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# TRAUMA AND DISSOCIATION IN MULTI-CULTURAL ISRAEL

By Eli Somer

This article presents a brief overview of the dissociation field in Israel. Although significant progress has been made since the publication of the first paper on DID (than MPD) in the Israeli mental health literature (Somer, 1989) a recent backlash against the field proves a lot still needs to be done in the dissemination of evidence-based information about trauma and dissociation.

## Trauma and dissociation in multi-cultural Israel

This article presents a brief overview of the dissociation field in Israel. Although significant progress has been made since the publication of the first paper on DID (than MPD) in the Israeli mental health literature (Somer, 1989) a recent backlash against the field proves a lot still needs to be done in the dissemination of evidence-based information about trauma and dissociation.

## Advances in Israeli dissociation research

Several instruments measuring dissociation have been translated into Hebrew over the years. Among them are the Hebrew Dissociative Experiences Scale; the Hebrew Adolescent Dissociative Experiences Scale;

the Hebrew Structured Clinical Interview for Dissociative Disorders; the Hebrew Multi-modal Inventory of Dissociation and the Hebrew versions of the Dissociative Disorders Interview Schedule and the newer Dissociative Trance Disorder Interview Schedule. Research has shown that translated dissociation measures demonstrate strong internal consistencies, statistical reliabilities and construct validities when tested in the culturally diverse Israeli society (e.g., Somer & Dell, 2005). The understandable interest of Israeli scholars in the course of PTSD development has steered some local research into the investigation of peri-traumatic antecedents of PTSD. A number of quantitative studies have examined the role of peri-traumatic dissociation in the development of PTSD (e.g., Shalev, Freedman, Peri, Brandes, & Sahar, 1997) and identified it as significantly predictive of PTSD symptomatology. Several Israeli qualitative studies have shown that peri-traumatic dissociation plays an important role in the sexual victimization of female clients by their male psychotherapists (e.g., Somer & Nachmani, 2005), in the coping of emergency room social workers vicariously traumatized during terror attacks (Somer, Buchbinder, Peled-Avram, & Ben-Yizhack, 2004) and among traumatized civilians under continuous traumatic stress in a rural war zone (Somer & Ataria, 2014). The role of dissociation in the etiology of suicide has been the focus of investigation for a number of Israeli researchers who have shown that the life narrative of a suicidal person can be formulated in terms of a sequence of losses associated with unbearable mental pain, a syndrome that is predictable of suicidality, and includes a sense of loss of control, emotional freezing, estrangement and physical dissociation. These Israeli studies have also demonstrated that suicidal individuals experience their body differently from other populations and that these changes are related to suicidal behavior. Their bodily experiences include rejection of the body, detachment, numbness, physical anhedonia, and lack of self-care (e.g., Levinger, Somer & Holden, in press). Further evidence of the budding awareness and interest in dissociative psychopathology in Israel was provided in a survey of the attitudes of 211 practicing clinicians in Israel toward dissociative disorders (DD) and DID (Somer, 2000). Of the sample, 95.5% percent scored at or above the midpoint on a 5-point Likert scale measuring belief in the validity of DDs; 84.5% declared at least a moderate belief in the validity of DID. The average Israeli clinician surveyed had made 4.8 career-long DD diagnoses and carried an average of 1.05 DD patients in his/her current caseload. Nevertheless, a recent study revealed that one-quarter of a cohort of psychiatric inpatients in Israel were identified as having probable dissociative psychopathology. None of the participants had any indication of a DD diagnosis in their medical records (Ginzburg, Somer, Tamarkin & Kramer, 2010).

### **Advocacy and backlash in Israel**

In 2006 we established the ESTD affiliate organization: TDIL – Trauma and Dissociation Israel. TDIL, features a Facebook group with close to 700 members, a dynamic website, regional discussion and intervention groups, four yearly lectures and one yearly conference or a major workshop that had featured such international experts as Joyana Silberg, Richard Chefetz, Suzette Boon, Pat Ogden and Ruth Blizard. The growing awareness of the dissociative consequences of severe childhood traumatization was utilized in a successful lobbying for the extension of the statute of limitations on incest crimes in Israel. In an attempt to interpret to the legislators some of the freeze responses of non-resisting (peri-dissociating) rape victims and in a separate effort to prolong the 10-year old statute of limitations, op-ed articles were published in a leading Israeli newspaper. Data on peri-traumatic dissociation and on dissociative amnesia and recovered memories of trauma were presented to members of the parliament's judicial committee and were interpreted to the courts in invited affidavits and expert testimonies that were cited in the verdicts of numerous convicted offenders and significant rulings. Very recently, the Israeli Supreme Court rejected the appeal of a man, convicted more than 6 years earlier for sexual offenses committed against his daughter, age 10, at the time. The traumatic memories were recovered fully when she was 23 years old. I was one



of the prosecution's expert witnesses. A few days after the Supreme Court's ruling, forty-seven Israeli academics published an opinion criticizing the Supreme Court for admitting the complainant's "recovered memory" into evidence, claiming that no data exists to support the validity of "recovered memories". The opinion called for a total prohibition on the admissibility of "recovered memories" into evidence in Israeli courts of law. In collaboration with colleagues from the international trauma and dissociation community, we have created a website to which we uploaded an opinion paper that more accurately represents current research and supports the Supreme Court's decision. This evidence-based position paper signed by 105 top trauma scholars and experts from around the world is arguing why survivors of childhood abuse who have recalled their traumatic memories following a period of dissociative amnesia should not be denied their right for a fair and just evaluation in a court of law. The website also includes a list of 391 references from the scientific literature related to the subject of dissociated memories of trauma, as well as some relevant internet links. During the writing of these words, the controversy that has been widely covered in the Israeli press and social media and is still a focus of professional debates and conferences in Israel.

### **Dissociation in collectivist traditional societies in Israel**

Israel's population has several traditional, collectivist societies (e.g., Religious Muslim and Orthodox Jewish) in which familial needs and social convention take precedence over the needs of the individual. Self-esteem, dignity and social identity in these societies are derivatives of the self-esteem, dignity and social identity of the family. This requires that the expression of sexual and aggressive feelings be severely curtailed. For example, conservative traditions in collectivist societies dictate that the individual expresses only love and positive regard for his or her parents. These social values place certain individual needs (e.g., sexual needs or the need



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to vent anger) in conflict with the needs and will of the family. To adapt well to these communities the individual must repress aggressive feelings towards members of the immediate and extended family. The adaptational drive actually promotes intrapsychic dissociation and repression as a means of circumventing conflict between the person and the society at large (Somer, 2006). Because traditional societies are so characteristically familial, self-assertion by oppressed women is typically met by rejection, sanctions, and inevitably by punishment and ostracizing (if not murder) when sexual issues are involved. However, these societies allow for dissociated and somatized distress to be expressed in hysterical conversive, somatoform and possession phenomena because their expression and cure reinforce the supremacy of male-dominated society and validate religion, (e.g., by male-performed exorcism rituals). Through these phenomena, forbidden behaviors and expressions of affect are then construed as "non-me" dissociative

trance experiences that are outside the woman's realm of control. Utilizing Western measures, we found recently that 91% of the traumatized Arab women were taxon-positive for dissociative disorder with 1 of every 2 respondents reporting symptoms corresponding to dissociative amnesia and depersonalization disorder, suggesting that this group may be particularly vulnerable to dissociative psychopathology (Somer, Ross, Kirshberg, Shawahdy & Ismail (2014).

## Conclusion

The growing awareness regarding the role of dissociation in the mental health of traumatized Israelis is encouraging because it guarantees that earlier attention will be given to unprocessed trauma, thereby offering enhanced chances of recovery. The dissociative model appears to be useful in understanding this ethnically diverse country. Despite the relative wealth of knowledge on dissociation disseminated by Israeli writers, a good deal has been accomplished by relatively few. Future efforts should be invested in promoting the teaching of dissociative dynamics to Israeli clinicians, with the aim of augmenting diagnostic and treatment skills to offset a pathology mostly associated with oppression and abuse. ■

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