stress in Israel*, (New York: Van Nostrand Reinhold, 1983), 269.

identity. Trauma had shaped and branded the Jewish people, so perhaps these positive aspects of stress could be validated through modern medical research. Still, within the study of PTSD and the investigation of stress, there is a tone of urgency as trauma is construed as an ever-impeding factor of life with which each Israeli is intimately familiar. There is a large emphasis placed on prophylactic methods as well as treatment options and management strategies. Thus, perhaps the medicalization of trauma is just another attempt to cure a nation and a people of their trauma, and hopefully, for once, establish an identity devoid of traumatic memory.

Appendix

Figure 1.

“Young” and “old” immigrant population and RED by sex and Continent of Birth (Organic psychosis excluded)

Age group	<i>Male</i>			<i>Female</i>			
	Total Pop.	RED	Rate of RED	Total Pop.	RED	Rate of RED	
E	Young—20—49	36	10	27.7%	50	10	20.0%
	Old — 50 +	71	12	16.9%	98	27	27.5%
AA	Young—20—39	172	26	15.1%	175	45	25.8%
	Old — 40 +	129	32	24.8%	154	25	16.2%

	Young/old		E/AA
Male E	$X^2 = 1.705$	$0.2 > p > 0.1$ (not significant)	Young men $X^2 = 3.334$ $0.10 < p < 0.05$
Male AA	$X^2 = 4.449$	$p < 0.05$	Old men $X^2 = 1.667$ (not significant)
Female E	$X^2 = 1.001$	(not significant)	Young women $X^2 = 0.75$
Female AA	$X^2 = 4.395$	$p < 0.05$	Old women $X^2 = 4.683$ $p < 0.05$

This table shows the percentages of recognized emotional disorders (RED) in populations of European (E) and Afro-Asian (AA) immigrants.

From Asher Hoek, Rafael Moses and Leslie Terrespolsky, “Emotional Disorders in an Israeli Immigrant Community,” *Is. An. Psych. Rel. Disc.* 3, no. 2 (1965): 222.

Figure 2.

Leading national aspirations in four countries

Code Category	Mentioned by			
	Israelis	Americans	Brazilians	Egyptians
Peace with Arabs ^a	55%	—	—	—
Improved standard of living through technological advances, productivity, development of natural resources	47	<i>b</i>	15%	26%
Population	36	<i>b</i>	<i>b</i>	<i>b</i>
Prosperity (in general)	34	14%	20	30
National independence	18	<i>b</i>	<i>b</i>	15
Economic stability	18	12	28	<i>b</i>
World peace	16	48	<i>b</i>	<i>b</i>
Increased foreign trade or exports	16	<i>b</i>	<i>b</i>	<i>b</i>
Military strength	14	<i>b</i>	<i>b</i>	<i>b</i>
Employment	13	13	<i>b</i>	<i>b</i>
General education	13	<i>b</i>	<i>b</i>	14
Ethnic integration	11	<i>b</i>	<i>b</i>	<i>b</i>
Electoral change ^a	11	—	—	—
Cultural standards ^a	10	—	—	—
Free secondary education ^c	9	<i>b</i>	<i>b</i>	<i>b</i>
Public morality ^c	9	<i>b</i>	<i>b</i>	<i>b</i>
Housing ^c	9	<i>b</i>	<i>b</i>	<i>b</i>
International cooperation	<i>b</i>	12	<i>b</i>	<i>b</i>
Become a world power	<i>b</i>	<i>b</i>	<i>b</i>	12
Social justice	<i>b</i>	<i>b</i>	<i>b</i>	10

a Included only in Israeli coding scheme.

b Mentioned by less than 10 per cent.

c Included here, as item is used in later analyses.

This table shows the leading aspirations in Israel as compared to those in the United States, Brazil and Egypt.

From Aaron Antonovsky and Alan Arian, *Hopes and Fears of Israelis; Consensus in a New Society*, (Jerusalem: Jerusalem Academic Press, 1972): 16.

Figure 3.

Leading national fears in four countries

Code Category	Mentioned by			
	Israelis	Americans	Brazilians	Egyptians
War with Arabs ^a	49%	—	—	—
World war	30	51%	19%	22%
Economic instability; inflation	12	18	19	<i>b</i>
Lack of prosperity	12	<i>b</i>	<i>b</i>	18
Population	10	<i>b</i>	<i>b</i>	<i>b</i>
Lack of national independence ^c	9	<i>b</i>	<i>b</i>	<i>b</i>
No technological advance ^c	9	<i>b</i>	<i>b</i>	<i>b</i>
Increased taxes ^c	9	<i>b</i>	<i>b</i>	<i>b</i>
Communism—fear of Communist danger from within	<i>b</i>	12	<i>b</i>	<i>b</i>
Political instability; chaos; civil war	<i>b</i>	<i>b</i>	14	<i>b</i>
Devastation from war	<i>b</i>	13	<i>b</i>	<i>b</i>
Foreign aggression	<i>b</i>	<i>b</i>	<i>b</i>	31

a Included only in Israeli coding scheme.

b Mentioned by less than 10 per cent.

c Included here, as item is used in later analyses.

This table shows the leading fears in Israel as compared to those in the United States, Brazil and Egypt.

From Aaron Antonovsky and Alan Arian, *Hopes and Fears of Israelis; Consensus in a New Society*, (Jerusalem: Jerusalem Academic Press, 1972): 17.

Figure 4.



Yitzhak Rabin on the cover of a special edition of *Life-Maariv*: "Israel's Lightning Victory," reads the headline.

This picture, including the description and translation, is included in a section of images from Tom Segev. *1967: Israel, the War, and the Year That Transformed the Middle East*. Translated by Jessica Cohen. New York: Metropolitan, 2007.

Figure 5.



The taste of victory: the advertisement reads, "Mirage Glory with Every Smoke."

This picture, including the description and translation, is included in a section of images from Tom Segev. *1967: Israel, the War, and the Year That Transformed the Middle East*. Translated by Jessica Cohen. New York: Metropolitan, 2007.

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