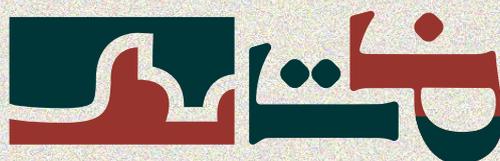# Colonial Structures and the Collapse of Ethics in the Therapeutic Space:

Reading a Lived Experience from a Liberationist Perspective

— Najla Athamnah —

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Colonial Structures and the Collapse of Ethics in the Therapeutic Space:
Reading a Lived Experience from a Liberationist Perspective

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Foreword

"He who writes his story inherits the land of words, and possesses meaning entirely!"[1]

This article critically examines a psychoanalytic relationship from the perspective of a psychotherapist reflecting on her own experience in undergoing psychoanalysis. She approaches it as a clinical space in which the personal intersects with the collective, and the internal with the external, in a context that is politically and ethically charged. The study starts from the premise that the therapeutic space is not an isolated sphere, but is influenced by broader power structures. It proposes an analytical approach that draws on the intersections of classical psychology, liberation psychology, and feminist and postcolonial critiques, in order to reveal moments of collapse within the therapeutic space. It demonstrates that such moments illuminate professional, ethical, political, and social structures that have not been adequately addressed within psychoanalytic and therapeutic practice. Rather than merely describing this failure, this study interrogates foundational concepts in therapeutic practice, such as neutrality, listening, containment, and the safe space. While these concepts are often presented within classical psychology as purely therapeutic tools, this article argues that they may be deployed in ways that, often without practitioners' awareness, reproduce structural violence within a presumed safe space. Hence, the paper interrogates these foundations, concepts, and professional practices, not only in terms of their technical content or individual intentions in their application, but also in relation to the social and political structures through which they are produced and reproduced. The intention is not to undermine these foundations or to deny their therapeutic value, but to resituate them within their social, political, and human contexts, so that they may be reclaimed as practices of liberation, rather than mechanisms of control. Methodologically, this critical approach finds expression in the adoption of autoethnography as a framework that enables the questioning of therapeutic practices and concepts from within, transforming lived experience into a critical lens through which to analyze the professional and epistemological foundations of mental health practice. In addition, the article seeks to broaden and enrich the discussion within the field of psychology by integrating critical perspectives and laying the groundwork for further research.

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* This article offers an autoethnographic reflection grounded in the author's own psychoanalytic experience. The text was prepared in strict accordance with professional confidentiality, and includes no identifying details of individuals or institutions. Rather than focusing on the individuals involved, the article interrogates the ethical and political structures that shape the therapeutic space.

1. Darwish, Mahmoud. [n .d.]. The traveler said to the traveler. Al-Diwan. [in Arabic]

Positionality[2]

I am a Palestinian woman living inside Israel, part of the second generation of the Nakba. I belong to a people dispersed across territories: within the Green Line, the West Bank, Jerusalem, the Gaza Strip, and in exile as refugees. Several terms are used to refer to Palestinians living inside Israel, including "1948 Arabs"; "Palestinians in the territories occupied in 1948"— emphasizing the pivotal event that shaped their collective consciousness and identity; "Palestinians inside Israel" or "Palestinians within the Green Line" —highlighting the legal and political context in which they live; and "Israeli Arabs"— a political construct devised by Israel in an attempt to strip them of their Palestinian identity.

I am also a psychotherapist. Palestinian therapists of my generation are few and tend to know one another through overlapping professional and sometimes personal networks. Undergoing one's own psychological treatment, whether psychoanalytic or psychotherapeutic, is essential for a therapist to maintain personal and professional equilibrium. A therapist who refrains from receiving therapy inhibits the growth, refinement, continuity, and maturity of the profession. Given these constraints, we sometimes turn to Israeli therapists, as they are outside our immediate circles. I recently chose to work with an Israeli psychoanalyst for precisely this reason. This decision brought with it multiple layers of complexity, including the use of Hebrew within spaces where Arabic, my mother tongue, is structurally marginalized, and the structural power relations that govern the Israeli-Palestinian context. Another is the inherent tension within the therapeutic relationship itself, shaped by an ongoing colonial history and by the political developments of the past decade, which have led to a surge in racist and fascist policies, particularly since October 7, 2023.

Introduction

It took some time to write this article, and I repeatedly wavered over whether to publish it at all, given that it relates a personal experience involving a degree of disclosure and self-revelation. My hesitation also stemmed from the pivotal historical moment through which we are living as a people. In Gaza, we face a genocidal war, and in the West Bank, systematic killings, arrests, and destruction. Palestinian refugees experience exile, denial of the right of return, and deprivation of basic rights, while Palestinians in the 1948 territories confront persecution, mass arrests, and campaigns of silencing and intimidation that have escalated since October 2023. In such a context, individual experiences may at first seem secondary. Yet this very hesitation exposes the internal

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2. The concept of positionality refers to an awareness of the context in which research takes place, or the position of the researcher within it, which clarifies the conditions and limits that influence the process of knowledge production. See: Hesse, Sharlene Nagy; Leavy, Biber; & Patricia, Lina. (2007). **Feminist Research Practice: A Primer**. Thousand Oaks, CA: Sage.

contradictions, conflicts, and existential predicament facing Palestinians within the Green Line. Here, direct contact with Israelis, within an imposed colonial structure, compels these Palestinians to build professional and personal relationships laden with symbols and feelings of guilt, condemnation, and collective trauma. Over time, it became clear that my experience in therapy was not an isolated occurrence, but reflected a broader phenomenon that takes place repeatedly in similar therapeutic contexts, demonstrating how colonial structures infiltrate the therapy room itself.

By writing about this experience, I seek to contribute to a critical understanding of this phenomenon, in a way that allows for learning and the further development of therapeutic practice, especially given the dearth of texts written from the perspective of persons in therapy, despite the role they can play in enriching the professional and intellectual discourse. This article also constitutes an attempt at self-reflection and an act of resistance to the psychological impact of the experience that may encourage others who have undergone similar experiences to break their silence.

Furthermore, this experience divulges recurring patterns of denial and "splitting" among Israeli clinicians in their engagement with the Palestinian narrative and the realities of ongoing colonial domination, particularly in relation to recent events in Gaza. It is paralleled by the continued collaboration of some Western mental health professionals and scholars with Israeli therapeutic institutions that have refrained from taking a clear ethical stance on the genocide, which has contributed to its normalization and creates a profound crisis within the field of psychology, as clinical practice is detached from its ethical dimension. From this perspective, the article also seeks to shed light on the limitations of therapeutic practice in colonial contexts, and to situate the question of ethics in debates within psychology, as a central axis for understanding both the individual and the profession.

Methodology

My hesitation in writing this essay, coupled with an awareness of the intersections between the personal and the collective, guided the choice of autoethnography as the methodological orientation of this study. This approach allows individual experience to serve as a vantage point from which the professional, social, and political structures that shape it can be critically examined from within.

Autoethnography is commonly understood as a narrative research approach that brings personal experience into critical dialogue with broader cultural and social analysis. Poulos defines it as "an autobiographical genre of academic writing that draws on and analyzes or interprets the lived experience of the author and connects researcher insights to self-identity, cultural rules and resources, communication practices, traditions, premises, symbols, rules, shared meanings, emotions, values, and larger

social, cultural, and political issues".[3] Emotions are included in this approach as a source of knowledge, resonating with Bion's conception of thinking as a process rooted in emotional experience.[4] Autoethnography also seeks to create critical awareness, evoke the emotional and cultural meanings of experience, and situate inquiry within a broader commitment to social justice. In this way, autoethnography challenges the foundations of classical epistemology, which separates the researcher from the subject of research, and subjective knowledge from what is considered to be scientific knowledge, redefining research as a relational, cognitive, and ethical practice. It also aligns with feminist and liberationist perspectives that recognize the plurality of knowledge production and affirm the epistemic value of lived and subjective experience.

Adam, Boylorn, and Tillmann argue that "personal narratives that fail to stretch beyond one's inner life and cultural analyses unmoored from lived experience are not autoethnographies".[5] They reject the neoliberal tendency to individualize and privatize social problems, emphasizing that these challenges affect actual bodies as well as both individual and collective beings. Thus, autoethnography allows for the reading and analysis of practices within their social and political contexts, using personal experience to analyze structural phenomena and interrogate the systems that produce them.

This article draws on personal experience not as a form of self-disclosure or individual documentation, but as a critical and analytical means of examining therapeutic practice from the inside, within its crisis-ridden professional, ethical, social, and political contexts. The methodology functions as a critical medium that enables movement between the lived self and the analyzed self, while acknowledging the intersubjectivity[6] of the relationship between them. This entails a conscious bias toward those in positions of vulnerability or marginalization, i.e., a commitment to justice and liberation. The article also adopts a dual structure: it first presents the narrative of the experience of therapy sessions in the first person, before rereading it from a reflective and analytical distance, harnessing the qualities of autoethnography in combining academic rigor with creative insight and emotional engagement.

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3. Poulos, N. Christopher.(2021). **Essentials of Autoethnography**. Washington, DC: American Psychological Association. P. 4.

4. Bion, Wilfred R. (1962). **Learning from Experience**. London: Heinemann.

5. Adam, E. Tony; Boylorn, M. Robin; & Tillmann, M. Lisa (Eds.). (2021). **Advances in Autoethnography and Narrative Inquiry: Reflections on the Legacy of Carolyn Ellis and Arthur Bochner**. New York: Routledge. P. 3.

6. The concept of intersubjectivity refers to the interaction between the researcher and the subject of her research. See: Elmakhloufi, Mohamed. Narrative Research in The Social Sciences: Theories and Applications, review of a book of the same name by Hassan Ahjij, **Omran**, 48 (12). P. 246. [in Arabic]

On the Threshold of Psychoanalysis

In January 2022, I began receiving psychoanalytic treatment with "S.", an Israeli psychoanalyst. The treatment began with one session per week, and after a few months increased to three sessions of intensive psychoanalysis per week. This arrangement continued until November 2023. I chose to work with S. because she is a fully trained and certified psychoanalyst. At the time, I was considering enrolling in a psychoanalytic training program that requires candidates to have undergone at least two years of personal analysis. Prior to that, I experienced psychotherapy with several therapists, none of whom were psychoanalysts. I was referred to S. by my previous therapist, a highly qualified and professional psychologist whom I trust and respect.

At the beginning of the psychoanalysis, S. offered me a choice between sitting in a chair and lying on a couch. I chose the chair without hesitation as I had not yet developed a sense of trust in the therapist and was unaccustomed to relying on others. In time, however, I moved to the couch. This shift indicated my growing trust in S., along with an emerging realization that independence does not necessarily rule out the ability to rely on someone trustworthy. This seemingly simple shift had a profound effect on me, both personally and professionally. Over time, these sessions grew from a formal requirement into a personal necessity. The analytic process helped me to delve deeper into my inner world and enhanced my presence as a therapist in my own clinical practice.

However, with the onset of the genocide in Gaza in October 2023, I instinctively returned to the chair. I could no longer lie down. My body took the decision before my mind did. I recognized that I did not fully trust S.'s ability to comprehend my feelings and thoughts. Over the preceding months, I had learned a great deal about her from her choice of words, her interpretations, her tone of voice, her facial expressions, and her physical presence. Yet I realized that my capacity to trust her was limited: it did not extend to those moments when the personal intersected with the political, or when my subjective experience overlapped with the collective memory and lived realities of my people.

Moreover, at times she viewed me through the lens of her own personal interests. One such instance occurred when she expressed surprise that I had not mentioned the Israeli demonstrations against the government during the period of upheaval over the Israeli judicial reforms, prior to October 2023. Her comment came during a session I had arrived at a few minutes late due to a demonstration that disrupted traffic. When I mentioned the reason for my belated arrival, she remarked that she was surprised I had not raised the topic earlier. Her apparent disapproval gave me cause to reflect, particularly since she usually seemed more interested in the inner than the outer world. Why, then, did she make this exception?

Later in the same session, she mentioned that she was taking part in the demonstrations, adding a personal dimension to her earlier comment. While the question of this exception lingered in my mind, I felt a sense of appreciation for her political engagement and her

ability, as a human being and a therapist, to stand up to power. I hoped that this might open up a broader analytic space and help me cultivate a deeper understanding of my own different selves. At the end of the session, I jokingly offered to give her a ride to the demonstration, both as a means of highlighting the potential connection between the personal and the political and in acknowledgement of a rare moment of convergence in which I felt a sense of respect, proximity, and potential. And yet, more often than not, when political themes arose in our sessions I experienced her listening as filtered through her own expectations rather than the texture of my lived experience.

Moments of Collapse: Cracks in the Therapeutic Space

Over the course of this experience, I observed several moments that created fractures in the therapeutic space, marking turning points in the analytic relationship. In the following paragraphs, I focus on a number of moments that occurred in the immediate aftermath of October 7, 2023. The selection of these moments is neither neutral nor exhaustive; it is necessarily partial, given the limitations of this article, which cannot give a full account of the therapeutic process, and the need to select moments that offer opportunities for reflection and contemplation due to their psychological and professional intensity. In this way, the article seeks to develop understanding and analysis, and strengthen the therapeutic sense from a professional and ethical perspective. These moments are not incidental; they created fissures within the therapeutic space, illustrating what can transpire when the therapeutic experience intersects with collective trauma amid a turbulent social, political, and ethical context— particularly when the influence intervening power structures is ignored.

"Permission to Narrate"

In our initial sessions after the outbreak of the war on Gaza, S. continued to impose her own perspective, disregarding what I said. Even when I reminded her the events had not begun on October 7, 2023, that the people of Gaza had endured siege for over 17 years, and that the genocide and erasure —now intensifying— was actually decades old, my position still seemed unacknowledged. I felt that she had seized control of the therapeutic space, intended to offer me safety and protection, where I should have been able to present my narrative from my own perspective. Instead, I experienced the sessions as increasingly oriented toward her need to speak and be heard. For me, this engendered feelings of tension, anger, and at times even fear, especially against the backdrop of the arrest campaigns and sweeping policies of intimidation and silencing being waged against Palestinians inside Israel. Nevertheless, I attempted to confront my fears with honesty and a conviction that the therapeutic space existed to enable me to tell my story and contend with my own difficulties, rather than to be drawn into hers.

As bell hooks wrote:

> Had middle-class black women begun a movement in which they had labeled themselves 'oppressed,' no one would have taken them seriously. Had they established public forums and given speeches about their 'oppression,' they would have been criticized and attacked from all sides […] We could be heard only if our statements echoed the sentiments of the dominant discourse.[7]

This conditional granting of voice implies that therapeutic failure may manifest itself in the act of ignoring the pain associated with the intersection of identities, or when such pain is reframed within technical concepts stripped of their content, thereby perpetuating silencing during therapy. It also echoes Frantz Fanon's description of the colonial experience as the silencing of the voice of the Other and imposition of the language and concepts of the "master" onto the colonized, depriving them of the right to represent themselves.[8] In my case, my voice had become an object of suspicion and a narrative to be justified and defended instead of listened to and analyzed. This precisely aligns with what Edward Said termed "permission to narrate": a voice granted only when it conforms to the hegemonic narrative and dismissed when it challenges dominant power.[9] In this way, the therapeutic space functioned as a stage for reenacting structural power relations. Perhaps the greatest tragedy lay in the fact that this took place within a space intended to give voice to suffering, not to silence it.

"Big Brother" Casts his Shadow in the Room

In another session, S. confronted me, stating that I only talked about Gaza, without mentioning the events of October 7. I reminded her that I had done so in a previous session, to which she replied, "Yes, but it took you 40 minutes to mention them". That moment came as another shock. I felt emotionally exhausted, frustrated, and deeply angry. I recalled similar instances shared by acquaintances that reflected a recurring pattern whereby a Palestinian is not only required to acknowledge the Other and their right to live, but also to acknowledge their "right" to kill you— and to deny killing you. Question began to quietly percolate within me: Why were these minutes being measured? Measured against what standard and whose expectations? Was I expected to orient the session towards her preoccupations? And was this not meant to be a safe space in which I could speak from my own urgency and need? At that moment, I felt as if I were under surveillance, as if Big Brother from George Orwell's *1984* were watching

7. Hooks, Bell. (2002). Black Women: Shaping Feminist Theory. In: Elsadda, Hoda (Ed.). **Alternative Voices: Women, Ethnicity, and the Nation in the Third World**. Cairo: High Council for Culture. P. 38. [in Arabic]

8. Fanon, Frantz. (2021). **Black Skin, White Masks** (Philcox, Richard. Trans.). London: Penguin. (Originally published: 1952).

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

me from inside the treatment room.[10] The feeling was overwhelming, growing almost unbearable.

Big Brother is more than a metaphor here. The reference reflects the reality of exposing oneself within a system of surveillance in which the therapeutic framework dictates what should be said and when. In this way, an authoritarian structure is reenacted, stripping the relationship of its therapeutic and human dimensions.

Images and Mirrors

In one of our sessions, S. claimed that Palestinians in Gaza were publishing fake images, using Photoshop to produce pictures of children's dismembered bodies, adding, "Everyone knows these are fake". Her words shocked me, as did her complete detachment from the human suffering I was trying to convey. Her stance was not one of mere denial, but of the erasure of truth, feelings, and dignity— erasure of the very existence of the Palestinian, even in death.

In that moment, I felt the shared space shatter, and the relationship descended into emotional confusion and moral questioning. Her words were not only shocking but also destructive, as they demolished the therapeutic bridge that should have connected psychic truth and political reality. I felt that my words were now unheard, my suffering unacknowledged, and my very existence denied. From her privileged position within the therapeutic field— a position that extended far beyond her professional role and into her gendered and ethnic positioning as an Israeli with a Palestinian analysand, the analyst had used her authority to silence or deny my lived experience and invalidate my feelings.

Moreover, I felt that the images S. had dismissed were not merely photographs of mangled bodies, but mirrors reflecting a facet of violence not meant to be seen. In them, I saw faces that resembled my own; to her, they were simply "fake material". Her denial of these images was tantamount to refusing to look in the mirror, for fear of confronting the ugly features of colonialism in her own reflection, and the possibility that the images might reveal the violence perpetrated in her name.

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10. Orwell, George. (1949). **1984**. London: Secker and Warburg.

"That's one issue, and that's another issue"[11]

In one of the sessions, I asked S. whether there were voices within Israeli society opposing the war and calling for it to end. I explained that, from my limited exposure to Israeli media, my own impression was that there was overwhelming public support for the continuation of the war. She replied, "There are different people and different opinions". Then she abruptly added, "Bombing hospitals, even with patients inside, is not considered a war crime under international law".

I was taken aback. I could not comprehend how my question about the possibility of ending the war had prompted this attempt to legitimize and justify violence. In that moment, I felt that the violence was no longer confined to the outside world, but was now being directed at me personally, at my very existence as a human being and as a Palestinian. Her words had the impact of a bomb, penetrating the therapeutic space and striking a vulnerable spot. It was no longer possible to separate the analytic relationship from what had been said within it. Doubt had seeped into its core, fracturing its moral foundation. Even if one were to interpret the therapist's statement as a parapraxis, a Freudian slip,[12] or a symptomatic act,[13] its effect remained violent— not only symbolically, but also professionally, ethically, and relationally.

I experienced that statement as a denial of my humanity and perceived a moral double standard, particularly as both the hospital and the therapy room are spaces dedicated to healing. When the physical bombing of the former is justifiable, then so is the symbolic bombing of the latter. Justifying the destruction of a place devoted to healing the body casts doubt on the integrity of a space devoted to psychological care.

Regaining Agency

"If the canary doesn't sing for you, my friend, then you sing for it…"[14]

Following those moments, my questioning and doubt about the analytic relationship intensified, affecting my ability to engage in the relationship and creating both psychological and moral difficulties. I experienced anxiety and distraction. My psychological and physical exhaustion began to extend beyond the analytic setting,

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11. The title of this section is taken from a poem by the Egyptian poet Mostafa Ibrahim, which was interpreted in song as *Telk Qadeya* by the band Cairokee in 2024. The poem connotes a critique of the double standards that divide humans into those who deserve life and those who do not. The quotation is used here to imply a rejection of this double standard, especially within therapeutic spaces concerned with healing. Hospitals, like therapy rooms, are spaces for healing.

12. American Psychological Association. (2018, April 19). "Parapraxis". APA Dictionary of Psychology.

13. American Psychological Association. (2018, April 19). "Symptomatic Act". APA Dictionary of Psychology.

14. Darwish, Mahmoud. [n. d.]. Tuesday. Al-Diwan. [in Arabic]

fraying the fabric of my daily life, including interactions with friends and family, especially those involving playing with children. My sense of presence diminished. I found myself emotionally distracted at times, yet simultaneously weighed down by residual tension from the therapeutic encounters. I became absent-minded, my thoughts scattered, and preoccupied with questions about what to do and how to cope during the sessions. The sessions began to drain it, and windows through which I had glimpsed signs of hope now closed. In response, I resolved not to allow therapy top rob me of a vital part of my life, and to refuse to normalize statements that harmed me and violated professional and ethical standards.

When I informed S. of my intention to suspend the sessions temporarily, I explained that I wished to do so in order to preserve the positive aspects of the experience. She suggested that we "work through it" within the therapeutic setting. I considered what she said to be close to clinically appropriate, and I was still disposed to give the relationship another chance. However, the subsequent sessions clarified that the therapeutic space was no longer able to contain my affective experience or my narrative. What unfolded no longer resembled analytic work; instead, it became an experience of progressive depletion that encroached beyond the sessions into my everyday functioning. I therefore decided to pause the treatment in order to reflect on whether a future resumption might be possible.

During that period, I thought my feelings might subside once the war ended and the genocide in Gaza was over. Yet, at the time of writing, they persisted. I believed that the passage of time might help me process the experience, as sometimes occurs when we give pain some distance. However, with each passing day, the sadness deepened and the disappointment intensified. As I revisited the sessions in memory, I became increasingly aware of the cumulative psychological impact they had left within me. Approximately six months later, I returned to formally conclude the therapeutic relationship. S. was not the person I had previously known. She spoke only minimally, leaving me to carry the session, and her presence felt formal rather than relational. There was no meaningful opportunity to examine what had taken place; it seemed that S. could not —or did not see the need to— take responsibility for what had transpired. This provoked a sense of loss, and of having an experience that had not been fully symbolized, acknowledged, or repaired.

Yet alongside my feelings of loss and disappointment, I experienced a renewed sense of vitality and agency. As the Palestinian poet Mahmoud Darwish once wrote, "If the canary doesn't sing for you, my friend, then you sing for it". Drawing on this, I told myself that even when the therapeutic space cannot nurture life, it should at least not become a site of symbolic death. Agency is itself a form of healing, and the colonized self reclaims voice and embodiment through confrontation and action, not the silent assimilation of domination. In this light, my decision to withdraw represented a conscious and partial relinquishment of the relationship, whereas continuing it may have led to a broader loss of self-cohesion and dignity. Put differently, it was, to borrow Bollas' concept, an act of

resisting a schizophrenogenic imposition[15]— that is, resisting the projection of violence while simultaneously denying its existence. This was done in order to maintain psychic integrity and assert self-recognition, even when encountering those in power who seek to erase or deny it.

Toward a Professional and Ethical Awareness that Recognizes and Addresses Unspoken Gaps

This section examines the dynamics of the aforementioned analytic relationship by associating subjective experience with concepts from psychoanalysis and intersectional critical approaches. It is worth noting that this relationship, from its inception, was not immune to the structural power relations that shape practice within unequal colonial and gendered contexts. However, this section focuses on the period after October 7, 2023 and the outbreak of the genocidal war against Gaza, when these dynamics intensified, exposing the fragility of purportedly neutral professional and ethical concepts.

The analytic relationship under discussion cannot be fully understood as an individual clinical case; it constituted a space in which structural power relations manifested themselves not as one-off events, but as a self-replicating pattern. From the very first sessions following the outbreak of the war, a stark imbalance emerged in the fundamental conditions of the relationship, with the analyst's defensive responses appearing as a denial of suffering and an inability to comprehend it. This, in turn, revealed an entanglement of psychological, ethical, and political dimensions, intersecting with gender, and reenacting patterns of denial and exclusion embedded in colonial contexts.

From this perspective, a critique of the concept of neutrality offers an entryway to understanding the ethical and professional gaps within the therapeutic relationship. While neutrality is presented in mainstream psychology as a professional value, a critical perspective underscores its entanglement with power and knowledge and its role in reproducing the colonial structures that shape therapeutic practice.

Neutrality as Silent Violence

Neutrality is one of the most contested concepts in therapeutic practice. It is often presented as a professional value that guarantees the therapist's objectivity and impartiality. However, this conception implicitly presupposes that neutrality is possible in human knowledge or

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15. Christopher Bollas, in his introduction to "Freud and the Non-European", by Edward Said, writes that the latter's works are not only a form of literary resistance to the "intellectual genocide" practiced by Western narratives about Palestinians, but simultaneously perform the function of resisting "schizophrenogenic imposition"— that is, resisting a dual mechanism of violence based on direct violence and the existential denial of the Other. According to Bollas, the strength of this type of resistance lies in the maintenance of psychological coherence and insistence on self-recognition, even when the oppressor seeks to erase or deny it. See: Bollas, Christopher; & Rose, Jacqueline (Eds.). (2003). **Freud and the Non-European**. London: Verso.

human viewpoints, something that it challenged by philosophical and epistemological critiques of the concept. Said argued that knowledge is inextricably linked to the relations of power that produce it; all knowledge production is influenced by political and social contexts.[16] hooks asserts that theories proposed by white thinkers have frequently failed to take account of the realities and experiences of Black women, leaving them biased toward specific positions within the hierarchy of power and knowledge.[17] Haraway offers a radical critique of the illusion of neutrality through the concept of "situated knowledges", according to which all knowledge emerges from a specific position, and claims to full objectivity are themselves a form of epistemic hegemony that conceals its own positionality while presenting itself as universal and neutral.[18] Accordingly, therapeutic neutrality can be seen as an extension of the claim to epistemic neutrality. A neutrality that ignores structural violence produces not balance, but rather a silent form of violence that disrupts the possibility of genuine human encounter and psychological transformation. Consequently, deconstructing the concept of neutrality becomes a professional and ethical question: neutrality towards whom and what, and against whom and what?

Furthermore, deconstructing neutrality does not mean blindly identifying with the analysand's experience. Rather, it calls for an explicit awareness of the therapist's position and their professional and ethical responsibilities. Thus, the construction of a liberating therapeutic relationship seeks not to erase differences but to make them visible, and to foster an awareness of positionality that shapes the processes of listening and interpretation, along with the form and content of clinical interventions. In this way, one can speak of a conscious, reflective engagement— that is, the therapist's ability to remain present in the relationship while recognizing the situatedness of their perspective and the limits of their authority, and maintaining a constant readiness to question themselves and their practices.

To engage in a critique of neutrality is not to advocate for the lack of a position, but for a conscious commitment to justice and liberation as both a professional and human obligation. Unconscious structural bias, when it aligns with colonial or gendered discourse, reproduces rather than dismantles hegemony. By contrast, a conscious, critical bias towards the marginalized constitutes an ethical act consistent with the principles of liberation psychology and a feminist perspective, as it repositions the therapist within a humane relationship anchored in justice. Therefore, the therapist's bias in the experience described above should not be understood as merely a political opinion, but as an expression of a structural racial bias that reproduced forms of symbolic violence— violence that infiltrated the therapy room, not only in the discourse, but also in the structure of the relationship itself, as evidenced by the subsequent collapse of its very foundations.

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16. Said, Edward. (1979). **Orientalism.** New York: Vintage.

17. Hooks. Reference No. 7.

18. Haraway, Donna, (1988). Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. **Feminist Studies,** 14 (3). Pp. 575– 599.

The Fundamental Collapse of the Therapeutic Process

The process described above undermined the very foundations of the clinical encounter, disrupting what Winnicott termed "the use of an object".[19] In the absence of recognition, and when the analyst fails to "survive"[20] the anger, pain, or challenge emanating from the analysand, the possibility of the analyst functioning as an independent, reliable other —a psychological holding environment— collapses.[21] By resorting to defensive reactions, the analyst deprived the therapeutic relationship of its essential function, causing the space that enables the analysand to play and imagine —a space vital for deepening and broadening their relationship with both themselves and the world— to vanish.[22] With continued denial and in the absence of ethical accountability, the rift becomes unbridgeable and the potential for healing and transformation dissipates. This dynamic exemplifies what Ogden terms "the inability to dream".[23] The clinical encounter is transformed from a relational field for reflection into a platform for authority, one in which meaning is imposed rather than co-constructed by the analysand, denying the legitimacy of her lived experience and rendering her invisible and unrecognized.

This collapse transcends its technical dimension, revealing a convergence of political, gendered, and linguistic structures that shape the therapeutic experience. The fact that the analysand is a Palestinian woman speaking in her second language to an Israeli woman —who occupies a position of both therapeutic and systemic authority— turns every therapy session into a site where colonial dynamics, class disparities, and identity intersect. In such a context, what is said is not measured solely by its content, but is also weighed by the speaker's positionality, laden with political weight that permeates the deepest recesses of the self.

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19. Winnicott, W. Donald. (2016). "The Use of an Object and Relating Through Identifications". In: Caldwell, Lesley; &Taylor Robinson, Helen. **The Collected Works of D. W. Winnicott: (Volume 8, 1967– 1968)**. Oxford: Oxford University Press. Pp. 355- 364.

20. The analyst's failure to survive the encounter transforms the clinical space into a site of re-traumatization, where the 'destruction' intended as a psychological process for growth is met with actual, systemic erasure.

21. 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. For Bion, the container —the mother or the psychoanalyst— carries out the process of containment. This involves the process of absorbing raw emotional content, digesting it internally, and transforming it into psychological experiences that can be reflected upon, giving them meaning and significance. The container then re-presents these experiences in a form that is more understandable, comprehensible, and symbolic. This process leaves the analysand (or child, or person) feeling understood and gives them a sense of safety, while contributing to the re-assimilation of the content and organization of their inner world.

22. Winnicott, Donald W. (1971). **Playing and Reality**. London: Tavistock Publications.

23. Ogden, H. Thomas. (2003). On not being able to dream. **The International Journal of Psychoanalysis, Psycho-Anal**, 84 (1).

In such contexts of imbalance, and especially when collective identity goes unrecognized as part of individual emotional experience, containment generally transforms from a therapeutic practice into a "soft" tool of control that reframes pain to conform to the therapist's perspective, rather than the lived and subjective experience of the analysand. Containment cannot, therefore, be considered a neutral, technical skill, but is rather a conscious, critical capacity to understand the power structures and contexts that —sometimes subtly and unconsciously— establish what can be contained, when, and how.

The impact of this structural interference is evident not only in meanings and conscious attitudes, but also within the embodied experience of the analysand, whose body functioned as both a locus of political memory and a somatic index of fractures in analytic listening and containment. The analytic relationship's failure to contain the analysand's full psychic presence, her affective and representational life, was first registered somatically. The movement from the chair to the couch and back non-verbally enacted the depth of the psychological transformations within the therapeutic relationship. It was not merely a spatial detail, but a physical embodiment of the level of trust and the analysand's sense of security within the therapeutic relationship. The initial move to the couch expressed the analysand's ability to test the therapeutic space; as the therapeutic process progressed, independence became not the antithesis of the relationship, but a mature condition of it. The analysand's spontaneous return to the chair after the outbreak of the war, however, carried deep psychological significance. It expressed a rupture in the therapeutic space, as if the body, prior to language, was declaring a sense of insecurity.

This bodily moment illustrates the main contention of this article: the therapeutic space is not a neutral area that sits outside history and politics, but is embedded within broader social, colonial, and gendered structures. It further demonstrates that psychoanalysis cannot be isolated from its social and political contexts, particularly when the analytic relationship is between a Palestinian and an Israeli. Whenever politics surface, a listening gap opens up, as if to signal: "Mind the gap". The act of returning to the chair signaled that the analysand's body had registered what could not yet be fully symbolized, revealing itself as an embodied political memory as much as an expression of the psychological self. This act can also be interpreted as a way of grappling with the anxiety associated with asserting oneself from a position of dependency.

Selective Listening

The experience described above also suggests that in unequal contexts, listening can —sometimes unconsciously— become selective, subject to unspoken criteria that determine what is heard and what is ignored (as revealed in the statement: "I experienced her listening as filtered through her own expectations rather than the texture of my lived experience). When a therapist listens from the perspective of their own preconceived

frameworks rather than from the analysand's subjective position, the analysand's experience is distorted and reframed within a logic of dominance, undermining trust in the therapeutic relationship. Thus, listening cannot be reduced to a neutral technical function: it is an ethical act that requires humility and an awareness of positionality. Crucially, the therapist must remain attentive to how their historical, cultural, and political positioning affects the field of the audible.

This dynamic was also apparent in the analyst's surprise that the analysand did not raise the subject of the Israeli demonstrations against the government. The analyst, who typically focused on the inner world and had not previously shown any political curiosity, abruptly brought up a political issue that concerned her personally. This shift can be understood as a form of symbolic control over the analysand.[24] It can also be interpreted through Benjamin's concept of "mutual recognition",[25] which posits that recognition emerges through interaction, not identification and control. Surrendering to a relationship based on recognition does not equate to submission, but rather to engaging in a participatory relationship that acknowledges the Other as an independent entity, not a mirror image of the dominant self.

The issue at play, therefore, was not the absence of any mention of the anti-government demonstrations during the conversation, but the moment and manner in which the subject was raised. The therapist's disapproval, and its timing, implied that the "appropriate" political expression is that which corresponds to the analyst's perspective. Furthermore, the session included a "moment of lightheartedness" that subtly intimated the analysand's desire to rebuild a bridge between two worlds; however, the opportunity was not taken. As this interaction confirms, the analytical relationship is in a state of continuous construction, but it requires deep awareness of power structures and a vigilant moral presence.

Denial of Suffering and "Attacks on Linking"

The experience described above suggests that the breakdown of the therapeutic relationship in this case was not incidental, but rather a pattern stemming from a lack of awareness of the structural relationships that comprise therapeutic practice. The relationship did not merely miss opportunities for linkage, but at times undermined their very possibility. For

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24. The therapist may sometimes choose to evoke an external or personal event in order to achieve a therapeutic effect. However, this incident and what followed indicated that this was more of a personal intrusion than a professionally justified, therapeutic measure. According to therapeutic approaches —such as relational and interpersonal approaches— evoking such events may be legitimate when it is based on a relational awareness of the shared space and seeks to enhance the process of mutual recognition, or when it seeks to "dream" a content evoked by the analysand. However, what happened was an intrusion by the therapist's personal needs and experiences, for which I have found no professional justification in what followed.

25. Benjamin, Jessica. (2004). Beyond doer and done to an intersubjective view of thirdness. **The Psychoanalytic Quarterly**, 73 (1). Pp. 5- 46.

example, the analyst's dismissal of images of mutilated bodies exemplifies what Bion terms "attacks on linking"[26]— a hostile refusal to establish connections between emotional experience and knowledge thereof, between image and meaning, and between individual experience and collective memory. Through this dismissal, pain was excluded from the therapeutic space, precluding the construction of a shared affective experience.

This dismissive stance went beyond a mere technical therapeutic failure; it constituted a violent act of erasure— of narrative, dignity, and existence itself. As Shalhoub-Kevorkian has argued in her analysis of practices aimed at symbolically erasing the Palestinian body, labeling such images as "fake" not only denies the crime, but also strips the body of its right to expression, pursuing it even in death, and effacing the symbolism of a dismembered body. The act of denial intensifies the act of killing by interrupting the natural human right to grief, mourning, and recognition.[27]

Seen through Kristeva's lens, the Palestinian "stranger", as the subject of colonial violence, acts as a mirror for the analyst, reflecting what she perhaps tried to suppress or reject within herself. The images of mutilated bodies were not merely a testament to colonial violence, but perhaps also confronted the analyst with a repressed facet of her own identity, an "inner stranger" she did not wish to see or acknowledge. Thus, the dismissal of these images can also be interpreted as a defensive move that shields the self from facing the horrific violence perpetrated in its name, and constitutive of its positionality. To reject this mirror —by denying the authenticity of the images— is simultaneously to erase Palestinian existence and refuse to acknowledge what the images reveal about the violence internal to the colonial self.[28]

The Collapse of the Therapeutic Space Under the Authority of Surveillance

This erasure was further embodied in the process by which surveillance and evaluation became overt. The analyst's remark that "Yes, but it took you 40 minutes to mention them" revealed the presence of an authority that counts minutes, monitoring and evaluating what is said and when. Rather than metabolizing the analysand's anxieties and transforming them into material for reflection, the conversation was redirected toward what *should* be said or recalled, and when, according to the dominant discourse. Hence, the analyst embodied a position of authority, which undermined the foundations of trust and analytic safety.

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26. Bion, Wilferd. R. (2013). Attacks on linking. **The Psychoanalytic Quarterly**, 82 (2).

27. Shalhoub-Kevorkian, Nadera. (2024, October 31). Ashlaa' and the Genocide in Gaza. **Society for Cultural Anthropology**.

28. Kristeva, Julia. (1991). **Strangers to Ourselves**. (Roudiez, Leon S. Tran.). New York: Columbia University Press.

The moment that irrevocably ruptured what remained of the analytic relationship came when the analyst declared, "bombing hospitals is not considered a war crime", in response to the analysand's inquiry about anti-war voices. That question could be interpreted as an attempt to gauge the analyst's stance on current events and seek a foothold for rebuilding trust and safety in the therapeutic space. However, the analyst's vague response, followed by her shocking assertion, heightened rather than dispelled anxiety, foreclosing any possibility of restoring trust and irrevocably fracturing the analytic space, in a moral and professional collapse. Thus, the therapy room transformed into a stage for reenacting a discourse that justifies violence and strips victims of their humanity.

As Bollas points out, studying the structure of oppression entails more than examining direct violence perpetrated within power relations, which he labels "positive hallucination". It also requires paying attention to the oppressor's denial of the oppressed Other's existence, or what he terms "negative hallucination". Within such a toxic and psychotic dynamic, Bollas suggests that the combination of positive hallucinations (projecting violence onto Palestinians, e.g., the statement that bombing hospitals is not a crime) and negative hallucinations (denying their existence entirely, e.g., the claim that photographs of children's dismembered bodies are fake) renders the object relation not only toxic but also psychotic.[29]

Thus, the analyst's shocking statement transformed into a symbolic and actual bombardment of the analytic space. It obliterated the possibility of symbolization and play, which Winnicott[30] terms the "potential space"[31]— that which enables the self to play, create, and freely experience its internal and external worlds. With the collapse of the capacity for symbolization and play, the analytic relationship loses one of its foundational conditions. Yet this moment was not an exception, but the culmination of a series of failures —from containment, analytic listening, and mutual recognition, to attacks on linking— culminating in the complete breakdown of the safe space. These interconnected episodes reveal how the therapeutic space became a site in which power structures were reproduced.

Agency in the Face of Depleted Life Resources

These therapy sessions became a source of depletion of both internal and external life resources that disrupted what Ogden calls the "capacity for dreaming", as a direct consequence of failed containment within the analytic relationship. When linking is attacked, the processes of dreaming and thinking are impaired.[32] One could argue

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29. Bollas, Christopher. Reference No. 15.

30. Winnicott, W. Donald. Reference No. 22.

31. Ogden, Thomas H. (1992). **Potential Space, The matrix of the mind: Object relations and the psychoanalytic dialogue**. New York: Other Press.

32. Ogden, Thomas H. Reference No. 23.

that the therapy room was flooded with the Bion's "beta elements"[33]— raw, unencoded materials that, failing to be metabolized, seeped into the analysand's daily life. The therapy sessions began to drain rather than replenish her energy, closing windows that had offered glimpses of hope. This, in turn, disrupted her ability to connect with herself and with others as sources of support and protection, resulting in waves of distractedness and exhaustion.

In this case, the violation of boundaries was not merely a technical transgression of the analytic frame, but also a mechanism for reproducing power relations within the analytic encounter that reinforced the marginalization of the analysand's lived and subjective experience. The foregoing analysis of this experience thus constitutes a call for critical professional and ethical awareness that can confront the unspoken within therapeutic practice and resist its transformation into a site for reproducing symbolic violence. As Spivak demonstrates,[34] when the "subaltern" (a woman, a colonized person, a marginalized individual) speaks in unequal contexts and their voice is not recognized as an expression of a complex psycho-political experience, that voice is reframed within the dominant discourse— not to be understood, but tamed. While Benjamin identifies "mutual recognition" as a prerequisite for an equitable human relationship, Spivak warns that such a relational space may be structurally closed to those perceived as "Others".

In contexts of this kind, neutrality constitutes an act of political —and not merely ethical— positioning, functioning as a mechanism for silencing the voice and lived experience of the Other. Although the analyst framed her suggestion as an invitation to "work through" the rupture, the effect was closer to an injunction to move on, bypassing rather than metabolizing the analysand's experience. This suggestion can also be interpreted as a form of symbolic violence, one that subtly or gently reinforces and reproduces the power dynamic within the analytic relationship through a false sense of therapeutic urgency. Maintaining the relationship became a way to regain control of the therapeutic space, while continuing to deny the analysand's pain and silence her voice. Her withdrawal from the relationship was therefore an existential necessity, a means of protecting her psychic and relational resources and avoiding surrender to symbolic violence. As Makkawi wrote, "psychology that does not stem from an analysis of lived experience under colonial oppression cannot be a liberating science— rather, it becomes part of

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33. "Beta elements" are raw emotional sensory experiences undergone by children and adults. Bion describes them as fragments of experiences that cannot be psychologically digested or mentally processed, and which often manifest as physical sensations or emotions that cannot be understood or integrated. Despite their raw nature, they can be transformed into meaningful objects of thought, which Bion called "alpha elements". This takes place through the alpha function performed by the Container —the mother or psychoanalyst— who receives the beta elements, digests and assimilates them, gives them meaning and significance, and then returns them in a form more receptive to being understood, assimilated and symbolized. See: Bion, Wilfred R. Reference No. 4.

34. Spivak, Gayatri C. (1988). Can the Subaltern Speak?. **Die Philosophin,** 14 (27). Pp. 42- 58.

the problem, not the solution".[35] In keeping with Fanon[36] and Martín-Baró,[37] this act of withdrawal can be understood as reclaiming agency, as a psychological act that is both personal and political, and as a form of self-protection and healing. It is an affirmation of life in the face of its erosion, one that reclaims voice and meaning and redefines the therapeutic relationship not as an authority to submit to, but as a participatory space subject to constant renegotiation.

The experience described above demonstrates how concepts like neutrality, listening, and containment cannot be reduced to neutral technical practices; they are always shaped by the power structures and colonial contexts that produce them. Reclaiming agency is therefore not only an individual decision, but also a critical stance linking the therapeutic to the political. This necessitates a renewed approach to decolonizing psychological knowledge,[38] one that liberates therapeutic practice and re-situates it within its human, social, and political contexts. It also demands contemplation of a liberationist "potential space"[39] in which the Other is recognized as an integrated, complex self and partner in the production of meaning, and not relegated to an object of treatment or control. In such a space, listening, inclusion, and recognition are not merely technical practices, nor is the capacity for dreaming[40] and play[41] viewed in isolation from the context. Rather, they become ongoing critical practices and sustained ethical inquiries into who is seen, who is understood, who is excluded, and why.

Finally, what took place within the analytic setting cannot be reduced to an anomalous personal experience. It reflects a recurring structural pattern within colonial contexts and power relations. I am not alone in this experience. I know of a number of Palestinian colleagues working in the therapeutic field in Israel who chose to end their own therapeutic or supervisory relationships with Israeli practitioners after the outbreak of the genocide. Their decisions followed similar failures in the containment process, breakdowns in listening, and reenactments of external power relations within a supposedly safe space.

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35. Makkawi, Ibrahim. (2017). "Towards decolonizing community psychology: Insights from the Palestinian colonial context". In: Boniforti, Davide; Albanese, Cinzia; and Zatti, Alberto (Eds.). **Frontiere di Comunità: Complessità a Confronto**. Bologna: University of Bologna Press. P. 15.

36. Fanon, Frantz. Reference No. 8.

37. Martin-Baro, Ignacio. (1996). **Writings for a Liberation Psychology**. (2nd Ed.). Cambridge, MA: Harvard University Press.

38. Bulhan, A. Hussein. (2015). Stages of Colonialism in Africa: From Occupation of Land to Occupation of Being. **Journal of Social and Political Psychology,** 3 (1). Pp. 239– 256.

39. Ogden, Thomas H. Reference No. 31.

40. John Schneider writes, "Dreaming, for Bion, involves the pursuit of truth through thinking and feeling. He believes that the driving force of human development is the search for truth and that the mind is developed through dreaming as we strive to discover what is real about our experience". See: Schneider, A. John, (2010). From Freud's Dream-Work to Bion's Work of Dreaming: The Changing Conception of Dreaming in Psychoanalytic Theory. **International Journal of Psychoanalysis,** 91 (3). Pp. 521– 540.

41. Winnicott, W. Donald. Reference No. 22.

Some chose to remain silent, for fear of stigmatization or professional or political repercussions amid the unprecedented arrest, silencing, and intimidation campaigns. These experiences have been accompanied by a profound sense of "orphanhood" arising from the lack of a union or political framework to provide support and protection, which has further widened the gap between suffering and the possibility of expressing it.

Conclusion

"I write so that the mirage may turn green"[42]

I wrote this article in response to an inner need to understand what had taken place in the therapeutic relationship analyzed above, to process the experience through the act of writing. It was an act of resistance to illusion that allowed ambiguity to dissipate and pain to transform into meaning. What sometimes appeared illusory within the therapeutic relationship might have grown and flourished had it not been for the moments of professional and ethical breakdown that left the analysand in shock and pain, confounding both the assumption that the professional will act ethically and the hope that the therapeutic space will provide a safe haven for revelation and renewal.

In this context, the hope is that this article inspires a process of continuous reflection and liberation of the body, mind, and knowledge from the constraints that hinder the realization of individual and collective selfhood. Here, liberation is an ongoing psychological, political, epistemological, and ethical act; it is not limited to a deconstructive reading of external power structures, but extends to resisting and dismantling their silent manifestations within language, norms, and relationships of subjugation. Through a radical critique of technical neutrality and an interrogation of the core concepts of this text, along with other fundamental concepts of psychology, these concepts themselves can become instruments of liberation. Power resides not only in policies or institutions, but also in the language and standards that determine who is seen and who is marginalized, what is named and what remains unsaid.

42. Darwish, Mahmoud. Reference No. 1.