Sociopolitical Enactments as Arenas of Mutual Vulnerability: Psychotherapeutic Experiences During the War Between Israel and Gaza in the Summer of 2014

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The understanding that sociopolitical, cultural, and socioeconomic spheres always play a part in psychotherapeutic endeavors forms a central aspect of the relational premise. Nevertheless, the literature rarely relates to psychotherapeutic interactions in which patient–therapist exchanges involve sociopolitical disputes or discussions. The main thesis of this paper suggests that the sociopolitical context in which the psychotherapeutic process takes place tend to serve as an arena of mutual vulnerability (Aron & Starr, 2013) between patient and therapist out of which Sociopolitical Enactments characterized by a curative potential tend to emerge, especially during times of war and horror. Two very different Sociopolitical Enactments that took place with patients in Tel Aviv during the war between Israel and Gaza in August 2014 are presented, followed by a literature review and conceptualization of Sociopolitical Enactments as arenas of mutual vulnerability that explicitly or implicitly facilitate working through processes of traumatic self-states, challenge binaries, and open up ways for inquiring power relations in the therapeutic alliance and beyond.

In this paper, I suggest that the sociopolitical context in which the psychotherapeutic process takes place tend to serve as an arena of mutual vulnerability (Aron & Starr, 2013) between patient and therapist out of which Sociopolitical Enactments characterized by a curative potential tend to emerge. As Aron (2013) argued, the ethical and interpersonal conditions that are created when mutual vulnerability is acknowledged can challenge the binary experiences of strong and weak, perpetrator and victim, certain and doubtful, patient and therapist, opening up pathways for experiencing and taking mutual responsibility for feelings of guilt, shame, helplessness, pain, dread, and devastation, as well as wishes for safety, love, and freedom of patient, therapist and their human environment.

The understanding that sociopolitical, cultural, and socioeconomic spheres always play a part in psychotherapeutic endeavors (Altman, 2010; Dimen, 2011; Hewitt, 2007; Layton, 2006; Rozmarin, 2009; Samuels, 2004; Sucharov, 2013; Ullman, 2006) forms a central aspect of the relational premise. Although the sociopolitical context of psychotherapy endeavors is unquestionably more pronounced and complex in conflicted areas—and even more polarized and volatile in the context

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of the trauma of war—the literature rarely relates to psychotherapeutic interactions in which patient–therapist exchanges involve sociopolitical disputes or discussions (Samuels, 2004).

This paper describes enactments with two patients in Tel Aviv during the dark days of the war between Israel and Gaza in August 2014. During the war, Israel bombed Gaza, many children and civilians being killed and injured, while Gaza fired missiles at villages and kibbutzim in southern Israel, using underground tunnels to invade Israeli territory and engage in terror attacks. Although far fewer Israelis were killed or injured, the Israeli society as a whole was terrorized, strongly identifying with the families of the dead and injured soldiers and civilians.

The majority of the Israeli Jewish population supported the army's actions, believing Israel to be defending itself against Hamas as a terror organization dedicated to destroying Israel. The exposure of the underground tunnels between Gaza and Israel immediately raised repressed fears of collective slaughter associated with the Holocaust and the Israeli ethos of "never again." Other, much less dominant voices questioned the legitimacy of using massive weaponry in civilian areas, even for the purpose of defense. Minority voices in Israeli society asserted that Israel was the aggressor, acting unethically under the guise of self-defense in order to deter its opponents. Those who questioned the legitimacy of the war were attacked, threatened, and labeled as traitors or self-hating Jews identifying with the enemy.

Those—myself included—who believe Israel to be both fighting for its existence and aggressive felt confused and trapped. I found it almost impossible to reconcile the shame and rage I felt with regard to the massive bombing of Gaza with my identification with the horrific experience of southern Israelis, the fear of Islamic rhetoric proclaiming Israel's destruction, and my concern for the sons of my friends and family serving as soldiers. The acknowledgment that an agreement to end Israeli–Palestinian conflict is becoming more and more remote, and that many innocent people on both sides continue to be trapped in mutual mistrust was and is devastating.

After presenting two clinical interactions with my patients, Ilana and Dina, that took place one day during the war, I review the literature regarding the incorporation of sociopolitical exchanges into the therapeutic process in general and in time of war and conflict in particular. Inspired by the literature review, I suggest to conceptualize the condensed and meaningful sociopolitical exchanges that occurred in the two cases as Sociopolitical Enactments that emerged out of a field of mutual vulnerability that was created in the therapeutic dyad, illustrating how their working through can enable access to dissociated experiences of self and other in patient and therapist.

CLINICAL MATERIAL

Ilana is a 35-year-old radical left-wing activist who has been in therapy for 10 years. From early childhood she felt herself to be abnormal and deviant. As the younger sister of two brothers, her conservative parents hoped she would be a princess, exemplifying feminine qualities of softness, beauty, and sensitivity accompanied by deep care and empathy for others. Contrary to their wishes, she became a tough, assertive, and opinionated tomboy. As she grew up, she tended to form a connection with one or two good friends—boys and girls—against the rest of the pack, having to deal with insults, fights, aggression, and despair. Constantly feeling rejected and unaccepted by her peers and family and suffering from severe self-hatred, she

simultaneously felt herself to be a failure in her parents' eyes, not meeting their expectations, and superior to them and others.

She strongly identified with her authoritarian father, who regarded her as powerful and resourceful—if she would only make the right decisions. They confronted one another on numerous issues, each holding rigid and egocentric positions. Ilana harshly criticized her father for his judgmentalism and aggressive behavior, unaware of her own similar tendencies. She described her mother as a victim of her parents and husband who passive-aggressively criticized Ilana by sharing with others her worries about her. Believing things would be better for Ilana if she would accept normative demands and collective expectations, her mother constantly complained to others that her concerns over Ilana's social conflicts were affecting her own health.

Ilana had been active in human rights organizations identified with the radical left-wing since her early adolescence. Adopting a condescending attitude toward her high school friends and close family, she perceived them as collaborators with the Israeli occupation of the West Bank and Gaza Strip. Identifying completely with the unjustified suffering of the Palestinians, she regarded the Israelis as cruel aggressors.

In the therapeutic relationship, Ilana began to experience herself as accepted, empowered, lovable, and productive, our discussion of her professional-political activities helping her to feel meaningful and worthy. The therapy engendered a deep co-empathy around the painful rejection she experienced in her family and social relations, a formulation of her deep experience of not belonging, and a co-narration of her battle against her father's attempts to control her life and her mother's wishes for her conformity.

As time passed, we also began to discuss her difficulties in experiencing and expressing empathy toward the meaningful others in her life as well as herself, together with her tendency to function as an agent provocateur even in groups with policies and activities that she endorsed. Making place for more than one truth was a major therapeutic theme. When I shared subjective reflections, perceptions, and attitudes that differed from hers, she became more and more able to make use of the dialogue to inquire into her own experiences. I encouraged her to explore and understand the multiple experiences of the meaningful others in her life—including their traumas, pains, and needs—to mitigate her aggressive and judgmental attitude toward them.

The therapeutic process also developed via a variety of enactments, most of which revolved around her experience of me as incapable of understanding her and my irritation and frustration in the face of what I experienced as her tendency to interpret events in a binary and judgmental fashion.

During the second week of the war, Ilana shared the trauma of aggressive attacks mounted by militant right-wing activists against left-wing activists protesting the war. These involved branding the latter as traitors and actual physical assaults. We shared the horror of feeling that the right to protest against war was being undermined and democracy threatened. She expressed her feeling that Israel was a fascist society, excluding all moral voices. Despite agreeing with her in principle, I found it more and more difficult to identify with her feelings and opinions, so harsh and righteous was her tone, resisting the split between "bad Israelis" and "suffering Palestinians" upon which she insisted. At the time, my daughter was serving as a soldier near the border and I was hosting friends who had had to leave their house in the south due to the missiles, as well as supporting the son of friends who had lost a few of his friends during the fighting.

At this juncture Ilana stated: "I believe that the Israeli government is manipulating fear of the tunnels as a means of gaining support for the war." Although I no longer remember

precisely what I said in response, this statement enraged me. I became furious, feeling a violent urge to ask her to leave the room and never return. Barely managing to control myself, I told her that I could not stand her lack of empathy for Israeli fears, that her one-dimensional stance and denial of the Israeli experience hurt me personally, and that a dialogue cannot efface the other side, this attitude being why many Israelis refuse to heed or identify with the peace camp. For a while, I had no room for understanding or holding her. I felt tired and exhausted. All I wanted to do was to leave the office to find and hug my children.

When I managed to calm down, breath, and think again, I found her overwhelmed and muted. In contrast to her typically aggressive reaction, she was helpless and speechless: "What did I do to you?" she asked. I shared that I had experienced a fierce reaction to her perception that the fears regarding the tunnels were being manipulated and was trying to figure out what had happened to me. As the minutes passed, I began to understand just how violently I had reacted. Experiencing her interpretation of the situation as dangerous and threatening, I had attacked her as though she represented a danger to my existence and those dear to me. Ashamed that I had abandoned my role as therapist, I tried to explain to her that her reading of the situation was so threatening and intolerable to me that I instinctively resisted it. I apologized for not being able to contain the differences in our perception of the situation and betraying my role as therapist, expressing my concern over how much I had hurt her.

She asked: "But why? Why did you react like this?" I tried to explain that something in her attitude had frightened me to such an extent that I had become blind to her experience and totally subject to my own anger and fears. While I was occupied with taking responsibility for my abandonment of her, she sought to understand why I felt so threatened.

Several hours later, I met Dina for our scheduled session. A direct, blunt, assertive 45-year-old lawyer accustomed to achieving her goals and the mother of two adolescents, Dina began therapy a year ago to deal with marital difficulties. Our sessions focused on these, recognizing the gap between her alienation from her husband—expressed by her withholding of intimate contact—and her wish to remain married to him.

As during most of the therapeutic sessions that took place during the war, we began by relating to outside events. In response to her comment: "What a catastrophic situation," I instinctively answered: "Innocent people are being killed on both sides." This evoked a furious reaction from Dina: "Don't start with a pathetic, naïve show of care for the children of Gaza. I don't mind how many children are killed there. We have to take care of our own children and soldiers. We have to strike them as hard as we can so that they will learn not to hurt us. I can't stand people who care about their children at the expense of our children." Now it was my turn to be dumbstruck. "OK," I said, "I understand." After a momentary silence, Dina began sharing and processing with me her fights with her husband and ambivalence toward the marriage.

Dina's mother died when she was 10 years old. Her paternal grandmother took care of her and her elder brother while Dina's father devoted himself to his work and then his second wife. Her grandmother survived 3 years in a concentration camp, during which she was raped on a regular basis by a Kapo. Only learning her grandmother's horrifying history after her grandmother's death, Dina was unable to shower in bathrooms where the shower stall is fixed to the wall because of its association with the gas showers in the concentration camps. On the initial stages of therapy she shared with me that she had once had a dramatic fight with her husband after she discovered he had installed just such a shower, not understanding how he could do so knowing her grandmother's life story. Although we never returned to this overwhelming conversation, I was

constantly aware of it in all our subsequent sessions, my mind repeatedly going over her harangue and pondering on its associations with the sufferings her family had endured.

Ilana and I, on the other hand, devoted much time and energy to explore what had happened in that explosive meeting. She wanted to know whether she had done something wrong. Connecting my reaction to the anger that many meaningful people in her life exhibit toward her, she asked why she annoys people so much. I shared with her my feeling that my response had been prompted by the threat I instinctively felt hearing her categorical statement that Israel was manipulating the fear of the tunnels to gain support for the military operation. I suggested that our collusion represented a painful relational pattern for both of us. Above all, however, I invited her to share what she felt and experienced when, unable to contain her perceptions, I had attacked her.

It took some time before Ilana was able to make contact with the fear and anger she experienced and engage emotionally with my attempt to take responsibility for not being able to contain her and myself in that session. Only after she found a way to express her disappointment and anger did I feel free to co-interpret the incident as representing the difficulty she finds in feeling empathy toward herself and the meaningful others in her life while giving unconditional support to individuals and groups she perceives as the Other. Both of us felt that the working-through process of this dramatic session created a meaningful therapeutic channel through which to process her interpersonal experiences.

THE SOCIOPOLITICAL DIMENSION AS THERAPEUTIC ARENA

I believe these therapeutic vignettes illustrate intersubjective patient–therapist interactions that, rather than representing a disruptive and harmful invasion of stressful and conflictual collective reality into the psychotherapeutic arena, evince the curative potential of sociopolitical interactions between patients and therapists, especially when extreme, highly stressful, and conflictual sociopolitical circumstances take place, due to the arena of mutual vulnerability (Aron, 2013) that is created in such circumstances.

According to Shoshani, Shoshani, and Shinar (2010), therapists find it difficult to preserve therapy as a "safe place" during times of war and conflict because "the dynamics of both the analyst's and the patient's fear and shame are brought into focus" (p. 285). Suggesting that the personal and social defenses that protect both patient and therapist from experiencing fear and shame frequently lead to a stalemate in the therapeutic process, they demonstrate how the mutual therapist–patient working through—including the deep processing of the therapist's traumatic experiences in previous war situations—enables the dyad to process the impasse. Hereby, therapist and patient can come to a mutual acknowledgment and formulation of their previously dissociated and enacted fear, horror, and shame.

The psychotherapeutic vignettes just described relate to a specific kind of condensed and highly charged intersubjective exchanges between patient and therapist during times of collective conflict and dread. In these interactions, patient and therapist political opinions and stances become part of the therapeutic dialogue—including discussion of their perceptions of national policy and military actions (e.g., discussion of moral and pragmatic justifications of the war, questioning whether the war was actively initiated by the nation or thrust upon it, and challenging the moral legitimacy and efficacy of military actions).

Sociopolitical exchanges within the psychotherapeutic dyad are rarely addressed in the literature. Authors that relate to the issue (e.g., Gerber, 1990; Samuels, 2004) offer two alternative approaches to incorporating sociopolitical, environmental, and cultural topics into the psychotherapeutic arena. The first discusses the extent to which therapy is used by patient and therapist as a space for sharing and processing sociopolitical issues as part of the dyad's mental–existential–experiential context. The second adduces the therapist's role in advocating sociopolitical values and stances both generally and specifically in the context of helping a particular patient.

Herein I focus primarily on the legitimacy and meaning of political discussions and disputes between patient and therapist. Challenging the premise that therapy contains no room for political material, Samuels (2004) called for the development of channels that can incorporate these "taboo materials" (p. 828) into the clinical work. In his report of a survey conducted among therapists (Samuels, 1993, 1994), he noted that despite a growing tendency among patients to reveal their sociopolitical views, most of the respondents did not regard political material introduced by patients as forming a natural part of the therapeutic process. Many complaining of a lack of training, supervision, and reading material with respect to this issue, Samuels (2004) argued that the repertoire of therapeutic interventions should include (a) an exploration of the ways in which both therapist and patient are immersed in the social order; (b) an inquiry into the influence of "nonpersonal fields" that do not personally affect the patient's world (e.g., domestic violence and social injustice); and (c) techniques for managing therapeutic situations in which the therapist is faced with sociopolsitical attitudes and opinions voiced by the patient which she or he finds offensive, unethical, unreasonable, unpleasant, and so on. The latter aspect is most directly relevant to the clinical exchanges presented in this paper.

Gerber (1990) also suggested that patients and therapists refrain from incorporating sociopolitical concerns into the therapeutic discourse due to ethical concerns that lead the therapist to seek to maintain "value free" work out of fear of imposing his or her opinions and interests on the patient; hopelessness and helplessness in the face of sociopolitical threats; a defense against the recognition of death threats, the classical psychoanalytic focus on the past rather than the present; an emphasis on regression in the therapeutic alliance while concentrating on the inside rather than the outside world; and a focus on individual rather than collective well-being and connectedness to the community. She described how her practice of questioning patients about their sociopolitical concerns during the early stages of therapy promotes increased dialogue about death, the meaning of life, and connectedness to the world and others.

Following Rozmarin's (2009) call to perceive sociopolitical exchanges between patient and therapist as an essential dimension of the therapeutic process, I would like to suggest that these exchanges can be conceptualized from a relational perspective as representing the curative and complex role of the intersubjective exchange between patient and therapist on both an implicit and explicit levels (Aron, 1996; Benjamin, 2004; Ferenczi, 1932). More specifically, I would like to address situations in which the sociopolitical exchange is experienced as an enactment, defining such psychotherapeutic interactions as "Sociopolitical Enactments" that emerge from the mutual vulnerability of patient and therapist from within the sociopolitical context in which the therapeutic dyad takes place.

DEFINING SOCIOPOLITICAL ENACTMENTS

The relational literature (Aron, 2003; Bass, 2003; Jacobs, 1986) identifies enactments as a dimension of the transference–countertransference relationship that involves mutual conscious and primarily unconscious intersubjective patient–therapist engagement—an engagement that enacts affectively charged interactions between repetitive significant relational patterns in both patient and analyst while also representing the meaningful genuine relational interactions created between them. Bass (2003) identified two kinds of enactments: (a) enactments— ongoing mutual intersubjective engagement between patient and therapist, and (b) Enactments—dramatic condensed interactional episodes experienced as ruptures or break-throughs in the therapeutic process that necessitate a meaningful working-through process. Both types blend new and old (Mitchell, 1993), rigid and genuine, unconscious and conscious, unformulated and formulated (Stern, 1983) patient–therapist relational interactions. Relational theorists (Bass, 2003; Bromberg, 1998) maintain that working through processes of Enactments creates a potential for psychotherapeutic change, as the intensive intersubjective encounters that characterize these processes enable access to dissociative self-states and the emergence of new relational patterns. This integrative process is facilitated by mutual inquiry into similarities and differences in the experience of the self, the other, and the relationship (Benjamin, 2004). Following Bromberg (1998), Bass (2003) stressed that the simultaneous experience of a variety of self-states that are on occasion conflictual by both therapist and patient is essential for processing the enactment.

Inspired by Black's (2003) paper, Bass (2003) suggested that the transformative therapeutic potential of enactments does not always necessarily involve content analysis or linguistic translation of the enactment into cognitive conceptualization, because "sometimes the thera-peutic power of the experience is in the experience itself, untranslatable" (p. 673).

Addressing the question why the concept of e/Enactment is widely used, Bass (2003) argued,

> With the adoption of the term, analysts of different theoretical orientations have come to share a common language with which to discuss aspects of their analytic experience that for many years were shrouded and inaccessible to the cross-fertilizing currents of dialogue we now enjoy. (p. 658)

The conceptualization of the psychotherapeutic events just described as psycho-political enactments paves the way for perceiving them as a dimension of the psychotherapeutic endeavor that can have meaningful curative aspects rather than violating the scope and boundaries of the therapy. Relating to this kind of interactions as a failure or unwanted invasion of the outside world into the private therapeutic space may harm the curative potential of the therapeutic process by encouraging dissociation processes rather than facilitating the revitaliza-tion of the patient's dissociative mental states through processes of mutual dyadic exploration (Benjamin, 1988, 2004; Bromberg, 1998).

This conceptualization represents the core relational idea that working through multifaceted patient–therapist intersubjective exchanges via implicit and explicit processes of mutual recog-nition (Benjamin, 1988, 2004), formulation (Stern, 1983), "meeting of minds" (Aron, 1996), "standing in spaces" (Bromberg, 1998), and the co-creation of therapeutic narratives (Mitchell, 1993) is essential for extending and enriching the patient's subjective perception of herself, her meaningful others, and their social world.

I believe it is important to view such conflictual and threatening Sociopolitical Enactments as essential intersubjective psychotherapeutic interactions that encourage the psychotherapeutic dyad to work through the sociopolitical dyadic arena while preserving a dialectic tension between working through collective, interpersonal, and personal themes—rather than as moments of "throwing the book" (Hoffman, 1994).

THE POWER SYSTEM IN THE THERAPEUTIC DYAD AND WORKING THROUGH TRAUMATIC STATES

The premise that the sociopolitical dimension is always an active ingredient of the psychotherapeutic process entails the understanding that all human systems—including the therapeutic dyad—serve as "power systems" in which, being unevenly distributed, power can be misused, be exploited, and cause traumatization. As Sucharov (2013) noted, in many cases the therapist possesses a higher professional, social, and frequently also racial status both in the world at large and in the therapeutic relationship. He or she must therefore be committed to not exploiting it to the patient's harm but rather facilitating an ongoing acknowledgment and exploration of the political power dynamics within the therapeutic dyad. As in other social systems, there is a risk that the patient's voice will be silenced and "frozen in non-dialogic space" (Sucharov, 2013)—especially given the unequal power distribution in those therapeutic relationships in which the patient belongs to a marginalized social group.

I believe that the moments in which I found myself attacking Ilana represented an Enactment evoked by her judgmental attitude, this provoking a violent response from me in an instinctive attempt to control what I perceived as a threat. The Enactment simultaneously echoed our interpersonal exchange and the sociopolitical situation in which we were contextualized—in which most Jewish Israelis strongly identified with the official view of the war as forced on us by a cruel, immoral, fanatical regime in Gaza, being antagonistic to those who suggested that it had been avoidable, that Israel had been the aggressor, unethically attacking the Gazans. My reaction to Ilana reflected not only our personal and interpersonal patterns but also the canonical voice of Israeli Jewish society raised against the minority who regarded the Israeli military actions during the war as war crimes.

Immediately after recovering from my impulsive attack on Ilana, I felt that I had misused my political power as both therapist and representative of the Israeli majority, acting on a survival instinct to what I had experienced as a threat to my existence and that of those I hold dear.

The deep, protracted working through of this sociopolitical Enactment was characterized by my efforts to take responsibility for my attack on Ilana and Ilana's readiness to own her part in its dynamic. My unexpected reaction and willingness to take responsibility for my aggression as well as to explore the extent of my dissociation from my feelings of being threatened, helpless, frightened, and ashamed opened up the way for her to feel the pain meaningful others in her life experience and to touch her own wounds, fears, and needs.

The working through of the Sociopolitical Enactment with Ilana exemplifies how the therapist's readiness to take responsibility for his or her vulnerability and defensiveness in therapeutic endeavors that take place in tensed conflictual sociopolitical contexts can serve as a crucial dimension of the therapeutic process, promoting the patient's and thus the therapist's capacity for mutual recognition, empathy, freedom, and multiple perception of the self, other, and the world.

In the Sociopolitical Enactment between Dina and me, in contrast, Dina attacked me for remarking that "innocent people are being killed on both sides," experiencing this sentiment as infuriating and threatening. Dina's voicing of the canonical sociopolitical Israeli stance that we are fighting for our lives left me speechless in the face of her demand that I relinquish what she perceived as a pathetic, irresponsible, humanistic response to horror and evil. As an Israeli and Dina's therapist, I immediately found myself in what, following Loewald (1960), Orange (2014) referred to as the "ghostly state of the trauma." The "unspeakability of the trans-generational trauma" (Faimberg, 2005) of the Holocaust immediately intervened, preventing us from overtly "speaking" the trauma we were enacting, trapping us in a "doer–done-to" configuration (Benjamin, 2004) on both a dyadic and collective level. Dina expressed the canonical perception that, because we are fighting for survival, any empathy for the suffering of those on the other side is dangerous and self-defeating. The "unspeakability" of the Holocaust trauma—which in many aspects is unprocessed and simultaneously being projected onto and reinforced by the current existential threats we experience as Israelis—precluded an open and explicit dialogical channel for processing the Enactment.

At the same time, however, I believe that Dina and I managed to partially process the Enactment on a profound level via my strong emotional association of it with her personal and our collective trans-generational trauma of the Holocaust—a link of which I feel Dina may consciously and/or unconsciously also have been aware. This enabled me to empathize with her and not just remain silent, a space thereby opening up in which I could feel both the unbearable horror that accompanied her demand that I side with my own nation and the self-preserving aggression from which I dissociated in calling for humanistic empathy at the beginning of session. While we did not discuss the issue verbally, as often happens (Bass, 2003), I believe that we co-shared a reflective space opened up by the "unspoken" association with the transgenerational trauma, which served as an area of mutual vulnerability.

THERAPIST SELF-DISCLOSURE AS A DIMENSION OF SOCIOPOLITICAL ENACTMENTS AND THEIR PROCESSING

The Sociopolitical Enactments just described involved self-disclosure of my opinion regarding the situation in reaction to Ilana's argument that the Israeli government was manipulating the people's fear of the tunnels. Later, as Ilana and I were processing the Enactment, I also disclosed my guilt, shame, and embarrassment from my attack on her and my understanding of the fear, horror, and aggression from which I was dissociating via reference to my personal life experience. In the session with Dina, I likewise shared my view that both sides of the conflict are suffering. I thus used both immediate self-disclosure (my experience of the patient, the therapeutic relationship, and myself in the therapeutic process) and non-immediate self-disclosure (information about my life, opinions, and actions not directly relevant to the therapeutic process; Audet, 2005; Ziv-Beiman, 2013; Ziv-Beiman, Keinan, Livneh, Malone, & Shahar, 2016).

Even contemporary relational psychoanalysts and therapists who perceive therapist self-disclosure (whether intentional or unconscious) as a potentially productive therapeutic process/intervention (Aron, 1996; Maroda, 1999; Renik, 1995, 1996; Ziv-Beiman, 2013) do not relate to the therapist's political stance as information the therapist naturally

discloses, her political opinions customarily being regarded as unsuitable or untypical material for self-disclosure (Gerber, 1990; Samuels, 2004).

I suggest that interactions around highly conflictual and threatening collective socio-political situations tend to invite high levels of therapist self-disclosure, including the therapist's perceptions and opinions regarding the situation. I believe that the variety of my self-disclosures were useful and effective, facilitating a mutual and meaningful exploration of feelings and reactions through the activation of dissociative self-states/self-experiences and their integration with other self-experiences on the part of both patient and therapist. In my opinion, they strongly exemplify Rozmarin's (2009), Samuels's (2004), and Gerber's (1990) contention that ways must be found to incorporate the political as well as the personal into the therapeutic exchange—a highly relevant claim during times of war and conflict.

FRAMING SOCIOPOLITICAL ENACTMENTS AS AN ARENA OF MUTUAL VULNERABILITY AND POTENTIAL DIALOGUE

Adducing Aron's (2013) and Aron and Starr's (2013) conception of mutual vulnerability as forming the ethical and intersubjective bedrock of the psychotherapeutic endeavor, I suggest that in the two clinical situations described earlier, the Sociopolitical Enactment that took place represents the collusion of complementary non-dialogic states in areas of mental life in which the collective sociopolitical situation and personal experiences are undifferentiated. For me, switching so rapidly from representing the canonical Israeli view that the Jewish State is being attacked by a cruel and immoral enemy to expressing the voice of the silenced minority that calls for a humanistic stance toward the other side and for taking of responsibility for our aggression was an extraordinary, overwhelming experience, which I believe I needed to work through by writing this paper and sharing the process with the larger professional community.

The mutual vulnerability strongly present in the two therapeutic events and their processing constituted the ethical and interpersonal conditions (Aron, 2013) necessary for enabling empathy for a wider range of experiences of the self, other, and the summoning of courage to get in touch with dissociated feelings of horror, guilt, fear, shame, and aggression while challenging the binary divisions in the therapy power structure. The acknowledgment that an arena of mutual vulnerability was experienced created a mental space for processing the Sociopolitical Enactments, thereby enabling the restoration of the crucial dialectic intersubjective interplay between good and bad, evil and justice, self and other, on the personal, interpersonal, and collective levels alike.

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