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Commentary: Political Activism: Should Psychologists and Psychiatrists Try to Make a Difference?

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The fields of psychology and psychiatry are characterized by the study of human behavior and mental processes. Their mandated "social contract" with the community is to describe, understand, predict, and modify behavior, particularly in cases of mental illness. Above all, practitioners are committed to helping the individual and alleviating emotional pain. Research psychologists and psychiatrists investigate the physical, cognitive, emotional, and social aspects of human behavior. The field is an academic discipline, a profession and a science. Mental health practitioners have privileged access to the human psyche and behavior. This privilege is vested with responsibilities and the primary duty to care for the mental health of their patients. This is the bedrock of the profession. To act otherwise would constitute abdication of professional responsibility.

Does this mean that those in the field of mental health care have the right or possibly even the responsibility to influence political reality? How does their responsibility differ from a surgeon, electrician, or bus driver? I would argue that the involvement of psychology and psychiatry professionals in political activity could be considered a gross boundary violation. The responsibility of psychology and psychiatry to society should encompass a respect for those arenas of life that supersede medical practice.

Wielding our professional skills we must resist any temptation to employ our training in areas where we do not belong. Mental health clinicians have no more authority than others to command the community's attention with regard to wider issues of politics. If psychologists and psychiatrists have the intention to engage in political activism, they should do this as "concerned citizens" and not as professionals (1).

Too often, it is unfairly expected from members of the field to solve problems of society. Psychologists and psychiatrists are particularly vulnerable since they are part of what Robert Jay Lifton terms the "shamanistic legacy"; the implication being that we have some magical influence over life and death that is tempting for various political interest groups or despotic regimes to embrace and exploit in order to carry out their aims and to "control reality." This activity may range from hard-core involvement in torture to the more subtle involvement in political discourse and activism (2, 3). In this manner, psychologists and psychiatrists face challenges to their professionalism and autonomy and subsequently to their ethical standards of conduct. These standards serve as a directive for mental health care providers in their professional and scientific activities and allow them to function at the highest ideals of the profession. Entering into political activity and dis-

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course would constitute a violation of these standards.

Moreover, an additional concern arises with respect to the fear that psychological technique can be used in excess and abused, resulting in wrongful use of behavior modification in inappropriate contexts. An extreme example of this would be torture. Similarly, it would be considered unethical for a psychiatrist to use his or her professional training and skills within the context of a governmental sponsored interrogation or evaluation if some element of coercion or abuse is engaged. This would be true even in the interest of national security (4). A further instance would be involvement of physicians in executions, considered now by several international medical associations to be unethical conduct. The public in this case has granted physicians extraordinary and exclusive dispensation to administer medications. This includes to the point of unconsciousness as well as the insertion of tubes and needles, otherwise considered as assault. This privilege is carried out in order to save lives and provide comfort. To make use of a physician's skills to do otherwise such as punishment, even in the name of the state, is a dangerous perversion (5). Society has entrusted mental health practitioners with powerful abilities; the more we involve ourselves in other areas, the more we risk that trust. This approach echoes the legal concept of "separation of powers doctrine," a constitutional principle of the U.S.A., under which the legislative, executive and judicial branches of government are kept distinct in order to prevent abuse of power. Dangers exist both ways. Psychology may be abused in the service of state sponsored atrocities, just as it may be used inappropriately protesting practices of the state. The practice of the profession comprises clear and well-defined expectations and responsibilities. In return for its dedication to the values to which it subscribes, society grants to the profession certain essential and defining rights and privileges. Political activism and intervention is not one of these time-honored responsibilities.

Mental health care professionals may approach mental illness and care with a great deal of devotion and sensitivity but at the same time may hold very different fundamental political beliefs. This diversity does not impinge on their professionalism.

However, political activism by the profession would be too divisive and destructive. Moreover, political activity would diminish the mental health profession's standing and respect in the eyes of the community. Psychology and psychiatry's dedication to truth, ethics, and integrity both as a profession and academic discipline would be sorely compromised and diluted to the extent of placing the future of the field's legitimacy in jeopardy. To engage in political debate would be ineffectual and a reckless use of psychology or psychiatry where it does not belong, resulting in misapplication of psychological language and practice. History has demonstrated that political agendas can and do serve as a rationale to distort the truth and engage in unethical behavior. For example, psychiatrists in the former Soviet Union dismissed political dissidents with a diagnosis of "sluggish schizophrenia" (6). It becomes much easier to diagnose, thereby invalidating the opposition, than to rationally present one's case in a professional and academic fashion (1). Similar intervention by members of the psychology and psychiatry profession occurred in Argentina in the years prior to 1976. Psychoanalysts in Argentina aligned themselves and exhibited overt sympathy for socialism in general and for communist regimes. This backfired with the military takeover of 1976 when psychoanalysis was banished since it was seen as being incompatible with "national values" and warranted the initiation of a "cultural" war. It is believed that many members of the profession were themselves involved in state terror both as victims and perpetrators during this dark period in the history of the country (7).

Having said this, political psychology is however a very legitimate and respectable sub-affiliate of the discipline. Political psychology represents all fields of scholarly inquiry concerned with exploring the relationships between political and psychological processes. It is an interdisciplinary *academic* field dedicated to the study of the interface between psychology and political behavior by voters, lawmakers, local and national governments and administrations, international organizations, political parties and associations. The field draws on several diverse disciplines including social anthropology, cognitive psychology, psychology of personality, social psychology, sociology, economics, history, international relations, philosophy, political science and political

theory. The influence of psychological processes on political behavior and the effect of the political system on the thought, feelings, and motives of individuals are explored. Thus, political psychology is defined essentially by its preoccupation with the role of human thought, emotion, and behavior in politics and the links between them. The field is vast and focuses on a broad range of issues affecting how ordinary citizens make sense of their political surroundings and how their perception of politics is linked to their beliefs and behaviors. A related area of study is that of "psychohistory" which explores the science of historical motivation. In contrast to history, it remains "problem-centered" rather than "period-centered" (8). Psychology and psychiatry therefore have much to contribute to the analysis and study of political and historical processes within the context of rigorous academic investigation. This is, however, very different from political involvement or activism which may directly influence political and government activity or policy and which is proposed by Avissar.

Several other problems exist with respect to Avissar's proposition. First, while it is true that political events are part of modern life and awareness of political factors is high throughout the population, this does not mean that professional boundaries need necessarily to be violated with members of the mental health care field entering the foray of political activity. It is precisely mental health care providers who should be acutely sensitive to conditions of limit setting. While issues may confront the individual's conscience from both sides of the political spectrum, this should not be acted out upon individually within the context of the clinical care setting and communally as an organizational response. In contrast to what Avissar argues, the ethical and professional responsibility "not to be involved" — should become as strong a sentiment as to become involved. Moralistic aphorisms do not accomplish anything. The inherent cognitive dissonance becomes obvious when Avissar's compares as equals "stones thrown at soldiers to suicide bombers," "soldiers hitting Palestinian civilians to bombs launched at crowded areas in Palestinian cities" and "suicide bombings to military actions in civil population centers." This is undeniable proof of how political dispositions may lead to distortion and even "blind" orientation to reality.

These comparisons not only become burdened with political overtones, but most importantly they may come to alienate a significant sector of the country's population, a sector of individuals who are no less deserving of mental health care than others, and who would come to decry and despise the psychological community and its "professional clinical intervention" if the organization or a significant number of its members were to take a stand with respect to political orientation.

Although the individual's response to any outrage should not be discouraged (on the contrary they should be encouraged since it is this which makes us human and it is this which lies at the heart of democratic process), these opinions should not be hijacked as any "flag to be waved" by any mental health care profession branch. That Avissar claims that the whole country has entered a state of "moral drift and decline in national stamina" is once again at best unscientific and subjective and at worst irresponsible. Avissar's admirable approach to injustice, no doubt held dear on an individual level by many other members of his profession, should be laudable and encouraged, however maintained at a personal level. Anything more would be seen as divisive and political manipulation. His approach thus becomes another one of the numerous political (and not professional) agendas held by various political interest groups nationally and around the world. It therefore must be respected but cannot be judged seriously. The silence of the psychological community today as opposed to in the past may be accounted for by any number of reasons. These may include professional maturation since the first intifada following which the follies of political involvement were subsequently realized. It may also arise from the shock felt, even by elements of the politically "left" establishment, at the brutality of suicide bombings during the second intifada. It is precisely the confrontation between "leftist" and "rightist" elements within the profession that is inappropriate, serving no healthy purpose. Statements such as defining "Imut" psychologist members as protesting for the moral cleanness of society would be seen by any objective party other than themselves as condescending and demeaning. This unfair attitude will only lead to the demise of the profession in Israel in cases of such involvement becoming vocal and sus-

tained. One would hope though that psychologists would not be paradigms of “passivity” as Avissar describes them, but rather active empathic mental health care providers doing all they can to assist patients in their quest for growth and treatment of any mental health issues. Moreover, involvement in politics as an organization will divert or sap much of the profession’s intellectual capital; patient care inevitably will be compromised. Academic commentary may have its place in analysis; however, political activism is dangerous and unprofessional — accompanied by unavoidable boundary violations. The non-politically active mental health care provider does not lose out by “accepting the existing or repressing the outrageous.” To the contrary, he or she gains so much in respect of professional neutrality and judgement. Imagine the scene of a politically active psychologist meeting with a patient of obvious opposite political beliefs, the proverbial “elephant in the room” will inevitably interfere with the psychotherapeutic process by defining the interaction.

Avissar’s reference to psychologists offering their “professional skills” as activists in states of conflict echoes a dangerous and unethical precedent set by the “Goldwater Affair.” In 1964 during the Barry Goldwater and Lyndon Johnson presidential election campaign, 1,189 American psychiatrists responded to an inquiry by a now defunct magazine for their opinions of the candidates. Most of the “professional skilled” responses, couched in psychiatric terminology, were so unfair and so outrageous to Goldwater that he sued and obtained a substantial settlement. It was suggested that this survey of psychiatrists contributed to Goldwater’s election loss. The American Psychiatric Association issued a clear statement decrying such analyses and in 1973 reference to this unethical practice was included in the “Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry.” Thus, even involvement at this politically modest level was considered unethical.

Avissar further suggests that political action should be possible whenever personal safety is not being severely threatened. This obviously depends where the individual is living. Not all would agree that an individual living today in Israel remains unthreatened by terrorism. It is precisely this closed approach that would lead to dangers of involvement by

the psychology and psychiatry profession as an organization. This approach echoes insensitivity and alienation, precisely the factors that would serve to blunt professionalism and interfere with clinical boundaries in a one on one relationship with a patient. Avissar’s suggestion that a psychologist’s “general tendency... to avoid personal involvement... reflects a need for security, control and power... [and] this passive, neutral and noncommittal stance... allows for the status-quo to exist” is simply incorrect. In fact it would be somewhat grandiose of the profession to suggest that all politics would depend on activism of psychologists. A psychologist should remain judgemental; it is this which maintains our perspective, awareness and humanity, but no less important we should always remain non-condemning. These concepts are not mutually exclusive. Political activism by mental health clinicians would be divisive, damaging and unethical; community activism in the context of voluntary contributions to society, however, would be desirable and honorable. Refraining from political involvement does not perpetuate the status quo, rather our role, mirroring the clinical therapeutic process, is to facilitate change and not “make better.” This is best accomplished in a manner other than that of political activism. Psychotherapy is not about bringing about political change... as mentioned this would be a glaring boundary violation of our social contract with society and our professional mandate to treat. We can become involved, though, as individuals or as an organization at an academic level in research and analysis. Thus when Avissar refers to “psychologists struggling for values even if those are unpopular,” it is this which makes us human. But it is this that should be done as individuals and members of society, and not as professionals. This is especially so since there may be other members of the profession who perceive political reality in a different light. Avissar is correct that as mental health professionals we need to “enhance our own awareness... [of] the social and political.” But once this awareness is enhanced, the information should be used to boost our understanding of where our patients “are at” and what not to let influence our clinical relationship with them from a countertransference perspective.

It must be noted that in the not too distant past, an illustration exists demonstrating the perils of

mental health involvement in politics. A mere 60–70 years ago members of the psychology and psychiatry profession allowed the political mood to influence their professional practice. The results were devastating. During the period of the Nazi regime in the years 1933–1945, psychiatry supported compulsory sterilization and euthanasia of the mentally ill and subsequently the killing of “inferior” races. They did this by applying scientifically invalid conclusions from evolutionary biology, yet considered valid due to prevailing political ideology (9). Many psychiatrists at the time maintained that they had an inherent responsibility more than other medical professions to be involved in community and political affairs. This belief arose since psychiatry by nature inculcates a holistic approach to the patient often including societal factors and contemporary ideology. While the unique role of psychiatry in the genocide during these years was not exclusive since other areas of medicine were also involved, psychiatrists fitted in particularly well and arguably were the most prominent. Therefore the dangers inherent in such political involvement using the Nazi experience as an extreme example of such perversion do become obvious when important boundaries become blurred. Clinical practice and political machinations need to be maintained separate. A more recent, however less ominous example, of this interference may be noted in the advice of a prominent psychiatrist in the U.S.A., Paul McHugh. Using psychiatric concepts, terminology and treatment practice in trying to make sense of the 9/11 terror attacks on U.S. soil, he advocated brute force as a response by the U.S. military. This he based on the understanding of “overvalued ideas in anorexics and alcoholics” who are treated by psychiatrists by means of “interrupting their behavior.” Psychiatrists, he maintains, do not listen to explanations or motivations of these patients, similarly he states we should not listen to grievances expressed by terrorists, rather they should be devastatingly bombed as well as the countries from where they originate. As such, McHugh abandons science and logic in order to apply his ideas in a political sense, supporting and encouraging actions of the government (10). In so doing, he exploits his psychiatry in the political arena. Not only is the result bad science, this approach is misguided and has no place being used by a senior mem-

ber of the profession to further his or her own political goals.

The role of psychology and psychiatry in the understanding of political behavior is clear. We are required to assist in the answering of several critical questions required for civilized political process to continue. Questions for which our skills are required include how do people develop their political attitudes and how may we test them? What are the ambitions and motives of political leaders, and where do they come from? What makes a political leader charismatic? What determines success as a leader? How can one explain voting behavior and party preference? How may one understand political cynicism, patriotism and nationalism? What are the origins of political violence and terrorism? Entry into the profession of psychology and psychiatry is accompanied by certain well-defined expectations and responsibilities demanded for professional life and are embodied in the professional Ethics Code. Standing up for the rights of patients is included within this rubric of moral instincts, particularly when these rights are encroached upon due to political process such as budget and service cuts or when human rights violations directly affect patient care. This approach incorporates the duty to encourage the growth of community projects and to find appropriate social application of psychology and relevant psychological skills (11). Similarly, as mental health practitioners we have a legitimate medical concern about how the law affects the mentally disordered as a class. When the mentally disordered are not treated justly and appropriately by the legal system the law should be challenged by members of the profession at an organizational level (12). However taking an active stance in areas of politics that do not directly affect clinical management, such as government policy regarding territory or terror management, would be problematic and thus not recommended. The correct approach includes for each mental health professional the expectation and obligation to uphold professional standards of conduct rather than permit the political abuse of health care and its practitioners (13). Nothing less than the legitimacy of the profession is at stake. Ideological bias must never be permitted to interfere with the overriding goals of the mental health care professions. Entering into the broader political foray as a professional body is reck-

less and would violate the code. Such activity would not serve the best interests of our vital, engaged profession or of our patients. We can never abandon our core principles in light of any political activism; anyone doing so needs to be called to account.

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Author's Response: Who's Afraid of Politics? Or, Psychotherapists as Political Entities

Nissim Avissar

It is a pleasure for me to take part in this fascinating debate. When I submitted the transcript for "Politics and Israeli psychologists: Is it time to take a stand?" I did not imagine that it would ignite such a vibrant and rich discussion. To a large extent my purpose is fulfilled. Still, some clarifications are required.

First, let us make sure that the discussion is based on similar basic definitions. It seems that this is not the case here. The most central definition at issue is that of the term "politics." Zemishlany defines politics as "the art or science of government"; this is the traditional and narrow meaning of the term. It seems that Strous referred to the term "politics" in a similar fashion. However, this is not the meaning I assign to the term. Politics in its wider sense deals with the pushes and pulls of a person or a group over other/s. Hence, it has to do with relations in which power is present, overtly or latently. Therefore, politics may reveal itself within very personal and intimate rela-

tionships. According to this wider definition, a political action may very well be an act of an individual and may not take place within the public sphere. Additionally, positioning relationships of all kinds within a broader context of time, place and society is in fact an act of revealing of the political within the personal. Similarly, therapists who take into account their own (gender, national, cultural, socio-economical, etc.) background and are aware of possible power relations within the psychotherapeutic work are politically aware.

The second key definition is psychotherapy. It seems that the dispute in the present discussion is over its definition. Indeed, as Totton remarks, "once we turn to 'psychotherapy' itself, however, we find that defining the term itself is a political act, rising thoroughly political questions" (1). Some relevant fundamental questions are: What is the nature of psychotherapy? What are its goals? What are its le-