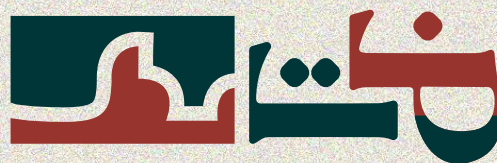


Wounded Healers

**A Liberation Psychology Inquiry into
the Experiences of '48 Palestinian
Psychotherapists in a Time of Genocide**

— Einas Odeh-Haj —

April 2026



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**Wounded Healers: A Liberation Psychology Inquiry into the Experiences
of '48 Palestinian Psychotherapists in a Time of Genocide**

A Peer-Reviewed Study

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April 2026

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Abstract

Since the onset of its genocidal war in Gaza, the State of Israel has significantly escalated its persistent and aggressive efforts to intimidate, persecute, and silence the '48 Palestinians.* These policies have permeated workplaces, academic institutions, and the healthcare sector, including mental healthcare. In this hostile climate, Palestinian psychologists and mental health professionals have had to contend with profound professional, personal, and psychological complexities. Therapists have found themselves constrained by Western paradigms within a framework that seeks to impose an Israeli narrative of trauma and suffering, anchored exclusively in the perspective and lived experience of Israeli society. This study traces the experiences of a cohort of Palestinian therapists and mental health professionals, including those working within Israeli institutions. It explores how these practitioners have navigated the human, intellectual, and professional lived realities of war under policies of silencing and suppression, examining the practical challenges they encountered, the psychological and behavioral coping mechanisms they employed, and the psychological impact of these conditions on their political and professional identities.

This study employs a qualitative methodology rooted in the principles of critical liberation psychology, as a conceptual framework that engages with the lived experiences of oppressed communities through a psychological, political, and social lens. It further explores potential points of convergence between therapeutic selves and the collective Palestinian self. The study aims to make a novel theoretical and epistemological contribution by drawing on the lived experiences of psychotherapists living in an oppressive colonial context—a hitherto unstudied group—and by examining these experiences in their broader psychological, political, and social context.

Introduction

Since Israel launched its genocidal war on Gaza in October 2023, Palestinians have collectively experienced a profound state of shock in the face of relentless, live-streamed violence that assaults both the senses and consciousness. This has been accompanied by deep trauma and existential bewilderment among Palestinians and their allies, who find themselves confronted with international silence and the collapse of the international human rights architecture and its failure to halt the genocide. Although human rights discourse has long tended to individualize the Palestinian experience, stripping it of collective practices of *ṣumūd* (steadfastness) and the modes and practices of resistance to erasure that they generate,¹ its inability to halt the genocide has now brought a painful moment of reckoning for those who nonetheless retained faith in the principles of international law, human rights, and a baseline of human conscience. Thus, faith has given way to disillusionment, and hope to profound moral despair.²

* Also known as Palestinian citizens of Israel.

1. Meari, Lena. (2015). Reconsidering trauma: Towards a Palestinian community psychology. [Journal of Community Psychology](#), 43 (1). Pp. 76–86.

2. Khouri, Lama Z.. (2024, November). "Is It a Dream or Reality?": Reflections Through the Lens of Psychoanalysis on the Politics of Inaction and the Deadlock in Global Politics. Liberation Psychology Program- [Mada Al-Carmel](#). [in Arabic]

While scenes of slaughter, destruction, and dismembered bodies have dominated social media and live television broadcasts, people have found themselves torn between the need to watch and bear witness to unfolding events and the innate urge to avert their eyes from scenes that evoke terror—and perhaps a sense of guilt—if they turn their attention to the mundane affairs of daily life, the mere existence of which can come to feel like a form of privilege. This is known in psychology as "survivor's guilt"³. Yet in the Palestinian context, this guilt complex transcends clinical boundaries to become a collective and political phenomenon, reflecting a consciousness in a state of constant crisis within the logic of genocide. For Palestinians, survival is not an event experienced after catastrophe, but rather within it, amidst ongoing colonialism and institutionalized violence. This leaves the Palestinian "survivor" caught in a contradiction, simultaneously a victim and a survivor. This condition is acutely felt by Palestinian mental health professionals, who encounter their communities' suffering while lacking the tools to alter the political structures that generate the trauma itself. Thus, survival becomes a moral and existential burden, forcing the self to confront the perpetual question of the value of survival in a world that incessantly produces death.⁴

Palestinian therapists must therefore navigate a split between survival and sharing in collective suffering, with guilt assuming two forms: guilt stemming from physical survival, and guilt born of a moral and political incapacity to protect or act. This dynamic produces a psychological schism between the therapist's professional and human roles—between the desire to heal and the inability to do so under daily oppression.⁵ At the same time, Palestinian therapists have found themselves constrained by Western paradigms within a framework that seeks to impose an Israeli narrative of trauma and suffering, viewed exclusively from the perspective of Israeli society. This generates a complex internal psychological conflict: on the one hand, the constraints imposed by citizenship; on the other, belonging to a people whom the state deems an enemy in its entirety, including its children, and actively treats as such.

This conflict, and what would later emerge as a state of splitting, accompanied the experiences of Palestinian psychologists and mental health professionals throughout the war, leaving them with a pervasive sense of psychological and epistemic siege. Therapeutic spaces thus internalized an external reality that demanded submission to the dominant narrative while criminalizing the Palestinian narrative. Therapy rooms became stifling for Palestinian therapists, who found themselves trapped within decontextualized therapeutic theories that reflected the pain of Israeli therapists and clients alike, yet relegated Palestinian therapists to a realm of dehumanization. This forced them either to

3. Lee, Deborah A.; Scragg, Peter; & Turner, Stuart. (2001). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD. [*British Journal of Medical Psychology*](#), 74 (4). Pp. 451–466.

4. Sheehi, Lara; & Sheehi, Stephen. (2022). **Psychoanalysis Under Occupation: Practicing Resistance in Palestine**. Routledge.

5. Ibid., P. 145.

suppress their emotions or adopt the narrative of the powerful, thereby stripping them of their subjectivity and sense of agency as both human and political subjects.

This study examines Palestinian therapists working in Israel, tracing their experiences during Israel's genocidal war on Gaza. It addresses three central questions: What challenges have they faced in carrying out their professional and human roles as members of an oppressed society? Have those working within the Israeli mental healthcare system experienced inclusion or exclusion? And what psychological and behavioral mechanisms and strategies have they employed to confront these challenges?.

Theoretical Framework

Traditional psychology has long treated pain and suffering as an individual disorder detached from its social and political context. By contrast, a broader and more holistic perspective of mental health—viewed through the lens of liberation psychology—maintains that understanding oppressed individuals and communities must be grounded in a theoretical and practical approach to the oppressive systems and structures in which they live, both as communities and individuals.⁶ Community psychology emerged when critical psychologists recognized that the onset of psychological disorders among members of oppressed and marginalized communities is rooted in the objective conditions of oppression, discrimination, injustice, and social deprivation within their environments. Community psychology can likewise be understood as a psychology of liberation for the oppressed, even though its origins lie primarily in the Global North. Liberation psychology was subsequently developed in the Global South and provides a vital framework for understanding critical community psychology in contexts of occupation and colonialism.⁷

The liberationist approach begins by interrogating hegemonic Western concepts within traditional psychology and challenging the colonial system and the reality it creates. It distinguishes itself by challenging decontextualized, individualistic approaches to psychological analysis and therapy, introducing a crucial dimension: the broader sociopolitical context and coercive political structures. This emancipatory framework opens the way for studies that explore the inner worlds of individuals subject to conditions of underdevelopment in their economic, social, political, and academic environments.⁸ This approach generates a body of knowledge rooted in the daily lived experiences of colonized groups and their encounters with oppression. By seeking to understand and deconstruct the dynamics of the oppressive system, it helps reclaim a sense of agency and

6. Comas-Díaz, Lillian; & Rivera Torres, Edil (Eds.). (2020). **Liberation Psychology: Theory, Method, Practice, and Social Justice**. Washington DC: American Psychological Association.

7. Ibid..

8. Hijazi, Mustafa. (1985). **Social Underdevelopment: An Introduction to the Psychology of the Oppressed**. Beirut: Arab Cultural Center. [in Arabic]

the capacity for a liberatory praxis.⁹ Accordingly, liberation psychology does not view the oppressed merely as victims, but rather as active subjects capable of understanding and resisting their reality through a combination of individual and collective strategies.¹⁰

In the Palestinian context, this liberationist approach seeks to develop a model that addresses the relationship between colonialism and psychological suffering in order to understand how colonialism penetrates the subjective realm. Within this framework, therapy is not viewed merely as a space for individual recovery, but —perhaps primarily— as a site of resistance, the reclamation of agency, and the crafting of a counter-hegemonic subjective narrative. Collective empowerment becomes part of the recovery process, and political experience is integrated into the therapeutic setting. Without this integration, psychology becomes yet another instrument of colonialism rather than liberation.¹¹ Here, the psychotherapist plays a vital role as a primary support provider, creating a safe space where individuals can express themselves freely, without fear of punishment or judgment. In times of adversity, individuals seek a trusted figure or "caregiver" as a source of support, concern, and care, a role typically fulfilled by the family. At the collective level, however, society and its political and community institutions serve as sources of support and care. Society provides its members with a sense of belonging, acting as a "container"¹² that holds their fears and instills a sense of security. Yet, under the weight of policies of repression, isolation, and silencing, this symbolic container loses its holding capacity. Consequently, psychotherapists—who are themselves searching for a container to hold them— become the primary, if not the sole, source of containment and care for the therapy recipients. But can Palestinian psychotherapists, themselves part of an oppressed society and subject to the same policies of repression and persecution, truly provide this safe space? And can Palestinian therapists, operating in the delicate terrain between silence and speech, offer support to the oppressed by reconstructing the psychological and social language that enables them to articulate their experiences beyond the constraints imposed by structures of power?

To gain a deeper understanding of Palestinian psychotherapists' experiences, they must be situated within the broader experience of the 48' Palestinians a community subjected to what Bourdieu terms "symbolic violence"¹³. This is a form of indirect violence through which oppression is exercised and invisibly reproduced through language, systems of

9. Martín-Baró, Ignacio. (1996). "Toward a Liberation Psychology". In: Aron, Adrienne; & Corne, Shawn (Eds.). **Writings for a Liberation Psychology**. Cambridge, MA: Harvard University Press. Pp. 17– 32.

10. Ibid.

11. Makkawi, Ibrahim. (2017). "Towards decolonizing community psychology: Insights from the Palestinian colonial context". In: Boniforti, Davide; Albanesi, Cinzia; & Zatti, Alberto (Eds.). **Frontiere di comunità: Complessità a confronto**. [Sipco](#), [Università Degli Studi Di Bergamo](#), [Alma Mater Studiorum Università Di Bologna](#). Pp. 7– 33.

12. Bion, Wilfred. (1985). "Container and Contained". In: Colman, A. D.; & Bexton, W. H. (Eds.). **The Group Relations Reader 2**. Washington, DC: A. K. Rice Institute. Pp.127– 133.

13. Bourdieu, Pierre. (1991). **Language and Symbolic Power**. Cambridge, MA: Harvard University Press.

knowledge, social institutions, and symbolic classifications that shape how individuals perceive themselves and the world around them. In this context specifically, merely living within a colonial reality is not sufficient to perceive and understand it, because the colonial practices that permeate individuals' daily lives may become unconsciously normalized.

In Lacanian terms, the "Big Other"¹⁴ monopolizes power, knowledge, and discourse, imposing its hegemony through language, institutions, and meaning. Meanwhile, the colonized subject is relegated to the position of the "Little Other"¹⁵— an imagined, deficient image that reproduces symbolic hierarchy by representing the colonized as deficient or primitive. According to Fanon, this dynamic generates a sense of psychological alienation stemming from the accumulated symbolic violence exercised by the colonial system.¹⁶ In this context, the role of the engaged psychotherapist is to bring this implicit component of collective suffering to the fore, provided they remain conscious of it and attuned to its signals.¹⁷ Thus, the practice of psychotherapy shifts from a highly-individualized process to a form of resistance and a counter-measure against attempts to erase national identity.¹⁸

The genocidal war on Gaza marked a profound clash point, in which the state's repression of its Palestinian citizens intensified, preventing them from expressing their feelings about the suffering of their fellow Palestinians in Gaza. The boundaries of language—the very cornerstone of psychotherapy— contracted, effectively pushing the Palestinian narrative and Palestinian pain beyond what could permissibly be expressed, professionally or humanly. Language thus became an instrument of dispossession, as the colonizer's tongue was imposed upon the oppressed, depriving them of their voice.¹⁹ Beset by fear and persecution, the Palestinian community inside Israel was reduced to a silenced witness, as silence came to dominate its members' behavior. However, an accurate interpretation of the behavior of this segment of the Palestinian people cannot be based on a snapshot that captures only a momentary reality; instead, it must be grounded in a deeper understanding that takes account of the broader context and the events preceding that moment.

This community employed various defense mechanisms to confront the terrifying and shocking reality of genocide, perceiving a real, rather than imagined, threat to all things

14. Evans, Dylan. (1996). **An Introductory Dictionary of Lacanian Psychoanalysis**. London: Routledge.

15. Ibid..

16. Fanon, Frantz. (1970). **Black Skin, White Masks**. London: Paladin.

17. Jabr, Samah; & Berger, Elizabeth. (2021). "Fanon and Palestine: the struggle for justice as the core of mental health". In: Gibson, Nigel C. (Ed.). **Fanon Today, Reason and Revolt of The Wretched of the Earth**. [Daraja Press](#). Pp. 127– 154.

18. Makkawi, Ibrahim. (2008). Cultural hegemony, resistance and reconstruction of national identity among Palestinian students in Israel. [Arab Studies Quarterly](#), 30(4)). Pp. 23– 42.

19. Fanon, Frantz. Reference No. 16.

Arab. Moreover, drawing on both instinct and experience gained from the Nakba, they sensed an existential threat to the Palestinian community. Members of this community carry within themselves and their unconscious a collective trauma and a profound psychological legacy rooted in the ongoing Nakba— a subject they were barred from discussing under the policies of persecution and control enforced during the military regime era (1948– 1966), which only intensified the trauma and contributed to its transmission down the generations.²⁰

While Gaza has been subjected to overt, sadistic violence through systematic genocide, and the West Bank has faced direct violence in the form of settler violence carried out under the protection of the Israeli military and security apparatus, the Palestinian community inside Israel has labored under the weight of the Israeli state's symbolic violence, manifested in policies of silencing, persecution, and restriction.²¹ The state's violent, persistent efforts at intimidation, persecution and muzzling —together with past experiences that are ever-present in the minds, collective consciousness, and memory of this community— have aroused and continue to arouse a sense of individual and collective fear, rekindling multiple layers of the ongoing trauma Palestinians have endured since the Nakba.²² Unlike most tragedies addressed in trauma studies, the Nakba is ongoing, extending through both Israeli practices and Palestinian consciousness. It is not merely a traumatic memory; rather, it continuously generates fresh catastrophes, strips the present of any sense of security, and casts a pall of gloom over the future.²³

The Israeli state and its institutions have exercised various forms of material and symbolic oppression. This oppression has not been limited to direct violence, as manifested in repeated arrests, but has taken on a far more profound form: silencing— namely, muzzling voices and stripping people of the capacity to speak, narrate, and express themselves. Silencing is not merely a prohibition on speaking in the public sphere; rather, it is a complex psychosocial process aimed at reshaping both individual and collective consciousness.²⁴

Through these mechanisms, silencing becomes a structure within both the individual psyche and the collective, producing and reproducing submission. Furthermore, mechanisms of silencing and persecution contribute to the breakdown of the collective

20. Kayyal, Asrar. (2024, December). The Reflection of the Psychological Heritage of Palestinian Society in the 1948 Areas on Its Collective Behavior Since the Start of the Genocidal War on Gaza. Liberation Psychology Program- [Mada Al-Carmel](#). [in Arabic]

21. Policy Unit- Mada Al-Carmel. (2023, November). The Policy of Silencing, Intimidation, and Persecution Against Palestinians in Israel (Situation Assessment). [Mada Al-Carmel](#). [in Arabic]

22. Odeh-Haj, Einas. (2023, October). Between Two Forms of Violence: Palestinian Society Between War and Policies of Silencing: A Psychological Analysis. Gaza War Dossier- [Mada Al-Carmel](#). [in Arabic]

23. Sayegh, Rose Marie. (2014). The Exclusion of the Palestinian Nakba from "Trauma-Type" Studies. [Journal of Palestine Studies](#), 99. Pp. 44– 56. [in Arabic]

24. Martín-Baró, Ignacio. Reference No. 9.

bonds that allow people to share pain and meaning. When individuals are isolated within their own private experiences, the sense of shared suffering is lost and pain is transformed into an individual dysfunction rather than a collective wound inflicted by structural oppression.²⁵

Colonial policies are manifested in the constant restriction of the scope for action and speech in all areas of life, which can lead to a breakdown of psychological structures. Power dynamics within the colonial context compel the individual psyche to internalize colonial legacies, creating a distorted psychological dynamic. This distortion finds expression in what Lama Khouri terms the "house Palestinian"²⁶, a deliberate allusion to Malcolm X's concept of the "house Negro". In this paradigm, the colonized subject is compelled to adopt and internalize the language and lifestyle of the master in order to secure a modicum of acceptance, a process Fanon referred to as "identification with the oppressor"²⁷. This pattern of behavior functions as a multifaceted defense mechanism: it facilitates external adaptation by aligning one's speech with the dominant authority, while simultaneously producing an internal compromise based on the suppression of anger, grief, and authenticity. Ultimately, it fosters a duality that grants conditional acceptance from the "Other" at the cost of alienation from the authentic Palestinian self— what Winnicott terms the "true self"²⁸. This analysis intersects with Fanon's concept of alienation in the experience of the colonized, oppressed subject, viewing it not as an isolated individual experience but as the product of an oppressive structure that warps identity and fragments the self, directly reflecting the coercive structures that negate Palestinian existence and curb its potential.²⁹ The cognitive school of psychology offers a similar perspective on how colonialism reshapes thought and behavior. Colonial narratives that frame Palestinians as inferior or as a threat distort internal cognitive frameworks and fuel self-doubt. At the same time, Palestinians experience a form of cognitive dissonance³⁰ between assimilating into colonial frameworks and norms for the sake of survival and adhering to their authentic identity— a tension that generates identity confusion and internal fragmentation. The severity and protracted nature of these oppressive practices have transformed them into an engineered colonial trauma³¹ and an invisible internal wound³² resulting from continuous and cumulative oppressive

25. Ibid..

26. Khouri, Lama Z.. (2018). Through Trump's looking glass into Alice's Wonderland: On meeting the house Palestinian. [Psychoanalytic Perspectives](#), 15 (3). Pp. 275– 299.

27. Fanon, Frantz. Reference No. 16.

28. Winnicott, Donald. (1971). **Playing and Reality**. London: Tavistock Publication and Penguin Education.

29. Fanon, Frantz. Reference No. 16.

30. Ibid..

31. Shehadeh, Said. (2015, September). The 2014 War on Gaza: Engineering Trauma and Mass Torture to Break Palestinian Resilience. [International Journal of Applied Psychoanalytic Studies](#), 12 (3). Pp. 278– 294.

32. Giacaman, Rita. (2018). Reframing Public Health in Wartime: From the Biomedical Model to the "Wounds Inside". [Journal of Palestine Studies](#), 47 (2). Pp. 9– 27.

practices that target identity, land, language, and even communal connections. Indeed, the effects of chronic political violence mean that this traumatic experience is not confined to the individual, but encompasses the family and society at large. Consequently, understanding and addressing psychological trauma cannot be confined to the individual level, but mandates a holistic approach that takes into account the collective and social dimensions of the trauma.³³ For decades, '48 Palestinians have endured the repercussions of these oppressive practices in a process of *ihāla* ("swarming")³⁴ that permeates every facet of life, draining them both physically and psychologically. Today, the genocide in Gaza has shattered the illusion of citizenship, exposing its individual and collective hollowness in a colonial moment of acute psychological significance that is reshaping their consciousness as an oppressed and marginalized community.

Confronting the lived reality of settler-colonial practices and violence is a means of fostering critical consciousness. Consequently, psychotherapy has the potential to contribute to social and political mobilization, as well as to address the needs of targeted groups experiencing acute marginalization and growing precarity due to practices of the occupation. Hence the importance of examining the specific experiences of mental health practitioners, alongside the role of writing, analysis, and publishing from an anti-colonial psychological perspective. Such efforts foster professional and societal awareness, demonstrating that psychological practice goes beyond individual therapy to benefit society as a whole. This creates a form of complementarity between psychology and sociology that advances the values of freedom and justice as key pillars of mental health and of healed, agentic selves. It is precisely here that consciousness becomes a methodology rather than merely a state³⁵— a methodology for liberatory healing through practices that seek to disengage from Western colonial hegemony, politically, socially, and epistemologically, thereby restoring agency to the indigenous self and indigenous knowledge. This does not amount to a declaration of revolt against traditional psychological theories or a complete break from them; rather, what is called for is critical interrogation of and engagement with these theories in order to employ them, or aspects of them, in liberatory practice and analysis. Such is the approach adopted in this study.

Methodology

This study employs a qualitative approach, centering its analysis on the psychological dimension. It draws upon the principles of critical liberation psychology as both a conceptual framework and a dynamic process of transformation and crystallization.

33. Hosny, Nadine; et al.. (2024, June). Who is the subject of trauma? An interdisciplinary scoping review of trauma and selfhood in the Arab region. *SSM- Mental Health*, 5 (100321).

34. Shalhoub-Kevorkian, Nadera. (2023). Jerusalem and Zionist Ihala [Swarming]: Tracing the Dynamics of Endless Dispossession. *Journal of Palestine Studies*, 136. Pp. 90– 107. [in Arabic]

35. Freire, Paolo. (2009). Chapter 2 from Pedagogy of the Oppressed. *Race/ Ethnicity: Multidisciplinary Global Contexts*, 2. Pp.163– 174.

This approach helps develop a distinct lens for psychological analysis, one that retains the individual as a unit of analysis while expanding the perspective to encompass other units of analysis, such as the relational and societal. In doing so, the study seeks to make a novel contribution to knowledge and epistemology, one that is anchored in the lived experiences of individual therapists living in an oppressive colonial context and engages with them from a psycho-social political perspective.

The study adopts a qualitative research methodology based on the analysis of contributions and texts shared or written by participants³⁶—including therapists and students at Israeli academic institutions— during closed sessions and workshops of Mada Al-Carmel's Liberation Psychology Program.³⁷ Additionally, the study incorporates semi-structured interviews conducted with Palestinian therapists working in Israeli professional settings, with the aim of identifying issues and themes that emerged from these contributions and analyzing them qualitatively (thematic analysis).³⁸ Themes were inductively derived from the data through a multi-stage process: repeated readings of the data and listening to audio recordings; identifying significant features relevant to the research questions and assigning them initial codes; clustering related codes into broader topics; reviewing the topics and their coherence; and finally, developing and naming the themes. Notably, the analysis of topics and themes operated on two levels: the semantic level, focusing on the explicit meaning of the language itself; and the latent level, which entails attending to the conceptions and structures that shape the participants' narratives.³⁹ The formulation and naming of themes emerged from a critical and reflexive engagement with the data, aligning with the perspective of liberation psychology, which views the researcher as an active participant in knowledge production rather than a neutral observer.

The study population consisted of Palestinian psychotherapists⁴⁰ holding Israeli citizenship who participated in closed workshops held during the war on Gaza. The workshops provided a safe space for sharing experiences and discussing the personal and professional challenges they faced. While consideration was given to diversity within the study group in terms of age, gender, and geographic distribution, all participants were Palestinians with Israeli citizenship and shared political consciousness and professional engagement within a complex reality in which colonial violence intersects with their therapeutic roles.

36. The number of participants and other details regarding them have been omitted to protect their privacy.

37. The Liberation Psychology Program is a program of Mada Al-Carmel: The Arab Center for Applied Social Research.

38. Braun, Virginia; & Clarke, Victoria. (2012). "Thematic Analysis". In: Cooper, Harris (Ed.). **APA Handbook of Research Methods in Psychology**. Vol. 2. Washington, DC: American Psychological Association. Pp. 57– 71.

39. Ibid..

40. The exact number of participants in the study was omitted to protect their privacy and prevent their identities from being inferred based on the activity in which they participated.

The workshops took place over several months,⁴¹ beginning in the first few months after the start of the war on Gaza. Each group followed a separate and distinct process, and participants' contributions were recorded in audio format only; participants had reservations about audiovisual recording due to fears of professional and political repercussions. At times, participants were asked to engage in reflective writing over the process they had undergone.

To enhance the reliability of the findings and broaden the scope of the analysis, semi-structured interviews were conducted with six therapists working within Israeli settings to document this aspect of their experience. The interviews took place between April and September 2025. They covered several key themes, including: the experience of working during the war on Gaza compared to the pre-war period; challenges faced in interactions with Israeli colleagues and therapy seekers; racist practices or threats to which they were subjected; the presence or absence of support networks; and the impact of these factors on their political and professional identities, as well as the coping mechanisms they adopted. This integrated approach provided an opportunity to examine how the Israeli professional environment—including employers and colleagues— influenced the therapeutic practice of Palestinian therapists inside Israel. Specifically, it shed light on the imposition of models of intervention that mandate neutrality, thereby enforcing the dominant narrative and discourse and depoliticizing the suffering experienced by Palestinian society.

Ultimately, the study seeks to reach conclusions and offer recommendations that can benefit the professional community of mental health practitioners and researchers in this field. Through them, Palestinian society more broadly stands to benefit from the exploration of potential points of convergence between individual therapeutic selves and the collective self.

The Researcher's Positionality

In line with the liberatory approach, the author moves beyond the traditional, neutral stance of the researcher on two levels: first, by virtue of being a Palestinian psychotherapist; and second, by having been part of these encounters, as a partner in the dialogues and in the production of knowledge, while sharing her own experience as a therapist within that same context. This conscious involvement and engaged positionality stem not only from her own subjectivity, but also from a critical methodological stance based on liberation psychology, which advocates for knowledge production from the grassroots, drawing on the lived experiences of participants within contexts of oppression and the ways they resist it. Thus, the study offers neither a neutral description nor a detached observation; rather, it constitutes a committed act of knowledge production that interrogates the

41. The exact time period has been omitted to prevent participants' identities from being inferred through the activities held by Mada Al-Carmel during that period.

role of the psychotherapist in contexts of political violence and disrupts the boundaries between the researcher and the subject of study.

Findings

Although each individual's experience remains unique, the study's findings revealed similar experiences among in the community of the study.⁴² Their experiences were categorized into themes based on the frequency and recurrence in the participants' accounts, as follows:⁴³ 1: Loss of language, silencing, and self-censorship; 2: Alienation and the uncanny/ unhomely; 3: Splitting and truncated subjectivity; and 4: Regathering and reclaiming the home.

The first three themes capture the difficulties and challenges that accompanied the therapists' experiences during the genocidal war, while the fourth addresses the behaviors and strategies they adopted to cope with or resist these challenges and mitigate their impact on their human and therapeutic selves. Notably, all contributions addressed the difficulties the participants themselves faced as members of Palestinian society, emphasizing their inability—and lack of desire—to separate their professional selves from their political selves. Furthermore, they highlighted the difficulties they experienced in being unable, even with the professional tools at their disposal, to contain their clients' difficulties or to freely express their own feelings and inner thoughts.

Theme 1: Loss of Language, Silencing, and Self-Censorship

*"Therapy through speech when speech is forbidden and language is confiscated"*⁴⁴.

Within colonial contexts, language constitutes an instrument of hegemony, operating as both a mechanism of subjugation and a prerequisite for acceptance in the dominant system. Colonialism does not stop at colonizing land and resources, but also encroaches upon the identity and language of the colonized. Here, language becomes an instrument of dispossession rather than communication, defining the boundaries of acceptable discourse and depriving the colonized of their voice in a form of psychological colonization.⁴⁵ As Fanon posits, language is neither an innocent nor neutral tool of communication; rather, it is imbued with ideology, history, and power. Colonial language conveys not only words, but also values, self-conceptions, and social standing.⁴⁶

42. The participants have been given pseudonyms.

43. Some contributions were oral and in colloquial Arabic, while others were written in Classical Arabic. The contributions were rewritten in formal Arabic to minimize discrepancies between them as much as possible.

44. Quote from Umayma, one of the research participants (pseudonym).

45. Fanon, Frantz. (2001). **The Wretched of The Earth**. (3rd ed., Farrington, Constance. Trans.). London: Penguin Books.

46. Fanon, Frantz. Reference No. 16.

The participants frequently described an experience they termed the "loss of language" or being at a "loss for words", which was reflected in a feeling of losing the ability to practice a profession that relies fundamentally on speech. They identified two dimensions of this difficulty: first, the suppression and criminalization of speech or expression that falls outside the hegemonic Zionist narrative; and second, a professional jargon rooted in experiences imported from the West and, in particular, taught in the colonizer's language, alongside the need to find new vocabulary terms and expressions to name the experience and articulate the sheer horror of the reality.

Lubna says: "We can't find the words to tell the story. The words we have aren't enough to describe the magnitude of the crime". Siwar states: "Entire families are being erased from the civil registry; there's a collapse of the moral order. We need a new vocabulary to tell the story and express who we are". Rani notes: "Language and the act of naming an experience alleviate pain and give a sense that the psychological experience has a home, that it hasn't been taken away. But we can't find the words. We need to develop a new language". Layan says: "There are no words to describe it; the brutality of reality has gone beyond our capacity to describe it". Asaad adds: "Current vocabulary is inadequate, both technically and metaphorically". Isra remarks: "Our existing knowledge isn't enough anymore. They're no longer content with destroying stones; they want to destroy living human beings and even dead bodies". Ali says: "The people I treat look for themselves in my eyes so that they can cry, but they might see bewilderment in my eyes, too. I feel lost because I can't put what I'm feeling into words".

These reflections illustrate the loss of language's dialectical function and its capacity to symbolize and name experience, for genocide is an event that defies complete narration. In Agamben's terms, testimony in the context of extreme trauma does not function as a transparent representation of what has taken place; rather, it reveals the inability of language itself to capture such an extreme experience. What is spoken in the testimony matters, yet what remains unsaid—what falters or fractures—is far more telling.⁴⁷ Nadera Shalhoub-Kevorkian observes that intense pain and loss lead to a loss of meaning; boundless brutality and trauma destabilize speech and disrupt meaning,⁴⁸ causing familiar language to collapse into fragments, with their own vocabulary and syntax, that mimic the dismemberment of the Palestinian body.⁴⁹

Regarding professional language, Ali says: "Imported language creates a sense of alienation. Amid the suffocation we're enduring, professional language tells you: 'Take a deep breath; that's how the problem is solved, and you'll feel better.' But if I adopt this language, I become an agent for an experience that is not our own". Mai adds: "I feel a

47. Agamben, Giorgio. (1999). **Remnants of Auschwitz: The Witness and the Archive**. New York: Zone Books.

48. Shalhoub-Kevorkian, Nadera. (2025). Challenging Fragments and the Power of Gathering and Piecing Together. [Al-Janoub: The Palestinian Journal of Liberation Studies](#), 2– 3. Pp. 155– 171. [in Arabic]

49. Shalhoub-Kevorkian, Nadera. (2024, October 31). Ashlaa' and the Genocide in Gaza: Livability against Fragmented Flesh. [Hot Spots, Fieldsights](#).

sense of distance when I discuss emotional matters in a different language. I have always felt this distance, but during this war, the professional language we are accustomed to makes me feel distant. It feels inadequate and too small for everything we're going through". Asaad shares this experience, noting: "It's incredibly difficult to find words that accurately name what we're seeing and living through, and it's hardest in Hebrew. I can't deal with this difficulty anymore".

The participants expressed a sense of alienation toward the professional language they employ. Jacques Lacan views the human being as a speaking being, whose psychic experience is influenced by speech. Among the orders that interact to organize human experience, Lacan highlights the Symbolic—the domain wherein the subject's relationship with the world is structured through language, laws, social structures, and semantic relations. The Symbolic is not merely a means of communication; rather, it is a network of signifiers that preexists and encompasses the individual, defining their position and conferring an identity within the socio-cultural structure.⁵⁰ In colonial contexts, the Symbolic becomes a battleground in which the colonizer's language imposes itself as the dominant symbolic order. This generates a sense of alienation among the colonized and creates a need to reconstruct an alternative symbolic discourse that preserves identity and restores self-recognition. Fanon concurs with this view, regarding language as an instrument of control; colonialism imposes a language that is then used to enforce relations of power and control and maintain the colonizer's hegemony.⁵¹

These accounts, then, reflect an internal division between the subject who thinks and feels and the language used to convey that feeling, yet fails to do it justice. According to Fanon, the Black subject's reliance on the colonizer's language results in a diminished consciousness: speaking a language that is not his own, thinking within a vocabulary that does not express his experience, and attempting to articulate the reality of the oppressed using the language of the oppressor.⁵²

On the impact of policies of silencing Mona says: "I'm constantly haunted by a sense of threat. I'm cautious when expressing my opinions and choose my words very carefully". Umaina states: "Voice, language, and speech are our only remaining weapons. We've become afraid; we can't speak anymore. How can we use speech to heal when we're forbidden from speaking and from expressing what's going on deep inside us?". Areen says: "Since the war began, there's been persecution and restrictions against [Palestinian citizens of Israel]; I couldn't freely share my feelings and thoughts with my colleagues or my Israeli supervisor. I felt constrained and trapped inside the therapy room. How can I offer a liberatory therapy when I myself, as a therapist, feel constrained and trapped?".

50. Evans, Dylan. Reference No. 14.

51. Fanon, Frantz. Reference No. 16.

52. Ibid..

The participants here express the impact of silencing and persecution on the therapist's subjectivity and their ability to think and feel freely— and, consequently, on their professional practice. Here we see self-censorship as a colonial mechanism of control and subjugation. Foucault explains that modern power is no longer limited to external repression or physical violence; rather, it operates more covertly through institutions that produce "disciplined" bodies and "obedient" souls. Through mechanisms such as constant surveillance, individuals learn to monitor themselves and regulate their own behavior. In this sense, censorship is not merely externally imposed but is implanted in the psychological structure of the self; individuals become their own jailers, reproducing power relations through their voluntary submission to what is deemed natural or acceptable.⁵³

These accounts reflect attempts by the dominant group to define acceptable discourse and its boundaries, a form of what Spivak terms "epistemic silencing". In this process, the subaltern is excluded, reduced, and deprived of their voice; they are spoken for rather than being permitted to express themselves directly and freely. It is those in power who determine what speech holds value and what is excluded from the discursive realm.⁵⁴ Umaina says: "I avoid discussing politics, despite the real need to speak about the painful reality of my people in every forum". This analysis aligns with that of Edward Said, who argued that dominant powers not only exercise material control, but also determine whose voice is heard, how their discourse is framed, and which narratives are permitted to enter the public sphere.⁵⁵ The participants in this study are undergoing a difficult experience in which they are denied the right to tell their own stories, free from reformulation or filtering by external voices and institutions that control the conditions under which one is heard and determine what is credible. In this context, language is transformed from a basic resource for recounting experience and enacting a professional self in a field that relies fundamentally on speech into an arena of symbolic struggle between hegemony and liberation.

Conversely, some participants' contributions revealed mechanisms of resistance expressed through silence and non-participation in frameworks whose boundaries had been determined by the dominant group. Here, silence can be understood not as a retreat into a "false self", but rather as a conscious, strategic choice made by individuals in the face of external forces aiming to silence their authentic voice and dismantle their identity. From this perspective, silence transforms into defensive space; it fortifies the self and secures it a measure of psychological and symbolic stability within an environment that threatens the continuity of that identity. Rather than signifying submission or assimilation, such silence may signify a refusal to identify with oppressive expectations

53. Foucault, Michel. (2023). "Discipline and punish". In: Longhofer, Wesley; & Winchester, Daniel (Eds.). **Social Theory Re-Wired**. Routledge. Pp. 291– 299.

54. Spivak, Gayatri Chakravorty. (2024). "Can the subaltern speak?". In: Cain, Peter H.; & Harrison, Mark (Eds.). **Imperialism: Critical Concepts in Historical Studies**. Volume III. Routledge. Pp. 171– 219.

55. Said, Edward. (2021). Permission to Narrate. [Journal of Palestine Studies](#), 127. [in Arabic]

or prevailing norms that seek to mold individuals in accordance with systems that fail to recognize their cultural and political distinctiveness.⁵⁶

Areen, for instance, says: "Silence in these contexts isn't an easy choice but a survival mechanism that I use carefully, so I can keep working without losing myself or my standing". Rani notes: "I can't take part freely in work meetings that include both Arabs and Jews. I feel like I'm walking between raindrops just to be accepted— but I don't want to be accepted on their terms, so I stay silent". Umaima says: "I'm angry about how Palestinians are excluded from the discourse on trauma and pain, and how our narrative has been erased by the Israeli establishment and Jewish colleagues. This led me to decide not to participate in Israeli professional forums".

In other words, participants employed silence and practices of selective withdrawal as a form of resistance, consciously chosen as a mechanism of Sumud (steadfastness) and survival that rejects engagement with a dominant discourse that imposes specific modes of expression and recognition. Through such acts, individuals preserve their internal coherence and symbolic autonomy without making concessions that compromise their core selves or expose them to mechanisms of social and psychological subjugation. Thus, silence becomes a manifestation of a specific type of agency: the individual's capacity to act and make decisions in the face of attempts to eliminate, limit, or shape that capacity.

Theme 2: Alienation and the Uncanny/ Unhomely

"The home has become a stranger; it neither grows closer nor opens wide"⁵⁷.

The concept of psychological alienation among the colonized is a crucial framework for analyzing and understanding their suffering, particularly within the field of psychology, where therapeutic practices intersect with a daily colonial reality in which selves are reshaped within oppressive structures.⁵⁸ 48 Palestinians experience psychological fragmentation as a result of continuous exposure to discourses of exclusion and discrimination, Judaization policies, and the erasure of their national identity. In this context, psychological alienation surfaces in clinical practice as a blend of depression, existential anxiety, and feelings of powerlessness— components of this experience that cannot be disentangled from the colonial structure that reproduces them. Furthermore, classical psychology, relying on individualistic models imported from the West, tends to remove Palestinian suffering from its political and historical context, thereby reinforcing this alienation.

56. Abu al-Heija, Sumaya. (2024, December). From Trauma to Liberation: Learning to Mourn and Resist. Liberation Psychology Program- [Mada Al-Carmel](#). [in Arabic]

57. Tuqan, Fadwa. (1977). **Alone at the Top of the World**. Dar al-Awda: Beirut. [in Arabic]

58. Fanon, Frantz. Reference No. 16.

This analysis draws upon the Freudian concept of the "uncanny" (*das Unheimliche*), which is used to describe the strange and unsettling feeling that overcomes a person upon encountering something that ought to be familiar and comforting, yet suddenly turns into something alien and eerie. The term combines the notion of intimacy associated with the "home" and its opposite, signaled by the negative prefix "un-". It thus describes the sense of unease produced by an encounter with something once familiar or well-known that has become strange and unsettling.⁵⁹

Today, the term is employed to analyze cultural and psychological phenomena characterized by the intertwining of the familiar and the strange, including the impact of colonialism on national identities and indigenous cultures. In such contexts, individuals often experience alienation within spaces that ought to feel like home, whether geographically or symbolically. This powerfully embodies Freud's concept of *das Unheimliche*, wherein the familiar becomes tinged with a sense of insecurity and disconnection.⁶⁰

Asaad observes:

According to relational theory, Palestinians living within the state [of Israel] might feel a certain sense of belonging to it—to its democracy and the things they get from it. But in extreme situations, like the one we're currently experiencing, we're struck by the reality of our difference and our exclusion from the circle of the 'accepted,' thrusting us into the realm of the strange and the unsettling.

Rani states: "The war has amplified this experience of the 'uncanny'; unconsciously, I feel just how much I don't belong to the place where I am". Areen says: "My professional and emotional experience has been completely different since October 7, 2023. With all the threats, the arrests, the incitement, the violence, and repression, I've felt like there's no space for me as a Palestinian—not for me, my ideas, my feelings, or my beliefs". Umaina concludes: "The ugly picture has become clear: there's no room for a fully authentic Palestinian presence inside Israeli professional settings". Lubna says: "There's a structural flaw in therapeutic logic that's now been exposed. The war has inflamed pre-existing conflicts—it didn't create them; it just brought to the surface an alienation that was always there".

These contributions reveal that the participants had genuinely sought a sense of belonging within a professional community that should have accepted them as part of itself. Prior to the genocidal war, they had felt a form of "positive containment"⁶¹ from

59. Freud, Sigmund. (2017). The uncanny. In: Bygrave, Stephen (Ed.). **Romantic Writings**. Routledge. Pp. 318–325.

60. Watad, Louay. (2025). The Statelessness of the Homeland: A Psychological and Cultural Approach to the Palestinian Experience and Postcolonial Literature. Liberation Psychology Program- [Mada Al-Carmel](#). [in Arabic]

61. This builds on the concept of "containment" in the therapeutic relationship, as developed by Wilfred Bion. Reference No. 12.

this community. However, the community's response since October 7, 2023, came as a harsh blow, exposing the limits of this illusory containment as one rooted in hegemony rather than partnership. It also became evident that these containment policies were directed at the Palestinian therapists' individual selves while denying them the ability to connect those selves to their political identities or the collective self to which they belong. This analysis reveals the relationship between Palestinian therapists and their Israeli colleagues as a structure that organizes collective and historical emotions. Colonial systems presuppose a superior vantage point that positions the colonizer as the "container" of civility, knowledge, and reason, while portraying the colonized subject as instinctual, chaotic, and incapable of self-containment. Yet this containment is less an act of genuine holding than one of repression and appropriation; it seeks not to receive or translate the Other's suffering, but to silence it and displace it from the symbolic and political spheres. In the Palestinian context, this absence of containment is manifested in how colonial structures engage with the Palestinian experience, as feelings of loss, anger, or rights claims are met with denial, distortion, or violence. The accounts above reveal the lack of a genuine "container" that acknowledges the reality of colonized subjects and enables them to translate their suffering. This in turn produces a collective state of psychological and political suffocation that strips Palestinian practitioners of their subjectivity and their capacity to feel and think freely within their working environment, thereby deepening their sense of alienation and "unhomeliness".

These experiences mirror that of Mona, who says: "I think about the therapy seeker and wonder: maybe this room in the clinic where I sit —plastered with Israeli symbols and the Hebrew language— makes them feel that sense of 'unhomeliness'! How can either of us feel 'at home' when all our agency has been stripped away?". Lubna adds: "We felt a strong sense of alienation from Jewish people we'd known and interacted with for years. The supervisor I worked with, someone I'd once viewed simply as a human being, suddenly turned into a monster". Umaina echoes this experience: "I felt a heightened sense of alienation; Jewish colleagues became the 'Other' to me, just as I became the 'Other' to them [...] Any understanding shown by Israelis was on an individual rather than collective level— psychological rather than political". The experience of 'unhomeliness' recurs in Lara's account: "The Israeli professional community includes me in a way that doesn't reflect who I am; it doesn't correspond to the Palestinian reality, my own reality, or the reality of my clients. The gap between me and my professional environment is widening, and my sense of isolation, persecution, and alienation is growing".

The contributions cited above describe a difficult experience of alienation within the professional community to which these practitioners ostensibly belong. They link their individual experiences to their repercussions for the collective Palestinian self, which lies at the heart of their feelings of alienation and unhomeliness. This sentiment does not stem from personal experiences that they have brought into the professional sphere; rather, it is clearly tied to broader political turmoil. The concept of the "unhomely moment" —as articulated by Homi K. Bhabha— refers to a complex experience whereby

the psychological intersects with the social and the political, transforming a space that ought to be a place of familiarity and tranquility into a realm of alienation and threat. Bhabha explains that the colonized live in a state of "internal alienation" within their own homeland, experiencing a duality of belonging and estrangement.⁶² In the Palestinian context, the engineered unhomeliness—or what I term "colonial unhomeliness"—manifests acutely in the daily lives of Palestinians who reside on their own land, yet face treatment that strips them of their natural sense of belonging through systematic policies aimed at erasing the existence of the colonized and severing their ties to the history and geography of the place. These policies seek to fabricate a new colonial narrative that begins with the arrival of the colonizer and imposes his language, values, discourse, and sovereignty over the space. This dynamic is reflected in attempts to impose the Zionist narrative and a language of detached neutrality on Palestinian therapists within their workplaces, which should be familiar and intimate environments for them. Thus, colonial unhomeliness cannot be reduced to its individual, psychological dimension, since it is the product of a colonial context in which the psychological is interwoven with the political, and the individual with the collective.

It is worth noting that during the closed sessions organized for one group of Palestinian therapists, the sense of alienation and isolation engendered by policies of silencing and persecution was palpable from the outset. The fact that the participants did not know each other beforehand bred a degree of mutual suspicion, leading them to reject the proposal to make audio recordings of the sessions, even after clarification that the recordings were solely for research and documentation purposes. This reaction reveals how feelings of insecurity and "unhomeliness" went beyond the relationship with the dominant society and seeped into interactions among fellow community members. Later, as the sessions progressed and demonstrated genuine "containment" of its members, it came to be seen as a safe space and a "home" for the participants. Mutual trust grew among the participants and within the group, and they agreed to allow the sessions to be recorded. This marked a clear restoration of a sense of "home" to the Palestinian experience and to the individual therapeutic self as it intersected with the collective.

Theme 3: Splitting and Truncated Subjectivity

"And I gaze at myself in the mirror; is that me?"⁶³.

Palestinian mental health professionals, as part of the Palestinian community inside 48 areas, live with many contradictions and challenges in their political and social reality. Some researchers have termed the situation and positionality of these Palestinians a "liminal space"—a condition that emerged as a direct consequence of the Nakba and Israel's ensuing colonial policies, which have placed this community "on the margin/threshold" of the Israeli regime, as part of its civic reality, and at the same time "on the

62. Bhabha, Homi K. (1992). The World and the Home. **Social Text**, 31/ 32. Pp. 141– 153.

63. Darwish, Mahmoud. (2000). **Mural**. Beirut: Riad Al-Rayyes Books. P. 34. [in Arabic]

margin/ threshold" of the Palestinian political and national center, as part of the wider Palestinian people and cause.⁶⁴ This dual marginality creates a psychological crisis and a state of internal divide among this community, including mental health professionals, who cannot remain immune to the psychological conditions experienced by their community. For these professionals, the crisis is exacerbated by institutional attempts to co-opt them through a Western discourse that ostensibly champions liberalism, pluralism, and culturally sensitive programming, but which in reality addresses Israeli society, at best viewing Palestinians as one stratum within Israeli society, albeit a complex one. This means imposing a discourse that is acceptable to Israelis, but severs Palestinians from the lived experience of their own people, and even denies them their subjectivity by regulating and managing the colonized's sensory and cognitive modes of perception, encompassing language, sight, hearing, time, and space. This manifests in the delineation of the boundaries of acceptable action and speech— or, in other words, the imposition of "an occupation of the senses"⁶⁵ aimed at governing both the Palestinian body and psyche.

Ola says: "You have to be fake. You have to draw a line between your professional self and your political self. This is extremely painful, especially given the lack of support or any opportunity to work through this difficulty". Hala adds:

I've felt deep contradictions and gaps in the field of psychology for a long time, all throughout my studies at Israeli institutions, where I was learning Western curricula that had nothing to do with my Palestinian identity and culture. This gap has become even more apparent in recent years. These curricula usually ignore our historical, social, and political context. For me, this has raised profound questions about how relevant this knowledge is to the reality of our people, and how I can reconcile these contradictions as a therapist.

Suha's experience echoes that of her colleagues:

In my studies, I face many difficulties and contradictions between the theories I'm learning, which don't reflect the colonial reality, and what I know and witness today. Perhaps the greatest contradiction is between the people I study with and engage with in deep conversations about psychology, and who I am as a Palestinian— my identity versus their Israeli identity as former soldiers, or even current reservists fighting and killing in Gaza. So the sense of contradiction grows, along with feelings of isolation and alienation.

The concept of internal division within the colonized subject provides an analytical framework for understanding the psychological and professional tensions experienced by Palestinian mental health practitioners working in Israel, particularly those based

64. Ghanim, Honaïda. (2009). **Rebuilding the Nation: Palestinian Intellectuals in Israel**. Jerusalem: Magnes-Ashkolot Publications. [in Hebrew]

65. Shalhoub-Kevorkian, Nadera. (2017). The occupation of the senses: The prosthetic and aesthetic of state terror. [*British Journal of Criminology*](#), 57 (6). Pp. 1279– 1300.

in Israeli healthcare institutions. This division is clearly reflected in the experiences of Palestinian mental health practitioners, who find themselves torn between adopting Western professional models —imposed by the dominant discourse within the mental healthcare system— and their own reality as members of a community living under colonialism and oppression. This fragmentation produces deep psychological fissures and shapes what Martín-Baró terms "hegemonic consciousness", wherein the colonized internalize the colonizer's logic in an attempt to assimilate, leading to the erosion of their sense of collective and historical self.⁶⁶

The concept of psychological splitting, as formulated by Melanie Klein, refers to a defense mechanism through which the individual divides the world into binaries such as good/ evil, safety/ threat, and internal/ external.⁶⁷ In a colonial context, this splitting takes on a collective dimension: the Palestinian therapist is compelled to relate to themselves as a "professional therapist" within a system that demands neutrality and objectivity, while simultaneously existing as a witness to —and member of— an oppressed people. These contradictory positions cannot easily be integrated and are often experienced as a conflict between two discordant selves within the same psyche. For the colonized subject, this splitting manifests as difficulty in reconciling the oppressive system encountered daily with a collective identity that this system rejects and seeks to subjugate.

Rani (participant) says: "We live in a split state, torn between the role of the therapist —trained to read and focus on the client's inner world— and the need to engage with an external world that has changed drastically, transforming into an overwhelming force that compels us to deal with it". Sama says: "I ask myself: how can I foster integration in the client when I myself am living in a state of splitting?". Ghada echoes this sentiment: "The therapist grapples with a split between the inner and outer worlds, and the client faces the same struggle. How can the therapist contain that kind of difficulty when they're experiencing the exact same fragmentation themselves?" Mona raises the same feeling:

The dismemberment inflicted on the bodies of our people in Gaza is also happening within the psyches of clients here [48 Palestinians]. This isn't just the 'splitting' between good and bad described by Klein. There's a violent dismemberment of the self through which the client tries to survive among intruders who plunder him, and yet coexist with him as long as he remains compliant.

These reflections reveal the shared sense of splitting experienced by therapists and clients alike. This commonality disrupts the asymmetry that typically characterizes the therapeutic relationship, wherein the therapist is assumed to possess the knowledge and ability to steer and guide therapy. Instead, this shared state of fragmentation produces

66. Martín-Baró, Ignacio. Reference No. 9.

67. Feldman, Michael. (1992). "Splitting and projective identification." In: Anderson, Robin (Ed.). **Clinical Lectures on Klein and Bion**. Routledge. Pp. 74– 88.

a type of symmetry between therapist and client, making it difficult for the therapist to contain the situation. Some therapists observed that this difficulty may manifest as a form of resistance on the client's part to bringing the outside world into the session, thereby leaving the client in a state of isolation and alienation within therapy. The challenges raised in the contributions above, often in the form of questions, reflect a novel situation, one that the participants had not previously encountered. While their practice had previously been consistent with their training, the reality of the war had now breached their therapy rooms and their consciousness, plunging them into a state of shock and collective brokenness that called for a re-examination of everything they had learned. Ali continues to question the situation, saying: "We're contending with the confusion that arises from the difficult reality we're living in. We find it hard to position ourselves as therapists, because the reality is harsh, confining, and fragmented. Are we experiencing a state of splitting, or a synthesis of the internal and the external?"

How, then, does this state of splitting manifest when the client's broader reality conflicts with that of the therapist? that is, when the therapist, supervisor, or manager belongs to the Jewish community.

Areen says:

Challenges persist to this day. I work at an Israeli institution on a daily basis; hundreds are being killed in Gaza, but I can find no one to share this pain with. I have no true partner in this grief, and there is no professional or human language capable of holding this gap. This sense of disconnection stays with me— as a professional, as a human being, and as a Palestinian.

Umaina speaks of the splitting between the professional self and the political self when interacting with Israeli colleagues: "Any understanding shown by Israeli colleagues —if there even is any— has been on an individual level rather than a collective one; it's been psychological, not political.

From this perspective, therapeutic practice becomes an arena in which this splitting plays out: it constitutes a space for providing care on the one hand, and a site of potential complicity on the other. It is a place of healing, yet also a space that obscures the collective experience or strips it of its political meaning.

The accounts above illustrate how therapists suffer a fragmentation of their subjectivity through the imposition of discourse and symbolic subjugation. This leads to a splitting of the self between the image imposed by the dominant power and the image the individual or group seeks to preserve or reconstruct.

Notably, a few participants rejected linking the individual and the collective in therapeutic practice, viewing it as an unhelpful intrusion. In this regard, Wissam stated: "I'm against turning the therapy room into a space for political-emotional mobilization. As a therapist, I must remain attentive to the individual self and what it's trying to tell me". Iman shared: "A client told me that her previous therapist had said she was hiding

behind politics as a defense mechanism to escape from her inner world into the outer world". Salem argued that:

The psyche constantly shifts between the private and the public, as well as between making the private public and making the public private. Discussing the public sphere doesn't necessarily indicate resistance to delving into the inner recesses of the self, but can serve as a way to bring out the personal. Resistance may come instead from the therapist, who fears losing their standing within therapy because they and the client share the same external reality, placing them both in a similar state of splitting.

Theme 4: Regathering (Iamlamah) and Reclaiming the Home

*"We shall dream together, sow wheat in the desert, and build from that dream a homeland that never dies"*⁶⁸.

Amidst policies of silencing and domination, and the resulting fragmentation and truncated subjectivity, the participants continuously sought ways to resist isolation and subjugation. They did so by regathering and thinking collectively, seeking out like-minded groups and creating safe spaces in which to meet, reclaim their true selves, and piece together their truncated subjectivity. These groups form a support network for collective reflection and the sharing of experiences, allowing members to learn from one another how sites of pain and stagnation can become a driving force for imagining futures oriented toward liberation from pain and the mending of wounds— a process that Klein calls "repair"⁶⁹ and Winnicott calls "integration"⁷⁰. Both terms describe a process that is not automatic, but rather the product of a relationship built within a "facilitating environment", i.e., an emotional framework characterized by containment and attunement that enables the individual to experience themselves as an unsplit, connected, and cohesive self.

Lubna (participant) says:

Occupation, colonialism, and our attempts to live or coexist with them have left us in a state of numbness. Now, in the face of these atrocities and efforts to erase our present, our voice, and our memory, we want to reframe our lives and reclaim places, spaces, and foundations—even symbolically— by coming together and freely telling our own narrative.

68. Hussein, Rashid. (1973). **Complete Poetic Works**. Beirut: Dar Al Awda. [in Arabic]

69. Klein, Melanie. (1975). **Envy and Gratitude & Other Works 1946– 1963**. London: Hogarth Press.

70. Winnicott, Donald. (1965). **The Maturation Processes and the Facilitating Environment**. London: Hogarth Press.

Rani says:

Splitting, when the body is in one place and the soul or psyche is in another, mirrors our own condition: a state of unhomeliness within the home. We want to reclaim and preserve the sense of 'home' so that it remains a true home. In doing so, we counter the individual sense of homelessness that we experience with a collective experience of 'homing'.

Juna states: "The harsh reality made me aspire to be part of a group that engages openly and directly with political and social issues". Umaina says: "I felt the need to find Palestinian organizations and work more closely with them".

These testimonies highlight the need for practitioners to confront policies of control and silencing by forming groups grounded in shared historical, social, political, and economic dimensions that together constitute a collective Palestinian identity and provide an inclusive framework for Palestinians, wherever they may be. Such groups offer a corrective to the experience of the oppressed individual,⁷¹ who lives in a state of splitting between the uniqueness of the individual self and an imposed collective "we" that the dominant regime seeks to enforce. Thus, these groups become support systems that promote mutual encouragement and uplift morale. They provide participants with a sense of empowerment and evoke an authentic sense of "we" that galvanizes resolve, breaks through the fear barrier, and instills in individuals a sense of meaning and the capacity for Sumud (steadfastness). In this way, the group regenerates strategies of resistance by deepening collective consciousness and strengthening a sense of belonging, fostering cohesion and inner strength among individuals that leaves them less inclined to submit to policies of control and subjugation.⁷²

Ola says:

Since the start of the genocidal war on Gaza and the escalation of repressive policies against Palestinians, there's been an increasingly urgent need to understand the toll these conditions take on mental health, and to find therapeutic approaches that actually address them. I believe there's a pressing need for deep reflection on these issues and for engaging in genuine professional dialogue with therapists who are like me and understand this reality from within.

Raneen adds:

I believe that psychology can't stay neutral when it deals with a people that is suffering under ongoing colonialism, so I want to be part of a critical, liberatory space that shapes language and redefines concepts from within the Palestinian experience. This helps me, as a Palestinian, to develop analytical and theoretical tools to devise interventions that better reflect our reality.

71. Hijazi, Mustafa. Reference No. 8.

72. Ibid..

Amin notes:

There's an urgent need for a shared space that offers group support and connection with professionals who share the same concerns about our community and are working toward common goals like instilling a sense of belonging and affirming the legitimacy of the Palestinian narrative against the Israeli narrative.

Areen says:

I felt trapped and constrained within the therapy room, especially since I work at an Israeli institution that's covered in Israeli-Zionist symbols—symbols that clearly and unequivocally deny the reality of the genocide in Gaza. I needed to acquire alternative knowledge and tools to confront these challenges. I sought to be part of a shared environment that offered a liberating space to express myself and reflect, which I desperately needed. Here, I'm speaking and learning in Arabic. For the first time, I'm not a 'minority' in my feelings and thoughts. This free space has helped me get closer to myself and stay true to my values, which has helped me become braver in both my clinical work and staff meetings.

The accounts above demonstrate that this sense of coming together—rooted in shared identity, experiences, and language—acts as a source of empowerment and agency, as a collection of suppressed "I"s comes together to form the shield of an empowered "We". On a psycho-emotional level, this shield gives pain a collective dimension and reframes suffering as a shared experience, thereby reinforcing a sense of collective belonging. Despite the weight of this suffering, it transforms into a positive psychological resource for the individual within a community of peers, generating a sense of meaning in identity and collective existence while strengthening steadfastness in the face of challenges and threats. From this standpoint, Palestinian belonging is understood in collective terms, rooted in solidarity and a shared destiny—a crucial element of psychological protection against settler-colonial practices.⁷³ Thus, the group functions as a "container", in the Bionian sense,⁷⁴ one that holds the harshness of the colonial experience and transforms it into shared meaning, enabling individuals to endure and remain steadfast.

In this sense, this act of "regathering" becomes a liberating act in the face of colonial policies, and a collective psychological process that reshapes the collective self as a resistant entity capable of wresting hope from sites of pain and reclaiming a sense of personal and social agency, despite feelings of frustration.

73. Makkawi, Ibrahim. Reference No. 18.

74. Bion, Wilfred. Reference No. 12.

Discussion

The experiences shared by the Palestinian psychotherapists who took part in this study reveal that Israel's genocidal war in Gaza, alongside policies of persecution and silencing pursued against 48 Palestinians, and the moment of brokenness and existential anxiety they produced, caused the walls of their therapy rooms to crumble. This breach allowed the political world outside to flood in, leaving therapists and their clients to grapple with decontextualized tools that do not reflect the difficulty of their lived realities. Moreover, they have discovered that the professional language of their training often reproduces power relations within a space intended to be safe, while neutrality detached from context can transform that therapeutic space into a site that perpetuates symbolic and structural violence.

Palestinian psychotherapists have found themselves inhabiting the "potential space"⁷⁵—an intermediate zone of experience situated between internal psychological reality and external reality. This potential space constitutes a relational and symbolic field where possibilities for play, creativity, and cultural experience emerge, provided the therapist possesses the capacity for containment. In the Palestinian context, the concept of technical neutrality⁷⁶ derived from classical psychoanalysis obstructs containment within this potential space. It is replaced by the concept of "critical allignment" found in liberation psychology: the recognition that therapeutic practice is inevitably entangled in social and political conflict, requiring the therapist to be conscious of their position and to commit to restoring the human dignity of the oppressed person.⁷⁷ Critical allignment has helped therapists position themselves as part of their people and its experience, enabling them to reject a colonial reality that strips Palestinians—therapists and clients alike—of their humanity and confront the immense psychological challenges it imposes. Thus, it can be said that Palestinian therapists have reshaped the potential space by endeavoring to liberate themselves as agents of mental health in the broadest sense, liberating therapeutic practice, aligning themselves with the values of freedom and justice, engaging critically with the traditional psychological theories they were taught, rejecting the Israeli narrative that criminalizes the Palestinian narrative, and resisting the "searing of consciousness" and the colonization of the psyche. They achieve this by joining alternative settings that provide a safe space for critical thought and the free exercise of their subjectivity, and serve as a genuine "container" that can hold their innermost thoughts and feelings honestly and unequivocally.

The experiences shared by these therapists reveal that they have lived through a state of

75. Thorpe, Mark. (1993). *The Matrix of the Mind: Object Relations and the Psycho-analytic Dialogue*, Thomas H. Ogden: book review. *Psycho-Analytic Psychotherapy in South Africa* 2, 22. Pp. 58– 64.

76. Freud, Sigmund. (1958). Recommendations to physicians practicing psycho-analysis (1912). In: Strachey, J. (Ed. & Trans.). *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Vol. 12. London: Hogarth Press. Pp. 109– 120.

77. Martín-Baró, Ignacio. Reference No. 9.

psychological "nausea", to use Sartre's term,⁷⁸ in which they suffer from a dual alienation: an internal alienation from the self, resulting from the imposition of the colonizer's values and identity, and an external alienation from their original social and cultural environment. The resulting sense of emptiness and futility is akin to existential nausea. Participants articulated this nausea by recounting experiences that reflect a sense of "unhomeliness" in their professional environments, as well as a loss of confidence in the knowledge they have acquired and in a world that makes the Palestinian feel transparent and invisible. Furthermore, traditional psychological discourse, which emphasizes individualism and shies away from issues concerning Palestinians as a collective, deepens this alienation and the splitting between the individual and the collective, and between the inner and outer worlds. Yet, like the characters in Sartre's novel *Nausea*, these therapists have embraced the concepts of freedom and individual responsibility, which reflect the task facing the colonized: that of reconstructing their collective cultural and political identity by seeking to join groups that gather up fragmented selves and heal wounded souls. This act of "regathering or *lamlamah* in Arabic" constitutes an attempt to forge a Palestinian psychological consciousness and connect it to the Palestinian collective self.⁷⁹

Within Israeli institutions, the experience of silencing and the appropriation of voice has come to the fore. Palestinian therapists have witnessed the usurpation of their language and the imposition of the colonizer's language and discourse. To use Spivak's framing, the "subaltern" is spoken about and spoken for, yet when the subaltern attempts to speak in their own language and exercise their subjectivity, they are cast out of the hegemonic system.⁸⁰ Silence and policies of silencing have trapped them in a physical and psychological siege: they remain confined to the professional positions they spent years studying and working to attain, while simultaneously facing a psychological blockade that prevents them from exercising their subjectivity and expressing their inner thoughts and feelings—or even their humanity. The experiences of these psychotherapists intersect with those of Palestinian physicians working within the Israeli healthcare system. As previous research by Mada Al-Carmel has found that, "despite their prominent presence in the healthcare system, Palestinian doctors are systematically subjected to silencing and the stripping away of their political subjectivity"⁸¹. Layers of epistemic violence and power structures that obstruct their agency have driven them to adopt silence, sometimes out of fear, and at other times as a means of resistance. Even instances where a voice is granted, it remains bound by parameters acceptable to the colonizer, thereby perpetuating colonial dynamics. This manifests as a condescending form of representation that claims to give voice to the marginalized while imposing upon them the logic and boundaries of the hegemon. This, in turn, reproduces silence among the subaltern as a strategy for

78. Sartre, Jean-Paul. (1964). **Nausea**. (Alexander, Lloyd, Trans.). New York: New Directions Publishing.

79. Shalhoub-Kevorkian, Nadera. Reference No. 48.

80. Spivak, Gayatri Chakravorty. Reference No. 54.

81. Mujadila, Ghada. (2025, February). Silent voices and militarized spaces: Palestinian doctors in Israeli hospitals after October 7. *Palestinian Papers-* [Mada Al-Carmel](#). P. 20. [in Arabic]

preserving their selfhood and narrative.⁸²

The experiences of Palestinian therapists reflect that they had come to believe—or at least were attempting to believe—that the field of psychotherapy had become more tolerant and inclusive than in the past. We had begun to hear about academic programs and courses that are culturally sensitive and context-aware—or claim to be—as well as those that seek to foster social change in pursuit of a more democratic, tolerant, and open society. However, the experience of therapists during the genocidal war has revealed these programs to be nothing more than a pretense of normal life from within the structures of colonial citizenship.⁸³ In other words, these "democratic" or pluralistic practices serve colonialism, aiming merely to soften and conceal its colonial character.⁸⁴ The intense moment of violence—manifested in physical and psychological annihilation—has led therapists to rediscover themselves and recognize the falsity or hollowness of the political and professional identifications they had internalized over years of study, training, and practice through the conscious or unconscious normalization of the tools of soft subjugation.

Conclusion

The colonial context poses fundamental challenges for Palestinian psychotherapists, challenges that extend beyond the technical aspects of psychotherapeutic practice. While the concept of neutrality is presented in classical psychology as one of the principles that regulate the therapeutic relationship, the experiences of Palestinian therapists reveal its limitations within a colonial reality that seeks to erase the self and criminalize the Palestinian narrative. In such a context, adherence to neutrality effectively reproduces hegemonic power relations, rather than serving as a tool for liberation from symptoms that hinder self-actualization and reduce the possibilities for healing. Hence, the need arises to reposition pain within the structural context that produces it, through conscious, critical practice that deconstructs mechanisms of oppression and exposes their impact on both the individual and collective self.

These experiences demonstrate that professional practice is not limited to containing individual suffering, but also encompasses reframing therapeutic language in a way that enables resistance to silencing and self-censorship, allowing for the Palestinian experience to be articulated in an authentic professional language, rather than in that of the colonizer. Language plays an active role in deepening critical awareness of how colonial structures generate psychological pain, distort identity, and fragment and alienate

82. Spivak, Gayatri Chakravorty. Reference No. 54.

83. Rouhana, Nadim; & Sabbagh-Khoury, Areej. (2014). Settler-Colonial Citizenship: Conceptualizing the Relationship between Israel and Its Palestinian Citizens. [Settler Colonial Studies](#), 5 (3). Pp. 205– 225.

84. Hawari, Areen. (2025). The Palestinians in the 1948 areas and the moment of annihilation. [Journal of Palestine Studies](#), 144. p. 257– 266. [in Arabic]

the self, while reconnecting the self with its authentic cultural and social environment. It also fosters a sense of collective belonging, by linking individual experiences to the collective memory and restoring legitimacy to the Palestinian narrative.

Policies of control and subjugation that seek to disconnect Palestinian mental health practitioners from their people and keep them imprisoned within hegemonic identifications and decontextualized, individualistic therapeutic practices, give rise to an urgent need for practitioners to become part of a collective "container". Such a container does not neutralize the political context, but actively engages with it, legitimizing feelings of anger, pain, and individual suffering while imbuing them with a collective and sociological dimension that can be symbolized and named. Such a container can alleviate feelings of loneliness, isolation, and helplessness, preserve the participants' capacity to dream, and reinforce their agency, while enabling them to reclaim their humanity and exercise their subjectivity— as therapists, as Palestinians, and as human beings.



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