

## **Fear in an Israeli Psychologist and His Patient: Lessons Learned in Times of War**

Michael Shoshani, Tel Aviv  
[mbshoshani@gmail.com](mailto:mbshoshani@gmail.com)

The war between Israel and the Palestinians, as well as the larger conflict between Israel and its Arab neighbors, is, regrettably, still raging. Israelis are therefore living in extreme adversarial circumstances. Yet for many years parts of the psychoanalytic community in Israel were, to a certain extent, oblivious to the influence of the adverse circumstances of war on therapy. This article discusses the dilemmas of psychoanalysis in a unique context: that of Israel as a society fearing war and terrorism. However, the questions this article explores regarding the role played by external reality in therapy are becoming increasingly relevant in a broader context especially, as terrorism becomes a serious concern for every member of Western society.

In the past, psychoanalysts were trained to see the external reality as nothing more than a shadow of internal reality. As recently as a quarter of a century ago, an interpretation that offered castration anxiety as an explanation for the fears and anxieties of soldiers who were traumatized in the First Lebanon War (1983) was plausible by at least some analysts. Today it sounds like a caricature of psychotherapy, but at that time our horizons did not extend further than the strict intrapsychic ultra-orthodox model of mind.

I would like to share with you one vignette, taken from my practice that illustrates the issues at hand. The sessions to be discussed took place during the Second Lebanon War (2006), during which a patient exhibited an attitude of haughty disregard towards the dangers of the war, triggered a countertransference reaction on my part that caused a stalemate in therapy.

Ron is a bright young man, with a Ph.D. in natural sciences, and has been with me in analysis, five times a week, for the last three years. Ron is a difficult-to-reach patient. During one session, two weeks into the war, Ron came into the room looking happy and exhilarated, saying he wanted to go to Haifa and Kiryat Shmona (in the north of Israel) to roam the streets, as the experience seemed fascinating to him, and he could not understand why people were frightened and sitting in shelters. I felt that Ron was treating the bombs being dropped on those northern settlements with oblivious joy and was excited about the opportunity to relish the experience. It was clear that worry and fear were not a part of Ron's immediate experience. Was he not afraid? Or was he too afraid, and unable to bear and admit it? Indeed, when I asked Ron whether he was not slightly afraid, Ron answered with euphoric arrogance: "Why? What is there to fear? Don't tell me that **you** are afraid."

Ron expressed an attitude of elation and overconfidence, denying the dangers of the war and disregarding the risks faced by people he knew who either were living in the north of Israel, where people were under missile attacks, or serving as soldiers in Lebanon. His desire to go to the north showed complete disregard for the fact that he might be

endangering himself with such a trip and similar disregard for his family's potential feelings about such a decision.

The sessions discussed above were held during the first two weeks of the war. During that period, I was living in Tel Aviv and was not exposed to immediate danger, although there was a looming threat that Lebanon might increase the range of the missiles, enabling them to reach Tel Aviv as well. My daughter's fiancé was a soldier in combat, performing a dangerous role in Lebanon. My daughter, who was in a sensitive emotional state, had returned to our home, and her worries and anxieties were a living presence in my mind. Ron's blank emotional reactions and vain behavior, in the context of my emotional circumstances, created a complex and intense transference and countertransference configuration.

All of my attempts to get in touch with other self-parts of Ron with which I could empathize did not bear any fruits. I found myself annoyed, angry, and alone in my fear and worries. I felt we had reached a dead-end: Ron was deeply entrenched in his dissociation from fear and the grim realities of the war, and therefore, I thought, I could not reach him. There arose in me feelings of helplessness and incompetence, as well as piercing questions regarding how one helps individuals who lack an ability to contain fear and feel ashamed, or, put differently, an ability to bear feelings that are causing psychic pain.

In one of those frustrating sessions with Ron, I found myself having flashbacks, which gradually developed into memories, of some awful events from the Yom Kippur War. These flashbacks and memories have come to haunt me from time to time over the past thirty years or so. At times, I can see pictures of dead bodies and injured soldiers, like in a silent movie, while at other times I see the same visions but accompanied by sound.

At the time I was stationed in the Golan Heights in an armored infantry platoon of soldiers who had come from abroad to volunteer. After ten days of hard fighting in the Golan Heights and being wounded, and after recovering, I went down with my platoon to Sinai. One night, we crossed the Suez Canal and landed in a deadly ambush by an Egyptian commando unit positioned on a high dirt battery. My platoon lay about 20 meters below them with no hiding place. The Egyptian unit fired upon us continuously with machine guns. We were like sitting ducks. The ambush continued for a whole evening and night (from 7 P.M. until 5 A.M. the following morning). Of the platoon's fifty or so soldiers, more than half the force was either killed or wounded.

During that war, and particularly during that bloody ambush, I learned one of the most important lessons of my life. The platoon I had joined was formed from soldiers of diverse backgrounds who did not know one another before. Amongst the soldiers there were two very "manly" fighters, from special units, who were overjoyed at the prospect of battle. I remember being impressed by and envious of their robust appearance. What aggravated and diminished my emotional balance further was that most of the time I was afraid and very ashamed of being afraid. I also feared being exposed as a coward. They, on the other hand, were really macho, strong and full of self-assurance. But what

happened to these two soldiers during the deadly ambush left me stunned; it was they, the super-manly soldiers, who could not face the helplessness and the fear of dying that was hovering over our heads. One of these two soldiers rose up in the middle of battle and started to flee, a seemingly suicidal act, given that we were under murderous fire, and indeed he was shot and killed immediately. The other fighter entered a state of shock and started foaming at the mouth. With the combined efforts of several soldiers, we took care of him and managed to save him from strangulation and certain death. For many months I was preoccupied by an attempt to understand what had actually happened there, which seemed to me at the time to be an insolvable paradox. During the attack, I and several soldiers lying near me were in a state of extreme fear, yet we continued to function on automatic pilot. The “manly” soldiers, on the other hand, who had never acknowledged any fear, broke down in ways that proved life-threatening.

While totally absorbed in these memories and thoughts, I suddenly and vaguely heard Ron’s voice, challenging me, “Don’t tell me you’re scared.” I answered that I felt some fear, and that I was concerned. I did not want to expose the significant gap between his emotional stance and mine, and hence I refrained from admitting the full extent of my fear, as I thought this would have drawn him further from his feeling of fear. Ron’s blatant disregard for my feelings continued as he told me that he did not believe me, that this must be a therapeutic manipulation, and that “just as I thought, you are not really scared.”

This saddened me and I felt dull, devoid of ambition to help Ron reach the point at which he would be able to feel connected to other parts of himself, including a part that could contain fear. Later on I was able to realize that by blocking off his own thinking and feeling, Ron was fending off the threatening encounter with. At that time, I was preoccupied with my own fears, shame and agony, remembering my experiences in the Yom Kippur war.

After a while, I found myself thinking about the extreme contrast between his “lack” of fear in the present situation and a psychotic panic he had experienced two years prior. At that time, Ron had telephoned me (this was the first and only time he has done so throughout the years of the analysis) in panic, saying that the girl he had been dating “attacked” him and tried to kiss him. He said he felt as though a monster from another world was going to devour him. Two days following that event, he turned to me on the couch and said that my mouth stank, and that if I did not take care of it, he could no longer stay in analysis (there seems to be no need to elaborate on the level of psychotic fears that both mouths were threatening to devour him).

My personal memories from the Yom Kippur War, along with memories of the psychotic fears of my analysand and his limited capacity to contain any intervention expressing an understanding even slightly different from his, caused me to tell him, in a hesitating tone, that we all need to learn to be able to be afraid. I added that the conditions suitable for this discovery had yet to form in his life. I said that I understood his feelings, as we all find it very frightening to be afraid. He replied, “You’ve started to confuse me again. All my life I have learnt how not to be afraid, and here you come and turn things upside

down, telling me that I need to learn to be able to be afraid, as if being able to be afraid is a strength.” I told him I knew that most of his life, especially since the traumatic and shameful events he had experienced in kindergarten and elementary school (both of us knew to what I was referring to), he had tried very hard to suppress his fears, and that therefore my advice was confusing. I then asked Ron to consider which party was “more afraid,” a person who exhibits fear when facing extreme danger or one who does not exhibit fear while facing extreme danger. Ron said, “What do you mean? The answer is crystal clear.” I replied that there is often “more than meets the eye.” Ron was silent, and seemed to contemplate this notion. I thought that although my statements seemed perplexing for him, they had struck a chord, and perhaps Ron was able to see some truth in them.

What was perhaps even more important took place in the following session, two days later. In that later session, Ron said that he was thinking once more, as he had many times before, about the issue of fear. Although he was still not able to connect emotionally to what I had said, it now made sense to him cognitively. Ron stated that he believed it was true that people who can tolerate and be in touch with their fear are probably stronger than those who cannot experience and bear it. Ron added, in a non-confrontational manner, “Michael, I want to ask you something: why is it so important for you that I admit that I am afraid?” Frequently, in analysis, the best guidance one can receive is from the patient.

I remember I felt exposed and ashamed, yet also relieved. I felt that Ron had removed an intrapsychic—as well as an interpersonal—blockage. I had some hesitations as to whether to share with Ron the essence of my traumatic experience during the Yom Kippur War and my concerns regarding a family member who was fighting in Lebanon at the time. Eventually, I decided to share this information with him. I briefly told him of my experiences during the Yom Kippur War, without sharing my conclusions about my experience, which I will discuss shortly. I also told him that a member of my extended family was currently fighting in Lebanon. I admitted that his question had a ring of truth for me and that I had not been aware of pushing him to admit he was afraid until he voiced his question. I added that I thought the two events I had shared with him had affected me in ways I was not aware of and had caused me to try to induce him to confess his fears. Ron was very moved by my honesty and grateful for my sharing with him my memories and my current concerns, he said that he did not recall in the three years we had been working together such a disclosure on my part and that I was probably going through a rough time.

In response, I asked Ron what his thoughts were regarding my insistence that he admit he was afraid, now that I had shared with him two intimate thoughts. Often, I ask my analysands to try to reflect upon unexpected and surprising statements or behaviors of mine. Over the years I have concluded that this practice aids and enriches my understanding of my own inner workings (countertransference in the broad sense of the term), as well as the relationship between myself and my patients. It also contributes significantly to the feeling that analyst and analysand are a team working together, decreasing the feeling of asymmetry and increasing mutuality. I am not the only one who

can see and interpret; the patient can also see and interpret. In this regard, Ron said many interesting things, on which I shall not further elaborate here.

Later that night, I had what to me was a very interesting insight. I asked myself whether it was possible that I had unconsciously orchestrated the whole scene wherein I would have to tell Ron my memories of the Yom Kippur war, as well as my present worries, because I needed the acknowledgement of the traumatic events I had experienced and of my current fears. It reminded me of a woman patient of mine who was raising an autistic child, then seven years old. She often expressed her agony and desperate need to hear from her autistic daughter the word "Mommy," which she had never heard. Perhaps, in a similar vein, I needed my patient's recognition of the horrors I had experienced and the fear I was experiencing at that time. I was of two minds: on the one hand, it seemed that I needed this recognition for myself as a person, and on the other hand, it seemed that I needed this recognition as an analyst. Like my patient who needed to be acknowledged as a mother, I needed the acknowledgement of these fragile parts in me in order to be able to summon my stronger self-parts as an analyst. However, I also considered the possibility that what I had experienced was a counter-transference reaction that should have been taken care of, understood and resolved by myself without allowing it to interfere in the psychoanalytic process. This very important issue of our need for recognition as human beings and as therapists has many implications. In line with this, we should also pay attention to the patient's needs at different stages of the analysis. In other words, we as therapists should consider at any given moment what the patient can bear knowing about the therapist, what the patient needs to know, and what the patient should not know. Similarly, attention should be paid to what the therapist needs the patient to know and what the therapist needs the patient not to know.

I felt that Ron and I were able to move closer to allowing him to experience fear, even if only by a few inches. Our achievement related to my being able to reconnect to the experiences of the Yom Kippur War, to re-experience the envy towards the two seemingly fearless men, to be in touch with a terrible fear of dying, to re-live the shame of the betrayal of my body at the time of the ambush and to hold on to my current fears for my future son-in-law fighting in Lebanon. Empathizing with these fragile parts of myself, and sharing them with Ron, I became aware that Ron really needed his manic and dissociative defenses in order not to collapse, in a manner similar to the two soldiers in the Yom Kippur War. This understanding enhanced my ability to change my emotional attitude toward Ron. To put it in different words: I believe that my self-analysis has helped me to empathize with Ron's defenses against experiencing fear. The more I was able to accept my fears, the more I was able to accept his inability to experience fear.

In complete agreement with Bollas (1979) and Steven Stern (1994), I believe that the transformation begins within the analyst as he aims to create a distance from the emotional countertransference. The analyst remembers the traumatized child within himself and then the traumatized child within the patient, whose developmental and relational needs have been thwarted and for whom the relationship with the analyst is yet one more version of re-experiencing his past trauma. This perspective enables the analyst to gradually shift towards a new affective response. This affective shift within the analyst

ends the vicious cycle and signals the analyst's availability as a new object. I believe that Mitchell was referring to similar issues in the following paragraph.

The analyst discovers himself as coactor in a passionate drama.... The struggle is toward a new way of being with the analysand.... The struggle is to find an authentic voice in which to speak to the analysand, a voice more fully one's own, less shaped by the configurations and limited options of the analysand's relational matrix, and, in so doing, offering the analysand a chance to broaden and expand that matrix. (Mitchell, 1988)

The transformation of my relationship with Ron, resulting from the removal of the blockage, had opened a path within Ron. But more importantly, it had opened a path within me that allowed me to more fully reconnect with Ron's traumatic childhood experiences that shaped his incapacity to contain fear and shame. In his youth, Ron's father had adored him, calling him "my precious." But then, suddenly and without explanation, he rejected him and dropped him emotionally at the age of six, for reasons that were not understood. This sudden and unexplained falling from grace left Ron with a basic feeling of inadequacy and awful shame. His mother, because of her own fragility, instead of responding to Ron's needs, made him accommodate to her "own gestures" (Winnicott, 1965). This left Ron struggling for his psychic survival. His personality organization has been crystallized in such a way as not to allow him to be in touch with fear or shame, as these feelings may endanger the very foundation of his extremely fragile psychic structure.

Following my emotional shift, I was more inclined to share the shame inflicted on him by his grandiose self. I thus helped him to contain and share the burden of fear and shame, as two men who dared to be human. The more Ron could experience his imperfection and frailty while being supported by me, the more he could, gradually, let go of his defenses. Ron has completed a significant part of his journey, as demonstrated by his ability to partially give up on the omnipotent position, though the process was and is still far from over (I am not sure whether any of us will ever complete this journey). Only recently, almost a year later, Ron and I have started to discuss openly his fears during the Second Lebanon War, which is a significant accomplishment.

### **A Short Discussion**

As described above, Ron's analysis took me back to the traumatic events of the Yom Kippur War. It took me many months to realize that the ability of the soldiers in his unit to bear their fear was the very thing that kept them from entering a state of shock, which, under those particular circumstances, would have had deadly consequences. One can argue that the ability to bear and to feel fear was what kept the other soldiers sane. The two soldiers who were unable to be afraid collapsed during the most trying moments. Years after the war, I arrived at the understanding that in most cases, people who have the capacity to be afraid actually fear less than people who seemingly "aren't afraid at all." Feelings of frustration, anxiety, guilt, shame, fear and helplessness are among the most difficult of all emotions to contain. The question which I had struggled with was the

“dosage of fear” one should be able to tolerate and contain so that on one hand, it will not paralyze and immobilize him, and on the other hand, it would not cause the person complete and massive denial resulting in a mental collapse during a severely trying time. One could say that there is a negotiation going on internally between the denial of fear and the overcoming of fear. To put it in other words, there seems to be dialectic relationships between fear which is owned by “me” and fear that is disowned and is transferred outside to the “not me”. There is supposed to be some elasticity between the “me” and the “not me” so that the schism between them will not be too extreme. People will go to extraordinary lengths, distorting reality and bending perception, in order to avoid coming into contact with these feelings. People who cannot endure psychic pain end up suffering the most, just as the two seemingly fearless soldiers suffered as a result of their inability to get in touch with and bear their psychic pains: the emotions of fear, shame and helplessness.

I am convinced that there is a strong link between a person’s capacity to bear and contain psychic pain and that person’s mental health and ability to truly live, not merely survive. In my opinion, two of the primary functions of a therapist are, *first*, to allow the patient to experience increasing dosages of psychic pain without demolishing the “floor” of his mental existence, and *second*, to repair his psyche’s “shock absorbers” in order to prevent them from fracturing their mental spinal cord over life’s bumpy roads.

Another way to understand the behavior of these two soldiers, can be gained by using Winnicott’s concept of “fear of breakdown” (1974), one might speculate that both of the seemingly fearless soldiers were in fact protecting themselves by using manic defenses and dissociation processes to avoid reliving a terrible calamity that had already happened in their past, one which was never metabolized, digested and owned by their psyches. These two soldiers, like Ron, exhibited behaviors and attitudes that, as Bion would put it, showed signs of an “early psychological disaster.” People will go to great lengths in order to protect their psychic survival; paradoxical as it may sound, they are willing to sacrifice their corporeal survival in order not to re-experience the calamity of a psychic breakdown that has already happened but has yet to be lived through. So as to illustrate this, we might imagine that this fit the behavior of the first soldier who stood up in the middle of the ambush, a suicidal act serving to terminate the agony of the potential first reoccurrence of the psychic calamity.

Regarding issues of therapeutic technique, I believe that the first and foremost task of the therapist is to look into himself, sometimes into the depths of his own psychic abyss, in order to find a psychic tissue similar to the one to which the patient is referring. Only when I, was able to reconnect with these parts within my psyche was I able to reconnect to my patient, Ron. Interpretations are not intellectual constructions; they should come from a compassionate element within us. Yet even this may not be enough. Interpretations should allow the patient to feel and recognize that the therapist not only knows what she is talking about, but also has experienced similar painful emotions. Ron’s question was the trigger that removed the deadlock in the therapeutic process. It is my contention that patients, as well as children, very often tell us in multiple ways (verbally and nonverbally) what they need so that the impasse can be removed. It is we

therapists (as well as parents) who are quite often hard of hearing. We are very lucky that both children and patients are very patient with us; they repeat their requests time and again, until we are able to listen and hear them. This is another way of saying that a transformation starts within the analyst.