LARA SHEEHI AND STEPHEN SHEEHI

PSYCHOANALYSIS UNDER OCCUPATION

Practicing Resistance in Palestine

"If you're looking for another book on victims of apartheid-induced trauma or a psychoanalysis of occupation, this is not it. Instead, Lara Sheehi and Stephen Sheehi have written a brilliant, insurgent work of decolonial theory and practice that centers the labor of Palestinian clinicians and their patients seeking to restore and sustain a sense of self, community, cultural integrity, and `presence' under the violence of settler colonialism. Building on and moving beyond Frantz Fanon, the authors understand the project of psychoanalysis in Palestine is not adjustment but resistance, liberation, and ultimately decolonization."

— **Robin D. G. Kelley**, author of *Freedom Dreams: The Black Radical Imagination*

"*Psychoanalysis Under Occupation* makes a compelling argument that interrupts settler colonial epistemic violence. Theorized and discussed in a robust, sophisticated, and well-argued manner, *Psychoanalysis Under Occupation* prioritizes Palestinian clinician's expressions, conceptualizing an Arab Palestinian theory of psychoanalyses and resistance. Lara and Stephen Sheehi's thoughtful and sensitive examination of *al-nafs* is a major contribution to psychoanalytic decolonial feminist knowledge produced as/through a liberatory struggle."

— **Nadera Shalhoub-Kevorkian**, *Chair in Global Law, Queen Mary University of London and Professor of Criminology and Social Work, The Hebrew University of Jerusalem*

"How must one deal with the mental suffering of Palestinian patients? Based on an exhaustive analysis of the work of clinicians in Palestine, Lara Sheehi and Stephen Sheehi reject the paradigms of trauma and resilience, make the thought-provoking argument that these patients' psychic life cannot be reduced to their experience of settler colonialism's violence, and assert that their subjectivities remain open to desire, emancipation, and the will to live."

— **Didier Fassin**, *Professor of Social Science at the Institute for Advanced Study and to the Annual Chair of Public Health at the Collège de France*

"Sometimes a book shakes you to your very core and makes you see the field you've practiced in for forty years in an entirely new way. This is that book. In bringing readers into the material realities of Palestinian life under Israeli Occupation, introducing us to Palestinian clinicians, patients, Israeli and Palestinian supervisors, Sheehi and Sheehi show clearly that the way psychoanalysis is deployed is literally a matter of life and death. They reveal the multiple ways psychoanalysis is mis-used by those consciously or unconsciously bent on normalizing a violent status quo. At the same time, by letting us listen in on the multiple ways that Palestinian patients and clinicians resist allowing their minds and bodies to be occupied, they reveal what is possible when psychoanalysis aims at liberation."

— **Lynne Layton**, *Ph.D., Harvard Medical School, Massachusetts Institute for Psychoanalysis*

Psychoanalysis Under Occupation

Heavily influenced by Frantz Fanon and critically engaging the theories of decoloniality and liberatory psychoanalysis, Lara Sheehi and Stephen Sheehi platform the lives, perspectives, and insights of psychoanalytically inflected Palestinian psychologists, psychiatrists, and other mental health professionals, centering the stories that non-clinical Palestinians have entrusted to them over four years of community engagement with clinicians throughout historic Palestine.

Sheehi and Sheehi document the stories of Palestinian clinicians in relation to settler colonialism and violence but, even more so, in relation to their patients, communities, families, and one another (as a clinical community). In doing so, they track the appearance of settler colonialism as a psychologically extractive process, one that is often effaced by discourses of "normalization," "trauma," "resilience," and human rights, with the aid of clinicians, as well as psychoanalysis.

Psychoanalysis Under Occupation: Practicing Resistance in Palestine unpacks the intersection of psychoanalysis as a psychological practice in Palestine, while also advancing a set of therapeutic theories in which to critically engage and "read" the politically complex array of conditions that define life for Palestinians living under Israeli occupation.

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Psychoanalysis Under Occupation

Practicing Resistance in Palestine

Lara Sheehi and

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your generous understanding as we flew overhead to Palestine without stopping to see you. May we all live to see a free Palestine, which we can visit together.

Introduction: Setting the Frame

Psychoanalysis under Occupation

"Samar, a 40-year-old married woman, received treatment with me through a referral from a psychiatrist because she was suffering from death anxiety symptoms," Dr. Caesar Hakim, clinical director of the Guidance and Training Center for the Child and Family (*Markaz al-irshad wal-tadrib lil-tuful wal-usrah*) in Bethlehem, tells us.

> *The psychiatrist prescribed anti-anxiety medication for her, but there was no change in symptoms for eight months. At the first meeting, Samar said she was tired of the therapists, saying 'I am fed up with jumping from one therapist to another.' When I asked her to tell me her story, she started talking and did not stop.*

Caesar continued to tell us Samar's story:

> *She spoke of her anxiety about death in our initial interview. Although I looked at how she felt about herself, I could not find a description of her feelings. I listened to the events in her life with great interest and realized that I did not have the words to describe her experience. Despite talking the full session, Samar herself also could not find words to describe her feelings. In the second meeting, Samar entered the room and said to me, 'even though you didn't speak a word, I feel better and I don't know why'. I asked her to continue narrating her story, asking specifically when her symptoms began.*

Caesar, already attuned to the healing power of witnessing, provides space for Samar to speak—something she indicated was rarely available to her. In doing so, he told us that Samar shared that she had married her current husband while she was in love with someone else. Her family, especially her brothers, refused to allow her to marry her true love, beating him up so as to scare him away— successfully, as he fled to the United States. Heartbroken, Samar accepted to marry another man, chosen for her by her family. Samar was the only girl in her

family, with four young brothers and six male cousins, and she recounted to Caesar how she lived in a multigenerational family home with ten young men who, according to her, had ruled over her since her childhood. Her movements were calculated and she was unable to leave the house without their permission. Caesar shared his initial countertransferential feelings, finding himself wondering about the possibility for self-exploration when she was keenly aware of gender-based oppression and pointed restriction.

He shared with us,

> everyone told her what to do and how to behave. Her marriage was compulsory and she has now been married for 20 years and has two sons herself, the eldest of whom is 18 years old and the youngest 14. Samar describes her husband as a good-hearted and loving man. Despite their fondness for one another, he is often angry and sad because she has not had sex with him for years.

Caesar told us how he was aware that his countertransference had the potential to replicate patterns as well as reignite unmetabolized affect, and how he therefore found himself especially attentive to what he determined was his own death anxiety, as he found himself activated by what he noted were stereotypical, yet legible, fears of patriarchal violence. He underscored how these countertransferential fears were especially pronounced when he invited Samar to reflect on her marriage and relationship with her husband.

Caesar shared further with us,

> I thought out loud with her about her fear of death, which she said has been present since her childhood. I said to her, 'Is there any room for your feelings in your daily reality? I said this because it seemed to me that she felt that her feelings are forbidden and they, themselves, are dead. What remains is the fear of physical death, when in reality Samar also does not feel herself or her desires, that they are also deadened. In the coming sessions, Samar began to tell me about her desires and thoughts. She did so like a secret, and I found myself affectively feeling that I must protect it, otherwise her brothers and her cousins would kill her.

Being aware of gender dynamics, but also of the need to avoid being reductive in his psychoanalytic processing, Caesar stressed to us that Samar's presentation and history was nuanced. For example, Samar was attracted to young men in their 20s, and she would often drive her car for hours hoping to connect with someone. While she ignored any young man she felt was admiring her, she also confessed that when this happened, she would return the following day to see if the young man would again look at her. While she engaged in this habit several times a week, Samar reported that she did not fulfill any of her sexual fantasies with these young men. Caesar shared with us Samar's fears and said, "but she said to me, 'I feel that I am finally living and alive when someone looks at me.'"

Caesar is proud of the work he and Samar accomplished together, noting that being attentive to the multiple meanings of content and process provided a space where Samar became more acquainted with herself, on her own time, while at once working through the shame this induced in the context of societal and family values. Over the course of the one-year treatment, he noted that Samar flourished, did not use prescribed medication, and, most importantly to her treatment goals, her death anxiety disappeared.

Caesar recounted that the most striking thing in his work with Samar was that after every meeting she used to say, "I feel better and I don't know why." In his view and through reflection, he articulated a theory of liberatory potential in the therapeutic dyad, careful to note that he did not believe it was anything he said, interpreted, or actively did, but rather what he did not do, that is, coerce any version of subjectivity to which Samar did not ascribe, individually, but also in relation to the collective. Through this process, Caesar relates that Samar's "wishes" were allowed to exist not only in service of life-affirming sexual motives or for violence, but also for her desires, dreams, wishes, and self-recognition, based on a self-directed exploration of the question, "who am I?"

For Samar, this expansiveness, this freedom to explore, was especially poignant, as Caesar shared with us, noting,

It became the space to access also what is happening where the inner meets the outer world, to access the reality around oneself. Samar lives next to the Apartheid

wall, near the infamous Checkpoint 300 that cut Bethlehem off from Jerusalem. She got married and lived next to that same wall. When she was young, the Apartheid wall was not built. She moved somewhat more freely in that outer world, an occupied world. The construction of the Apartheid Wall coincided with the beginning of her married life and so Samar also built a wall around herself and was unable to move in her inner world. She lived with her husband, and next to him near her family. How could the Apartheid wall not become a symbol to what happened inside her, something that has been continuously happening from her childhood?

It is little surprise that Palestinian decolonial feminist scholars, activists, and therapists are central to this book's theoretical framing as we consider the challenges of practicing psychoanalytic and psychodynamic therapy in Occupied Palestine. With this in mind, we intentionally begin this book with a case that complexly interlaces the dynamics of sexuality, gender, sociability, desire, and patriarchy with the dynamics of Zionist *settler colonialism*, the technologies of occupation, and the inchoate processes of enclosing and asphyxiating Palestinian communities.[1]

Samar's story illustrates the personal and collective, psychological and social, the dynamics of patriarchy, including gender-based violence and control, which women navigate not only in Palestine but wherever cis-heteronormative masculinity predominates. At the same time, Samar is a desiring subject, herself searching to be a subject, not object, of desire. Foucault teaches us the role that psychoanalysis plays in the history of sexuality, especially in making legible sexual desires as constitutive of the emergence of individualist subjectivities.[2] Within this almost classical formation, the therapeutic dyad in Palestine presents a space where Samar becomes visible to herself. If her story tells us of her journey to, literally, "liberate" herself from the confines in which her father, brother, children, and husband have placed her, Caesar quietly shows us that this "freedom" cannot be separated from "the outside world" and the "reality" of the harsh closure system imposed upon Palestinians by the state now known as Israel. If Samar's desire is negated by the men around her, this violence is only assisted by the Apartheid regime that works in concert with toxic masculinity to limit her movement, and to constrain and contain her. As her selfhood was managed and

contained by her male kin, this same selfhood remains a target of surveillance, control, and activation for the Israeli occupation regime.

Yet, Samar's story also offers us insights that will maintain centrality in this book. Samar unpacks her life story, finding a time before the Wall and before the marriage, where she felt "free to move around"—unconstrained and unobstructed. This is the challenge for the clinician in Palestine, to decipher if the Wall was a stand-in for the marriage or the marriage a stand-in for the Wall, and, more so, to transcend that binary to see the ways in which all forces of oppression work in concert, shored up by a settler-colonial project that is implicated in all psychic suffering.

More specifically, we will see that decolonial and queer feminist psychoanalytic modalities of inquiry think relationally and dynamically to avoid stock answers. They insist that we remain conscious of the relationality of power structures. They require us to be vigilant against overdetermining or undervaluing the internal in relation to the external and the social in proximity to the personal. However, what is also clear is that the language, imagery, and technologies of occupation and settler-colonial violence cannot but saturate the language of suffering, even when it is not its "direct" cause. Nour Abu-Assab and Nof Nasser-Eddin argue "that key to transnational feminist struggles is adopting a decolonial intersectional feminist lens – one that does not compromise the coloniser/colonised binary, does not overlook context-specificity, and yet does not reinforce stereotypes and one-dimensional compartmentalisation of struggles."[3] They state this because they realize that gendered and sexual violence cannot but replicate settler-colonial violence and that it seeks to become a mechanism by which settler colonialism seeps into Palestinian psychic and social relations in order to destroy it, at times with the collusion between liberals and reactionaries in Palestinian society and their "allies" in the international community.

In *Psychoanalysis Under Occupation*, we seek to reject and break the paradigmatic juggernaut presented to us by Israeli settler-colonial logic, especially as it permeates even liberal psychoanalytic engagements, analysis, diagnoses, and pronouncements. In other words, Samar is not merely a disempowered subject living helplessly under masculine hegemony. Her interior world remains, even

adjacent to her "anxiety of death," rife with desire. This desire is returned to her not only through the therapeutic process and relationship which she also desired, but also through the desirous return-glances of young Palestinian men with whom she returns to connect with, even if only ephemerally. The anecdote illustrates for us the ways in which Palestinians continue to live, as desiring subjects, even under the most suffocating violence of Israeli settler colonialism.

Caesar adeptly shows that the occupation may not have been expressed as the direct "etiology" of her anxiety and fear of death. Why should it? Caesar's quiet case of Samar shows us that, despite the constrictions of the Apartheid Wall intended to fragment Palestinian society, Israeli settler colonialism is not constitutive of Palestinian selfhood. Caesar narrates to us that the subjectivity of Samar is not determined by and, indeed, exists quite independent of the force and violence of any imposed settler-colonial sovereignty. We will see in this book that, despite the sustained and structural ferocity of Israeli Apartheid and despite the profound pain and suffering the Israeli state intentionally inflicts on Palestinians, the Palestinian people, as articulated by the clinicians who see and treat them, interrupt settler-colonial logic and "sovereignty" by the mere fact of living and by the mere fact of being desiring subjects indigenous to the land, from the River to the Sea.

While Palestinians remain inconvenient but all-consuming objects to be suffocated by the Israeli Apartheid regime—perhaps more quietly than slowly— our work intends quite deliberately to amplify the internal worlds of the Palestinian people, to represent them as they are—as full selves and not exclusively as objects of erasure or victims of racist, settler colonialism and, simultaneously, benefactors of our pity. It is therefore imperative that we understand the lifeworld of those like Samar and others shared throughout the book, and the lifeworld of the colonized and the oppressed, as material and, indeed, *empirical reality*. Yet, while we have chosen to amplify the story of Samar to introduce this book, we return to the other protagonist in the opening vignette, Caesar, the well-respected and accomplished Palestinian clinical psychologist.

Palestinian therapists and clinicians are the subject of this book. Caesar is cognizant of his relationship with Samar and has no pretense to being her savior

or the key that opened her unconscious. Rather, as a committed clinician, he both understands his role in creating a relationship with Samar and acknowledges the transferential and countertransferential power in the dyad that allows Samar, in that space, to *create a relationship with a Palestinian man that she perhaps has been otherwise prevented from having*. He specifically states that her engagement with her unconscious was not the result of any therapeutic intervention or technique. Rather, it emerged out of the opening of a therapeutic "space." If Caesar rejects the role of the omniscient therapist, he also does not efface himself. He highlights for us that Samar's awareness "emerges" from both a "feeling of unity" and "uniqueness" that are facilitated through a "partnership with the therapist," and which could only be accomplished if the therapist were Palestinian. Such an assertion is not intended to be nationalistic or exclusionary, but rather based in the materiality and lived-experiences of subjects under occupation and settler colonialism. That is to say, we argue in this book that the Palestinian psychic world is the psychic *reality* of clinicians and their patients in historic Palestine but which also represents the material reality of Palestine and Palestinians.

We open this book not only with Samar's story but with Samar's stories in the words of Caesar. In doing so, we heed the call of scholars such as Rana Barakat and Mikki Stelder, who ask us to commit to "writing and a righting of Palestinian history through purposely elevating Palestinian indigenous experiences and narrative."[4] Additionally, Barakat (2018) reminds us, "in focusing on indigenous voices we find resistance to settler colonial frameworks and, through the clear articulation of this resistance, an indigenous reading of settler colonialism is brought about."[5] More specifically, we aim to narrate Palestinian clinicians *in their own words*, as all at once individual, psychic, and libidinal subjects; collective subjects; and communal subjects. By listening, learning from, narrating, and analyzing the practices of Palestinian psychoanalytic clinicians through consensual and negotiated relationships forged together, we have become able to amplify the interplay between the psychic, the social, and the political just as Caesar skillfully does in his own treatment with Samar. In this way, we have come upon these clinicians' narration of the dynamic between the individual and communal psychic processes, both of which are subject to unrelenting and deliberate violence.

Overview

"Shouldn't psychoanalysis be a mechanism for social and political mobilization if the first 'true' goal is to attend to the suffering of the patient?" stated a clinician in Ramallah who we will call Ussama in this book. The phrase is central to *Psychoanalysis Under Occupation: Practicing Resistance in Palestine*, which is interested in the intersection of psychoanalysis as a psychological practice in Palestine and a set of therapeutic theories in which to critically engage and "read" the politically complex array of conditions that define life for Palestinians living under Israeli occupation. Influenced by Frantz Fanon and critically engaging the theories of decoloniality and liberatory psychoanalysis, we platform the lives, perspectives, and insights of psychoanalytically inflected Palestinian clinicians as well as center the stories that non-clinical Palestinians have entrusted to us over the four years of community engagement with clinicians in Jerusalem, Bethlehem, Ramallah, Nablus, al-Nasirah, Baqa al-Gharbiyah, Haifa, and elsewhere throughout historic Palestine.

Simply stated, *Psychoanalysis Under Occupation* has a two-pronged approach to think through how psychoanalysis is "a mechanism for social and political mobilization" that, by its very practice, seeks to liberate the patient from their suffering. On the one hand, we map how Palestinian clinicians see their own practice as a form of resistance, collusion, collaboration, and/or metabolization of settler-colonial violence. On the other hand, in partnership with these clinicians and our own participatory research and activism, we "read" occupation psychoanalytically, using the techniques, theory, and tools, or perhaps "weapons" of psychoanalysis as a mode of laying bare settler-colonial violence as well as to validate and normalize the cultural, social, and individual ways that Palestinians refuse to be erased and reject structural and psychological configurations that would implicitly lead to erasure. In other words, like for anti-colonial psychiatrists and psychologists such as Frantz Fanon, Jean Price Mars, N. Chabani Manganyi, Yusuf Murad, and Mustafa Safouan, psychoanalysis offers for us and Palestinian clinicians the possibilities for a theory, practice, and method to elevate the embodied and affective experiences of Palestinians and understand them as *coherent, material reality.* As we look to amplify the knowledge sets, subjectivity, and selfhood that arise from, *are produced by*, and inhabit the individual and collective

Palestinian self (*nafs*), we propose that Palestinian clinicians provide us with a sense of "knowing" and self-knowledge, indeed a knowledge of material reality.

Psychoanalysis Under Occupation documents the inter- and intrapsychic practices taken up by Palestinian clinicians and their patients to stave off the effects of what we refer to as "colonial extractive introjects," which is where Fanon's "alienation" theoretically meets Christopher Bollas' "extractive introjections." The book offers the story of Palestinian clinicians in relation to settler colonialism and violence but, even more so, in relation to their patients, communities, families, and one another (as a clinical community). In this regard, we track the appearance of settler colonialism as a psychologically extractive process, one that is often effaced by discourses of "normalization," "trauma," "resilience," and human rights, with the aid of clinicians as well as psychoanalysis. Therefore, we locate the *process* of maintaining the culture and psyche of, what we would call, "Palestinian presence" not only with historical phenomena, but as a contemporary, sustained, and ongoing conscious and unconscious processes of life under and against settler-colonial conditions. In other words, psychoanalysis provides a theoretical framework for Palestinian clinicians and for ourselves to understand the experiences of Palestinians and the conditions of Zionist settler colonialism and military occupation under which they live. Yet, within the current conditions of Palestine as a living space, we explore how Palestinian clinical engagement with psychoanalysis also forges a decolonial psychosocial theory appropriate to the realities and structures of Zionist settler colonialism. More simply, we examine how psychoanalysis is itself used by mental health practitioners to navigate not only the occupation, but also to imagine new possibilities for Palestinian unity, activism, and liberation.

This book, therefore, prioritizes the experience of Palestinian clinicians, learning how they approach clinical practice with their Palestinian patients as inseparable from psychoanalysis as a theory of the mind that is intimately shaped by both individual and collective experiences. We look to Palestinians practice of what Scott Lauria Morgensen has called "health sovereignty" within the context of queer and Two-Spirit activisms within and between indigenous communities in the country now known as Canada. Morgensen shows us that, by merit of working for indigenous well-being which includes "a broad array of conditions"

of asserting indigenous social relations (including relations to the land), "health sovereignty" can only "disrupt settler colonial control over life…Asserting sovereignty over the conditions and methods of health potentially disrupt the entire institution apparatus of settler colonialism" including challenging "the biopolitics of settler colonialism that presumes Indigenous people are destined to die."[6] Within the context of Palestine, we hope to bring light to and amplify that the work of Palestinian clinicians affirms Palestinian will and defiance, selfhood, life, and, indeed, sovereignty. As such, their care, their activities, their ethics, their practice, and their cooperation and association with one another—by mere fact of attending to Palestinian life—disrupt the Israeli settler-colonial regime that not only "presumes" but *intends* Palestinians to die.

In other words, Palestinian clinicians have shown us how their practice gives light to the complex world of Palestinians. Their practice and the experiences—that they validate and confirm are legitimate—allow us to understand Palestinian life, organizing and activism, sociability, and interaction (and, indeed, even animosity) as expressions of self-care and self-affirmation, as well as autonomy and sovereignty over Palestine, and not merely defined, negatively, through the sustained, structural, physical, and psychological violence of the Israeli settler-colonial regime.

This book locates "practicing resistance" in the lives of Palestinian clinicians, in their activism, advocacy, and *professional organizing*, in their *education* and *training*, and also in their own *clinical spaces*. For example, it is in the clinical space, "on the couch" as it were, that Palestinian selfhood unfolds as more than solely defined by the stasis of being a "victim" or subject of "trauma" and/or "resilience." Through clinical and personal vignettes shared with us by Palestinian clinicians, we map out how Palestinians "metabolize" and/or react against the collective hardships and pressures of occupation, but also how they show us that settler colonialism and military occupation are predicated on Palestinian presence, both psychological and physical, not the opposite. While we largely avoid a social psychology of resistance, *Psychoanalysis Under Occupation* is interested, inevitably, in witnessing how Palestinian psychologists and activists map the psychic structures that govern the relationship between Palestinians, and how Israeli structures of occupation attempt to break or mediate those social and political relations.

In moving beyond a "psychology of the victim" and beyond organizing Palestinian selfhood exclusively around the "trauma" of al-Nakba, we are able to witness the psychological subjective and intersubjective experiences, consequences, and psychic coping that Palestinians undergo by detailing the social and psychological techniques they employ to engage and process the personal, social, and political tribulations of life engaged with Israeli settler colonialism and military occupation. Following the work of exemplars such as Nadera Shalhoub-Kevorkian, Rita Giacaman, Rema Hammami, Lena Meari, and Ibrahim Makkawi, *Psychoanalysis Under Occupation* is attentive to the "internal" dynamic within Palestinian self and society with special attention to the effects and interplay of issues of gender, patriarchy and sexuality, political oligarchy, and cronyism across Palestinian society and Israeli settler colonialism.

Although we, the authors, are both Lebanese Arab with native or near-native command of Arabic, we are sensitive to the tradition of well-intentioned but imperious scholars and psychologists using theories from "abroad" in an attempt to "give voice" to colonized and oppressed peoples. Mindful of them, then, we—as Lebanese Arabs influenced by the work of decolonial, indigenous feminist scholars Kim Tallbear and Linda Tuwaihi Smith—reject "the politics of objectivity" and work to "stand with" Palestinians in the process of researching and writing for this book.[7] We do so not only out of academic integrity and ethical necessity. Rather, we do so with the understanding that our relationship to Palestine, as Lebanese and as Arabs, involves shared histories with colonialisms, shared consequences of the violent and coerced separation imposed upon Palestinians and Lebanese (and Syrians, Jordanians, and Iraqis) by Sykes–Picot in May 1916 and the United Nations on November 29, 1947, and our shared relationship with the Zionist state. This book, then, prioritizes ongoing negotiated relationships as Arabs with Arab clinicians in historic Palestine. As not to be extractive or exploitative, we have assiduously worked in writing this book honestly to communicate the lives, perspectives, practices, and personal and professional struggles of Palestinian clinicians regardless of their political, professional, geographic, and theoretical positionality. By resisting a reductive analysis or arrogant, scholarly authority that purports to speak for or onbehalf of Palestinian clinicians and/or patients, we find ourselves fortunate to have fostered genuine ongoing personal, professional, academic, and political relationships by

collaborating, conversing, and, even at times, debating with, but also always learning from and carefully listening to, Palestinian psychoanalytic practitioners, mental health workers, activists, and scholars in order to explore an indigenous method to *decolonize psychoanalytic theory*.

In this way, we also engage in a decolonial and feminist methodology, the details of which will be further discussed later. Within this context of decolonization, the book involves community building "on the ground," interviewing and learning from a network of Palestinian clinicians and cultural workers inside the 1948 boundaries of what is now known as Israel, the West Bank, and Jerusalem, who provide mental health care to Palestinians; interact as professionals with Israeli psychologists, institutions, and authorities; and, as Palestinians, themselves deal with the challenges of living under occupation. By mapping Palestinian psychoanalytic practices and experiences of therapists, we hope to begin to conceptualize a "Palestinian theory" of psychoanalysis and resistance, a *psychoanalysis under occupation*.

What psychoanalytic theory brings to this project is an ability to conceptualize how Palestinians confront the "regime of psychological foreclosures" that has defined their personal lives, social existence, and national condition. Using Fanonian, decolonial, and liberatory psychoanalytic theory as our anchor, we show how the "regime of foreclosures" often leaves little "psychic space" for expressions of Palestinian disaffection and frustrations. This collapse of psychic space creates what we have denoted as "enactments of otherness," where Palestinians are compelled to act and resist as "other" because all other recourses and possibilities have been foreclosed. Within this repressive "regime of psychological foreclosures" and psychic closures, Palestinians, through political, social, and psychological work, continually strive to generate an "imagination" to Palestinian political thought and social practices. In the language of Palestinians, the foreclosures that have been imposed on them by Israelis (and to some degree the cronyism and authoritarianism of the Palestinian Authority [PA]) are resisted consciously and unconsciously through the political theory and practice of *sumud* (stalwartness).

In this way, *Psychoanalysis Under Occupation* searches to understand the pressures put upon clinicians, their patients, and children who have resisted occupation even at a time when we only see its escalation. It uses psychoanalysis as a distinctive tool to map the psychoanalytically inflected social practices of Palestinians and discover how a decolonized psychoanalysis, or a *Palestinian psychoanalysis*, arises in the everyday lives of Palestinians as central to the survival of not only a national identity, but also of their individual psyche. Special attention, then, is given to the liberatory potential of psychoanalysis when we discuss forms of psychoanalytic resistance, reckoning, enactments, and identifications under these circumstances.

Psychoanalysis Under Occupation does not intend to psychologize or pathologize the Palestinian people. We critique both the trauma victim paradigm and the apolitical resilience paradigm that vacate Palestinian subjects of their interior worlds, gender and sexual politics, material conditions, and political contexts. The book argues against, in fact, many of the mainstream psychological works (written largely by Americans and Israelis) that claim the Palestinian "mind" is "perverse" due to the backwardness of Arab culture or, from a more sympathetic perspective, "stunted" as a consequence of "trauma," "war," or occupation. We are also sensitive to the ways in which psychoanalysis has seen a checkered past. Indeed, psychology, and psychoanalysis within it, has often been a means of control and dehumanization of the disenfranchised, colonial subjects, the poor, people of color, and sexual and gender minorities.

While this study is based on research over the past several years and on personal and professional relationships, which we still maintain, we are aware of the absence of Gaza in this research. Despite our attempts, we were denied entry to Gaza. We have been honored to maintain relationships electronically with a small group of clinicians and students, especially through our affiliation with and participation in the Palestine Global Mental Health Network and the UK-Palestine Mental Health Network. While we represent some stories from Gaza, we did not ethically feel that our relationships ran deep enough and that we had put in enough work on the ground and with Gazan clinicians to reproduce material here in this book.

Palestine, Apartheid, and Israeli Settler Colonialism as Intentional Psychological Violence

Greg Burris tells us that Ariel Sharon clearly visualized not only the ideological imperative of colonial towns in Gaza but also their psychological force. "I want the Arabs, to see Jewish lights every night 500 meters from them," states Sharon. Burris proves for us that Israeli settler colonialism purposefully, by design, aims to constrict and control Palestinian minds. "For Sharon," Burris relates,

> *the settlements served a clear purpose—not just to colonize Palestinian lands but also to colonize Palestinian minds…. By brightening the night sky, the Israelis wanted to diminish Palestinian hopes, and by turning on "Jewish lights," Sharon wanted to turn off Palestinian dreams. Electrification would serve as lobotomization; illumination as strangulation.*[8]

Strangulation, asphyxiation, and choking arise over and over again not only in this book but in any critical and honest examination of Zionist settler colonialism in historic Palestine.[9] This is not coincidental or an by-product of Israel's "unfortunate but necessary" security policies. While *Psychoanalysis Under Occupation* is specifically concerned with the lives and lived experiences of Palestinians, we need to unambiguously clarify that Zionism is a settler-colonial ideology. We shall see that Palestinian subjectivity—consciously and unconsciously—knows, to borrow from Aimé Césaire, "that they have an advantage over them." They know "that their masters are weak."[10] It is for this reason that Israeli brutalization of Palestinian life intensifies. Its goal is the erasure of the indigenous people from colonized lands, as Patrick Wolfe has shown us.[11] Israeli settler-colonial sovereignty has been manifested through psychological and physical violence on Palestinians, as innumerable studies have shown.[12]

Eyal Weizman makes a special contribution to understanding the structural nature of violence within Zionist settler colonialism. To this end, he explores the deep space and multi-dimensionality of military occupation, and the settler project most clearly evinces this project as one of, quite literally, *design*.[13] Thinking beyond the linearity of control, Weizman recognizes that Israel's control is three-dimensional, reaching between horizontal points (the Wall to checkpoint to settler-road to

checkpoint) but also vertically into the sky and stretching down below the water table, thereby constructing a network of interlocking nodal points that surround the lives of Palestinians. His morphological study of the technologies of control and settler colonialism shows how the constructed environment reengineers the natural environment and the very topography of colonial space to reorganize the spatial syntax of the Occupied Territories in order to "shrink and expand" space around Palestinians specifically to asphyxiate them or, at least, to control how much and when they can breathe.[14]

The assemblage of settlements, checkpoints, walls, borders, highways and roads, fences, no-go-zones, and so on forms one singular integrated contraption, an *occupation machine* as Deleuze and Guattari might say.[15] Weizman's concern for the technologies of occupation amplifies the intentionality of the settler colonial regime to inflict psychological violence, as much as physical violence, onto Palestinians under occupation. In this regard, as a research project that approaches Palestine through a psychoanalytic prism, we identify the militarized psychopathy (in the form of Israeli citizens as soldiers and paramilitary settlers) of occupation as an essential component of the technologies of the settler-colonial state that intend, by design, as Weizman shows, to inflict crushing and lasting psychological damage and trauma.

This brief detour to feature the physical system of surveillance, control, and occupation under which Palestinians live is conceptually, politically, and materially essential methodologically for this book. We make it concise but clear because the interlocking discursive, institutional, ideological, political, juridical, technological, and military striations of Israeli settler colonialism have real, powerful, intended, and directed material and psychological effects on Palestinians. Yet, also, elemental to this book is the realization that Palestinians continue to willfully resist, defy, mediate, mitigate, and, at times, succumb to the calculated violence of a settler colonial system. We will show that they continue to build autonomous clinical, professional, political, and social networks that practice liberation in the face of settler-colonial repression.

Finally, when referring to "occupation" and "the settler colonial regime," we understand the juridical, political, and military distinctions between Israeli rule

over Occupied Jerusalem, Gaza, and the West Bank in relation to the state now known, largely internationally, as Israel. When we refer to Palestine, we acknowledge it as one *unified*, historical, social, and cultural geography, where settler-colonial state rule and military occupation are overlaid. Our use of the "settler colonial regime," "Israeli settler colonial state," and Apartheid Israel all refer to the integrated nature of the system of Israeli rule over what cuts across and overlaps all of historic Palestine. In accordance with international law and the United Nations Security Council resolutions, we comprehend that Jerusalem, the West Bank, and Gaza (as well as Syrian Golan) are all under an illegal occupation. At the same time, we also understand, following the work of Ariella Azoulay and Adi Ophir, that these geographies, combined with the state now known as Israel, form a "one state condition," which is effectively their term for a singular Apartheid, ethno-state. Azoulay and Ophir characterize this unified Apartheid state through differential uses of technologies of settler colonialism depending on degrees of citizenships or non-citizenship within the Israeli ethno-state. We would add to this formulation that the PA itself could be considered a part, albeit by proxy, of the one Apartheid state systems.[16]

Naming Palestine as Palestine is important for us personally because we, as, Lebanese Arab scholars, activists, and in Lara's case also a clinician, who are dedicated to social, economic, and racial justice globally, recognize the imperative to acknowledge the historical, social, and cultural fact that so many in the Global South (especially those who are Arab), know to be true, namely, that European Jewish Zionist settlers, with the aid of European powers, ethnically cleansed historic Palestine of 700,000 inhabitants (70% of its population) in 1947–1948, prevented their return to their homes, and destroyed more than 400 villages. The West Bank, Jerusalem, and Gaza (as well as Syrian Golan) were illegally occupied in 1967, and the Israeli state actively colonized and continues to disenfranchise the Palestinian population (including the mass incarceration and seize of Gaza since 2007). We call it historic Palestine, from the Mediterranean Sea to the Jordan River, because Palestine is a country and it remains occupied. This is not turgid pedantry, but empirical fact.

Likewise, we are ethically and scholarly compelled to identify the state now known as Israel as an Apartheid state.[17] As the leading humanitarian Israeli activist organization B'Tselem has recognized, this is because

> *The Israeli regime enacts in all the territory it controls (Israeli sovereign territory, East Jerusalem, the West Bank, and the Gaza Strip) an apartheid regime. One organizing principle lies at the base of a wide array of Israeli policies: advancing and perpetuating the supremacy of one group — Jews — over another — Palestinians.[18]*

In recognizing the existence of Palestine (and the Palestinian people) and identifying Israel as an Apartheid state, we refuse to engage in *reality-bending* of settler-colonial Zionism, imperialism, and settler colonialism. According to Jacqueline Rose, Hannah Arendt observed this reality-bending as inherent to Zionism as a nationalist ideology. Particularly, Rose tells us that Arendt objected to Zionism's "insubordination against reality" and its refusal to bend to the rationality of material reality; namely, Palestine was a country populated by Arabs to which European Jews held no title, neither legal nor hereditary nor historic.[19]

Before we return to this issue of reality-bending later in this book, we clarify that we refuse to deny or disavow reality and reject elevating the legitimacy of the settler to the status of the native, whether they reside in the state now known as the United States, Canada, New Zealand, Australia, or Israel. Despite the erosion of academic freedom and the increased academic repression of scholars critical of settler colonialism, US empire, capitalism, and cis-heternormativity, we find inspiration in those who have dedicated themselves to historical truth and social justice. Therefore, in the spirit of Aimé Césaire and Frantz Fanon, we remain defiant of attempts to pressure, to collude, or to be complicit with the reality-bending of settler colonialism and Western imperialism that have been increasing in intensity, especially for those of us in North American and European higher education.

Psychoanalysis in Palestine

"Psychoanalysis in Palestine," academically and professionally speaking, is mentioned generally in two contexts: the history of psychoanalysis in Palestine

and psychoanalytic insights and practice in regard to "dialogue initiatives" and conflict resolution between "the Israelis and Palestinians."[20] The narration of the history of psychoanalysis in Palestine is relayed through the settler-colonial story, bound, in all of its narrative dimensions, to the Zionist state and society building. The history of psychoanalysis in historic Palestine is telling, especially through the prism of the dominant Israeli Jewish narrative. Psychoanalysis's arrival to Palestine is always narrated through the experience and narrative of Zionist settler society and continues to be imbricated with settler-colonial logic that Palestinian practice, as we will see, disrupts by the mere fact of being.

Emanuel Berman observed that the history of psychoanalysis in Palestine before the 1950s was characterized by a "strong attention to the unique characteristics of the evolving new society, at times culminating in mobilizing psychoanalysis for society its goals while sacrificing its radical, critical nature."[21] Whether the figure is David Eder, Dorian-Isador Feigenbaum, or Max Eitingon, the "pioneer" psychoanalysts in Palestine are always connected to the *institution building* of the colonial settler proto-state. For example, David Eder, co-founder of the London Psychoanalytic Society, was a member of the Zionist Commission (that later became the Jewish Agency), at its inception in 1918 under the leadership of Chaim Weizmann.[22] Dorian-Isador Feigenbaum, a Swiss psychoanalyst, "emigrated" to Palestine in order to work as the medical superintendent of Ezrat Nashim Hospital, stressing the need to attend to the mental health concerns of the Third Aliyah.[23] Max Eitingon, who founded the Palestine Psychoanalytic Society in 1933, collaborated with Henrietta Szold to provide psychological services to youth presumably in the Hadassah hospital.[24] This is not to mention that Freud himself, while famously writing his opposition to Jewish nationalism and its fetishized attachment to Palestine, is identified by some Israeli scholars for sitting on the Board of Governors of the Hebrew University.[25]

The colonial-settler narrative of this institutional framework is punctuated further by placing Zionist figures, who were not psychoanalysts *per se*, within the founding myths of psychoanalysis in Palestine, not the least of which was the impact of Freud's work on Arthur Ruppin, who, Tom Segev tells us, believed in the racial purity of the Jewish people.[26] Indeed, Jacqueline Rose relays that upon abandoning the binational movement of Brit Shalom, Ruppin states that the

politics of Zionism, as the national ideology of the Jewish people, "are not determined by rational considerations but by their instinctive drives."[27] Ruppin's example within the history of psychoanalysis in Palestine is illustrative not only because it erases the presence of Palestinians in Palestine. Rather, the narrative itself elevates the impact of psychoanalysis on Ruppin while simultaneously submerging, perhaps banishing to the unconscious, the racist, exclusionary nature of the Zionism which he embraced. This double movement (the elevation of psychoanalysis without ideological origins and the banishing of the racism of the nationalist deployment of psychoanalytic language) illustrates psychoanalysis' affinity and collusion with setter colonialism. In other words, the history of psychoanalysis in Palestine is often narrated not only as the arrival and the practice of psychoanalysis by (European Jewish settlers) psychoanalysts in Palestine, but also by how these psychoanalysts contributed to proto-state institution building in the Yishuv.

Notably, the history of psychoanalysis in Palestine is bound within the Zionist leadership's intimacy with psychoanalysis, which, by extension, insinuates and propagates psychoanalysis not as the "Jewish Science" but as an explicitly "Israeli science." Therefore, just as psychoanalysis is both a "Jewish science" and a universal science, the universal self and humanism to which it attends can only recognize the humanity of the European, the colonialist, and the Zionist settler. Psychoanalysis then cannot but replicate and collude with the settler-colonial and imperialist projects in that it naturalizes contradictions inherent in what David Eng calls its "colonial object relations."[28]

The framework of understanding the history of psychoanalysis in Palestine as imported along with Zionist "immigration" and in the institutional service of the Yishuv not only highlights the dangerous and anti-Semitic trope of Israel speaking for and representing all Jews, but also leaves no room for indigenous Arabs or Armenians in the historical narrative. It must be said that, unfortunately, we are forced to draw a contrived methodological line between "modern psychology" and the Arab Islamic scientific and philosophic interest in theories of the mind, both of which were of great interest to Arab intellectuals since the nineteenth century. This book, however, does not have space to explore alternative forms or intellectual traditions of psychology or indigenous Arab practices of what we

could identify as psychoanalysis or psychotherapy.[29] Likewise, regretfully, we are unable to engage with the growing number of fascinating studies that consider psychoanalysis in the Arab and Muslim worlds at the intersection between psychoanalysis and Arabo-Islamic thought and practice, most remarkably the scholarship of Omnia El Shakry and Stefania Pandolfo.[30] We neglect these fruitful works in order to focus on how the "history of psychoanalysis" is built to preclude not only the framework of historic Palestine, but also the historical reality of Palestine as an integral part of the larger (Arab) region.

Apart from being aware of Islamic theories of the mind, Palestinians, both Arab and Armenian, were familiar with psychology and, undoubtedly, psychoanalysis at the same time the Zionist settlers were colonizing Palestine and building their proto-state. Indeed, we are well familiar with Arab intellectual engagement and cultural production since the nineteenth century and its centrality in establishing an Arab modernity that was also structured by an epistemology of coloniality.[31] Despite these intellectual and clinical activities, Arabs remain excluded, to this date, from the history of psychoanalysis in Palestine precisely because the narrative itself is so interwoven into the settler-colonialist tale. By understanding how the history of psychoanalysis in Palestine is enframed, it becomes evident how approaches to psychologize and "analyze" the "Israel–Palestine conflict," despite their best intentions, emerge from and operate within settler-colonial narratives and logics. At best, in these tales, Israeli Jews and Palestinians are posited as "equal" partners in a "shared conflict" between "two peoples on one land." In other words, the psychoanalytic approach that sees the Israeli Jewish settler as equal to native Palestinians replicates the settler logic that asserts settler legitimacy over the land.

The imperceptibility of Palestinian subjectivity and Arab history that saturates the field of psychoanalysis in Palestine seems familiar to those acquainted with psychology's invasive and even violent history in the colonial world.[32] In the case of Palestine, this omission reproduces settler-colonial logic. The history of psychoanalysis, as evidenced by its erasure of Palestinians, replicates the settler-colonial regime because it itself is in service of it. As we will see throughout this book in various ways, the technologies of the closure system activated in Jerusalem, the West Bank, and Gaza are not separate from the larger settler-

colonial regime throughout historic Palestine, run by and for its Jewish Israeli citizens, who are ideologically and physically conscripted into (and enfranchised by) a unified Israeli settler logic.

If history of psychoanalysis in Palestine has no place for Palestinians, it is because the history of psychoanalysis in Palestine undergirds settler logic, which includes the collaboration of European and North American psychoanalytic communities. Furthermore, if history of psychoanalysis in Palestine has no place for Palestinians themselves, this is not for lack of presence in psychoanalysis. Rather, like the history of Palestine itself, their absence in that history is due to the fact that they, as Arabs and Armenians, have been removed from it. In this book, we cannot take up contemporary psychoanalytic thought and practice in the Arab world or the robust debates within it. It is noteworthy, however, that it is within psychoanalysis, at least as a social theory, that some of the most important debates about Arab subjectivity, gender, and sexuality have been played out by prominent Arab psychoanalysts and public intellectuals who have translated Freud or think explicitly through a Freudian (and to a lesser extent Lacanian) prism. They are most notably Moustafa Safouan, Fathi Benslama, Adnan Hubballah, Jurj Tarabishi, Muhammad 'Abid al-Jabiri, and Abdelkebir al-Khatibi in the late twentieth century.[33]

Considering ways in which the absence of Arabs has been engrained into the history of psychoanalysis in the Arab world itself, we find it considerably significant to recognize that psychology was known, was being practiced, and was being institutionalized, for better or for worse, since the nineteenth century, throughout Egypt and the Levant of which Palestine and its inhabitants were an integral part. Psychology, psychoanalysis, mental health, and Freud were popular topics in the mainstream Arab press in the early decades of the century.[34] For example, the 'Abassiyah psychiatric hospital in Egypt was established in 1883 and led by Dr. Muhammad Shukri, and Drs. Sharif Hamza, Garabed Aivazian, and Sheikh Mohamed Sherif Salim along with two women nurses who worked in the hospital around the turn of the century.[35] Joseph Massad cites a robust number of sources and biographies, effectively charting a history of Arab psychoanalysis in the Arab world. He also notes the biography of Mustafa Zaywar, "the founder of psychoanalysis in Egypt and first Arab member of the International

Psychoanalytic Association."[36] Omnia El Shakry excavates the rich depths of the popular *Majallat 'Ilm al-Nafs* (*Journal of Psychology*) and unpacks the work of foundational psychiatrist Yusuf Murad (1902–1966) and his cohort in Egypt.[37] Among these studies, Fouad A.L. Abou-Hatab provides us a concise and rich inventory of Egypt's earliest practicing clinical psychoanalyst.[38] This includes information about Somaya A. Fahmy, one of the earliest Arab women clinicians, having studied in Geneva with Piaget and received her doctorate in psychology from Indiana University.[39]

In Lebanon, the "Asfourieh" psychiatric hospital was founded in 1900 by Dr. Theophilus Waldmeir, a Swiss Quaker missionary. However, it hosted Arab and Armenian doctors soon after when in 1922 it was affiliated as a training hospital with the American University of Beirut and became the Psychiatric Division of the University Hospital.[40] In Iraq, we know the ground-breaking life of Jack 'Abboud al-Sh'abi (al-Shabbi), Iraq's first psychoanalyst who studied in London under Hans Hoff, a student of Freud. He opened the Jack Abboud Hospital and the Al-Rashid and Al-Rashad mental hospitals in Iraq but eventually left for London in 1970, where he died.[41] Along with Drs. Khatcher Keshishian and Mikha'il Shadid Ma'luf in Bethlehem, the first formally trained psychoanalytic psychiatrist in Palestine seems to have been 'Abd al-Rahman Muhammad Labban, who studied medicine at the American University of Beirut and trained in psychiatry in London.[42]

This selective and brief overview does not mention the histories of psychoanalysis in Algeria and Morocco about which Jalil Bennani and Stefania Pandalfo offer us helpful studies.[43] The history of psychoanalysis in the Arab world, by Arabs, is further complicated when we consider the lives of those such as French-Algerians Jacques Azoulay and Alice Cherki, who mentored under and worked with Fanon, and French-Egyptian Jacques Hassoun.[44] Indeed, Fanon called himself an Algerian in *A Dying Colonialism*.[45]

This overview of the history of Arab psychoanalysis makes no pretense to be comprehensive. Quite to the contrary, we realize how much scholarship and clinical work and theory over which we have passed. This is, however, part of the point. Even a cursory mapping of a representative history of Arab psychoanalysis

is so difficult because the coloniality of psychoanalysis itself structures Arabs and colonized people as "outside" of its tradition. We, as racialized and colonized people, are permitted an entrée into psychoanalysis only as an accompaniment that repeats the colonial logic and language. That is, we are invited to write histories to celebrate our "pioneers" who made "inroads" for the field in "native" cultures. Kopano Ratele notes that Euro-American psychology "is indigenous to nowhere. It is a body of knowledge with neither origin nor home."[46] In doing so, he reminds us that "psychology" is cast as universal. "African psychology," "Arab psychology," "South Asian" psychology and so forth are auxiliary traditions, therefore, that live only in proximity to and can only partake in the universal science. Therefore, we understand that the lack of space, or the assigned space, for colonial and racialized subjects is one that necessitates a complete revision of not only what we constitute as knowledge but how and *from where* that knowledge is produced, circulated, disseminated, and practiced.

Producing Indigenous Psychoanalytic Knowledge

In presenting a truncated counter-history to the "history of psychoanalysis in Palestine," we center "Arab knowledge" (knowledge produced by ethnic Arabs but also includes Armenians, Amazigh, Kurdish, and other sibling minorities in the Arab world) not as an "alternate" history of psychology in the non-West but as the actual history of psychoanalysis in the Arab world. We amplify and revere the work of those who have labored to create psychoanalytic knowledge in the Arab world through their thought and their practice. In the case of *Psychoanalysis Under Occupation*, the insights emerging from our conversations with Palestinian clinicians and our experience with their practice throughout Palestine complicate, for example, the assumption that every Palestinian suicide is simply one more Israeli murder of a captive, debilitated Palestinian. To be clear, this realization does not exonerate the State of Israel of its responsibility in enforcing dehumanizing and cruel conditions, which are mindfully engineered to break and snuff out the Palestinian people. It is to understand how death, psychologically, socially, and culturally, does not function to circumscribe the limits of Zionist colonial occupation but to circumscribe its goal: the erasure of Palestinian selfhood. Palestinian suicide alerts us to the nexus between psyche, body, social and political identity, and ontology. Their suffering, defiance, self-awareness, and

resistance are components of the same psychological process because death is an ever-present condition of the necropolitical regime of power imposed upon Palestinians. At the same time, what repeatedly appears in every discussion we have had about death, suicide, and suffering in Palestine is also the ever-presence and commitment to Palestinian life, culture, community, identity, and selfhood. Guided by psychoanalytic Palestinian clinicians, we therefore are directed to read death and suffering contrapuntally through the lives and life experiences of the colonized.

Although a "mere selection of what the group knows of the struggle and the power it faces,"[47] the knowledge in this book is produced through our engagement with a group of Palestinian clinicians as well as colleagues, academics, activists, and artists within the borders of historic Palestine. Psychology and psychoanalysis, the consummate "Western" discipline that primitivizes non-Western subjects, may seem like a suspect entry point to elevate and amplify the material realities of Palestinians living under settler colonialism.[48] We have seen briefly the shortcomings of psychoanalysis and its complicity within a historic regime of ongoing physical and psychological violence against the Palestinian people as well as a history of psychoanalytic practice in Arab Palestine. For us, however, like anti-colonial psychiatrists and psychologists, psychoanalysis also offers the possibilities for a theory, practice, and method to elevate the embodied and affective experiences of Palestinians and understand them as coherent, material reality.[49]

Like many other anti-colonial, decolonial, liberation, and feminist psychologists, we do not approach psychoanalysis with fidelity to any particular school, and we learn from black feminist, Afropessimist, and indigenous scholars and activists, from Sylvia Winters, Hortense Spillers, Achille Mbembe, to Kim Tallbear, Audra Simpson, Eve Tuck, Mark Rifkin, and Glen Sean Coulthard. While we are fully cognizant and sensitive to the violent particularities of indigenous history, anti-black racism and trans-Atlantic slavery, and settler colonialism (and their relationship to capitalism) in North America and Africa, we as Arab scholars find commonality within the shared history of colonialism and racism that objectified and denigrated (through Orientalism) the people of the Arab world. It is no coincidence that Fanon, a black, Martiniquan anti-colonialist psychiatrist—who

was intimately involved in the anti-colonial struggles not only in Algeria, but throughout Africa—occupies the juncture between these decolonial forms of thought and our own work.

Sylvia Wynter allows us to consider and repurpose psychoanalysis as a decolonial theory and practice when she discusses Fanon's "sociogeny."[50] In discussing her work, Walter Mignolo renames it as *decolonial Scientia*. "The *decolonial Scientia*," he states, "is the *scientia* needed not simply for progress or development but for liberating the actual and future victims of knowledge for progress and development."[51] Playing on Vico, Wynter's "new science" is

> one in which the "study of words" (in effect the study of the rhetoric of our human identity) will link the study of the sociogenic principle, as transculturally applicable to serve as the "common reality" of our varied cultural modes of being/experience ourselves as human, to that of our biochemical/ neurophysiological correlates.

(i.e., the physical body).[52] Wynter's method contends that

> Subjectivity experiences alone would provide us with objective data of the processes of the culture-specific governing code in whose terms we have been socialized as subjects, and which is, thereby, determinant of all such states, as well as behaviors to which they lead.[53]

Wynter then allows us to think about psychoanalysis in the context of coloniality and decoloniality beyond the Manichean, Cartesian dualism of psyche and body and certainly beyond what relational psychoanalysis invites with readings on mutuality. Her feminist, anti-racist, and black-affirming method specifically is a "study of words" and affect, the narratives of experience that binds communities but also keeps individual psyches' "in-tactness." In this book, we look to amplify the knowledge sets, subjectivity, and selfhood that arise from, are produced by, and inhabit the individual and collective Palestinian *nafs*, a word that will be repeated throughout and which simultaneously means psyche, self, soul, and breath. Locating their enunciations (their language, narratives, and thought) in their work and affective and social experiences, Palestinian clinicians provide us with a sense of "knowing" and self-knowledge, indeed a knowledge of material

reality, that lay beyond the intelligibility, or perhaps care, of those who seek their asphyxiation.

Examining the psychological intent of Israel's Apartheid regime, or critiquing Israeli Zionism as an ethnonationalist settler-colonial ideology, or mapping the psychology that seeks to normalize both is not the subject of this study. Instead, we center the psychic lives and psychoanalytic practices of Palestinian clinicians and their patients not only as "lived realities" but as reality itself. In other words, we understand their worlds and experiences as empirical reality that forms the material conditions of, to parse from Sylvia Wynter, the "sociogenetic sense of self."[54]As a consequence, the contrast of the material, social, and psychic realities of Palestinian life and the perverse nature of the assemblages of power and the psychotic processes that maintain their coherence become apparent.

Rooting ourselves in what is offered to us as the Palestinian Arab social and historical milieu, in Palestinian conversations and voices, in Palestinian analysis and practice, and in Palestinian contradictions and tensions, provides an indigenous approach to an indigenous selfhood of the indigenous inhabitants of Palestine. Such a tact serves a number of uses. Methodologically and theoretically, we are freed from having to consider the "belatedness" or "foreignness" of modern "selfhood" and modernity in Palestine. We are released, likewise, from the trenchant Orientalist and Western-centric paradigms that understand Palestinians as either primitive (in culture and psychological functioning) or a pale derivative of universal [Western] humanity. By remaining exclusively within the material realities of Palestinians, as narrated by clinicians and the patients with whom they work, we realize that Palestinian Arab selfhood arises from a history of Arab modernity, which itself has been internalized, mastered, and has produced particular social formations and forms of knowledge within Arab societies, including the practice of psychology itself. This is not to argue that Palestinians are or are not "modern," "rational," and individual subjects. It is to say that we acknowledge that Zionist settler colonialism is not only what constitutes Palestinian identity and selfhood, individually and collectively. Within this context, we understand that the indigenous people of Palestine (Arabs, Armenians, Circassians, and others) have a complex subjectivity that precedes the rise of Zionism in Palestine but also continues to exist outside of it. We may call this,

perhaps very awkwardly but taken from Palestinian clinicians themselves, "Palestinian culture," which serves as a collective reservoir for Palestinian identity, resistance, and survival. Like all social and subjectivity formations within modernity, it is rife with contradictions and frictions that are produced by but also haunt Arab modernity. In following the lead of the clinicians with whom we worked, and by accepting the psychic realities in occupied Palestine as material realities, we break the circuit of disavowal and splitting that is at the heart of disenfranchising Palestinians not only of their land but of their very being and selfhood, their *nafs*.

Upon these conditions of material and psychic reality, we understand how certain forms of knowledge are produced within Palestinian society. This knowledge may be self-knowledge, social knowledge, gendered knowledge, communal knowledge, and cultural knowledge. It is at this point that we must situate our own theoretical framework within a tradition of anti-colonial, indigenous, black anti-racist and feminist, and anti-capitalist thinkers and activists including liberation psychologists, who understand that *knowledge is produced through struggle.* In Amical Cabral's words, this struggle, a daily struggle, is an "expression of the internal contradictions in the economic, social and cultural (therefore historical) reality" in colonized countries.[55] While we as the authors of this book offer analytic interpretations and, even, a theory of "psychoanalysis under occupation," this theory and analysis are refracted from the "prism of knowledge" from Palestinian lives and struggles, a prism, in Sousa Santo's words, that "adjusts itself better to the requirements of the ecologies of knowledge" circumscribing their own lives.[56]

Psychoanalytically Speaking: Theory, Structure, and Decolonial Method

Psychoanalysis Under Occupation demonstrates how psychoanalytic theory and practice can uncover structures of relatedness, as well as offer language to describe the workings and processes of violence that characterize relationships built on asymmetries of power. For psychodynamic and psychoanalytic Palestinian clinicians, psychoanalysis speaks to the intersection of the "personal" (individual), the social (collective), and the "poetic" (imaginative). We follow their lead in thinking about the occupation and settler colonialism analytically. This is because

clinicians tell us how psychoanalytic theory and practice provide them with theoretical frameworks and practical micro-strategies to engage normative anxieties, fear, and violence (as inflicted on a daily and structural level by settler colonialism and military occupation) while also speaking directly to the nexus where psychological "space" and development meet the "social" and the political. In the book, we illustrate via case studies of clinicians *in vivo* materialization of protective and destructive defenses of splitting, identification with the aggressor, disavowal and dissociation, as well as projection and projective identification. However, rather than mechanically "apply" psychoanalytic processes we learn how they are thought-through within the context of Palestine by indigenous clinicians. We think through the way they deploy a psychoanalytic framework within an intersubjective scaffold that attends to the "co-created" spaces of occupation with specific attention to how the colonized negotiate the state of settler colonialism, which Israel and the NGO regime seek to normalize.

This book departs from initiatives of colleagues who have studied "trauma" in Palestine. It also argues with psychologists and psychological initiatives that aim to bring Israeli psychologists of conscious into communication with Palestinian mental health workers. Indeed, in order to foreground and give primacy to indigenous Palestinian voices within psychoanalysis, we committed, over the past several years (and currently), to collaborate with, contribute, and organize with mental health clinicians, specifically in Ramallah, Bethlehem, Nazareth, and Jerusalem, as well as with Palestinian psychological organizations such as the Arab Psychological Association (within the state now known as Israel) and the Global Palestine Mental Health Network as well as the UK-Palestine Mental Health Network and the US-Palestine Mental Health Network, of whose Advisory Board we both are members.

We, ourselves, are aware of the threat of stealing or negating the interiority of Palestinians just as Orientalism, colonialism, and even human right discourses have done for more than a century. We, therefore, recognize the interiority and specificity of every individual under occupation, without simultaneously displacing the value, import, and centrality of communal, collective, and social forces on the individual psyche. It is within this spirit, for example, that all our conversations and work took place primarily in Arabic, holding and modeling a space in which

the specificity and importance of the indigenous language of the unconscious as well as internal psychic world of Palestinians remained punctuated against settler-colonial structures. This method is distinct from any others that have been adopted by well-intentioned psychologists who often speak with Palestinian clinicians or offer training in English that has to be translated.

This book is also interested in the "other side" of what Boaventura de Sousa Santos calls the "abyssal thinking" that separates the Global North from the Global South, ascribing logic, reason, truth, and legality to the former, and invisibility, irrationality, falsity, and illegality to the latter.[57] Abyssal thinking is the epistemological structure of the Western thought that champions liberal democratic values on the "one side" (i.e., the Global North) while preventing those very same principles to be extended to the colonial world. The abyssal divide is not a barrier that separates two mutually unintelligible lived worlds and epistemologies, but rather is the parapet from which colonial epistemologies erase "any relevant or comprehensive way of being" on "the other side of the line."[58]

Respecting the particularity of Palestinian Arab history and subjectivity, we do not take Santos's decolonial theory or theories of indigeneity *tout court*. However, the concept of abyssal thinking seems salient, if not symbolically powerful, in discussing a society literally divided and carved up by physical and juridical impediments and battlements that function as chasms to make Palestinian *being* invisible and remote, if not erased. This "side" of the carceral regime of Apartheid, the "Palestinian side" (a packed if not hoary, idiom in itself), is the "lifeworld" of the colonized. Yet, this lifeworld should not be understood within a framework of relativity where there are two sides, even two unequal sides, nor as a study that emerges both from psychoanalytic and decolonial theory and practice. At best, the liberal humanist that often underpins even the most progressive of psychoanalytic thinking, writing, and theorizing, seeking to "understand" the "other side," attempts to "acknowledge" the "Palestinian perspective." This acknowledgment, however, as we explore in the book, is itself predicated on the precondition of recognizing the selfhood of the settler and their right to the land of the colonized. For example, we map how dialogue initiatives themselves replicate the historic violence of psychoanalysis by insisting on political neutrality from Palestinians, even as the initiatives themselves purport to take up issues of

power. In this way, as a liberal humanist approach, praxis is thought to (consciously or unconsciously) exist outside of the ideology(ies) in which it exists and has been constructed. In the case of Palestine, this includes settler-colonial ideologies.

In commitment to the methods and teaching of decolonial theories, and working against the liberal notion that well-intentioned psychoanalytic clinicians can exist outside of settler-colonial logic and ideology, this study rejects attempts to "bridge" the two unequal sides of "abyssal thinking" or fuse one side of "reason and science" with the "other side" of affective and experience. We understand the central role of the other/Other in the formation of any subjectivity and we also believe that this formation is used as a means to deflect from the selfhood/psyche/ego/*al-nafs* of subjects under colonial occupation.[59] As Fanon shows us, such binary approaches and paradigms of being/non-being are informed by and inevitably re-entrench the very Manichaean nature of colonialism and coloniality.

This commitment underscored the importance of our self-location as Lebanese Arabs as central to the project, both in terms of our relationality to Palestine and our Palestinian colleagues and in our ethical imperative to use Arabic as the primary mode of communication. This emerged as particularly necessary, as most dialogue initiatives, ironically but perhaps unsurprisingly, used English exclusively as well as relied on translation to communicate with Palestinians. While translation is often a necessary and/or useful tool, we were invited by our Palestinian colleagues to apprehend the labor and onus involved in both being subject to a particular type of "innocent" saviorism and carrying the onus of understanding or making legible their experience *for* their saviors. More so, our colleagues shared how these dialogues often did not acknowledge how the "translating," both literally and affectively, felt like an intellectual or temporally bound exercise for English-speaking clinicians. In doing so, our colleagues often felt both hypervisible in their translating role, as well as invisible or erased, because there was no acknowledgment or recognition that this translation process was a *constant* and *coercive* process they experienced daily as settler-colonial subjects. That is, whereas their English- and Hebrew-speaking counterparts could function with (even an unconscious) assurance that the translation would end when the dialogue

ended, our colleagues repeatedly highlighted how translating, back-translating, and deciphering were constitutive of their daily experiences as Palestinians and as clinicians, as well as a central feature of their training if they did so in the state currently known as Israel.

Speaking Arabic emerged, then, not only as a marked political identity marker for us, but an ethical imperative in service of a decolonial praxis that could also disrupt the all-encompassing crush of settler-colonial violence. The marked importance of the use of "native tongue" was repeatedly touched upon, with many of our colleagues commenting on the psychic relief of non-coercive linguistic engagement. Perhaps most movingly, when we conducted public workshops, we were repeatedly greeted with enthusiastic warmth with a specific focus on the comfort (several individuals used the word "soothing") of hearing Arabic by non-Palestinian speakers. These relational spaces were often affect-laden, tearful, and had the feel of community-building and affirmation, rather than mere professional duty or practice. On the one hand, then, speaking Arabic became the site through which the violence of settler colonialism and its logic, as well as it is systemic dismemberment project, could be made most legible to us all. On the other hand, we had the sense and spoke together of how a shared Arabic became important in this space precisely because settler colonialism works to dismember and isolate Arabs, just as Palestinians are being disaggregated through the settler-colonial regime, as Nadera Shalhoub-Kevorkian reminds us.[60] This disaggregation or dismemberment happens through technologies of power and oppression, through juridical techniques, and, as we see in this book, through bodies of thought and clinical practice such as psychoanalysis that can work as a collaborator and accessory to settler colonialism—what we term, *psychoanalytic innocence.*

Speaking about psychoanalysis and psychoanalytically *in Arabic*, then, actively worked against a colonialism, both French and British, that also worked to disaggregate Arabs, to break a specific social history and important social relations—in this case, between Palestinian and Lebanese Arabs. Our presence with them and theirs with us felt comforting because of what had historically disaggregated us. Zionism and the Zionist settler regime here became another stage of isolation, an atomization of Arabs from each other, all of which speaking

Arabic together worked to denounce. We can think of this as yet another example of a refusal to reality-bend, and a reassertion of reality testing as an act of resistance, one that prioritizes a continual claiming of what otherwise would be disavowed truths of history, social relations, and kinship. What will be drawn out throughout the book, therefore, is how Palestinian clinicians themselves, and us in community with them, work with the uncanny real to re-member and continuously enact *what already is*.

Most importantly, this process of community-building was and is in alignment with our commitment to non-extractive engagement not only with our Palestinian colleagues, but also with Palestine and the community at large. Materially, therefore, our connection to Palestine and our colleagues does not end with this book, but rather includes ongoing trips to Palestine, centered around the needs and desires *as named by* our clinical colleagues. For example, Lara has provided a number of clinical training workshops, talks, and consulted with psychologists and students at Palestinian-run clinics in Bethlehem, Jerusalem, Ramallah, and Nazareth. Our conversations and collaborations have continued also well beyond our physical presence in Palestine, to include, most importantly, for example, ongoing critical engagement and negotiation of power and the parameters and frame of relational space we have forged together.

Willful Subjectivity in Service of Liberation

We have looked to our Palestinian colleagues, not as they are interpolated by and through the occupation and settler logic, but rather as what Sara Ahmed terms as *willful subjects.* Ahmed teaches us that "willfulness is a diagnosis of the failure to comply with those whose authority is given [and]…involves persistence in the face of having been brought down."[61] It is not coincidental that a decolonial feminist "style of politics" guides this book; decolonial feminist and queer methodologies and positions that stubbornly affirm that power structures—indeed phallogocentric, masculinist, cis-heteronormative patriarchal structures that include all forms of capitalism, colonialism, and settler colonialism—identify willfulness as "a problem."[62] In drawing the affinity between queer theory and thinking about Palestine, C. Heike Schotten observes that Edward Said's

> *characterization of Palestinians as troublesome resonates with queer theory's defiant attachment to all those who are not or cannot be made assimilable…that illimitable list of deviant others whose existence destabilizes, disrupts, or thwarts the otherwise smooth functioning of institutionalized, hegemonic regimes of normalizing, heteronormative power.[63]*

If Palestinians as a defiant, unassimilatable "problem" alert us to their willful self-affirmation of material reality, it was Palestinian clinicians as much as Sara Ahmed that alerted us to consider the willfulness of the Palestinian people, individually and communally, as fundamentally a part of lived experience, of existence, of resistance, and, as Nadera Shalhoub-Kevorkian says, "speaking life" and the power of livability.[64]

This willfulness is produced and reproduced, individually and therapeutically, through clinical practice and the ways in which it embodies itself in the social practices of the political, social, collective, and individual ethos of *sumud*, or stalwartness. As we celebrate and validate willful subjects in Palestine who, individually and communally, produce and reproduce life-sustaining practices of *sumud*, we examine the essential role of *sumud* in the lives, the practices, the activism, the organizing and the training and education of Palestinian clinicians, and, in turn, how they produce, reproduce, and support the *sumud* of their patients, colleagues, families, and communities within the clinical space and outside of it. We will see how *sumud* does not only reify communal bonds but also works against neoliberal demands of individuality or psychoanalytic theories of developmental autonomy as the only arbiter of health. More so, *sumud* emerges as the space whereby Palestinian clinicians and their patients together forge spaces of livability despite the every-increasing chokeholds and enclosure systems that are constitutive of the Zionist settler-colonial regime. Most importantly, as a socio-psychic practice built into clinical practice as well as clinical lives, we learn that *sumud*, in the clinical space just as in the street and home, is not stagnant, working for the maintenance of Palestinian "resilience" only. It is a practice of liberation. To borrow from Robin D.G. Kelley, "Yes," we mean "National Liberation." Kelley reminds us of the revolutionary *intentionality* of this phrase that rebuffs the invitation to find legible, "legitimate" Palestinian victims (and therefore, identify Palestinians deserving of violence) but rather works, in Kelley's words, to "build

the future in the present."[65] Palestinian national liberation is at the core of this book as we find it in every act of *sumud* that affirms the presence, legitimacy, and material reality of Palestine and in every aspect of Palestinian clinical practice and daily life.

In *Psychoanalysis Under Occupation,* you will meet many Palestinian clinicians who generously offered their time, analysis, emotional space, and theories to us. By doing so, they uncovered for us the process by which they have been forging clinical networks, self-sustained clinics and workshops, an ethics of care, the Palestinian psychotherapeutic commons, or an indigenous Palestinian psychoanalytic praxis. The clinicians who are named have given to us explicit consent to do so. Others, when only providing prénoms, we have given pseudonyms. In some instances, we do this to honor their wish to remain anonymous. In other instances, we take the prerogative in order to protect clinicians, whose honesty, political positions, and critical insights might provoke repercussions for them or their clinics as they live and practice, regardless of their courage, generosity, and openness, at the capricious mercy of the settler-colonial state. Within these contexts, we have done our best to de-identify these clinicians, while respecting the content of their words and the complexities of their practice. We hope that, beyond anything, this book highlights the extraordinarily moving liberatory work, *practicing resistance*, that our colleagues have been engaged in long before we came to be in community with them.

Notes

1. [We use the term "settler colonialism"](#) with purpose and with reservation. We appreciate, find solidarity in, and are indebted to the incredible work that indigenous scholars and activists from the countries now known as the United States, Canada, South Africa, New Zealand, Australia, and Northern Ireland) in introducing the analytic concept of settler colonialism to reveal very material and ideological realities and experiences of the colonized to the Anglophone readership. However, our point of departure and fidelity to the ideologically illuminating, empirically necessary, and politically *essential* framework that "settler colonialism" provides arises from, what might be called, an indigenous Arab perspective. Its pedigree clearly develops within the Arab revolutionary, political tradition, specifically within the context of the armed revolutionary, Marxist Palestinian and Arab liberation movements. Namely, Fayez Sayegh, *Zionist Colonialism in Palestine* (Beirut: Palestinian Liberation Organization, Research Center, 1965); George Jabbour, *Settler Colonialism in Southern Africa and the Middle East* (Beirut: Palestinian Liberation Organization, Research Center, 1970); and Jamil Hilal, "Imperialism and Settler-Colonialism in West Asia: Israel and the Arab Palestinian Struggle," *UTAFITI: Journal of the Arts and Social Sciences*, 1, no. 1 (1976): 51–69; not to mention the French Marxist historian, Maxime Rodinson, *Israel: A Colonial Settler-State?* (New York: Pathfinder, 1973).

2. It is worth remembering that Foucault tells us "The history of the deployment of sexuality, as it is evolved since the classical age, can serve as an archaeology of psychoanalysis." Michel Foucault, *The History of Sexuality: An Introduction* (New York: Vintage, 2012), 130.

3. Nour Abu-Assab and Nof Nasser-Eddin, "(Re)Centralising Palestine in Decolonial Feminist Theory," *Kohl: A Journal for Body and Gender Research*, 5, no. 1 (2019): 9.

4. Rana Barakat, "Writing/righting Palestine Studies: Settler Colonialism, Indigenous Sovereignty and Resisting the Ghost(s) of History," *Settler Colonial Studies*, 8, no. 3 (2018): 353. Also see, Mikki Stelder, "Other Scenes of Speaking: Listening to Palestinian Anticolonial-Queer Critique," *Journal of Palestine Studies*, 47, no. 3 (2018): 45–61.

5. Barakat, "Writing/righting Palestine Studies," 360.

6. Scott Lauria Morgensen, *Spaces Between Us: Queer Settler Colonialism and Indigenous Decolonization* (Minneapolis: University of Minnesota Press, 2011), 197.

7. For a critical reinterpretation of situated knowledge and "standing with" rather than speaking for one's "research subjects," see Kim Tallbear, "Standing with and Speaking as Faith: A Feminist-Indigenous Approach to Inquiry," in *Journal of Research Practice*, 10, no. 2 (2014): 1–8; and Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (New York: Zed Books, 2013).

8. Greg Burris, *The Palestinian Idea* (Philadelphia, PA: Temple University Press, 2019), 1.

9. For the most prominent example, see Jasbir Puar, *The Right to Maim: Debility, Capacity, Disability* (Durham, NC: Duke University Press, 2017). For other studies about the constrictions of technologies and strategies of occupation, see Laleh Khalili, *Time in the Shadows: Confinement in Counterinsurgencies* (Stanford, CA: Stanford University Press, 2012); Nadera Shalhoub-Kevorkian, "Gun to Body: Mental Health against Unchilding," *International Journal of Applied Psychoanalytic Studies*, 17, no. 2 (2020): 126–145. Julie Peteet, *Space and Mobility in Palestine* (Bloomington: Indiana University Press, 2017). Sari Hanafi, "Spacio-cide: Colonial Politics, Invisibility and Rezoning in Palestinian Territory," *Contemporary Arab Affairs*, 2, no. 1 (2009): 106–121; and "Explaining Spacio-Cide in the Palestinian Territory: Colonization, Separation, and State of Exception," *Current Sociology* 61, no. 2 (March 2013): 190–205.

10. Aimé Césaire, *Discourse on Colonialism*, trans. Joan Pinkham, intro. Robin D.G. Kelley (New York: Monthly Review, 2000), 32.

11. Patrick Wolfe, "Settler Colonialism and the Elimination of the Native," *Journal of Genocide Research*, 8, no.4 (2006): 387–409.

12. For only a cursory set of examples, see Ilan Pappé, *The Ethnic Cleansing of Palestine* (New York: Oneworld Publishers, 2006); Sophia Stamatopoulou-Robbins, *Waste Siege: The Life of Infrastructure in Palestine.* (Stanford, CA: Stanford University Press, 2019); Brenna Bhandar, *Colonial Lives of Property: Law, Land, and Racial Regimes of Ownership* (Durham, NC: Duke University Press, 2018). Nadera Shalhoub-Kevorkian, *Incarcerated Childhood and the Politics of Unchilding* (Cambridge: Cambridge University Press, 2019); Breaking the Silence, *Our Harsh Logic: Israeli Soldiers; Testimonials from the Occupied Territories 2000–2010* (New York: Metropolitan Books, 2012); Ghazi-Walid Salah, "The Geopolitics of 'Enclavisation' and the Demise of a Two-State Solution to the Israeli–Palestinian Conflict." *Third World Quarterly*,26, no.8 (2005): 1341–1372.

13. Eyal Weizman, *Hollow Land: Israel's Architecture of Occupation* (New York: Verso, 2007).

14. Weizman, *Hollow Land*, 6. "The relation between the system's components is a relative figure defined by the speed and security of travel across [the battlefield's] depth, between different strong points." (p. 67). While the author is referring to Ariel Sharon's innovations in warfare against the "static linear" tactics, Weizman observes that the spatial paradigm of these tactics redefines occupation in the Occupied Territories building on the counter- insurgency modes of control that the Israelis previously adopted from the British.

15. Indeed, the reference to Deleuze and Guattari is not capricious. Weizman relays his discussion with the architect of Israeli three-dimensional, "dynamic" warfare, Brig. Gen. Simon Naveh, who is known for transposing, some may say perverting, the work of Deleuze and Guattari to strategize how to make the "smoothness" of the Israeli "war-machine" eradicate "striated" traditional Palestinian space; *Hollow Land*, 201.

16. Ariella Azoulay and Adi Ophir give light to the material and political reality that Palestinians, in the Occupied Territories (Jerusalem, Gaza, and West Bank) and inside Israel are all subjects of an unified Apartheid state; or what they maintain as the "one state condition." To be more specific, Azoulay and Ophir map the parallel, coterminous planes which Palestinian non-citizens and Israeli citizens inhabit

within the same time and space. Israeli citizens and non-citizens are governed by two covalent but radically different regimes of governance (Israeli and Palestinian, occupier/occupied, subject to civilian/military law, giving/prohibiting access to rights and resources) on the same stretch of land in the same temporality, governed by the same state. Ariella Azoulay and Adi Ophir, *The One-State Condition: Occupation and Democracy in Israel/Palestine* (Stanford, CA: Stanford University Press, 2012).

17. Jon Soske and Sean Jacobas, *Apartheid Israel: The Politics of an Analogy* (Chicago, IL: Haymarket Books, 2015); Uri Davis, *Apartheid Israel: Possibilities for the Struggle Within* (New York: Zed 2003); Ilan Pappé, ed., *Israel and South Africa: The Many Faces of Apartheid* (New York: Zed Books, 2015); Ben White, *Israeli Apartheid: A Beginner's Guide* (London: PlutoPress, 2014); Andy Clarno, *Neoliberal Apartheid: Palestine/Israel and South Africa After 1994* (Chicago, IL: University of Chicago Press, 2017); Na'eem Jeenah, *Pretending Democracy: Israel, and Ethnocratic State* (Johannesburg: AMEC, 2012); and the excellent collection laying out the argument for BDS on the basis of Israeli Apartheid, Ashley Dawson, and Bill V. Mullen, eds., *Against Apartheid: The Case for Boycotting Israeli Universities* (Chicago, IL: Haymarket Books, 2015).

18. B'Tselem, The Israeli Information Center for Human Rights in the Occupied Territories, "Apartheid" (a public statement and publication), published on 12 January 2021: English version found at https://www.btselem.org/apartheid.

19. Jacqueline Rose, "Imponderables in Thin Air": Zionism as Psychoanalysis (Critique)," in *The Question of Zion* (Princeton, NJ: Princeton University Press, 2005), 67.

20. This book intentionally rejects using psychoanalysis to analyze the "Israeli-Palestinian conflict" as an inter-psychic "conflict." It is not coincidental that Vamik Volkan's concept of "chosen trauma," which maintains particular currency in psychoanalysis as it depoliticizes and diminishes, if not dismisses, the conditions under which Palestinians are subjects of Israeli colonial rule. We avoid engaging this trend in psychoanalysis not just because Volkan's work is explicitly anti-Arab, anti-Palestinian, anti-Armenian, and, not inconsequentially, homophobic, but because its socio-psychology is instrumentally crude in order to deflect political and personal responsibility for states (such as Israel and Turkey) that commit war-crimes. Secondly, considering the pathologizing of Arabs and Muslims that far predates Raphael Patai's notorious *Arab Mind* (New York: Scribner, 1983), we are also overlooking the use and abuse of psychoanalytic theory in the service of analyzing Muslim and Palestinian political violence, that is, "terrorism." The practice of speculating about "terrorism" through a psychoanalytic lens tends to be culturally deterministic, if not unabashedly racist. Some scholars such as Shuki Cohen have used psychoanalytic theory to argue against cultural determinism and instead argue for the political motivations of Palestinian actors, who engage in political violence just as they use psychoanalysis to examine Israeli racism and predatory violence against Palestinians. For examples, see S. J. Cohen, "Psychological Theories of Terrorism and Politically Motivated Violence," in *Encyclopedia of the History of Psychological Theories*, ed. R. W. Rieber (New York: Springer, 2012), 1058–1080. And, Shuki Cohen, "Breakable and Unbreakable Silences: Implicit Dehumanization and Anti-Arab Prejudice in Israeli Soldiers' Narratives Concerning Palestinian Women," *International Journal of Applied Psychoanalytic Studies*, vol. 12 (2015): 245–277.

21. Emanuel Berman, "Beyond Analytic Anonymity: On the Political Involvement of Psychoanalysts and Psychotherapists in Israel," in *Psychoanalysis, Identity, and Ideology: Critical Essays on the Israel/Palestine Case* ed. John Bunzl and Benjamin Beit-Hallahmi (New York: Springer, 2013), 183.

22. Eran Rolnik, *Freud in Zion: Psychoanalysis and the Making of Modern Jewish Identity* (London: Karnac, 2018), 40.

23. Rolnik, 46.

24. Rafael Moses, "A Short History of Psychoanalysis in Palestine and Israel," *Journal of the American Academy of Psychoanalysis*, vol. 26 (1998): 330. Also, Eran Rolnik, "Psychoanalysis in Israel: Beginnings, Old Trajectories," *Journal für Psychoanalyse*, vol. 56 (2015): 41–65.

25. While it is repeated that Freud served as one of the founding members of the board of governors of Hebrew University, we have only found this in secondary sources and unable to confirm this in the Hebrew University's archives. Moses, 331. See Rolnik, 67–68 and Stephen Sheehi, "The Transnational Palestinian Self: Toward Decolonizing Psychoanalytic Thought," *Psychoanalytic Perspectives*, 15, no. 3 (2018): 309.

26. Rolnik 43, 80. See Tom Segev, "The Making of History/Revisiting Arthur Ruppin," Haaretz, October 8, 2009; found at https://www.haaretz.com/1.5309866

27. Rose, "Imponderables in Thin Air," 67.

28. David Eng, "Colonial Object Relations," *Social Text*, 34, no. 1 (2016): 1–19.

29. While there is significant work on the Arabo-Islamic roots of the "mind" (soul/*nafs*) from Ghazali and Ibn Tufayl to Ibn 'Arabi and Ibn Khaldun, one interesting example of this interface, while not psychoanalytic, is John C. Lamoreux, *The Early Muslim Tradition of Dream Interpretation* (Albany: SUNY Press, 2002). For other scholarship that discuss or reproduce some of the foundational thinkers of "Islamic psychology" (which is certainly not the same as Islamic psychotherapy), see Abu Hamid al-Ghazali, *The Alchemy of Happiness* (Sofia: Pretorian, 2020); Arberry's dated translation of *Muhammad ibn Zakariya al-Razi, Razi's Traditional* Psychology (Damascus: Kazi, 2007); Malik Badri, *Abu Zayd al-Balkhi's Sustenance of the Soul: The Cognitive Behavior Therapy of a Ninth Century Physician* (Washington, DC: IIIT, 2013).

30. For some examples, see Omnia El Shakry, *The Arabic Freud: Psychoanalysis and Islam in Modern Egypt* (Princeton, NJ: Princeton University Press, 2017) and Stefania Pandalfo, *Knot of the Soul: Madness, Psychoanalysis, Islam* (Chicago, IL: University of Chicago Press, 2018); Amira Mittermaier, *Dreams that Matter: Egyptian Landscapes of the Imagination* (Berkeley: University of California Press, 2010); Celia E. Rothenberg, *Spirits of Palestine: Gender, Society, and Stories of the Jinn* (Lanham, MD: Lexington Books, 2004), or Joan Copjec's special edited issue on "The Exotic Science and Islam," *Umbr(a): A Journal of the Unconscious* (Buffalo, NY: Center for the Study of Psychoanalysis and Culture, 2009); and Eva Tepest, "The Unity of Human Suffering: Cultural translatability in the Context of Arab Psychoanalytic Cultural Critique," in *Islamic Psychoanalysis and Psychoanalytic Islam: Cultural and Clinical Dialogue*, ed. Ian Parker and Sabah Siddiqui (London: Routledge, 2019), 5–17.

31. See Stephen Sheehi, *Foundations of Modern Arab Identity* (Gainesville: University Press of Florida, 2004).

32. See Dagmar Herzog, *Cold War Freud: Psychoanalysis in an Age of Catastrophes* (Cambridge: Cambridge University Press, 2017)Ashis Nandy, *The Savage Freud and Other Essays on Possible and Retrievable Selves* (Oxford: Oxford University Press, 1995); Ranjana Khanna, *Dark Continents: Psychoanalysis and Colonialism* (Durham, NC: Duke University Press, 2003); Richard C. Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago, IL: University of Chicago Press, 2007) and Celia Brickman, *Aboriginal Populations in the Mind: Race and Primitivity in Psychoanalysis* (New York: Columbia University Press, 2003).

33. Joseph Massad offers a discussion of many of these (and other) intellectuals, in critique of the violence of their secular liberalism of many of them, particularly Fathi Benslama's gross Islamophobia. See Massad, "Psychoanalysis, "Islam" and the Other of Liberalism," in *Islam in Liberalism* (Chicago, IL: University of Chicago Press, 2015), 275–311. For an engagement of Benslama, see Nouri Gana, "Jihad on the Couch," *Psychoanalysis and History*, vol. 20, no. 3 (2018): 371–386.

34. We know that biographies of psychologists and discussions of psychology appeared regularly in the journals of *al-Hilal* and *al-Muqataf* and that psychoanalysis in the Arab world followed the global trend of having it influence popular culture, art, and literature. Ramadan A. Ahmed, "Egypt," *The Oxford Handbook of the History of Psychology: Global Perspectives* (New York: University Press, 2012).

35. We thank Dr. Nicole Khayat and Liat Kozma who have compiled an impressive database on the indigenous doctors in the region before 1948. Also, see Ramadan Ahmed, "Egypt," *The Oxford Handbook of the History of Psychology: Global Perspectives* (Oxford: Oxford University Press, 2012), 164. We need to recognize the considerable work of Fouad A. L. Abou-Hatab. He reflects a number of Arab scholars, not only in Egypt but also elsewhere, who have done considerable research and written in Arabic, French, and, to a lesser extent, English, on their own national histories of clinical and community psychology, which we are remiss in acknowledging and further discussion in this book. For a few examples of Abou-Hatab, in English, see Fouad A-L-H. Abou-Hatab, "Psychology in Egypt: A Case Study from the Third World," in *International Psychology: Views from Around the World*, ed. V.S. Sexton and J.D. Hogans (Lincoln: University of Nebraska, 2004), 11–28; "Towards a Future for School Psychology in Egypt," *School Psychology International*, vol. 5, no. 1 (1984): 9–13; and "Medicine and Morality in Egypt: Gender and Sexuality in the Nineteenth and Early Twentieth Centuries," *Religion and Society*, vol. 8, no. 1 (2016): 226–229.

36. Massad corrals an impressive array of Arabic sources into his footnotes to offer, in the aggregate, a history of Arab psychoanalysis through Arabic sources. For Mustafa Zaywar, see Massad, *Islam in Liberalism*, 276 fn. 3. For more details see, Fouad A-L-H. Abou-Hatab, who might contend with Massad's claim that primacy of Zaywar (Ziwar) in Egyptian psychology. Abou-Hatab, "Psychology in Egypt," 15–16.

37. [Omnia El Shakry](#) offers an invaluable account of psychoanalysis in Egypt and the Arab world since the 1940s. See El Shakry, *The Arabic Freud*, 22–23.

38. [Fouad A-L-H](#). Abou-Hatab, "Psychology in Egypt," op.cit.

39. [Abou-Hatab](#), "Psychology in Egypt," 16.

40. [Brigitte Khoury and Sarah Tabbarah](#), "Lebanon," *The Oxford Handbook of the History of Psychology: Global Perspectives* (New York: Oxford University Press, 2012), 368. Herant Katchadourian, "The Historical Background of Psychiatry in Lebanon," *Bulletin of the History of Medicine*,vol. 54, no. 4 (1980): 544–553. Also, see Joanna Ichimura & Rachel Kemsley (compiled by), "Lebanon Hospital for Mental and Nervous Disorders," catalogue entry for the missionary archives in the National Register of Archives, British Library OPAC; found at *Mondus: Gateway to Missionary Collections in the United Kingdom*. www.mundus.ac.uk/cats/4/1065.htm.

41. [Sabah Sadik and Abdul-Monaf al-Jadiry](#), "Mental Health Services in Iraq: Past, Present and Future," *International Psychiatry*, vol. 3, no. 4 (2006): 11–13. We also thank Prof. Sara Farhan for information about Jack Abboud al-Sh'abi. For a larger mapping of the ways Iraqi intellectuals engaged Freud and psychoanalytic theory, see Sara Pursley, "ʿAli al-Wardi and the Miracles of the Unconscious," *Psychoanalysis and History*, vol. 20, no. 3 (2018): 337–351. For other discussions of the history of medicine in the Arab world, see, for example, Omar Dewachi, *Ungovernable Life: Mandatory Medicine and Statecraft in Iraq* (Stanford, CA: Stanford University Press, 2017).

42. [Our thanks to Dr. Nicole Khayat](#) for this invaluable information.

43. [Jalil Bennani](#) is the leading scholar on the history of psychoanalysis in Morocco as well as its interplay with traditional psychotherapeutic practices found in, for example, the marabouts. Among his other publications, see Jalili Bennani, *Psychanalyse en terre d'Islam* (Toulouse: Eres, 2008); also see Nadia Kadri and Jalil Bennani, "Counseling and psychotherapy in Morocco: The renewal of an ancient tradition," in *Handbook of Counseling and Psychotherapy in an International Context*, ed. Roy Moodley, Uwe P. Gielen, and Rosa Wu (London: Routledge, 2012), 51–60. Despite the sound empirical information Bennani provides, Stefania Pandalfo's *Knot of the Soul* remains the touchstone for thinking about how indigenous psychoanalysis plays out with the local context, especially in Morocco.

44. [For some examples of their work](#), see Jacques Azoulay, *Jacques Azoulay: textes fondateurs: L'engagement d'un psychiatre analyste*, ed. Josiane Chambrier-Slama, Dominique Deyon, Serge Gauthier, Bernard Odier, and Victor Souffir (Paris: In Press, 2016); Alice Cherki, *Mémoire Anachronique: Lettre à Moi-même et à Quelques Autres* (La Tour d'Aigues: Éditions de l'Aube, 2016); and her *Frantz Fanon: Portrait* (Paris: Éditions Points, 2000). For one of many interesting books by Jacques Hassoun, with biographical information, see his correspondence with Abdelkebir Khatibi, *Le Même Livre* (Paris: Éditions de l'Éclat, 1985).

45. [Frantz Fanon](#), *A Dying Colonialism* (New York: Grove Press, 1967).

46. [Kopano Ratele](#), *The World Looks Like This from Here: Thoughts on African Psychology* (Johannesburg: Wits University Press, 2019), 57.

47. [Boaventura de Sousa Santos](#), *The End of the Cognitive Empire: The Coming of Age of Epistemologies of the South* (Durham, NC: Duke University Press, 2018),77.

48. [For one insightful study on psychoanalysis](#) view of indigenous peoples, see Celia Brickman, *Aboriginal Populations in the Mind: Race and Primitivity in Psychoanalysis* (New York: Columbia University Press, 2003).

49. [El Shakry adeptly](#) and carefully shows the balance between classical training and mastery of Egyptian psychoanalysts and psychoanalytic thinkers while also showing how they struggle to think through, and often challenge, canonical thought when refracted through the Egyptian and Arab present. This inevitably includes the political and material challenges presented by colonialism and imperialism. One fine example she presents, in addition to Yusuf Murad, is that of Mahmud al-Rawi; e.g., El Shakry, *Arabic Freud*, 101–104.

50. [Frantz Fanon](#), *Black Skin, White Mask*, trans. Charles Lam Markman (London: Pluto Press, 1986), 13; and "Toward the Sociogenic Principle: Fanon, Identity, the Puzzle of Conscious Experience, and What It is Like to be 'Black,'" in *National Identities and Socio-Political Changes in Latin America*, ed. Antonio Gomez-Moriana and Mercedes Duran-Cogan (New York: Routledge, 2001), 59. Also see, Sylvia Wynter, "Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation—An Argument," *The New Centennial Review*, vol. 3, no. 3 (Fall 2003): 257–337.

51. Walter Mignolo, *The Darker Side of Western Modernity: Global Futures, Options* (Durham, NC: Duke University Press, 2011), 110

52. Sylvia Wynter, "Toward the Sociogenic Principle: Fanon, Identity, the Puzzle of Conscious Experience, and What It is Like to be 'Black,'" in *National Identities and Socio-Political Changes in Latin America*, ed. Antonio Gomez-Moriana and Mercedes Duran-Cogan (New York: Routledge, 2001), 60

53. Wynter, "Toward the Sociogenic Principle," 59.

54. Sylvia Wynter, "Toward the Sociogenic Principle," 53.

55. Amílcar Cabral, "The Weapon of Theory," in *Unity and Struggle: Speeches and Writings of Amílcar Cabral*, trans. by Michael Wolfers (New York: Monthly Review, 1979), 122.

56. Sousa Santos, *The End of the Cognitive Empire*, 141.

57. Bouaventura de Sousa Santos, *Epistemologies of the South: Justice Against Epistemicide* (New York: Routledge, 2016), 120.

58. Sousa Santos, *Epistemologies of the South*, 118.

59. The question of psyche/breath/nafs has been the center of conversation for both indigenous and Eurocentric psychoanalytic and psychotherapeutic theories for centuries, whether the ninth-century Islamic physician Abu Zayd al-Balkhi's *Masalih al Abdan wal Anfus* (Riyad Markaz Malik Faysal, 2004), translated as "Sustenance of the Soul" or Stefania Pandolfini's *Knot of the Soul*, op.cit. Also see, for a translation of Balkhi, Badri, *Abu Zayd al-Balkhi's Sustenance of the Soul*, op.cit.

60. For a moving discussion on the psychic effects of communal dismemberment, see Nadera Shalhoub-Kevorkian "In the Absence of Justice: Embodiment and the Politics of Militarized Dismemberment in Occupied East Jerusalem," Occupied Palestinian Territories: UN-Women Report (2016) and "Gun to Body: Mental Health against Unchilding" *International Journal of Applied Psychoanalytic Studies*,vol. 17, no. 2 (2020): 126–145.

61. Sara Ahmed, *Willful Subjects* (Durhamm, NC: Duke University Press, 2014), 1–2.

62. Ahmed, *Willful Subjects*, 133 and 3.

63. C. Heike Schotten, "To Exist Is To Resist: Palestine and the Question of Queer Theory," *Journal of Palestine Studies*,vol. XLVII, no. 3 (2018): 15–16; and 24 (our italics). Also, see her C. Heike Schotten, *Queer Terror: Life, Death, and Desire in the Settler Colony* (New York: Columbia University Press, 2018) regarding the liberatory politics of defiance.

64. Nadera Shalhoub-Kevorkian. "Speaking Life, Speaking Death: Jerusalemite Children Confronting Israel's Technologies of Violence," in *The Emerald Handbook of Feminism, Criminology and Social Change*, ed. Sandra Walklate, Kate Fitz-Gibbon, JaneMaree Maher, and Jude McCulloch (London: Emerald Publishing Limited, 2020), 253–270.

65. Robin D.G. Kelley, "Yes, I Said "National Liberation," in *Letters to Palestine: Writers Respond to War and Occupation*, ed. Vijay Prashad (New York: Verso, 2015), 152–153.

1 Practicing Disalienation

The first time we met Yoa'd, it was at the Palestine Counseling Center (PCC), sequestered on a small street in Beit Hanina, the residential neighborhood of occupied Jerusalem through which the Apartheid Wall runs. A number of common friends and colleagues strongly suggested that we meet. It was a hectic day and the last of a five-month stay in Palestine in 2018 that was the start of the fieldwork which was the basis of this book. We sat in a room surrounded by play therapy toys where Yoa'd introduced two Palestinian male clinicians, who we will call Karim and Adel.

Yoa'd was matter of fact, though pained: "These are the daily conditions of practicing in Jerusalem. A number of our patients come from the West Bank even though most live in Jerusalem." When asked about how this might impact therapy, she repeats, "It always enters the room. One way or another, the occupation always enters the room." This phrase represents a prominent, *technical* fixture in psychodynamic and psychoanalytic therapy in Palestine. "It" stood for many words: military occupation, the Zionist settler-colonial state project, *al-ihtalal, al-dawlah, al-sahyuniyah, al-ist'amar, al-ist'amar al-istitani*. Karim, a clinician, political activist and a former political prisoner, reiterates the observation, "the occupation exists even if it is not mentioned. It always enters the room." While trained analytically, he has come to believe since his release from prison that cognitive behavioral therapy (CBT) is the best tool to combat what he sees as relentlessness effects of settler-colonial Zionism. He observed, "anxiety disorders are the most prevalent among our clients. I think because it is through anxiety disorders that the history of occupation often emerges." We would come to hear in great detail over our visits to Palestine how somatic complaints were often more accessible, a physical manifestation of the psychic toll of a brutal settler-colonial regime, and, in many instances, the language available to communicate experientially about what may otherwise be overlooked or pathologized by a non-Palestinian clinical gaze.

This somatization was not pathologized by Yoa'd or any of the clinicians with whom we spoke. Rather, in discussing whether patients sometimes use the hardships of the occupation as a means of deflection or avoidance, Yoa'd replied,

> That is not unique to the Occupation. Defenses are always in play. Most people who come in for therapy don't explicitly say 'Help me Doctor, the Occupation is making me crazy.' They come to talk about their marriages, their families, their own insecurities and fears, frustrations, and stressors. Just like anyone else. No doubt, when you are always late or miss sessions and blame the occupation when it is not an obvious link [i.e., when there are no checkpoints along your travel], you can see there is deflection maybe. But when you know that they are coming from a camp, their father or husband is in jail, settlers—with the help of the state—are trying to take their house in the Old City, how can you ignore the presence of the occupation? We work through these parallels to identify deflection so that we do not contribute to the "splitting" that the Occupation forces on us.

Adel chimes in, adding, "The challenge in Jerusalem is to separate things like acts of anger and frustration as symptomatic (*'arad,* pl.) of conditions that can be *both* from occupation and reside within the individual."

For those in Gaza and the West Bank, the tensions and tangibility of how the "outside" can only but structure the "inside" of the room are palpable. The occupation "enters the room," if not through the door, then through the window. Caesar Hakim in Bethlehem related an illustrative story of being in session while the Israeli military suddenly raided Bethlehem. He states,

> you and the patient are always aware of the outside—one time, I was with a patient and the Israeli military were chasing Palestinians in Bethlehem. You know Checkpoint 300 is, what less than 1200–1300 meters from here? We could hear [the Israeli military] shooting. There was smoke and [tear] gas. You could smell it. You could smell the gas and smoke in the room. We just carried on with the session. We closed the window, but the smell in the room was already heavy.

Caesar then wondered, "It is like a form of [Kleinian] splitting. Right? Separating that part of you that wants to pay attention to the outside from the patient and

clinician. Or dissociation?" and then smiles, his usual playful smile, "Or maybe no. Maybe that is just what it means to practice in Palestine. It's always present. It becomes part of the practice."

What struck us here, apart from the mindful self-reflection of clinicians such as Caesar, is that he was speaking not only about the sheer violence Palestinians under occupation in the West Bank are exposed to, but also of a shared condition of daily violence and the political condition that structures everyone's life economically and socially, coming to be constitutive of the Palestinian experience. Fathy Flefel, the director of the Palestine Red Crescent Society Resource Center, responsible for providing mental health care to Palestinians in the Occupied Territories, likewise directly associates alienation as a feature of practicing under occupation, a feature that the clinician is faced with either confronting or reproducing. He states,

> *The occupation is in everything. It is in rules. It is infrastructure. It is how we pass from one town to another. And even how we deal with our own [Palestinian] Authority. The group dynamics result in competition, ideologically and theoretically, between us. It feels as though people have a split identity under occupation, especially with regard to the identity of the clinician.*

On another occasion, Fathy returns to this point,

we feel as though people have a split identity under occupation, especially with regard to the identity of the clinician. Can we leave our condition at the door? If we commute between Jerusalem and Ramallah, Haifa and Jenin, can we pretend that we don't experience occupation and we are not differentiated in ways that the occupation intends? Checkpoints, for example. They are experienced by both the patient and the therapist. We need to recognize this. We share a language that emerges not only out of history, a history of struggle, but a daily condition that is defined by the ever-present colonial violence.

Fathy reiterates the condition of Yoa'd and Caesar, the demands of splitting as an intended, rather than just a by-product, psychological effect of the Israeli settler-colonial project and, by extension, a prerequisite for apolitical clinical practice.

The conversation at the PCC in Beit Hanina went beyond the question of whether and to what extent the "outside," "the social," and the "politics" are "always there in the room," a phrase that emerges and reemerges not only in Palestine but anywhere psychologists are debating the limits and power of sociogeny. Rather, we found ourselves tracking the emergence of a collective clinical practice already "in the room," already saturated by the violence of Zionist settler colonialism and its history. That is, what emerged clearly in our conversations is how Palestinian clinicians operate within and seek to define a collective practice through a shared "language." No doubt, Arabic as a medium of therapy (and, as we will see, education and training) remains a central priority to all the clinicians whom we interviewed and with whom we collaborated. More so, however, there emerged an explicitly conscious attempt to locate a common nomenclature of both personal and communal suffering, a practice that itself was dynamic and attuned.

Caesar tells of the series of different words for "anxiety" and "anxious" he encounters, each being determined by gender, social context, and even geography. "Language and vocabulary for anxiety, stress, and depression," he states, are not consistent. "There are delicate differences. This is why it is so important to listen to the use of language. Not to replace it with 'clinical language' but to connect with the patient in the language they choose to use." Caesar reminds us that the terrain in which the clinician meets the patient is often what determines if the Palestinian clinician is prepared to break the "splitting," to take on the demand of disassociation of oneself from the shared conditions of settler colonialism and military occupation that has compelled their patients to seek out the clinician. This is especially important when, as Fathy reminded us, "the patient talks about my own pain" and therefore can both at once understand implicitly and perhaps be wounded and/or wounding in response.

This understanding seemed ubiquitous across clinicians, whether they lived in Gaza, West Bank, occupied Jerusalem, or within 1948 borders—a shared understanding of clinically relevant historic impact that dictated the parameters of clinical practice and, most importantly, affective attunement. In the words of Samah Jabr, director of the Mental Health Unit at the Palestinian Ministry of Health,

We understand how psychological intervention can and is used to punish political behavior. We understand how it is used to dismiss political claims of the Palestinian people. Preserving the social fabric and coherence of Palestinian society is essential to mental health but also we are aware how we treat our patients so therapy is not continual process of re-traumatization.

We will see in this chapter (and in Chapter 4) why connecting to language is so pivotal, especially when the political forces, whether that of the Israeli settler-colonial state, the international aid community, or the PA, work to vacate and reengineer the language that describes political and social conditions. In other words, what will emerge in this chapter are the ways in which Palestinian clinicians allow the occupation to become legible in their patients, while also tending to their internal worlds and suffering.

Negotiating Settler-Colonial Reality

"You know we do not accept [Israeli] state funding," Yoa'd told us. "There's a constant struggle (*sira'*), a tension between needs and responsibilities. Between cooperation and coercion. Between serving our people as much as we can and remaining independent [as a people]." The PCC was started in Jerusalem in 1983 by a group of Palestinian psychologists led by the well-known pacifist psychologist Mubarak Awad, in order to attend to the mental health needs of Palestinians underserved in Jerusalem, Gaza, and the West Bank. Since that time, the PCC has expanded its mission and operation to include centers in Jerusalem, Ramallah, Jenin, Nablus, and Qalqiliya. Rana Nashashibi, a pillar of community organizing and mental health, has served as the Director since 1991 and worked assiduously not only to provide clinic-based services, but also to promote community-based approaches and practices around mental health in Palestine. The PCC (with its many branches) is an example of a handful of other psychological enterprises (visited further in Chapter 4) spread throughout occupied Jerusalem and the West Bank, which work with a series of other Palestinian-run organizations to serve the Palestinian population under Israeli military and direct and indirect administrative occupation. What we will see in this chapter, and throughout this book, is that these enterprises do not merely seek to ameliorate or relieve suffering, but rather, their practice, individually and as a part

of autonomous institutions, creates and maintains independence from the settler-colonial state, if not also from the international NGO industrial complex, as we will see in the following chapter.[1]

We locate the "tension between needs and responsibilities" not only in a dynamic of forces between individuals of a collective living under occupation. To the contrary, repeatedly, clinicians, and so many others, have identified that the goal of the colonial state is to atomize and isolate Palestinian individuals, removing them from their communal networks.[2] The "tension between needs and responsibilities," then, is a national, communal, and popular condition, which is manifested in the sort of communal projects of mental health services that these clinicians understand themselves as building. Yoa'd and the other clinicians in Beit Hanina, for example, referred to how providing psychological services for underserved Palestinian communities is inextricable from a myriad of political and economic challenges. Many of these challenges would be familiar to any clinician who attends to historically excluded, neglected, and/or marginalized communities. Yet, in Palestine, like so many clinicians told us, normative challenges are amplified and intensified by the settler-colonial project and military occupation of Palestine.

Caesar would say that

> *for the Palestinian things are the same as everywhere else but worse. It's like the hassle of traveling or horrible traffic. You know, just the normal pains found in any developing country; going nowadays from A to B is complicated by normal situations. But here, in Palestine, the normal headache becomes three times worse (aqsa). Access. Funding. Training. Awareness. Treatment. Therapy. You name it. Everything is complicated by occupation.*

"Normal" stressors and difficulties—whether personal, relational, or social—become exacerbated by Israeli military occupation. Fathy, working within an institutional capacity that interacts with Palestinians not only under occupation but also in exile in camps in Lebanon, for example, sees these tensions not as coincidental or a by-product of the settler-colonial regime. Rather, "occupation," he states,

creates a crisis, creates an abnormal condition. Where people could ask for and access services that have always been needed in normal situations, the demand here [in Palestine] is not only elevated much higher now than the services that are available, but regularized as a part of everyday life, for the people—and the clinicians and clinics are part of them [the people]!

Practicing psychoanalytically in Palestine is a collective endeavor, an endeavor of ego- and identity-building as much as institution building for a society that fights tirelessly for national liberation. Without a doubt, Palestinian psychologists, inside the State of Israel, as well as those under occupation and siege in Jerusalem, the West Bank, and Gaza, clearly understand, in the words of the Palestine Global Mental Health Network, "Palestinian intellectual and mental energies in the field of mental health and psychotherapy in historic Palestine and the world [dedicated to] the sake of a free people, free nation (*watan*), and free world."[3] In other words, as we will see in Chapter 4, their practice seeks to foster and support a community-generated concept of healthy Palestinian ego development as a part of a larger set of social practices by Palestinians to nurture, forge, and attend to Palestinian cultural and national identity.

In this regard, we should not limit our understanding of the "nationalistic" and "patriotic" intonations of this project in that, for people engaged with colonialism, such terms can only be understood within their context of national liberation. The thrust of their explanation leads us to realize that their practice, as clinicians, is linked, for themselves as well as their patients, individually and communally, to a sustained effort to confront *the conditions* of occupation and settler colonialism. These efforts cut across and bind Palestinians despite their varying situations, which we saw differ regardless of whether clinicians live in Gaza, the West Bank, Jerusalem, and those Palestinians living in the state now known as Israel.

Psychodynamic or psychoanalytically informed therapy under occupation and colonialism, then, is a collective practice, the autonomy of which, for the individual clinician but also for the institutions they are building, is always pressed upon by the violence of the Zionist settler-colonial regime. This became clear in our discussion with Yoa'd, Adel, and Karim within the confines of an institutional space such as the PCC.

It's not only about checkpoints. (And you know how difficult it is, sometimes, to have patients come even without military checkpoints set up between the clinic and their homes!). We are caught. Between our patriotic (wataniyah) responsibilities and economic pressures. But as well, between the pressures of the State to entice your collaboration or suffocate you. Clalit is not just commercial competition. It is ideological competition. It asks you to come over and be a client of the state, whether you are patient or a psychologist. To be a client but never an equal in your own land.

Clalit is the largest of Israel's four state-mandated health service providers, with "thirteen-hundred clinics, fourteen hospitals and hundreds of pharmacies, institutes and labs."[4] The "ideological competition" that Yoa'd mentions is clear when we understand that "the history of the establishment, crystallization and development of Clalit is closely bound to the fascinating and unique story of the State of Israel."[5] The reference to Clalit is not coincidental, as the presence and power of that health care system exceeds its social and economic power and reach. Clalit, like the hospital Hadassah (now in the depopulated Palestinian village of Ein Karam), is one of a number of symbolic institutions that were established pre-1948 by Zionist settlers in Mandate Palestine. These institutions, like the "Haganah" (the Israeli Army known as the "Israel Defense Forces"), Hebrew University, or the Histadrut (national labor syndicate) formed the basis of the proto-Zionist state that was being built during Zionist colonization during British Mandate. Despite the symbolism of these institutions, one Palestinian colleague in Jerusalem told us that 48 Palestinian doctors, citizens of the State of Israel, worked in Hadassah hospital, with dozens of more Palestinian nurses, orderlies, and staff. In this regard, it is seen as an institution of "ideological competition" as it invites Palestinian citizens of Israel to work, run, build, and, as such, lend credibility to Zionist institutions that are not only linked directly to the State but, indeed, symbolically represent triumphalist Zionism, Jewish ownership of Palestine, and the removal of the native. Psychoanalytically, we can understand how a settler-colonial project might come to rely on this type of seduction-qua-complicity to elide systemic responsibility and further locate traumatic impact as constitutive failures of Palestinian subjects who are read as not being able to, for example, assimilate and transcend communal fixations and/or are fundamentally non-progressive in comparison to their "westernized" Israeli counterparts. This pull to individualize what is structurally imbricated under a colonial regime is yet

another perpetual negotiation in which Palestinian clinicians engage, both for themselves and for their patients—the demand to split and identify with a denigrated colonial introject, as we heard time and again.[6]

Yoa'd and her fellow clinicians continuously brought us back to the question of how one identifies clinical practice in Palestine as mirroring familiar debates and negotiations of psychoanalytic practice in North America and elsewhere. That is to say, Palestinian clinicians are keenly aware of the current and historical debates regarding the place of the "social" and "politics" in the therapeutic dyad, just as these debates rage in psychoanalytic practice and theory. More specifically, perhaps in connection to what Lynne Layton and Marianna Leavy-Sperounis invite us to consider in imagining a social psychoanalysis, these debates consider where interiority of the self ends and the exteriority of the social begins, how the social manifests in symptoms, and whether these manifestations are themselves deflective defenses.[7] Indeed, more recently, such debates maintain a degree of prominence in clinicians and analysts that are from, and/or work with, marginalized communities and subject-positions. Likewise, formally trained Palestinian clinicians are theoretically well read and technically savvy. On the one hand, they frequently reference Klein, Winnicott, Bion, Fonagy, Bollas, Freud, and to a lesser extent Lacan. Most, we have observed, maintained training within the Kleinian, Object-Relational, Middle School, and North American Relational psychoanalysis (due to their education and supervision by Israeli psychologists). On the other hand, they remain current on debates specifically around the role and "place" of the "social" in therapy, from the patient, and/or between the patient and clinician. They actively engage in thinking through the degrees and intensities by which the individual subject, the unconscious, and the social and cultural milieu intersect, interact, and inform one another.

This is not to portray, however, the Palestinian clinical community as monolithic or uniform. A small number of Palestinian clinicians possessing "settler-colonial citizenship," as Nadim Rouhana and Areej Sabbagh-Khoury have termed it, and working at Israeli practices within the confines of relatively large urban areas (e.g., Haifa, metropolitan Jaffa, Akka, Nazareth), remained loyal to classical Freudian notions of the Oedipal family, the Id-Ego-Superego triumvirate, and/or the hydraulic model of the psyche that operates along the assumption that the social

remains "outside the door" both for the patient and for the clinicians.[8] Even a smaller group approaches their practice through one-dimensional approach to Lacanian theory that posits, for example, the Imaginary, Symbolic, and Real only in regard to general understandings of "culture" and "language." While we are mindful *not* to make large, sweeping pronouncements or draw overgeneralized conclusions, we do observe that the Palestinian Israeli clinicians who adopt more doctrinal, classical analytic approaches, particularly those who consider "cultural" only in grand and general ways (as Fethi Benslami's grandiose gestures) or consider the social as exterior to the unconscious (and the role of the clinician), tended to be less troubled when and how they collaborated with their Israeli counterparts.[9] When speaking of politics, the theoretical mastery of Freud and Lacan by clinicians and academics in Palestine and the Arab world tends to draw away from political particularities and into universals, just as Joseph Massad observes.[10] Perhaps, more specifically, invariably, those who lean heavily into classical ego-psychology or Lacan, but also those who are Relational clinicians, are enticed through the engrained Orientalism of the theory to overvalue the "role of the father/Father," misrecognize phallocentrism as something particular to Arab and Muslim societies, and unquestionably gauge social and intersubjective relations against the bulldozer of the universality of the Oedipal family.

This observation is not to cast aspersions on these clinicians. Other than a small group of "Arab-Israelis" who often came to the defense of the colonial state, all of the more traditional theoretically aligned clinicians are proud of their Palestinian Arab identity and serve, albeit not exclusively, the Palestinian population of the settler-colonial state. The observation is only to ponder the correlation between how Palestinian psychologists and clinicians understand the "place" of the political "in the room" and in the therapeutic dyad and the technical and theoretical means and strategies they use to navigate the pressures and degrees by which they can avoid, reject, or consent to interaction with the settler-colonial regime and its Zionist settler citizens. It is also to consider how Palestinian clinicians who clearly perceive the ways in which the Israeli settler-colonial regime overlays the conditions of life and therapy itself, intentionally approach their practice as a project itself of confronting colonialism, if not decolonization.

In the words of one clinician at the PCC in Ramallah, "psychological practice is interspersed with being Palestinian." This sentiment weaves itself throughout discussions we had with clinicians in Ramallah, Bethlehem, Nablus, Jerusalem, or Haifa, Jaffa, and al-Nasirah (Nazareth). While clinical practice is about affirming Palestinian selfhood and well-being, Yoa'd and her colleagues in Beit Hanina confirm that psychological and physical violence exacted upon Palestinian well-being by the assemblage of technologies of occupation and settler colonialism (in other words, the Israeli settler-colonial project *tout court*) is not a by-product of an "imperfect" democratic system gone wrong or the unfortunate side effects of the necessary "security measures" of a sovereign state. If not designed to inflict maximum pain on the indigenous population, the Israeli settler-colonial assemblage (the state military-industrial complex, its weapons, social services, its economic development, Zionist ideology, the official and unofficial settler project, etc.) is designed to erase the Palestinian population inside Israel, in occupied Jerusalem, in the occupied West Bank, and in Gaza.

The discussion of state and non-state (NGO) funding, ideological incentives, and social and economic pressure and enticement reveals to us that the Israeli state and the NGO-industrial complex engineer mental health care (and access to mental health care in general) for Palestinians with settler-colonial citizenship, those with Israeli "identity cards" (in Jerusalem), and those in the West Bank and Gaza (excluded from both) as one more technology of coercion and conscription. Understanding all Palestinians, including clinics and clinicians themselves, as operating under these conditions, we can then perceive a Palestinian therapeutic practice as an organic, grassroots, ground-up *counter-practice* (*as counter/ing-technology*) of popular resistance and liberation.

CASE: Amjad

In this chapter, we have begun to interweave the insights of Palestinian clinicians to help us map out the fixed pieces within a collective Palestinian psychoanalytic/psychodynamic practice that shares fixed pieces that bind historic Palestine. We will see that this collective practice is unified through precisely its engagement with creating and maintaining life and lifeworlds, as well as political and historical realities, for Palestinians. Since this collective practice is inevitably

rooted in the lives of clinicians as Palestinians themselves, we move to a powerful and illustrative vignette that gives light to the intersubjective dynamics of therapy under occupation. After meeting Yoa'd in Beit Hanina, we continued to have conversations with her and witnessed her speaking publicly and in psychoanalytic groups over subsequent years, conversations that only increased our admiration for her critical insights and her depths of empathy.

One particular case she shared with us is that of Amjad, a man in his early 30s who worked in an Israeli textile company inside the 1948 borders of the state now known as Israel. Though he had a home in the West Bank, Amjad, along with his three children and wife who was a homemaker, rented a house in an officially annexed village near Qalandiyah out of fear of losing his "Identity Card" that allowed him to live and work in Jerusalem.

Amjad visited the clinic as he suffered from sensations of a lump or a ball (*tabah*) in his throat whenever he became nervous (*tuwatur*). Amjad had undergone many medical tests to establish treatment for what he felt was a medical condition, though each medical consultation indicated that his throat was "100% normal." After a year of engaging with medical doctors with persistent concerns about the ball in his throat, one of Amjad's physicians suggested that he seek help from a psychological clinic. Amjad was initially very embarrassed in the clinical space and found difficulty speaking about himself, as well as anything beyond what he continued to feel must be a medical condition. He explained that there were days when he felt the ball in his throat was getting bigger, while other days he felt it getting smaller. Yoa'd asked him to share with her his reflections and observations about what sometimes made the pain increase to such a degree that he was barely able to speak.

Yoa'd indicated that Amjad was a well-groomed young man and looked his stated age, that is, in his early 30s. He often entered her room with a shy smile and initially waited for her to start speaking. She characterized him as someone who took great care in arranging his sentences and words to make himself understandable. While Yoa'd did not believe Amjad had a stutter, she indicated that he would often display great difficulty producing utterances, often experiencing word-finding difficulties, and showed signs of obsessiveness in

searching for "correct" phrasings. She reported that, as a result, early in their sessions, Amjad mumbled very short sentences, speaking in choppy words and broken phrases. She reported that he would tell her: "My words stop in my throat, they knot up and become a ball in my throat. They suffocate me when they do not come out." This manner of speech was experienced countertransferentially as irritating to Yoa'd, and Amjad reflected back this irritation with himself. Yoa'd indicated that, in her countertransference, she often would feel the ball move from his throat into her stomach, a knot she could not incise.

Amjad's therapy with Yoa'd spanned approximately one and half year of weekly sessions. She reported initially having been supervised, as are all Palestinian clinicians working within Israeli institutions, by an Israeli Jewish psychologist. Yoa'd noted that while the lore of the institution was such that everyone held themselves to professional standards and believed in the fundamental premises of psychoanalytic theory and practice, she often sensed this collapse of psychic space when her Israeli supervisors, especially in the case of Amjad, tried to theorize Palestinian patients seen by Palestinian clinicians.[11] In the case of Amjad, rather than being curious about the psychoanalytic meanings of Amjad's symptoms, the supervisor insisted that Amjad suffered from an anxiety disorder and that only medication could solve his problem.

Yoa'd felt deeply conflicted by this assessment, as she relayed her "gut feeling," or what we might read as attuned clinical intuition, indicated that Amjad likely had much more to say. She feared that medicine would only circumvent and redress symptoms, potentially preemptively shutting Amjad and his exploratory process down and foreclosing opportunities to collaboratively read the symptoms as signs of a deeper communication about his experience and being. Yoa'd recalled disagreeing with her supervisor openly, despite being painfully aware of the power differential and the potential implications of doing so. She reported insisting that she should continue to be curious with Amjad about what he was trying to communicate in the displacement, in the countertransferential space, and in the dyad, even if this was not explicitly articulated. This, of course, represented an alignment with a psychoanalytic tradition and technique in which she and her supervisor were trained. Despite this, her supervisor insisted on psychiatric

intervention, and therefore Yoa'd suggested that he consult a psychiatrist—an intervention that ultimately pacified her supervisor, but which Amjad refused.

Yoa'd reported that Amjad attended all his sessions promptly, bringing with him a piece of paper with points that he had considered throughout the week and wanted to address with her. As their therapy progressed, Yoa'd would often see Amjad in the waiting room, reviewing his notes, which he used in the therapy as a springboard. Yoa'd noted that Amjad went from barely speaking, to exquisite detailing of his many concerns, his fatigue from work, thoughts about his children, concerns regarding the relationship with his wife, struggles of travel through checkpoints, and his relationship with his brothers. Yoa'd reported feeling confused about the purpose of these details; she understood their literal meaning, but often found herself affectively discombobulated, wondering what he needed from her. She also came to feel "suffocated," in her words. She reported feeling frustrated, as though Amjad had escaped from previous silences into speaking so much that no room was left, even for breathing. As such, she often had the feeling of the room being heavy with thoughts and words that were left unsaid, though they were very much present. In this, she reflected how both silence and speech can be defensive, used to fill up the space, but never reaching the depths of the patient or the clinician.

While Yoa'd was committed to and engaged in intensive self-reflection of the work, she reported that her Israeli supervisor often downplayed her approach and considered her psychoanalytic work with Amjad as a "great success" because Amjad had become comfortable with her. Her supervisor dismissed concerns about Yoa'd's countertransference and was not curious about Yoa'd's feeling that Amjad "was making a lot of noise, with no depth." Yoa'd was especially concerned as the ball in his throat lightened as he spoke, but immediately returned and grew whenever the session ended. She felt that she and Amjad were playing a game of negotiation and, yet, in reality, there was no solution.

Yoa'd often was confronted with conflicts regarding how to speak about the work with Amjad in supervision. She noted the psychoanalytic importance of having associated to "negotiations," especially in the context of Palestine. While she understood intuitively that associations had meaning, especially in the

countertransference, Yoa'd found herself at a loss of how to express this concern to her supervisor, especially as the supervisor did not share Yoa'd's concerns.

Amjad himself was happy that he did not feel any discomfort in his throat during the sessions; however, he stated that outside the clinic his painful feelings returned and he was unable to get rid of the ball. Amjad's wife became very worried about him and began pressuring him to explain what kind of treatment he was getting. When Yoa'd asked him what he had told his wife about the treatment, he replied that he had not disclosed to her that he was seeing a woman psychotherapist because "she would not understand." Rather, he told his wife that a pulmonary doctor was following up on his case and this doctor was teaching him how to breathe better. Yoa'd noted that this was an important turning point in treatment, as it opened up a space for her to ask him about breathing in real-time without being bogged down only by talking. More specifically, Yoa'd indicated that with this opening in the material, she had asked him to put aside the distracting papers and talk about his difficulty in breathing, with specific focus on when he was feeling suffocated.

While he did not answer her directly, Yoa'd shared that he was smiling in his silence, and she felt it was important to self-disclose in service of the clinical process. Specifically, she shared with him that she sometimes felt suffocated in sessions because of over-talking that seemed to leave little, if any, room for anything else. She recalled that he had smiled again and indicated that as his feeling of suffocation increases, it turns into a ball in his throat that suffocates him.

In subsequent sessions, Yoa'd worked with Amjad to uncover and recount all the moments in which he had felt suffocated: when his wife reminded him of payments for the "pathetic" car he had bought; when he passed in front of his closed house in the West Bank; when his Israeli boss asked him to bring him fresh olive oil from their tree (in the West Bank); when he entered the area controlled by the PA—his own country— and he read the sign, "No crossing border— dangerous area." In every session after that pivotal moment, Amjad talked about the specifics of his breathing difficulties and sighed a lot as he did so. He shared

with Yoa'd that he could not cry because he felt it was not manly, but continued to feel pain in his throat.

Yoa'd recounted that, at this point, her supervisor indicated abruptly that it was time for Yoa'd to terminate Amjad's treatment, because she was happy with the "achievement" he had made and felt that there was no further growth or depth to explore. Yoa'd remembered feeling very upset about this decision, though she did not feel she had the power to do otherwise. Following her supervisor's suggestion, she told Amjad that they needed to move to termination. Yoa'd recalled, "here, something happens; something that I did not expect. Amjad erupts." She recounted how Amjad "exploded," shouting in a way that she could have never previously imagined. While shouting at her, Amjad told her she is weak and that she is "not the one who owns the decision or the decision-making process." He continued to shout at Yoa'd, accusing her of "not really being concerned with taking care of and protecting sick people." Yoa'd remembers being shocked by the fact that he was screaming, and that she did not fully understand what was happening in the moment nor did she have the space to reflect fully about her countertransference, but that she knew internally she felt very happy.

After this moment, Yoa'd made the decision to continue Amjad's treatment alone, without consulting her supervisor any further. While in future sessions they did not explicitly talk about Amjad's outburst, she noted that she had started to feel that he had become taller, as if his stature had gotten bigger. During this phase of treatment, Amjad started talking about anger. More specifically, he spoke about getting angry inside his car—the "lousy" car in which he crossed the Qalandiya checkpoint twice a day, once on his way to work and once on his way back. Amjad reported getting angry in his car whenever he read the word *ma'abar* (checkpoint crossing) on a sign. He reported feeling anger because he did not feel like he was just crossing from one area to another; rather, he felt that he was inside one space but was prohibited from free movement in another while standing at a checkpoint. "Why do they call it a crossing?," Yoa'd recalls him asking her, angrily. "This is a checkpoint (*hajiz*)! A checkpoint, a checkpoint!"

In a session soon after he began to uncover his anger, Yoa'd reminded him that they had not spoken about the ball in his throat for quite some time now,

inquiring where it was and if it remained a symptom for him. She recalled Amjad stating, "sometimes I feel that there is hate or hatefulness in my throat and not a ball (*tabah*) in my throat." This is when she decided to ask him who he hated, to which he responded, "I hate myself." After a moment of silence, Yoa'd recalled Amjad opening up about an incident that had happened two years prior. He reported taking his seven-year-old daughter in the morning with him on his way to work as she had wanted to meet with a friend in Jerusalem. He remembered that his daughter was very happy that morning, as she had been fantasizing about this magical day with her friend for quite some time. He recalled that she wore a beautiful new dress the night before out of excitement, and put flowers in her hair the morning they set out. Amjad further shared that his daughter was singing throughout the trip in the car: "Bouncy, bouncy, bouncy ball, bouncy bouncy, over the wall."

When they reached the Qalandiya checkpoint, Amjad was surprised to see tear gas and a confrontation between the Occupation Army and stone throwing protesters. Worried about his daughter, he tried to reverse, but his car was stuck in the midst of hundreds of cars, all trapped, motionless. The situation was increasingly frightful for a quarter of an hour, after which it completely calmed down, but the soldiers closed the checkpoint and prevented the cars from moving. Amjad recalled that his daughter had begun to cry uncontrollably during this time and that he was hugging her the entire time, trying to calm her and contain her fear. Eventually, she told her father she needed to use the bathroom. Amjad was not convinced that they would be allowed access to a bathroom, but nevertheless, got out of his car to inquire, as his daughter's crying was escalating and he could tell she was in considerable discomfort.

Amjad told Yoa'd that he waved down a soldier, telling him, "My daughter needs a bathroom." Instead of responding to him, the soldiers ran towards him with their weapons raised. He relayed to Yoa'd, "I raised my hands towards the sky and shouted at them. 'She wants a bathroom. Please let me pass.'" The officer in charged shouted, ""Get back in your car! Get back! Get in the car. Tell your daughter to piss herself in the car."—all the while his daughter continued to cry, "Baba, Baba, I need a bathroom." Amjad recalled getting back in his car, hugging his daughter, and, with a trembling voice, telling her, "Do it here, Baba. Do it

quietly here [in the car.]" He remembered how at that moment, his daughter's screaming stopped as the smell of urine spread in the car. Amjad looked at his daughter and found her shedding silent tears. He hugged her as he drove them home, and as he looked at the checkpoint gate, he remembered the cheerful song of his daughter at the beginning of the day—: "'bouncy, bouncy over the wall.' We are not you, *tabah*"—after which he immediately felt a ball stuck in his throat.

Yoa'd remembered how Amjad finished describing the incident and witnessed tears flowing down his cheeks for the first time. She remembered tears rolling down her own cheeks as well, as she also became aware of a "wheel in my throat" as they ended the session with shy smiles.

Legibility as "the Symptom"

Yoa'd tells us that "Amjad's treatment was one that I will not forget ever in my life." She confides in us, saying, "I often remember Amjad. It guides me, professionally and privately. It changed me and the way that I practice." While we want to value Amjad, we cannot help to think about this case in regard to its effect on Yoa'd. It encapsulates the condition of the Palestinian, as an extension into the clinical and the clinical into the personal and social. But more specifically, it allows us an opportunity to acknowledge how Palestinian clinicians refuse to erase the signs of the Occupation embodied in the clinical space, both in the therapist and the patient, no matter the systemic pressure or the demands from supervisors, for example, to reduce them into primarily behavioral beings with no depth and interiority.

Yoa'd's vignette provides us with a model to demarcate a series of dynamic, structural relations: the patient–therapist dyad, the supervisor–supervisee dyad, supervisor–therapist–patient parallax, and each of their relationships with the settler-colonialist state, both individually and as a part of their interrelationship and communities. Of course, this multi-vectored relationality is also then structured, intensified, and/or obfuscated by existing social structures (particularly gender and class) within their own contexts.

At first, it seems quite apparent that Amjad is the protagonist of this story. Yoa'd tells us of his positionality and fraught locality. He commutes between intensities of place, quite literally, carrying an internalized suffocating ball that functions as a barometer for not only anxiety but also fear of imminent violence and loss. In a depoliticized condition, one might say that his psychological symptoms are experienced physically, without any medical basis. The Israeli supervisor identifies the symptom as a *conversion symptom,* as a symptom of an anxiety disorder. She sees him primarily as a resistant patient who refuses to speak, to articulate thoughts, or to open up and be honest. We call this *ideological misattunement* that saturates psychoanalytic thought, analysis, and treatment; an inability to identify processes precisely became the analyst or clinician is implicated by and imbricated in the ideological matrix in which the patient is also entangled. While we will return to ideological misattunement later in the book, we point to it in order to contrast the positionality of Yoa'd and the supervisor. To the Israeli supervisor, his silence can only be a defense, a deflection from confronting the unconscious. Without attending to the structural and material realities of his world as a Palestinian, she reads his symptoms as just "nerves" that can be medicated.

Yet, perhaps, we are also missing something very important. Perhaps we want to consider the politics of recognition and misrecognition. What are the politics of diagnosis? Before we revisit this question that looms large among Palestinian clinicians, the question also evokes issues of "visibility" and "invisibility." We are not necessarily thinking about, in this case, the ways in which Palestinians are legible or erased from human rights discourses, as Ilana Feldman discusses.[12] Or, as Sari Hanafi shows, the programmatic targeting of Palestinian villages and communities, by the Israeli state, for disaggregation, displacement, and/or physical "spatiocide" as part of the settler-colonial project of erasure.[13] Nor are we even referring to the ways in which Palestinian citizens of the settler-colonial state are made to, or are complicit with, making themselves "invisible" when living in the Jewish Israeli metropole, either by the demands of a cultural hegemony that demands illegibility or as a means of economic and social necessity.[14]

Rather, we are considering what becomes worthy as identifiable signs and symptoms of both unconscious and social violence, conflict, and trauma. In a similar way, for example, Nadera Shalhoub-Kevorkian identifies the "spiraling"

effects of violence experienced by Palestinians at the hands of the settler-colonial regime, where singular acts result in "wide-ranging consequences" in the lives of those in the orbit of that one seemingly "isolated" event. In other words, she notes that

> *the trauma caused by a house demolition or a violation of basic rights permeates every aspect of life, irrevocably altering the daily reality of those targeted by this violence that spirals out and impacts the body, mind, social networks, economic status, etc.[15]*

What follows is that, first, Israeli violence is seen as a collection of disaggregated, singular acts of random violence rather than an essential part of a coordinated system of violence, oppression, and erasure. Secondly, the psychological effects and impact remain dissociated from the alleged "original" act of violence, thereby making invisible personal and collective manifestations of trauma, suffering, and pain. In the Palestinian context, then, we are asked to approach the Palestinian body, individually and collectively, as a site of violence but also, as we will see, as a site of resistance and sociability that is mutually legible to Palestinians. In pointing to the social inter- and intra-psychic legibility of psychic pain and its origins, we unobstruct pathways and connections that connect social selves with shared material realities (namely, the ever-presence and imminence of Israeli settler-colonial violence) to shared, individual internal worlds, histories, and experiences.

In this regard, Yoa'd's story with and about Amjad is rich and illustrative as much as it is moving. Amjad's anxiety does not arise from unconscious fantasy but rather is an instantiation of a gendered and classed, displaced and disavowed material reality. The somatization, therefore, is not a symptom of a disorder. Rather, it is a symptom of *functioning within the reality principle* that stops up the flow of the unconscious, the social, and the intersubjective. The "ball" is a somatization of the *intended effects* of the Israeli occupation, of the program of social management, if not destruction. Stifled and choked up, Amjad's inability to speak, to articulate sentiments, his access to language (both in the classical and Lacanian sense) is *symbolic silencing* (also both in the classical and Lacanian sense). His symptom, confronted and read through the context of Palestinian intersubjectivity, then does not only direct us to the occupation, but also makes us consider how the occupation may manifest itself, or perhaps can only manifest

itself, within the context of Palestinian masculinity, for example, through somatization, otherwise it might be dismissed or minimalized.

The obvious reading of the ball in Amjad's throat is evident: the checkpoint shoved down his throat; the soldier, quite literally, shoved Amjad's daughter's lyrics down his throat along with his words and protestations that tried to advocate for her. The ball from the song is prevented from jumping over the "wall," the checkpoint, the Apartheid Wall, and instead is slammed back down into his esophagus. This does not only choke him and make it hard for him to breathe, but his words—these words of protestation, of reason, of asking for mercy that were pressed back into his mouth and car (just as he had to return his daughter into the car to piss herself)—also are scrambled. The violence not only suffocates him but also prevents him from speaking. Amjad explicitly stated that his "words stopped in [his] throat—They knot up and become a ball…They suffocate [him] when they do not come out." Amjad's inability to express himself, his "mumbled…short sentences," his "choppy words and broken phrases" were an aphasia imposed upon him through the violence of the occupation. The *symbolic silencing* is, quite intentionally, a physical silencing. There is no place for a Palestinian-speaking subject in the settler-colonial regime.

Therefore, the suffocating ball itself is not the only symptom, something which Yoa'd recognized. The words that Amjad would say were "empty" and filled the room with meaningless noise, with empty language—as Yoa'd astutely reminds us—psychoanalytically, "silence and a lot of words can both be the same." Amjad's presentation was initially misidentified, clinically, as deflection, resistance, or avoidance and then later as "good enough" healing (with the unconscious subtext reading: as good as can be expected for a Palestinian) by an Israeli supervisor. The symptoms were illegible to the ideologically misattuned Israeli supervisor. Yet, the irony is not coincidental that this psychoanalytically trained supervisor was unable to recall Freud's earlier published work about aphasia, its relation to the unconscious, and the ways it authorizes or divests language and meaning within intersubjective, interpsychic, and sociogenic dynamics, as Fanon might say.[16] Freud's earlier work on language precisely demonstrates that Amjad's estrangement from meaningful language revealed the unconscious desire to fill the room with the description of violence that he could not articulate. The

"symptom" of silence and "empty speech" signified the loss of the ability to speak "deeply" (in Yoa'd's language), to articulate meaning, but rather to affectively express the damage inflicted on the interior self by the daily violence of occupation. We therefore understand Amjad as demonstrating a symptom that rips him away from his social milieu. His wife did not know he was seeing a psychologist because she would not "understand," and Amjad lost the ability for meaningful language to help her, Yoa'd, and even himself understand more fully.

The violence that permeated this case, even if initially deeply disguised, evokes powerful emotions which were likewise reflected back to us by a broad range of Palestinian clinicians when we presented it in front of a Palestinian audience. At its essence, it reminds all of us that Israeli surveillance and control are not limited to the external world, to stopping traffic, to choking people with teargas, and to shoving bodies back into cars. Indeed, as we will see, the settler-colonial regime tries to manage, undermine, and destroy interior worlds as well as social relationships within private and intimate spaces down to the relationship between a parent and child. As Fathy reminded us, "the occupation imposed itself in everything, why would we not think it doesn't also impose itself psychologically?" Yet, we will also remember and will see elsewhere that just as the symptom is a marker for violence, a primer to the precarity of one's innocent happiness, it also preserves the trauma along with other traumas that serve as foci to remember one's condition of occupation, and therefore providing the promise and goal of liberation.

Psychic Effects of Unchilding as a System

Rather than only considering masculinity, we locate the ways in which Israeli settler violence targets Palestinian masculinity, namely, through targeting the roles of the father, son, and/or brother but always in relation to mothers, daughters, sisters/siblings. With this in mind, the subjectivity of Amjad's daughter comes out clear, a personality both connected to and separate from her father. Yoa'd almost whimsically in the original Arabic case write-up depicts the innocent joy of a young girl. The exuberant anticipation of visiting her friend in Jerusalem bursts from the story not only in the imagery of dressing up and putting flowers in her hair from the previous night, but also in the lyrics of the child's song. Together,

the imagery and auditory stimuli communicate not only eagerness and excitement but also reveal the unconscious imaginary of Palestine, a united country cut and obstructed by walls that Palestinian joy can jump over like a bouncing ball. The joy and playfulness of a child stands in opposition to the realities of settler colonialism as a violent structure that assiduously works to make itself present and felt at every moment. The works of Rita Giacaman and others, for example, show us the ways in which Palestinian's mental health is pinned to the sustained, structural pressures (from explicit violence to the surveillance regime) on the lives of Palestinian people, and, especially, children. The rate of those experiencing violence in Palestine at the hands of the Israeli army is inordinately high, where situations of "violence and trauma are often experienced collectively, with repercussions for a sense of community security, and not merely felt individually."[17] Giacaman et al. show that, in 2007, well over 50% of Palestinian boys experienced body searches "compared with 9% of girls." Nine percent of boys reported being tortured.[18] She brings to our attention that 80% of Palestinians have witnessed a shooting, 28% had seen a stranger killed and more than 10% have "seen a friend or neighbor killed."[19] Giacaman's work over the past 30 years has been successful in showing the interconnection and divergence between mental health, public policy, and political conditions, and between mental health issues and "social suffering" inflicted by settler colonialism in Palestine. Without dismissing or minimalizing mental health and access to healthcare in Palestine, therefore, her lifework has redirected us that, rather than "considering social suffering as an illness that needs to be 'cured,' it is the issue of collective and cumulative exposure to Israeli aggression and the international communities condoning of it, that needs to be addressed."[20]

This is the social context in which Amjad's daughter lives. What strikes us is that crossing the checkpoint, on that day, does not seem to elicit anxiety in Amjad or his daughter. The power of the technologies of control and surveillance is not exclusively the unceasing presence of their violence but rather the capriciousness and randomness that violence can spring from them into action at any given moment.[21] This is the political economy of violence that the State has established both in the Occupied Territories, occupied Jerusalem, Gaza, and inside the state now known as Israel. Shalhoub-Kevorkian makes it very clear that the conditions of perpetual and imminent violence in the settler colony (whether Israel or the

territories it militarily occupies, including Jerusalem) are not the unfortunate by-product of a political "conflict" or inevitable consequences of draconian but essential security measures. Instead, "children are vital political capital for the settler-colonial regime" because "the use of children as political capital can reorder, structure, organize and affect state-building, employment, slavery, education, indoctrination, warfare, and health as well as security policies and practices."[22]

What we witness in the experience of Amjad's daughter is an event linked to a structure. The frustrations and dangers surrounding the hundreds of people, at that moment, stuck in the traffic jam, were caused not by the resistance of Palestinians who may have confronted occupation soldiers with rocks. Rather, the bottleneck, tension, and violence were caused by the Israeli occupation soldiers, in this case, the *Magavnikim* ("Border Police"). Yet, her discomfort, her crying, is itself an embodiment of being stopped up and needing release. Her body carried the violence, obstruction, and closure catalyzed by the checkpoint and the closure system. The impulse to consider that these frustrations should be expected or "normal" at checkpoints in "conflict zones" is the colonial impulse to make the fundamentally abnormal a normal condition, just as systemic and racialized trauma makes the "normal" pathological and the pathological "normal," as we will see.[23] The body of Amjad's daughter, however, recognizes the violence of the colonial condition that stands, brutally, between her and her happiness, her and her sociability (her friends), and her and her need to relieve herself (both physical and otherwise). Moreover, thinking of this system as "normal" or an unfortunate consequence of an unavoidable clash between two sides deflects us also from interrogating the actions of the *magavnik* (the border guards), who yell at Amjad and tell him to have his daughter "piss herself in the car." The story of Amjad and his daughter specifically illustrate Shalhoub-Kevorkian's definition of "unchilding," as a program of violence directed at children, "operat[ing] profoundly through disruption of the intimate that is embodied in the biopolitical and visceral."[24] The violence that the *magav* inflicted upon Amjad's daughter was one that aimed to strip her of humanity and dignity, to animalize her, to humiliate her. It was also, however, intended to violate the father's bond, shoving his advocacy down his throat and back into to the car. Here, we see "unchilding" not only as an act but also a system that attacks and degrades the internal worlds of

children as well as the social bonds that bind any society attempting collective coherence under settler colonialism.

Yet we will also see, as Shalhoub-Kevorian also shows, that the structures of unchilding are not hegemonic despite the systemic intention of the settler-colonial regime or the individual intention of the sadist *magavnik*. If programmatic unchilding is a multipronged and multivalent biopolitical weapon that aims to extend Israeli control over Palestinian bodies and, through its affective intrusions on their psyches, then Palestinians, too, devise and practice livable strategies, consciously and unconsciously, that rebuff Israeli incursion and control. These strategies may be as quiet as not providing the name of Amjad's daughter as a means of both Amjad and Yoa'd to protect her and keep her hidden. Or, the strategies may be as moving and powerful as a father's care in holding and soothing his daughter in a moment of humiliation—a side of Palestinian masculinity and fatherhood that is so rarely highlighted.

Fathering and Mentalization

Over the past two decades, several scholars have offered critical research theorizing masculinity in the Arab world, which dismantles Orientalist notions of Arab gender and sexuality without dismissing the centrality of hierarchies of patriarchal social roles and configurations.[25] Whether in Palestine or elsewhere, we are cautious and aware of the dangers of propping up any form of national and nationalist hetero-masculinity, which is intertwined and nurtured by patriarchal hierarchies and power relations.[26] Areen Hawari shows us that while masculinities can have a "plurality of coexisting references despite the presence of a singular hegemonic discourse," the Israeli military regime and its "security-related legal practices," for example, intentionally "severed" from its social context defined by a "man's capacity to provide for his family's subsistence needs (housing, food, drink)."[27] Caught between humiliation at the hands of the Israeli state and military and developing strategies of avoidance, de-escalation, and escaping confrontations with Israeli authorities, the effects served not only to redefine "men's relationship to their families and wives but reformulated them altogether."[28] Hawari, Shalhoub-Kevorkian, and Abeer Otman agree with Gokani et al., having identified that the settler-colonial regime (the state through policy and its legal system, its

military, irregular settler thuggery and harassment, and its control and surveillance system) targets Palestinian men to "obstruct the performative aspects" of masculinity that are constitutive of fatherhood, namely, providing food and shelter, protecting the family and himself, and the "modeling" of the father as an example for children.[29]

Shalhoub-Kevorkian's oeuvre has extensively shown that any gender analysis of the Occupation and domestic violence must consider an array of gendered-social configurations that are dialectically endogenous—historical and social (with Palestinian policy)—and exogenous and political (70 years under settler colonialism). Her explicitly feminist framing of fatherhood, motherhood, and childhood reminds us of the critical feminist Marxist tradition including the work of Silvia Federici, who highlights "the "double character" of reproductive work as work that reproduces us [as women] and "valorizes" us not only in view of our integration in the labor market but also against it."[30] For example, she offers us insights into the "double character" of Palestinian women, who are shaped by Palestinian patriarchal social configurations and structurally targeted by settler-colonial state violence. At the same time, Shalhoub-Kevorkian shows us that Palestinian women under occupation devise and deploy social practices, techniques, and strategies that rebuff and resist the crushing effects of this sustained programmatic violence while, as a consequence, effecting and transforming prevailing gendered social structures, such as mothering, motherhood, and femininities in relation to fathers, fatherhood, and masculinities (if not also economy, sexuality, sociability, etc.)—perhaps most clearly articulated here in the clinical practice and orientation of Yoa'd, intuitively feminist and empowering, both of herself and of her decidedly Palestinian male patient. Motherhood is clearly not a biologically and socially determined fact or set of social practices. Rather, it is a *political arena* with a double character where women, as Shalhoub-Kevorkian observes, "continue to negotiate between the various available options [within the liberation struggle against Zionist settler colonialism] and continues to create counter-narratives of mother that challenge ongoing patriarchal notions, while stressing mothers' roles in fighting oppression, inequality, and injustice."[31]

Thinking about motherhood as a gendered political arena of social reproducibility specifically targeted by the Israeli colonial regime but simultaneously as a field of gendered resistance and negotiation forces us to conceptualize fatherhood, too, as a social space (of/for reproducibility) and political arena, marked for contestation, confrontation, and resistance. Therefore, when we come to the event, the correlative "origin" of the ball, the symptom is overdetermined. We understand Amjad as having been humiliated *as a father*, as a father having to endure and experience the humiliation of his daughter as she soiled herself. We learn of the helplessness he felt in the moment. With this articulation, the suffocating ball becomes immediately visible and legible. But moreover, at that moment, he is a *Palestinian* father because the humiliation is created in the context of the occupation ("we are not you, *tabi*"), as a man subject to the arbitrary authority of the *magav*, who is a part of a totalizing system of deracination, emasculation, and violence. Therefore, we locate Amjad in a series of interlocked and overlaying social fields, one of which is to situate him in the field of fatherhood, circumscribed not only by social and gender codes within Palestinian masculinity but also in play against multiple modes of Israeli domination. In other words, fatherhood as a social-political field functions within the gender politics of Palestinian society but is also in dynamic contestation with an Israeli state program that purposefully works to undermine the social bonds within the Palestinian community. While Palestinian fatherhood circulates around a series of negotiations within gendered-power relations within the Palestinian polity, the Israeli occupation regime (either through daily, direct military confrontation, through the state-military legal regime, or through para-military settler attacks and aggressions) works, as Gokani et al. show us, to "level" the protection for children ensured by the notion of "fatherhood" within the hierarchies of cis-heteropatriarchal family structure.[32]

Abeer Otman cautions us to challenge "hegemonic protection discourse" in order to locate the situatedness of the ways "protection" is defined, maintained, fluid, and even contradictory within the context of a settler-colonial regime such as that of Israel.[33] She unmistakably evinces a systemic policy engineered to violate children but also ensures that "fathers see that their fatherly role to protect is stolen from them."[34] At the same time, in the face of Israel's policy to emasculate and humiliate Palestinian fathers, Otman's fieldwork witnessed that "fear, anxiety,

and the inability to protect their loved ones make fathers create new perceptions and paradoxical logic." This ability to interpret experiences for themselves and their children "explore[s] new psychological and emotional ways of surviving being trapped and stripped of their powers."[35] This is how we may read Amjad's ability to soothe in quiet strength his daughter, to hold her in her humiliation and give her love.

What Otman is discussing, what Amjad is demonstrating, and what Yoa'd ultimately contains and witnesses for and in him, is a form of "mentalization" under occupation, as Peter Fonagy might say, where Palestinian fathers are compelled to devise means to reflect back to their children a contained psychic explanation of their affective experience while simultaneously contending with a ruling system that targets their various psychic and social roles, including that of father, for degradation and humiliation. If Amjad's symptom of the choking ball also is a reminder of the trauma around which he mobilizes his outrage to eventually speak, we also remember that the ball was a sign of happiness.[36] Yoa'd's case analysis clearly demonstrates Amjad feeling and verbalizing his daughter's excitement and happiness leading up to the trauma. At the same time, he understands her discomfort in the car, the embodiment of her own violation by the closure system. If mentalization is an essential means for Palestinian parents to connect and protect their children, to translate a reality in service of psychic organization and processing, we also remember that fathers and mothers in Palestine reach into the psychic experiences of their children as they witness their parents' forced helplessness at the hands of the Israeli occupation regime (whether at the hands of the military or the pseudo-legal system of incarceration of fathers, mothers, and their children). This circuit of understanding may have been beyond Amjad and his young daughter. We do not learn what she feels about her father's humiliation and his inability to "protect" her from the *mugav*'s degrading violence. However—and this is that which Fanon truly speaks when he mentions the psycho-affective effects of colonialism—we do understand that this sort of intuitive, affective language is shared by Palestinian patient and Palestinian therapist.[37]

Parallel Processes

We do not learn of what becomes of Amjad's daughter. This is not because we do not know further information about Amjad and the subsequent developments through conversations with Yoa'd. Rather, we want to call attention to the ways in which Yoa'd presents this case. We pay attention (and respect) to how she enframes her analysis and how her narrative begins and ends. What is clear for us is that Yoa'd presents Amjad as more than his symptom—all the while the supervisor can see him only generically: he is an Arab male, a resistant patient, potentially neurotic, and explicitly understood through his surface-level anxiety symptoms.

One of the most beautiful things about this case is Yoa'd's honesty about the effect of Amjad's case on her. We know transference-countertransference to be a primary function of psychoanalytic therapy, but the countertransference is especially evident because of her own vulnerability that she shared with us even as she recounted her analysis of the treatment. We could understand Amjad's effect on Yoa'd as primarily a countertransference-transference issue, that is, a classic reading where perhaps we read her countertransference as indicative of something happening inside Amjad alone by way of his symptoms—he is letting Yoa'd know, symbolically, the nature and feeling of this "ball." In this way, Yoa'd is alerted to a knot of stuckness, something that cannot be purged, a knot that emerges, subsides, and reemerges like a barometer. But even if we were to follow this classical reading, how can we come to understand Amjad's necessity to feel the physical symptom—this particular one among so many that could have possibly materialized? We would also be remiss if we did not reflect on the context in which a transference-countertransference phenomenon is happening.

If Amjad's symptom expresses a desire to speak and to tell his experience, to regain his language, and to reaffirm the dignity of his daughter and him as her father, then in the space of the therapy, how can we understand how this "ball" is passed onto the therapist? Here, the clinical space functions as a place of connection, an intuitive place where the occupation lives alongside ways to confront and surpass its "wrecking effects," to reference Dorothy Holmes's clinical readings on race enactments.[38] The clinical room provides something

unique to the Palestinian clinician and patient: a mutual recognition, in each other, of the place of stuckness in which they both live, to varying degrees and levels of intensity, when both are trying to live, grow, and learn, even as the occupation affects their everyday life and the community which they share. Yoa'd would "feel the ball" lodged in Amjad's throat "move into [her] stomach"—alerting us to a shared material condition. Fathy in Ramallah punctuates this in our conversations: "Checkpoints, walls, identity cards," he says, "are experienced by both the patient and the therapist. The patient talks about my own pain." With this in mind, we understand why Yoa'd, like Amjad, feels "suffocated." The condition comes to materialize between them and inside of them, literally becoming of them, introjected, internalized, taken in whole. She feels it, too, because it is a feeling with which she is familiar, as a Palestinian parent, a Palestinian woman, and a Palestinian clinician.

While knowing the condition intuitively, Yoa'd still finds herself frustrated by the lack of language expressing it, a room filled with empty loudness, devoid of meaning, not as deflection, but because the occupation has "stopped up," blocked, and obstructed meaning to be passed between Palestinians. Dina al-Kassim's work on the relationship between "empty" language ("the rant") and pain makes us realize that Yoa'd recognized through the shared affect "in the room" that

> through the syntax of empty chatter…the symbolic truth of his speech emerges in the repetition of address where the analytics scene enacts the division between the symbolic and the imaginary so that the painful symptoms of chatter can be lifted in the service of a subjective restructuration.[39]

In other words, through affective association and attunement, Yoa'd recognized that this noisy symbolic silence is a "game of negotiation" of speech that searched to become reconstituted and reconnected to the speaking self, as Al-Kassim might say. A number of parallel processes are underway, bound by dueling forces. On the one hand, they are enframed by the settler-colonial regime, by ever-present and imminent colonial violence. On the other hand, the parallel process is through an emergence of a shared Palestinian *nafs* that understands the primacy of their social relations, even as the colonial force acts upon them.

This double-binding parallel process in the room emerges clearly when we return to the supervisory relationship that is least apparent in this case but perhaps equally important and formative for Yoa'd and as an extrapolation to the system of training and practice as materializes in the Palestinian–Israeli mental health professional matrix. The supervisor's amazement and happiness at Amjad's "progress," his vomiting of meaningless words of banalities that speak of anything but the Occupation, and, as Yoa'd noted, her uncharacteristic (one might analytically read, therefore, symptomatic) unwillingness toward curiosity or depth exploration reveal her inability to recognize the affect in the room—the *sharing* of the ball between the patient and the therapist and the frustration with the blockage of language. The supervisor's satisfaction is contrasted by Yoa'd's feeling of emptiness of language. Part of this parallel process, indeed, replicates an operative Israeli liberalism that structures many Palestinian supervisee–Israeli–supervisor relationships as we have witnessed.[40]

We recognize in this relationship between the supervisor and Yoa'd (and by proxy the supervisor and Amjad) David Eng's observations about the "colonial object relations" within the Kleinian theoretical worldview of repair. He states the colonial condition that marks the Israeli settler colony "frames not only the material development but also the psychic emergence of liberal subjectivity." Attention therefore to colonial object relations "reveals the ways in which affect is unevenly distributed in the history of liberal empire and reason."[41] Within a colonial system that displaces guilt and responsibility within the universe of humanism, "love and hate are affectively policed to create a field of good and bad objects and liberal and indigenous subjects, regulated by a colonial morality that is not the cause but rather the effect of repair."[42] The Israeli supervisor, then, is operating within a colonial–liberal morality that may acknowledge Hebrew-speaking "Arab supervisees" but only to dictate a therapy where she will misrecognize repair. This misrecognition is not intentional, but it is also not by happenstance. The ideological misattunement arises from a particular investment the supervisor has in not respecting Yoa'd's clinical judgment. The misattuned supervisor refused to learn from, listen to, or acknowledge Yoa'd's insights as much as she was unable to function outside a particular syntax of good and bad objects that have no room for Palestinian meaning-making. The work of scholars such as Nadim Rouhana, Areej Sabagh-Khoury, Mazen Masri, and Linda Tatour

allow us then to read the supervisor's liberal Zionist worldview in relation to both Yoa'd and her Palestinian patient.[43] Saturated by submerged guilt and the bad faith of settler-colonial reality, the supervisor identified the "repair" of Amjad that "eschews ethical responsibility toward the native other precisely by psychically colonizing its suffering."[44] The supervisor insists on discontinuing treatment because Amjad, who we can only understand through her eyes as devoid of interiority and with a fixed potentiality of psychic functioning, is now able to talk, even if without depth, because his anxieties have subsided.

To be blunt, the ideologically misattuned supervisor cannot read Amjad properly because she cannot feel or identify the distribution of *affect* in the room, because the psychoanalysis in which she is invested, as David Eng shows, cannot identify him as "a good liberal object worthy of repair." She can only read Amjad purely through his symptoms, rather than dynamically and contextually, consequently authorizing violence toward him as illegible "native other," as Eng might say, the "production of a bad colonial object unworthy of consideration."[45] This misattunement is not personal, but it is calibrated by the ideological collusion between, what we call, *psychoanalytic innocence* and Israeli settler-state ideology. Therefore, ensconced within a coloniality of psychoanalytic theory, practice, and relationality vis-à-vis Yoa'd, the supervisor cannot determine the significance of the blockage or emptiness of Amjad's language because she does not know the feeling. Just as whiteness comes to hide itself as reaction formation to its own guilt, the supervisor, through her stark dismissal of seminal countertransferential material, appears to also disavow her own complicit responsibility—something Amjad may have come to articulate, had the treatment continued.

This responsibility not only extends from her privilege as a settler-colonial subject (as a Jewish Israeli in Israel) but also her complicity in the occupation emerges from the ways she replicates settler-colonial social relations in her relationship with Yoa'd. We witness how the Israeli supervisor in supervising Yoa'd on Amjad unconsciously loses her ability to work in the unconscious, signaling a *collapse of analyzable space*.[46]

Specifically, the supervisor, otherwise a psychoanalytically trained psychologist, only understands Amjad as a behavioral being, suggesting medication over therapy

and foreclosing any form of further exploration. His is only a symptom, which is only surface. Apart from replicating the colonial framing that asserts that the colonized, indigenous peoples have no interior world, we understand her treatment advice as an extension and projection of the fantasy of the occupier regarding the occupied. Where with others she may have the space for exploration and the understanding of the symbolic nature of Amjad's symptom, the supervisor remains at the concrete, at an anxiety disorder, as though there is no more depth available.

This is where we depart from Christopher Bollas' understanding of "violent innocence."[47] Even as he indicates that violent innocence "is often one of the more perverse dynamics of pathological group processes" and teaches us that "the violent innocent provokes the other to a uselessly disturbed frame of mind that is left to a defining isolation through the refusal of recognition," he does so with the understanding that the violent innocence lives within the psychic space of the patient and acts on the person of the analyst with specific intent of disrupting the relational process and/or further uncovering psychic and affective material. We do not see psychoanalytic innocence as an intrapsychic process that disrupts the analyst's thinking, but rather as innocence that pervades the ideological position of the practice, the theory, and therefore the relational space of psychoanalysis. In this way, one might understand that the analyst is the one that comes to enact "violent innocence," if only because they have "psychological power [which is understood] in terms of *who* has power to name the psychology of another."[48] In the case of Amjad, this innocence is done via supervision, where the psychoanalytic supervisor emerges as the *mugav* at the psychic hardscape of the checkpoint, stifling Amjad's and Yoa'd's access to language, the unconscious, and, more importantly, a shared communality that at its core presents itself as threatening.

Indeed, Yoa'd alerts us also to the potential that the supervisor may be unconsciously silencing the patient. She can recognize this, as she, too, is being silenced, choked, by the supervisor. Yoa'd's affective relationship with the supervisor is telling, as she initially complies despite feeling suffocated. In conversation with Yoa'd, we explore how perhaps the supervisor was projecting herself and her own anxiety that perhaps Amjad's speech will be intelligible, that

he will speak his truth, that he might speak words of substance that disclose the realities of the Occupation. We uncover together how her supervisor may be anxious between the social and affective bond Yoa'd and Amjad share, the ball that binds them, and that she herself, speaking in Hebrew with Yoa'd, relying on Yoa'd's translation from Arabic to Hebrew, does not. She cannot understand the memory of Palestine spoken by that ball in Arabic, the indigenous language of Palestine. She cannot access the memory of the trauma that that ball may hold and preserve, as Jay Frankel suggests in the relationship between trauma and memory.[49] The supervisor is an extension of the occupation and the settler-colonial regime and works to maintain the silencing of Amjad, the submission of Yoa'd, as well as the status quo.

This is something that Yoa'd and Amjad come to know through their therapy. So, when Amjad screams at Yoa'd, "you have no spine!" he is certainly screaming at himself; he "hates" himself; he is "pathetic" like his "lousy car," the site where he could not protect his daughter from humiliation and a loss of joy. In this moment, the therapist becomes an extension of the patient, the symbolic Palestinian, who has stooped in obsequiousness to the colonial power. If she stands in his place, maybe then he, too, can stand, hurt, in the place of his wounded and humiliated daughter. Amjad yells at Yoa'd that she is "not really concerned with taking care of and *protecting* sick people." Here Yoa'd stands in his place, not only as the symbolic Palestinian but the symbolic Palestinian parent, unable or unwilling to stand up to authority (of the Israeli supervisor) to protect and care for (him) the child. In all cases, the supervisor, through conscious or unconscious processes, instrumentalizes Yoa'd as an extension of the asphyxiatory closure regime. "This is a checkpoint! A checkpoint, a checkpoint!" Therapy, too, is not a crossing from one place to another, and choking on the ball and prohibited from meaningful speech, Yoa'd then is placed by the supervisor as the *magav*.

Yet, Amjad's outburst, his rebuke of Yoa'd/himself, should not be seen as an unexpected development. Yoa'd's silent and inner elation is what is most notable. This moment of confrontation between Amjad and all of the stands-in (the supervisor-clinician-*magav*-impotent father) releases language from behind the checkpoint caught in Amjad's throat and lodged in Yoa'd's stomach. Both are

released and meaningful language floods the room. Amjad reconnects to speech, to his breath, to his *nafs*.

For Yoa'd, the shared language and interpsychic connection between her and Amjad, between those who have stood as objects of the checkpoint, become the primary place of Amjad's repair. The most politically relevant and courageous element of this story goes unnoticed; namely, Yoa'd does not terminate treatment and instead terminates supervision.

She is caught between the "production of a colonial morality" that emerges from the colonial object relations that structure the field of therapy in the settler colony and rejects the "psychic sleight of hand" of this professional ethics code in order to seek a recovery of language between her and the patient that will lead to self-realization and repair.[50] She makes a decision that could have had serious professional consequences—not only potentially violating the supervisory contract, but also swerving outside the lines of licensing protocol.

Yoa'd is "willfully disobedient," as Sara Ahmed would say; the disobedience of a woman to become an "agent of your own harm."[51] And while we know Yoa'd lives a life of willful validation of Palestinian selfhood, Palestinian womanhood, and, this case, Palestinian fatherhood, in the face of brutal occupation, her "willful disobedience" vis-à-vis her supervisor radiantly expresses willfulness as an act of affirming relationality, as a willful act of affirming and standing with Amjad. "Disobedience," Ahmed tells us, is never a singular, atomized, individualized act but "involves a chain of actions that need to be unbroken. A political action can be what is performed to stop a chain from breaking."[52] Her willful disobedience is not only to say no but to "repeat the no" for those who cannot, for those whom she has affirmed relationality of selfhood.

Yoa'd's decision is also an *act of refusal*—one that acts as a professional and ethical imperative that aligns most radically with the "first do no harm" commitment to which clinicians must adhere. The act of refusal is a willful act, a positive act, and a productive act "required to sustain an attachment," a willful act that has become a "second skin," as Ahmed tells us.[53] Yoa'd's affirmative willful disobedience is a conscientisation of tooling and deploying not only psychoanalytic theory and

practice but also the ethics of care and of Amjad's well-being.[54] Indeed, in this moment, we read Yoa'd's decision as a choice to "stand with" Amjad, as Kim Tallbear, building on the work of Neferti Tadiar, might say, where she chose to forsake the "non-feminist politics of objectification" in order to speak in "'consent with,' not silenced by one's ability to fully represent" and advocate "for one's people."[55] In this moment, she will not be a *magav*, but a psychoanalytically informed care-provider.

Yoa'd's decision to continue working with Amjad is exhilarating because it is liberatory and liberating. She recognized his symptoms—not only the ball but the loss of language—as a "hajiz" (checkpoint), just as he did, unconsciously. Yet, she refused to stop at the checkpoint, to stop at the *magav*'s command. Her recounting of the case, in fact, is punctuated by articulations of willfulness: "I chose to continue treatment." She chooses not to rely only on medicating him and sending him back into to an abnormal world of occupation with empty language, a world where checkpoints are called "crossings," where fathers cannot protect their children, a world that does not confront the illegality of *Magavnikim* who stop the lives of thousands in service of occupation and who make a happy seven-year-old relieve herself in her favorite dress. She could have ignored the emptiness inside her, only filled by Amjad's ball, and the supervisor would have given her license to call it a success. In not doing so, we need to recognize Yoa'd's quiet revolutionary act, the act of refusal, which was an act of autonomy, an autonomy that is social and communal rather than focused solely on the individual or limited to the clinical dyad.

Practicing Counter-Technologies of Liberation

If the checkpoint is engineered as a place where "asymmetrical intimate encounter whose asymmetries must be performed," as Sherene Razack suggests, then Rema Hammami adds that the checkpoint is a technology of settler-colonial control. At their core, settler-colonial relationships are intended to be reproduced on the scale of the daily and the individual to "repeatedly enact [asymmetrical positions of the colonizer and colonized] in the order of things: sovereign and subject; subjugator."[56] Through vignettes of performative normalcy at the checkpoint in the face of settler-colonial violence, Hammami shows us that

> *condemned to an ontological world shaped by and suffused with the violent logics of*
> *settler colonialism, it is no surprise that the logic of Palestinian resistance has been to*
> *create the normal within and against this violence in the quest to create lives that are*
> *livable in the present.[57]*

While Palestinians devise many ways to survive under what is intended to be a crushing and eviscerating system of occupation, we also identify how systems such as education, medicine, social work, and therapy also reproduce the logic and authority of the checkpoint. Yoa'd comes to realize this through Amjad's treatment.

She, like so many Palestinian psychologists and clinicians, in various ways, understands how the occupation and settler-colonial violence "always enters the room," structuring its frame, its practice, and its training parameters through the provision of supervision. What we learn from our conversations with clinicians is that if we understand the goal of psychology as working to alleviate personal suffering, the history and reality of Zionist colonial violence is the chief source of collective and individual pain and suffering inflicted collectively upon the Palestinian people. We focus on this not because we believe that settler colonialism is constitutive of Palestinian *identity*, which precedes Zionism and exists upon the material, geographic, and cultural bedrock under which the Zionist project is overlaid. Rather, when we are told that "psychological practice is interspersed with being Palestinian," we realize that this practice is engaged with navigating, mediating, surviving, and struggling within life under occupation and settler colonialism. What Yoa'd shows us is that clinical practice dynamically forges practices *of Palestinian autonomy*. Against Hammami's realization that the checkpoint is a technology of settler colonialism that enacts asymmetries of power through practices of degradation, humiliation, and disruption, Palestinian psychotherapeutic practice, the practice of the talking-cure, the "restructuration" of Palestinian subjectivity, is conceptualized as a *counter-technology of liberation*.

We met Yoa'd years after her case with Amjad terminated. In Beit Hanina, she tells us that something that became so much more evident and powerful after she entrusted us with her case: clinical practice, she tells us, is a "constant process of negotiation. It is a constant struggle with alienation (*ightirab*)." Adding to Yoa'd's

observation regarding alienation, Adel states that "while we work to alleviate the pain that comes from occupation, we're not here to make an abnormal situation normal. This is, of course, is what the [Israeli] state wants."

We will return to this sentiment in [Chapters 3] and [4], which is reiterated in conversations with numerous Palestinian psychologists—that is, Palestinian psychological practice is conscripted, by the Israeli state and the international community (through the United Nations and NGOs), to normalize the social, political, and economic violence produced by Zionism. They are asked to understand Palestinian "mental health" within the context of depoliticized "war and conflict zones." Before we explore the process of systemically depoliticizing the violence and oppression to which the Palestinians are subjected and how institutionalizing the position of "victim" in order for them to be worthy of sympathy and redress, we dwell on this observation of alienation that precisely emerges from the pressures of psychological protocol—in this case a diagnosis that actually displaces the symptoms further into the wound.

This is a fixed piece to practicing within the settler-colonial context, the "constant struggle" and "tension between needs and responsibilities. Between cooperation and coercion" that Yoa'd communicated in our first conversation. It is a fixed piece in that we find in all of our conversations, emerging and reemerging in different forms and instantiations. Caesar tells us,

> if one is compelled to name a psychological symptom, they are often avoiding the language of the patient, they will miss that true source of pain, which they will see generically. This is known by clinicians everywhere. Concentrating on the symptom in Palestine concentrates on formal individual modality—wholly avoiding the therapeutic relationship that reveals the psychological reality of the patient. In other words, diagnosis creates an obstacle not an opportunity. Diagnosing is a blockage (a checkpoint, hajiz) to accessing the language of the patient. Diagnosis increases alienation.

Speaking of blockages, obstacles, and language, Caesar's statement seems to speak specifically to Amjad. The diagnosis intends to make the patient generic and legible, while flattening the unconscious and the social. In deracinating the patient

from their context in Palestine, the clinician can only reproduce the occupation. They can only reproduce the alienation of blocking the patient from their language and replacing it with a generic script.

The intensity of Amjad's eruption should not be surprising, then. In this act of liberation—which Yoa'd, not coincidentally, does not read as a potential instantiation of toxic masculinity—Amjad rejected the diagnosis. His outburst produced an impromptu "dramatization session" with Yoa'd, as Fanon might say, where the "patient presents his or her difficulties," and though it is a group process for Fanon, in this case as well, "very often a criticism arises, which, in cases of mirror identification, can sometimes take on the appearance of maniacal accusation."[58] Indeed, it was Yoa'd's decision to obey her supervisor against her own clinical and Palestinian intuition that became the catalyst for the outburst which holds a truthful accusation. In this act of truth-telling, of maintaining his solid groundedness in the reality principle in the face of a sustained pressure toward disavowal, Amjad becomes reconnected to his speech and the consciousness of his suffering burst through. As Fanon and his work show us, the psychotherapeutic process produces disalienation, a consciousness in the colonial patient, an awareness that they are sociogenic subjects forged by the violence pressed upon them and the material of their individual and collective subjectivity that resides in their body and psyche.

Ignacio Martín-Baró calls this process of disalienation "conscientisation," following Paolo Friere's "critical consciousness" (*concientización*), an awareness of the material realities that create oppression.[59] "In the first place, conscientisation," according to Martín-Baró, "responds to the situation of injustice by promoting a critical consciousness of the objective and subjective roots of social alienation."[60] For Martín-Baró, the role of the psychologist is to forge conscientisation with the patient, to facilitate an awareness of the ways the internal worlds of the oppressed are shaped by the ruling class and colonial ideology, by "a veil of justification, rationalizations, and myths [that] covers up the basic determinants of the situation…."[61]

Fanon, Freire, and Martín-Baró all agree, however, that, whether through psychotherapy or education, the process of disalienation and conscientisation

produces particular forms of indigenous knowledge, both self-knowledge and social knowledge—something Yoa'd intuitively embodied in her utilization of a decidedly feminist methodology against the crush of the coloniality of theory, practice, and supervision. Indeed, this form of therapeutic disalienation also produces *consciousness* (*wa'i*) in therapists, who are themselves formed by, saturated, and entangled by the same network of settler-colonial control and violence. The term *wa'i* is repeated throughout our conversations. The term maintains currency within the Arab and Palestinian Left, essential to demystify the ideological trappings naturalized not only by global neoliberalism, Western imperialism, and their regional "lackeys" (in the discourse of the Arab Left, Israel would be included as a lackey and "beachhead" of Western imperialism), but also by national capitalism and the indigenous bourgeois elites.

We will see in the remainder of this book, Palestinian psychological process is one engaged with structurally sustained features of alienation, imposed upon Palestinian psychic subjects in a variety of ways by the Zionist settler-colonial order. Conscientisation is a partner to *wa'i* itself and one that is posed in contrast against alienation as, implicitly but more often explicitly, told to us by Palestinian clinicians in virtually all of our discussions with them.

To return to Amjad, it will become increasingly clear that his outburst was not only because he and his daughter were submitted to the daily exercises of asymmetrical power for which the surveillance and colonial technologies were created. It will become clearer that his estrangement from his own meaningful language was not connected to an event but a structure, as Patrick Wolfe might say.[62] We will see how Palestinian social, geographic, and psychic spaces are compartmentalized and intruded upon by design. Therefore, we will come to further understand the true liberatory and disalienating power of Amjad's outburst in articulating that it is not a "crossing" but a checkpoint.

Likewise, however, we will come to recognize Yoa'd not only as a heroine who commits a courageous act of claiming autonomy, but also as one of many who have congregated to form networks and collaboration of psychodynamic practice and training as a means of both producing indigenous psychoanalytic and political knowledge and forming a practice of collective liberation. This collective clinical

space, let us call it a national space where disalienation can be practiced, is populated by "willful subjects."[63] Will or willfulness, for Sara Ahmed, does not "belong" to the subject but "something we come to experience ourselves as having."[64]

In the case of Yoa'd, Ahmed's discussion of "the queerness" of Spinoza's "thinking-stone" seems poignant in the context of Palestinians, whose relationship to stones is highly symbolic and real (stones of their houses, stones as weapons of liberation, stones on graves).[65] If it acts as a sort of "stony consciousness," a "consciousness of being determined" beyond one's will, "will is the power not to be compelled by an external force, or by gravity. Will is the power to stop."[66] The discussions in this chapter with clinicians throughout Palestine have begun to reveal Palestinian clinical practice as creating a space of disalienation and of mental health, and, in turn, this practice is a liberatory project of collective self-determination, self-sufficiency, and social and political autonomy.

Notes

1. For a discussion of the NGO industrial complex in Palestine, Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood* (Princeton, NJ: Princeton University Press, 2009). Sari Hanafi and Linda Tabar, *The Emergence of a Palestinian Globalized Elite: Donors, International Organizations, and Local NGOs* (Jerusalem: Institute of Jerusalem Studies, 2005); Toufic Haddad, *Palestine Ltd.: Neoliberalism and Nationalism in the Occupied Territory* (London: Bloomsbury Publishing, 2016).
2. This phenomenon of targeting, isolating, and detaching from the community—along political, ideological, and social realms—is keenly marked in scholarship and activism around the rights of queer Palestinians and around the official state policy of Zionist pink washing. For some excellent examples, see Lynn Darwich and Haneen Maikey, "The Road from Antipinkwashing Activism to the Decolonization of Palestine," *Women's Studies Quarterly*, 42, nos. 3–4 (2014): 281–285; Haneen Maikey and Mikki Stelder. "Dismantling the Pink Door in the Apartheid Wall: Towards a Decolonized Palestinian Queer Politics," in *The Global Trajectories of Queerness, Rethinking Same-Sex Politics in the Global South*, ed. Ashley Tellis and Sruti Bala (Leiden: Brill-Rodopi, 2015), 83–104; Mikki Stelder, "Other Scenes of Speaking: Listening to Palestinian Anticolonial-Queer Critique," *Journal of Palestine Studies*, 47, no. 3 (2018): 45–61; or her dissertation "Queering the Occupation: From Zionist Sexual Politics to Palestinian-Queer Imaginaries," University of Amsterdam, PhD dissertation (2018); C. Heike Schotten, "To Exist Is to Resist: Palestine and the Question of Queer Theory," *Journal of Palestine Studies*, 47, no. 3 (2018): 13–28.
3. Palestine Global Mental Health Network, self-identification on their Facebook page: https://www.facebook.com/pg/Palestine-global-mental-health-network-103599504652096/about/?ref=page_internal
4. Shifra Shvarta, *The Workers' Health Fund in Eretz Israel: Kopat Holim 1911–1937* (Rochester, NY: University of Rochester, 2002), xi.
5. Shvarta, *Workers' Health Fund*, xii.

6. Lara Sheehi (née Masri), "Introjects in the Therapeutic Dyad: Towards 'Decolonization,' Major Area Paper in the Completion of the Doctorate of Psychology," George Washington University (2009); 3. Unpublished.

7. Lynne Layton and Marianna Leavy-Sperounis (ed.), *Toward a Social Psychoanalysis: Culture, Character, and Normative Unconscious Processes* (New York: Routledge, 2020).

8. Nadim Rouhana and Areej Sabbagh-Khoury, "Settler-Colonial Citizenship: Conceptualizing the Relationship between Israel and its Palestinian Citizens," *Settler Colonial Studies*, 5 (2015): 205–225.

9. Fethi Benslama, *La Psychanalyse à l'épreuve de l'Islam* (Paris: Aubier, 2002). For an engagement of this text in conversation with a Benslama's more recent work, see Nouri Gana, "Jihad on the Couch," *Psychoanalysis and History*, 20, no. 3 (Fall 2018): 371–386.

10. See Joseph Massad, *Islam in Liberalism* (Chicago, IL: University of Chicago Press, 2015).

11. Lara Sheehi, "Palestine is a Four-Letter Word," *DIVISION/Review*, 18 (2018): 28–31.

12. Ilana Feldman, "Refusing Invisibility: Documentation and Memorialization in Palestinian Refugee Claims," *Journal of Refugee Studies*, 21, no. 4 (December 2008): 498–516.

13. Sari Hanafi, "Spacio-cide: Colonial Politics, Invisibility and Rezoning in Palestinian Territory," *Contemporary Arab Affairs*, 2, no. 1 (2009): 106–121; and "Explaining Spacio-Cide in the Palestinian Territory: Colonization, Separation, and State of Exception," *Current Sociology*, 61, no. 2 (March 2013): 190–205.

14. Andreas Hackl, "Immersive Invisibility in the Settler-colonial City: The Conditional Inclusion of Palestinians in Tel Aviv," *American Ethnologist*, 45, no. 3 (2018): 341–353.

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25. For a sample of important studies, see Paul Amar, "Middle East Masculinity Studies: Discourses on 'Men in Crisis,' Industries of Gender in Revolution," *Journal of Middle East Women's Studies*, 7, no. 3 (2011): 36–70; Marcia Inhorn, *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East.* (Princeton, NJ: Princeton University Press, 2012); Wilson Chacko Jacob, *Working Out Egypt: Effendi Masculinity and Subject Formation in Colonial Modernity, 1870–1940* (Durham, NC: Duke University Press, 2011); Joseph Massad, *Desiring Arabs* (Chicago, IL: Chicago University Press, 2007); Sofian Merabet, *Queer Beirut* (Austin: University of Texas Press, 2014); and Madawi al-Rasheed, *A Most Masculine State: Gender, Politics, and Religion in Saudi Arabia* (Cambridge: Cambridge University

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27. Areen Hawari, "Men Under the Military Regime," *Adalah's Review*, 4 (2004): 38.

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30. Silvia Federici, *Revolution at Point Zero: Housework, Reproduction and Feminist Struggle* (Oakland, CA: PM Press, 2012); 2.

31. Nadera Shalhoub-Kevorkian, *Militarization and Violence against Women in Conflict Zones in the Middle East: A Palestinian Case-Study* (Cambridge: Cambridge University Press 2009), 95.

32. Gokani et al. "Occupying Masculinities," 212.

33. Abeer Otman, "Handcuffed Protectors? Palestinian Fatherhood-Protection Unlocking Its Chains," *International Journal of Applied Psychoanalytic Studies*, 17, no. 2 (2020): 146–164.

34. Otman, "Handcuffed Protectors?" 155.

35. Otman, "Handcuffed Protectors?" 157.

36. While we do an injustice to her ground-breaking discussion of a "Quranic psychotherapist" in North Africa, we recognize, admire, and learn from Stefania Pandolfo's rich and productive engagement with indigenous forms of Islamic psychotherapy. Particularly important for this discussion is the identification of "soul choking" (*tadyiq al-nafs*, taken from al-Ghazali) as a symptom of social, economic, and historical trauma and violence upon the soul. See Stefania Pandalfo, *Know of the Soul: Madness, Psychoanalysis, Islam* (Chicago, IL: University of Chicago Press, 2018); e.g. 323–332.

37. Fanon's keen attention to affect and psycho-affective instantiations of colonial violence but also liberatory impulses is often overlooked, even though it remains one of the central foci, especially in Frantz Fanon, *Black Skins, White Mask*, trans. Charles Lam Markmann (London: Pluto Press, 2008).

38. Dorothy Holmes, "The Wrecking Effects of Race and Social Class on Self and Success," *Psychoanalytic Quarterly*, 75, no. 1 (2006): 215–235.

39. Dina Al-Kassim, *On Pain of Speech: Fantasies of the First Order and the Literary Rant* (Berkeley: University of California Press, 2010), 182.

40. See Lara Sheehi and Stephen Sheehi, "The Settler's Town Is a Strongly Built Town: Fanon in Palestine," *International Journal of Applied Psychoanalysis*, 17 (2020): 183–192.

41. David Eng, "Colonial Object Relations," *Social Text*, 34, no. 1 126 (2016): 3.

42. Eng, "Colonial Object Relations," 3.

43. For an example of scholarship that identifies Palestinian citizens of the State of Israel within a framework of settler colonialism, colonial citizenship, and the bad faith of liberal state-ideology, see Rhoda Kanaaneh, *Birthing the Nation: Strategies of Palestinian Women in Israel* (Berkeley: University of California, 2002); Rhoda Kanaaneh and Isis Nusair, *Displaced at Home: Ethnicity and Gender Among Palestinians in* Israel (Albany: SUNY Press, 2011); Ronit Lentin, *Traces of Racial Exception: Racializing Israeli Settler Colonialism* (London: Bloomsbury Publishing, 2018); Rouhana and Sabbagh-Khoury, "Settler-Colonial Citizenship"; Nadim Rouhana, ed., *Ethnic Privileges in the Jewish State* (Cambridge: Cambridge University Press, 2017); Nadim Rouhana, *Palestinian Citizens in an Ethnic Jewish State: Identities in Conflict* (New Haven, CT: Yale University Press, 1997); Nadim Rouhana, "Decolonization as Reconciliation: Rethinking the National Conflict Paradigm in the Israeli-Palestinian conflict," *Ethnic and Racial Studies*, 41 (2017): 643–662; and Lana Tatour, "Citizenship as Domination: Settler Colonialism and the Making of Palestinian Citizenship in Israel," *Arab Studies Journal*, 27 (2019):8–39; Mazen Masri, "How Liberal Zionists Sowed the Seeds of Israel's Nation State Law," *Critical Legal Thinking*, October 4, 2018; found at https://criticallegalthinking.com/2018/10/04/how-liberal-zionists-sowed-the-seeds-of-israels-nation-state-law/

44. Eng, "Colonial Object Relations," 15.

45. Eng, "Colonial Object Relations," 13.
46. Lara Sheehi, "Palestine is a Four-Letter Word," *DIVISION/Review*, 18 (2018): 28–31.
47. Our thanks to Lynne Zeavin who brought to our attention Christopher Bollas' piece, "Violent Innocence," in *Being a Character: Psychoanalysis and Self Experience* (Routledge: London, 1992), 164–192.
48. Peter Hegarty, "Getting dirty: Psychology's History of Power," *History of Psychology*, 10 (2007): 85.
49. Jay Frankel, "Exploring Ferenczi's Concept of Identification with the Aggressor: Its Role in Tauma, Everyday Life, and the Therapeutic Relationship," *Psychoanalytic Dialogues*,Vol. 12, no. 1, (2002); 101–139.
50. Eng, "Colonial Object Relations," 14.
51. Sara Ahmed, *Willful Subjects* (Durham, NC: Duke University Press, 2014); 139. For another tact on the politics of "disobedience," see Margarita Palacios, *Radical Sociality: On Disobedience, Violence and Belonging* (London: Palgrave Macmillan, 2013). Palacios's definition obliquely intersects with Ahmed's and our own in that she gestures to a subjective political economy of disobedience that elides the politics of recognition, thereby opening a potential space for autonomy outside the Hegelian dialectic. In some ways, this recalls Kevin Brunyeel's "third space" in the context of settler colonialism. See Kevin Bruyneel, *The Third Space of Sovereignty: The Postcolonial Politics of U.S.-Indigenous Relation* (Minneapolis: University of Minnesota Press, 2007).
52. Ahmed, *Willful Subjects*, 143.
53. Ahmed, *Willful Subjects*, 151.
54. The concept of "epistemic disobedience" is also explored b Walter Mignolo in opening possibilities that are otherwise precluded by the epistemology of coloniality and modernity. See Walter Mignolo, "Epistemic Disobedience and the Decolonial Option: A Manifesto," *Transmodernity: Journal of Peripheral Cultural Production of the Luso-Hispanic World*, 1, no. 2 (2011): 44–66.
55. Kim Tallbear, "Standing With and Speaking as Faith: A Feminist-Indigenous Approach to Inquiry," *Journal of Research Practice*, 10, no. 2 (2014), found at http://jrp.icaap.org/index.php/jrp/article/view/405/371; page 4. Also, see Neferti Tadiar's work, which Tallbear is in dialogue, specifically Neferti Tadiar, "The Noranian Imaginary," in *Geopolitics of the Visible: Essays on Philippine Film Cultures*, ed. R.B. Tolentino (Manila: Ateneo de Manila University Press, 2001); 61–76.
56. Rema Hammami, "On (not) Suffering at the Checkpoint: Narrative Strategies of Surviving Israel's Carceral Geography," *Borderlands*, 14, no. 1 (2015): 5. And Sherene Razack, "A Hole in the Wall: A Rose at a Checkpoint: Spatiality of Colonial Encounters in Palestine," *Journal of Critical Race Inquiry*, 1, no. 1 (2010): 90–108.
57. Hammami, "On (not) Suffering at the Checkpoint," 13.
58. Frantz Fanon, "Day Hospitalization in Psychiatry: Value and Limits," *Frantz Fanon: Alienation and Freedom*, ed. Jean Khalfa and Robert J.C. Young and trans. Steven Corcoran (London: Bloomsbury, 2018), 493.
59. Paolo Freire, *Education for Critical Consciousness* (London: Bloomsbury Academic, 2005).
60. Ignacio Martin-Baro, *Writings for a Liberation Psychology* (Cambridge, MA: Harvard University Press, 1994), 42.
61. Martin-Baro, *Writings*, 42.
62. Patrick Wolfe, "Settler Colonialism and the Elimination of the Native," *Journal of Genocide Research*, 8, no. 4 (2006): 387–409.
63. Sara Ahmed, *Willful Subjects* (Durham, NC: Duke University Press, 2014).
64. Ahmed, *Willful Subjects*, 24.
65. Ahmed, *Willful Subjects*, 187.
66. Ahmed, *Willful Subjects*, 186.

2 The Will to Live in Palestine

> *I had patient who suffered from delusions, in the Old City. He was in his 50s and married. He was born and raised in the Old City, as had his family for generations. He felt that if he left the Old City, if he went out of its walls, he would fly away. You know, he thought he would just float away into the sky. When inside the city, he had some anxiety but was functioning. It's only when he'd get close to a [Old City] gate, he'd get panicked and he'd turn away. Sure, he had schizophrenia. The Occupation (al-ihtilal) of the Old City was not the cause of his schizophrenia. At least, not directly it seems. But the occupation was the language which his schizophrenia manifested itself.*

Ali, a young clinician still in training, shared this case with us in our first meeting at a newly opened clinic in Shu'afat: He and his colleagues also told us about the difficulty they had had in opening a clinic in Shu'afat, a Palestinian neighborhood of Jerusalem; how it took them years and how, when the decision was made, they had to make it happen at breakneck speed within a small window of time. The clinic was underfunded because it serves the "Arab" population of the city. Pre-1948, Shu'afat was a Palestinian village around six kilometers north/northeast of Jerusalem. After 1967, Israel illegally annexed it, redrawing the boundaries of "metropolitan Jerusalem," where all lands outside the 1948 Armistice Line (Green Line) are considered illegally occupied by the international community (mostly specifically, as codified in United Nations Security Council Resolution 242). The "neighborhood" also houses Shu'afat Camp, a refugee camp that holds Palestinians expelled from their villages by the Zionist forces in 1948. The people of Shu'afat Camp were forcibly relocated by the Jordanians from the overcrowded Mu'askir camp in the Old City in 1965.[1] Shu'afat is now divided by the Israeli Apartheid Wall but still remains under "Jerusalem municipality," making the refugee camp the only one of its kind in occupied Jerusalem and under direct Israeli control. Shu'afat, like the Old City, has seen over the past two decades increasing amounts of home demolitions, evictions of Palestinians from their homes, and, of course, Jewish Israeli citizens "acquiring" land, usually by legal force or coercion, and settling there.

A year after our initial conversation with Ali at the clinic in Shu'afat, we met Ahmed in a clinic in Bethlehem during a day-long clinical workshop for clinical students on the *Psychodynamic Diagnostic Manual*. Ahmed, a clinician-in-training, sees patients in Jerusalem and, in keeping with Ali's astute observation about how the occupation dictates the symptomatic symbolism, presented us with a very similar story about a patient who he treated in the Old City. More specifically, Ahmed noted that his patient suffered from severe obsessive-compulsive disorder, not having been able to leave his home past the front gate for several years. Ahmed shared that the patient had been forcibly imprisoned by Israeli forces some years back and, while his mother reported that he had always had some anxiety, that his severe symptoms manifested after his release, causing him to have worries about being "lifted up" or "flying away" should he leave his home. This was compounded by a fear of abandoning his mother, an anxiety symptom that Ahmed accurately read as reality-based. In both these cases, the patients had, indeed, been "lifted up" by forces, lifted from under their arms before political incarceration.

It seemed telling that Ali told us of the case of the "schizophrenic Jerusalemite" in a clinic in Shu'afat considering the parallel histories and contemporary realities of the localities (Shu'afat and the Old City). The case of his patient, at one level, seems overdetermined. How absolutely reasonable, it seems to us, that the fear of Ali's and Ahmed's patients of being wrenched against their will from Jerusalem, "lifted up" outside of their control. The intensity of the campaign by the Israeli government and settler organizations to settle the occupied Old City by expelling Jerusalemites from their homes and seizing their houses is matched by the brutality of the extrajudicial murders (such as the murder of Iyad Hallaq, a man with autism, by "Border Police" at Jerusalem's Lion's Gate in August 2020) and juridical revocations of "residency" permits around the "Center of Life" policy.[2] While the Israeli occupation regime has maintained heavy military presence by the *Magav* or Border Police (formally *Mashmar ha-gavul*) since the illegal occupation of Jerusalem and the West Bank in 1967, they have, in recent years, at every gate around Jerusalem's walls, erected large, elevated, permanent, black-metal sentry boxes that the children of Jerusalem call, "killing boxes," according to Nadera Shalhoub-Kevorkian, whose presence is predominant in this chapter.[3]

Ali, however, adds another insight, one that can also be extended to Ahmed's patient. His analysis reaches beyond the overdetermination of the justifiable fear of dispossession that rightly emerges from both contemporary reality and historic trauma. His patient did not expel Zionist violence through sublimating it, for example, in commando or knife attacks against settlers, as we will discuss later in this chapter. It is converted into a psychosis that ensures he will be riveted to his ancestral home. The occupation was not only "the language which his schizophrenia manifested itself"; rather, Ali adds, "the symptom, the fear, assured him that he'd remain in Jerusalem. It kept him near his family." He laughs and says, "the symptom was a sort of sumud. You know, he was not going anywhere."

In this chapter, we will explore psychological expressions of self and collective assertion as living practices under occupation and settler-colonial violence. While we will examine a number of painful cases of suffering that speak to the politics of asphyxiation imposed upon the Palestinian people, physically and psychologically, we are reminded at every turn and by every clinician with whom we spoke to, of the psychological coherence of the unbroken Palestinian psyche and the "intactness" of the Palestinian ego, collectively and individually. In examining the practices and thoughts of Palestinian clinicians as well as a handful of well-known vignettes of Palestinian national icons, we are, perhaps obliquely, thinking about the psychological structures and mechanisms within "sumud," or stalwartness.

Sumud means a number of things to a number of people, and it may have many forms. It is largely agreed that, in the words of Muhammad Funun, a political prisoner in the 1970s, *sumud* is not a philosophy, but an organic practice and commitment. At its most fundamental level, it operates at the level of the individual but also is a collectively shared system of beliefs and priorities that maintain social cohesion under relentless targeted and indiscriminate psychical and psychological violence.

Its roots grow, bloom, and deepen like a living entity, and it is nourished by every preceding experience (from sumud in every previous stage of interrogation [in Zionist prisons) as it is nourished by the will-power and revolutionary fervor. (*al-hamas al-nidali*)[4]

Sumud is built on previous experiences (and victories) of *sumud* but also on patience as a practice and a quality, Funun says.

We will not fully explore *sumud* in this chapter. However, we introduce it as a fixed piece of the psychic-social-political world of the Palestinian people, from the River to the Sea. More specifically, what interests us in this chapter is the complex ideological interface between organizational concepts such as "victim," "trauma," "suffering," "resilience," and "suicide" as diagnostic, analytic, and political terms. We continue to be guided by Palestinian clinicians, both in practice and analysis, *to identify living and dying, suffering and willfulness* as modes of individual and collective subjective assertion under the Zionist "settler-colonial logic of elimination."[5] Further, this chapter shines light on how Palestinians, circumscribed by violence and death, operate internally and communally, within a *psychic political-economy of life* that defies being objectified as victim and seeks to maintain, even though tragic, desperate, and, to some, heroic ways, dignity, commitment, and responsibility to themselves and to others. This chapter builds on the insights of Shalhoub-Kevorkian about how "psycho-political power" emanating from "sites of death" generates a "collective psychosocial embodiment of everyday resistance."[6] More specifically, we identify how the psycho-social practices of Palestinians (through the experiences of clinicians) affirm the centrality of the embodied psyche/*al-nafs*/breath/self as the *primary site for Palestinian life*, willfulness, and *resistance*. What we will be examining, even if we do not fully use this language, is how Palestinian clinical practice and Palestinian "livability" function themselves as various forms of *sumud* and, indeed, refusal to be metabolized by an apolitical and non-structural analysis shored up by international mental health discourse, psychological diagnostics, or Zionist ideological negation.

Resistance-to-[Israeli]-Necropower

In learning how Palestinians maintain psychological coherence, individually and communally, against the vertiginous policies of settler colonialism, we briefly identify the nature of Zionist violence, not in order to exceptionalize the state now known as Israel, but rather, to the contrary, to observe how the state operates within a sadly identifiable modality of settler-colonial power.[7] Many have come to consider Palestine as the exemplar of this modality and, to be specific,

exemplary of the necropolitical condition of settler colonialism. Achille Mbembe defines "how necropower operates" by stating that "the most accomplished form of necropower is in the contemporary occupation of Palestine."[8] Necropower, for Mbembe, exceeds the biopower of modern governmentality (where subjects of the state are willfully managed through social and infrastructural practices). Necropolitics is the ways in which governing regimes (state and corporate) manage the social and biological life and death of bodies under their sovereignty. Specifically, what Mbembe is referring to is the necropolitical segment of the apartheid system that operates most glaringly and violently in Gaza, the West Bank, and occupied Jerusalem. Yet, the necropower of Israel as a settler-colonial state unfolds with the complex legal, social, and economic matrix of surveillance, control, and managing the lives and deaths of Palestinians inside the State of Israel as well as in the Palestinian Occupied Territories.

We will witness how this necropower saturates and structures the psychological practices, attempting to conscript captive Palestinian settler-colonial citizens of Israel, as Brenna Bhandar, Nadim Rouhana, Shalhoub-Kevorkian, Elia Zureik, Lana Tatour, and others show us, as well as non-citizen subjects of occupation.[9] However, we will also understand how victimological and trauma-based manualized discourses and treatments collude with or transect the Israeli settler-colonial regime in reifying, determining, and naming what is mental health, what is "healing," and what is "normative" at the expense of Palestinian internal and political experiences and realities. Indeed, through our conversations with Palestinian clinicians, we have come to see more clearly how "perfect victims" are created and therefore become legible by psychology and victimology fields, falling on gendered, raced, and classed lines, always to the exclusion of the most vulnerable. In the case of Palestinians, they are almost always read as victims only vis-à-vis the gaze of the saviorism embedded in psychological practices of trauma alleviation, the central tenets of which function on point-in-time trauma narratives and rely on Eurocentric ideas of health and wellness.[10]

We will not ignore in this chapter the imposing weight, whether psychological, political, or social, of the Israeli settler-colonial regime on the Palestinian people and their psyche as our brief discussion of necropolitics shows. However, the thrust of this chapter is to amplify the experience of those such as Ali and Ahmed

and, importantly, their intersubjective analysis of the symptoms of their patients. We focus on how Palestinians navigate through clinical practice and through the insights of the clinicians' *own* profound suffering, which is intentionally, even sadistically, inflicted on them by the state now known as Israel. If we are to locate even symptoms as unconscious manifestations of how Palestinians remain "samidun" (stalwart, resolute, and present), we also note that Palestinian clinical practice*, as organic practice and conscious commitment*, *reproduces sumud* itself. We note now but will see in the next chapter that clinical practice reproduces the social and psychological processes and practices of *sumud* by shoring up Palestinian psychological defenses and mental health through connecting them to shared experience, but also by refusing to disavow the "madness" (*junun*) of their lived experience as settler-colonial subjects. In Ali's and Ahmed's patients with schizophrenia, we have the story of the patient but also that of the clinician. It is through these two interwoven narratives and lived experiences that we are compelled to deliberate the ways in which Palestinians, despite the profound anxieties, fears, and suffering they experience, remain immovable. We dwell on the psychological practice of "livability" forged with the social practice of *sumud* in Palestine, or what Nadera Shalhoub-Kevorkian calls, "the resistance-to-live, but also the voices of those speaking life against those speaking death."[11]

"Who Killed Mohannad?"

On August 29, 2017, Mohannad Younis, a 22-year-old promising short-story author, asphyxiated himself in Gaza City.[12] This was not his first attempt at suicide, as he had attempted suicide twice before succeeding. Reportedly, in the year before killing himself, both his paternal uncle and his father kept telling Mohannad that he was a failure even in committing suicide. Mohannad suffered from chronic depression, resulting in two hospitalizations for suicide attempts, psychiatric treatment, and counseling. This sense of malaise, frustration, and depression was expressed in the plots of his many stories that attracted a considerable audience, especially in Gaza but also throughout Palestine and the Arab world. Mohannad's parents divorced when he was two years old. His father, a physician, was largely absent from his youth and neglected Mohannad, having remarried with children from a second wife. His maternal uncle, Ahmad Ghurab, helped his mother raise him alongside his own children.[13] After having passed

high school with distinction, Mohannad asked his father to support him in continuing his education in Europe, as his father had done for his half-brother. However, his father refused and threw him out of his house. Subsequently, his father told him that he did not consider Mohannad his son.

After self-funding his university tuition fee to study pharmacy, he was awarded a scholarship to continue his education at Hebrew University in Jerusalem at which time "Israeli officials denied him an exit permit."[14] Likewise, as his literary career was blossoming, Mohannad won increased acclaim, which attracted a number of international invitations to participate in literary competitions and events, and, in subsequent years (2014–2015), he was ranked as the best short-story prose author by the Palestinian Ministry of Education. As Mohannad's literary acclaim increased, the Israelis continued to prohibit his travel. While he felt despair, he fell in love with a medical student. In hopes of marrying her, he asked his father to help provide a dowry and assist him in securing a house as is customarily required before marriage. His father, again, denied him and cut off all relations with him.

It is not surprising that many read Mohannad's suicide as an allegory of Gaza's young generation. His death succeeded in opening a brief but public discussion of suicide in Palestinian society as well as drawing attention to a small but conclusive body of data about suicide in Gaza. Gaza officials reported a drastic increase in suicides, up to 200–300 in the Strip between 2015 and 2017, although they are often, as elsewhere, intentionally misreported as accidental due to social stigma.[15] According to one source, hospitals "received on average some 20 suicide attempts a month" the year Mohannad completed suicide (2017), 80% of whom were between 17 and 28 years old and 60% were women.[16] These distressing statistics contrast a previous report that itself was alarming due to the rising number of suicides in the West Bank. In the three years before Mohannad's suicide, suicides rates rose from 8 in 2012, to 19 in 2013, to 32 in 2014 (21 male/11 women; 12 married and 20 unmarried) but, despite this, remained incredibly small compared to the following years, especially in Gaza.[17] The allegorical and inferential reasoning to Mohannad's suicide makes sense when we consider that the Euro-Mediterranean Human Rights Monitor (HRM) reports that, in the ten years after the closure of Gaza, six out of ten families suffer from food shortage and unemployment is among the highest in the world at 49%, with youth

unemployment as high as 65%. Electricity is available on average 12 hours a day and 95% of the water is undrinkable. This translates into clear behavioral and psychological consequences where domestic violence has sharply increased to more than 70% of families, where "50% of all children are in need of some psychological support and where 55% of adults suffer from depression."[18] Two years later, the Euro-Mediterranean HRM reported that 65% of all families in Gaza live in poverty or abject poverty, food insecurity had increased to 72% of families, and Gaza's total population had access to electricity only four to six hours per day.[19]

Despite his father's neglect, Mohannad, his mother's only child cared for by his uncle, was comparatively stable financially and insulated from some of the harsher depravations suffered by his peers and most Gazans. It is, however, evident and the consensus of every source on Mohannad, that the regularity and intensity of Israeli violence and isolation, Israel's intentional economic siege, and imprisonment within Gaza itself, all contributed to his feelings of despair. Considering Israel's carceral regime to which all Gazans are subjected, one might ask why Mohannad's death was impactful to Palestinians in and outside of Gaza.[20] The visibility of his suicide was certainly enhanced by the fact that he was a burgeoning literary talent who had a committed following. His writings were imaginative, speculative, and explored individuality, community relations, and emotions of Palestinian youth in Gaza.[21] He was well read and engaged with the cultural and political issues that defined life for Gazans, Palestinians, and Arabs in general.

Mohannad was deeply wounded by his father (not to mention his paternal uncle, whose behavior was verbally abusive). This, as we were alerted to repeatedly by Palestinian clinicians, however, should not compel us to only consider his father's abuse as the cause of his suicide. Likewise, we should not confuse perpetual Israeli violence, occupation, and settler colonialism as one additional psychological "stressor" that pushed him to desperation. These are not mutually exclusive, but also not mutually complementary. Ethically and methodologically, any analysis must consider and respect the internal world and psychic interiority of Mohannad. Indeed, as one clinician from Haifa reminded us (speaking about a patient who was "overidentified with" Ashkenazi Israelis and had an abusive father, who

himself was thrown out of village Iqrit in 1948 by Zionist forces), "if you're not equipped to help someone understand the complexity of their situation, you foreclose possibilities of where you can go analytically with them."

Asphyxiation and the *Nafs*

Within the methodological context of our writing, we read that the Israeli siege of Gaza and Mohannad's father represent a parallel process, one in which they *replicate* one another, each identifiable as distinctly suffocating forces. The denial of an exit visa, thus prevention of his right to travel, evokes Mohannad's father's denial; it replicates in a parallel process the *right* to travel, to learn, to be free, to love, and to grow as a writer. In the symbolism of barriers to growth, we come to see the *collusion* between the father and occupation, between structures of oppression, patriarchy, and the right of self-determination. Perhaps, then, it is not coincidental that Mohannad asphyxiated himself. He was already suffocating—a symbolism echoed throughout the clinical notes, thoughts, and vignettes offered to us by psychoanalytic clinicians. This theme was specifically communicated in Mohannad's many short stories. Psychologically, this manner of death is central. His suicide was a taking of his own "breath," or in Arabic, his *nafs*. As a book that engages the Arab world and psychoanalysis, especially under occupation, no word or term is more significant than *nafs*. *Nafs* means breath but also "psyche," "self," and "ego."[22] Asphyxiation, then, is an act of taking breath and self. Quite explicitly, Mohannad's self-asphyxiation is a *symbolization* of the condition of "suffocation" (*khanq*) and "suffocating" (*makhnuq*), words that repeatedly came up in our conversations with Palestinian clinicians and in their reflections on work with patients, materializing both in symptoms and in the transferential-countertransferential space. If we think of psychoanalysis as a means of identifying the desires, drives, defenses, and objects of the self (*al-nafs*) as well as the psychological and social conditions that inform them, Mohannad's story symbolizes the suffocating assemblage of settler colonialism and its dialectics with family and internal dynamics. Indeed, his short stories that connected so palatably with a young Palestinian readership are one more form of this symbolization, providing a frame and structural coherence to desires, hopes, and beauty of *al-nafs* under the suffocating weight of Israeli "spaciocide."

Spaciocide is the objective of Israel's colonial project, and suffocation, the constricting and snuffing out of the Palestinian *nafs*, is its intent. According to Sari Hanafi and Linda Tabar, Israel's spaciocidal regime stretches across all Palestine, proposing to establish agoraphobic fear to move within space and between spaces.[23] This spaciocide, as Hanafi and Tabar describe and as Khalili shows us, is an extension of carceral processes that originate in colonial and imperialist practices and governing structures themselves.[24] While concerned with the mechanical relationship between the use of confinement and crushing indigenous resistance, Khalili also notes the importance of "psychological action," including psychological torture, as central to the means to shape behaviors of the colonized.[25] Asphyxiation is not an accident, then, of regimes of control.

Jasbir Puar's observations in *Right to Maim* perfectly dovetail with the observations of the politics of asphyxiation in Palestine found in Palestinian scholarship.[26] She opens her work with Eric Garner's last words in order to demonstrate asphyxiation as a feature of these carceral regimes of control, from Palestine to the United States. "I can't breathe!" she states "captures the suffocation of chokeholds on movement in Gaza and the West Bank as it does the violent forces of restraint meted out through police brutality."[27] Particularly to Palestine and indeed to the asphyxiation of Mohannad, Puar clarifies that Israel's

> *capacity to asphyxiate is not a metaphor: while the West Bank is controlled largely through checkpoints, the Gaza Strip is suffocated through choke points. The intensification of policing and control thus happens, not despite, "disengagement" and disinvestment, not through checkpoints but through choke points.*

Israel's "asphyxiatory control" is a biopolitical regime that "slows down Palestinian life," grinding it to a "slow death."[28] The occupation and the siege of Gaza, therefore, attempts to naturalize a sadistic regime of *asphyxiation*, what clinically may be understood as a psychotic process, a cognitive slippage that seeks an omnipotence that can, at its heart, snuff out the psyche of another, rendering the "abnormal," "normal." That is, occupation, death, suffering, and psychic annihilation come to be normalized and regularized, sold as necessary or organic processes meant to contain, replicating themselves in the clinical dyad. Such a realization is not ours or Puar's but expressed in the words of Palestinian

clinicians as foundational to their practice. "Ussama," from who we will hear more in the next chapter, succinctly tells us that the clinician can be a tool for the production of mechanisms of suffering within a settler-colonial context.

> *We can be the tool for oppression, for the oppression that we oppose. Using CBT to help people to "adapt" to their condition. Their condition is not normal though. It is colonialism. It is occupation. It is violence. But psychoanalysis allows us to identify the psychopathy of the occupation not the patient.*

In Mohannad's case, suffocation was the shared *desire* and *effect* of the psychopathy of the Israelis and of his father. The father's behavior replicates the operationalized psychotic process and psychopathic sadism of the occupation and spaciocidal siege, a particular form of violent kyriarchal order imposed upon the people of Gaza. In the form of the father, intra- and interpsychic violence is personalized, an anthropomorphized embodiment. Indeed, different analytic perspectives may read Mohannad's father differently. A classical Freudian (or Lacanian) reading is perhaps most obvious and seductive—not coincidentally seductive because the theory is so intimately connected with creating the depoliticizing and decontextualizing *universality* of the "human" and its psychic structures. Such a bromide reading might posit Mohannad's father functions like the Israeli colonial, carceral regime. Both are castrating, emasculating, and posit the father as a tyrant that leaves the son impotent and broken in the wake of the apolitical law of the father. His suicide could also be read as displaced aggression toward the father, toward the occupation, or even toward the mother, who remains absent from his story.

The gendered stories of suicide that we experienced in Palestine (as archetypally presented in Mohannad's story) are not lost upon us and we understand the intricate interweave between cis-heteropatriarchal modalities of Palestinian masculinity and the targeting of it as a means to undermine the social fabric of the Palestinian family as we have seen in Chapter 1. But this type of canned reading (e.g., a shared phallocentrism of Israel and the father as both castrating) is as unethical as it is contextless and apolitical. It wipes out the impact of technologies of occupation and familial dysfunctionality on the individual *nafs*. It also ropes the Palestinian ideal-ego into a universalized model of the Oedipal family that deflects

from the structural violence of settler colonialism, a working tenet of which is to vacate colonial subjects of their internal worlds, reducing them only to colonial objects and archetypes of "primitive functioning." Further, it misses how settler colonialism exploits existing modes of gender and sexual oppression as constitutive of its far-reaching violence.

We will see how Palestinian clinicians center on how psychological modalities and archetypal analysis, let alone manualized treatment, often pathologize the colonized rather than affirm the social conditions in which they suffer or from which their suffering might emerge. We will see, for example in Chapter 3, how mechanisms of "defenses" are perceived as "splitting," or where enactments are analyzed as mere pathology. Mohannad's case exemplifies to us a means by which a misaligned psychoanalytic analysis might read his defenses as failing him, while they might actually have been the last bastion of psychic selfhood. What is indisputable for us is that the figure of the father is the mechanism by which the psychological violence of the occupation connected with Mohannad's interior world. That is, not unlike the countless cases we heard recounted to us, the father is the structural psychic means by which Israeli violence is internalized.[29] His death—a murder, in line with Leonard Shengold's "soul murder"—his maternal uncle claims, could only have occurred after he was unable to write, unable to escape the physical and the psychological space conjoined by his father's withholding on the one hand, and by Israeli interdictions and deprivations on the other.[30]

Writing was Mohannad's psychological "therapy."[31] It was his way to make the abnormal world coherent and make beauty in the coercive violence, beauty which he states he "cannot resist."[32] Yet, in this same passage, he wonders "what if it is all a lie, and beauty is a hallucination…I feel I have lived a big lie, that I was deceived. Suicide will be more beautiful."[33] The father's abuse and withdrawal of love throttled the desperately needed oxygen that Mohannad needed to write, to breathe, and, therefore, to live. In a world circumscribed by closures, by "choke points," the loss of beauty and of writing barred the second to last psychic egress.

Suicide, seen in this way, is more than an act of agency or subjective assertion under a condition of imposed asphyxiation. It is simultaneously an act of

desperation and suffering and an act of "willful disobedience." Sara Ahmed asks us to consider the not only the content, but the form of happiness to consider a relationality of subjects to owning their own will. When she observes "even suicide is an expression of the will to happiness,"[34] Ahmed is not romanticizing, celebrating, or advocating suicide or the profound suffering that makes it a possibility. Rather, she is gesturing that we realize that suicide may function, like for Mohannad, as a tragically generative subjective act, as a claim to a self-perceived "beauty" that could not be retracted or withheld. Mohannad claimed the *right* to that beauty. He claimed the *right* to the "exit permits," which Israel denied him. He claimed the *right* to "exit from the social system which power establishes in the name of law and stability," from the aberrant and violating law of the father and the Israeli siege. In doing so, claiming the "exit," he claimed the *right* to his breath (nafs) in order to exit from imposed social and political asphyxiation. Through his suicide, Mohannad demonstrates he is a speaking subject, a Lacanian subject of enunciation, a *desiring self* (*naf*s) that will not be silenced even when asphyxiated.

Mohannad's death was an act of refusal—an act of refusal as an affirmation of *al-nafs* (the self and psyche). The understanding of his death as a political and overt act of refusal is commonplace not only among the clinicians we worked alongside, but also as reflected in the Qattan Foundation's eulogy of him, stating, "While only 22 years old, the trace of Mohannad's legacy is not easily erased. His death is nothing other than a refusal of the status quo in Gaza and the rest of the nation."[35] Indeed, Mohannad refused the abject reality defined as an object of the spaciocidal law of the father, where his father collaborated, *politically* and *socially* in concert and complicity, with the law of the Israeli occupation to strangle Mohannad's breath. Enacting, yet rejecting, an essential contradiction of occupation itself, Mohannad's suicide was therefore simultaneously destructive and life-affirming. In rejecting the conditions imposed upon him, he claimed the *sovereignty of al-nafs* (self/psyche/breath) and the right to his life that also undergirds clinician and patient connection to Palestinian resistance, liberation, and self-autonomy.

Planning Suicide and Protection

We offer, in this chapter, a nonclinical discussion of suicide, death, and "trauma," because the contradictions and tensions that these stories hold are the very same that were offered to us in various iterations by psychoanalytic clinicians and can themselves be read psychoanalytically in the context of occupation. These contradictions and tensions are precisely what we seek to explore in this book, amplifying both a psychoanalytic framework and a reading that is operationalized by the clinicians with whom we worked. Their practice and insights permit us to map not only the vectors of Israeli settler-colonial violence but also the psychic political economy of quotidian *sumud*, the livability within the sovereignty of one's own *nafs* in relation to the collective Palestinian soul/psyche/*nafs*.

In this way, we work against prescriptions of pathology that would demand that Palestinians, clinicians, and patients alike conform to a universal idea of "health" that values individuality and the surety of "life," itself coded heavily by a neoliberal and white supremacist notion of what life is worth living and to whom its accessible. For example, between the different stories and localities of Mohannad, Ali's and Ahmed's patients, the experiences of Wadad, a clinical social worker, working in and around occupied Jerusalem, are salient:

> *Suicidal ideation and suicide attempts, medical overdoses, poisoning, and even cutting. We see them. Anecdotally, it feels like men have suicidal ideations with no plan but women attempt more; could be because men don't admit planning because of being macho. But the planning, thinking about it. It is something important.*

Wadad ran a women's clinic in the Old City for a number of years, attending to women's physical and mental health needs, as well as providing skills and job training and social activities. Living in another "Arab neighborhood" of the city, she noted that

> *there are big differences in people and thought processes [of the women] depending on where they come from. It seems that, no matter if they are veiled or not, working, middle class, whatever, women in the Old City are comfortable talking only with a woman if the person is not from their immediate community because it is so tight. Their*

> *problems are very private. They ranged from physical and sexual abuse and incest to real-life or internet relationships that are [consensually] intimate and sexual.*

Wadad repeats what we have unsurprisingly heard from other clinicians about the suffering of their patients:

> *Clinicians have different approaches depending on where they are coming from. It affects the transference. It helps or hinders, sometimes, the therapeutic relationships (i.e., between clinician and patient) and even how symptoms are explained. The treatment depends a lot on context. Are they from 1948, Jerusalem? Are you? Where in the West Bank are they from? Gaza! That is a whole other story!*

Wadad's mention of transference returns us to the realization that Yoa'd had with Amjad, or Ali's ability to see the productive nature of his patient's symptom. Wadad adds more to this, saying,

> *You think just because you speak Arabic, you can understand immediately. The clinician has to also be aware. You have to search for the grammar that binds you. This really makes you take care about locating yourself, to question your own language and experience, which can add but also obstruct the relationship.*

It does not seem surprising to us that Wadad, among most of our clinical partners, enunciated a specifically feminist psychoanalytic methodology. Most prominently, this orientation grounds itself in a recognition of ideological constructs of cis-heteropatriarchy and the importance of naming oppressive structures that shore up its primacy. At the heart of feminist psychoanalytic practice is locating oneself, an intersubjective and truly intersectional understanding of one's own sociopolitical position, in varying nuances, as Wadad articulated, and a firm commitment to an ongoing analytic of power in the therapeutic dyad, against what had come to be popularized as an apolitical and apoliticized client-centered approach. Namely, it clinically codifies "the personal is political" with an emphasis on the internalization of oppressive structures, techniques, and modes of being. This approach is especially relevant in the move toward a decolonial reckoning within psychology, the heart of which is a decentering of hegemonic narratives

and a recentering of indigenous modes of healing, narratives, and psychological practices.

What Wadad was communicating to us, in keeping with feminist clinical practice, is not only advice to situate oneself in relation to the patient, but also the conditions of occupation, militarization, surveillance, and settler colonialism under which one practices. Familiar to us was the sentiment we heard from most clinicians with whom we spoke: an appreciation of the different vectors of oppression and degrees of livability that transect Palestinian life. If Zionist settler colonialism has a grammar that seeks to naturalize the security state and seeks to naturalize making the indigenous the guest, intruder, or insurgent, the grammar that connects different language registers between patients and clinicians precisely disrupts the legibility of Zionist grammar and the ways, we will see, it collaborates with humanitarian discourses of "trauma" and "victimhood." More important, however, is this shared grammar, not of occupation but of a shared grammar of Palestinian life, that gives legibility to the exchange in the room. It is this grammar that allows the patient to regain their breath/*nafs*. These conditions actually inform not only the dynamic in the room but, in doing so, generate the content of the therapy. "When they get afraid [their internet relationships] will be found out, they come to us with depression and anxiety. They feel trapped and suffocated." Wadad's experience also communicates gender and ethnic identification between the woman clinician and her woman patient, though she is clear this does not mean they share the exact same experience. In fact, social distance allowed many of her patients to "breathe comfortably" without the restrictions of their home life or tight community.

> *Even though you are not from the Old City—or maybe because you are not from the Old City—they know they can breathe but also know you understand. As a woman. As an Arab. As someone living under Zionist control.*

We cannot help but think of Mohannad or Ali's patient when we think about this description. If Mohannad felt that he did not have the space to breathe, Ali's male patient knew—for all his anxiety and "neuroses"—that he could confide in Ali, who himself was from a Palestinian village inside the Green Line. Wadad herself correlates locality and gender to the transferential-countertransferential

relationship that makes the language of suffering mutually comprehensible, a realization that psychoanalytic psychiatrists Samah Jabr and Elizabeth Berger discuss.[37] Her gendered positionality as well as her proximity made her close enough to socially and politically understand as an Arab woman, but distant enough to provide space to relieve the interlinked constrictions of communal and familial surveillance and the violent surveillance of settler-colonial structures in Jerusalem. We notice also that Wadad often speaks in poignant detail even though she tends not to mention specific cases. "We are taught that patients who are late for session are expressing 'resistance' to therapy. This is what we learn in the US, right?" She continues,

> *But many of my patients have to cross checkpoints. If you're below 50 years old, you have to cross by foot. You get off the bus and have them check you, which takes time. Clinicians problem-solve with patients about this, but the patient has to do the planning. Even though you could leave ten hours before, it wouldn't matter sometimes. Flying checkpoints. They stop your bus. They close checkpoints. The occupation soldiers stop you at the gate to the Old City. Of course, you might never get to the session. Especially if you are a man, you may be arrested. Or killed.*

Wadad's language and her warmth in speech should be noted: *her patients have to "plan" to anticipate obstructions and disruptions in seeking care,* just to breathe in her room.

Her description of this attention to planning, this willfulness, is not lost on us. After talking about illicit internet (usually cis-heterosexual) relationships, she says, some are "so scared to be found out" that they consider suicide. She notes the *care in planning* suicides, which her patients share with her, adding "usually women share their detailed plans more. Men just share their desire to do it." Here is where Wadad shares a simple but moving statement: "The clinician plans with the patient to keep them safe." But also, she confides in us, "We can't protect you (the patient) beyond the checkpoint."

From Mohannad to Yoa'd, Ali's and Ahmed's patients, "crossing boundaries," "suffocating," "feelings of being trapped," along with the desire "to breathe" and the willfulness to avoid being asphyxiated are not narrative tropes but *features* of

the Palestinian psychological reality. These recurring features suggest the parallel between material and psychic realities and the ways in which Palestinians may or may not metabolize personal and collective suffering. They also reveal how Palestinian clinicians have been positioned themselves to provide their people "breathing room," to make sense of (gendered) individual and (national) collective suffering. They provide the space that the Israeli closure regime, whether physical or juridical, seeks to take away. They meet on a plane of shared language that gives meaning to individual suffering within multiple collective contexts, never negating, for example, sexist cis-heteropatriarchal norms or minimalizing the way the Israeli occupation regime, especially in the Old City, works on, exacerbates, and mobilizes these norms for its own control and toward anti-Palestinian violence.

Wadad narrates the condition of treating patients in Palestine that allows us to speculate about the lives, death, and resistance of those like Mohannad along with Ahmed's and Ali's patients. No Palestinian clinician suggests that all mental illness and psychological suffering is caused directly by the history and realities of the Israeli settler colony. Nor do they diminish or deflect from the internal struggles of those who complete suicide, instead acknowledging the multiple variants of factors that are at the source of the overwhelming psychological pain and suffering of the person who completes or contemplates the act. What strikes us is that the narration of personal suffering and pain, whether directly caused by Israeli blockades, checkpoints, and prisons, or by family and community, is "always haunted by the possibility of violence."[38] The clinician makes this intelligible; they seek to allow the *nafs* to breathe and understand conditions of reality that are often far beyond their control but, in the case of Palestine, rise to the level of a psychopathic abnormality to which they are asked to acclimate, often at their own psychic expense.

Wadad's insights, gained from the experience of practicing social work in historic Palestine, reveal a clear understanding that suffering and repair originate both from intrapsychic processes and structures and the social environment. She challenges us to consider whether the act or the "planning" of suicide asserts subjectivity over the "slow death" that occupation imposes or a careful surrender to it. Echoing the sentiments of Palestinian clinicians with whom we met and worked, Jasbir Puar introduces Lauren Berlant's concept of "slow death" in

Palestine, encouraging us to deliberate the grinding and wearing down of the Palestinian people, which is structurally built into Israeli colonialist occupation. As we learned time and again from our clinician colleagues, slow death is not a by-product of occupation, but its goal—that is, the "maintenance" and normalcy of Palestinian death and suffering is a part of the apparatus of control, if only to highlight the vitality of Israeli life.[39] But at the same time, Wadad never shares a case of successful suicide; rather, she shares with us stories of "breathing," of forging solidarity between Arab women, and of searching for strategies of livability that do not succumb to the psychotic desire of the Israeli settler-colonial regime.

Willful Death

Basil al-A'raj was a pharmacist known for his activism against the Israeli occupation of the West Bank. A writer and intellectual, he was born in 1984 and was from al-Walaja, a village southwest of Jerusalem and only a few kilometers northwest of Beit Jala-Bethlehem. The village is one of a handful situated in a vice within Area C that Israelis call "the Seam," clamped between the 1948 Armistice Line, the illegal settlements of Gilo and Har Gilo, and the Apartheid Wall that snakes into the West Bank. Basil is best known for conducting popular oral history tours throughout the West Bank as part of his participation in the Popular University (*al-Jami'a al-Sh'abiyah*).[40] These tours revealed the forgotten and fading history of Palestinian militant and civil resistance during the first and second *intifadas* but also contained visits and stories about twentieth-century Palestinian "heroes" with whom he was fascinated and about whom he often wrote. Basil was arrested with four others by the PA at the behest of the Israelis, where they were detained and tortured. He and his comrades conducted a successful hunger strike to bring visibility to their detainment. Almost immediately after their release, the Israelis arrested four of the five, holding all but Basil without charge in administrative detention. Basil lived as a fugitive for several months. The Israeli occupation army continually raided his family's house in al-Walaja. Knowing that his family would be harassed, Basil cut off all communication with them while a fugitive in order to insulate them from any retribution by the Israeli military. On March 6, 2017, the Israeli occupation army raided the apartment where he lived, and Basil was killed. While some contend that Basil was likely executed in his

apartment after his ammunition was depleted, it is clear that he put up an armed fight and held the Israelis at bay for two hours.

It is not surprising then to learn that Mohannad admired Basil, who had died only five months before him. Basil's death dovetails with Mohannad's suicide. We were in Palestine when they both happened and we felt the meaningfulness of their deaths reverberate throughout Palestine. Basil's death was identified as an "assassination" in the Arabic press. He was called "the engaged teacher" (*al-mu'allim al-mushtabak*), the "engaged researcher" (*al-bahith al-mushtabak*), and "the revolutionary intellectual" (*al-muthaqaf al-thawri*). It was consistently commented that he died *as he lived*, as "the complete fida'i" (*al-fida'i al-kamil*).[41] The eulogies written about Basil interpret his death, in other words, as a murder resulting from one who dares not only to stand up to occupation but also to organize *collectively* to end it along with the oligarchical, collaborative rule of the PA. His murder resulted from his life as a committed individual but also a communal activist, whose life marked the individual resistance with that of the Palestinian people. Basil's own writing repeatedly returned to this connection between individual and collective resistance. He discussed and wrote profiles on a number of Arab and Palestinian heroes from 'Izz al-din al-Qassam to Fawzi Qutb, to Amjad Sukkari to long-forgotten "outlaws," who disrupted colonial rule. In his multiple discussions of these "heroes," "outlaws," and "martyrs," Basil represents the personal, psychological gravity involved in a life of engaged commitment, particularly because the struggle is circumscribed by death and resistance as the ultimate choice for both individual and communal life.

Fanon himself theorizes the power of armed and cultural resistance as well as the various ways suicide condenses in the imagination of the colonized and the colonizer. He understood the cross-pollination between cultural practices (such as storytelling, poetry, literature, performance, and dance) and the maintenance of "their stamina and their revolutionary capabilities" in the struggle against colonialism. He analyzes how "in the life of the community," the people recount heroic tales such as that of an outlaw "who holds the countryside for days against the police, hot on his trail, or who succumbs after killing four or five police officers in single-handed combat or who commits suicide rather than "give up.""[42] It is not coincidental that Basil himself quotes this exact passage in

discussing the role of "criminals" in the eyes of the colonial state. Moving from Hobsbawm and Locke to Fanon and Che Guevara, Basil is not considering the "legality" of acts of resistance but, indeed, the "natural right" and the necessity to act "outside the law" in confronting a repressive and exclusionary order. He states,

> The principle of every revolution is exit. Exit from the social system which power establishes in the name of law and stability, the common sense and public interest…[From Palestinian "outlaws" that he discusses]. From here also, we are able to understand the hostility of social, political, and economic powers to these exemplars, who use the law as a tool to defame them in order to criminalize them. From here, we understand the seamless transition between the outlaw and the defiant revolutionary. (al-tha'ir al-muwawwim)[43]

Coupling Basil and Mohannad against the stories of Ali, Ahmed, and Wadad's patients forces us to consider suffering, defiance, self-awareness, and resistance as part of the *same psychological process.* Considering suicide/death in Palestine forces us to focus on a constitutive tension that underlies this book, namely, the interlocked relationship between individual psychic turmoil, individual and collective suffering experienced and inflicted as direct (and intended) consequence of brutal colonial occupation, and Palestinian "agency," "consciousness" (*al-wa'i*), and "unconscious." Basil's and Mohannad's lives, writing, and death allow us also to consider suicide juxtaposed next to state-murder, willfulness next to victimization, defiance next to trauma. Pairing the stories and lives of Basil and Muhannad with the lives, experiences, and stories of Ali, Ahmed, and Wadad (and their patients) *redirects us to Palestinian life and "livability,"* to *sumud* as a persistent buttress against the omnipresence of settler-colonial necropower, that is, the ever-presence of death or the grinding process of slow death. The lives, deaths, and writings of Basil and Mohannad—and even psychosis of Ali's and Ahmed's patients and the suicidal planning of Wadad's patients—invite us to consider the interplay of life and death as a question of subjective *consciousness,* willfulness, and defiance. Under occupation, willful defiance of imposed state-asphyxiation is a psychological mechanism that represents *claiming the right to life and death* and, therefore, a refusal of settler-colonial sovereignty and hegemony of these two fields.

Just as this book works with the dynamic and fluid line between the social and the psychic, between the political and the subjective, and between the collective and the individual, we mark *psychic defenses* as commuting between the conscious and unconscious, between willfulness and *eros*, drive for life and continuity. In order to think through the tension, contradictions, and confluences between suffering and willfulness, between the psychological and the social, we locate ourselves as Wadad suggests, and are located by our clinician colleagues, within the nexus of a shared psychoanalytic theory, decolonial methodology, and a shared Arab comity. These theoretical and practical commonalities propel us beyond past positivist methodologies that have often been used to regulate and invalidate the suffering of the oppressed, especially in Palestine and other colonial situations, and push us to the space of Palestinian livability.

Against Ever-Present Death

A psychodynamic psychiatrist in the West Bank, who we will call Nidal, recounts, "After the murder of a classmate by the Israeli occupation army, Ahmad and Hassan Manasrah went and attacked Israelis with a knife, they say." Hassan, aged 15, was shot dead. Ahmed was injured and, a year later, was tried as an adult under military law and given a 12-year prison sentence. "In the Israeli press, they were not reported as children. They were 'terrorists'." Nidal's story is short but dense. The story of the Manasrah brothers is tragic and heroic. In a world where they and their friends are not protected nor have recourse to justice, the boys seek to avenge the murder of their friend. They, too, have been violated, children of occupation subjected to constant structural violence and disempowerment. But they must have known that their act would result in death, or at least a slow death in Israeli prisons. If Nidal refuses to pathologize the Manasrah brothers, it is because the catalyst for their act was not criminality nor psychopathy, an attempt at psychic excavation of intent and context that is often rendered coercively irrelevant by Zionist narratives or the en tout pathologization of Palestinians, especially boys and men.

While suicide bombings are a bygone of the late 1990s and early 2000s, the social psychological suicide theorization was transposed to the *Intifadat al-sakakin* (the intifada of the knives) in 2015–2016 where youth attacked Israeli military

personnel with knives, usually resulting in them being shot and killed. It is important to acknowledge that these acts are often not called "suicide attacks" (*a'mal intihariyah*) in Arabic, but an *a'mal fida'iyah,* a term that comes from *fida'i*, which is often translated as "freedom fighter" but also insinuates the willingness to "sacrifice" oneself for their nation. Likewise, these *fida'iyin* are understood a *shuhuda'*, martyrs, killed in service of liberating their people from oppression. Scholars such as Shuki Cohen determines through psycholinguistic analysis that suicide bombings during the Second Intifada were not "anti-social" behavior but motivated by "pro-social and interpersonal" motivations.[44] What is perceived as a terroristic act of irrational anti-Semites is, in actuality, a rational act that arises from a personal sense of "altruism." This altruism, according to Cohen, results from a "strong sense of social embeddedness and commitment" to their family, community, and identity.[45] Cohen concludes what Palestinians have said for decades, namely, political acts of political violence in the name of liberation need to be understood as acts of social solidarity and individual self-realization. These acts of self-realization are in response to a sustained hegemonic structure of settler-colonial violence engineered to atomize individuals, attempting to strip them of their communities, their identities, and their internal ego coherence. That is, their actions are a reaction to sociopathic settler-colonial structures.

Nidal continues to tell us that the *Intifadat al-sakakin* started with a 19-year-old university student, Muhannad Halabi. "Muhannad Halabi, he started the knife attacks and was shot dead." Muhannad was born in the West Bank village of Surda in Area B. He identified himself, however, from Jaffa, his family's ancestral town before they were expelled in 1948. He was killed by soldiers during the attack in Jerusalem near al-Aqsa. As a consequence, the Israelis demolished his family home, as is their common practice of collective punishment of families.[46] The psychiatrist continues,

> *Young people, especially males, are born in violent realities. They have to maintain particular defensive options and behavior seen as pathological behavior. But this is not pathological. They live in constant threat: harassment, interrogation, detainment, arrest. Palestinians face death every day from an early age. People noticed his name, Muhannad, means "sword." Why would he not use it?*

We are not surprised that Nidal, like so many other clinicians in Palestine, especially those practicing in occupied Jerusalem, the West Bank, and Gaza, frequently refers to themselves as "Fanonian" or reference his influence. In departing from our conversation with Nidal about Muhannad Halabi and the Manasrah brothers, we could not help but be reminded by Fanon's powerful observation in the opening pages of *The Wretched of the Earth* correlating the colonial control of external space (the closure system), the assault on the interiority of the colonized subject, and the physical and psychological resistance to this systemic, settler violence. The psycho-spatial matrix, he tells us, defines social relations between colonized, colonizer, and the physical as psychic manifestation of settler colonialism. "As soon as [the colonized] are born," he states, "it is obvious to them that their cramped world, riddled with taboos, can only be challenged by out and out violence."[47]

The three stories of Muhannad Halabi/Mohannad Younis/Basil (as well as the Manasrah brothers) speak to the psychological interplay of possibilities of living and death, willfulness and victimhood, under occupation, seemingly without end. These deaths belong alongside one another in order to reveal not only the precarity of life for Palestinians, but also the necropolitical settler-colonial conditions in which they live. It is through our conversations with clinicians that we learn how the proximity of death for every Palestinian produces a psychological engagement that is woven into the political and social identities of resistance and will.

"Living, Existence, is Jihad"

The willful lives and defiant deaths of Mohannad Younis, Muhannad Halabi, Basil al-A'raj, and the Manasrah brothers congregate around the willfulness of *sumud* as a psychological practice of defiance and affirmation, despite their tragedy. This congregation educes the practice of comradery among detainees as well as veteran militants of the Palestinian armed struggle within or who have previously experienced Israeli incarceration. This comradery is shared among female as well as male political prisoners, militants, and victims of Israeli torture. Their lives and their practices of defiance and livability recall a discussion with a clinician, who we will not name here because they hold, what Nadim Rouhana and Areej Sabbagh-

Khoury call "settler-colonial citizenship" and also advocate BDS.[48] Politically active, this clinician frequently works with Palestinian political prisoners. "Many political prisoners have told me," our friend tells us, "You are never truly a complete self (*nafs kamil*) except in the armed struggle (*al-kifah al-musalih*)."

Such a statement might run counter to mainstream psychoanalytic predilections. Indeed, liberal psychoanalysis not only imposes a revisionist history of Fanon's writing and theorizing on political violence, but also remains complicit through *psychoanalytic innocence* with forms of oppression in that it seeks to graph a universalized "healthy" adaptability and psychic defenses onto colonial and necropolitical subjects whose humanity and psychic interiority are negated. As we will see in this and the following chapter, in a liberalized version of psychoanalytic theory, these colonial subjects are only able to access "empathy" when they occupy the position of "victim," surrender their rights to the political realities, a "wrecking" psychological process that involves succumbing to power "colonial introjects."[49] That Palestinian political prisoners equate quotidian as well as militant practices of *sumud* then force us to think about *sumud* as an "adaptive defense," as Heinz Hartmann might say, warding off targeted assaults on the Palestinian ego-ideal, and on its collective and individual selfhood.[50] Political prisoners, our clinician-activist continues,

> tell me over and over that 'the practice of one's complete self (mumaris nafs kamil) is through the struggle to build internal sumud.' Struggle has so many faces but how important to maintain your mental health under occupation but especially when you have been kidnapped by your jailers."

In his book *Sahar al-wa'i* (Melting of Consciousness), which was smuggled out of prison as was all of his writing, Walid Daqqa, perhaps one of Palestine's most prominent political prisoners, identifies the "shock doctrine" of the Israeli authorities against the Palestinian people, let alone those incarcerated, as a program that aims to break down Palestinian "souls/minds" (*nufus*).[51] Israeli "scientific" strategies for breaking Palestinian selfhood, leadership, and social structures "hide behind the idea of fighting terrorism while their true intention is to plant fear thereby reshaping the Palestinians." This "shock doctrine" or "trauma doctrine" intends to "impact the mind and soul *('aql wa nafs*) of the

Palestinian citizen." Daqqa perceives the "the fundamental goal" of the Israelis is psychological. Its objective is "to erase the wholesale concepts and value which forms the fundamental structural meaning of the resistance."[52] The Israelis themselves are threatened by the collective, national, and individual self-worth Palestinians feel when they join the resistance, which is why they work to isolate and alienate Palestinian prisoners. They fear that "in the eyes of Palestinians" who engage in the struggle, there is "dignity in death." They fear Palestinian "consciousness."

Sitting in her office in Ramallah, Samah Jabr specifically tells us, "Living, existence, is jihad. It counters and contradicts exile, all the forces of occupation. Living in dignity maintains the coherence and unity of Palestinian social fabric. It is among the basis of psychological well-being."[53] If Jabr contextualizes life as jihad, as an ongoing struggle for a worthy and principled goal, she and Daqqa return to the psychological import of "living with dignity." The recognition of the interrelationship between subjective realization (or "completion"), self-worth, personal will, the political struggle, and popular and cultural resistance has been the center of the Palestinian liberation movement since its inception. Jabr's written commentary also corroborates Daqqa's analysis, which meticulously articulates the field of psychic and ideological and mental health as the plane where Palestinian identity is targeted by the "trauma doctrine" of Zionist settler colonialism in its most explicitly disciplinary instantiation.[54]

In other words, the concept of "living-as-jihad," living, the-struggle-as-consciousness, sumud-as-"complete selfhood," and the necropolitics of Israeli power is not mutually exclusive. We should not be forced to think or be seduced into splitting of the Palestinian as solely a subject of defiance and perseverance or a "broken or destroyed" victim of settler colonialism.[55] The plane of the psyche is one of resistance, defiance, and inspiration for *al-nafs al-kamil*, a full psyche/soul/self but that which is most viciously targeted as a field of submission and erasure. We emphasize that this study does not dismiss or minimalize emic social and psychological issues (such as mental health illness, domestic abuse, sexual violence, cis-heteropatriarchy), let alone how they are exacerbated by psychological and emotional effects of settler-colonial violence, as many scholars, most notably Rita Giacaman and Brian Barber, have shown.[56] At the same time,

these very scholars also find in their research that political awareness, feelings of political engagement, and membership in community lay at "the essential core of Palestinian [psychological and emotional] functioning given how fundamentally and elaborately [they are] articulated in the interview narratives: from abstract principles of justice to concrete realities of day-to-day movement restrictions."[57] Maintaining the values connected to Palestinian communal identity but also self-determination such as "justice, rights, dignity, and self-determination" undergird political and social cohesion, communal identity, and individual mental health as they serve as "key elements" for high functioning.[58]

It is not lost on us that political prisoners, militants, and those clinicians working with them clearly understand the parallel between the system of penal carcerality and settler-colonial regime as a mass carceral system that designs the whole of Palestinian society under systems of carceral surveillance and control, what we otherwise would call Israeli apartheid. Israeli apartheid as a settler-colonial regime seeks, at best, to disempower Palestinians and to make them "beneficiaries" of the humanitarian or settler state's largess.[59] If occupation and settler colonialism is as much a psychological as physical project of erasure, clinicians, like activists, intellectuals, militants, and political prisoners, apprehend the value of "resistance" staving off what, retooling Bion, we might call settler-colonial "attacks on linking" within the Palestinian psychic and social world.[60] As the revered Palestinian psychologist Adib Jarrar observed, "Resistance to the occupation is one aspect of [Palestinians'] long struggle whether through political action or strategic violence. Through this individual or struggle, they are steadfastly refusing to be victims of humiliation in the psychological sense."[61]

Samah Jabr, and many others, remark that international donor aide to Palestinians "punishes political behavior."[62] Before we discuss how the international donor community invests in the apolitical and victim-blaming victimhood of the Palestinian people, the preceding point is that clinicians are cognizant of how Palestinians' "psychological well-being" is inextricable from how they assert their complete individual and communal selfhood, their *nafs kamil*, which is made aberrant by what is deemed as "normative" by international donors, who work in collusion with Israeli and Western political power. For example, Amira, the pseudonym of a Palestinian therapist working with international donors in Gaza

and the West Bank, stressed the pressures in offering diagnostic yearly reports to differentiate between Palestinians with "acceptable" (i.e., non-militant) and those with unacceptable political modes of personal expression. "Rather than pathologize the anger, resentment and frustration—and yes even mental illness—caused by brutal occupation," she said, "we need to offer responses to how to accommodate militant voices and Islamic militancy voices. This is not the same as endorsing a political organization. It is not even explicitly endorsing BDS—although of course we should!" She continues to locate her critique within clinical practice, with issues of access and of technique. "We should not be pathologizing the desire for active resistance, least of all in the clinic. We need to naturalize those desires as healthy desires. Pathologizing the desire for freedom and liberation is in opposition of our profession." When we asked another clinician, who had worked with victims of Israeli torture, they replied, "of course, we should not pathologize those who resist—in any form. Freedom is the source of sound mental health." They continue with a smile, "Actually, Palestinian clinicians themselves should probably create psychologically based resistance groups. Really, after all, we want to practice from a liberation psychology perspective."

Between Trauma, Victim, and Community

Rana Nashashibi, the Director of the Palestine Counseling Center, who identifies herself within the tradition of liberation psychology, knows this conundrum very well. She states that, "To deal with international donors, psychological categories of mental health are already prescribed categories—trauma, victim, 'conflict' not occupation—so we have to practice away from reactivity and to being more proactive." Nashashibi's ethos resonates with the tradition with which she identifies. With its roots in Latin America, liberation psychology can be traced back to Ignacio Martín-Baró, a community psychologist and priest, who himself was influenced by Paolo Freire. Martín-Baró envisioned a process by which psychological methods and practice could be used to attend to oppression on both individual and collective levels.[63] Notably, liberation psychology has been practiced organically and formally in much of the Global South, including Palestine, where it has a considerable impact on community psychology. Nashashibi's self-location within the tradition of liberation psychology resonates with what we identify as the decolonial impulse within clinical practice in Palestine

that is specifically concerned with "conscientisation," a term Baró borrows from Freire.

Kapono Ratele locates the relationship between clinical practice and "conscientisation" within an apartheid context that speaks to the condition of Palestine. Namely, he states that a decolonial psychological practice makes the colonized aware of their relationship to settler-colonial structures and systems including capitalism, apartheid, Western supremacy, racism, and cis-heteropatriarchy. This process "brings home to you your own alienated expertise and experiences," Ratele tells us.[64] In turn, he states that centering the experience of the indigenous, black South Africans or, in this case, the Palestinians, in relation to their selves (their own collective and individual ego-formation, we may say) as a primary gesture, is not only liberating but creates an indigenous consciousness of psychological, ontological, and social value. Centering indigenous lives, their relationships to their own collectives and communities, and then their relationship to the psychopathy of settler-colonial structures produces critical psychological and social knowledge. The process reveals that the individualized ego (selfhood) of the colonized is indivisible from and draws sustenance from "polyvocality" of the collective communities from which it emerges.[65]

In our conversations with her, Nashashibi squarely considers this polyvocality within the Palestinian communities she serves while understanding the multiple vectors of external pressures, enticements, and coercions impacting those communities. Whether originating from the dictates of donor organizations, the protocols of classical training paradigms, or the requirements of international humanitarian organizations, these pressures impose "normative" treatments and techniques that seek to psychologically disenfranchise Palestinians in order to treat them. In her office in Ramallah, she articulates specifically a need of conscientisation of the dynamics under which services are made and the ways in which they produce pliable victims. She states that

> *we shouldn't be agents of the state or international donors. We should be the ones to set the determinants of ill-health, most importantly the political determinants, otherwise*

mental health issues will never be addressed. Pathologizing the victim is part of the trauma industry, and we are asked to be complicit.

Having worked around issues of gender and mental health in a number of capacities in Jerusalem and the West Bank since the 1990s, Nashashibi's experience surfaces immediately in concise and powerful statements understanding the dynamics of how Palestinian mental health is inextricable from recognizing their political power, individually and communally. "We work from Fanon," she says.

> *This is why we don't take money. Financial aid agreements criminalize our people, putting conditions on who we see. Imagine the insolence of it all! This is a violation. You can't take it and negotiate. Take a stand and then criticize. No EMDR, no manualized models etc.[66] We feel inside that there are some practices that aren't right. During technique, we know. We don't have to think about it during the moment (therapy), but, inevitably, the structure is always decolonial. It is natural to us.*

In her words and in our conversation, what was made clear to us is the crush and pressure of psychological "neutrality," made both by international donors and by the psychology field at large. What Rana and her colleagues have uncovered, of course, is that the pretense of "neutrality" or the position to "go beyond" violence is precisely part of settler-colonial structures that seek to manage, if not erase, Palestinian lived-world experiences. Neutrality seeks to diagnose Palestinians either as victims without will or as sociopaths and vacates Palestinians of their will just as surely it divests their legitimate claim to Palestine, their ancestral homeland. Listening to clinicians such as Nashashibi and many others who often attend to political prisoners and victims of Israeli torture, it becomes clear that Palestinian clinicians, in the words of Fathy Flefel,

> *are aware of the pressures to see ourselves as victims, that we see ourselves in need of saving. Victimization singles us out as individuals and it erases that violence that comes from the occupation, not from Mars. As clinicians but also as Palestinians, we reject the helpless victim role and rather see ourselves with agency.*

Edward Said's groundbreaking article, titled "Zionism from the Standpoint of Its Victims," published in 1979, succeeded in giving air to an Anglophone academy two interlocking facts otherwise buried in the mainstream media and higher education.[67] Namely, Zionism is interrelated within and is an extension of the European colonial project, especially in relation to the Western imagination around "Oriental" and "biblical" Palestine/Holy Land.[68] The divergent European desires and fantasies (Ashkenazi Jewish nationalism, Christian Orientalism, Evangelical anti-Semitism, etc.) for the establishment of a political state for/of the Jews in Palestine, whatever their respective motivations, "rationalized the eradication of present reality in Palestine," and that "the Zionist view of Palestine has always considered all Palestinians without regards to class, creed, or locations, as bodies either to be removed or ignored (if possible)."[69] The power of Said's work, including the collection, *Blaming the Victim*, some two decades later, powerfully demonstrated that the 1948 Nakba (a term that is, effectively, illegal in Israel) and subsequent events were profoundly "traumatic" to the Palestinian people, who were and who still are victimized targets of a series of state and ideological plans to dispossess and erase not only their culture but their presence from historical Palestine.[70] Yet, even in making this case, Said was careful to add that "the Palestinian opposition to Zionist settler-colonialism was a *national struggle* enlisting, as it did, all segments of political life (in various complex ways of course)."[71] Palestinian clinicians, those attending to the suffering of their communities, are attentive to the tensions between recognizing the "victimization" of Palestinians at the hands of Israeli settler colonialism (which includes violence and "organized abandonment" of the PA which serves as their quasi-proxy)[72] and falling into "the trauma and victim trap," as Ussama working in Ramallah called it.

Unfortunately, the critical and insightful work written about "human rights" discourse in Palestine and the ways in which the concepts and institutional practices around "trauma" (which international donor funding plays a significant role in perpetuating) serve to depoliticize the violent realities in which the Palestinians have been forced to live are beyond the scope of this book. Research by scholars such as Didier Fassin, Lori Allen, Ilana Feldman, and Neve Gordon around human rights discourses (often organized around psychological and victimological definitions of "trauma") offer exemplary critiques of, if nothing

else, the political price Palestinians must pay to become worthy of being "legitimate" victims.[73] Psychologists and "humanitarian psychiatrists" play a central role in "bearing witness to violence" as itself "an act of condemnation as the same time as communication."[74] What Fassin and Rechtman show us, however, is how "diagnosing" and clinically naming Palestinian suffering as "trauma" "constructs a different landscape, where we neither see martyr nor combatant, nor even ordinary people, but rather the intimate suffering of victims," indeed generic and depoliticized victims.[75] While their study shows how humanitarian workers work to give visibility to Palestinian suffering, they also show that making Palestinian suffering legible through a generic psychological etiology of trauma and suffering that "excites sympathy and merits of compassion" erases Palestinian history and the political grievances by placing them in the realm of moral "equivalence" of "suffering of victims on both sides."[76] Palestinians know all too well, in Ilana Feldman's words, as soon as they

> express a more robust sense of themselves as social and political actors, they run the risk of losing their categorization as 'exemplary' and 'proper' victims and thus of falling outside the frame through which humanitarianism can understand and assist them.[77]

Palestinian clinicians negotiate methods to dodge or outright refuse to engage in the transactional political economy of the trauma-NGO industry that leverages recognition and aid for political legitimacy. Linda Tabar, Sari Hanafi, Layana Kayali and others corroborate the stories we hear "from the ground" and "from the clinic." Also, we recognize how the medicalization and manualization of mental health according to the dictates of international donor organizations not only inordinately and adversely affect Palestinian women but also disempower their position and value in the popular resistance against settler colonialism.[78]

We will see in the following chapter how psychoanalytically oriented and organized "dialogue" initiatives and "mutual recognition" organizations engage in this political economy, thereby functioning as an extension of the settler-colonial closure system.

Contesting medicalization models of trauma does not necessarily mean that Palestinians are not traumatized by the severity of Israeli violence they experience.[79] Nor does it mean that forms and effects of intergenerational or "transgenerational trauma" do not emerge in the practices of clinicians as Mustafa Qassosqi and Adnan Abu El Hija have shown.[80] Indeed, we understand historical trauma as a feature of the settler-colonial regime, which includes dispossession, carcerality, police terror, home demolition, extra-judicial murders, and systematic violence on civilians.[81] In Samah Jabr's words,

> *In Palestine, the history of the Nakba (Catastrophe) and the frequent wars and intifadas have created a common collective memory. And it is also a trans-generational one, a repetitive trauma… the images of demolishing Palestinian homes and moving them from one place to another is repetitive….[82]*

We must therefore recognize that Palestinians have been doing incredibly powerful and admirable work around trauma, especially for women and children, in the West Bank, but especially the Gaza Community Mental Health Programme now led by the indefatigable Yasser Jamei and organizations like Palestine Trauma Centre in Gaza, which has been continually subjected to violence at the level of war crimes, which either intentionally targets civilians (including children) or has no regard for them.[83] It is in fact Ahmed Abu-Tawahina, the former director of the Gaza Community Mental Health Programme, who tells Gaston and Hill, that the

> *idea of 'trauma may make sense in Geneva, where there is safety, stability, and routine,' but it fails to represent the lived experience of a battered an besieged people in constant fear, including the fear of the next war being just around the corner (and of its being worse than the last, as the 2014 war was indeed unimaginably worse than that of 2008–9). As an alternative to the term trauma, he suggested using "musiba"— calamity, misfortune, or ordeal in Arabic—a term which pushes back against the medicalization of distress, restoring pride of place.[84]*

In fact, Samah Jabr reminds us that "When the historical trauma of the Palestinians is utterly nullified, it makes it impossible to be discussed and mourned and expressed symbolically, thus, preventing repair and increasing its potential to

be acted out."[85] International revelry around Israel's anniversaries and its successes without a reckoning to the historical trauma the state has and continues to cause is actually an extension of the settler-colonial state itself that celebrates "the theft of Palestinians' land" as a means of negating Palestinian trauma. In other words, Palestinians are psychologically positioned between two positions that yield the same result. To be seen by the international community, they can only appear as victims of a historical truth and pain that is now subscribed to the past. Otherwise, their noncompliance invites them to be erased by Zionist triumphalism and British imperial memory. Jabr understands this pincer move within psychological terms and reminds us of the therapeutic "remedy" for the Palestinian collective. Palestinians, she says,

> *will voice our historical testimony and tell our narrative to make sense of the senseless grievances of colonialism; anti-oppression activism is our remedy against political trauma and; it will heal us as individuals and help us to heal the injured history of our homeland.[86]*

clinicians are acutely aware how identifying Palestinians as "victims" of "trauma" in need of care potentially deflects from the origins of their "trauma" and distracts from the structural nature of violence of a particular episode.

Let us return to Rana Nashashibi's observation that "pathologizing the victim is part of the trauma industry." The issue of "victim" and "trauma" is not only a political concern for the Palestinian clinician whereby suffering may be individualized, culturally or conditionally essentialized, and therefore decontextualized. Rather, as clinicians, they are specifically concerned with psychological consequences of misdiagnosis. Ussama, who has considerable experience in running a mental health clinic in Ramallah, tells us how mental health services often provided directly, funded and/or organized by international organizations, skew diagnosis and treatment because of frameworks and models that are applied tout court and without understanding of the dynamics of military occupation.

> *They train therapists and counsellors to go to people who just had their homes demolished or someone killed. They have good intentions but they might be creating a*

> *trauma that would be dealt with in other ways. This is how evidence-based models, at some level, produce 'illness.'*

Reminiscent of Amira's story regarding international donor organizations, Yoa'd Ghanadry-Hakim, who we met in Chapter 1, recalls the time she was the leading mental health professionals on an internationally funded project studying trauma in school children in UNRWA-run schools. She noted that despite the fact that the 119 counselors in schools and clinics were all trained by Palestinians, pre- and post-research that she conducted did not support the aims and goals of the international funding source, Save the Children, but instead showed what she had feared, that is, "western-imported manualized treatments showed that children's trauma was actually worse in the post-treatment." Yoa'd sent the report to Save the Children, but they refused to publish it because it did not fit their saviorism efforts, after which Yoa'd resigned in protest. This example, as countless others, highlights for us the immense failings of international aid that does not center on Palestinian narratives and indigenous healing practices, but, instead, relies and insists on Eurocentric practices that often (by design) miss the political and social nuances of settler-colonial oppression.

We believe that Israel is aware of the effectiveness of this mode of professional and social organizing, and, therefore, the interplay between clinicians and the settler-colonial regime is not one of putting out mental health fires that Israel ignites. Rather, Palestinian clinicians literally work against the social and psychological dismemberment of their people as a counter-technology to the technologies of control and setter colonialism.[87] Palestinian clinical practitioners are aware not only of the place between two irreconcilable positions in which they find themselves and their patients, but also of its structural nature. Therefore, as we will see in Chapter 4, they counter technologies of control and structures of settler colonialism individually through their own particular technique but also collectively through autonomous institution and community-building to counter the state and ideological structures of settler colonialism. "Community mental health care," Jabr tells us,

> *is often effective for us because treatment, psycho-social education, and counselling for "common" mental disorders, anxiety, depression, issues of sexuality, domestic life,*

> OCD, and suicide. But also, for us, it involves conditions under which Palestinians live, sharing communal trauma, an understanding of daily violence.

One wonders what would be the fate of Mohannad in Gaza if he were able to access a social network that would have allowed him to breathe. Rana Nashashibi seemed to anticipate such a question and resonated with Jabr's own insights:

> When we work with groups, we see how it works systemically, and working within their communities, give them scenarios to think about, not to tell them, think about where they are; get them to be active, not be passively receiving information. They actively think about themselves, in relation to the situation. They start to feel they can breathe. They see themselves in relation to others as opposed to think about themselves as solely as victims.

Seizure of the Rights to Life

The stories of Mohannad in Gaza, Basil, the Munasarah brothers and the figures of the Jerusalemite patients with schizophrenia together yield an undeniable realization: they are all stories of defiance. They are stories about subjects, who recognize themselves as individual as well as national subjects, and narrate the relationships between psychology and selfhood, community and occupation, between defiance, consciousness, and resistance, with the *closure* of all other possibilities of *living*. Exploring the lived experience of clinicians and their patients and marking their stories and affect draw us into the very tension that demarcates their lives—that is, the consistent referencing and valuing of self and communal dignity, of personal and political commitment, and of family and national responsibility to keep at bay, to varying degrees of success, the full potential force of structural Israeli political violence.

The power and ubiquity of this metaphor as a psychological description does not only bring us to the hegemonic, and seemingly invincible, power of the settler-colonial regime. Rather, as we read this chapter's many stories, including the stories of the clinicians themselves, clinicians-as-heroes, as-protagonists, as-agents, we recognize the articulation of this condition itself as the threshold to defiance, refusal, and a stalwart continuity of psychological presence.

Under the sustained, expanding, and structural social and psychological conditions of colonial occupation that seek to asphyxiate the civil population, we have witnessed that Palestinian resistance converts every act of aggression into a counteract of asserting psychological, political, and, indeed, ontological presence in the face of programmatic attempts at erasure. Since Israeli settler colonialism is intent on erasing, suffocating, and/or displacing Palestinians, the nexus of the body and psyche operates as the central locality where living/life and death are negotiated.[88] At this intersection, the lives and practices of Palestinian clinicians and their patients also teach us about the "livability" of Palestinian psychic reality and social being.

Nadera Shalhoub-Kevorkian has figured prominently in this chapter because her work demonstrates something particularly unique and important. Her work with women and children in occupied Jerusalem, and in particular in the Old City, evinces indomitable life-strategies of indigenous people under merciless and sustained settler state policies. Particularly, she demonstrates how death is manipulated not only as a "means of freedom" but also as a means to "live" for the community that survives. She shows how death is converted into a wellspring for communal life that reintegrates the dying family member back into their family and community. The Arabic idiom "living death" (*'ayshna mawt*, which means "living death," "living in death," and "living through death") circulates in the subjects of Shalhoub-Kevorkian's studies, giving us an opportunity to understand how they conterminously operate within what clinicians consistently described as the embodied psyche of Palestinians under occupation.[89] She shows how death exists as one more psychic, material, and political space of contention, contention for life, longevity, survival, and visibility. The notion of locale or space is not metaphorical but rather the source of a very real "psycho-political power found (and emerging) from sites of death" that also provides solace and comfort to the suffering and "psychosocial well-being" for the community.[90]

Whether killing, unchilding, or, through extension, prohibiting access to traditional burial sites, plots, family charnel houses, and cemeteries, Shalhoub-Kevorkian relays a number of powerfully moving and inspiring stories from Jerusalem.[91] For example, she entrusts us with the story of Nuhad in Jerusalem and her husband, who was a political prisoner. He fell critically ill while

imprisoned. When he petitioned to be released, the Israeli guard taunted him that he will only leave the prison in a black bag. Days later, he died. Receiving his corpse in a black bag, the family took him out immediately. They laid him in an air-conditioned room in his home, where they knew he would be happy. All of the village came to sit with him and "enjoyed him and he was happy…he even squeezed my hand," Nuhad explains, "to express his contentment. The entire society, everybody, came to see him in that nice room…as if he was really alive and free."[92] Yet, the story does not end here. The Israeli state forced Nuhad to sign a document in exchange for the corpse, requiring them to bury the body at night. "The wife and son," however, "defied the Israelis because he wanted to be buried in the daylight…All the community walked with us…His funeral was like a wedding, very big, very respectful."[93] His death was transformed into a communal event of life, where

> *his loss made them all want to continue his struggle, his cause, his aim…They all promised that his death would push all Palestinians to never surrender…This is exactly what he wanted…what he told us. His death was filled with hope and power….[94]*

The anecdote is repeated by a number of families throughout Jerusalem and its surrounding villages, where, as Shalhoub-Kevorkian reports, families refused to "allow [the Israeli occupation government] to displace us while dead [*Yshattituni bil-mamat*]."[95] This the case of Salim, whose infant daughter died by being asphyxiated through tear gas. In trying to bury her, the Israeli occupation army prohibited him and the funeral party from reaching the graveyard. Refusing to be deterred, carrying the daughter's body with them, the funeral party walked to the checkpoint and stood for four hours. Eventually, the Israelis relented, and the Palestinians won access to the cemetery where she could be buried.[96] As evident in these stories and the countless others told to us by clinicians, death becomes a space of contestation, refusal, defiance, and indeed victory not only for the families of the dead, but also for the community itself.

Rather than seeking to pathologize these Palestinians as either victims, traumatized, or delusional, Shalhoub-Kevorkian reveals the power of a Palestinian psyche that resists occupation, settler-colonial violence, and historic negation. She

shows that the event of death, saturated with the politics of settler colonialism and occupation, is a site for the seizure of the rights to life. She relays stories of families from occupied Jerusalem who fought to "protect our rights to be buried in Jerusalem" through direct confrontation, refusal, guile, and persistence, because "burial represents a performance of remains present in the homeland, not only the individual, but also of the entire Palestinian community displaced by colonial occupation."[97] This is not only a social and political practice of refusal and defiance. Reminding us of the life choices of Mohannad, Muhannad, Basil, and the Manasrah brothers, Shalhoub-Kevorkian reveals something that the settler-colonial regime understands and seeks to crush. Namely, her work produces evidence that death as a space of contention of life is a psychological exercise, where "individual psychological interpretation of death" becomes a "collective psychosocial embodiment of everyday resistance."[98] The community collectively creates meaning for death, generating it into energy for defiance from being erased by settler colonialism and communally protecting and fighting for one's right to life and living.

Conclusion

In concluding this chapter, we would like to connect the pieces that we have been interweaving throughout. On the one hand, we understand how discourses of mental health often decontextualize and depoliticize Palestinians as victims and as subjects of trauma. These psychological practices and diagnostic methodologies actually may transform Palestinian suffering into a generic modality of mental and public health concern. Against this background of marking the imagined Palestinian subject that international mental health discourses hope to produce, we have sought to provide an unvarnished accounting of the psychological violence intentionally wrought on the Palestinian people by the Israeli settler-colonialist regime.

But also, if Israeli settler colonialism has made the psyche a plane of contestation, through our conversations and collaborations in Palestine, we have learned that the intersection between psychic and social plane is also where willfulness of the conscious "complete self" (whether seen in the Palestinian political prisoner or *fida'i*) or the unconsciousness of the "schizophrenic patient" (aware how life has

been made precarious by Israeli apartheid) becomes manifest. We have become even more interested in the place where the psyche meets the political and strive to amplify clinical voices that describe how life and death are psychological choices of *seizing the right to one's life*, the willfulness of subjects to defiantly live or die. In this way, we understand the opening death vignettes as two sides of the same struggle, namely, not a question to live or die under oppression, surrender or resist, but rather as an action and practice of exercising a right that is being denied to them, individually and collectively, as Palestinians.

What clinicians have provided in this chapter is a clear picture that Palestinians do not bend to the grammar of Zionist settler colonialism that collaborates with the nomenclature and "grammar" of international humanism.[99] Rather, a shared grammar or language (even one that considers gender, class, and geographic difference) forms a common fabric that makes up individual and collective identities. The juncture between the ways in which clinicians create together *autonomous* practices and the techniques and strategies they operationalize to attend to the lives and suffering of their patients (including fluid, indigenous and classical ways of diagnosis, victimhood, and treatment without colluding with Zionism) allows clinicians to define and assert both individual and collective subjectivity that pushes back on the impacts and malicious intent of Israeli settler colonialism while also nurturing the groundedness and roots of Palestinian life in Palestinian place and space.

Notes

1. See (Shu'afat) Camp profile on United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) website, found at: https://www.unrwa.org/where-we-work/west-bank/shufat-camp
2. Danielle Jefferis, "Center of Life" Policy: Institutionalizing Statelessness in East Jerusalem," *Journal of Palestine Studies*, no. 50 (2012): 94–103. Also, see Danielle C. Jefferis, "Institutionalizing Statelessness: Revocation of Residency Rights of Palestinians in East Jerusalem," *International Journal of Refugee Law*, vol. 24, no. 2(2012): 202–230.
3. Nadera Shalhoub-Kevorkian, "Unchilding and the Killing Boxes," *Journal of Genocide Research* (2020): 1–11.
4. [Muhammad Funun], *Falsafat al-muwajihah wara' al-qabadan* (The Philosophy of Defiance behind Bars) ([Beirut?]: Manshurat Dar al-raiyah [1982?], 36. This is a clandestine book released by Funun (potentially a nom de guerre) after being released from an Israel prison in 1978.
5. Patrick Wolfe, "Settler Colonialism and the Elimination of the Native," *Journal of Genocide Research*, vol. 8, no. 4 (2006): 387–409.

6. [Nadera Shalhoub-Kevorkian](), "Living Death, Recovering Life: Psychosocial Resistance and the Power of the Dead in East Jerusalem," *Intervention*, vol. 12, no. 1 (2014): 25.

7. [One example of recent research]() that discusses the particularities of settler colonialism in Palestine with rigorous detail but, at the same time, showing how Israel is less an exception but more the rule to settler-colonial power, see Noura Erakat's meticulous *Justice for Some: Law and the Question of Palestine* (Stanford, CA: Stanford University Press, 2019).

8. [Achille Mbembe](), *Necropolitics*, trans. Steven Corcoran (Durham, NC: Duke University Press, 2019), 79–80.

9. [Brenna Bhandar](), *Colonial Lives of Property: Law, Land, and Racial Regimes of Ownership* (Durham, NC: Duke University Press, 2018); Nadim Rouhana, ed., *Ethnic Privileges in the Jewish State* (Cambridge: Cambridge University Press. 2017); and Nadera Shalhoub-Kevorian, "Settler Colonialism, Surveillance, and Fear in Israel and its Palestinian Citizens," in *Ethnic Privileges in the Jewish State*, ed. Nadim Rouhana (Cambridge: Cambridge University Press, 2017), 336–367; Nadera Shalhoub-Kevorkian, "Liberating Voices: The Political Implications of Palestinian Mothers Narrating Their Loss," *Women's Studies International Forum*, vol. 26, no. 5 (2003): 391–407; Lana Tatour, "Citizenship as Domination: Settler Colonialism and the Making of Palestinian Citizenship in Israel," *Arab Studies Journal*, vol. 27 (2019):8–39; and Elia Zureik, *Israel's Colonial Project in Palestine: Brutal Pursuit* (London: Routledge, 2015) and Elia Zureik, *The Palestinians in Israel: A Study in Internal Colonialism* (London: Routledge & K. Paul, 1979).

10. [Lara Sheehi and Leilani Salvo Crane](), "Toward a Liberatory Practice: Shifting the Ideological Premise of Trauma Work with Immigrants," in *Racial Minority Immigrants and Trauma in the United States*, ed. Pratyusha Tummala-Narra(Washington, DC: The American Psychological Association, 2021).

11. [Nadera Shalhoub-Kevorkian](), "Speaking Life, Speaking Death: Jerusalemite Children Confronting Israel's Technologies of Violence," in *The Emerald Handbook of Feminism, Criminology and Social Change*, ed. Sandra Walklate, Kate Fitz-GIbbon, Jude McCulloch, and JaneMaree Maher (Bingley: Emerald Publishing Limited, 2020), 253–270.

12. [Sarah Helm](), "A Suicide in Gaza," *The Guardian*, May 18, 2019; found at https://www.theguardian.com/news/2018/may/18/a-suicide-in-gaza

13. ["Athar la yashal mahwuhu](): Li-madha intahar Muhannad?" In Arab 48, August, 30, 2018; found at [https://www.arab48.com/فسحة/ورق/أدب/2017/08/30/أثر-لا-يسهل-محوه-لماذا-انتحر-مهند](https://www.arab48.com/), and "Hadha al-Asbab alati j'alat al-shab Muhannad Yunis yuqaddim 'ala al-intihar," *Nabad al-watan*, August 30, 2017; found at [https://nnpress.com/post/188924/هذه-الاسباب-التي-جعلت-الشاب-مهند-يونس-ي](https://nnpress.com/post/188924/)

14. [The personal biographical]() information is taken from "Athar la yashal mahwah: Li-madha intahar Muhannad?" op.cit', "Hadha al-Asbab alati j'alat al-shab Muhannad Yunis yuqaddim 'ala al-intihar," op. cit., and Mohammed Moussa, "What Killed Mohannad." *We Are Not Numbers*, September 29, 2017; found at https://wearenotnumbers.org/home/Story/What_killed_Mohannad

15. [Lolo Ap Dafydd](), "Despair Drives Increased Suicide Rate in Gaza," *TRTWorld*, June 21, 2017; found at https://www.trtworld.com/mea/despair-drives-increased-suicide-rate-in-gaza-8097.

16. [Hamza Abu Eltarabesh](), "A Life Worth Living?" in *Electronic Intifada*, November 9, 2017; found at https://electronicintifada.net/content/life-worth-living/22246

17. [Police](): Suicide Rates Rose Alarmingly in the West Bank in 2014; Ma'an News Agency, March 7, 2015; http://www.maannews.com/Content.aspx?id=759770.

18. ["Euro-Mediterranean Catastrophic Consequences of 10-year Gaza Blockade,"]() Report by Euro-Mediterranean Human Rights Monitor, Geneva, January 26, 2016; also found at http://euromedmonitor.org/en/article/1104. For an updated report on these statistics see, the Euro-Mediterranean Human Rights Monitor report, "Suffocation and Isolation: 15 Years of Israeli Blockage on Gaza," January 2021; pdf report found at https://euromedmonitor.org/en/article/4119/Suffocation-and-Isolation..15-Years-of-Israeli-Blockade-on-Gaza

19. [See the Euro-Mediterranean]() Human Rights Monitor's factsheet, "Gaza Strip: 12 Years of Blockade" found at https://euromedmonitor.org/en/gaza (accessed July 1, 2019).

20. [For an incredibly rigorous](#) and sophisticated discussion of carceral practices within colonial contexts including Palestine, see Laleh Khalili, *Time in the Shadows: Confinement in Counterinsurgencies* (Stanford, CA: Stanford University Press, 2012).

21. [A selection](#) of Mohannad Younis's short stories can be found at Muhannad Yunis, *Ultra Sawt* (Ultimate voice) [https://www.ultrasawt.com/أصوات/مهند-يونس](#) (accessed January 25, 2019).

22. [For the most complex and thorough examination](#) the term "nafs" within a psychoanalytic context and the Arab world, see Stefania Pandolfo's rewarding and ground-breaking *Knot of the Soul: Madness, Psychoanalysis, Islam* (Chicago, IL: University of Chicago Press, 2018) and Omnia El Shakry's illuminating work on the origins of psychoanalytic thought in Egypt, *The Arabic Freud: Psychoanalysis and Islam in Modern Egypt* (Princeton, NJ: Princeton University Press, 2020). Both offer not only rigorous readings of a swath of psychoanalytic literature in Arabic (and French) but also explore decolonial methodologies that explore the relationship between psychoanalysis and indigenous Islamic forms of psychological knowledge.

23. [Sari Hanafi and Linda Tabar](#), "Spatio-cide, réfugiés, crise de L'État-nation," *Multitudes*, vol. 4, no. 18 (2004): 187–196; Sari Hanafi, "Spacio-cide: Colonial Politics, Invisibility and Rezoning in Palestinian Territory," *Contemporary Arab Affairs*, vol. 2, no. 1 (2009): 106–121; and "Explaining Spacio-Cide in the Palestinian Territory: Colonization, Separation, and State of Exception," *Current Sociology*, vol. 61, no. 2 (March 2013): 190–205.

24. [Laleh Khalili](#), *Time in the Shadows: Confinement in Counterinsurgencies* (Stanford, CA: Stanford University Press, 2012).

25. [Khalili](#), *Time in the Shadows*, 145.

26. [See Jasbir Puar](#), *The Right to Maim: Debility, Capacity, Disability* (Durham, NC: Duke University Press, 2017) and Nadera Shalhoub-Kevorkian, "Gun to Body: Mental Health against Unchilding," *International Journal of Applied Psychoanalytic Studies*, vol. 17, no. 2 (2020): 126–145.

27. [Puar](#), *Right to Maim*, xxii.

28. [Puar](#), *Right to Maim*, 135.

29. [See Gokani](#), Bogossian et Akesson, "Occupying Masculinities." Massad, "Conceiving the Masculine," and Otman, "Handcuffed Protectors?"

30. [Leonard Shengold](#), *Soul Murder: The Effects of Childhood Abuse and Deprivation* (New York: Fawcett Columbine, 1989).

31. [Abu Eltarabesh](#), "A Life Worth Living?" op.cit.

32. [Mousa](#), "What Killed Mohannad?" op.cit.

33. [Mousa](#), "What Killed Mohannad?" op.cit.

34. [Ahmed](#), *Willful Subjects*, 3–4.

35. ["Athar la yashal mahwuhu](#): Li-madha intahar Muhannad?" op.cit.

36. [See](#), for example, Floretta, Boonzaier, and Taryn Van Niekerk, eds., *Decolonial Feminist Community Psychology* (New York: Springer, 2019); Shose Kessi, "Towards a Decolonial Psychology: Defining and Confining Symbols of the Past," *Museum International*, vol. 71, no. 1–2 (2019): 80–87; and Kathryn L. Norsworthy and Ouyporn Khaunkaew, "Transnational Feminist Liberation Psychology: Decolonizing BorderCrossings,"in *Liberation Psychology: Theory, Method, Practice and Social Justice*, ed. Edil Torres Rivera and Lillian Comas-Díaz (Washington, DC: APA. 2020).

37. [Samah Jabr and Elizabeth Berger](#), "An Occupied State of Mind: Clinical Transference and Countertransference across the Israeli/Palestinian Divide," *Psychoanalysis, Culture, and Society*, vol. 21 (2016):21–40.

38. [Shalhoub-Kevorkian](#), "Speaking Life," 258.

39. [Puar](#), *Right to Maim*, 11–12.

40. [Mu'adh Hamid](#), "Basil al-A'raj: al-Muthaqat aladhi 'ajiz al-ihtilal 'an al-a'tqalihi," *'Arab 21*, January 4, 2017; found at [https://arabi21.com/story/974995/باسل-الأعرج-المثقف-الذي-عجز-الاحتلال-عن-اعتقاله-فيديو](#).

41. [See the commemorational](#) writings by Saif Da'na, Khalid Barakat, Khudr Salamah, Wissam al-Rafidi and others in Basil al-A'raj et al., *Wajadu ajwabati: Hakadha takallam al-shahid Basil al-A'raj* (Beirut: Bissan, 2018).

42. Frantz Fanon, *The Wretched of the Earth*, trans. Richard Philcox (New York: Grove Press, 2004), 30.

43. Basil al-A'raj. "al-Khuruj 'an al-qanun wal-dukhul ila al-thawra," in *Wajadu ajwabati: Hakadha takallam al-shahid Basil al-A'raj* (Beirut: Bissan, 2018), 143.

44. Shuki Cohen, "Mapping the Minds of Suicide Bombers Using Linguistic Methods: The Corpus of Palestinian Suicide Bombers' Farewell Letters (CoPSBL)," *Studies in Conflict and Terrorism*, vol. 39, nos. 7–8 (2016): 682.

45. Cohen, "Mapping the Minds of Suicide Bomber," op.cit., 686.

46. Budour Youssef Hassan, "A Terrorist to Israel, a Hero to His Family," *Electronic Intifada*, January 20, 2016: found at https://electronicintifada.net/content/muhannad-halabi-terrorist-israel-hero-his-family/15316

47. Fanon, *The Wretched of the Earth*, 3.

48. Nadim Rouhana and Areej Sabbagh-Khoury, "Settler-Colonial Citizenship: Conceptualizing the Relationship between Israel and its Palestinian Citizens," *Settler Colonial Studies*, vol. 5 (2015): 205–225.

49. Lara Sheehi (née Masri), "Introjects in the Therapeutic Dyad: Towards "Decolonization,"" Major Area Paper in the Completion of the Doctorate of Psychology, George Washington University (2009), 3. *Unpublished*.

50. We carefully appropriate Hartmann's concept of adaptation in Palestine as his theory downplays the role of conflict thrust upon the ego as is clearly the condition of Palestinian subjects. See Heinz Hartmann, *Ego Psychology and the Problem of Adaptation* (New York: International Universities Press, 1939). For a brief discussion of adaptive defense within the context of the Palestinian struggle, see Stephen Sheehi, "Psychoanalysis under Occupation: Nonviolence and Dialogue Initiatives as a Psychic Extension of the Closure System," *Psychoanalysis and History*, vol. 20, no. 3 (2018): 364–367.

51. Walid Daqqa, born in Baqaa' al-Gharbiyeh, a member of the Popular Front for the Liberation of Palestine, he is serving a 37-year sentence for attempting to kidnap an Israeli soldier in order to arrange a prisoner swap in 1986. In 2018, his sentence was extended because he was convicted of helping fellow prisoners communicate with their families. This is noteworthy because he is a leader among organizing prisoners and has been targeted by authorities, who frequently move him and attempt to disrupt any advocacy work for incarcerated Palestinians. Despite, or perhaps because, having received attention and admiration for receiving his bachelor's, master's, and PhD degrees while incarcerated, the Israeli authorities regularly move him, place him in solitary confinement, and prohibit him from seeing his wife and family members. Despite this, he has been successful not only in smuggling out his writing but also his sperm, resulting in the birth of his daughter in 2020. See "Profile: Walid Daqqa…Rajul al-zaman al-muazi," *Ultra Palestine,* 28 May, 2018; found at https://ultrapal.ultrasawt.com/بروفايل-وليد-دقة-رجل-الزمن-الموازي/التراﻓلسطين/ذاكرة-وطنية. For an interview with a series of Palestinian political prisoners, including Daqqa, see "Hiwar Asra fi Sijn Asqalan," (Interview with Political Prisoners in Askalan Prison) *Majallaht al-Dirasat al-Filastiniyya*, vol. 14, no. 54 (Spring 2003); also pdf found at https://www.palestine-studies.org/sites/default/files/mdf-articles/حوار أسرى.pdf. For a profile about how Palestinians resist the carceral erasure of the state, see Fatima AbdulKarim, "The Sperm Smugglers," *Topic*, no. 23 (May 2019), https://www.topic.com/the-palestinian-sperm-smugglers?fbclid=IwAR217Y-y8zrNSzb8-4FNTf5raERUtkkaWK3PDga_49OAFoo8UwT19CAPG7o

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54. Samah Jabr, "Occupation of the Mind," *The New Internationalist*, May 1, 2007; found at https://newint.org/features/special/2007/05/01/emotionalhealth.

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Raija-Leena Punamaki, Derek Summerfield, "Mental Health, Social Distress and Political Oppression:
the Case of the Occupied Palestinian Territory," *Global Public Health*, vol. 65 (2010): 547–559; Rita
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70. [Edward Said and Christopher Hitchens], eds., *Blaming the Victims: Spurious Scholarship and the Palestinian Question* (London: Verso, 2001).

71. [Said], "Zionism from the Standpoint of Its Victims," 10.

72. [See Ruth Wilson Gilmore's] concept of organized abandonment and its link to carcerality. Ruth Wilson Gilmore*, Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* (Berkeley: University of California Press, 2007).

73. [Didier Fassin] and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood.* (Princeton, NJ: Princeton University Press, 2009); Didier Fassin, *Humanitarian Reason: A Moral History of the Present* (Berkeley: University of California Press, 2012); Lori Allen, *The Rise and Fall of Human Rights: Cynicism and Politics in Occupied Palestine* (Stanford, CA: Stanford University Press, 2013); Ilana Feldman, *Life Lived in Relief: Humanitarian Predicaments and Palestinian Refugee Politics* (Berkeley: University of California Press, 2018); and Neve Gordon and Nicola Perugini, *The Human Right to Dominate* (Oxford: Oxford University Press, 2015).

74. [Fassin and Rechtman], The *Empire of Trauma*, 199.

75. [Fassin and Rechtman], The *Empire of Trauma*, 198.

76. [Fassin and Rechtman], The *Empire of Trauma*, 5 and 206.

77. [Ilana Feldman], "Gaza's Humanitarianism Problem," *Journal of Palestine Studies*, vol. 38, no. 3 (2009): 33.

78. [Linda Tabar and Sari Hanafi], *The Emergence of a Palestinian Globalized Elite: Donors, International Organizations, and Local NGOs* (Jerusalem: Institute of Jerusalem Studies, 2005); and Layana Kayali, *Palestinian Women and Popular Resistance: Perceptions, Attitudes, and Strategies* (London: Routledge, 2021); and Mona Atia,and Catherine Herrold, "Governing Through Patronage: The Rise of NGOs and the Fall of Civil Society in Palestine and Morocco," *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, vol. 29, no. 5 (2018): 1044–1054.

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81. [In thinking of "traumatic events,"] it is important to realize that acts such as home demolitions that are intended not only to punish but specifically impact mental health have been noted for decades. For example, see Samir Qouta, Raija-Leena Punamaki, and Eyad El Sarraj, "House Demolition and Mental Health: Victims and Witnesses," *Journal of Social Distress and the Homeless*, vol. 7, no. 4 (1998).

82. [Samah Jabr], "The "Invisible Damage" of Life Under the Occupation," *Middle East Monitor*, December 19, 2017; found at https://www.middleeastmonitor.com/20141219-samah-jabr-the-invisible-damage-of-life-under-the-occupation/

83. [The work being] done on the ground in Gaza is immense and deserves far more attention than we are able to provide in this book. Apart from the invaluable clinical work that Gaza Community Mental Health Programme under leaders such as Eyad al-Sarraj, Ahmed Abu-Tawahina, and currently Yasser Jamei have done, psycho-education, community-based intervention, and children programs like the immensely Juma'at Farah (Happy Friday) by Palestine Trauma Centre must be recognized. See for some discussion, Alex Delmar-Morgan, "Mental Help: The Story of Gaza's Trauma Unit," in Open Democracy, June 16, 2017; found at https://www.opendemocracy.net/en/north-africa-west-asia/gaza-trauma-unit/. In addition, anecdotally, we have come upon a number of clinicians with successful experiences and practice in art therapy in Jerusalem and the West Bank. For one discussion, see Rajiah Abusway, Rana Nashashibi, Remal Salah, and Reema Shweiki, "Expressive Arts Therapy: Healing the Traumatized: The Palestinian Experience," in *Art Therapy and Political Violence: With Art, Without Illusion*, eds. Debra Kalmanowitz and Bobby Lloyd (London: Routledge, Taylor and Francis Group, 2005), 79–96.

84. Paul Gaston Aaron and Thomas W. Hill, "The Great Refusal," *Journal of Palestine Studies*,vol. XLV, no. 2 (Winter 2016): 74.

85. Samah Jabr, "When Israel and Britain Celebrate the Historical Trauma of Palestinians," *Middle East Monitor*, February 16, 2017; found at https://www.middleeastmonitor.com/20170216-when-israel-and-britain-celebrate-the-historical-trauma-of-palestinians/

86. Jabr, "When Israel and Britain Celebrate the Historical Trauma of Palestinians."

87. For the psychology of "dismemberment" of space and community, see Shalhoub-Kevorkian, "Speaking Life, Speaking Death."

88. It bears repeating that when we speak of cultural and subjective erasure since 1948, we are being quite literal and speaking of a complex and sustained set of state policies for the elimination of the Palestinian people from their historical homeland. For another example, a number of studies evince that depopulation, disenfranchisement, and removal (i.e., erasure) have been an Israeli state policy since its inception in 1949. For some further examples, see Noga Kadman, *Erased from Space and Consciousness: Israel and the Depopulation of Palestinian Village of 1948* (Bloomington: Indiana University Press, 2015); Eyal Weizman and Fazal Sheikh, *The Conflict Shoreline: Colonization as Climate Change in the Negev Desert* (Göttingen: Steidl, 2015).

89. Nadera Shalhoub-Kevorkian, "Living Death," 20.

90. Shalhoub-Kevorkian, "Living Death, Recovering Life," 16.

91. See, in particular, Nadera Shalhoub-Kevorkian, *Incarcerated Childhood and the Politics of Unchilding* (Cambridge: Cambridge University Press, 2019).

92. Shalhoub-Kevorkian, "Living Death," 23.

93. Shalhoub-Kevorkian, "Living Death," 23.

94. Shalhoub-Kevorkian, "Living Death," 23–24.

95. Shalhoub-Kevorkian, "Living Death," 24.

96. Shalhoub-Kevorkian, "Living Death," 22.

97. Shalhoub-Kevorkian, "Living Death," 25.

98. Shalhoub-Kevorkian, "Living Death," 25.

99. This use of "grammar" is, of course, a play on Hortense Spillers' actual use of "grammar" in relation to the symbolic order of race and the language used to pathologize blackness and normativize racial hierarchies. See Hortense Spillers "Mama's Baby, Papa's Maybe: An American Grammar Book," *Diacritics*, vol. 17, no. 2 (Summer 1987): 64–81.

3 Psychoanalytic Innocence

The Ideological Misattunement of Dialogue

In a conversation in a hotel lobby, Samah Jabr speaks to us about the challenges of negotiating as a Palestinian psychiatrist in Jerusalem and the West Bank, as well as the dangers, pitfalls, and, at times, unavoidable coordination with Israeli psychologists and psychiatrists. She recounts a story when she is in a room with Israeli psychologists in Tel Aviv when they realized what their settler society had wrought on the Palestinian people, a realization that Jabr imported into the room by the mere fact of her presence and refusal to not be "the good Arab." When an Israeli woman psychoanalyst complained that Israelis just need space and time to breathe among the tensions created by the "Palestine-Israel conflict," Jabr replied: "We live in a reality where the more Israelis breathe, the more Palestinians choke." She continues to say that Israeli fear and anxiety is always gauged "at the expense of Palestinian suffering." Her comments on "choking" as the Israelis sucked out all the air in the room reemerges in an interview with her by the French director Alexandra Dols in the documentary, *Derrière les Fronts: Résistance et Résiliences en Palestine* (2017; translated as Beyond the Frontlines). Speaking of this very scene, Jabr writes, "Throughout the film, we hear Palestinians gasping for air: during interrogation in prisons, at the Qalandiya checkpoint, and under bombardment in Gaza."[1] While the film specifically explores the psychological dimensions and effects of Israeli settler domination, we connect this scene with our personal conversations around Jabr's contentious position as a clinician practicing in Palestine but also working for Palestinian liberation and self-affirmation.

In this chapter, we will examine, how "dialogue initiatives" function as an extension of the Israeli asphyxiatory closure system and, especially in the contemporary moment, work to naturalize settler-colonial society and structures that consider settlers as "native," entitled to the land that they have colonized. The subject of this chapter is not to diagram the invasive, extracting apartheid

state machine, a "machine of oppression" that, Nour Abu-Assab and Nof Nasser-Eddin would agree, "do[es] not only police, surveil, and incarcerate, but also constitute[s] virtual prisons for their citizens, particularly for their non-normative inhabitants," whether they be queer or Arab in the case of State of Israel.[2] The intensity of this state machine is amplified in the case of the settler-state machine, whose violence is naturalized and overlaid on top of the Palestinian people, operating on Palestinian land in a persistent and relentless attempt to invert the material reality of Palestine and eliminate the native Palestinian, in Patrick Wolfe's words. To move beyond abstraction, we note that the physical asphyxiatory system within the West Bank, Gaza, and Jerusalem is a material instantiation of the psychological "choking" system that dialogue initiatives present to their Palestinian interlocutors.

Interaction, collaboration, coerced and consensual exchange, and refusal to cooperate with Israeli institutions loom large in conversations with Palestinian clinicians, especially in Jerusalem and with Palestinian citizens of Israel. One Palestinian clinician, a resident of Haifa but who often works in the West Bank and Jerusalem, says, "the Israelis are obsessed with legitimacy. They want talk to Palestinians because as long as they talk, they know Palestinians are listening to them. It is kind of like Kernberg's pathological narcissist." He laughs as he provides this cuttingly astute analysis,

> *They love talking to Palestinian clinicians. But they want to be recognized as not being racists. This is why they talk to us "like friends." But of course, we know so many Israelis who are uncomfortable with Palestinian patients. [I have never seen a Palestinian clinician, no matter how anti-Zionist they may be, ever refuse a patient because they were an Israeli (Jew).][3] If you are looking for a referral and they hear an Arab name, the first thing they ask "do they speak Hebrew?"*

He sighs heavily, "We as Arab clinicians are always getting calls because they do not want to take Palestinians. They say they are being 'culturally sensitive,' but it has become increasingly clear that it really just makes them nervous." This psychologist, who has some of the keenest psychoanalytic analysis we have experienced in Palestine, returns to the point.

But they always say they want "dialogue" with Arab Israelis. How? There are no relational structures—no social structure between Jewish Israelis and Palestinians—that allows relational processes in Israel. They confuse relational with obeisance. It is sad that Israeli grandiosity, even pathological narcissism of the "left Zionists," make them think they can be "neutral" or self-critical when it really prevents them seeing a Palestinian as an equal. But that is the kind of dialogue they want.

Since World War II, psychoanalytic psychology, especially within Britain and the United States, has struggled with considering "the social" and "the political." Stephen Portuges has offered not only a genealogy of "neutrality" within psychoanalysis but also cogently demonstrated that "the psychoanalytic neutrality principle has turned out to be a technical intervention that obfuscates the recognition and elucidation of the role of ideologically constructed factors in the psychoanalytic theory of treatment that contribute to patients' psychological difficulties."[4] Likewise, in their edited book, Lynne Layton and Marianna Leavy-Sperounis map out a decades long career in which Layton attempts to locate the centrality of the sociopolitical in psychoanalysis, theorizing the ideological basis for why psychoanalysis has resisted this integration under the guise of neutrality.[5] In the case of Palestine, Martin Kemp notes that psychoanalysis, predicated on the *assumption* of the "neutrality" of the analyst, "disguises a firm support for the denied, but systemic, racialized violence that characterizes inter-community relations in Palestine/Israel."[6] Pretenses to neutrality both in the diplomatic room of political "mediation" and the therapist's room saturate the frameworks, political or therapeutic, that Palestinians are forced to accept if they are to be legible as minor partners or legible victims within the "politics of recognition." Influenced by Fanon's psychological insights, Glen Coulthard's insightful *Red Skins, White Masks* identifies not only the contours of violence of settler colonialism in Canada but also deftly draws out the psychic damage that structures state-sponsored "reconciliation" projects.[7] While we do not have the space to fully engage his work, we rely heavily on his integral assertion that the process of "recognition" within settler-colonial societies entails, at best, the "legacy" of violence and the presence of the indigenous people, while, also, fundamentally reifying the legitimacy of state sovereignty of the settler colony.

This book is interested in the psychoanalytic structures of such a move only in relation to indigenous people's position to them vis-à-vis the settler-colonial state. In this way, we assert that the "liberal democratic" impulse for repair within some settler-colonial states functions only to recuperate the reality-bending on which the state relies for coherence and legitimacy. More specifically, the impulse to repair reifies a critical psycho-ideological disavowal, namely, to recuperate and validate the legitimacy of sovereignty of a settler state rather at the expense of the reality principle: a confrontation of the material reality that the settler colony is built on the elimination of the indigenous people. The naturalization of a settler-colonial society is political and ideological. In the case of Israel, we have shown that Zionism as a "coherent" ideology and a political (as opposed to spiritual) movement demonstrates a troubling problem with the reality principle.[8] This reality-testing deficit that undergirds the structural disavowal of Zionism is not only constitutive of it, but rather *a psychosocial prerequisite of all settler-colonial societies*.[9] The disavowal of fundamental material realities (e.g., the Palestinians are the inhabitants of Palestine) is a psychotic function that could not be codified or affirmed (politically and discursively) without the collusion of settler-colonial allies such as the United States, Canada, and Australia and complicit former colonial and imperial powers in Europe (including Russia).

Israeli psychoanalysts Udi Haidar and Moshe Zuckerman locate the centrality of disavowal in the motivations of Zionism as a settler-colonial ideology. More specifically, they identify how psychological defenses and, consequently, agonistic anxieties, guilt, rage, shame, and, of course, disavowal arise, fundamentally, from the constitutive contradiction within the Israeli "Jewish narrative [that] remains blind to Palestinian subjectivity."[10] To maintain the coherence of an ideological psychic position and concomitant ego structure and functioning, Zionists engage in a pathological denial (*Verleugnung* for Freud) of the indigeneity of Palestinians. Denial and disavowal are not only explicit political tactics by pro-Israeli operatives or ardent ideological Zionists (both Jewish and non-Jewish) but, in fact, function as a built-in mechanism of Zionism, acting as a defense in service of the "splitting of the ego," as theorized both by Freud and Melanie Klein.[11] The observation that disavowal and denial are operative in perpetuating the foundational myths of Zionist settler colonialism is not new and the statement should not be received as controversial.[12]

We take particular interest in the way invitations (also read as coercive seductions) to "dialogue" between the colonized and the settler colonialists (and their allies as "mediators") operate along an axiom of *Verleugnung* ("denial," "disavowal," and, for Lacan, "foreclosure") that naturalizes the dismissal of the historical realities of Palestine and diminishes Palestinian life and existence at the expense of shoring up the reality-bending slips of the Zionist national myth. Moreover, we will see, in this chapter, how the disavowals and foreclosures structurally drive to undermine Palestinian willfulness and autonomy. Although we acknowledge the importance of the observation that disavowals are a structural component of dialogue, this chapter is particularly concerned with the ideological acrobatics of Zionism and the way its many variances contort reality to normalize the absurd myths it hopes to solidify as reality. We are only concerned with this contortion as it is imposed upon Palestinians, in this case, through psychoanalytically driven dialogue initiatives. That is, we prioritize the violent effects of Zionist disavowal as an indivisible structural component of "mutual recognition" discourses and "dialogue" initiatives. By examining the logic and framework championed by American, European, and Israeli psychoanalysts, "neutrality" and "universality" of psychology emerge as an organizing feature to "dialogue," concepts which reproduce, perpetuate, and, indeed, participate in violence that work to extinguish Palestinian subjectivity, psychological well-being, and political emancipation.

These notions of "neutrality," "universality," and "humanity" hold an organizing role in psychoanalytic practice and theory. Psychoanalytically inspired dialogue initiatives, therefore, comfortably dovetail with "trust-building" official and surrogate track-three diplomatic endeavors and humanitarian "peace-building" campaigns. They are codified within the asymmetries of the Oslo Accords, opened up the potential of collaboration, consent, and conscription.[13] After 1993, there was a burst of dialogue initiatives in which many Palestinians freely and enthusiastically participated.[14] Lena Meari observes a shift from a "life of resistance" to a "life of negotiation."[15] This shift is accompanied by an "institutionalization" of the PA, the NGO-ization of Palestinian society, the proliferation of human rights discourses, and the neoliberalization of the economy, which "signaled a shift from reorganizing the self toward struggling against the colonizing other to reforming the Palestinian self now bound to state law and institutions."[16] The "life of negotiation" replaced active resistance led by

the PA and its own neoliberal development and collaborationist agenda.[17] This occurred at the same time that the Israeli government exponentially intensified its grip and increased its colonization of the West Bank (this is not to mention the ways in which the "life of negotiation" allowed the PA and the Israelis to work in concert to further suffocate Gaza).

Bad Faith as a Professional Practice

> *"In a narrow sense, we are not a political organisation," claims the IARPP leadership (International Association for Relational Psychoanalysis and Psychotherapy), giving them the luxury of distancing their psychological experience from the occupation while at the same time consuming the privileges of the occupation. For Palestinians, there is no such luxury; the occupation that deprives us of our loved ones, spies on our private relationships, strips our clothes from us, steals years from our lives, deprives us of our health and confronts us with continuous grief and humiliation, this is in every sense very personal and very psychological.[18]*

Samah Jabr names and shames the International Association for Relational Psychoanalysis and Psychotherapy (IARPP) a consequence of its scandalous behavior, which violently shut down "debate" within its international membership, who were urging the organization to move its annual conference from Tel Aviv, where it was planned to be held in June 2019.

In this section, we dwell on the spectacular ethical failure of the IARPP in shutting down membership and non-membership calls for it to respect an international boycott of Israel. We single out IARPP not because the organization holds any particular prestige in the field of psychoanalysis and psychotherapy. Nor was it alone in breaking the Boycott, Divestment, Sanctions (BDS) call for an academic boycott, which seemed particularly relevant in the wake of global remonstrations by clinicians and social workers protesting Israel's targeting of Palestinian clinical social workers, such as Munther Amira, who were placed in illegal "administrative detention" for their clinical practice and activism in Aida Refugee Camp in 2018.[19] At the same time that social workers and clinicians were protesting such arrests and IARPP's plans, the New Lacanian Society (NLS), largely a vanity project of Jacques Alain-Miller for non-Francophone Lacanians,

was also planning to hold its conference in Tel Aviv, with the collusion of one or two well-placed, high-profile Israeli Arab clinicians as key organizers of the conference. When the US-Palestine Mental Health Network (USPMHN) petitioned them to change the venue, the NLS simply responded to the petition by accusing them of anti-Semitism.

In contrast to NLS' unflinching move to unambiguously align itself with the most aggressive and hackneyed of Israeli state discourses (equating protest against Israeli apartheid with anti-Semitism), IARPP's bad faith provides us with a more complex but still archetypal example of how "liberal" modalities of psychoanalytic practice betray what Avgi Saketopoulou also aptly refers to as "whiteness closing ranks" within psychoanalysis, especially when the issue of Palestine is raised.[20] The IARPP affair clearly demonstrates how mainstream international psychoanalytic associations (largely populated by white clinicians from Europe and what is now known as North America) collude with settler-colonial regimes, politically and psychoanalytically, because they share the same ideological fabric. Most importantly for this chapter, however, IARPP demonstrates the mechanisms by which psychoanalytic associations and, indeed, practitioners, especially from the so-called West, disavow the *comprehensive* violence of settler-colonial *systems* (which reach beyond the deliberate violence of the occupation in the case of Palestine) but also actively perpetuate and participate in this violence, by pathologizing resistance to Israeli apartheid and by diminishing the value of Palestinian life and well-being. Finally, we focus on IARPP's gross violations of its own stated ethical code because the event itself, as we will see in Chapter 4, was the impetus for national organizing of Palestinian clinicians throughout historic Palestine.

Keeping in mind this collective organizing among Palestinian clinicians, we begin then on October 1, 2018, when the Palestinian Union of Social Workers and Psychologists (PUSWP) issued a statement urging clinicians, unions, and institutions to join their members in boycotting the IARPP conference slated for Tel Aviv on June 20–23, 2019.[21] While this was not the first IARPP annual conference in Israel (the first one having been held there in 2009), the Union, in keeping with the ethical imperative of their professions, cited the pronounced and ongoing psychic wrecking effects of a long-standing and brutal occupation and appealed to clinicians, professional federations and unions, and psychological

institutions worldwide to boycott the conference.[22] Likewise, in addition to the occupation, this petition was made against the backdrop of an amendment of Israel's "Basic Laws" (passed only three months before) that codified Palestinian citizens of Israel into second-class apartheid citizenship, a status which they were already well aware of holding. PUSWP acknowledged that the Israeli branch of IARRP knowingly ignored the call from Palestinian civil society calling for BDS, highlighting attention to the illegalities of Israel's expansion of illegal settlements in the occupied West Bank, building of the Israeli Apartheid Wall, increased land grabs, home demolitions, destruction of agricultural lands by the Israeli state and non-state settlers, and intensified militarization, surveillance, and checkpoints.

IARPP's refusal to heed the call of PUSWP is noteworthy as a culmination of several precipitating scandals that unfolded due to protests from within the IARPP membership, the USPMHN, and the UK-Palestine Mental Health Network (UKPMHN).[23] Others have documented these scandals in their tragically salacious detail.[24] What interests us is how the tactics of the IARPP, whose leadership has close relationships with the Israeli branch, brazenly deployed tropes of "dialogue" and "neutrality" to serve as mechanisms for collusion. In this way, IARPP provided the ideological valiance of "impartiality" and "openness" as the *operative structural process* of collusion with racism and settler colonialism by, quite literally in this case, seeking to criminalize advocacy for Palestinian well-being. This perhaps was evident in IARPP's co-presidential statement, written by Steven Kuchuk, an American social worker and psychoanalyst, and Chana Ullman, an Israeli psychoanalyst, in response to an email dated December 27, 2017 from the USPMHN. At this point, this email was more *amicus curiae* than confrontational petition as it was penned by a number of analysts who are members of both USPMHN and IARPP. In response to being urged to reconsider IARPP's recently unveiled decision to hold its 2019 meeting in Tel Aviv for aforementioned reasons,[25] Kuchuk and Ullman indicate that

> *hosting the conference in Tel Aviv will permit us to welcome the diverse voices of our Israeli Jewish and Arab colleagues… We will be extending invitations to Palestinian colleagues, and we will work to enable their presence with us. Rather than foreclosing those issues and silencing conversation, we aim to create within our relational psychoanalytic conference an open and safe space in which attendees across the political*

spectrum can engage andexchange views. We believe that dialogue,more than ever,is needed across divides.[26]

The statement is an archetypal hybrid of liberal bad faith,combining the "white innocence" of the United States with the disavowal and nomenclature of soft Zionism. Most evidently,Kuchuk,Ullman and the board do not use the term "Palestinian,"either to refer to Palestinians inside the settler-colonial state or to those under its occupation administration. Also,they are well aware that most of their "Arab colleagues" are being asked to break solidarity with Palestinians and travel to Israel. Even if Arab clinicians were willing to betray the Palestinian call for boycott,most are not able to travel to Israel,legally,as they would face criminal proceedings in their home countries. Finally,Israeli members who protested,such as Ilana Lakh,confronted the Board publicly,calling their invitation to Palestinians from the West Bank and Gaza "deceptive" and disingenuous,knowing full well that,even if they were able to receive visas to enter the settler state,the process is intended to be psychologically humiliating and demoralizing, and subjecting Palestinians to such processes to attend the conference would be an unconscionable violation of the organization's own stated principles.[27]

Lakh is correct to point out that Kuchuk's statement is emblematic of the ethical breach of relational psychoanalysis' own pretenses but also its intentional weaponizing of language contrived to shut down, not create, space for the marginalized. Not only is the tone of Kuchuk's statement patronizing,but his language legitimizes explicitly non-Palestinian,if not ardent Zionist,voices as the arbiters and protectors of Palestinian freedom of speech. Jabr hones in on such language, saying, "leadership took ownership of the virtuous language of "dialogue," the "third," and "empathy" while asserting that Palestinians who decline their kind invitation might be indulging in the reprehensible language of "splitting," "non-inclusiveness," or "acting out.""[28] Their position not only belies a remedial understanding of the political and social reality for Palestinians,but also,more damningly, communicates little interest in or analysis of power. More specifically,the statement acts as testimony to the predetermined parameters of conversation or "dialogue" as set forth by the IARPP board and its leadership versus its membership and definitely dissenting voices.

These parameters,as Coulthard names in Canada, *structurally* serve,in very concrete ways,to reinforce the sovereignty of the settler colony including using their position as a professional psychoanalytic/psychotherapeutic organization to pathologize those who express dissent,defiance,and a *will to act*, in Eve Tuck and K. Wayne Yang's words,to interrupt settler-colonial relations, disrupt recuperative settler logic, and "unsettle innocence."[29] IARPP's deployment of "dialogue" in relation to scheduling a conference in an apartheid state specifically intended not only to exonerate their guilt and collusion but also to "rescue settler futurity."[30] If one thinks about IARPP's choices of tactics in fending off criticism as demonstrating a hybrid of classic modalities of "white innocence" and "settler colonialism," consequent events underscore how aggression and violence also, resultingly, materialize when white innocence is confronted by the willful subject who refuses dehumanization, as Gloria Wekker illustrates.[31]

In addition to opening and then closing a special listserv for their membership to discuss IARPP's disastrous Tel Aviv decision within 24 hours, IARPP leadership attempted to thwart an event sponsored and organized by the USPMHN's members, many of whom were also IARPP members. The independent event was called "Voices for Palestine" and was held at the same hotel during the 2018 IARPP conference in New York City, intentionally at a time as to not interfere or conflict with the conference's sanctioned panels. In response, IARPP contacted presenters and panel chairs, naming parameters (again) of "dialogue" permitted during the conference—deeming whose voice can and cannot be heard and tolerated.[32] Even more egregious, the IARPP leadership alerted hotel security of potential "danger" posed by supporters of the event.[33] While the USPMHN organizers met with hotel representatives and clarified the goal of the panel, NYPD and Homeland Security were present in full and visible force during the Voices event at the request of IARPP, despite their leadership's denial that they had not asked for such presence.

IARPP's response to the dissent of its members as well as others in the psychoanalytic community does not illustrate a psychological "enactment" of the irretractability of violence between Zionists and Palestinians as relational analysts are quick to say. To the contrary, IARPP's response demonstrates two particular interlocking points central to this chapter. First, IARPP's behavior provides a

clear example of the ideological and political collusion between international organizations and multiple settler-colonial regimes, in this case the state now known as Israel. Collusion and complicity operate within a shared structural, systemic, and political tradition of whiteness that emerges out of coloniality and settler colonialism. Second, their behavior reveals how calls for "dialogue" are weaponized, insinuating that there might even be a "safe-space" where dialogue can exist. In fact, IARPP's unethical behavior reveals that dialogue itself is a structural tool to disempower—in this case, Palestinians. Not only did they depoliticize and legitimate Israeli violence and pathologize Palestinian and non-Palestinian dissenting voices, but also IARPP's comportment sought to extend the Israeli closure system to the psychoanalytic community, including the silencing of the PUSWP in Palestine.

Psychoanalytic Innocence

As exemplified in the case of IARPP, the settler-colonial regime reaches well beyond the checkpoints and surveillance technologies of the security state. This is because the ideological underpinnings and mechanics of Zionist settler colonialism work in concert with filial settler-colonial entities in North America, Australia, and New Zealand. These systems, individually and collaboratively, are actually integrated holistically into *a totalizing system that intends to erase and/or supplant Zionists as the indigenous inhabitants of Palestine.* Alongside IARPP's invitation for "dialogue" as a means of deflection, disavowal, and suffocation, Palestinian clinicians remind us that the settler colonialism, and its international and state partners, also hail the consent of the colonized to collaborate through its ideological hegemony.

Dialogue initiatives within "peace and conflict management" campaigns are, then, one more technology of settler-colonial strangulation and erasure of Palestinian life, identity, and willfulness. Since Oslo, dialogue initiatives algae bloomed, initially generated by progressive Palestinians and Israelis hopefully anticipating a two-state solution. While Israel increased settlement activity in the West Bank, a number of dialogue groups, internationally funded and supported, gained visibility.[34] The most prominent of these, Parent Circle-Family Forum, Combatants for Peace, Search for Common Ground, Kids4Peace, and Tiyul-

Rihlan, are arranged around a framework of mental health and psychological healing.

This chapter evinces that psychoanalytic "dialogue" initiatives are not neutral but that, instead, their ideological investment in *psychoanalytic innocence*, specifically invested in its own universalism, functions in collusion with and as an extension of the asphyxiatory closure system (in Jerusalem, the West Bank, and Gaza) and an extension of the settler-colonial regime throughout Palestine. As a case study, we focus on one particular initiative, "Moving Beyond Violence into an Ethical Mindset," a series of web-based videos produced by British-Israeli Iriss Singer and American psychoanalyst Jessica Benjamin as a part of the latter's short-lived "Acknowledgement Project."[35] This critique should not be understood as an ad hominem attack on Benjamin herself or the value of her theory within the clinical space. We pass over many illustrative dialogue enterprises, including perhaps the most well-known among psychologists, namely, "the Nazareth Conferences," sponsored by Partners in Confronting Collective Atrocities, starting in 2008, which has been analyzed by Martin Kemp on a number of occasions.[36] We also sidestep a number of offensive and censorious theories and initiatives of psychoanalyzing conflict and peace in Palestine-Israel, including the problematic psychoanalytic oeuvre of Vamik Volkan or more mainstream or pedestrian organizational projects by the Arbinger Institute.[37] "Moving Beyond Violence" offers us not only an accessible platform for all to view but also, together with the Relational psychoanalytic theory that underwrites it, plainly articulates the mechanics of, what we call, *psychoanalytic innocence* at the heart of dialogue initiatives. We will see how *psychoanalytic innocence* is a practice of structural, *ideological misattunement* that involves affirming settler-colonial realities and logics and pathologizing Palestinian will and desire for liberation and self-actualization, collectively and individually.

Like relational psychoanalytic thought that advocates considering the political and social in therapy, the Acknowledgment Project, presumes the possibility of (co)creating a neutral space. While IARPP's behavior was calculated and intentional, *psychoanalytic innocence* acts under the pretense not only of neutrality and objectivity but also of universalism and pretentious empathy. As a result, *psychoanalytic innocence* produces Palestinians that can only be legible as "partners in

peace" if they are not defiantly and incommensurably autonomous. At the same time, the Project reproduces Israelis as equals in depoliticized, mutual suffering and rights, thereby legitimizing, with the sanctimony and imperiousness of an "objective" and removed white saviorism, settler-colonial sovereignty and psychic normativity.

Moving Beyond Violence toward an Ethical Mindset: Overview

"Moving Beyond Violence towards an Ethical Mindset" is arranged around the testimonies by two members of "Combatants for Peace," Itamar Shapira, a former Israeli soldier (turned activist and refusnik), and Bassam Aramin, a Palestinian activist from the West Bank. In ten installments of online videos, each presents his story, and Benjamin and Singer offer interpretation. In the initial episode, there are stories which Benjamin claims represent two stories of equal trauma: Itamar's trauma is a collective, historical trauma (the trauma of the Shoah), while Bassam's trauma is a "fresh trauma" (that of violent Israeli occupation).[38] Starting with the first episode, Itamar is positioned as a *partner* in dialogue, while Bassam is an *interlocutor* for Palestinians.

Itamar grew up hating Palestinians onto whom he projected guilt for the Holocaust. He came to realize the humanity of Palestinians through a friendship with his family's lifelong Palestinian gardener. Bassam, on the other hand, is imprisoned as a minor by the Israeli Occupation Army, sentenced to a seven-year imprisonment by a military court (a fact that itself is left out of the video's narrative). He realizes the humanity of Israelis through a sustained conversation in prison with his right-wing settler prison-guard and by watching *Schindler's List* with other Palestinian political prisoners. Benjamin states that when Itamar and Bassam recognized the humanity of their enemy, they rejected violence, opening a possibility for "third space" in which dialogue transpires.[39]

Bassam transforms from Benjamin's native informant into her example for non-violence, when, during his activism with Combatants for Peace, an Israeli soldier shot Bassam's ten-year-old daughter, 'Abir, in the head, killing her. Bassam does not want to continue the "cycle of violence" because "you become like the

murderer" through acts of revenge.[40] Benjamin's "neutral" analysis articulates an unambiguous political statement. Throughout, she insists that Bassam is offering an "alternative" to revolutionary armed struggle that he found inspiring as a youth and is part of Palestinian political culture. "Dying for your country" is locked in an "ideology," she states, that justifies subordinating the "individual" to the collective, creating a "social world through a kind of sacrifice that has been asked of you by your State or your community."[41] The "moral act" of rejecting Palestinian "violence" relies on a particular sort of "witness," one that uncannily resembles the psychoanalytic clinician, an exterior observing ego who stands with one foot in a hovering fantastic, magical "third" space and with another foot in the dynamics in the room (although never fully responsible for those dynamics). The co-created space of mutual recognition as fantasized by psychoanalytic innocence is not a colonial superego but a colonial observing ego, backed by a regiment of moral prescriptions, accountabilities, and rewards, acting apart from, but in collusion with, the disavowal on which the settler-colonial regime relies. The colonial observing ego in dialogue initiatives ensures that we understand communal "ideology" as an obstacle in "creating a new social world through transgression *against* the conventions of your community" (italics our own). If Bassam had sought revenge for his daughter (through violence), this would be a form of Kleinian "splitting," says Benjamin, because "you don't get to dissociate your bloody hands from the hands that hold your baby."[42]

The sanctimonious metaphor is not coincidental when considering the loss of Bassam's daughter. The bloodied bodies of Palestinian children killed by the bloody hands of settlers and occupation soldiers, bodies held in the clean and loving hands of their parents living under occupation are transformed into the violating bloody hands of those who resist. This inversion within psychoanalysis is indicative of what Lara and Leilani Salvo Crane have called the "ideological misattunement" of psychoanalysis.[43] Ideological misattunement most simply refers to how the field, due to its ideological presuppositions, has deliberately split off the sociopolitical, especially from analyses of trauma, with an unconscious (and sometimes conscious) intent to locate the etiology solely within the psychic realm. The deployment of splitting, which we will discuss later, is the means by which psychoanalytic misattunement inverts reality to collude with settler-state ideology. The "moral third" presents a model of ideological misattunement that

can be found throughout psychoanalytic thought but, in the case of dialogue initiatives, is most clearly articulated in Benjamin's relational theory. This is not to say that it does not have value in the clinical space. Rather, we draw attention to the damage that the presumption creates when we assume to co-create psychic space of intersubjective *mutual recognition* "beyond" communal "ideology." Few would argue the value of "secure attachments," although we point to how the cis-heteronormative assumption that these attachments are created primarily, exclusively, or most healthily through the mother–child bond is itself one example of "cupboard love" ideological misattunement. Rather, the way psychoanalysts imagine healthy attachments is a specific example of how colonial subjective fullness and desires are pathologized.

In the case of Benjamin's relational theory, "thirdness" (a co-created space of mutual recognition) "characterizes the position that transcends the complementary of doer and done-to, and the 'moral third' acknowledges *violations of lawful behavior* while it affirms the contrast between the reality of how things are and how things ought to be."[44] The declaration that "secure attachments" establish an experience of the world as "lawful" upon which mutuality emerges, may, in actuality, reproduce for the colonized a "lawful world" that is predicated on the juridical logic of compartmentalization and systematic dismemberment of indigenous communities. In other words, the "third" does not establish an oppositional space of sovereignty where "indigenous political actors speak against and across the boundaries of colonial rule by articulating and fighting for" a space of political autonomy, as is the case of indigenous resistance in Kevin Bruyneel's work.[45] Quite to the contrary, the Third arises specifically out of the juridical world of settler colonialism that is concerned with "rescuing settler normalcy" and "rescuing a settler future."[46]

Bassam and Itamar are archetypal examples of two antagonists, who work to rescue settler futures, or, to invert Ngugi wa Thiong'o's brilliant analysis, who work to keep settlers *relevant* in a land where the settlers are imposed.[47] These two archetypes "move beyond" the ideology of their identities to realize that, through nonviolence, they can "restore" and "repair" the bond of an enchanted "magnetic chain of humanity," otherwise destroyed through political violence.[48] The ethical currency that underpins dialogue initiatives in occupied Palestine operates within

the phantasmal moral economy that underwrites psychoanalysis. The "lawful world" with its magical chain of humanity is one that normalizes settler-colonial sovereignty. It is a law that accepts the settler as a native and the native as responsible for the settler's pain. Psychoanalytic innocence colludes with settler ideology in that its recognition of the other occurs within a shared humanity that accepts the value of settler life over indigenous life and accepts the disavowal and reality bending of settler ideology while insisting that it is acting virtuously and in neutrality. In doing so, it dismisses the material and psychic realities of Palestinians who are asked to accept a willful partnership in a necropolitics of settler normativity.

Fantasies and the Violence of Repair

While most international dialogue initiatives reject the legal and historic fact that Israel is a settler state, "Moving Beyond Violence" largely acknowledges the Israeli occupation of the Occupied Palestinian Territories (OPT) as illegal. They condemn the destructiveness of the siege of Gaza, the Apartheid Wall, settlement activities, and the asymmetries of power under which Palestinians live in the West Bank. "Moving Beyond Violence," however, exemplifies psychoanalytic innocence in that its process approaches violence as a by-product or consequence, rather than as an operative structure (of settler colonialism and, likewise, resistance to it). Yet, these initiatives are steeped in "both-sideisms" where the sides are asymmetrical and uneven and where there are two discrete traumas (the Shoah and Nakba), and where the violence is bidirectional. In the end, no one is guilty/everyone is guilty.

Benjamin's "third" replicates the *psychological mechanics* of a settler-colonial phantasy (Tuck and Yang's "settler innocence"): namely, the enchanted fantasy of "repair" of the irreparable without return, without recompense, without land back, and without the settler's accountability. When we speak of fantasy, we are obviously not speaking of the fantastical or clinical delusion. We want to stress the organizing desire and the interrelations between the cathected objects that give internal coherence to the fantasy of what dialogue initiatives seek to produce. When such initiatives are underwritten by psychoanalytic theory and practice (not to mention international institutions, organizations, logistics, and donors) and are

given credence and legitimacy by senior and leading analysts, something further is revealed.

The role of fantasy may be, as Klein suggests, to put distance between the self and what it repressed, or, perhaps, as Freud theorizes, "phantasy" is an animation of wish-fulfillment and a screen upon which unconscious desires are staged and/or disavowed.[49] Or, "in its fundamental use," as Lacan surmises, "phantasy is that by which the subject sustains himself at the level of his vanishing desire, so far as the very satisfaction of demand hides his object from him."[50] Whether read through Freud, Klein, or Lacan, it is clear that the fantasy at play in dialogue initiatives has a "fundamental use" to manage and displace the *unmetabolizable* violence produced, historically and contemporarily, by the theo-nationalist settler-colonial state. In disavowing material realities, indeed what we acknowledge as the reality principle, the longevity, power, and racial hierarchy of the settler-colonial state is ensured.

We have chosen "Moving Beyond Violence" as it pairs with IARPP because relational psychoanalysis, which has in its ranks colleagues we admire deeply, also exemplifies a particular form of bad faith within psychoanalysis. Relational psychoanalysis has prided itself on its critique of "one-person" psychology that is predicated on the neutrality and unidirectionality of classical Freudian and ego-psychological psychoanalysis. One of its most helpful theoretical contributions is that it develops a socially responsible "two-person psychology," a tradition within psychoanalysis whereby the patient's interpsychic and intersubjective (i.e., interpersonal and social) life informs their intrapsychic world as well as the dyadic structure and process. The staging in "Moving Beyond Violence," however, betrays the aversion of psychoanalysis, (even when allegedly steeped in the "socio-political") to reflect and confront its privileged authority—authority granted through the assumption of professional neutrality. There is no place in "Moving Beyond Violence" that considers itself as anything other than operating from outside the fantasy of their settler-colonial partners.

Rather than explore moves to white and settler innocence, as Tuck and Yang and Wekker offer us, we place at the foot of psychoanalytically driven dialogue initiatives disavowed questions: What does "mutual recognition" look like when it works, in essence, for the future and legitimacy of a settler society? How does

psychoanalysis (its theory, its practitioners, its savior-impulses as seen in "mutual recognition" initiatives) critically and actively support only the "naturalization" and legitimization of the violence of settler-colonial society, sovereignty, and "legitimacy"? We ask psychoanalysis to consider how it, as a field, a set of theories, as practices and initiatives, undergirds "mutual recognition" that, as Scott Lauria Morgensen recognizes in the context of settler-colonial sexuality, affirms the innocence of psychoanalysis itself *within* the "naturalization" of the legitimacy of settler-colonial regimes and thus also actively *authorizes* dismissal, delegitimizing and invalidating the indigenous selfhood itself.[51]

The psychoanalytic reasoning and process that structures "dialogue" therapeutically assists Palestinians (Palestinian clinicians included) in accepting the permanence of settler- colonial structures, including the maintenance of Israel as an ethno-state, the codification of mass land theft, and the willful acceptance of the subjugation of the Palestinian people. At the same time, similar to Tuck and Yang's observations, this psychoanalytic reasoning relieves Israelis of the guilt that arises from the acknowledgment of mass dispossession, land theft, and military occupation, "without giving up land or power or privilege, without having to change much at all."[52]

This critique is not pedantic but emerges directly from reading the "Moving Beyond Violence" workshops. Mutual recognition invites "combatants" on "both sides" to renounce violence, which, in their reading, is equally perpetuated by the occupied at the same intensity and scale as the state that holds the "lawful" claim to violence. When Bassam renounces violence, Benjamin exhorts, he "sacrifices" his value within a collective (i.e., the nation) in order to create the "moral third." The moral third is built on the assumption that a violent act on "one attachment" is an act on all other "healthy" attachments by building "groups of social witnessing."[53]

Benjamin's presumption about the ills of violence is an exemplar of psychoanalytic innocence. Its presumption resembles Judith Butler's collapse in *Precarious Life* (2004) of Palestinian non-state violence as morally equivalent to Israeli and US state terror, which Sunera Thobani has critiqued. In addressing

Butler's insistence that the Palestinians "renounce violence" despite their "suffering," Thobani notes that

> the notion that Palestinians should renounce violence, even when living with 'unbearable injuries', in order to be recognized as 'ethical' subjects subjugates their experiences and priorities. This renders almost impossible the consideration that their actions might be construed as having ethical and moral foundations within a different epistemic and ontological paradigm.[54]

What is particularly noteworthy is that Thobani recognizes that this equivalence violently "re-enacts for the present the historical experience of white colonizing subjects, and their fears of retaliation arising from such violence, on to the Other, even as they were slaughtering them in their millions."[55] This observation becomes particularly salient in the psychoanalytic understanding of trauma. The occupied, the object of colonial, Zionist violence are being asked to reenact their own victimization by willfully consenting that their traumatic victimization is equivalent to the violence they may employ to resist their victimizer.

Benjamin's moral third, then, reenacts the "epistemic and ontological paradigm" of Butler's "ethical subjects" predicated on the "raceless" whiteness of the universal subject.[56] The third space that Itamar and Bassam co-create requires both "sides" to renounce violence in order to transcend their communal identities, to forsake weaponizing "traumas" and the "ideology" of their "group identities," without negating those identities themselves. Psychoanalytic innocence functions, then, to rob Palestinians of the fundamental source of their psychological and social health, that is, their national and communal identity. For all the talk of "secure attachments," psychoanalytic innocence, through dialogue, seeks to destroy Palestinian secure attachments and replace them, as we will see, with colonial introjections.

Let us speak unambiguously. Equating the violence of the Israeli state with violence as a means of liberation is an unethical equivocation that erases the difference in conditions between the colonizer and the colonized, settler and native. It erases the reality that Palestine was inhabited by Palestinians and that Zionists colonized Palestine with the support of British and European powers,

forcibly evicted and prohibited the return of 750,000 Palestinians in 1948, destroyed more than 400 villages, and subsequently occupied Jerusalem, the West Bank, and Gaza (as well as the Golan Heights in Syria and Mazra' Shaba' in Lebanon). Equating Israeli juridical and military state violence and the occupation with Palestinian political violence depoliticizes the realities under which Palestinians live, which are the direct consequence of intentional Israeli policies, as supported by imperial powers, globally. As we have seen before, psychoanalytic innocence disavows reality and is complicit in the reality-bending of settler-colonial powers. "Mutual recognition" is an exchange for legibility as victims. It trades the internationally recognized right of self-defense, right to liberate one's self and community from occupation, for the privilege of being acknowledged as a psychoanalytically predetermined human where claims to land, repatriation, reparations, and accountability are suspended.

Ideological Misattunement

In the preceding chapter, we visited the value of the psychological will to political violence in service of self-assertion and collective liberation. In this chapter, we are associating the impulse to dialogue with psychoanalytic innocence and with the psychological (and material) mechanisms of settler colonialism itself. To be blunt, the sanctimonious and apolitical insistence on nonviolence actively seeks to delegitimize and disenfranchise the rights of the occupied to employ *any means necessary* to resist domination but also to seek liberation, self-realization, and "disalienation," as Fanon tells us. Accepting such disenfranchisement has cataclysmic psychological effects on the oppressed.

What strikes us about "Moving Beyond Violence," as well as other dialogue initiatives, is that they are misattuned to the psychological, political, and social needs of Palestinians who live under occupation or as second-class citizens of an apartheid state. As we have seen in Amjad's case with Yoa'd and her Israeli supervisor, this misattunement is not coincidental, but structural. It is structural and operative, if not also indicative of the systemic complacency that psychoanalysis has with systems of oppression, including settler colonialism. When David Eng speaks of the dissonance between objects and subjects worthy and unworthy of repair and incapable of producing affect (love), he is speaking of

structural misattunement with psychoanalysis, in this case Klein's theory of repair, that "engenders a crisis of intersubjective colonial object relations," a dissonance that constitutes universal subjects within psychoanalytic theory while simultaneously disavowing violence constitutive of that subject.[57] When Eng maps the colonial object relations, he is drafting the mechanics of psychoanalytic innocence. Psychoanalytic innocence, in what Coultard calls "liberal recognition politics," is an analysis of ideological misrecognition that produces "partners in peace," who only confirm psychoanalytic paradigms (e.g., the individualist model for healthy "differentiated" egos) as readily as they legitimize the sovereignty and bent-reality of the settler-colonial subject.[58] If dialogue initiatives ask what does "mutual recognition" look like, we know the embedded, or latent, question is truly the following: What does it look like when it can only stabilize the legitimacy of a settler society?

In other words, psychoanalytic notions around mutual recognition (even a political Lacanian realization of the incommensurability of recognition between self and other) are ideologically misattuned in the context of settler-colonial and racial domination because they are unable to perceive the violence of the end goal, let alone the process itself. If we think about dialogue in relation to psychoanalysis' larger misattunement to issues of settler colonialism, cis-heteronormativity, racism, and capitalist extraction, we then can understand it not as a discrete shortcoming of psychoanalytic innocence. Rather, in Palestine, dialogue reveals itself to be a *symptom*. It is a symptom of misrecognition (*méconnaissance*) that facilitates splitting and displacement. This misrecognition could be mis-ascribed to settler innocence, to the impulse to connect with the "other." The misrecognition could be attributed to the subject's desire to "recognize," in fact, the self in the other. It could be the product of a wish-fulfillment that hopes to avoid guilt and responsibility, or to make amends without accountability. Yet, let us recall that *misrecognition*, for Lacan at least,

> *is not ignorance. [It] represents a certain organization of affirmations and negations, to which the subject is attached. Hence it cannot be conceived without correlate knowledge (connaissance)… [Therefore], behind one's misrecognition, there must surely be a kind of knowledge of what there is to misrecognize.[59]*

Dialogue, then, is a symptom of anxiety produced within a liberal humanism that does not have room for the fullness of a willful and truly autonomous indigenous subject.

Let's us be more concrete. Dialogue remains a topic of discussion among Palestinians, clinicians, and otherwise. It is contextual. Indeed, Palestinian citizens of the settler state find it difficult not to interact, debate, or "dialogue" with Jewish citizens. The wages of dialogue, as we will see, may differ within the various political economies of in/visibility within the colonial state as opposed to under occupation (in Jerusalem and the West Bank) or under siege in Gaza.[60] What escapes psychoanalytic innocence and its constitutive misattunement, however, is the generally accepted consensus that dialogue is also indivisible from a key pillar of Palestinian resistance, nationally and individually: namely, *tatbi'* (normalization). As the late clinician Adib Jarrar stated,

> *Friendly exchanges between liberal groups on the two sides, poetry, and sports camps where Israeli and Palestinian children can play together might also help. However, this can take place only when the culture and policy of domination, control and oppression is transformed into a spirit of reconciliation and cooperation.[61]*

In other words, profound structural transformation in inequalities is the requirement for forgiveness and repair within the context of mass trauma and state violence, as is the case in Palestine.[62] Fanon, of course, also acknowledged this essential component to repairing the world of the colonized—which is a condition for mutual recognition—when he stated, "there will be an authentic disalienation only to the degree to which things, in the most materialistic meaning of the word, will have been restored to their proper places."[63]

Jarrar's observations take on further weight when we understand that he, like so many clinicians, was involved in dialogue experimentations in post-Oslo era. He, also like others, comes to the realization of the psychologically extractive effects and the political costs of dialogue initiatives when unaccompanied by a real intent to rectify (through material repair: return, land, and independence) the traumas created by the Zionist settler regime. In fact, one clinician, who we will call Omar, told us that

we entered these dialogues willingly, thinking after the excitement of Oslo, that we may be facing a new era. We came to realize that we were tasked with healing Israelis from the pain they caused us! They wanted us to exonerate them from what they had done to us. Not even what they still were doing! Of course not! They still could not see that this violence was still on going. That I had to go through checkpoints and get permits even to come to a meet for "peace."

The veteran community psychologist Ussama in Ramallah was active in politics when he was younger and organized with "Left Zionists" to end the occupation in previous decades.

I stopped this coordination. Israelis, even "Good Israelis," want to be congratulated that they are against the occupation. Even the occupation becomes about them. Can you believe once one Israeli (therapist) asked me "don't you think that we ("progressive Israelis") are vulnerable too against the Right wing [Zionists], not only the Palestinians?" Can you believe that? They want "broken Palestinians." They don't want Palestinians who will tell them the truth. Who don't need them.

This idea of "broken" and "wounded" Palestinians revisited us in several of our conversations with Palestinian clinicians.[64] Shalhoub-Kevorkian, in a conversation about fractures and splits within particular Palestinian communities, told us, "they are wounded. We are a people subjected to constant dismemberment." At the same time, she also reveals in her writing a critical revelation that might evade those who hail Palestinians to acknowledge the "vulnerability" and "trauma" of the Israelis over the wounds that they have caused Palestinians. Shalhoub-Kevorkian observes that woundedness and brokenness of Palestinians is always posed in relation to defiance, will, and presence of Palestinians, who speak from "wounded power."[65] In other words, psychoanalytic innocence's misattunement undergirds "well-meaning" dialogue initiatives. This misattunement is not coincidental but rather operationally misconstrues a culture and psychology of resistance. It pathologizes the wounded power of Palestinians as an impediment to "recognizing the other" rather than understanding willfulness and resistance as means of maintaining psychological and subjective coherence and cohesion. Here, it is the clinician as "mediator" who actually functions to facilitate psychological violence and intrusion of the colonialist on the colonized; it is the clinician who

converts the broken Palestinian into a transformative vehicle that links Benjamin's theory to the *desire of settler-colonial innocence.*

Only "Good Arabs" are Moral

"Why do you attend this thing? These sorts of discussions only wash their conscience (*taghsil al-damir*)," asked a male psychologist. Two Palestinian clinicians (who have settler-colonial citizenship) had come directly to the restaurant in Haifa to join their colleagues, after participating in an Israeli women's psychological discussion group earlier that evening. We will call them Leila and Mariam. The conversation continued, "The discussions are useless because they never listen." Leila, a well-respected Palestinian clinician in Israel, replied with the most powerful words of the night: "This time, I made them to listen to me. They all had to sit in silence and had to listen to me. I spoke. And they had to listen. I didn't let them reply." No one at the table was convinced that it was possible to not have some conversation with Israelis, as they were captive citizens within the hegemony of settler-colonial sovereignty. Some noted that coerced "dialogue" was structured into the Israeli educational system, where one is forced to engage and make Palestinians present within the confines set by Zionist state ideology. With that said, all at the table were largely convinced, including Leila and Mariam, that dialogue has its very confined limits and was always stacked against them. "The problem is, even when they listen," Mariam said, "you repeat the same conversation over and over. It's like every time the conversation ends, they forget and you have to start again from scratch—that is if they even heard you."

Entering into conversations about positionality in relation to their Israeli peers was not taken lightly. The conversation was genuine, complex, frank, sensitive, and therapeutic. It was as much a processing session as it was a warm conversation between a group of individuals who were clearly friends. These clinicians saw themselves as committed to the mental health needs of the Palestinian population within what is known as Israel, even though that required their participation in an Israeli health system that intentionally underserved its Palestinian citizens. We knew that, as is the case in settler-colonial situations, these clinicians had to interact and maintain amicable relationships with Israelis, as peers, colleagues, and superiors, as well as patients, every day in both personal and

professional capacity. As like all clinicians, some of them relied on maintaining credible, professional, and cordial relationships with colleagues, supervisors, and former teachers for references, referrals, supervision, and employment. However, what emerged boldly that evening was the affective and psychic toll of navigating and negotiating the pressures of a settler-colonial social and professional system, maintaining friendships, on an individual and personal level, with Israelis, and professional relationships that attested to their own reputation in a country that largely devalued the input and trustworthiness of "Arab" citizens.[66]

Leila, Mariam, and the other clinicians in the Haifa restaurant were Palestinians with settler-colonial citizenship. All were educated, at least at the undergraduate level, in Israeli universities. Few had clinical degrees from Israeli graduate programs, while a number of others explicitly told us of the need to continue their graduate education in France, Britain, Switzerland, Italy, the United States, and Germany specifically because they felt constricted and discriminated against within Israeli institutions. These clinicians were unambivalent in maintaining their dignity and pride as Palestinians and understood their professional practice as part of maintaining the dignity of the Palestinian people.

What was made clear to us by Palestinians from Inside 1948, that night and countless times after, was that the enclosure system did not only exist in Gaza and the West Bank. The enclosure system in the OPT was only the hardscape transposition of the legal and psychological system of enclosure within the state now known as Israel.[67] Palestinian clinicians (and non-clinicians) repeated that Palestinians under Israeli civilian rule (as opposed to direct military rule in the OPT) have "conditional citizenship," based on "conditional inclusion."[68] They recount the perpetual demand to navigate between the pressures imposed by the Israeli settler regime, which requires them to self-police, calculate, and manage a series of choices put before them. Back in Jerusalem at the PCC, the conversations with clinicians—some Jerusalem residents, and others captive citizens of the settler state—seemed less ambivalent about their interaction with Israeli clinicians. Adel stated that their practice often resembles the psychic and material realities of their patients.

> *We serve Jerusalemites and people from the West Bank. How can we collaborate with Israeli [clinicians] when some have to pass through checkpoints to get here while others [in Jerusalem] have to fight them to stay in their homes? Don't these clinicians also serve in the Israeli Army? Aren't their children at the checkpoints?*

But as subjects under settler-colonial rule, these same clinicians realized that coerced cooperation at times is necessary. Adel continues, "We speak Hebrew. We went to their schools. We advocate for Palestinians especially here in Jerusalem when their Hebrew is not strong and they are politically vulnerable." Yet, the political savviness and "cultural competence" in dealing with Israelis and steering their patients through the Israeli legal and health system also come at a price. The Israeli settler-colonial hierarchy constructs a perception of the competent Palestinian citizen who speaks Hebrew (and has some privileges of captive settler citizenship), and the incompetent, voiceless Palestinian under occupation. Israelis often reinforce this, "Of course, we have Israeli friends. We are human. But even them, they see us as different than the people of Jerusalem or the West Bank. Don't even mention Gaza!"

These clinicians in Jerusalem and Haifa relate that the choices put before Palestinians by the professional, social, and international systems are always loaded because the choices are structurally built to align with settler colonialism where there is no place for Palestinian subjectivity or autonomy. For a basic example, we asked members of the Association of Arab Psychologists in Israel why they had included "Arab," and not "Palestinian," in their association's name. One prominent officer of the organization replied,

> *because it is not allowed. We are prohibited by the state. Plus, Israeli colleagues have told me when even mentioning the word (i.e., Palestinian), 'if you want to be Palestinian, then go to Gaza with Hamas. That is where the Palestinians are.'*

Apart from accepted levels of racist aggressions by colleagues and Israelis in general toward members of the Association of Arab Psychologists, what is communicated clearly is that Palestinian autonomy, whether that be subjective and professional or communal and political, is *a priori* an affront to Zionist colonial logic. Whether in the OPT where the Israeli state maintains a matrix of

occupation to physically contain and constrict Palestinians or whether "Inside '48" where social, political, economic, and legal barriers manage the "Arab population" in proximity to the supremacy of the state's Jewish citizens, Palestinians are corralled into a bipolar spectrum, marked by antipodes of "good Arab" and "bad Palestinian."

The good Arab engages in "dialogue" and submits oneself to being a happy victim, consensual collaborator, and/or the object of settler-colonial benevolence. The "bad Palestinian" refuses to be "reasonable," remains covetous, tends to violence, is stuck in the "ideology of their identity," and must have, of course, bad maternal attachments. Lara, elsewhere, has termed the effect of a racialized selfhood within the colonial order onto the psyche of the colonized as the "colonial introject," where the colonized, in an "enactment of otherness," internalizes and "takes in" the colonial self as an ego-ideal in a bid to defend against the violence that is anticipated.[69] Rather than think of this theory of the unconscious and ego-formation as a grand stroke of social psychology within dialogue initiatives, we are proposing to consider the *mechanics* and *dynamics* by which subjective ideals, including colonial introjections, are produced, how they become authorized objects of desire, and how they become eligible for cathexis and identification.

Some might assert that this good/bad polarity emerges from a paranoid-schizoid position of Palestinians inside Israel. For example, the advocacy of some clinicians toward their non-Hebrew-speaking Jerusalemite patients somehow intentionally ignores or distorts the "pragmatic" and "political realities" of Israeli dominance and rule over Palestinians, as some Israeli pundits still assert.[70] The deployment of this Kleinian duality in this case would exemplify again a misattunement, where settler-colonial logic is accepted as the normative topography of the psychological and social terrain of intersubjectivity. That is, the psycho-subjective position of the "good Arab" remains an important organizing modality to manage Palestinian populations under the Israeli state. But, this is also a psychosocial subjective ideal at the heart of, as Lynne Layton might say, the "normative unconscious" of psychoanalysis and its ideological alliance with settler colonialism in general.[71]

Language and/of Peace

The social category and relational position of the "good Arab" is also located on a spectrum that can collapse with extreme alacrity. Andreas Hackl offers an excellent genealogy of the "good Arab," tracking how the "good Arab" social category is a negotiated social space that allows Palestinians to navigate precarious and, at times, even dangerous, economic, political, and social pressures when living and working in the ethno-class metropole of Tel Aviv.[72] Rhoda Kanaaneh also notes, the state aims "to produce subjects who are alarmed by their own existence. She continues that "Good Arabs" and "Bad Arabs" are not necessary two discrete positions because "even good Arabs are always potentially bad in the Jewish state."[73]

Lama Khouri writes of the temptations, identifications, and neurotic anxieties that she feels in conforming to her role as a self-identified "house Palestinian" within North American psychoanalytic clinical and professional spaces.[74] While her own narrative as a transnational Palestinian-Jordanian-American is contextualized at the juncture between US Islamophobia, racialized hierarchies in North America, and Zionism, she is clearly illustrating the identifications and complicity as a "good Arab" in psychoanalytic dialogue with North American clinicians. If Khouri speaks of the interiority of being a "good [Jordanian Christian] Arab," we, as Lebanese Arabs in psychoanalytic professional spaces, can attest to a number of times that Arabs, who advocate for Palestinians in psychoanalytic spaces, are rapidly positioned as the "bad Arab" (or "good [non-Palestinian] Arabs") even within the most innocuous encounter. Throughout historic Palestine and within international conferences and professional interactions, we were told by Israelis, how we, a Druze and a Maronite, are "different," or how we were "not like them [Muslim Arabs]." At the same time, we also discovered—whether at the checkpoint into Israeli-controlled West Bank during field work, or in a taxi in Haifa and Tel Aviv, or at international conferences, or in emails from colleagues not meant to be received by us—how quickly being positioned as "good Arabs" can collapse into being positioned as "bad Arabs." The fragility of settler-colonial innocence, as Wekker might agree, moves very quickly from innocence to aggression and anger when confronted by a *willfulness* not to accept the benevolence of psychoanalytic innocence and its settler ally in reorganizing Arab

subjectivity into the colonial logic of a universalizing "shared humanity" (i.e., we are alike and not like "them").

One personal particular example is illuminating, if not amusing. After presenting a critique of psychological dialogue initiatives at a conference on "Politics and Psychoanalysis" in Stockholm, the organizer of the Austrian "Peace Camp" initiative, unsurprisingly, took issue with our analysis. During the coffee break after our presentation, he made sure to follow up on his protestations, being no less perturbed and indignant than before. Our critique unapologetically undermined the *raison d'être* of projects such as Seeds of Peace or "Peacecamp."[75] He rightfully inferred our critique exposed that dialogue initiatives only function in service of the settler-colonial project by certifying the "two-equally-valid-sides-with-two-equally-valid-claims" paradigm. In qualifying the validity of the Austrian "peace camp," he noted that the initiative was started by a Jewish Austrian psychologist, who eventually settled in Israel. As we missed the first day of the conference, we only came to deduce later that he had some clinical role in Peacecamp.

Peacecamp is an organization founded in 1991 by Austrian psychoanalyst Evelyn Böhmer-Laufer, a child of Holocaust survivors. The goal of the camp is to bring together Austrian, Hungarian, Jewish Israeli, and Palestinian Israeli adolescents and teach them about xenophobia and anti-Semitism as well as "to explore ways of understanding, cooperation and peaceful forms of controlling conflict through… by way of dialogue."[76] The endeavor is well-funded and supported by European and Austrian governmental and nongovernmental organizations. The Austrian psychoanalyst, whose role in Peacecamp is to moderate the camp's group sessions, strongly objected, assuring the "neutrality" of the Project. Yet, he insisted on referring to Palestinian citizens of the state, now known as Israel, only as "Arab Israelis." When challenged about this, his consternation only increased. He re-entrenched, refusing to call them either Palestinian or Palestinians Israelis. He protested, saying to use the word "Palestinian" may offend Israelis, including Israeli children in the camp. He also averred that the term "didn't seem to bother the Arabs in the group." Apart from referring to the "Arabs" as an undifferentiated mass (likely not a clinically sound intervention if one leads group processes), we emphasize what would be otherwise obvious in any case other than

involving Palestinians, namely, nomenclature determines the conditions and possibilities for dialogue.

The Austrian psychoanalyst's reaction and perturbation concretized the following question: What does "mutual recognition" look like when it works for legitimacy of a settler society, when within dialogue itself there is no room for the Palestinian? Whether Freud's focus on language as a betrayer of the unconscious, the centrality of language in Lacan, or how language functions in two-person psychoanalysis, we are struck how quickly language and its unconscious motivations and structure evaporate with psychoanalytic innocence. Of course, this is not even to explore how these dialogue initiatives are usually never in Arabic, tasking participants, as a prerequisite to participation, to translate their internal world into Hebrew. Despite the fundamental tenet of psychoanalysis to think about and through language, the language of dialogue, the sanctioned nomenclature replicates the settler-colonial state and its logic. The ire and irritation that arose from naming Palestinians, acknowledging their lived and real identity, indicated how the very words "Palestine" and "Palestinians" disrupt and disorient settler-colonial normativity. As Lara has expressed elsewhere, the "mere mention of Palestine" instigates a "collapse of analyzable" space, signaling the apparent "disappearance of the unconscious" and the seizure of psychoanalytic theory.[77]

The very psychoanalyst at the Peacecamp responsible for group sessions refused to consider the power of naming and language when facilitating interrelational and intersubjective dialogue among Jewish Israeli and Palestinian teens. Rather than read this as just a one-off example, we offer that what some psychoanalytic clinicians may label an "enactment" is actually embedded within the ideological framework of a psychoanalysis that works to shore up settler-colonial structures while simultaneously protecting recourse to such psychoanalytic discourse (e.g., enactment) to maintain psychoanalytic innocence. Like the history of psychoanalysis itself, the "neutral" space of dialogue and the "neutrality" of the Austrian mediator required the Palestinian participants, before even landing at Vienna airport, to give up their national affiliation (which had already been state-denied). Like "good" captive citizens, they were required to accept the name that they had been assigned by the settler-colonial state and its enablers.

The collusion between non-Israeli, international psychoanalytically minded dialogue initiatives and Israelis themselves is not abstract. As was the case in Stockholm, the alliance played out in the room. After the Austrian stormed away, an Israeli participant, who prides himself as being "liberal" and "progressive," came to aid his friend. He reminded us that only Arabs are in Israel, "Palestinians are in the West Bank and Gaza," he stated. He reassured us, of course, that he has many good "Arab friends" in Israel and reiterated that not being referred to as Palestinian seemed to not be a problem with "the Arabs," who, according to him, seemed very happy with being called that. When met with a lack of concession to their patronizing, we were told that our critique was "combative" and we were clearly "a part of the problem." Despite identifying ourselves clearly as Lebanese Arabs throughout the conference, we were being addressed as Palestinians ("You Arabs"), quite literally taken in by his affective activation as part of a monolithic other. As if to undo the anxiety from which he was operating, he kept reiterating liberal Israeli platitudes of how "we have to put aside our histories and separate perspectives and find our common humanity." Such pronouncements were precisely the point of our presentation, which focused on a particular psychoanalytic dialogue initiative couched in firsthand accounts generously provided by Palestinian clinicians. When we pointed this out, the Israeli participant's aggression could no longer be contained. He burst out, yelling that "You Arabs need to attend to your patriarchy first before you talk with Israelis. You need to address the sexism and domestic abuse in your culture, first! You are not ready to be liberated!"

This personal vignette reveals the phantasy that structures dialogue initiatives and illustrates larger mechanics that structure engagement with settler citizens and settler logic. The exchange loudly discloses which Arab/Palestinian *individual* is being hailed, which is legible, which is able to articulate subjectivity. While differing in the explicit crassness of the settler language and logic being used, Benjamin, the Austrian, and the Israeli would agree: Dialogue requires a "liberated" partner, a rational and moral individual, willing to transcend their inherently backward, misogynistic, and patriarchal culture in order to elevate themselves into the shared humanity of the settler and the Euro-American savior-mediators.

Where Is the Splitting?

The dialogue between settler and native always departs from the naturalized sovereignty of the settler. Therefore, dialogue emerges as a neurotic compulsion to prop up a projected fantasy as "moral" while deflecting from the moral universe of the settler regime as concretized by military and juridical force and a particular ideological hegemony of international consent (especially post-Oslo). This logic intentionally disavows and displaces how internationally sanctioned colonial-settler logic is abject, perverse, violent, and primitive.[78] This chapter has revealed one way that psychoanalysis colludes with settler colonialism—through unofficial Track III diplomacy—in sharing its logic of pathologization to contain the willfulness of Palestinians who refuse Israelis as natives, and refuse to be "good Arabs" who gratefully accept the position assigned to them within their universal humanism. In the remainder of this chapter, we parse the filaments within the psychological processes (and demands) at play when psychoanalytic innocence, through its ideological misattunement, constructs the "good Arab" in order, literally, to expel the "bad Palestinian" and align with the settler.

In our experience, Klein's concept of "splitting" is casually bantered about as a first-order defense against any analysis that runs counter to the liberal impulse for dialogue and a rejection of settler sovereignty and its psychic normativity. Any sign of defiance or autonomy of the colonized that interrupts settler logic is effectively identified as operating from within the "paranoid-schizoid" position.[79] Such a deployment is not "innocent," though it operates on that notion, as we have seen. Rather, it "positions" the Palestinian in relation to universalized humanity (and pain) of the Israeli, insinuating a "regressive" impulse at the heart of the Palestinian ego that, in its inability to individuate and overcome impulses to violence, ultimately lacks "coherence" and needs containing. On the other hand, we are often told that if the Israelis have occupied a "paranoid-schizoid" position, it is because their "persecutory fears" are justified not only because of the historical trauma of the Holocaust but also because of the regressive Palestinian character that places them in danger. The misattuned deployment of "splitting" by psychoanalytic innocence, therefore, assuages the dissonance caused by the disruption in settler logic and psychoanalysis' universalism humanism by Palestinian willfulness, no matter the logical starting point.

What is being asked in accepting the parameters of dialogue is not only to valorize the "good moral Arab," who is equipped to identify with the universal human, non-perpetrator in the Israeli. This logic works on a psychic reversal. Settler logic cannot tolerate a partner who demands the right of return, liberation, and equity. Rather, the intended purpose of dialogue is to work in service of splitting in order to retain the coherence of bent settler reality. What is being asked, then, and enacted in this reverse splitting is that we ostracize, expel, and kill the "bad Palestinian" and accept the Israeli as a "native" sibling. Dialogue requires the "good Arab" to identify with the aggressor, while at once maintaining this as the noble, moral, and progressive maneuver, and therefore split from the "bad Palestinian." This identification is a compulsory ideological requisite demand by the settler and the innocent, misattuned psychoanalyst mediator.

Our analysis of the wages of dialogue levied on Palestinians by even well-meaning dialogue initiatives comes from our collaboration with and listening to Palestinian clinicians, who assiduously reflect upon the psychological dynamics generated by requests and gestures for dialogue. Ali, a clinician with captive citizenship and who works largely in Jerusalem, admits to the affective charge in continual requests and, at time, veiled threats to coerce "dialogue" and exchange. "What position am I in constantly? Wedged between Israeli supervisors and committees as an [Arab-Israeli] with a degree from outside (i.e., not from Israel)?" The asymmetries of dialogue are apparent but, even more so, they perpetuate violence. Ali relates a metaphor that we also had heard in other localities in Palestine. Whether discussing the pressures Palestinian clinicians experience, professionally and socially, among Israeli colleagues or within international professional associations to participate in "dialogue" events at conferences, or the enticements of participating in a dialogue event in Europe, the metaphor is ubiquitous and instructive. "When they ask you to dialogue with Zionists, to have a panel or a processing group," Ali says, "it is like asking someone who is abused at home to talk to their abuser when the abuse is still going on. These are psychologists. Could you imagine doing that in couples' therapy? It is unthinkable."

The parallel between sexual abuse and the occupation is also prevalent in the speech and writings of Palestinians. Rather than making this a direct metaphor, Rana Nashashibi understands the metaphor as one of acceptable and unacceptable

forms of violation depending on the context: "the thing that creates the conditions for violence, is the occupation…Western feminists can condemn rape, but when it comes to occupation there's a certain ambivalence. If you condemn rape you have to condemn the occupation," she states, "Rape and occupation both attempt to debilitate, to annihilate our identity, to reduce us to submission."[80] Nashashibi is articulating the embodied and psychic violence of occupation, which is disavowed even by "Western feminists." This is what we were gesturing to in the previous chapter when we highlighted the attunement within Palestinian clinical practice that is, otherwise, under attack by demands for "dialogue." In other words, Ali's relationship with the Jerusalemite patient who could fly away or Yoa'd's relationship with Amjad are examples of Palestinian clinicians' embodied and experiential *clinical* attunement around an affective and intuitive ethics of care. Dialogue, on the other hand, demands clinicians to misattune their clinical intuition and to reach to the humanity of the abuser before attending to or validating the suffering and subjectivity of the aggrieved.

This affective attunement to feelings of violation allows clinicians like Ali to also think through, quite analytically, the political, psychological, and ethical coercive mechanisms at play within calls for dialogue. In Ramallah, Ussama, one of the most seasoned clinicians we met, connects the affective and the analytic. He tells us that

> dialogue (with progressive Israelis) is about personalizing the occupation. You feel good when you hear an Israeli peacenik talk about the bad Israeli soldier. But this serves to deflect from the structure of occupation. They want to humanize the occupation, identify with the settler, not liberate Palestinians.

Clinical and analytic attunement enables many Palestinian clinicians to identify the psychological mechanics at play in invitations to dialogue because they are manifestations of the invasive structures of settler colonialism and occupation that structure their lives. "The dialogue costs a high price…," he continues.

> In the West Bank, anger, frustration and violence are natural when you understand the violence of occupation. Dialogue asks you to dissociate. The trick for us is not to

> *dissociate and consider your symptom as a pathology that prevents you to "talk to the Other" but to understand the symptom maybe as an effect or sign of sumud.*

Reminiscent of Ali's Jerusalemite patient with schizophrenia, this clinician shows us how dialogue not only asks for an innocent identification with the aggressor—and therefore a forsaking of one's own humanity and community—but also demands a particular form of self-violence. If dialogue demands, as Benjamin says, Palestinians to "transgress the conventions of their community" in order to individualize, they are being asked to literally disidentify from their communal identity. The request reproduces the compartmentalizing goal of the Israeli enclosure system that seeks to dismember communities by cutting individuals and communities off from one another. Palestinian clinicians, therefore, show us that dialogue does not work to move Palestinians from a projected paranoid-schizoid position. Rather, dialogue *engenders* paranoid-schizoid functioning, cleaving and expelling healthy internal objects and identifications from one's psychic selfhood. Dialogue and the settler-colonial system, then, share the same goal, the fracturing of Palestinian selfhood from the community that gives it strength and, consequently, the pathologizaiton of Palestinian willful self-affirmation and autonomy as paranoid-schizoid functioning. As we will see, this process works to dismantle Palestinian psychic and social defenses.

Dialogue as Extractive Introjection

Rana Nashashibi, in a moving sentiment, highlighted for us,

> *I was in dialogue [groups after Oslo] to such a degree to some point, that I ended up feeling like a masochist. You end up feeling like an instrument, an empty block that the other is reflecting onto, dumping onto us, to free their conscience. I stopped at the end of the 90s. No matter what, dialogue will not change reality.[81]*

Rana reiterates the sentiment that we heard a number of times, not the least of which was at the restaurant in Haifa. Dialogue serves to *yaghasil al-damir* (wash the conscience) for the settler. If the right of return and land-back to Palestinians, statehood, national dignity, and repair were the goal, certainly *taghsil al-damir* for Israelis may be a fair exchange. Instead, Nashashibi unambiguously articulates

something that we have expounded on in this chapter: the splitting that dialogue demands (i.e., a self-effacing identification with the aggressor) facilitates an extractive and violent process of introjections.

Rana tells us she felt like a masochist. The effect she is describing is part of the psychological dynamics of extraction, submitting herself to violence in order to elevate the suffering Israeli. Both Rana's experience (being required to be a "masochist" and an "empty block") and other clinicians' observations (regarding the "symptom as sumud") alert us that the fantasy of "mutual recognition" is not only a psychic extension of occupation, but it facilitates a theft—*theft as a process* which lays at the foundation of settler-colonial systems. Like our friends at the restaurant in Haifa (who feel they are empty after every dialogue) and our friends in Ramallah, Rana detects that she is required to both accept the Israeli introjection and also that this introjection is extractive. What is being "extracted" in this introjection is the very right to psychological, political, and material defenses (what Ussama specifically names when he says *sumud*), but also the discrete willfulness of the autonomous indigenous self. The Palestinian is extracted from the masochistic "good Arab." Christopher Bollas calls this an "extractive introjection."

Starting with Kleinian theory, Bollas explains that projective identification occurs within the process of splitting and "compels another to 'carry' an unwanted part of himself." *In The Shadow of the Object,* he states that "Kleinian psychoanalysts, in particular, have focused on one way in which a person may rid himself of a particular element of psychic life," that is, introjections. "In studying human relations, whenever we note that one person compels another to 'carry' an unwanted portion of himself, then we speak of 'projective identification'." He continues to tell us that "'*extractive introjection*' occurs when one-person steals…an element of another individual's psychic life."[82] Bollas is brief but clear in defining this. "Such an intersubjective violence takes place when the violator…automatically assumes that the violated…has no internal experience of the psychic element that [the violator] represents." This is clear in the analysis that assumes Palestinians, like the colonized in general, have no complex or nuanced internal world. Indeed, the logic of dialogue shares the logic of settler colonialism because it operates on the assumption that a willful Palestinian (one who demands

return, their land, their dignity, and their liberation) is engaging in paranoid-schizoid functioning, which is evidence of psychic struggle.

Rana is naming the violence of settler colonialism, distilled into the dialogue-space. She and her identity are being replaced. Her identity, like her land, is stolen. But more than this, the pain of the Palestinians is stolen by the Israelis who claim it as their own. They are the aggrieved. In Bollas' words, this

> *means not only a loss of content, function, and process, but also a loss of one's sense of one's own person. A loss of this nature constitutes a deconstruction of one's history; the loss of one's personal history is a catastrophe, from which there may be no recovery.[83]*

When our clinician friends are asked to befriend the "good Israeli" and parse them from the "bad solider" or when they are asked to prioritize the vulnerability of "good Israelis," the right to anger, to defiance, and to self-dignity is being extracted. But extractive introjections are not just about invalidation. Rather, dialogue initiatives replicate settler-colonial processes themselves in that they *affectively* replace the native with the settler, as well.

The extractive introjection that transpires through dialogue facilitates the settler to "steal" the constitutive organizing feature of Palestinian psychic and material reality, namely, that they are the indigenous inhabitants of Palestine who have been subjected to sustained violence and disenfranchisement by their "partner in dialogue." The extractive introjection steals the psychic, historical, and material experiences of the Palestinians, which serve to protect and define a besieged ego. But also, the Israeli *occupies* the space of the aggrieved. The Zionist settler, under the pretense of being an "equal" (not a conqueror), "invades" the Palestinian's "psychic territory" not only in order to "deposit an unwanted part of himself, as in projective identification, but in some respect, he also takes something."[84]

Rana felt the effect of extractive introjections when she realized that she was being asked, time and again, to be a masochist. Clinicians in Haifa and Ramallah felt the effect of extractive introjections when they referred to *taghsil al-damir* or felt vacated and empty after leaving a discussion with their Israeli counterparts. Jabr feels that the Israelis suck all the air out in the room, leaving Palestinians to

choke. The veteran left-wing clinician understands the effect of extractive introjection when the friendship with the "Good Israeli" is answered with how vulnerable *they*, Israelis, are in the face of right-wing Zionists. The extractive introjections occur in dialogue because the Palestinian "carries" both the individual and the collective responsibility for their culpability of existence, their resistance, and their desire.

We must not look far to hear Israelis themselves illustrate the process, most famously, for example, by Golda Meir. When confronted by the prospect of "peace," she states that peace "will be harder for us to forgive them (Palestinians) for having forced us to kill their sons." For "dialogue" to "work," it is the Palestinians who must realize that they made the Israelis shoot, made them torture, and made the besieged, native Israeli sabra suffer at the hands of the generic Arab. The fantasy of the psychoanalytic innocence of dialogue imagines a world where the reality principle bends: where Palestinians are victimizers and Israeli Jews are the native; where a "good Arab" is guilty but contrite, and Israeli Jews have the benevolence to forgive them for living in Palestine among bad Palestinian insurgents.

Sumud and Refusing to be an Object of Peace

We have marked in this chapter the ways in which psychoanalysis collaborates with systems of power, in this case, Zionist settler colonialism in Palestine, by intervening with dialogue initiatives that are misattuned to the violence that structures settler colonialism and occupation. We have seen how theories of dialogue produce "good Arabs" in the hope of expelling "bad Palestinians." In the process, psychoanalysis, especially through dialogue initiatives, extends the closure system of Israeli apartheid in seeking to dismember the Palestinian individual and healthy subject, cleaving them from their community (and their land). We do not doubt or minimize the power of colonial introjects as instituted by dialogue initiatives or the ways in which Israel seeks to conscript consensual partners in its domination of Palestine and Palestinians. Considering the work of Shalhoub-Kevorkian, Giacaman, Said Shehadeh, Puar, and Barber, we acknowledge the varying degree of successes of Israel in creating "broken Palestinians." We have shown not only how the misappropriation of the Kleinian concept of "splitting"

replicates the logic of settler colonialism, but also that dialogue, in fact, maneuvers the Palestinian into paranoid-schizoid functioning that facilitates extractive introjections that seek to permit the occupation of the Palestinian psychic-position by the Israeli partner in dialogue.

Neither this chapter nor the scope of the book allows us to flesh out the many facets of the "politics of Palestinian refusal" to the degree to which it is relevant, especially in the context of settler colonialism in Palestine.[85] If dialogue seeks to negate Palestinian desire, willfulness and autonomous selfhood, Palestinian refusal, the affirmative willful disobedience to succumb is an assertion of psychological and public health. It enacts a subjective desire for self-affirmation, reality testing, and identification with one's healthy cathected internal objects (whether that be social, communal, or familial), which are all expressed in the desire for dignity in refusing to collaborate and accept the colonial introjection. We have seen in this chapter how psychoanalytic innocence at the heart of dialogue initiatives pathologizes the *politics of refusal*—that is, the insistence of saying "no" to dialogue, no to nonviolence, and no to settler-colonial fantasy.

The remainder of this chapter will focus on how Palestinians refuse dialogue but, more importantly, refuse to reject the reality principle. It must be said that, despite the logic of the settler-colonial state and despite the international campaign to foster "dialogue" that creates equal "individuals" under colonial sovereignty, Palestinian clinicians, by and large, have rejected the wager offered by psychoanalytic innocence to enter into settler-colonial humanity at the expense of dismembering their communities and allowing their internal worlds to be robbed, as had their land and national independence. Zionist settler colonialism, for all of this violence, has failed to manifest its own myths and project them into the psyche of the Palestinians; that is, no political machinations or extortions have succeeded in making Israelis appear as anything other than the occupier, oppressor, and settler. Before we unpack this further, let us return to the experiences of Palestinian clinicians in narrating their engagements with invitations to "dialogue."

Issa practices in Haifa at a clinic that serves both Jewish Israelis and Palestinians with settler-colonial citizenship. Issa specifically asked us not to use his name. As

mentioned, the NLS held its annual conference in Tel Aviv only weeks before IARPP shut down all "debate" by moving directly to dismissing protest as anti-Semitic. Issa is one of the very few Palestinians who attended the NLS conference, and, in fact, took a leading role in organizing the event. Issa's collaboration with Israeli colleagues made a number of Palestinians, both inside Israel and in the West Bank, uncomfortable, especially in that he played a pivotal role in facilitating the NLS conference in Israel at a time when the state's human and civil rights abuses were intensifying against Palestinians. Issa's decision was not without thought or considerable discussion with his Palestinian compatriots. Nor did his collaboration insinuate his rejection of his Palestinian Arab identity. In a conversation with us on another occasion, he stated

> *When I am invited to talk [inside Israel by Israeli colleagues] about the Self and Other, I accept. But I refuse to act as a supplement, a supplement to their [Israeli] needs. I resist to be an object of their desire for peace.*

Issa himself was trained as a clinical psychologist and psychoanalyst in Israeli institutions where he found himself to be the only Palestinian. Fully cognizant about the abuses the Israeli state imposes on Palestinians in Gaza, Jerusalem, and the West Bank, he was also aware of the discriminatory nature of the Israeli state toward Palestinian citizens.

While few Palestinians we met agreed with the decision, we are not concerned with Issa's professional or political judgment in organizing the NLS annual conference in Tel Aviv. Elsewhere, we have discussed the social, professional, and psychological pressures for Palestinian clinicians, students, and supervisees, who are also captive citizens of the settler-colonial state and we have also witnessed the tensions and demands of Palestinian clinicians' engagement in dialogue groups with Israeli clinicians.[86] Also, Lama Khouri shows that in addition to the anxieties and internal conflict conscription produces, the position of "good Arab," or as she says "house Palestinian," may often feel comfortable, in that the position aligns with professional, social, political, and class filiations.[87] Therefore, Issa's willingness to take a central role in defying the Palestinian call for BDS is less informative for us than how he, as a Palestinian citizen of the settler state,

approaches the moments of engagement with his Israeli peers, as was the case with the clinicians in Haifa.

What interests us is both Issa's willingness and self-awareness in deciding to "accept invitations" of Israeli colleagues and institutions to speak on behalf of "Arab Israelis" within the Israeli professional psychoanalytic community. While he considers that it is impossible not to interact and collaborate with Israelis as a professional and as a second-class citizen of the apartheid state, he is cognizant of how he is perpetually positioned within those spaces of dialogue and engagement as an "object of desire of peace." Issa is cognizant of the assigned position of contrite victim that makes him a legible partner worthy of empathy and submission, as we discussed earlier. He did not shy away from critical conversations about the needs, demands, and pitfalls of practicing in Israel as a second-class non-Jewish citizen of an ethno-nationalist state or about organizing the Lacanian conference. He tells us, explicitly,

> *I resist erasure through my psychoanalytic ethics and my practice. This is how psychoanalysis in the hands of the oppressed can contradict the occupation. We can work against the insults (of the Israelis) against all of us (ihanah lil-majmu'ah) by using psychoanalytic ethics and rooting ourselves in our identity.*

His practice serves Israelis and Palestinians, but he notes that he has a particular concern to provide access to Palestinian patients.

Issa's practice in Haifa operates squarely in the Israeli professional milieu and he himself operates within a particular liberal discourse of "coexistence" between "Arabs and Jews" that Haifa comes to exemplify in the Israeli state narrative. This discourse mirrors, if not inextricably linked, to discourses of "dialogue." With that in mind, he also understands that the self-assertion and self-affirmation that psychoanalytic practice seeks to establish translate as a practice in disalienation. The degrees, discursive parameters, political vision, and certainly the process of disalienation in relation to Zionism remain hotly debated topics among Palestinian clinicians. For Issa, however, he is unambiguous in identifying his practice as a means to uphold the dignity of his patients as Palestinians in the face of systemic state "oppression."

Issa's practice and language provide us with an unheroic and compromised example of refusal and an assertion of collective and individual subjectivity (via desire and the ability to refuse to be an object of desire) within complexities of practicing and resisting as a Palestinian clinician inside the state now known as Israel. He tells us that

> *our lives (as Palestinians in Israel) are connected to our own jouissance and psychoanalysis helps us connect to that. Our practice takes place within the congregation of the world of the living, within the social. Sumud is social solidarity within the world of the living.*

Rather than interrogate the irony of the deployment of jouissance, which is about pain, suffering, transgression, and potentially narcissism, as much as conscious pleasure and ego-affirmation, the concept allows us to connect the imperatives of clinical practice, the clinician's goals of self-realization for the patient, and, in Lacanian terms, ego-formation within the Imaginary, the Symbolic, and the Real; that is, within the lived-world of "social solidarity" as well as subjective desires. Or, in other words, clinical practice, in this case as articulated by Issa, contends with thinking about ego-formation of Palestinian subjects who live within gross conditions of precarity, of "organized abandonment" of multiple modalities of psychological violence under the Israeli settler-colonial regime.[88]

If, then, Palestinians affectively, intellectually, and politically intuit that dialogue seeks to facilitate colonial introjections and normalize disalienation, clinicians also tell us that such invitations to dialogue contain in-built structural assaults on an "in-tact" Palestinian ego. If we return to Freud's definition of the formation of an ego-ideal, we remember that it sets to replace the initial narcissistic image of the self as imagined by the infant. What accompanies this replacement is also repression and sublimation that propels the subject to attain that ideal. Dialogue, "mutual recognition," and "coexistence" (not as indigenous Palestinian and immigrant Jew but as native Jew and generic Arab) seek to displace and, indeed, replace/occupy the ego-ideal with acknowledging the settler as a native partner in "peace." As an "object of the desire for peace," Issa identifies affectively the extractive introjection at play in "accepting invitations" to dialogue. Social

solidarity as an individual and collective act of *sumud* rebuffs these extractive introjections.

Lena Meari teaches us of the social, political, and affective value of *sumud*, not coincidentally, through examining Palestinian political prisoners, especially in the context where the carceral Israeli state intends to break [into] Palestinian psychic space to extract "confessions."[89] A community psychologist and anthropologist, Meari's research is profound, giving light to how imprisoned Palestinians imagine home, family, love, countryside, village, and themselves as heroic during torture, solitary confinement, psychological operations, and long-term incarceration in Israeli prisons. *Sumud* is squarely a psychological act of both defiance and willful self-affirmation through healthy attachments to one's internal and social worlds. Nancy Caro Hollander has shown similar modes of resistance under state-sponsored torture that is "clearly aimed at the demolition of the psychic apparatus."[90] *Sumud* is a political and psychological practice that aims to protect against this demolition that extends well beyond Israel's prison cells. *Sumud* is collective and communal willfulness that cuts through, elevates, and sustains individuals and communities under settler negation. As such, it destabilizes not only the colonial order and its power relations, but also the logic which psychoanalytic innocence seeks to extend by facilitating extractive introjections of the Israeli settler-colonial order. Dialogue initiatives and the politics of "mutual recognition" require the "good Arab" to split from the "bad Palestinian," who identifies with the "social solidarity within the world of Palestinian living," in order to metabolize the extractive introjection and share in the suffering of the besieged settler qua native.

Evoking Issa's *sumu*d as "social solidarity within the world of the living," Rema Hammami observes that *sumu*d "is about continuing with daily life and movement…Thus, *sumud* has become about *resisting immobility*, the locking down of one's community, and refusing the impossibility of reaching one's school or job."[91] In highlighting *sumud* and the ways it intersects with the personal and professional lives of Palestinian clinicians, we remember so many of the vignettes we have visited so far in this book, from Ali's Jerusalemite patient with Schizophrenia, to Yoa'd and Amjad, who, together, worked to destroy obstructions shoved down the throats of Palestinians under occupation.

Hammami concludes that, in a society under siege where "checkpoints don't just thwart mobility" but "create immense chaos" especially in the social and economic "circuits" that life is possible, *sumud* provides "the framework…to follow in the collectively-understood, but individually-achieved daily resistance of simply getting there."[92] Palestinian clinical practice and resistance under occupation is one way of "simply getting there" within the Palestinian world of living.

Meari observes that Palestinian psychological identifications with self and society are a means of survival, empowerment, and political praxis. It is not coincidental that Jessica Benjamin in "Moving Beyond Violence" vilifies the culture of resistance and heroism (*butulah*) to which Bassam relates he closely identified and found inspiration as a youth.[93] This "suffering-heroism" of a culture of resistance, as Meari points out, "reflects a sentiment cultivated by Palestinian strugglers. This sentiment diverges from the well-established liberal humanist binary of victim versus agent."[94] In other words, *sumud* is a *conscious* and *unconscious* "adaptive defense," warding off targeted assaults on the Palestinian ego-ideal, on its collective and individual selfhood under attack by the forces of Zionist erasure.[95]

Conclusion

In concluding this chapter, we refocus on how the principle of *sumu*d has been referenced throughout this book by Palestinian clinicians but particularly in response to calls for "dialogue." Particularly, if "sumud is social solidarity within the world of the living," for clinical psychologists, it upends psychoanalytic innocence's collusion with settler colonialism. More importantly, *sumud* is not an event or a singular act, although it may manifest itself as disaggregated minor and life-threatening acts of affirmation and defiance. *Sumud* is an ethos of willfulness that circulates and is enacted daily. The small and monumental refusals to be broken at checkpoints, to laugh at the ridiculousness of the absurdly armed *magav*, the survival of torture and incarceration in Israeli settler prisons, surviving the onslaught of unchecked (and state-protected) violence of the Zionist settler "rabble" in the West Bank are examples of popular *sumud* that we have witnessed firsthand in Palestine. Yet, it is Palestinian clinicians—their actions and their words—who have taught us the expansive and sustaining definition of *sumud*.

Therefore, we listen to them when Palestinian clinicians have articulated that dialogue initiatives are experienced affectively as invasive, intrusive, extractive, and violating. They have explicitly articulated that dialogue initiatives confirm the reality-bending of settler-colonial logic, while clinical practice works to affirm not the "lawful world" of the settler-colony state but the "world of the living" of Palestinians.

In discussing the masochism of dialogue, Rana Nashashibi tells us that dialogue requires accepting occupation as normal. However, "if we correctly call it a sociopathic regime, we know how to deal with it, we know how to treat our patients." Also, in Ramallah, clinicians whom we met argue for clarity. Ussama stressed,

> *Israelis control material reality, they do what they want where and when they want. But we (Palestinians) are still here. This is sumud. It is unconscious and conscious and one material reality that they cannot control. In the words of Zoughbi Zoughbi, Sumud is not a single, demonstrative action. It is not just planting a tree and saying, 'This is sumud.' It is about how to nourish the tree, how to trim it, how to harvest it, how to create a healthier atmosphere for all … Sumud is an art of living … and building relationships between people.[96]*

As an adaptive defense against extractive introjection and the reality bending of settler- colonial logic, *sumud*, whether in the clinical space or in the street, is a "collective production" to stay off the systemic and sustained project of strangling Palestinian society and presence. It is passed through generations but affirmed through clinical practice.

Meari concludes for us, noting that "the constellation of *sumud* involves not only a specific organization of the affective familial, social, and comradely relations and an antagonistic colonial relation. It also involves a continuous reorganization of the heterogeneous components of the self."[97] Palestinian clinical praxis, we have seen, is among this constellation. The ideological misattunement of psychoanalytic innocence at the heart of the compulsion for dialogue finds this constellation illegible because its psychoanalytic theory and framing of dialogue requires Palestinians to collude with the reality-bending logic of the settler-colonial world,

to understand it as a "lawful world." Clinicians throughout historic Palestine affectively and intellectually detect how the calls for dialogue require them to *choke* into paranoid-schizoid functioning (expelling the healthy objects that affirm Palestinian willfulness and identity in lieu of replacing them with the selfhood of their abuser). Their refusal, therefore, to be "the object of desire for peace" is a psychological act and technique, an adaptive defense, that emerges out of a psychological and social tradition of *sumud* that is, in the end, the bulwark against settler erasure and the acceptance of the psychotic logic of the settler colony as normative.

Notes

1. Samah Jabr, "From Palestine to the US, We Must Defend People's Right to Breath," *Middle East Eye*, June 15, 2020, found at https://www.middleeeye.net/opinion/israel-us-we-must-defend-victims-right-breathe
2. Nour Abu-Assab and Nof Nasser-Eddin, "Queering Justice: States as Machines of Oppression," *Kohl: a Journal for Body and Gender Research*, vol. 4, no. 1 (Summer 2018): 56.
3. For two explorations of Palestinians working with Jewish Israeli, see Caesar Hakim, "Accepting Otherness to Find Sameness: When a Jewish Child Realizes That the Therapist is an Arab," in *A Psychoanalytic Exploration On Sameness and Otherness Beyond Babel?* ed. Anne-Marie Schlösser (London: Routledge, 2019), 272–280; and Roney Srour, "Transference and Countertransference Issues During Times of Violent Political Conflict: The Arab Therapist–Jewish Patient Dyad," *Clinical Social Work Journal*, vol. 43, no. 1 (2015): 407–418.
4. Stephen Portuges, "The Politics of Psychoanalytic Neutrality," *International Journal of Applied Psychoanalytic Studies*,vol.6, no. 1 (2009): 61–73, 70.
5. Lynne Layton and Marianna Leavy-Sperounis (ed.), *Toward a Social Psychoanalysis: Culture, Character, and Normative Unconscious Processes* (New York: Routledge, 2020).
6. Martin Kemp, "The Psychoanalytic Encounter with Settler Colonialism in Palestine/Israel," *International Journal of Applied Psychoanalytic Studies*, vol.17 (2020): 94–95.
7. Glen Sean Coulthard, *Red Skin, White Masks: Rejecting the Colonial Politics of Recognition* (Minneapolis: University of Minnesota Press, 2014).
8. Stephen Sheehi, "The Transnational Palestinian Self: Toward Decolonizing Psychoanalytic Thought," *Psychoanalytic Perspectives*, vol. 15, no. 3 (2018): 307–322.
9. A small number of Israeli psychoanalytic psychologists have recognized how imagining the "New Jew" in relation to Palestine presents a structural contradiction to Zionist national identity. They note how this crucial aporia is the source of what they would identify as Israeli national narcissism, neurosis, and/or psychosis. That is, these psychoanalytic practitioner-scholars recognize that disavowal is necessary in order for the Zionist "New Jew" to delink from the historical reality of Palestine and Palestinians. See Udi Hadar, *Psychoanalysis and Social Involvement: Interpretation and Action* (New York: Palgrave, 2013); Moshe Zuckerman, "Towards a Critical Analysis of Israeli Political Culture," in *Psychoanalysis, Identity and Ideology: Critical Essays on the Israel/Palestine Case*, ed. John Bunzl, and Benjamin Beit-Hallahmi (Boston, MA: Kluwer, 2002), 5.70; and Rafael Moses, "Unconscious Defense Mechanisms and Social Mechanisms Used in National and Political Conflicts," in *Psychoanalysis, Identity and Ideology: Critical Essays on the Israel/Palestine Case*, ed. John Bunzl, and Benjamin Beit-Hallahmi (Boston, MA: Kluwer, 2002), 85–106. Also, see Jacqueline Rose, ""Imponderables in Thin Air": Zionism as Psychoanalysis (Critique)," in *The Question of Zion* (Princeton, NJ: Princeton University Press, 2005), 58–107.
10. Hadar, *Psychoanalysis and Social Involvement*, 59.

11. [For example], see Sigmund Freud "Splitting of the Ego in the Process of Defense," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XXIII (1938); Melanie Klein, "A Contribution to the Psychogenesis of Manic-Depressive States" (1935) in *The Writings of Melanie Klein: Love, Guilt, and Reparations and Others Works, 1921–1945*, vol. 1, ed. R.E. Money-Kyrle (New York: Free Press, 1975), 262–289. Or, Melanie Klein, "Notes on Some Schizoid Mechanisms," *International Journal of Psycho-Analysis*, vol. 27 (1946): 99–110.

12. [Regarding the centrality] of "denial" in the discussion of Palestinian existence and Israeli nationalist ideology and identity, See, for example, Nur Masalha, The *Politics of Denial: Israel and the Palestinian Refugee Problem* (London: Pluto Press, 2003) and Nur Masalha, *The Palestinian Nakbah: Decolonising History, Narrating the Subaltern, Reclaiming Memory* (New York: Zed, 2012). Masalha's latter study is of value to this chapter's assertion as it understands the role of narrating nationalist identities in tension with erasing historical fact and communal experience. For an Israeli "perspective" on the centrality of denial to national ideology and Israeli identity, see Ronit Lentin, *Co-Memory and Melancholia: Israelis Memorialising the Palestinian Nakba* (Manchester: Manchester University Press, 2013).

13. [Naser Najjab-Nadia] has published a detailed study of People-to-People Diplomacy Programme (PP2P) between Palestinians (under military occupation) and Israelis in the years following Oslo. She shows that these, Palestinians, who initially participated with some degree of excitement and hopefulness, in these internationally sponsored and funded programs, realized by the end of late 1990s that the initiatives served to alleviate Israeli anxieties while reinforce the settler-colonial hierarchies and power relations.

14. [While cooperation] should not be confused with dialogue, binational and interfaith and inter-ethnic groups have been around since well before al-Nakba in 1948. For this history, see Musa Budeiri, *The Palestine Communist Party, 1919–1948: Arab and Jew in the Struggle for Internationalism/* (Chicago, IL: Haymarket, 1979); Michelle Campos, *Ottoman Brothers: Muslims, Christians, and Jews in Early Twentieth Century Palestine* (Stanford, CA: Stanford University Press, 2011); Gil Hochberg, *In Spite of Partition: Jews, Arabs, and the Limits of the Separatist Imagination.* (Princeton, NJ: Princeton University Press, 2007); Zachary Lockman, *Comrades and Enemies: Arab and Jewish Workers in Palestine 1906–1948* (Berkeley: University of California Press, 1996). Jacqueline Rose also offers a critical analysis of Martin Buber's binational fantasy in "Imponderables in Thin Air," op.cit.

15. [Lena Meari], "Sumud: A Political Philosophy of Confrontation in Colonial Prisons," *South Atlantic Quarterly* vol. 113, no. 3 (2014): 556. Also, see Lena Meari, "Reconsidering Trauma: Towards a Palestinian Community Psychology," *Journal of Community Psychology*, vol. 43, no. 1 (2015): 76–86.

16. [Meari], "Sumud," 557.

17. [For a study of neoliberal Palestinian project], see Toufic Haddad. *Palestine Ltd.: Neoliberalism and Nationalism in the Occupied Territory* (London: Bloomsbury Publishing, 2016).

18. [Samah Jabr], "A Monologue with the 'Other': the Inauthenticity of Discourse under Occupation," *Middle East Monitor*, March 8, 2018, found at https://www.middleeastmonitor.com/20180308-a-monologue-with-the-other-the-inauthenticity-of-discourse-under-occupation/

19. [Neil Bellantyne], "Putting Human Rights at the Heart of Social Work Practice," *Aotearoa New Zealand Association of Social Workers (ANZASW)* vol. 31, no. 4 (2019): 84–89.

20. [See], Avgi Saketopoulou's searing piece "Whiteness Closing Ranks," in *Reveries & Riddles*, found at https://wp.nyu.edu/artsampscience-nyu_pd_blog/2020/06/30/whiteness-closing-ranks-avgi-saketopoulou/

21. [Palestinian Union of Social Workers] and Psychologists, "Statement from the Palestinian Union of Social Workers and Psychologists (PUSWP)," Facebook, October 1, 2018. https://www.facebook.com/PUSWP.Palestine/posts/902274599967730?__tn__=K-R

22. [The protest against the IARPP] extended beyond the psychoanalytic world, where groups such as Jewish Voices for Peace wrote letters of protest, requesting IARPP to reconsider Israel as conference destination; see as well Jewish Voice for Peace, "To the Board of the International Association for Relational Psychoanalysis and Psychotherapy," Every Action, retrieved, June 1, 2019, https://secure.everyaction.com/hIIcCM7s106Wu9RFAS0D_A2. The on-going protest, that lasted more than a year, was covered considerably in the international press including: Alice Rothchild's, "IARPP Clamps Down Debate on Palestine Mental Health at its Conference in NY," *Mondoweiss*, June 1, 2018, https://mondoweiss.net/2018/06/clamps-palestinian-conference; or Debra Nussbaum Cohen, "US Psychology Association Faces Pressure to Boycott Israel," *Times of Israel*, 20 June 2018, https://www.timesofisrael.com/us-psychology-association-faces-pressure-to-boycott-israel

23. [For a full account of the scandalous] behavior of the IARRP and subsequent protest of conference in Tel Aviv, see Lara Sheehi, "Disavowing Israeli Apartheid," MERIPonline, *MERIP: Middle East Research and Information Project.* June 22, 2019, https://merip.org/2019/06/disavowing-israeli-apartheid

24. [For the most damning and detailed account], see Elisabeth Berger and Samah Jabr, "Silencing Palestine: Limitations on Free Speech within Mental Health Organizations," *International Journal of Applied Psychoanalysis*, vol. 17 (2020): 193–207. Also, for an example of some accounts, see Alice Rothchild, "Pressure Mounts Over Psychoanalysts' 2019 Conference, Slated for Tel Aviv," *Mondoweiss*, March 12, 2018, found at http://mondoweiss.net/2018/03/pressure-psychoanalysts-conference; and Ruchama Marton, "Progressive psychoanalytic organization Splits, Silencing Members over a Tel Aviv Conference," *Open Democracy*, May 31, 2018, found at https://www.opendemocracy.net/en/north-africa-west-asia/progressive-psychoanalytic-organization-splits-silencing-membe/

25. [US-Palestine Mental Health Network], "To IARPP: Don't Hold Conference in Israel," UK-Palestine Mental Health Network online, January 6, 2018, https://ukpalmhn.com/2018/01/06/to-iarpp-dont-hold-conference-in-israel/

26. [US-Palestine Mental Health Network], "A Reply to IARPP," UK-Palestine Mental Health Network online, January 14, 2018, https://ukpalmhn.com/2018/01/14/a-reply-to-iarpp/

27. [Elana Lakh], "Protest Letters to IARPP from Individuals," USA-Palestine Mental Health Network, January 15, 2019, found at https://usapalmhn.org/protest-letters-to-iarpp-from-individuals/

28. [Jabr], "A Monologue with the 'Other.'"

29. [Eve Tuck] and K. Wayne Yang. "Decolonisation is Not a Metaphor," *Decolonisation: Indigeneity, Education & Society*, vol. 1, no. 1 (2012): 10.

30. [Tuck and Yang]. "Decolonisation is Not a Metaphor," 3.

31. [Gloria Wekker], *White Innocence: Paradoxes of Colonialism and Race* (Durham, NC: Duke University Press, 2016). "Move to innocence" itself is a play on "race to innocence" in Mary Louise Fellows and Sherene Razack's conceptualization of, 'the race to innocence', from their "The Race to Innocence: Confronting Hierarchical Relations among Women." *Journal of Gender, Race & Justice*, vol. 1, no. 4 (1998): 335–352. Tuck and Yang play on and borrow the phrase from "move to innocence" from Janet Mawhinney, "'Giving up the Ghost': Disrupting the (re)production of White Privilege in Anti-racist Pedagogy and Organizational Change," Masters Thesis, Ontario Institute for Studies in Education of the University of Toronto, 1998.

32. [Avgi Saketopoulou], "Whiteness Closing Ranks."

33. [Events are provided in detail by Berger and Jabr], "Silencing Palestine." We, ourselves, as Advisory Board Members of USPMHN, were involved in the event and were present at the "Voices" panel. Members of hotel security detail to the Voices event spoke to us, in confidentiality, confirming all facts presented in this chapter.

34. [Maha Samman] compiles these statistics using information from the Israeli Central Bureau of Statistics, Institute for Israel Studies, Peace Now, and Foundation for Middle East Peace. The stable and modest increase of settlers in East Jerusalem (seen largely as economic settlers) contrasts an increase of almost 200% of settlers in the West Bank in the ten years following the signing of the Oslo Accords. M. Samman, *Trans-Colonial Urban Space in Palestine: Politics and Development* (New York: Routledge, 2013), 103.

35. [For an earlier] and more detailed mapping of Benjamin's and Singer's "Moving Beyond" project, see Stephen Sheehi, "Psychoanalysis Under Occupation: Nonviolence and Dialogue Initiatives as Psychic Extension of the Closure System," *Psychoanalysis and History*, vol. 20, no. 3 (2018): 353–369.

36. [For an account of the "dialogue"] project between Israeli Jewish and German psychoanalyst in the 1990s that started the Nazareth Conferences, see Shmuel Erlich, Mira Erlich-Ginor, and Hermann Beland, *Fed with Tears—Poisoned with Milk: The "Nazareth" Group-Relations Conferences. Germans and Israelis: The Past in the Present.* (Giessen: Psychosozial-Verlag, 2009). M. Fakhry Davids offers an insider's perspective of the Nazareth Conference, "Psychoanalysis and Palestine-Israel: A Personal Angle," *Psychoanalysis, Culture & Society*, vol. 21 (2016): 41–58. For a critical analytical reading of one of the Nazareth conferences, see Martin Kemp and Lama Khouri, "The Trojan Horse: The PCCA Cyprus Conference 'On History Repeating Itself'," (2019): UK-Palestine Mental Health Network, found at https://ukpalmhn.com/opinions/the-trojan-horse. Also see, Martin Kemp, "The Psychoanalytic Encounter with Settler Colonialism in Palestine/Israel," *International Journal of Applied Psychoanalytic Studies*, vol. 17 (2020): 93–125.

37. Vamik Volkan's *Enemies on the Couch: A Psychopolitical Journey through War and Peace* (Durham, NC: Pitchstone, 2013) is perhaps the most irresponsible and unethical example of his statist work. Volkan is lauded for his concept of "chosen trauma," which represents how his oeuvre depoliticizes the psychological and physical traumas of Palestinians, the Armenians, indigenous people in what is now the United States, and many others, dismissing their grievances by making psychoanalytically moral-equivalence between the pain of the victim and the pain of the victimizer and, in turn, sophomorically critiquing national identities as psychological defenses that actually perpetuate trauma. Also see, Vamik Volkan, *Blind Trust: Large Groups and Their Leaders in Times of Crisis and Terror* (Charlottesville, VA: Pitchstone, 2004), which asserts that the identification of the oppressed with their own marginalized community is, in actuality, an act of regression rather than an act of solidarity that rejects the violence of the oppressor. Perhaps most tellingly in the case of Palestine and dialogue initiatives, see the immensely unethical conclusions Volkan draws in his "Large Group Psychology in Its Own Right: Large-Group Identity and Peace-Making," *International Journal of Applied Psychoanalytic Studies*, vol. 10 (2013): 229, lauding his international dialogue initiative, composed largely of non-Palestinians (and featuring prominent Israelis) as supporting racist conclusions of "safety" and increased interiority as a result of the Apartheid Wall. For popular mainstream theorizations of conflict resolution and overcoming dehumanizing one's enemy/Other (using Palestinians and Israelis as archetypes), see Arbinger Institute, *The Anatomy of Peace: Resolving the Heart of Conflict* (San Francisco, CA: Berret-Koehler, 2006).
38. *Moving Beyond Violence* (2013); Available at: http://www.movingbeyondviolence.org; (website), Episode 1.
39. While unacknowledged by her, the concept of "third space" and thirdness precedes Jessica Benjamin's concepts of "moral third" and "third space." Theories of "thirdness" cut across cultural, educational, and psychological theories. Homi K. Bhabha may be credited with developing "third space," specifically (and relevantly for Benjamin's theory had she cited Bhabha), as "the precondition for the articulation of cultural difference." See Homi Bhabha, *The Location of Culture* (London: Routledge, 1994), 56. For definitions of "the Third" and the "Moral Third," see Jessica Benjamin, *Beyond Doer and Done to: Recognition Theory, Intersubjectivity and the Third* (New York: Routledge, 2017). The book reproduces her article, "Beyond Doer and Done to: An Intersubjective View of Thirdness," *The Psychoanalytic Quarterly*, vol. 73, no. 1 (2004): 5–46.
40. *Moving Beyond Violence* (website), Episode 7.
41. *Moving Beyond Violence* (website), Episode 7.
42. *Moving Beyond Violence* (website), Episode 7.
43. Lara Sheehi and Leilani Salvo Crane, "Toward a Liberatory Practice: Shifting the Ideological Premise of Trauma Work with Immigrants." in *Racial Minority Immigrants and Trauma in the United States*, ed.Pratyusha Tummala-Narra (Washington, DC: The American Psychological Association, 2021), 285–304.
44. Jessica Benjamin, "Non-violence as Respect for All Suffering: Thoughts Inspired by Eyad El Sarraj," *Psychoanalysis, Culture, and Society*, vol. 21, no. 1 (2016): 8. She repeats this supposition in Episode 3 of *Moving Beyond Violence*.
45. Kevin Bruyneel, *The Third Space of Sovereignty: The Postcolonial Politics of U.S.-indigenous Relations* (Minneapolis: University of Minnesota Press, 2007), 217.
46. Tuck and Yang, "Decolonization is Not a Metaphor," 35.
47. Ngũgĩ wa Thiong'o, *Decolonising the Mind: the Politics of Language in African Literature* (Nairobi: East African Educational Publishers, 1992).
48. *Moving Beyond Violence* Episode 8.
49. Sigmund Freud, "A Child is Being Beaten: A Contribution to the Study of the Origin of Sexual Perversion," *Standard Edition* vol. 17 (1919e): 199
50. Jacques Lacan, "The Direction of the Treatment and the Principle of its Power," *Écrits: A Selection*, trans. Alan Sheridan (New York: Norton, 1977), 272.
51. Scott Lauria Morgensen, *Spaces Between Us: Queer Settler Colonialism and Indigenous Decolonization* (Minneapolis: University of Minnesota Press, 2011); e.g. 16.
52. Tuck and Yang, "Decolonization is Not a Metaphor," 17.
53. *Moving Beyond Violence* (website), Episode 9.
54. Sunera Thobani, "White Wars: Western Feminism and the 'War on Terror,'" *Feminist Theory*, vol. 2. no. 2 (2007): 178.

55. Thobani, "White Wars," 179.
56. Thobani, "White Wars," 178.
57. Eng, "Colonial Object Relations," 14.
58. Coulthard, *Red Skin, White Masks*, 17.
59. Jacques Lacan, *The Seminar Book I: Freud's Papers on Technique 1953–54*, trans. John Forrester (New York: Norton, 1988), 167. (my translation tweak)
60. For some works that discussion the centrality of the politics of hyper-visibility (via surveillance) and invisibility (via erasure) see, Yasmeen Abu-Laban, David Lyon, Elia Zureik, eds., *Surveillance and Control in Israel/Palestine: Population, Territory and Power* (London: Taylor & Francis, 2010): and Yael Berda, *Living Emergency: Israel's Permit Regime in the Occupied West Bank* (Stanford, CA: Stanford University Press, 2017); Lisa Hajjar, *Courting Conflict: The Israeli Military Court System in the West Bank and Gaza* (Berkeley: University of California Press, 2005); Ronit Lentin, *Traces of Racial Exception: Racializing Israeli Settler Colonialism* (London: Bloomsbury Publishing, 2018); and Nadim Rouhana, ed., *Israel and Its Palestinian Citizens: Ethnic Privileges in the Jewish State* (New York: Cambridge University Press, 2017).
61. Adib Jarrar, "Palestinian Suffering: Some Personal, Historical, and Psychoanalytic Reflections," *International Journal of Applied Psychoanalytic Studies*, vol. 7, no. 3 (2010): 197–208, 208.
62. For important work on this in the context of South Africa, see Pumla Gobodo-Madikizela, *A Human Being Died that Night: A South African Woman Confronts the Legacy of Apartheid* (London: Houghton Mifflin, 2003).
63. Frantz Fanon, *Black Skins, White Mask*, trans. Charles Lam Markmann (London: Pluto Press, 2008), 5.
64. See for recent and best studies, Rita Giacaman, "Social Suffering, The Painful Wounds Inside," *American Journal of Public Health*, vol. 107 (2017): 357–357. Giacaman et al., "Individual and Collective Exposure to Political Violence: Palestinian Adolescents Coping with Conflict," *European Journal of Public Health*, vol. 17 (2004): 361–368. Barber B. McNeely, C. Sarraj, E. Daher, M. Giacamen, R. Arafat, C. Barnes, and M. Abu Maloch, "Mental Suffering in Protracted Political Conflict; Feeling Broken and Destroyed,' *PloS ONE*, vol. 11, no. 5(2017): https://doi.org/10.1371/journal.pone.0156216; and D. Hammoude, E. Coast, D. Lewis, Y. Rabaia, T. Leone, and R. Giacamen, "Age of Despair or Age of Hope? Palestinian Women's Perspectives of Midlife Health," *Social Science and Medicine*, vol. 184 (2017): 108–115. For an overview of mental health in Palestine, see S. Jabr, M. Morse, E. El Sarraj, and B. Awidi, "Mental Health in Palestine: Country Report," *The Arab Journal of Psychiatry*, vol. 24, no. 2 (2015): 174–175.
65. Nadera Shalhoub-Kevorkian, "Gun to Body: Mental Health against Unchilding," *International Journal of Applied Psychoanalysis*, 17 (2020): 136.
66. Andrea Hackl cites Ahmad Saadi who asserted that while working at the periphery of the Israeli economy, the "good Arab" could benefit from interacting with "official bodies as long as they identified with the state." Saadi 2016: 37–38 as cited in Andreas Hackl, "The Good Arab: Conditional Inclusion and Settler Colonial Citizenship Among Palestinian Citizens of Israel in Jewish Tel Aviv," *Journal of the Royal Anthropological Institute*, 26, no. 3 (September 2020): 1–18.
67. For a history of the military regime within the new State of Israel, that was borrowed from the British and the serves as a model for control of the West Bank, see Shira Robinson, *Citizen Strangers: Palestinians and the Birth of Israel's Liberal Settler State* (Stanford, CA: Stanford University Press, 2013).
68. Andreas Hackl, "Immersive Invisibility in the Settler-colonial City: The Conditional Inclusion of Palestinians in Tel Aviv," *American Ethnologist*, vol. 45, no. 3 (2018): 1–13.
69. Lara Sheehi (née Masri), "Introjects in the Therapeutic Dyad: Towards "Decolonization,"" Major Area Paper in the Completion of Doctorate of Psychology, George Washington University, June 2009, 3. *Unpublished*.
70. Israeli pundits have asserted that the "Arab mind" suffers from paranoia with an inability to "reality test," because they allow ideology to manipulate how they perceive reality. See Yehoshafat Harkabi, *Arab Attitudes to Israel* (New York: Transaction Press, 1972; republished Routledge: New York, 2017); also see, Benjamin Beit-Hallahmi, "Some Psychosocial and Cultural Factors in the Arab-Israeli Conflict: A Review of the Literature," *The Journal of Conflict Resolution*, vol. 16, no. 2 (1972): 227.
71. Lynne Layton, "Racial Identities, Racial Enactments, and the Normative Unconscious," *Psychoanalytic Quarterly*, vol. 75, no. 1 (2006): 237–269.
72. Hackl, "The Good Arab: Conditional Inclusion and Settler Colonial Citizenship among Palestinian Citizens of Israel in Jewish Tel Aviv," op.cit. A large number of scholarship touches on the

development of the "good Arab" since the creation of the Zionist state and how the category of "good Arab" is inextricably linked with the Palestinians willingness to collaborate with the settler state. Most well known of which is Hilal Cohen, Good Arabs: the Israeli security agencies and the Israeli Arabs, 1948–1967 (Berkeley: University of California Press, 2011).

73. Rhoda Ann Kanaaneh, *Surrounded: Palestinian Soldiers in the Israeli Military* (Stanford, CA: Stanford University Press, 2008), 67.

74. Lama Z. Khouri, "Through Trump's Looking Glass into Alice's Wonderland: On Meeting the House Palestinian," *Psychoanalytic Perspectives*, vol. 15, no. 3 (2018): 275–299. For a critically productive engagement with Khouri's self-reflection, see Stephen Sheehi, "The Transnational Palestinian Self: Toward Decolonizing Psychoanalytic Thought," *Psychoanalytic Perspectives*, vol. 15, no. 3 (2018): 307–322. To contrast Khouri's ambivalence about being conscripted to collaborate with whiteness, Monisha Nayar-Akhtar curates a powerful assortment of "multicultural therapists" within psychoanalysis, see Monisha Nayar-Akhtar, eds., *Identities in Transition: The Growth and Development of a Multicultural Therapist* (London: Karnac, 2015).

75. The Austrian "Peace Camp" initiative runs off of the popular Track II model of gathering children from conflict-societies. Perhaps, the most famous model is *Seeds of Peace*, sponsored and run by the United States government's United States Institute for Peace. For their model, which they have been actively seek to export for decades, see "Seeds of Peace Lesson Plan," US Institute of Peace; found at https://www.usip.org/public-education/educators/seeds-peace-lesson-plan

76. See "Peace Camp 2007: Imagine Peace," found at Jewish News in Austria, April 28, 2007, found at https://www.jewishnews.at/jewish-news-from-austria-16/2007/4/28/peace-camp-2007-imagine-peace.html. For a conversation with Böhmer-Laumer see "In Conversation with Author: Evelyn Böhmer-Laumer," in *The Vienna Psychoanalyst*, October 14, 2015, found at https://www.theviennapsychoanalyst.at/index.php?wbkat=8&wbid=351&lakat=

77. See Lara Sheehi, "Palestine is a Four-Letter Word," *DIVISION/Review*, vol. 18 (2018): 28–31.

78. Noura Erakat effectively argues that appealing to international law for the legitimacy of Palestinian claims are problematic because the authority of the international community arises from imperialist hegemony of the West (particularly, enforced by the United States). See Erakat, *Justice for Some*. Also see, Nicola Perugini and Neve Gordon, *The Human Right to Dominate* (Oxford: Oxford University Press, 2015).

79. See Melanie Klein, "Notes on Some Schizoid Mechanisms," *International Journal of Psycho-Analysis*,vol.27 (1946): 99–110.

80. Rana Nashashibi as quoted in Cynthia Cockburn, *From Where We Stand: War, Women's Activism & Feminist Analysis* (London: Zed, 2007), 121. For the original article, see Rana Nashashibi, Rana, "The Analogy of Occupation and Rape; The Case of the Palestinian People," *A Selection of Articles on the Mental Well-being of the Palestinian People Living under Israeli Occupation* (Jerusalem: Palestinian Counseling Center, 2003).

81. See her speak about this also in her talk with Café Palestine: Rana Nashashibi, "Café Palestine Five in Dialogue with Rana Nashashibi: A Palestinian Perspective on International Solidarity," Palestine Global Mental Health Network video, June 20, 2020, found at https://www.pgmhn.org/announcement/recording-of-cafe-palestine-five-in-dialogue-with-rana-nashashibi-a-palestinian-perspective-on-international-solidarity

82. Christopher Bollas, *In the Shadow of the Object: Psychoanalysis of the Unknown* (New York: Columbia University Press, 1987), 158.

83. Bollas, *The Shadow of the Object*, 166.

84. Bollas, *The Shadow of the Object*, 167.

85. While settler-colonial conditions vary, we certainly look to the work of Audra Simpson, Glen Coulthard, Nick Estes, Kim Tallbear, Vine Deloria, and Leeane Betasamosake Simpson and so many other indigenous scholars of what is now known as North America for intellectual and activist inspiration and solidarity. For examples, see Glen Coulthard, *Red Skin, White Masks*, op.cit; Vine Deloria, *Custer Died for Your Sins: An Indian Manifesto* (Norman: University of Oklahoma, (1969) 1988); Nick Estes, *Our History Is the Future: Standing Rock Versus the Dakota Access Pipeline and the Long Tradition of Indigenous Resistance* (New York: Verso, 2019); Audra Simpson, *Mohawk Interruptus: Political Life Across the Borders of Settler States* (Durham, NC: Duke University Press, 2014); Leanna Betasamosake Simpson, *As We Have Always Done: Indigenous Freedom through Radical Resistance* (Minneapolis: University

of Minnesota, 2017); and Kim Tallbear, *Native American DNA: Tribal Belonging and the False Promise of Genetic Science* (Minneapolis: University of Minnesota, 2013).

86. Stephen Sheehi and Lara Sheehi, "The Settler's Town Is A Strongly Built Town: Fanon in Palestine," *International Journal of Applied Psychoanalytic Studies*, 17 (2020): 183–192.

87. Khouri, "Through Trump's Looking Glass," op.cit. and Sheehi, "The Transnational Palestinian Self," op.cit.

88. See Ruth Wilson Gilmore's use of "organized abandonment" in *Change Everything: Racial Capitalism and the Case for Abolition* (Chicago, IL: Haymarket Books, 2021). Also see her *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* (Berkeley: University of California Press, 2007), 178.

89. Meari, "Sumud: A Palestinian Philosophy," op.cit.

90. Nancy Hollander focuses in particular on the ways in which state terror hones in on and attacks women, who are subject to increased forms of sexual, physical, and psychological violence by authoritarian Latin American regimes and paramilitary proxies. See Nancy Hollander, "Gendering Human Rights: Women and the Latin American Terrorist State," in *First Do No Harm: The Paradoxical Encounters of Psychoanalysis, Warmaking, and Resistance*, ed. Adrienne Harris and Steven Botticelli (New York: Routledge, 2010), 297.

91. Rema Hammami, "On the Importance of Thugs: The Moral Economy of a Checkpoint," *Jerusalem Quarterly*, vol. 22/23 (Fall/Winter 2005): 18.

92. Hammami, "On the Importance of Thugs,"18.

93. Palestinian "cultural resistance" and "popular resistance" are cherished and nurtured by Palestinians. Poetry, literature, dance, song, storytelling, theater, and cinema are understood as an essential source of dignity but also social cohesion and independence, producing indigenous knowledge production essential to self-realization and national identity. For only a sample of studies regarding the importance of culture as resistance to colonialism, see Ted Swedenburg and Rebecca Stein, *Palestine, Israel, and the Politics of Popular Culture* (Durham, NC: Duke University Press, 2005); Ruba Salah and Sophie Richter-Devroe, "Cultures of Resistance in Palestine and Beyond: On the Politics of Art, Aesthetic and Affect," *Arab Studies Journals*, 8–27; Sunaina Maira, *Jil Oslo: Palestinian Hip Hop, Youth Culture, and the Youth Movement* (Washington, DC: Tadween Publishing, 2013); Helga Tawil-Souri, "The Necessary Politics of Palestinian Cultural Studies," in *Arab Cultural Studies: Mapping the Field*, ed. Tarik Sabry (London: I. B. Tauris, 2011).

94. Meari, "Sumud," 553.

95. We consciously and critically appropriate Heinz Hartmann's concept of adaptation in Palestine, well aware of the pretenses of a clean delimitation between conscious and unconscious processes. We also are careful as we realize that his theory downplays the role of conflict thrusted upon the ego, which is clearly the social and psychological condition of Palestinian subjects. As in the case of "intact ego" *clinically* is when one's executive functioning is in place and multiple higher order defenses are "intact," we use adaptive defense to describe unconscious and conscious processes that defend the "intactness" of one's ego coherence. Heinz Hartmann, *Ego Psychology and the Problem of Adaptation* (New York: International Universities Press, 1939).

96. Zoughbi Zoughbi is quoted in Alexandrea Rijke and Toine van Teefelen's excellent article, ""To Exist is to Resist" Sumud, Heroism, and the Everyday," in *Jerusalem Quarterly*, vol. 59 (Summer 2014): 92.

97. Meari, "Sumud," 555.

4 Psychotherapeutic Commons in Liberated Palestine

"The Settlers' town is a strongly built town, all made of stone and iron.[1] It is an illuminated town, paved with asphalt, where the garbage bins are always stuffed with unknown remains, never seen, never even dreamt about. The feet of the settler are never seen, except, perhaps, at the beach…Their feet are protected by solid shoes even though the streets of their town are clean, without holes, without stones. The settler's town is a satiated town, relaxed, its belly is perpetually full of good things. The settler's town is a town of white people, of foreigners.

The town of the colonized, or at least the indigenous town, the negro village, the Medina, the reservation is a place of ill repute, populated by evil men…it is a world without spaciousness (*intervalles*)…The town of the colonized is starving town, starving of bread, of meat, of shoes, of coal, of light. The town of the colonized is a squatting town, a town on its knees, a sprawling town. It is a town of negros and dirty Arabs (*bicots*). The look the colonized cast at the settler's town is a look of lust, a look of envy. Dreams of possession. All kinds of possession: to sit at the table of the colonizer, to sleep in the bed of the colonizer, and with his wife, if possible.[2]

When we read these words in Palestine, there was silence. Commuting between Arabic and English, we read Fanon's famous passage from *Wretched of the Earth* to a group of training-clinicians, their two Palestinian supervisors, and one Jewish Israeli supervisor at Maana Center. Maana is a psychotherapy and counseling center at the EMMS Nazareth Hospital in the city of al-Nasirah, or Nazareth, the largest majority Palestinian town inside the 1948 borders of what is now known as the State of Israel. The Center, originally established in 2006 to provide culturally appropriate care to Palestinian Israelis suffering from Post-Traumatic Stress Disorder (PTSD), has now grown into a robust training clinic and center that provides comprehensive psychological services for children, women, adults, and families. The Nazareth Hospital, known as "the English Hospital," is one of the

oldest and most respected in historic Palestine dating back to 1861. It remains a private hospital, owned (by a trust), administered, and run largely by Palestinians. This overview should not be read as ceremonial. Rather, it speaks to the ways in which the imperatives and challenges of mental health care of Palestinians (in this case, those in the 1948 boundaries of Israel) intersect with the material realities and history of captive "settler-colonial citizenship," where the indigenous population negotiates coercive and conscriptive sociability with settler governmentality.[3]

We were invited by the Maana Center's director, Najla Asmar, and chief clinical psychologist, Mustafa Qossoqsi, to conduct two workshops: one on the use of the *Psychodynamic Diagnostic Manual* (Lara) and Fanon (Stephen).[4] Najla Asmar is not only the director of the center but has played an instrumental role for over a decade in growing the center into a vibrant, community-based mental health center, serving not only Nazareth but also the Galilee itself. She commutes between a series of psychological communities but is widely respected among clinicians throughout historic Palestine. Qossoqsi plays a high profile and formative role in the Palestinian clinical community, especially in the Association of Arab Psychologists. Apart from being an accomplished poet, he has written in Arabic, Italian, and English about mental health in Palestine, particularly thinking about historical trauma, displacement, and dispossession and the ways in which these are metabolized in the psychology and mental health difficulties of Palestinian citizens of Israel.[5]

Other than Asmar and Qossoqsi, only a few of the dozen or so Palestinian trainees had read Fanon. Despite varying degrees of proximity to his work, the name of Fanon conjures in Palestine, like throughout the Global South, an affirming and empowering spirit that, inevitably, results in a consideration of how indigeneity, no matter how mediated by regimes of domination and control, recenters itself as a repost to the extractive psychological and material violence that constitutes settler colonialism—in this case, Zionism.

This was evident in the immediacy of the impact of reading Fanon out loud in Maana Center. The silence in the room held seven decades of colonial trauma, thick with affect that, in many instances, had not been spoken. Well aware of their

second-class status in the Jewish state, what was Fanon articulating that these Palestinian trainees and clinicians had not been given room to metabolize? Rather than introduce a new language to them, psychoanalytic Fanon along with political Fanon gave coherence to an ever-present wound/wounding. His words also framed, as we have seen Shalhoub-Kevorkian observe, the "psycho-political power" emanating from "sites of death" and trauma that also give form, meaning, and direction to "everyday resistance" of Palestinians inside the apartheid State of Israel.[6]

In unpacking *Wretched of the Earth, Black Skins, White Masks,* and *A Dying Colonialism*, the past of Fanon reached into Palestine's present, collapsing the divide between two separate psychic structures imposed upon the lives of the colonized: the *spaciousness* of the colonizer's psyche (which is understood as the universal, "healthy" psyche) and the *constrictions* of the colonized (primitive) psyche. Within this Manichean binary that constricts the colonized sense of self (a binary that wedges the clinical Palestinian self between the purported "healthy" universal and the "constricted" self), the irreducible kernel of the presence of an indigenous self presents itself. Mediated by a constellation of educational, juridical, and economic relations that constitute the structures of settler colonialism, the Fanonian-summoned effect that emerged in the room in Nazareth was a materialization of indigenous self-awareness. Such affective, clinical, and technical moments express what we discussed in [Chapter 1](#), the ongoing generative struggle and process of disalienation. This willful, present, and defiant Palestinian self continues to produce *possibilities and practices* that assert the affirmation of the material reality of Palestinian selfhood and highlight the aberrant nature of their reality.

This chapter deliberates not only the personal and collective psychic challenges placed on Palestinian clinicians under different modes of settler-colonial "sovereignty," but also, we identify how, in confronting these challenges, Palestinian clinicians have built and continue to build and expand autonomous, if not independent, psychoanalytic "commons" that unites historic Palestine and its clinicians. We have written previously about our powerful experience at Maana Center and the power and commitment of those such as Asmar and Qossoqsi and their trainees.[7] We return to the Center to open this chapter because the Center's

mission, creation, and staff distill a number of critical issues that connect the clinical practices, training centers, and professional communities that form a Palestinian psychotherapeutic commons. In the context of Maana, Asmar, Qossoqsi, the staff and trainees (as well as those in the hospital itself) face similar challenges to clinicians throughout Palestine, ranging from processes entangled with settler psychoanalytic clinicians to logistical and material realities of practicing in an apartheid state or under military occupation, especially with respect to clinical education and training.

Maana Clinic is the first of its kind, dedicated to providing training and clinical services exclusively in Arabic to Palestinians who live within the 1948 borders of historic Palestine. Palestinian clinicians, trainees, and students have been taught how, within the constricted space of colonized Palestine, their practice allows them to convert psychoanalytic tools and insights in service of Palestinians and to be mindful of the colonial introjections of the settler-colonial regime. Such a project, as we will see, can only be accomplished within an autonomous space, started, run by, and serving Palestinians within the confines of the settler-colonial state. This is not a clean and seamless affair nor has this been accomplished without complications, negotiations, and, at times, compromises. Asmar, Qossoqsi, and their trainees firmly understand that their town, al-Nasirah, is "the reservation, the medina." Their town is the town that is filled with "dirty Arabs." The affect in the room powerfully divulged this. Maana Center, therefore, presents us with an example of how clinical practice established within self-generated (one might say grassroots) "institutions" creates not only the necessary clinical space(s) for the conscientisation of Palestinian selfhood and for their patients, but also produces a space of knowledge production and subjective (individual and national) affirmation that form one node within a matrix of similar spaces that coalesce to form one level of the autonomous Palestinian commons that exists (and pre-exists) beyond Zionist settler-colonial regimes of power. We argue then that Asmar and Qossoqsi Center (as a collective effort) is an exemplar of a number of spaces that form a psychotherapeutic Palestinian commons where conscientisation of therapeutic practice itself, in service of that subjectivity, materializes into an autonomous space for national realization.

In beginning this project, we asked ourselves the following: What is the relationship of Palestinian clinicians to psychoanalysis and psychoanalytic theory? What does psychoanalytic theory look like in the hands of Palestinian clinicians? What is the most prevalent diagnosis in Palestinian clinical practices and in what way does psychotherapeutic training help one engage diagnostics in the context of occupied Palestine? Yet, in the process of our collaborative community conversations and work, we came to understand how these questions themselves reproduce particular forms of authority, namely, psychoanalytic theory emanating from a particular intellectual tradition born and developed in the West, only to be exported to a larger world that "needs" psychoanalytic decoding and to indigenous practitioners awaiting inauguration. With the intensification and frequency of meeting and learning from Palestinian clinicians, the lessons of Shahnaaz Suffla and Mohamed Seedat became even more apparent. Suffla and Seedat, two ground-breaking South African critical community psychologists engaged in decolonizing clinical practice on the ground, teach us that

> *the commitment that is petitioned through a liberatory framework is of the constitution that turns away from the discipline's narrow preoccupation with itself, held in place by a disproportionate focus on such factors as guild interests, professional status and disciplinary privilege, towards forms of psychopolitical consciousness that recognise and honour the full humanity of the Other.[8]*

Within the colonial context, this Other is, in fact, the alienated self of the colonized subject who is coerced and co-opted to look at themselves through the prism of an imposed universal psyche. Therefore, "the psychopolitics of liberation signify, of course, critical engagement towards forging new and alternative ways of thinking and doing," which extends itself to clinical practice.[9]

We therefore approach in this chapter how clinical practice and collaborative organization not only build upon social networks that connect historic Palestine, allowing Palestinians to thrive as a national and local community despite the apartheid state's sustained policy of fragmentation, but also we understand the centrality of indigenous knowledge production within and as a product of clinicians' professional, social, and political organizing. With this in mind, we are compelled to contemplate these professional and personal acts as acts of self-

affirmation and professional and personal self-reflection, acts of willfulness and defiance (as in the case of Yoa'd and Amjad), acts of conscientisation that create a *culture* of disalienation. Simply stated, this chapter examines how Palestinian clinicians understand their position within the larger modes of psychoanalytic knowledge production but also how their organizing presents counter-technologies that ensure the continuity of autonomous Palestinian lives and livability.

Supervising Settler-Colonial Hegemony

> *The place where our [clinical] supervision by Israeli supervisors takes place is an old Arab house, in which little, if anything, has changed [since 1967]. From the first time I stepped in this house, in Talibiyah [neighborhood of Jerusalem], I felt a lump; sitting in a stolen Arab house with colonizers, talking about a profession supposedly based on humanism and in support of humanity and the humane.*

In Ali's story of supervision, one of many that clearly depicts the spatiality, structures, and processes of settler colonialism writ-large but also, more specifically, the position of captive Palestinian citizens who seek training in clinical and community psychology in the settler-colonial state.

Innumerable stories that have been entrusted to us repeated that supervision often takes place within the homes of Palestinians expelled by the Israeli state or Zionist militias. For example, we have written previously about Fakhr's story, who sought analysis with an Israeli analyst in Jerusalem. Her office was in a beautiful pre-Nakba home, which he made her believe was his family's home before they were expelled in 1948 to the West Bank. Knowing the actual history of the expelled Jerusalemite family of that home, Fakhr felt compelled to draw his Israeli therapist out of the comfort of her settler-colonial reality in order to experience the shame involved in occupying the home of Palestinians expelled by the state that represents her. He hoped to reveal to her that the triumphalism of Zionism is engineered to hide her complicity in his own dispossession, disenfranchisement, and trauma—something that as an analyst, she would otherwise be well poised to intuit and address.[10] Ali is drawing our attention to the condition of being a captive settler-colonial citizen in supervision, surrounded by the traces, the

undeniable material evidence, of Palestinian presence in the face of a common disavowal by those powers (whether the apartheid state or the Israeli supervisor) under which he finds himself. It is, of course, not coincidental that the asphyxiating "lump" reemerges. But, like in the case of Amjad, the symptom is not only an effect of the state's attempt to snuff out Palestinians, but also a symptom of Palestinian defiance and presence—a refusal to normalize the violence of settler colonialism.

Ali explicitly identifies, what we have called in this book, psychoanalytic innocence in clinical training in the settler colony. He names the contradiction within psychotherapy and psychoanalytic theory (as rooted in a universal "humanism" and in service of the humane), clinical training, and professional accreditation and licensing by "colonizers" in illegally occupied Jerusalem. Moreover, Ali understands the ideological misattunement of his supervisors is not coincidentally or accidentally misplaced but serves very real, pointed ideological ends, both toward the "Arab trainee" and the "Arab patient." To be clearer, Ali further recounts his experience in supervision, locating not only the settler-colonial spatiality of training but also the language one is forced to speak to achieve accreditation and licensing and the assignment which the settler state delegates to Arab trainees. "You are an Arab therapist. You are charged to treat Arabs of East Jerusalem in Arabic—the marginalized and weak population subject to occupation," he tells us.

> So, you are sent to treat them with texts written in Hebrew. You present the case (of your patient) in Hebrew to your Israeli supervisor. She lives in a colony on the land of your grandfather. She finds it hard to understand you although she assures you she cares about "the Arabs." She can't see any need for (therapeutic) intervention because the patient is low-functioning, a simpleton, in her words.

We will return to the centrality of language and translation,[11] in training, education, and therapy. But for now, Ali makes us understand the ways in which Palestinian trainees, acknowledged as "Arabs," are operationalized to extend the sovereignty of the settler-colonial state and also reproduce settler-colonial subjects that lack interiority. Ali was fully aware and disturbed that he was required to reproduce *settler-colonial legitimacy* and the relations that naturalize it. If relayed in

Arabic, the indigenous language of Palestine, the experience of the patient remains unintelligible. Like the impossibility of seeing the walls of the "old Arab home" as a site of trauma, theft, and dispossession, all that was legible to the supervisor is primitive, Ali tells us.

To be clear, such an assertion is not ambiguous, rhetorical, or academic. In another conversation, Ali describes to us that another Israeli supervisor, despite no supporting clinical material over a significantly lengthy treatment period, insisted that he diagnose a patient, a Palestinian man from Shu'afat, with a psychotic disorder. While Ali attempted to showcase how this diagnosis was in fact clinically contraindicated, she insisted, citing her rationale that because the patient, who had considerable technical computer training, was "loftily" speaking of his dreams and attempts at creating a computer processor that would surpass the current processors in use, he must be psychotic. Contrary to the supervisor's opinion, Ali found the patient not only non-psychotic but cogent and remarkably intelligent. Ali remembers trying to "convince" his supervisor of his clinical position and rationale, aware of and conflicted in his attempts to do so because of the power imbalance. He indicated to us that his intuition of what may have been foreclosing his supervisor's clinical acuity materialized fully when she stated to him: "there is no way that this guy can actually be doing this, he must be psychotic. There is no way he actually knows how to work with computers." Ali confides in us his shock, despite his visceral knowledge of this reality, that the supervisor could not reconcile her "Orientalist ideas about Arabs," saying "the supervisor was Israeli. She couldn't understand how an Arab could be smart, not like a stereotype of an Arab that is a nobody."

Ali understands how this ideological misattunement works to reproduce particular forms of settler-colonial subjects that work not only to make themselves invisible but also that evince the superiority and fullness of the Zionist settler's subjectivity. Ali identifies this shortcoming not as a personal trait of his supervisor alone but as a built-in feature of the social relations between the settler-colonial citizen and the settler citizen, between the Israeli clinical supervisor and the Palestinian trainee. He concluded his story, staying

> *They look at you. You are always less than. You know less. Your culture is less. And yet, 'They teach us.' They teach us and across the street, only a few meters away is another stolen house, Edward Said's house, and they have no clue. They see us as if we come from nowhere. They want to give us the honor to be trained by them so as to 'help us' to treat our people.*[12]

These are social relations that authorize the legitimacy of the state through the collusion of psychoanalytic theory and the structures of clinical training.

The psychoanalytic innocence that structures the social and professional relations between the settler-colonial Palestinian trainee and the Israeli settler supervisor is marked by a series of essential ideological and historical disavowals.[13] Ali realizes that the Palestinian trainee is required to accept and reproduce these, just as Yoa'd realized in her work with Amjad and countless other patients. The Palestinian trainee is expected to be a "good Arab," an appreciative Arab. Among so many of his politically conscious colleagues, Ali tended to be both specific and precise. As a Palestinian captive citizen from a village immediately outside of Jerusalem, he experiences the disciplinary demands of his professional training differently from other settler citizens. This humiliation is not only one of a pupil's subordination to a teacher, but rather is racial and colonial because their relationship is governed by a system of imposed sovereignty over psychology, and by extension, psychoanalysis, as a clinical practice. This sovereignty cannot be separated from and intentionally reproduces the same settler-colonial regime that rules over Occupied Jerusalem, in which he works, as well as other parts of occupied Palestine. When Ali seeks to practice therapy in service of Palestinians' mental health, his supervisor, like Yoa'd's with Amjad, falls back on CBT, despite otherwise deriding behaviorist treatment. He is told, quite specifically, that his patients "lack the capacity" for long-term therapy and, in many ways, is made to feel in a parallel process, that he, too, lacks the capacity. The relationship between Ali and his supervisors is governed by the authority of the Israeli supervisor, who is an ideological extension of the settler-colonial state. Additionally, he is aware that his training is not to care for the Palestinian population under occupation, but to manage them.

Being "Trained" in Language

In discussing education and clinical psychology training within the 1948 borders of the state now known as Israel, the issue of language defined the first term of coercion and alienation. The language of training in the settler colony of Israel is not just by happenstance. Hebrew acts as a lingua franca among citizens of what could be a multi-ethnic state. Like English in the United States, New Zealand, and Australia (and the majority of Canada and South Africa), Hebrew is a field of sovereignty, hegemony, and coerced legitimacy. Professional training, whether in clinical psychology or law or education, is a means by which all settler-colonial subjects are captive to the colonial state not only for licensure and professional qualifications, but also to acknowledge the hegemony of that sovereignty. The history and contemporary realities of indigenous peoples within settler colonies, including the United States, will recognize this language as a space of imposed sovereignty, not to mention the colonial language of sovereignty in relation to the language of colonial subjects, such as is the case, for example, in Puerto Rico (the settler-colonial history of the indigenous Taíno peoples, notwithstanding). Considering that the apartheid State of Israel extends its sovereignty over all of historic Palestine (i.e., from the Mediterranean coast to the Jordan River), Hebrew, even within mental health services, exercises itself, directly or indirectly, as a language of authority and hegemony. In the words of Fathy Flefel, speaking of the Israelis, "they have imposed themselves in everything, why not psychologically, in how they damage us psychologically and also try to tell us how to heal ourselves?" Hebrew has the potential of saturating the clinical space because a number of Palestinians with captive settler-colonial citizenship were educated and trained in the Israeli educational and professional system.

We have, unfortunately, witnessed Palestinian clinicians, who consider themselves nationalistic and proud of their Arab identity, engage in forms of psychoanalytic innocence (such as sympathetically diagnosing patients' anger, for example, as an example of primitive functioning), directly tracing this misattunement back to their education in Israeli institutions, and the legitimacy of "proper standards of education." In addition, as we have witnessed in previous chapters, therapists like Fathy practicing in the Occupied Territories and Occupied Jerusalem realize that anyone entering their door has likely commuted between the clinic and some

geographic point governed by Israeli military authority. These trajectories are not only physical and linguistic, but also discursive, where Palestinians under occupation are captive within an enclosure system that also entails education and training within the Palestinian milieu. For this reason, we would like to consider the violence of Hebrew on the Arabic speaker under settler-colonial sovereignty.

Let us return then to Jerusalem, Yoa'd frequently identified, specifically, the "alienation" (*al-ightirab*) she experienced in practicing and training under Zionist settler colonialism, especially in Occupied Jerusalem and inside the 1948 boundaries of Israel. These feelings of alienation persist well beyond education and licensure, built into the social and professional system of practice. "Imagine feeling," she says, "every time you step into a [professional] room hearing a different language. One that you know well. But it is not yours. You are made to feel that you an alien in your own land." She understands that education and professional training are mechanisms by which alienation is naturalized within the settler-colonial system.

Yoa'd makes it clear that the relationship between the psychologist and Hebrew is political and structural. The relationship not only governs the relationship between the settler-colonial state and the colonized, but Hebrew actively enforces the subordinate position of the Palestinian settler-colonial citizen. "Hebrew stands between you and everything you do. Courts, university, and services—the official language is Hebrew; the Palestinian is automatically in a lower position. You have to use the language that is not yours." Yoa'd makes it clear that the role of Hebrew is disciplinary and a place that actively excludes the Palestinian settler subject. "In Israel, ok, we all have to speak Hebrew. But there are many words you can't use, forbidden and illegal words. You can get a sentence by using them. Nakba, to start with." Hebrew as a disciplinary mechanism that enforces subordination also extends itself to therapy and mental health services.

> The vast majority of therapists in Israel are Jewish practitioners. So, if you're Palestinian and want to go to therapy, through the official Israeli State—around 2 million Palestinians, if we want to get services we have to get them in Hebrew. We can't have any services in Arabic; they're expected to be treated by Jewish Hebrew speaking therapists—by the same person that the next day you meet when he, or his

child, is a solider at a checkpoint. What do you do then when you have complications therapeutically? When there is language that is off limits?

We met another psychologist, whom we will call Aida, at another meeting of Palestinian psychologists in Haifa. While we had a number of conversations with other psychologists at the meeting, our first interaction remains indelible as she poignantly communicates to us her previous feelings of alienation as a Palestinian therapist with captive settler-colonial citizenship. She confides in us that recently falling into the community of Palestinian clinicians (with settler-colonial citizenship) has impacted her in ways she could not have anticipated. Her comradery with the group at this meeting, she discloses, has made her feel "more at home not only in the profession but also in [her] personal life as never before." Aida is not from Haifa nor the Galilee, where Palestinian presence in society and politics is strongly felt. Rather, she was born, raised, and educated around Tel Aviv.

When I came to Haifa, I finally understood the feeling that has always been inside me, that I always felt like the "other." You get confused when you live with Israelis because you need to survive. The enemy and friend are not clear or delineated. This separation is on purpose, to divide and conquer.

Aida draws out the social, political, economic, and ideological forces that draw on Palestinians to assimilate into Israeli settler-colonial society.[14] We are interested here particularly about the ways in which Palestinian subjectivity works through the pressures and enticements of Zionist settler colonialism. Considering the prominence of Hebrew within the Zionist project (the choice to establish Hebrew and not Yiddish as the national language of the Zionist movement), it is not surprising that Palestinian subjects within the settler colony consciously reflect upon their relationship with and proximity to Hebrew, especially when Palestinian clinicians use their proficiency to advocate for others who otherwise do not have proficiency.[15] Thinking about language as a space of settler-colonial sovereignty may help us think about the speciality of settler colonialism in Palestine where Hebrew has become overlaid over the Palestinian population. The settler-colonial citizen, in order to survive, is forced to enter this sovereignty, thereby acknowledging its legitimacy and its hegemony.

Such a realization is not speculative. We have written elsewhere about a number of clinicians and trainees relaying to us stories not only about their own experiences, but also about their parents and grandparents in relation to Hebrew and "integration" into settler-colonial sovereignty.[16] These stories come to appear as an archetypal story where, after 1948 or 1967, many of their grandfathers and fathers refused to interact with Israelis. These patriarchs—at times broken men, at times social leaders and cultural paragons—refused to learn Hebrew, refused to cooperate with the Zionist state or the proxy-village Arab councils. They even refused to seek official permission and travel passes, to build or fix structures on their own property, or to leave their own Palestinian villages even for a short period, thereby missing economic opportunities and/or important communal functions such as weddings, funerals, and baptisms. We might remember that until 1966, Palestinians inside the newly established colonial state were subjected to a series of special military administrative rules. These rules restricted their mobility, employment, access to state services, and education, let alone housing construction and access to water and their fields. They were to carry special IDs, making them subjects of Israeli military rather than civil administration despite their "Israeli citizenship."[17]

With this in mind, we recall that, at an earlier meeting in Haifa with Leila and Mariam, one clinician, who we will call Fakhry, argues, specifically in relation to learning Hebrew, "if you want to succeed, you have to master the tools of the oppressor." He then states, "I don't want to be like my father. After 1948, he locked himself in his house and refused to leave the village. He did not want to see an Israeli Jew. He refused to learn Hebrew." The discussion among the group gravitated to consider whether Fakhry had been drawn into the psychodynamics of Zionist settler-colonial sovereignty. Was he expressing "a desire for recognition from the oppressor and the oppressor's language," whose authority "supplanted [that of] his father and his mother tongue"? Or was he just being "practical and realistic?" While we avoid an analysis of Fakhry and his sentiments, we notice that language (learning Hebrew) was the terrain for which he was making his argument. That his father refused to learn Hebrew—refused, in his mind, to legitimize settler-colonial rule—caused Fakhry consternation not because he resisted Zionist rule but because such a refusal prohibited him from thriving despite the violence wrought upon his family in 1948. Fakhry was a successful

psychologist, who has an erudite command of both languages, and also of English, and who sees patients in both Arabic and Hebrew. His passion to argue for Palestinians mastering Hebrew, for political and economic necessity, revealed to us the ways in which settler-colonial ideology forecloses possibilities while also erasing how it enforces these foreclosures through coerciveness and disciplinary practice.

Returning to Aida, then, she asks all of us,

> *how did we get here? How is it that I now think in Hebrew instead of Arabic? Part of it is the training where I do therapy in Arabic, but then have to translate it to Hebrew for my notes and for my supervisors and then back translate what they say to me in Hebrew into Arabic. You start to lose yourself in this process of constant translation which is an integral part of your training.*

Here Aida highlights a truth that underscores how psychology and psychoanalytic training is an extension of the settler-colonial state. That is, she reminds us that a condition of her training is constant translation and code-switching. More specifically, in order to successfully complete her degree and receive the supervisory hours needed for independent practice, she *must* master not only Hebrew, but also a seamless translation process that allows the system to exist while disavowing the pressures it exerts on Palestinians. *Success* is determined by how one navigates this spectrum through assimilation, psychologically and otherwise, defined by various forms of coerced collaboration (and reward) with the Israeli settler regime.

Fakhry's position contrasts other clinicians, who like him and Aida, are mindful of the constant process of translation in which they are put, not by individuals but by the settler-colonial system that governs clinical practice, education, supervision, and training. Indeed, a number of clinicians mark the non-accessibility and exclusiveness of Hebrew as the reason for creating autonomous, Palestinian-run training clinics, extending Palestinian presence into the realm of the professional, over which the settler-colonial state claims sovereignty. Ali, for example, notes, "Palestinians have a double job of translation for assessments and therapy. Israeli supervisors do not understand Arabic. We have to translate to the patient (in

Arabic) then think about how to translate this experience back into Hebrew." But the ethics of therapy for Ali is what remains important: "We translate not to seek approval of the supervisor. We understand that there is only so much they will understand no matter how well we speak Hebrew or not."

In this same conversation, Yoa'd brings us back to her patients:

> As a therapist I need to use standardized tools to measure what is happening to my people. IQ test for adults are in Hebrew only, no Arabic. All the IQ tests that are available in the Arab world are not accepted in Israel. I need to adapt Hebrew tools to measure my people, when we understand that in practice and in their ideology, we are already lower than them. Even when we present our cases, when we work, we get professional supervision by Hebrew speaking colleagues.

What Ali, Aida, Yoa'd, Fakhry's father, and Fakhry himself are articulating is an awareness that their access to the "lawful world" of citizenship is granted in degrees to which one is willing to not question the sovereignty of Hebrew, and the "realities" it imposes and forecloses.

The question of language, for this book, therefore must be highlighted as among a critical reason for the establishment of independent Palestinian practices and clinics. However, when we say that the impetus is language, we do not only stress this as a matter of access (i.e., access to therapy in Arabic for those who do not know Hebrew). Rather, we read the dedication to establish not only practices and clinics but also training clinics in Arabic because these clinicians understand therapeutic practice and training (including the production of indigenous clinical knowledge) as a space to withhold and resist settler-colonial sovereignty over their lives and psyches. The disciplinary role of Hebrew within education and training in the apartheid state should come as no surprise considering Pierre Bourdieu's observations in *Homo Academicus* that professional organizations mimic educational systems, which are themselves ideological assemblages that work in concert with, but also independent from, the state. Admission to these professional societies reproduces the structures, priorities, and systems for admission to hierarchized universities within higher education. Together, they replicate, reproduce, and augment the social order and the hierarchies, ideologies,

and processes that give it coherence and longevity. Such a realization has been examined further by indigenous scholars in a number of settler-colonial states, demanding us to consider the hegemonic ideology of higher education but also how the "ethics" that govern the relationship between supervisors and trainees, researchers and communities, states and institutions, and so forth reproduces the legitimacy of settler-colonial sovereignty by either coercing or conscripting indigenous lives, communities, bodies, and minds.[18]

As disciplinary fields extend the legitimacy of the settler state and require the collusion of Palestinians to confirm its authority, we understand that clinical training is more than just a disciplinary process that forces the settler-colonial citizen to reside in, "as an alien," the language of the oppressor. "It's impossible to not train without a Zionist superior or professor in Israel," Yoa'd says.

> *Otherwise, you have to leave the country. If you leave and are a resident of Jerusalem this threatens your residency in your own country where you, even as a native, are subject to the "center of life" law that you have to prove why you must live, and return, to your city. We see this with our patients every day. It is the same for anyone who wants to be a therapist. Train here or leave and perhaps lose legal status in your own homeland.*

The very real legal threats and coercion of the settler-colonial regime (such as the Center of Life law) aside, one clinician points us to listen to those clinicians inside the state now known as Israel and within Occupied Jerusalem, who told us that they consciously left for Jordan, Europe, and what is now known as North America to continue their education because they were unwilling to further subject themselves to education within the settler-colonial state.[19] Those who excelled in the Israeli educational system conveyed to us marked experiences of discrimination, hostility, and bias if not being patronized by their Israeli professors and peers about how "intelligent they were [for Arabs]" and for their proficiency in Hebrew. We heard from psychologists who were the first Palestinians to ever be accepted in to their programs, for example, who tell us about the competing pressures they experienced: torn between the necessity to succeed because they knew they overrepresented their people, the knowledge that every utterance and grade remained under a microscope, and their recognition of being made to

perform as the "good Arab." These same psychologists told us of the punitive actions they incurred from Israeli professors, administrators, supervisors, and classmates when they refused to conform to the "good Arab" model. What was made unmistakably clear is that education and training within the settler-colonial system operates on rewards and punishments, demanding one to navigate a system of discipline, punishment and exclusion, and enticements and conscriptions to collaborate and collude with the myths of Zionism and the settler state.

We have already heard how Ali apprehends how Hebrew mediates the hegemony of his practice under occupation. Language (whether in instruction, training, professional organization, or therapy itself) and translation repeatedly arose in our conversations in order to indicate a field of alienation in which Palestinian clinicians in the settler state are forced to operate. Ali, educated in Jordan, repeats to us what many Palestinians from Occupied Jerusalem and within 1948 confide in us—namely, that their proficiency in Hebrew is always under scrutiny. They either never speak well enough or are the objects of patronizing, backhanded compliments for their fluency. Palestinians understand these slights as a means to repeatedly remind them, we are specifically told, of "their place" in the settler hierarchy and their "good fortune" to be among Israeli peers. Ali specifically identifies the power dynamics within demand to constantly surveil oneself in translation:

> To get your license, you have to do an oral exam in Hebrew in front of a board of all Jewish Israeli doctors, how do you think they look at the Palestinian candidate? You have to make sure you speak perfectly. They will always find fault, of course. Not because you don't speak well. But because you are Palestinian. You have to humiliate yourself. If you will have a license, they want to make sure to show you who is the ruling class.

This process perhaps does not come as a surprise to any psychoanalytic practitioner who is aware of how power structures come to be enlivened when active along ready-built fault lines or crevices of vulnerability. Ali's experiences provide us with a number of different entry points to a series of problematics and challenges faced by Palestinian clinicians under Israeli political hegemony and

colonial rule. In addition to the aim to reproduce settler-colonial legitimacy, Ali clearly communicates not only that the language of the settler-colonial state is imposed upon him and that there is no room for Arabic, but also that their proficiency for Palestinians under settler-colonial rule is a myth, especially within training. Alienation is built into the training site, training process, training material, and supervision. The only point of entry is that of an obsequious "good Arab" who can translate the lack of interiority of the Arab back into the depths and complexities of Hebrew in service of managing their primitive being into sedate compliance.

Psychoanalysis Is Important

In this chapter, we are spotlighting how, in the face of settler-colonial oppression, Palestinian clinicians and their clinics throughout historic Palestine build an autonomous, psychotherapeutic "commons" that connects and unites all of historic Palestine. The process of creating these commons is both organic and quite intentional. When the commons are articulated, we certainly may think of Stefano Harvey and Fred Moten on the commons and "undercommons" that coalesces as a space where these clinicians may "not simply to be among [their] own; but to be among [their] own in dispossession, to be among the ones who cannot own, the ones who have nothing and who, in having nothing, have everything."[20] We perceive the productive potentiality of thinking about the overlap between the positionality and "appositionality" of Palestinians in occupied Palestine and those of black and indigenous people in occupied Turtle Island, or what is known as North America. Yet, we are compelled to rivet the practice and lives of these clinicians within the material realities in that they circulate, socially, spatially, and professionally, on and through the land of Palestine.

Our use of "commons" gestures to the *preexisting* and *lived-legitimate sovereignty* of Palestinians within occupied historic Palestine. It is an autonomous, albeit yet to be politically liberated, space of national community-building, social connection, and self-affirmation that resonates with Kevin Bruyneel's thinking through Vine Deloria's work on various forms of indigenous collective autonomy in the country now known as the United States, "sovereignty without mechanisms of statehood."[21] The psychotherapeutic commons presents an opportunity for

conscientisation and interruption of the political conditions and social relations of settler colonialism in which Palestinian clinicians live, and an articulation of a healthy subjectivity as well as social practices that buttress Palestinian national identity and that identity is inextricable to their lives and claims to Palestine. Aida, Wadad, Ali, Fathy, Rana, Yoa'd, Caesar, Najla, and Mustafa, to mention a few, demonstrate that self-assertion and willfulness underpin their practice, necessarily interrupting the explicit or slow violence of apartheid. If nothing else, their lives and practices disrupt settler-colonial legitimacy by mere material fact that they defy the settler enclosure system in exchanging, sharing, creating, and reproducing knowledge, counter-technologies, resources, and social relations that bind Palestinians across and on the land of historic Palestine. Before proceeding, we might ask the following question: Why would Palestinians choose psychoanalytic practice considering the pressures and violence wired into clinical education and training, the potential of conscription into serving the interest of the apartheid state, and psychoanalysis' innocence in collusion with colonialism?

What is clear is that Palestinian psychoanalytic clinicians, have come to it through their own process. Whether educated in Israeli, Palestinian, Arab, or Euro-North American institutions, all clinicians relay a story common within the globalization of mental health, including the ways in which psychotherapy is minimalized by claims of "evidence-based" research, behaviorism, and pharmaceutical treatment.[22] Just as Caesar observed in Chapter 1, the occupation amplifies in Palestine the same challenges that developing countries experience, and these clinicians also experience the neoliberalization and biomedicalization of mental health care in ways magnified by apartheid.[23] We are not in the position to delve into the challenges that the PA or the Israeli settler-colonial regime faces or the structure of their mental or public health system. Rather, we remain concerned with the ways in which Palestinian clinicians locate themselves within psychoanalytic theory and practice. Early in our initial conversations, we would ask, inevitably in some way, the following: How is psychoanalysis itself, the tradition of the talking-cure, perceived within the context of practice? It is therefore important for us to explicitly represent the language of our generous interlocutors regarding a practice that is far too often identified as merely "Western."

Practicing in Ramallah with a graduate education from Europe, Ussama has considerable training and filiation to psychoanalysis and psychoanalytic theory. Indeed, he teaches and discusses a range of seminal psychoanalytic works, from Freud to Winnicott to Lacan, with a group of clinical trainees he supervises. His characteristic directness is informative. "Psychoanalysis is important. The skills and theory we get from Europe are important. But, like therapy, there is no one size fits all. Different techniques and theory for different patients." Ussama adds something particularly telling about how Palestinian clinicians think about mental health through psychoanalysis. He says,

> *What binds us is our common culture and history. Our common ancestors. This is the context in which we as therapists who are trained in psychoanalytic theory meet our patients who may have never heard of Freud or Lacan or whomever.*

Consistently, Palestinians locate themselves and their practice in relation to Palestinian national identity. While they faithfully describe their proximity to their particular locality (i.e., whether they work in Nazareth serving communities of that city and the Galilee, or in Bethlehem, serving the West Bank), Palestinian clinicians, without exception, extend their practice to other parts of historic Palestine. This could mean commuting between Bethlehem and Haifa (as is the case with Caesar) or traveling between Ramallah, Gaza, and elsewhere such as Fathy Flefel. Ussama's comments permit us to think about psychoanalysis not as a "tool" for Palestinian mental health or liberation but, as we have seen in Chapter 1, as a practice that can be organically interwoven with social and intersubjective relations among Palestinians. Psychoanalytic practice in the hands of Palestinian clinicians, then, is a way to excavate and produce indigenous knowledge for communal and individual health and livability.

More specifically, Ussama eloquently tells us that

> *therapy creates awareness and awareness of knowledge. Psychoanalytic knowledge is a craft to help bring out the knowledge already is in us; the knowledge of our people. It comes out in our language. We see kids who saw their brothers and fathers arrested and taken away for months. Their houses demolished. But, many people coming to the clinic are middle-class types, coming to talk about their marriages and "normal"*

> *frustrations and stressors. But the occupation is always there. Alienation is always there.*

Ussama is clearly guiding us to understand psychoanalysis not only as a series of theories and methods but also how these theories and methods organically take shape within the context of both the room and that which exists extra-clinically. While not expressing these terms, he is defining what can be called a decolonial psychological method and ethics, where the therapist's service to the patient can also be a service to the community through recognizing the alienation that is both social and that is imposed by the occupation regime.

Caesar is also classically trained, although inside the state now known as Israel. His practice at the Guidance and Training Center for the Child and Family (GTC; *Markaz al-Irshad wal-Tadrib lil-tuful wal-usrah*) in Bethlehem is of interest to us in this chapter. For now, we dwell with his insights that consider the clinician as someone who connects the individual to the collective (or at least the conditions of the collective) just as the clinician helps the unconscious connect to the conscious.

> *The clinician can be a tool for the production of mechanisms of suffering and even colonialism. They can be the tool for oppression, using CBT to help people to "adapt" to their condition. Diagnoses can create obstacles not openings and possibilities. But a therapeutic relationship can generate more. It can reveal the psychological reality of the patient. In our clinic, this relationship is between two Palestinians. The clinician listens to and searches with the patient for the unconscious, an unconscious that is both individual and collective.*

Caesar has himself stated that practicing under occupation (as opposed to being a settler-colonial citizen in Haifa) has challenged him to actively engage, expand, and augment his own clinical and theoretical training to better "fit" his "beneficiaries." While he considers his role and position as a clinician from "the North" practicing in Bethlehem, he also states,

> *psychoanalytic thought is unfamiliar (ba'id) to conflict (harb) because it has not been introduced on the ground to Palestinians to choose as a viable option. But when it is,*

there is a thirst and desire because it speaks to a depth of experience. It fits with our culture of intersubjectivity, of talking and externalizing our experiences verbally.

Neither Ussama nor Caesar would identify themselves within the tradition of liberation or decolonial psychology, although they would undoubtedly identify themselves within a liberatory and decolonial practice of psychoanalysis. Caesar repeatedly expresses not only his faith in psychoanalytic theory, method, and technique but also how practice and theory, in turn, morph to take the shape and language of "a world shared, at least partially, by the patient and the therapist." If psychoanalysis is really a practice of social psychoanalysis, a site where patient, clinician, and society converge as Lynne Layton, Marianna Leavy-Sperounis, Geraldline Moane, Shahnaaz Suffla, Mohamed Seedat, and others suggest, Palestinian therapists recognize that the political and personal power of therapy is amplified under the conditions of settler colonialism, but also allow the form, technique, and content within psychodynamic therapies to grow organically out of the patient's own experience.[24]

With this said, we feel compelled to recognize the robust community of clinicians throughout historic Palestine committed to psychoanalytically informed liberation psychology. In doing so, we also call attention to the overlapping interaction, collaboration, and coordination in Palestine between clinical, community, and liberation psychology. In "Seminar Series on the Psychology of the Oppressed and Liberation Psychology," sponsored by the Palestine Global Mental Health Network, one participant, a social worker who practices in the Galilee, clearly states the mission of psychology in the hands of the oppressed. She states, "we practice collective liberation through promoting collective well-being through theories of care that attends to individual suffering that we cannot separate from collective suffering." This sentiment is repeated by community psychologists and therapists throughout Palestine, including Gaza. A number of prominent Palestinian community psychologists, particularly Ibrahim Makkawi and Lena Meari, have written about the need to attend to personal suffering but also understand it within larger structural issues of neoliberalism and settler colonialism in Palestine.[25] Makkawi notes the urgency of nuanced positionality in therapy between, on the one hand, critical psychologists recognizing "the genesis of mental health disorders among members of the oppressed and marginalized

communities are rooted in the objective conditions of oppression" while also holding in mind the thinking that reaches beyond "political violence and traumatic events" measured "on a dichotomous scale (yes/no)."[26]

When we hear Caesar and Ussama, read and talk to Makkawi and Meari, and learn from and discuss with folks such as Rita Giacaman and Nadera Shalhoub-Kevorkian, we understand that a commitment to psychodynamic therapies is an act of livability on both sides of "the couch." Clinical practice operates, as Makkawi suggests, in multidirectional and multilateral ways, intersecting and interconnecting the personal and private with the social and political of both the patient and the clinic, if not also their discrete and their shared communities. This understanding of, shall we say, multilateral thinking within therapy could be called a "methodology of the oppressed," to borrow from Chela Sandoval, recognizing, identifying, and analyzing "processes, procedures, and technologies for decolonizing the imagination."[27]

Psychotherapeutic Practice as a Counter-Technology

That psychic alienation is a built-in feature of professional training for the Palestinian clinician is not an intuitive analytic point. The sentiment is clearly articulated by Palestinian clinicians Inside 1948 and Occupied Jerusalem. Yoa'd clearly tell us,

> *I am not talking merely about absence of my language in the professional and public arena. I am talking about how we are looked at in a lower position because my native language is Arabic, the language of Palestine. I am looked as if I am less professional than my Jewish colleague not only when I use Arabic but because I can use Arabic. This is a constant tension and conflict for us, which is why we founded and joined Arabic organizations.*

The subordinate position, the settler-colonial subject in relation to the settler, structures clinical education and training in the apartheid state because that state, for all its claims to democracy, is saturated with Zionism. We are told repeatedly that Palestinians are consistently made to feel, in Ali's words, "less than," or "lower," in Yoa'd's words, precisely *because* they are only able to enter professional

practice through the structures of education, training, licensure, and development, which demand their collusion and "acknowledgement" of the legitimacy of settler sovereignty.

The social and professional relations between the Palestinian and psychoanalytic practice are not only mediated but also organized around all forms of settler sovereignty and authority. Clinical education and training is riveted spatially, politically, and epistemologically to the process of alienation; quite literally ensuring that Palestinians find themselves "alien" in their own land, alien in another language, and alien in a room with only settler citizens. What struck us, however, throughout our conversations is not only that Palestinians were explicitly conscious and cognizant of the ways they were explicitly or implicitly made to feel alien and alienated, but also, as is the case with double consciousness, the ability of Palestinians to continually resist and defy the violating colonial misattunement of their Israeli supervisors, professors, and even their Israeli employers. That is to say, the psychoanalytic innocence of Israeli clinical supervisors is persistently confronted by the ever-presence of Palestinian subjectivity that remains a target of alienation.

Yoa'd tells us about another professional development workshop sponsored by Israeli clinicians that took place in yet another stolen Palestinian home. During the break,

> we used to pick the fruit in the back of the house where they train us, one that used to be a Palestinian home. The Israelis would look at us like we were crazy. They didn't know what we were doing, eating from these trees without hesitation. They didn't know the fruit or these trees, but we felt at home to do that. They didn't.

This vignette landed powerfully on us because it illustrates the mechanics of the Israeli unconscious as much as the Palestinian conscious. We have written elsewhere that Zionism is a failed project because it relies on the banishment of Palestinians to its unconscious from which they will assuredly and continually reemerge.[28] The Palestinian clinicians at the training site were able to recognize the home and the trees and fruit, to connect to the land, history, and architecture in gestures that demonstrated that they were home. At the same time, the Israelis

emerge as the outsiders, the "aliens" to the land, to the vernacular of the house and the trees around it. Palestinians persistently emerge from the Zionist unconscious, breaking through into material reality to disrupt the myth that asserts Zionist native status. Simultaneously, the Palestinian clinicians, like Palestinian subjectivity itself, evade the alienation imposed upon them because they practice, learn, and live in their "home."

Let us move to a less figurative demonstration of how Palestinian clinicians defy ideological hegemony in their interactions with Israeli counterparts. Wadad eventually left a clinic in the Old City, to work with Clalit in order to provide supervision to Palestinian social workers who do house visits in their work with people diagnosed with schizophrenia. She noted, "I really didn't want to work with Israelis. They are professional but they discriminate." She recounts to us how the Palestinian clinicians will sometimes challenge their Israeli supervisors and ask why they rarely come to the clinic in East Jerusalem:

> We have to go to our supervisors, they never come to us or come to visit our clinic. If they come to us, they bring private security detail with them who sit in the waiting room. Arrangements for this have to be made a month in advance, at least.

Wadad asks us to imagine the presence of Israeli security in the waiting room of a mental health clinic for Palestinians. She raised the issue about how the disruptive presence of Israeli security hardly makes the clinic feel less safe for patients and suggested to her supervisor, an American Jewish transplant to the apartheid state, "why not come to 'our side'?" When the supervisor replied that "it is dangerous," Wadad persists, "We are social workers, right? We go where we are needed, right?"

After relenting, Wadad picked her supervisor up from the train station and escorted her through the Old City, noting to us that "She looked very anxious." Despite her affective intuition, Wadad reflected that she did not want to be presumptuous,

> *Maybe I was missing something and it wasn't just typical Israeli racism so I ask 'Are you ok? Did anything happen to you? Why do you seem so nervous and scared?' To which her supervisor replied, 'If they know I am a Jew, they might kill me.'*

At this point, Wadad started laughing.

> *Does this woman not see all the tourists? Or all the settlers walking around in black with their payot (side curls) and the women with their tichel (headscarf) with their babies? She knows that we had to move out of our previous clinic [in the Old City] because we were forced out by settlers.*

She confides in us that the supervisor's response upset her, stressing to us, "Why am I not worried about going into [Jewish] neighborhoods, when a settler—who always carry their guns—could literally kill me, as they have others?"

The social relationships within clinical practice and training in Occupied Jerusalem encapsulate the separate but related conditions under which clinicians work in the Occupied Territories and Inside 1948. Wadad, Ali, and others articulate strategies not only in navigating settler-colonial hegemony. Rather, they also relate the ways in which, by merit of practicing their profession *ethically*, their professional and therapeutic choices will eventually, and continually, interrupt and disrupt settler-colonial hegemony. The conscientisation at the heart of Palestinian practice, whether it be in Occupied Jerusalem, the West Bank, or Gaza, defines clinical practice for Palestinian therapists, keenly aware of the power dynamics within education, training, employment, professional development, and therapy itself.

We therefore conceptualize Palestinian clinical practice, collective practices, and the professional-political assemblages that they produce as *counter-technologies* of willful resistance and presence. Rita Giacaman and others, as we have seen, have extensively focused on the psychological effects of an occupation that maintains sustained and intentional psychological warfare, a warfare that is intended to be suffocating.[29] Eyal Weizman corroborates this when he observed that Israeli apartheid carefully fragments the West Bank into "an incessant sea, dotted with multiplying archipelagos of externally alienated and internally homogenous ethno-national enclaves – under a blanket of aerial Israeli surveillance."[30] His

understanding of the "dynamic morphology" of settler colonialism's technologies of violence recalls for us the dynamics, mechanisms, and hydraulics of the psychic apparatus itself.[31] It must be added, however, that these modalities of surveillance and control are built into and perpetuated by Israeli settler colonialism inside the 1948 borders of Israel as well. The work of Elia Zureik stands out in that he, along with a number of his editors, has evinced and mapped the effects of control on Palestinians inside the apartheid state by means of juridical and military technologies that bind captive Palestinian citizens to their compatriots under military occupation in Jerusalem, the West Bank, and Gaza.[32] If the technologies of Zionist settler colonialism intend to atomize, aim to create individual victims, to destroy communities, isolate individuals, and break up social connection as we have seen in previous chapters, this chapter shows how the theory, practice, and the organizing of Palestinian clinical practitioners enact counter-technologies of presence, self-affirmation, and autonomy. With the help of Shalhoub-Kevorkian, then, we understand clinical practice as a counter-technology for and of livability against Israeli "technologies of violence."[33]

These counter-practices as counter/ing-technologies are not reactive to settler colonialism. Rather, they emerge out of Palestinian society and the dynamics within the locality of treatment as much as the background of the patient and the context of the therapist. In the case of psychoanalytic practice, counter-technologies are affirming practices, which are internal and dynamically generated sets of indigenously produced knowledge (including psychoanalytic technique), which is thereby deployed in the structures of settler colonialism and unfolds from clinical practice and its engagement with material realities. In this context, this indigenous knowledge production does not mean discrete and separate forms of psychotherapy as in the case of Stefania Pandolfo's "Quranic therapist."[34] Rather, Omnia El Shakry examination of psychoanalyst Yusuf Murad seems to be more appropriate in that Palestinian clinicians are rigorously trained and studied in psychoanalytic thought. Likewise, they are, like many professionals in developing societies, attentive to protocols and standards. As Rana Nashashibi, director of the PCC, states,

> *We are people who have professional standards but we feel patriotic. (hiss watani). It's not just a job—we work toward long term learning; five years of training in*

Switzerland, supervisory training, six years, coaching, etc. We encourage graduate programs for clinicians and support them, so that people feel confident. We establish a collaborative process with the patient…We have standards but we don't believe in, as they say, idrub w ahrub (hit and run).

Nashashibi, like clinical directors Najla Asmar in Nazareth, Caesar in Bethlehem, or Fathy Flefel in Ramallah, makes it clear the value of classical training, of education, and of psychoanalytic theory, but is also cognizant of how best standards and practices may serve as disciplinary mechanisms under settler colonialism and neoliberalism. Therefore, when Palestinian clinicians understand their own practice (and their practice in relation to and with other practices) as modes of indigenous knowledge production, they remain mindful of their own positionality as potential disciplinarians or *magavnikim* for the apartheid state and for the profession itself that institutionalizes ideological misattunement.

It bares stating that Palestinian clinicians remain agile in considering treatment as well as community outreach. During the course of our conversations, we noticed that Palestinian clinicians rarely disparage "local, traditional healers" and "spiritual guides" (usually traditional women healers or unofficial "pastoral counselling" by Muslim and Christian clergy) and only criticize when these healers tend to give harmful advice, undermine clinical advice, or "exacerbate the patient's situation."[35] Samah Jabr, like many Palestinian clinicians responsible for training and community outreach, stressed to us the importance of collaboration through psychosocial education with traditional healers and spiritual leaders, who are often the unrecognized first responders of rural mental health. While our project did not leave opportunity for us to explore the interconnections and deviations between clinical psychologists, traditional healers, and spiritual guides, this brief mention brings to light

the multilateral methods, strategies, and thinking through why and how "psychoanalysis is important" within local contexts.

Network of Clinics and Organizations

Early in his career, Fanon was connected to the institutional psychotherapy movement based in the famous hospital in the small French village of Saint-Alban. As early as 1952–1953, he understood the radical possibilities for institutionalizing psychoanalytic space as a habitus for practice.[36] In discussing with François Tosquelles, the Catalan, Marxist psychiatrist credited for starting institutional psychotherapy, the efficacy of electroconvulsive therapy as an institutional therapeutic practice (which he cautiously advocated), Fanon and Tosquelles conclude that "all activities" in the clinic (on in their case, the psychiatric hospital)

> must be able to maintain, and even to explore, his or her utmost 'awareness of the illness,' in order to demystify their relationship to themselves, their social surroundings and their relationship to the institution and psychiatrist there within. Quite bluntly, the role of the clinic and the psychiatric hospital must be an institution of disalienation.[37]

Fanon was not from the anti-psychiatry school who believed in deinstitutionalizing psychoanalysis.[38] He was, however, a radical who transformed psychiatric practice because he also understood that his selfhood as a colonial black subject could not be suspended from the institution. It was for this reason that he decided to move to Blida.

We have discussed individual clinicians and their relationships to their practice and their training, and the ways this intersects with their role as Palestinians, members of a nation living under settler colonialism. The training background to Fanon's arrival at Blida introduces how he was determined not only practically, but also radically, to institutionalize innovative, revolutionary, psychoanalytic practice. Fanon's backstory allowed us to consider the tension in clinical practice under occupation. That is, clinical psychologists express the importance of despecializing therapy through psychosocial education (particularly, teachers, first responders, Muslim and Christian religious clerics, traditional healers, etc.) and the importance they put on establishing autonomous clinics that exclusively serve Palestinian populations as well as educational training centers to create "qualified, trained therapists without having to depend on others," as Caesar states.

We hope to highlight and platform a handful of significant psychological clinics that engage, collate, produce, and/or reproduce psychoanalytic and psychotherapeutic knowledge and practices (both indigenous and "professional") and exchange this information in community-building. While we acknowledge the many incommensurable differences between indigenous peoples of the settler-colonial states such as the countries now known as Australia, the United States, and New Zealand, scholars and activists such as Scott Lauria Morgensen, Hokulani K. Aikau, Nolan Goodyear- Ka'ōpua, and None K. Silva remind us how activism and resistance of indigenous peoples continue to maintain, create, and circulate knowledge within and across indigenous communities under settler occupation for the purpose of "health sovereignty," healing, resistance, solidarity, and self-care but also as a means to assert the primacy of indigenous sovereignty, selfhood, and sexuality over occupied lands.[39]

The social and professional relations between clinics and clinicians not only produce knowledge for the maintenance of livability and *sumud*. They also produce a network of practice and care that constitute an autonomous national space for Palestinian livability, affirmation, and, indeed, reality checking. We do not discuss how the Palestinian psychotherapeutic commons are only a part of a series of cultural, gender, queer, and environmental networks that together illustrate a parallel, albeit primary, Palestinian sovereignty that lives under a settler-colonial occupation regime that works to eliminate it (through direct violence or co-optation) when its autonomy becomes legible. While we will focus on the commitment to provide psychodynamic therapy to Palestinians, the issues of women's mental health, gender-based violence, and sexual trauma remain central to their missions.

The clinicians involved in creating, directing, and staffing these clinics are, for certain, leaders in their field and valued among their Palestinian professional cohort. It is important to acknowledge that these self-generated clinics within the psychotherapeutic commons of Palestine share a number of central concerns. The support and comradery between clinicians, students, supervisors, and trainees intentionally (and inevitably by necessity) defies the boundaries, borders, and checkpoints imposed upon the Palestinians to disaggregate and isolate them. If just on a professional level, there are conscious, sustained, and organized efforts

to establish training and supervision between Palestinians inside the 1948 borders of occupied Palestine, Occupied Jerusalem, the West Bank, and Gaza, as well as the Palestinian diaspora and the Arab world. These efforts, just at the professional level, bring to mind the ways indigenous scholars and clinicians have worked to organize in a number of settler-colonial contexts including in what is now known as North America.[40]

It is worth repeating that the lists of clinics that we mention are, by no means, exhaustive. Nor can we explore the deeper institutional workings, the programs and services, and the experiences of the clinicians and patients for a number of reasons. We do not engage in quantitative studies appropriate for research in industrial and organizational psychology. Nor are we qualified to discuss the larger implications of the network of psychological clinics and practices within the public health context of mental health services in Palestine.[41] More compellingly, we are uncomfortable with the ethics of disclosing the details and inner workings of clinics that remain fragile and vulnerable under sustained surveillance and violence of the Israeli settler-colonial regime, the burden of ineffectual leadership and impoverished governance by the PA, and the coercive pressures and demands of international donor organizations or, what one psychologist in Nablus called, "the invisible occupation enabled by donors, determining what we can say and where the money goes." We are concerned instead with the *praxis*, *function*, and politico-professional *ethos* of these clinics as a means to manifest that Palestinians, despite the struggles and challenges, continue to establish independent and autonomous networks of self-reliance and autonomy—in this case, a series of clinics that, when mapped, mirror geographic Palestine itself. The series of clinics represent for us key nodal points in these psychotherapeutic and psychoanalytic commons.

Social network theory can be useful in diagramming the relationships between nodes of individuals across localities, between clinicians and trainees, and between clinicians and clinics and organizations. We are fully confident that if such a schematic mapping were diagrammed (between only the clinics and Palestinian practices we know to exist in Jerusalem, Gaza, Haifa, Akka, Nazareth, the Galilee, Nablus, Jericho, Ramallah, Bethlehem, and Hebron), it would represent geographic Palestine. However, we do not explore, theoretically or quantitatively,

psychotherapeutic practice through social network theory. Our approach is rather to think of psychoanalytic clinicians as multifaceted political actors. Like other Palestinians, they themselves live individually under the settler regime; each have their own stories of their historical experiences and that of their families. Many of these stories involve expulsion, dispossession, and resistance. But, particular to this study, we also recognize their political praxis is both *in and through* clinical practice.

While our research commuted between a number of clinicians affiliated and unaffiliated with the following clinics, many of the protagonists who appear in this book act in key clinical and administrative roles in these clinics. They include Dr. Caesar Hakim, clinical director of the Guidance and Training Center for the Child and Family (*Markaz al-Irshad wal-Tadrib lil-tuful wal-usrah*) in Bethlehem. The GTC is an independent clinical center opened in 1994 to provide mental health services, including individual, group, and family psychotherapy and special education for preventative and curative purposes. While much of their funding comes from European donor organizations, they extensively collaborate with a number of other mental and public health organizations in Palestine, including the Palestinian Ministries of Health, Social Affairs, and Education as well as a number of hospitals and universities, particularly the University of Bethlehem, al-Najah National University in Nablus, and al-Quds University. These collaborations range from community outreach and psychosocial education to providing internships and training to university students, to managing training for school counselors. Women and children remain their primary but not sole beneficiaries, where they have developed deep relationships with local primary and secondary schools, the Muslim and Christian orphanages in the city, Church and religiously affiliated organizations, and advocacy associations for women's and children's rights.

Caesar's integrity, leadership, and passion for psychoanalytic psychotherapy have been formative for the GTC. Central to the GTC's mission is not only providing services but also research, as well as training new generations of Palestinian therapists, most, but not all, of whom have been educated in Palestinian institutions. Caesar has established a rigorous, year-long training program for Palestinian psychology students, therapists, and counselors with the specific intention to build independence and capacity for psychoanalytically informed

psychological practice in Occupied Palestine. For example, on two separate occasions, Caesar invited Lara to facilitate clinical workshops for his staff, but also for the community. One of the full-day workshops also included students whom he taught at Najah National University. The impetus behind these workshops was as simple as it was profound: Caesar wanted to facilitate a space for the community, his staff, and his students with opportunities for growth, unmitigated by the oppressive structures of the Israeli state. Not only did Lara speak Arabic—a political imperative that pushes against the normalization of Hebrew as an organizing framework—but she also, as requested by Caesar, grounded discussions regarding the intersection of the social and psychic squarely within the realm of ongoing occupation. These discussions were deeply meaningful, generating lively explorations of the intersections of gender, class, regionality, sexuality, and ableism in clinical work under the psychic (and physical) toll of unrelenting settler-colonial condition.

The GTC is reminiscent of Maana Clinic, although it must be stressed that the self-generated initiatives for Palestinian mental health in Occupied Jerusalem, the West Bank, and Gaza far outdate any initiative within the state now known as Israel. Maana was established in 2006 as the mental health clinic of Nazareth EMMS Hospital, introduced at the beginning of this chapter. It was created to offer psychological services in the "Arab capital of Israel." In addition to providing individual and couples therapy, Najla and her team, headed by Mustafa Qossoqsi, have instituted the first training clinic exclusively for Palestinian settler-colonial citizens. Maana differs from the GTC because the conditions of its existence are governed by the relationship it has with and toward the apartheid state vis-à-vis settler-colonial citizenship as opposed to a clinic that functions under the political jurisdiction of the PA, even if under the hegemony of the Israeli occupation regime.

Against the foreground of Maana Inside 1948 and the GTC in Bethlehem, the PCC has potentially the deepest historical roots to help us understand how psychoanalytically informed clinicians have worked to serve Palestinian communities in Occupied Jerusalem, the West Bank, and Gaza, and also understand, by merit of their position under the Israeli occupation regime, how this mission of mental health is unavoidably and inextricably political. This

distinction is important against the real politic of mental health care aid. A majority of Palestinian organizations, whether servicing public and mental health needs or otherwise, who receive funding from international donors (whether from governmental agencies such as USAID or the EU), operate under strictly enforced guidelines and requirements that prohibit specifically political language.[42] Due to these conditions and their potential coercive effects, the PCC has been considerably judicious and discerning regarding its fundraising, despite the financial challenges all independent social welfare services face especially in the neoliberal age.

Rana Nashashibi is the Director General of the PCC. She is a leading figure in Palestine especially among those interested in liberation community psychology. She is acutely aware of being caught between the need to deliver psychotherapeutic models of care to ignored and underserved Palestinians within the fraught politics of the international donor economy. More specifically, she noted to us, "We are feeling this choking space more and more," underscoring the tension between neoliberal capitalism and occupation. "Therefore, we need to be self-sufficient, use the money between us, share funds so that we don't have to rely on Israelis for resources, so we're not dependent on the structures and the conditional prescribed formulas." The clinic's success over the past years manifests itself in the volume of direct care they are able to provide, in her words, "2500–3000 sessions per year. Weekly with individuals; or in groups. It is also affordable, which is a key consideration. After 20+ sessions, they may pay a bit more, or otherwise therapy is subsidized, for 50 shekels," the equivalent of approximately US$15.

The PCC is perhaps the most well-known clinic because of its success and its commitment to and presence among Palestinian communities. PCC has perhaps the most comprehensive spectrum of therapy, counseling programs, and community outreach. In addition to Jerusalem, the Center has expanded to establish a number of clinics, particularly in Ramallah, Nablus, and Azzun, along with, in the past, offering mobile clinics to a number of underserved villages in the West Bank and the Negev. We are told the diagnostic profiles between clinics in, for example Jerusalem and Ramallah, are not significantly different. "The majority," Nashashibi tells us,

are anxiety or personality issues. In al-Quds, there are less personality issues but that's only because there are other places that can help. Anxiety regarding family, company, and jobs. manifests sometimes as sexual issues and sexual violence. But if the occupation is always present in daily life, the abnormality of life is apparent. We see more financial issues related to the effects of a very strict judicial system— imprisonment, torture, house eviction, house demolition. We get a lot of ex-prisoners. They just don't want to go to Israeli institutions for anything. This is why we are here. To serve our people.

True to its mission, PCC, therefore, intricately collaborates with a variety of Palestinian organizations to provide services.

PCC's history is among many examples that help elucidate further the tyranny of settler colonialism, to include its reach into services meant to address its ongoing wrecking effects on the indigenous population. Indeed, Mubarak Awad, along with a handful of psychologists and social workers, started the clinic in Jerusalem in 1983 with the pointed goal to deliver psychodynamic therapy to Palestinians whose mental health care was otherwise consigned to hospitals or who were treated exclusively through biomedical models. Perhaps it comes as no surprise against the backdrop of what has been shared with us that, Awad, a clinical psychologist and well-known pacifist and political activist, had his residency revoked and was expelled from Jerusalem during the First Intifada. Subsequently, in the Israeli and American press, he was berated as a terrorist despite his commitment to nonviolence.[43] State surveillance and retaliation, therefore, emerges as a central theme that is deeply imbricated in clinical work and practice.

Back in Ramallah, we visit our colleague, Fathy Flefel, who we introduced earlier. Fathy is the Executive Director of the Psycho-Social Support Department within the Palestine Red Crescent (PRC), headquartered in Ramallah. The PRC's mission includes prevention and alleviation of suffering to all Palestinians, regardless of their location or severity of their need. Toward this end, the PRC has clinics in thirteen different locations within historic Palestine, including in Gaza where nine clinicians work to provide "psychological first aid," as well as clinics that serve displaced Palestinians and refugees in Lebanon, Syria, Iraq, and Egypt. Tellingly,

under Fathy's leadership, the PRC explicitly links the occupation as a determinant in Palestinian health and wellness, noting,

> each Israeli missile that targets Palestinians causes two problems: a health problem that requires medical treatment and a social problem that requires the rehabilitation of the wounded to ensure that they play and [sic] active and productive role within society.[44]

Fathy explained to us that, despite international donors' insistence on short-term therapy, the complexity of the sociopolitical situation does not lend itself to simple treatment: "patients understand long-term therapy, we see approximately 118 patients, sometimes three times per week." More importantly, patients are seen at a low-fee named by them, while the clinics simultaneously act as training sites for supervised student-clinicians. For example, the clinic works in partnership with Najah University to provide a certificate program to students who complete their practicum at the site, including offering free individual and group certification. Most notably, Fathy is invested in liberation theory and demonstrates this by considerable collaboration with community organizations, a community-lead crisis intervention team that is trained by the PRC, and free didactic trainings offered in Palestine and abroad (including in Armenia, Poland, Sweden, and Norway).

Fathy also underscored the importance of program evaluation, noting that he and his team invest considerable time and labor in maintaining a level of care that can address sustained psychological and sociopolitical challenges. To this end, he has established a research component to his training to include two longitudinal studies related to program efficacy and the longevity of therapeutic benefits. Fathy, among others, emerges as a quintessential Palestinian clinician, working in service of liberation and cultivating indigenous, decolonial practices that may otherwise go unnoticed. He notes to us that this approach is fundamental sustenance under occupation because "otherwise the group dynamics that are created result in competition ideologically and theoretically." Fathy reminded us also that colonial object relations structure not only current psychoanalytically informed training, but are also embedded in structures of psychoanalytic theory and education. With this in mind, he works to resist the seduction of

tangible and experiential vs. dynamic or exploratory workshops. I understand clinicians want something tangible because they feel like they're doing something, but when we focus on this only, we forgo the chance to get to know ourselves and the focus becomes, as the Occupation intends it, only on surviving, vs. on resistance with reflection.

Fathy, working in the West Bank and Gaza, reminds us that Palestinian and "international" (i.e., foreign) psychologists can become confounded by funding from international communities (either directly through governmental programs or NGOS) because they fundamentally reproduce paradigms that make the Palestinian patient a generic subject of suffering caused by amorphous conflict. Fathy, as one of many clinicians present at the inaugural Palestine Global Mental Health Network, reminded us that

The modalities of treatment that we are taught abroad see the patient this way, as though we are suffering from a war or tornado. It is the same to them. Even worse, we are made to see ourselves as only victims that need saving.

We approach these clinics as representative of a series of other clinics and organizations that provide mental health services throughout Palestine including a number of grassroots services provided through popular community centers in refugee camps throughout the Occupied Territories. These include Gaza Community Mental Health Program led by the tireless Yasser Jamei, Tawasol Center for Mental Health in the village of al-Ram, the Palestinian-run clinic of the Médecins Sans Frontières in Nablus headed by Tareq al-Kilani, Aman Counseling Center in Hebron, training clinics at Najah University, al-Quds University, and Birzeit University, and especially the monumental research work at the Institute of Community and Public Health (ICPH), founded by the legendary public health scholar-activist, Rita Gicaman.

Why We Practice Liberation

We have offered an overview of the clinics with which we have had the privilege to engage throughout our project. On June 9, 2019, we were honored to witness (via Skype) how these multi-clinical organizations came together, in real time, with

their Gazan colleagues on video call, at the inaugural meeting of the Palestine Global Mental Health Network, enacting and practicing liberation as *willful subjects*.[45] We were keenly aware of the monumental milestone this meeting represented, both materially and symbolically. While, as we documented, mental health organizations have been formally and informally attending to the psychological needs and well-being of Palestinians across historic Palestine far longer than the settler-colonial narrative evinces, this meeting, as articulated by those present, represented a collective and, notably palpably psychic first.

Most speakers indicated that while their collaboration has been considerable over the past decades, their desire to "refuse the partition that the occupation has caused" became especially urgent following the IARPP debacle and its insistence on complicity with the apartheid state. In this moment, an already active, yet largely atomized, network coalesced and emerged more concretely and more formally, "as a united front to provide the help needed to our people who *refuse to die*." Notably, as had emerged vividly in our individual and group conversations, the speakers, among whom were Yoa'd Ghanadry-Hakim, Eyad Othman (leader of the Palestinian Association of Social Workers and Psychologists), Yasser Jamei (from Gaza), Samah Jabr, and Lama Khouri (from the United States), articulated in context-specific unison:

> *While the Nakba continues within us, we reject the helpless victim role that is stipulated by the settler colonial state, but rather see ourselves with agency. We are political activists, and by default, that is linked to our identity as clinicians.*

Most simply, the Palestine Global Mental Health Network locates its most pressing work in the creation of a sustained mode of communication among Palestinian clinicians the world over, to include platforming of Palestinian voices, issues, and specific concerns. In their words,

> *The Network aims to promote the ideals of mental wellbeing, liberation, dignity, and social justice for peoples and societies throughout the planet and for Palestinians in particular. By articulating a professional discourse of personal freedom and respect for human rights, it also aims to increase public awareness of psycho-social issues which affect and hinder colonized people's aspirations for a dignified living. The Network*

hopes to employ theoretical and pragmatic approaches to promote the understanding of fundamental human needs for liberation, and thus contribute to Palestinian resilience in the face of and resistance to the violence inherent in colonialism.

It comes as no surprise to us that our clinician colleagues locate their mission squarely within the question of settler colonialism, the violence it produces, but also, and perhaps most importantly, as articulated throughout this book, in *liberation.* That is, rather than re-center settler colonialism and its viability, or speak of Palestine, being Palestinian, and Palestinian victimhood in relation to an ever-present settler-colonial condition, they show us once again that a decolonial, liberatory practice must be, at its core, concerned with the livability of Palestine and Palestinians, clinicians or otherwise, past, present, and to come.

In our efforts to work toward decentering normative analyses that often speak for Palestinians, we leave you with Yoa'd's rousing call from the inaugural meeting, one that documents with vibrancy why Palestinian clinicians practice liberation, why their work is conscious and deliberate, and why, working against the wishes of settler-colonial machinery (clinical and otherwise), they *refuse to die.* She says to us via email, "These are my remarks from today—I was so happy and felt so proud. I felt today that we won a really important victory against settler colonialism and as though we left our cage into freedom":

> *Good morning,*
>
> *On the road from Bissan, a question came to me and stopped me in my tracks: Where do I come from and where am I going? I smiled, and I let myself imagine an answer: I come from where my family came. My grandmother was born in Gaza and was raised in Ramallah, while my grandfather is from Shafa Amr and lived in Haifa, where my mother was born and raised. My father is from a town called Al Rama in Upper Galilee, and he raised my siblings and me in Nazareth.*
>
> *I live in Jerusalem, where I have brought up my three children. I have nine paternal cousins who live in Egypt, Syria, Lebanon, Latin America, Canada, Britain and Australia.*

I am here with you today and they are all here with me.

My imagined answer parallels and mirrors our own meeting here today, because we all come from this nation, or are shaped by it, our beautiful Palestine. We are united in an attempt to go beyond just reactions, but rather to emerge settled, steadfast and grounded in intentional action.

Colonial theft once separated us, colored our personal papers and IDs, and disseminated passes among us, some blue folders and envelopes, others green, red, or orange. And some of us weren't lucky enough to even get a color—but, here we are today. Today we are refusing the categories placed upon us by others, we have scrubbed off the film that cloaked us, the one that has never been our identity. We meet to register ourselves outside the prescriptions, parameters and enclosures, renewed in our dream—perhaps a dream that was wished only individually, but that today emerges into existence as a group and collective.

This awareness in other contexts led to the founding of the Union of Arab Psychologists, a civil association assembled under the banner of reuniting all Arab psychologists within 1948 borders. The association takes up our specific professional issues and concerns and organizes events to produce knowledge and support intellectual growth in our own language. We work to invest our energies in support of both individual and collective sumud for Palestinians who remain in their homeland, in historic Palestine. Today, as we come together, we reject both the geographic divisions that have been drawn for us and the psychological fragmentation imposed on us.

From here, I say, welcome dear colleagues and friends, whether you are in Acre, Jaffa, Kfaryaseb, Tarshiha, Arraba, Sakhnin, Ramleh, or Birshiba, to the founding meeting of the Palestinian Global Mental Health Network. We hope to establish this network as a foundational base for psychological science and discourse in service of social justice, an international humanitarian organization, with the capacity to take ethical positions about Palestine across our varying identities and geographic divides.

We are meeting here today because we have decided it is us who will ask the question of what happened to us and what we will become. We are the ones who will explore and reflect on who we are and how we are faring psychologically. We have the answer.

We gathered because the narrative is ours and the narrative can and will continue. We gathered because we are present and in the present, and also because we have a livable future, one that is marked by liberation. It is toward that goal that we all are moving together today.[46]

Notes

1. All translations from French are those of Stephen Sheehi. This powerful first, line, however, is taken from Constance Farrington's translation: Franz Fanon, *Wretched of the Earth*, trans. Constance Farrington (New York: Grove Press, 1991).
2. Fanon, *Wretched of the Earth*, 42–43.
3. Rouhana and Sabbagh-Khoury, "Settler-Colonial Citizenship."
4. Vittorio, Lingiardi and Nancy McWilliams, eds. *Psychodynamic Diagnostic Manual: PDM-2* (New York: Guilford Publications, 2017).
5. Mustafa Qassoqsi, "The Narrative of the Nakba and the Politics of Trauma," *Jadal*, no. 7 (August 2010): 1–4; and his dissertation Mustafa Qossoqsi, Intergenerational Psychosocial Effects of Nakbah.
6. Shalhoub-Kevorkian, "Living Death," 25; also cited in full in Chapter 2.
7. Sheehi and Sheehi, "Fanon in Palestine."
8. Shahnaaz Suffla and Mohamed Seedat, "Decoloniality and Psychology's Reckoning with Rebellion," *South African Journal of Psychology*, vol. 50, no. 3 (2020): 294.
9. Suffla and Seedat, "Decoloniality and Psychology's Reckoning," 295.
10. Lara Sheehi and Stephen Sheehi, "Enactments of Otherness and Searching for a Third Space in the Palestine-Israel Matrix," *Psychoanalysis, Culture, Society*, vol. 21 (2016): 90–91.
11. For one brief the discussion of translating cultural practices, in this context native queerness and Two-Spirit identities, see Scott Lauria Morgensen, *Spaces Between Us: Queer Settler Colonialism and Indigenous Decolonization* (Minneapolis: Minnesota Press, 2011), 82–86.
12. For an insightful critical reading of Edward Said's now occupied house in Jerusalem, see Thomas Abowd, "Edward Said's Home, Martin Buber's Mailbox: The "Terrible Silences" of Israeli Colonial Jerusalem," *Social Text*, vol. 37, no. 3 (2019): 73–92. Abowd unpacks binationalism's entanglements with settler colonialism in the story of Martin Buber's residence in Said's family house in Talbiyah, an irony that we discuss in Sheehi and Sheehi, "Enactments of Otherness," op.cit.
13. For moving and sobering accounts of the exploitation of white supremacist power in psychoanalytically informed graduate clinical training, with specific attention to racial enactments within the settler-colonial project of the United States, see: Chakira M. Haddock-Lazala, "X-ing Psychoanalysis: Being LatinX in Psychoanalysis," *Studies in Gender and Sexuality*,vol. 21, no. 2 (2020): 88–93; Sara Ghalaini, "Another F***ing Growth Opportunity: Overcoming Islamophobia and the Enduring Impacts," *Studies in Gender and Sexuality*, vol. 21, no. 2 (2020): 99–103; Mamta Banu Dadlani, "Queer Use of Psychoanalytic Theory as a Path to Decolonization: A Narrative Analysis of Kleinian Object Relations," *Studies in Gender and Sexuality*, vol. 21, no. 2 (2020): 119–126. For a comprehensive overview of the history and use of supervision in psychoanalytic training, see Jorge Canestri, "Supervision in Psychoanalytical Training: The Analysis and the Use of Implicit Theories in Psychoanalytical Practice," in *Putting Theory to Work: How are Theories Actually Used in Practice*, ed. Jorge Canestri (New York: Routledge, 2018), 107–129.
14. See Kanaaneh, *Surrounded*, op.cit.; Kanaaneh and Nusair, *Displaced at Home*, op.cit.; Rouhana and Sabbagh-Khoury, "Settler-Colonial Citizenship"; Rouhana, *Ethnic Privileges in the Jewish State*, op.cit.; Rouhana *Palestinian Citizens in an Ethnic Jewish State: Identities in Conflict*, op.cit.; and Tatour, "Citizenship as Domination," op.cit.
15. Chana Kronfeld, *On the Margins of Modernism: Decentering Literary Dynamics* (Berkeley: University of California Press, 1996); and Bernard Spolsky and Elana Shohamy, *The Languages of Israel: Policy, Ideology, and Practice* (Clevedon: Multilingual Matters, 1999).
16. Sheehi and Sheehi, "Fanon in Palestine," 189.

17. [The condition of controlling](), managing, and isolating the Palestinian population also accompanied the state's expressed "Judaization" policy of Galilee, which was instituted immediately after declaration of the state and which continues until today. In addition to Shira Robinson, *Citizen Strangers: Palestinians and the Birth of Israeli Liberal Settler State* (Stanford, CA: Stanford University Press, 2013), see Kanaaneh, *Birth the Nation* (op.cit.) regarding how these policies affected Palestinian women.

18. [For a discussion]() regarding the "ethics of research," see Madeline Whetung and Sarah Wakefield, "Colonial Conventions: Institutionalized Research Relationships and Decolonizing Research Ethics," in *Indigenous and Decolonizing Studies in Education: Mapping the Long View*, ed. Linda Tuhiwai Smith, Eve Tuck, and K. Wayne Yang (New York: Routledge, 2019), 116–158; and Leigh Patel, *Decolonizing Educational Research: From Ownership to Answerability* (New York: Routledge, 2015). Also, for the seminal methodological counter, see Linda Tuhiwai Smith's ground-breaking, *Decolonizing Methodologies: Research and Indigenous Peoples* (London: Zed Books, 2013). For studies about the Jim Crow nature of "minority" education in Israel, see Khalid Arar and Kussai Haj-Yehia, *Higher Education and the Palestinian Arab Minority in* Israel (New York: Palgrave Macmillan, 2016); and Nurit Peled-Elhanan, Palestine *in Israeli School Books: Ideology and Propaganda in Education* (London: Bloomsbury Academic, 2012). For examinations of the impact of Israeli military occupation and settler colonialism on Palestinians, see Muhsin Muhammad Salih, ed., *Ma'anat al-Falistini taht al-ihtilal al-Isra'ili* (The Hardships of the Palestinian Student under Israeli Occupation) (Beirut: Markaz al-Zaytuniyah lil-Dirasat wal-istisharat, 2015).

19. [It is crucial]() for us to also recognize the number of clinicians from the West Bank and Gaza who explicitly told us that they completed their education abroad because of lack of access to advanced clinical training. We unfortunately must leave a discussion of these political and economic conditions, ranging from collusion of Israeli occupation, military siege, and neoliberalism, that prevent access to education and training under occupation to other scholars: Mayssoun Sukarieh, "Decolonizing Education, a View from Palestine: an Interview with Munir Fasheh," *International Studies in Sociology of Education*, vol. 28, no. 2 (2019): 186–199; Mandy Turner and Omar Shweiki, eds., *Decolonizing Palestinian Political Economy: De-development and Beyond* (New York: Palgrave Macmillan, 2015); and Samira Alayan, *Education in East Jerusalem: Occupation, Political Power, and Struggle* (London: Taylor & Francis, 2018).

20. and Fred Moten, *The Undercommons: Fugitive Planning and Black Study* (New York: Minor Compositions, 2013), 96.

21. [Kevin Bruyneel](), *The Third Space of Sovereignty: The Postcolonial Politics of U.S.-indigenous Relations* (Minneapolis: University of Minnesota Press, 2007), 152.

22. [For an article]() regarding neoliberalism and psychoanalysis and clinical practice, see Lynne Layton and Marianna Leavy-Sperounis, ed., *Toward A Social Psychoanalysis: Culture, Character and Normative Unconscious Processes* (New York: Taylor & Franics, 2020), specifically, Chapter 12, *Who's Responsible? Our Mutual Implication in Each Other's Suffering* and Chapter 13, *Irrational Exuberance: Neoliberal Subjectivity and the Perversion of Truth*. See also, Luigi Esposito and Fernando M. Perez, "Neoliberalism and the Commodification of Mental Health," *Humanity & Society*, vol. 38, no. 4 (2014): 414–442; and Emma Tseris, "Biomedicine, Neoliberalism and the Pharmaceuticalisation of Society," in *Routledge International Handbook of Critical Mental Health*, ed. Bruce M.Z. Cohen (London: Routledge, 2017).

23. [For a series of studies]() that consider the challenges of non-state actors in providing social welfare services to mitigate state failures, see Cammett and MacLean (eds.), *Politics of Non-State Social Welfare*, op.cit.

24. [Layton and Leavy-Sperounis]() (ed), *Toward A Social Psychoanalysis*, op.cit.; and Geraldine Moane, "Bridging the Personal and the Political: Practices for a Liberation Psychology," in *American Journal of Community Psychology*, Vol. 31, nos. 1–2 (2003).

25. [It is important]() to note also the ways in which clinicians from the Global South, especially those who have experienced settler colonialism, have been thinking together about the liberatory potential and ethical imperative of liberatory psychology. For a relevant example, see Shahnaaz Suffla's and Mohamed Seedat's special issue that includes, Shahnaaz Suffla and Mohamed Seedat, "Reflexivity, Positionality, Context and Representation in African and Arab Enactments of Community Psychologies," *Journal of Community Psychology*, vol. 43, no. 1 (2014): 4–8; Shahnaaz Suffla and Mohamed Seedat, "Reflexivity as Enactment of Critical Community Psychologies: Dilemmas of Voice and Positionality in a Multi-Country Photovoice Study," *Journal of Community Psychology*, vol. 43,

no. 1 (2019): 9–21; and Muhammad Seedat, "Oral History of an Enactment of Critical Community Psychology," *Journal of Community Psychology*, vol. 43, no. 1 (2015): 22–35; Ibrahim Makkawi, "Community Psychology Enactments in Palestine: Roots and Current Manifestations," *Journal of Community Psychology*, vol. 43, no. 1 (2015): 63–75; and Lena Meari, "Reconsidering Trauma," op.cit.

26. Makkawi, "Psychology of the Oppressed," 372.
27. Chela Sandoval, *Methodology of the Oppressed* (Minneapolis: University of Minnesota Press, 2000), 68.
28. Sheehi, "Transnational Palestinian Self," op.cit.
29. See for recent and best studies, Rita Giacaman, "Social Suffering, The Painful Wounds Inside," *American Journal of Public Health*, vol. 107 (2017): 357–357. Giacaman et al. "Individual and Collective Exposure to Political Violence: Palestinian Adolescents Coping with Conflict," 2007; Barber et al. "Mental Suffering in Protracted Political Conflict," 2016; Hammoude et al. "Age of Despair or Age of Hope?" 2018. For an overview of mental health in Palestine, see Samah Jabr, Michael Morse, Waseem El Sarraj, and Bushra Awidi, "Mental Health in Palestine: Country Report," *The Arab Journal of Psychiatry*, vol. 24, no. 2 (2015): 174–175.
30. Eyal Weizman, *Hollow Land: Israel's Architecture of Occupation* (New York: Verso, 2007), 7.
31. Weizman, *Hollow Land*, 7.
32. See, for one excellent example, Elia Zureik, David Lyon, and Yasmeen Abu Laban, eds., *Surveillance and Control in Israel/Palestine: Population, Territory and Power* (New York: Routledge, 2011).
33. Shalhoub-Kevorian, "Speaking Life, Speaking Death: Jerusalemite Children Confronting Israel's Technologies of Violence," op.cit.
34. Pandolfo, *Knot of the Soul*, op.cit.
35. For a conversation with Gazan psychiatrists Mustafa Masri and the late Eyad Sarraj about traditional healers and spirit possessions, see Celia Rothenberg, *Spirits of Palestine: Gender, Society, and Stories of the Jinn* (London: Lexington Books, 2004), 44.
36. For an informative exploration of Fanon with institutional psychotherapy under the mentorship of Tosquelles, see Camille Robcis, "Frantz Fanon, Institutional Psychotherapy, and the Decolonization of Psychiatry," *Journal of the History of Ideas*, vol. 81, no. 2 (2020): 303–325.
37. Franz Fanon and François Tosquelles, "Indications of Electroconvulsive Therapy within Institutional Therapies," in *Franz Fanon: Alienation and Freedom*, ed. Jean Khalfa and Robert J.C. Young and trans. Steven Corcoran (London: Bloomsbury, 2018), 298.
38. Despite a shared political-theoretical overlap, Robcis rightly makes the important distinction between the anti-psychiatry movement (e.g. Franco Basaglia, R.D. Laing, and Felix Guattari) and institutional psychotherapy of Tosquelles, Jean Oury, and, she asserts, Fanon. See, Robcis, "Frantz Fanon, Institutional Psychotherapy," fn. 4, 306.
39. "Health sovereignty." in Scott Lauria Morgensen's words, is "the work of Native queer and Two-Spirit activists," in this particular caser around AID activism, "is made stark by Native activist commitments to the collective sovereignty and decolonization of the Native peoples." See Scott Lauria Morgensen, *Spaces Between Us*, 196. Hokulani K. Aikau, Noelani Goodyear-Ka' ōpua, and Noenoe K Silva work on assertions of solidarity, selfhood, and sovereignty throughout and across indigenous communities is a "responsibility" or duty (wajib in Arabic). See Aikau et al., "The Practice of Kuleana: Reflections on Critical Indigenous Studies through Trans-Indigenous Exchange," in *Critical Indigenous Studies: Engagements in First World Locations*, ed. Aileen Moreton-Robinson (Tucson: University of Arizona Press, 2016), 157–175. Also, for a collection of essays by various Hawai'ian scholars regarding precisely the sort of self-affirming, willful sovereignty over self and "national" cultural, see the inspiring volume edited by Noelani Goodyear-Ka'ōpa, Ikaika Hussy, and Erin Kahunawaika'ala Wright, eds., *A Nation Rising: Hawaiian Movements for Life, and Sovereignty* (Durham, NC: Duke University Press, 2014).
40. For an idea of professional collaboration work between indigenous clinicians of the state now known as Canada, see Jeffrey Ansloos, Suzanne Stewart, Karlee Fellner, Alanaise Goodwill, Holly Graham, Rod McCormick, Henry Harder, Christopher Mushquash, "Indigenous Peoples and Professional Training in Psychology in Canada," *Canadian Psychology*, vol. 60, no. 4: 265–280. We also are thinking of professional psychological organizations such as The American Indian and Alaska Native Society for Indian Psychologists (in the country now known as the United States); Australian Indigenous Psychologists Association, Maori and Psychology Research Unit, not to mention other grassroots indigenous mental health and healing centers and community initiatives, perhaps the most inspiring and well-known being Unist'ot'en began construction of the Healing Center on the Unist'ot'en lands

of the Wet'suwet'en territories. Within another context but an important parallel, Jean M. O'Brian and Robert Warrior write about the intersection between organizing within the Academy and building a critical consciousness, "Building a Professional Infrastructure of Critical Indigenous Studies: A(n Intellectual) History of and Prospectus for the Native American and Indigenous Studies Association," in *Critical Indigenous Studies: Engagements in First World Location*s, ed. Aileen Moreton-Robinson (Tucson: University of Arizona Press, 2016), 33–48.

41. regarding mental health inside the state now known as Israel, see Muhammed Haj-Yahia, Ora Nakash, and Itzhak Levav, *Mental Health and Palestinian Citizens in Israel* (Bloomington: Indiana University Press, 2019). For a mainstream and dated but thematically useful study of the challenges in public health faced by the PA, see Adel Afif, Richard Deckelbaum, and Michael Schoenbaum, eds., *Strengthening the Palestinian Health System* (Washington, DC: RAND Corporation, 2005).

42. See Benoit Challand, *Palestinian Civil Society* (London: Routledge, 2009) and Fassin and Rechtman, *The Empire of Trauma*, op.cit. For the detrimental effects and the reactive consequences of condition-based international aid, see Manal A. Jamal, *Promoting Democracy: The Force of Political Settlements in Uncertain Times* (New York: New York University Press, 2019).

43. For example, see Win Meiselman, "The Real Mubarak Awad," *Washington Post*, July 8, 1988, found at https://www.washingtonpost.com/archive/opinions/1988/07/08/the-real-mubarak-awad/a63b0e7c-e142-4759-bc19-9678aa714b3d/; Shlomo Riskin, "Mubarak Awad: Pacifist or Terrorist," *Chicago Tribune*, January 7, 1988; found at https://www.chicagotribune.com/news/ct-xpm-1988-01-07-8803200620-story.html. For an contemporaneous editorial, see Colman McCarthy, "An Arrest Cure That Failed," *Washington Post*, June 5, 1988; found at https://www.washingtonpost.com/archive/lifestyle/1988/06/05/an-arrest-cure-that-failed/cadf8629-32a5-401b-a69b-db1ff78a2199/

44. See, Palestinian Red Crescent Society, Introduction,found at https://www.palestinercs.org/index.php?page=post&pid=20&catid=3&parentid=0&langid=1

45. Sara Ahmed, *Willful Subjects*, op.cit.

46. Original in Arabic, translation by Lara Sheehi, personal communication from Yoa'd Ghandary-Hakim, June 9, 2019.

Epilogue

Resistance Keeps Us Sane

On January 10, 2019, the Israeli army, once again, entered Ramallah. This time, fifteen tanks and troops fanned out and occupied the upscale neighborhood of Masyoun, Ein Munjed, and the adjacent village of Betounia. This punctuated a week of night raids throughout the West Bank that resulted in the administrative detention (a legalized form of kidnapping and holding without charge or trial) and confiscation of a number of shops' surveillance cameras. The quotidian violence of this event—the invasion of one of Ramallah's upmarket neighborhoods usually spared from such violations—compelled Palestinian poet, 'Abd al-Rahim al-Shaykh, to recall a parallel event, even more violent and traumatic, a cataclysmic event for the Palestinians, Lebanese, and all politically minded Arabs, which itself remains haunted by a tragic choice of suicide.

Upon the Israeli invasion of Beirut on June 6, 1982, Lebanese communist poet Khalil Hawi, active in the Palestinian struggle, committed suicide by shooting himself in the head on his balcony a few days before the Israeli army would siege the city. He could not bear to witness the Zionist army occupy his beloved city, Beirut, which remained the symbolic capital of the Palestinian resistance and the Arab revolution for more than a decade. He was sickened by the Arab regimes' inability, unwillingness, or collusion with the Zionist entity in invading a fellow Arab country. Al-Shaykh recalls Hawi's suicide in order to draw out the poetic conversation that Mahmoud Darwish, Palestine's most celebrated poet who had been exiled in Beirut, had with Hawi about the suicide. Darwish does not succumb to the temptation of suicide but accepts the "responsibility" of the poet to persevere by "institutionalizing his conscience as a critic of power." Written at the same time as the "Deal of the Century" was being devised by Trump's equerry, al-Shaykh positions the elites in the place of both the poet and the audience, saying, "today, the Palestinian Authority with the conscience of the speaker, the conscience of the audience, and the conscience of those absent, must

announce its responsibility to avert the death of poets, to prevent their suicide…."[1]

Al-Shaykh explains that the true target of Israelis is "the resistance…and poetry"; that is, Palestinian's political commitment to their own cultural identity and their own subjective being. The post-Oslo new elites in Palestine and the PA work, directly or indirectly, with the Israeli occupation to erode both resistance and culture, which are intertwined. They both work to disenfranchise the Palestinian people from their political agency, but, even more so, their political rights, not the least of which is the right to life. Al-Shaykh, Darwish, and perhaps Hawi as well, recognized that Zionism seeks not only to dispossess the Palestinian people but to dispossess them of the *right* to life and death, or perhaps, more appropriate to this book, *the right to willfulness and livability.*

Hawi, Darwish, and al-Shaykh all understand that suicide is not irrational but, rather, a rational option against a *condition of death* that is already circumscribed by Israeli settler colonialism. But, it is also a corporeal and affective option of the passion, pain, and commitment they hold and, therefore, an expression of the Palestinian right to life as well as a revolt against global and Israeli disregard of that right. Perhaps, Puar would call this condition one of debility.[2] Yet, what we are seeking in this book is to think *through* this condition not diffracted by the perspective and logic of the colonial regime or even the efficiency of its sadistic effects. Rather, we begin with suicide because it allows us to reframe the lived reality of Palestinians and to ponder acts of resistance, defiance, and refusal as psychosocial acts that reproduce and reflect Palestinian ownership of their lives, histories, and destinies. In this way, suicide and livability are ever-present clinical and real material in the lives and work of our clinical colleagues.

Let us then return to al-Shaykh's poetic foil, Mahmoud Darwish, who marks the political and psychological presence of death in life and life in death throughout his oeuvre. In his poem, "Suicide Attempt," Darwish weaves the contradictions of living under a condition of ongoing trauma, of suffering and personal love (to his lover), with the consequences of being a militant and who undoubtedly dies as one, burned to death.[3] *Psychoanalysis Under Occupation* has pushed against cliché, indeed Orientalist, psychoanalytic assertions that Palestinians as Arabs have a

shallow "internal world." Darwish's poetry brings us into an internal psyche of a Palestinian caught between exile, liberation, love, and sociability. We have, throughout this book, worked to elevate ways in which Palestinian clinicians think psychoanalytically through and against settler colonialism. As a result, we have rejected racist psychoanalytic formulations that approach suicide in Palestine as a form of self-castration because of feelings of impotency against the superiority of the West or Israel, or considerg suicide as a redirection of Western phantasies of some primal form of Arab patriarchal aggression transmuted into self-annihilation. We even reject a contrapuntal reading that might consider that the violence of Israeli settler colonialism is responsible, bending the death drive back onto the Palestinian self. Darwish affirms our readings and the experiences relayed to us by Palestinian clinicians. His poetry both articulates to the world but also expresses a psychic interior where commitment and passion mix with suffering and ongoing trauma. The defiance of his language is fueled by but also does not hide the genuine suffering of exile, the memory of the traumatic expulsion from Palestine, and the cohesion of family and community.

Let us then return to al-Shaykh's commentary about suicide, culture, and identity. Just as we are not elevating suicide as a heroic act nor denigrating it as a cowardly act, al-Shaykh asks,

> *When the range of the gun can only reach the poet's temple but is too short to reach the enemy's head, what is the need of the poet for the gun and what is the need of the gun for the poet?*

Yet, suicide is not just literal but comes in the form of the "narcissism" of the "good life" of neoliberal Ramallah. He continues, "In the possibilities of writing between Ovid's telescope, Freud's couch, and Lacan's mirror, the narcissism of [Ramallah's] poets turn into kindling." Al-Shaykh is intentionally psychoanalytic in his analysis of the affluent neighborhood of Masyoun, which serves as a metaphor for the "society of the happy" of Ramallah, as Faisal Darraj, "drowning in narcissism without aesthetics." His "exercise in psychoanalysis" doubles as poetics of self, cultural, and political analysis.

Suicide then is not only the taking of one's life but the narcissism of selfhood that turns away from personal and collective political responsibility. "Between political rhetoric and psychoanalysis," he states, the practice of political "isolation without self-examination and "rehabilitation" is a "caricature for theory's nervous breakdown." Al-Shaykh differentiates between forms of suicide—that which may be "a political act of freedom," as Hawi shows and even Darwish posits, and that which is a neoliberal outcome of individualist narcissism and self-interest. "Suicide" is institutionally perpetuated by the PA, "the result of a self- inflicted civil war (between the PA and Hamas)" that "purges the Self from its Other-the enemy—until and when the enemy of the psyche and soul is its own body."[4] Al-Shaykh's recourse to psychoanalytic language alerts us to the connections between suffering under occupation, the political and subjective necessities of self-awareness, and the means by which these are communicated and, in doing so, produce life for the Palestinian people under occupation.

"Kill Yourself" for the Sake of Peace

On the first day of Jared Kushner's big reveal of the "Deal of the Century" "economic"-peace plan, Israel's ambassador to the United Nations wrote an op-ed piece in the *New York Times* recommending that the Palestinians commit "national suicide."[5] He posited that "surrender" and "suicide" were the only way to peace. While the opinion by Israel's chief diplomat at the UN was as deplorable and symptomatic as much as it was unshocking to most Palestinians, it marked a shift in the brazenness of Israeli settler-colonial discourse. If Zionism and Zionists have failed to eradicate the Arabs and Armenians of Palestine, to parse words from indigenous, Sto:lo poetess and activist Lee Maracle, the Palestinians were asked to do the favor for Israel and kill themselves.[6] Indeed, the Palestinian Foreign Minister Riad Maliki described the plan devised by Trump's plenipotentiary as offering "no independence, no sovereignty, no freedom and no justice." As such, it is Trump's administration who "are the ones that are delusional and not us." Acceptance of the Trump plan demands "capitulation," and the Palestinians will never "sign a surrender act."[7]

Danny Danon is not only Israel's ambassador to the United Nations, but has been among Benjamin Netanyahu's most vocal rivals from within the ultra-right flank

of the Likud Party. Before Netanyahu's savvy banishment of his most dangerous Likud challenger to New York City, Danon regularly attacked the prime minister (as well as former prime minister and war criminal Ariel Sharon) for being too soft on the Palestinians. For years, Danon has stridently opposed the two-state solution and Israel's legal commitments to the Oslo Accords. In fact, he passionately advocates for a total annexation of all of the Occupied West Bank except Palestinian urban areas. Those areas, if not ethnically cleansed, should exist, in his opinion, as a cluster of isolated, self-governing enclaves within a Palestinian non-state archipelago, over which Israel would have total military control but subsequently claim no international responsibility to permit access to resources, utilities, commerce, movement, and transportation between those areas or Jordan.[8] Perhaps most notoriously, he is known for waving the Hebrew Bible in front of the UN Security Council in April 2019, after reading from *Genesis* and claiming that the Tanakh was the indisputable legal "deed to our land," which the Quran itself acknowledges.[9]

Two months later, Danon writes: "What is wrong with surrender? Surrender is the recognition that in a contest, staying the course will prove costlier than submission." He names a litany of Palestinian problems: unemployment, a rentier economy, corruption, and the separation of Gaza (led by a "terrorist organization") and the West Bank into two factions. Of course, Israel is not the cause and bears no responsibility for these problems. Rather, Danon graciously offers his caring advice to the Palestinian people; he states that it is "self-evident that the Palestinian people need a new course of action." This new course is "surrender." The pronouncement is not original in settler-colonial discourse. Einat Wilf, a "left-wing" former Knesset member, argues that peace can only be achieved when the Israeli left admit that they insist on the Palestinians' defeat and the Palestinian national movement accepts and verbalizes its defeat. Wilf's boldly pragmatic and honest argument acknowledges that any peace with the Palestinians must explicitly acknowledge by both sides the absolute defeat of the Palestinian people, the refusal of their right of return, and the acceptance of Jews' right of return. Embracing defeat and guilt will bring Palestinians peace.[10]

Danon's imperious pronouncements go further. In *refusing* the term "surrender," he states, "Palestinian national identity" exposes itself as having no content other

than its sole motivation for "destroying Israel." Danon characteristically argues that the Palestine Liberation Organization (PLO) national charter is indicative of their obstinate political culture that prioritizes Palestinian unity and political liberation. Danon specifically notes that the Palestinian popular resistance is contrary to Israeli's putative Western values and the divine right of the Jewish people to their own sovereignty over historic Palestine despite the existence of the Palestinian people, who might otherwise have lived on it for generations. Danon acknowledges that Palestinian surrender, while essential, is "akin to national suicide…Yet, a national suicide… is needed for peace."

The cognitive slippage, logical fallacies, and structural solipsism within Danon's argumentation represent the *reality-bending* of settler colonialism that has otherwise established itself as hegemonic normalcy. This psychotic thinking is at the heart of the logic of Zionist settler-colonial logic. But, as many psychotic processes, it also discloses radical truths. When Danon congratulates Israel for its magnanimity in not eradicating all the Palestinians after 1948, we discern settler colonialism's genocidal impulse to erase indigenous subjects. When he concludes that a "national suicide…is needed for peace," he divulges how settlers perceive the indigenous population as a subjugated and vanquished people who should be grateful to bow their heads in submission. When he equates Palestinian *refusal* to surrender as the desire to destroy Israel, he discloses that settlers can only read the indigenous through an annihilatory anxiety that is not a symptom, but a defense, according to Freud.[11] Therefore, when Danon equates Palestinian desire for self-determination as rooted in a "culture of hate and incitement," he confesses that settlers can only experience indigenous desires and historic truth through a prism of defense against material reality.

Israeli and American officials continue to explicitly contest the very eligibility of "rights" for the Palestinian people, not to mention their existence as a people themselves. Jason Greenblatt, a former Trump real estate lawyer appointed as "Assistant to the President and Special Representative for International Negotiations," and co-author of the Deal of the Century, considers "rights" to be a "big word" and not appropriate for a conversation about the future of the Palestinian people.[12] This comment exposes more than the amateurishness of Greenblatt and his ignorance of international law, not to mention the USA's own

diplomatic positions since 1967. Rather, it clearly reviews that Palestinians are fighting for the right not only for self-determination but also to live and the right to life itself. This right cuts to the very point where psychology, psychoanalysis in specific, and politics meet ontology (the right even to exist).

In this Epilogue, we choose to transform this psychotic "peace" dictate to mass "national suicide" into an opportunity to re-center Palestinian lives, Palestinian livability, and Palestinian willfulness. We have in this book rooted ourselves in expanse of Palestinian subjectivity to explore specifically the psychoanalytic and conscious mechanisms by which Palestinians have engaged life, death, stalwartness, and defiance every day for themselves since 1948. The lingering of death, suffering, and even suicide may be ever-present in the lives of the dispossessed, disenfranchised, and occupied, but the tension between the freedom from suffering and capitulation to Zionist oppression is one that calls psychoanalysis to draw out the conscious and unconscious processes, identifications, desires, and consciousness that keep Palestinians *disalienated* and connected to the certainty and materiality of their historic knowledge, their collective identity, and their "in-tact ego"—a psychological and social state that Danon so psychotically seeks to delegitimize.

Psychoanalysis Under Occupation centers and amplifies Palestinian experience as represented through the clinical practices, training and education and organizing of clinicians throughout Palestine. Al-Shaykh's and Darwish's writings reveal Danon's diktat as a sociopathic phantasy because their self-aware and self-critical analyses "mentalize" the definitive features that ground our discussion of the psychoanalysis of occupation and psychoanalysis under occupation. Likewise, the analysis, experiences, and willfulness of Palestinians in this book overwrite the white noise of Israeli settler-colonial officials with which psychoanalysis (and psychoanalytic innocence) has too often authorized and corroborated. The intention of this book is not to "reply" to Israeli and Zionist claims to or negation of Palestinian life, selfhood, existence, or land. Nor has it been to make Palestinians legible victims to psychoanalytic discourses, qualifying them as worthy of empathy.

This book, rather, centers Palestinian inalienable rights to their own life and lives, their identity and selfhood, and their existence and proprietorship of the land of Palestine, between the Jordan River and the Mediterranean Sea. We have conjured Arab literati to conclude this book in order to root the discussion of psychoanalysis in Palestine within *Palestinian culture*. The social, political, and cultural reference points of Palestinian clinicians exist in a dynamic *culture* of willful resistance and self-affirmation. If Darwish's response to Hawi "raises the question of the responsibility for the suicide of poets and the responsibility for the rejection of it," al-Shaykh notes that the suicide lies at the nexus between culture, politics, and psyche as a constant possibility.[13] In turn, however, he insists that, "Arab heritage" culturally provides "another option to suicide by the gun (to the forehead): Conviction (*iltizam*)." The poetic traditions of the Arabs—and by extension culture and identity—offer the Palestinian Arab self "symbolic spaces for self-realization (*al-tahaquq*) that are external to the psychological, social, and national crises" that surround Palestinians in Palestine and in exile.

These reference points (*sumud, iltizam*/commitment, *mas'uliyah*/responsibility, *al-tahaquq*/self-realization) make life legible, manageable, and livable. They allow Palestinians to see the psychopathy of settler- colonial logic. A Palestinian psychologist at Birzeit specifically referred to the ways in which the reference points, particularly *sumud* and *iltizam*, are used by his colleague Lena Meari. "She has such clarity. Her work always cuts to what is important. Sumud is not rhetoric. It makes us see reality clearly through the confusion" of settler colonialism. Such a pronouncement encourages us to consider the psychic life of *sumud*. This "clarity" demands us to acknowledge the cultural, social, and subjective (collective and individual) work that Palestinians do every day to maintain an "intact ego," which itself is the kernel of Palestinian ontology that Zionism so desperately seeks to erase. They also anchor this commitment and responsibility in the "right" and "duty" to refuse and be willful. Hence, regarding the magnanimous offer by the USA and Israel for Palestinian national surrender and suicide, one Palestinian commentator writes, "started to re-crystalize the essence of the Palestinian cause that rests on three essential pillars: the unity of the people, the unity of its land, and the unity of its mission." This sociopathic Israeli offer (for the Palestinians to collectively commit suicide) has called on Palestinian people to "commit to victory and they will not surrender nor raise the white flag…." Despite the collusion of

the PA with the Apartheid regime in trying to crush the will of the Palestinian people, we learn in the Palestinian press following Danon's op ed that the Palestinian people continue to "learn from the *sumud* of Gaza and return to the commitment of the Resistance after the absurd negations brought us to the end of the abyss…."[14]

Resistance Keeps Us Sane

Rita Giacaman has shown us the psychotic processing of the Israeli occupation that seeks to intentionally do violence to the psyche and body. In one study, she and her co-authors find that the "level of exposure to trauma/violence was very high" for Palestinians. Traumas such as witnessing friends and family being shot and subject to violence and intimidation by soldiers translated into real psychological effects, where more than 10% of those she studied "had a depressive like state" and somatic disorders, while over 14% demonstrated "emotional difficulties."[15] Elsewhere, she calls these "the wounds inside" caused by Israeli occupation.[16] But also, throughout a life's work of immense research and scholarship, Giacaman continually returns to the value of grounding communal reference points, such as dignity, commitment, and *sumud*. This idea of the "wounds inside" compels us to realize the nature and condition of embodied psyche of those who live under settler-colonial regimes.

Palestinian clinicians teach us that the Palestinian psyche/*nafs* is demarcated as an object and target of Zionist settler-colonial asphyxiation. But also, the Palestinian *nafs* is an embodied psyche—the "knot" of the individual to the social and the social to the individual, to play on Pandalfo—from which resistance, willfulness, defiance, and affirmation arise. Palestinian clinicians allow us to understand how the Palestinian *nafs* is an embodied locus for knowing, for feeling, a space where collective and individual experience meet for willful self and national affirmation. This book, therefore, has only begun to explore the ways in which an embodied psyche, or perhaps as Hortense Spillers might identify as the "primary narrative of the flesh," remains rooted in a communal and psychological infrastructure of defiance, willfulness, and livability, as Shalhoub-Kevorkian has taught us.[17]

Nidal in Ramallah tells us that "the resistance keeps us sane. This comes from your family. Your community. From our art and our literature. From our heroes, from our mothers, fathers, brothers and sisters." That we positioned Darwish and others to locate defiance, refusal, and willfulness within the psychic world of resistance is not coincidental. Ngũgĩ wa Thiong'o guided us decades ago to understand how literature and poetry function as mode of knowledge production.[18] Likewise, we offer in this book that Palestinian clinicians themselves, through their lives, practice, and their research produce forms of knowledge that emerge through *experience of struggle with oppression*, as Boaventura de Sousa Santos suggests elsewhere.[19] When Nidal then tells us that "the resistance keeps us sane," we understand this quite literally and that psychological and political resistance occurs in the clinical sphere as much as in popular cultural resistance. This book has visited the ways in which Palestinian clinicians find themselves within the embodied psychic space of the defiant livability of the Palestinian people, attending to it, theorizing it, and mobilizing their own practices to defy the psychological pressures and violence imposed by the settler state.

We have in this book followed the advice of Palestinian clinicians to pivot away from imagining Palestinians as helpless victims. In doing so, we have also demonstrated how the position of "victim" within human rights discourses is a means of robbing Palestinians their right to resist, their rights to be defiant. Such ideological misattunement logically leads to Danon's and Wilf's unambiguous claims that Palestinians surrender "their right of return" and their fortunate subordination to "Jews' right of return" and Jewish supremacy in Palestine. Psychoanalytic innocence happily embraces a "broken" Palestinian, as Giacaman and Brian Barber may say, lacking agency or willfulness, who can be digested and legible only as an object, not a subject, of human rights. This rejection does not mean that we deny the trauma of the ongoing Nakba and the daily violence of settler colonialism. Trauma thinking, however, is operative in psychoanalytic innocence, preventing psychologists from foregrounding the political rights and causes of the trauma. Defiant, willful subjects remain *unintelligible to many of even the most sympathetic* psychologists, academics, and mediators. They are then marked as either objectified victims or depthless savages.

Samah Jabr reminds us that settler-colonial violence is relentless and ruthless and its impacts are psychological. The "worst effects" of the occupation, she argues, are "the internalization of oppression and the undermining of Palestinian's collective self-concept" within Palestinian individuals and communities, the effects it has on families, on women and men, and on children and youth.[20] Jabr is Palestine's leading psychiatrist, who also calls attention to the necessities of approaching trauma through the realities of settler-colonial occupation. Psychoanalytic approaches that shore up biomedical approaches to trauma focus "on techniques that help the individual recall and narrate the horrifying details of his or her experience." Yet, the reality of Palestinians is

> not only internal 'post'-traumatic stress but current and ongoing external traumatic stress. Traumatic events cannot be banished from consciousness when they are not banished from communal reality. Acknowledging this reality is a social process, beyond the bounds of individual psychotherapy.[21]

This book has attempted to center the conditions of ongoing trauma, a system identified as settler colonialism. Jabr never neglects individual psychopathology. She does not overlook the mental health or social issues including sexual, gender-based, and intimate partner violence. At the same time, she centers the psychological value to ensure Palestinians remain speaking-selves, in order to tell their "historical testimony" and "narrative to make sense of the senseless grievances of colonialism."[22] Jabr then confirms the therapeutic nature of rejecting reality bending as central to maintaining individual and collective mental health. Just as Caesar told us that the smoke saturating a clinical room cannot be ignored during therapy, Jabr tells us that "Urging Israel to stop its colonial policies, rather than celebrating the theft of Palestinians' land, is an important domain of trauma intervention and peace making."[23]

If the "occupation is in everything," as Fathy tells us, clinical practice under a settler-colonial regime is experienced in ways that disrupt colonial logic not out of intent but because of its very being. We would like therefore to end as we started, on the experience of Palestinian clinicians. Caesar, commuting between Bethlehem and Haifa, tells us how he cannot help but think that the clinician is as

much "a link between the collective and the individual as much as between the unconscious and conscious." He is thoughtful, when he says this, seeming almost as if he has second thoughts. The mindfulness and self-reflection of Caesar are typical of virtually all of the clinicians with whom we spoke. They know the gravity of their work and the ways in which they are charged with disciplinary responsibilities that create trauma and victims in order to "save" them.

Caesar's work in Haifa and in Bethlehem cuts across socioeconomic, political, and social conditions, cutting across gender and sexual orientation, class and religious sect. He trains and teaches young clinicians in the West Bank as well as being the clinical director of the GTC.

In these capacities, he resembles those like Najla Asmar and Mustafa Qossoqsi in Nazareth, Rana Nashashibi, Fathy Flefel in Ramallah, and Yoa'd Ghanadry-Hakim in Jerusalem. Their awareness of the disciplinary nature of psychoanalysis and the imminent violence of psychoanalytic innocence—the ways in which it can intervene in order to perpetuate settler logic, can split the self from the community, the self from their sexuality and gender-identity, the self from their desire and will—leads them to realize the liberatory potential within an indigenous Palestinian psychoanalysis, within talk therapy, and within collective organizing and collaboration. If they do not see themselves in their patients, they affectively and intuitively connect with them because they, too, live under the same apartheid regime.

If settler colonialism seeks and enlists allies to aid in naturalizing and reproducing itself, the practice and lives of Palestinian clinicians work to ensure futures that inevitably disrupt settler myths by confirming and asserting the legitimacy of Palestinian claim to Palestine. Samah Jabr offers a collective realization for Palestinian clinicians, one undergirded by the ethos of willful self-affirmation: "Anti-oppression activism, is our remedy against political trauma and it will heal us as individuals and help us to heal the injured history of our homeland."[24]

Notes

1.   'Abd al-Rahim al-Shaykh, "Ras Ramallah: Alternative Options for Suicide," *Al-Hadath* (on-line), January 23, 2019, found at https://www.alhadath.ps/article/92201/ رأس-رام-الله-وصفات-بديلة-للانتحار

2. Puar, *Right to Maim*, op.cit.
3. Mahmud Darwish, "Muhawalat al-inthar (Suicide Attempt)," in *Hiya ughniyah, hiya ughniyah* (Beirut: Dar al-Kalimah lil-tib'ah wal-nashr, 1985).
4. al-Shaykh, "Ras Ramallah," op.cit.
5. Danny Danon, "What's Wrong with Palestinian Surrender: Knowing When to Give Up is Often the First Step to Making Peace," *New York Times*, June 24, 2019, found at https://www.nytimes.com/2019/06/24/opinion/palestinian-peace-bahrain-conference.html
6. See Lee Maracle, "Hatred," poem from *I am a Woman: A Native Perspective on Sociology and Feminism* (Toronto: Press Gang, 1996), 11. We thank Glen Sean Coulthard for turning us onto this poem by Lee Maracle in his talk "Recognition, Reconciliation, and Resentment in Indigenous Politics" at Simon Fraser University, November 16, 2011, found at https://www.youtube.com/watch?v=usrJllFVpKaM.
7. "US Israel-Palestinian Peace Plan 'a Surrender Act'-Palestinian FM," *BBC.com*, May 17, 2019, found at https://www.bbc.com/news/world-middle-east-48309562
8. Noura Erakat carefully tracks the ways by which Israel historically and contemporaneously laws sui generis in order to legalize occupation within Israeli jurisprudence despite contravention of international laws and conventions to which it is signatory. Noura Erakat, *Justice for Some: Law and the Question of Palestine* (Stanford, CA: Stanford University Press, 2019).
9. Jonathan Ofir, "Israel's UN Ambassador Waves a Bible at the Security Council," *Mondoweiss*, May 2, 2019; found at https://mondoweiss.net/2019/05/israels-ambassador-security/
10. Einat Wilf, "When Palestinians Acknowledge Defeat to Zionism, Peace Will Follow," Haaretz, September 22, 2016; found at https://www.haaretz.com/opinion/.premium-israel-s-left-also-wants-a-palestinian-defeat-too-1.5441008.
11. Sigmund Freud, "Inhibitions, Symptoms and Anxiety," *Standard Edition*, vol. 20 (1926): 87–174.
12. Judy Woodruff interview with Jason Greenblatt, "Transcript," PBS News Hour, July 17; https://www.pbs.org/newshour/show/why-trump-thinks-this-is-the-moment-to-resolve-israeli-palestinian-conflict
13. Al-Shaykh states that Darwish was aware of this "alternative" and considered the ever-present tension between suicide and life-affirmation within his own poetic antidotes. To confirm this, one must only read his epic masterpiece *Memory of Forgetfulness*, or *Presence of Absence*, or his humble poem, "We love life if we have a way to." Mahmoud Darwish, *Memory of Forgetfulness, August Beirut 1982*, trans. Sinan Antoon (Berkeley: University of California Press, 2013); Mahmoud Darwish, *In the Presence of Absence*, trans. Sinan Antoon (London: Archipelgo, 2011); and Mahmoud Darwish, "Nuhubb al-hayat," in *Mahmud Darwish: Mukhtarat sh'iriyah wa nashariyah* (Dubai: al-Manhal, 2011), 212–213.
14. 'Abd al-Hamid Siyam, "Safqat al-qurun bayn khiyaray al-intihar wal- intisar," *'Arab 21* (online), May 10, 2918, found at https://arabi21.com/story/1179694/صفقة-القرن-بين-خياري-الانتحار-والانتصار
15. Rita Giacaman, Harry S. Shannon, Niel Arya, Hana Saab, Will Boyce, "Individual and Collective Exposure to Political Violence: Palestinian Adolescents Coping with Conflict," *European Journal of Public Health*, vol. 17 (2007): 361–368.
16. Rita Giacaman, "Reframing Public Health in Wartime: From the Biomedical Model to the 'Wounds Inside,'" *Journal of Palestine Studies*, vol.47 (2018): 9–26.
17. Hortense Spillers, From "Mama's Baby, Papa's Maybe: An American Grammar Book," in *Black, White, and in Color: Essays on American Literature and Culture* (Chicago, IL: University of Chicago Press, 2003), 206.
18. Ngũgĩ wa Thiong'o, *Decolonising the Mind: the Politics of Language in African Literature* (Nairobi: East African Educational Publishers, 1992); e.g. 6.
19. Boaventura de Sousa Santos, *The End of the Cognitive Empire: the Coming of Age of Epistemologies of the South* (Durham, NC: Duke University Press, 2018), 63–86.
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