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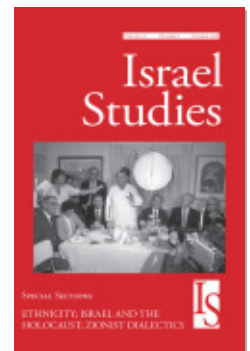
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The Memory of the Holocaust and Israel's Attitude Toward War  
Trauma, 1948–1973: The Collective vs. the Individual

Irit Keynan

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# The Memory of the Holocaust and Israel's Attitude Toward War Trauma, 1948–1973: The Collective vs. the Individual

## ABSTRACT

Immediately after the Holocaust, while most of the survivors were waiting in the Displaced Persons Camps for a resolution of their status, the Zionist movement's leadership together with the survivors' leadership made an unconscious choice of addressing the Shoah as a collective catastrophe, which overrides individual calamity. This view led the newborn state to adopt almost solely the narrative and conceptualization of the Holocaust, disregarding individuals' suffering and emphasizing elements of national heroism, active resistance to collective danger, and the exclusive role of the nascent Jewish state in assuring a secure life for the Jewish collective. It was not until the 1980s that individual memories and narratives trickled into public consciousness through literature, film, and the media. Around the same period, a parallel process occurred concerning national attitudes toward war trauma. The earliest public acknowledgement of Combat Stress Reaction and war trauma emerged in Israel only after the 1973 Yom Kippur War, shortly before the psychiatric community in the West acknowledged Post-Traumatic Stress Disorder (PTSD). The article argues that there is a clear connection between the two processes, and that the primacy of securing the collective over rehabilitating the individual significantly affected both the memory of the Holocaust and the attitudes toward war trauma for many years. Focusing the Holocaust memory on the narrow aspect of persistent danger to the Jewish collective has significantly limited empathy toward war trauma casualties, as the two issues are based on similar social beliefs.

## INTRODUCTION

THE PERSONAL STORIES OF WAR TRAUMA CASUALTIES ARE CLOSELY intertwined with the over-arching story of their national group, and this phenomenon is especially salient in societies that, like Israel, have a collective trauma in their past, and are also mired in a protracted conflict in the present.

In Israel's nascent years the common narrative and conceptualization of the Holocaust in the media, in educational messages, and in political rhetoric, emphasized mostly those national elements that were essentially related to national heroism and active resistance to collective danger.<sup>1</sup> In addition, Holocaust survivors were expected to overcome, or at least conceal, their personal stories and traumas<sup>2</sup>: It was not until the 1980s that individual memories and narratives began to make their way into public consciousness through literature, film, and the media.<sup>3</sup>

Between 1948 and the 1970s, a parallel change occurred in Israel's attitudes towards war trauma, from denial to a beginning of recognition of Combat Stress Reaction (CSR) and Post Traumatic Stress Disorder (PTSD).<sup>4</sup> The path to recognition in the West was long and intricate; and the heated debate among scholars, veterans, and politicians continues to this day.<sup>5</sup> The wounds of the soul collide with myths of heroism, threatening armies and states' ethos of a just war.<sup>6</sup> In the US, the debate in the 1970s was heavily influenced by the controversies over the Vietnam War and the veterans' role in atrocities among civilian populations.<sup>7</sup> In Israel, the alienation from war trauma lies at the core of the Jewish Israeli public's longstanding belief that the Jewish nation faces a permanent threat to its resilience and very existence. Although the IDF had recognized CSR a few years before PTSD was recognized by the Western psychiatric community,<sup>8</sup> war trauma has still been treated as shameful. Until 1973, and to a large extent even today, Israel's attitude towards war trauma has been laden with myths of heroism and existential fears with a persistent denial of any symptoms that might resemble weakness.<sup>9</sup>

The collective memory of Israel has been approached from diverse points of view—historical, cultural, sociological, political, and social-psychological. Much has been written on the construction of the “new-Jew”-Hebrew identity<sup>10</sup>; on the shaping and later disintegrating of an Israeli monolithic identity and its impact on attitudes towards Holocaust survivors<sup>11</sup>; on the changes in patterns of commemoration and on the connection between these processes and the Israeli narratives and social beliefs.<sup>12</sup> On the connection between the shaping of the memory of the Holocaust and the attitudes towards war trauma, however, very little has been written; among the few, the most salient is the work of Bar-On, Bar, and Rom who

claimed that the fact that cases of CSR during the War of Independence were not reported or documented, had a social role—it enabled putting the blame of “weakness” on the enlisted survivors of the Holocaust, contrasting them to the “strong and heroic” Sabra fighters.<sup>13</sup> Moreover, according to Bar-On and his colleagues the same reason lies behind the fact that after the War of Independence, Israel did not establish a system for treating or studying combat reactions. In fact, the IDF dismantled its few mental health centers.<sup>14</sup> They concluded that there was no need to preserve or understand the traumatic experiences amassed during the war, because such responses would disappear without a trace once the new immigrants had become fully subsumed within the *sabra* [native Israeli] “melting pot”.<sup>15</sup>

The article adds a new point of view that focuses on the connection between the immense threat to the collective due to the catastrophe, and the blindness to any individual suffering of the members of the community, survivors and soldiers alike. It argues that the huge dimension of the Holocaust reduced the attentiveness to all individual suffering, probably because, as Kay Erikson showed, emerging from the ruins, survivors of collective trauma realize that their community “no longer exists as an effective source of support” and with it “an important part of the self has disappeared”.<sup>16</sup> The understanding that the Jewish people, the source of their collective identity, has almost vanished, had led to Israelis focusing on the narrow collective aspect (existential threat) of the memory of the Holocaust—and thereupon significantly limited their ability to convey empathy to war trauma casualties, as the two issues are based on similar social beliefs that are typical to large groups with a traumatic past.<sup>17</sup> Already at the Displaced Persons Camps (DPCs) the survivors and the emissaries from Eretz Israel clung to the collective identity as a shield of the self, thus accepting the collective calamity as prior to the survivors’ personal disaster.<sup>18</sup> For the emissaries, the monolithic “new-Jewish” identity was a part of their existing ethos, but also, they did not know how to cope with the emotional wasteland and the psychological wreckage of the survivors.<sup>19</sup> Consequently, a superiority of reconstructing the collective over rehabilitating the individual was determined, and it significantly affected both the memory of the Holocaust and the attitudes toward war trauma for many years.

I chose the period between the 1948 War of Independence and the 1973 Yom Kippur War because of the different, even opposite, way of dealing with war trauma in these wars, despite the similar existential fears that Israelis felt in both. The attitude towards Holocaust survivors was also very different during these two wars. In 1948, Israelis saw the survivors as having inferior capabilities of defending themselves and their country. In 1973, the

consciousness of the Holocaust and the understanding that helplessness is not limited to the “old Jew” was much higher. Between these two points of time complex processes took place, some of them encompassing most of the Western world, while others have local features.

The article explores the developments between these two points in time, looking into the impact the Eichmann Trial and the 1973 War had on the currents of change that enabled a gradual acknowledgement of individuals’ suffering side by side with the collective ethos. Although the recognition process was influenced by global developments of moving from collectivism to individualism, these two local historic events were major catalysts to Israel’s ability to begin the long journey towards opening to the personal stories of Holocaust survivors and the personal suffering of traumatized warriors.

The analytical framework considers the historical events from psycho-analytical and socio-psychological points of view. As the article refers to well-documented historic events, it discusses their implications and does not detail the historical background. After examining some of the similarities between the behavior of traumatized societies and traumatized individuals, the article explores the attitude towards survivors of the Holocaust and traumatized soldiers in Israel’s first decades in view of Volkan’s concept of “a living monument”. The intersection between some characteristics of the evolution of the Israeli collective memory of the Holocaust and the Israeli attitudes toward war trauma during the War of Independence is discussed, followed by the implications of 1973 and the Eichmann Trial on this issue.

### TRAUMATIZED SOCIETIES AND TRAUMATIZED INDIVIDUALS

In traumatized societies, the shared traumatic event is “deposited” in the self-representation of next generations,<sup>20</sup> imposing on them a generational role to compensate the nation for the previous generations’ failure to avert the nation’s past humiliation and injury. This is the transgenerational transmission of the trauma, which Volkan calls “chosen trauma”, an unconscious process in which a historical event becomes more than a memory of the past: “With time, the chosen trauma changes function”. It becomes woven into the identity of the group, and impacts society’s attitudes toward diverse emotionally charged issues, and especially society’s desperate and disproportionate search for a sense of security. Sometimes, similar attributes of chosen trauma may be seen in individual cases of descendants of survivors who

adopt traumatic memories from their predecessors as their own, despite not having been present or being at an age that made it unlikely for them to have recalled such events.

The impact of trauma on a nation is similar to the process in which traumatic memory impacts the individual.<sup>21</sup> A core component of PTSD is a change in the brain's pattern of memory, which is more than merely "remembering something terrible".<sup>22</sup> One aspect of this new pattern of memory is an insatiable craving for security. The same yearning for security is seen in traumatized societies, whose overwhelming desire for security overshadows their ability to legitimize war trauma in individual soldiers as an injury equivalent to a physical wound.<sup>23</sup> The craving for security is directed not only to the outside world, but also inward, to society's individuals, demanding each and every one of them demonstrate a constant and resolute strength and resilience.

One may see collective trauma as a kind of societal PTSD that strikes an entire community and affects all of its members.<sup>24</sup> Like individual trauma, collective trauma undermines society's sense of stability and identity, and perpetuates feelings of endangerment, disorder, and profound fracture.<sup>25</sup> Perhaps this is why, although collective trauma essentially comprises multiple individual traumas, the significance of individual catastrophe pales in comparison with the overall destruction of the social or national fabric, and is often eclipsed in its entirety by the expectation that individuals should put aside their personal suffering and mobilize their emotional and other resources to ensure the survival of their community. This alarming awareness is combined with the scary understanding that their community can no longer be their source of support, a realization that subjugates all efforts to the rehabilitation of the community in order not to remain alone in a world that was proven to be estranged and hostile. On the other hand, this mechanism causes grave injustice to those individuals whose injuries render them unable to contribute to the efforts to reinforce collective resilience. Another, no less problematic, outcome of this mechanism is the fixation on a fruitless quest for a sense of security and protection—an ever-elusive goal that is considered to justify virtually all means.

### A LIVING MONUMENT

The personal suffering of survivors of collective trauma is often interpreted by their nations in collective terms, sublimating the meaning of the trauma into a national symbol, rendering survivors into "living monuments".<sup>26</sup>

Their personal tragedy becomes subsumed into the collective memory that the nation claims as its own, while the individuals continue to carry the scars in their minds and on their bodies, receiving little national support for their agony. This sublimation of individual trauma into a wider social conceptualization, which characterizes large groups that suffered massive trauma and is not unique to the Jewish people, results from the realization that the collective trauma was caused by an oppressor who sought to exterminate the group as a whole, and did not target each of its members as individuals. In the case of the Holocaust, the combination of the Nazis' explicit declaration of their intent and their relentless efforts to annihilate the Jewish people, added to their 2000-year history of persecution, imprinted the shared calamity on the national psyche as a collective fate. In Israel, consideration of the memory of the Holocaust as representing the collective aspects of the catastrophe has overshadowed the individual experiences.<sup>27</sup>

As a symbol, the Holocaust delivered simultaneously perplexing messages of weakness and strength, of victimhood and heroism. On the one hand, the Holocaust has been the embodiment of utter weakness and powerlessness, represented by both the dead and the survivors, the "old-world" Jews who were unable to defend themselves and had no state to protect them. On the other hand, this same weakness became a source of strength, signifying the nation's imperative never to be in such a condition again; an imperative that commits each and every one of its individual members. Precisely because the Holocaust brought the Jewish people to the brink of annihilation, it continues to fuel the nation's resolve to be strong and powerful, preventing any risk of similar catastrophe in the future. This polarized message is reflected in Yad Vashem's commemoration mode, in which most of the Shoah victims have been represented as a collective, while active fighters are praised as individuals; individual strength is portrayed as enabling the collective resurrection.<sup>28</sup>

Already in the early days after WWII and weeks after liberation, survivors in the DPCs in occupied Germany embarked on creating new post-war lives, on both the individual and the collective levels.<sup>29</sup> On the collective-social level, they faced an immediate need to organize themselves in order to express their needs and aspirations to DPC administrators, and with the help of international, Jewish, and Zionist organizations, they appointed in each camp leaders from among the survivors. Two parallel developments emerged on this level, aligning with Volkan's<sup>30</sup> image of "living monuments".

On the one hand, the survivors' torments and hardships during the Holocaust were considered mostly as a horrific *national* fate requiring

an immediate collective remedy. At the same time, though, the need to reestablish national life and assert national autonomy made it necessary for the nation to believe in the “extraordinary powers” of its *individual* members<sup>31</sup>; in their astounding mental health and strength, thus reducing the nation’s need to recognize their hardships and extend assistance for personal care (besides the help that is mainly collective—building a new homeland). Fishel Shneurson, a senior and experienced psychiatrist who was sent by the Jewish Agency in the middle of the 1948 War of Independence to conduct a psychological study of the survivors, argued that his study surprisingly proved the “inoculation theory” that posits that “suffering elevates and toughens” the soul.<sup>32</sup> In the same vein, Koppel Pinson, a JDC representative to the DPCs, concluded that the survivors are no different than any “ordinary” community of Eastern European Jews, and that their emotional scars will fade away as soon as they live in an “ordinary” environment under normal conditions.<sup>33</sup>

This belief in the myth of the survivors as people with extraordinary powers, which precluded any deep understanding of their emotional and adjustment difficulties, reinforced their treatment as a “living monument”, while at the same time it failed to overcome their common stereotypes in the newborn state as weak and unfit for the national struggle. This inner conflict between the emphasis on strength and the reality of absolute weakness, and between the personal emotional needs of the survivors and the collective practical needs of the nation, led survivors to repress their own extreme trauma, profound personal grief, deep anguish, and despair, which were exacerbated by the challenge of adjusting to life that was nothing like “ordinary”, and only emphasized the disappearance of their former lives, their loved ones, hopes, and dreams. Even more disheartening, the survivors in the camps were harshly criticized and judged from afar against standards defined by the fledgling state’s needs for nation building and military skills.<sup>34</sup>

Readers of the historical records pertaining to survivors in the German DPCs are overwhelmed by a feeling akin to cognitive dissonance as they attempt to reconcile the contrasting descriptions of the survivors. The documents speak of people of mythical spiritual strength and moral resilience, a myth fueled by declarations and statements made by Zionist leaders and others who applauded the survivors’ national and political fervor, and by contemporary historiography that extolled the high birth rate in the camps, the widespread cultural activities (newspapers, schools, theater, political activism), and the survivors’ complex networks of self-organization, their calls for unity of the Jewish people, and their mobilization in support of the Zionist



cause.<sup>35</sup> On the other hand, an overall negative image of the survivors in the DPCs emerges from other documents: UNRRA and JDC representatives report demoralization and despair,<sup>36</sup> letters written by disappointed Yishuv<sup>37</sup> emissaries to the DPCs deplored the problematic “human material” in the camps, and their reports and transcripts discussed the enormous difficulties in collaborating with the survivors for shared goals.<sup>38</sup>

Most of the Holocaust survivors eventually rebuilt and rehabilitated their lives. The point to be stressed here is that the focus on the collective, which led to denial of the individuals’ hardships, was typical of many representatives of the Jewish welfare organizations, and especially of the emissaries of the Zionist movement and the Jewish Agency for Palestine who documented their visits to the camps. The Zionist movement and the Jewish Agency were alarmed by the possibility of individual trauma becoming an obstacle to the national efforts of rehabilitation, especially as the collective restoration was perceived as the best remedy to the personal recuperation. Shneerson was preoccupied with the desperate need to find the survivors strong and ready to take part in the grand effort of state building. This point of departure led him to ignore clear indications of many survivors’ deep personal trauma: he devised convoluted explanations to support his findings, based on wishful thinking that as soon as the survivors joined the collective effort, their memories would fade, and their problems would be cured.<sup>39</sup>

Belonging to a collective, especially in a reviving nation, has a positive effect. The renewed nation gave the survivors hope and a new home to cling to, attributes that have strong therapeutic powers.<sup>40</sup> Moreover, in many cases survivors willingly cooperated with these narratives, as they also saw themselves part of the Jewish redemption.<sup>41</sup> This duality, however, did not protect them from the harsh effect of becoming “living monuments”; honored in the sphere of shared identity, while their individual suffering was appropriated as part of the collective experience, leaving them alone with the nightmares of their personal pain. This duality characterizes survivors of trauma everywhere: Often, the trauma is sanctified on the collective level,<sup>42</sup> yet on the individual level, bystanders unconsciously reject their exposure to the survivors’ anguish, knowing it might have been their own.<sup>43</sup>

## TRAUMA AND THE WAR OF INDEPENDENCE

Like survivors of collective trauma, soldiers are also often seen as living monuments. Although nations glorify the warriors and the war from which they have returned, the soldiers are frequently left to cope alone

with their physiological and psychological wounds, with their nightmares and memories and with their posttraumatic injuries, which in some cases accompany them throughout their lives.<sup>44</sup> In Israel, as in other countries, war veterans with wounded souls are considered to be inferior to the physiologically wounded, often suffering alienation and misrecognition.<sup>45</sup> Traumatic injuries threaten the myth of heroic warriors fighting heroic wars, and as a consequence, are often perceived as a threat, especially when wars are gory and battles are cruel.

During the 1948 War of Independence, the newly founded state of Israel faced a conflict of a scope, duration, and intensity similar to WWI.<sup>46</sup> The country's per-population death rate was comparable to that of France, the country that suffered the greatest number of casualties in WWI. Israel also exhibited other phenomena similar to those appearing in WWI, particularly regarding the severe psychological reactions to combat. In his journal, author Yeshurun Keshet compared the "unsettling desolation [...] of Jerusalem under bombardment" to the "melancholy that soldiers complained of" in the trenches.<sup>47</sup> A soldier wrote home from the front:

Read *All Quiet on the Western Front*<sup>48</sup> carefully, and you'll see that if the location and conditions are changed, a fair number of the military and psychological descriptions are remarkably similar to the conditions that prevail here ... especially from a psychological point of view. I assure you that you've never seen as many dead people as I've pulled off the ground, and that's something that numbs a person's emotions ... It reaches the point where even when friends are killed beside me, I find it hard — literally — to consider it anything other than a military loss, and I assure you that my own symptoms are by no means exceptionally severe.

Pervasive fears that the fledgling state would be vanquished in its first battle for survival took on a special meaning in view of the Holocaust. The war was perceived as a war of few against many, and this view profoundly influenced how people coped with violence and hardship. The ethos of heroism and sacrifice, cultivated in Israel from the time of Jewish national awakening, compounded by the experience of an acute immediate threat, led to the psychological rejection of anything that might be perceived as weakness or might undermine the prospects of victory. This is unquestionably one of the main reasons why the cases of traumatized soldiers in the War of Independence, including members of elite units, were completely undocumented by the IDF. Soldiers who suffered CSR in the War of Independence were unequivocally condemned. So far as can be ascertained, they

received no treatment, and the entire issue was kept secret.<sup>49</sup> While the war itself and the *Sabra* combatants' heroism were extolled, the individual pain of traumatized soldiers was completely disregarded and denied. Similar to the Holocaust survivors, the surviving and wounded war veterans and the bereaved families of the fallen soldiers, became living monuments to the nation's heroism and strength against all odds, and fueled the myth of patriotism as an antidote to trauma.

Just as the issue of war trauma was handled poorly by all armies at the time,<sup>50</sup> also in Israel, war trauma and CSR go entirely unmentioned in the full body of official Israeli military medical literature of the period, with the exception of three articles that appeared in *Harefuah* (*The Medicine*) in 1948–49.<sup>51</sup> These three articles, all written by experienced physicians who served in the Israel Defense Forces (IDF) in 1948,<sup>52</sup> maintained that IDF soldiers rarely suffered psychological reactions because of their love of the homeland and their willingness to fight on its behalf. Such attitudes resonate with the popular WWII notion that patriotism immunizes the soul against psychological injury, and that soldiers could cope with any horror as long as they remain faithful to their people's cause.<sup>53</sup> The three physicians were convinced that the acute existential conflict that, among other factors, characterizes CSR, between the instinctive desire to flee an immediate threat to one's life and the imperative to remain and continue fighting, had little chance of developing among Israeli soldiers, in view of the existential nature of the threat facing the nation: there is no place "that is safe for a Jew except his land", and "our war is for the very physical survival of the Yishuv and of every single Jew in the Yishuv".<sup>54</sup>

The Hebrew soldier, his moral and ideological level, are, without a doubt, exceedingly high. The Hebrew youth loves his homeland deeply, and his desire and guiding principle is to loyally serve his people and his country. Every young man in Israel is willing at all times to take his place in the line of defense. From their earliest childhood, they are reared in a climate of pioneering and national values, and, on reaching maturity, the fire of the nation's exalted ideals burns in their hearts.<sup>55</sup>

Those who nonetheless suffered war trauma were condemned as "weaklings"<sup>56</sup> who deserve no more than cursory treatment before being discharged from the army with no benefits.<sup>57</sup> The articles highlight the boundary drawn between individual and collective trauma in Israeli concept. The temporal proximity between the Holocaust and Israel's independence accentuated the belief in the country's role in preventing a recurrence

of the Jewish people's traumatic past. The newly-free homeland and its army would liberate the Jewish people from their status as perpetual victims and replace the experience of oppression with empowerment.

A collective ethos that eclipsed individual experience was perhaps a natural response to the necessity to implant in soldiers the readiness for absolute sacrifice and fearlessness, particularly in so fateful a war as the War of Independence. Emerging in Eretz Israel in the early twentieth century, and aggravated by the Holocaust, the "no choice" narrative, the widely held Israeli belief that war (whether with the British Mandate forces, the local Arabs, or the neighboring Arab countries) has been forced upon the Jewish people in Israel and was never a matter of choice, peaked during the War of Independence, superseding recognition of and empathy for any individual hardship. Amid this tension between collective and individual hardship, priority was always given to the former,<sup>58</sup> and the tendency to disregard personal trauma increased in direct proportion to the perceived degree of the collective danger. It was as if all the nation's emotional resources were invested in strengthening the new independent Jewish state to prevent a recurrence of the recent national trauma, and few resources remained to address the war's impact on the individual psyche.

### THE 1973 YOM KIPPUR WAR AND THE EICHMANN TRIAL

When the War of Independence ended in 1949, the IDF dismantled the small military mental health system. Seven years later, during the Sinai War (1956), 5% of the wounded apparently suffered from CSR, although the army continued to ignore the phenomenon, and the public was left with the impression that no combat-related trauma had been suffered during this war.<sup>59</sup> This lack of preparation for and dismissal of combat stress continued to characterize the military establishment both before and during the Six-Day War in 1967. Psychiatrists and mental health officers, who, by this point, recognized the phenomenon's existence, tried to establish rules and treatment methodologies, but the IDF maintained the official position that commitment inoculated soldiers against trauma.<sup>60</sup> In the 1967 Six-Day War, an initial military mental health system of CSR was already working, but the overwhelming victory that followed the grave anxiety during the waiting period, led to a national euphoria that overshadowed war trauma,<sup>61</sup> as well as the pain of the bereaved families.<sup>62</sup> The first official recognition of CSR and war trauma in Israel appeared in the wake of the

1973 Yom Kippur War. Most scholars attribute the recognition's timing to the first collapse of the myth of the invincible Israeli soldier, caused by the large number of soldiers who were forced to surrender to the enemy and to become POWs, and to the vast number of traumatized soldiers, which rendered continued denial of their condition impossible.<sup>63</sup> These arguments, however, do not fully explain the contrast between the 1973 recognition of CSR and its denial during the war in 1948, while the two wars had important similarities—a huge number of casualties and profound fear for the survival of the Jewish state. These arguments also do not explain why the intense sense of threat experienced by Israelis during the 1973 War did not re-activate the earlier modes of denial and repudiation of traumatic wounds, which were considered signs of weakness among those charged with defending the nation.

What could explain this difference? The large number of traumatized soldiers cannot elucidate the change in the deeply-entrenched societal attitudes that previously prioritized national existential danger over individual suffering. On the contrary, a large number of psychiatric casualties is known in other armies to increase denial of war trauma. During WWII, the number of CSR cases in the US army was so high that in 1943 Chief of Staff George Marshall complained that the number of soldiers discharged on psychiatric grounds occasionally exceeded the number of those enlisted.<sup>64</sup> Yet, this did not lead to formal recognition of CSR and war trauma, and the knowledge accumulated in the war was “forgotten”<sup>65</sup> until the rigorous campaign for recognition culminated in 1980, when the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) recognized combat and post-traumatic reactions as syndromes caused by traumatic events, unrelated to pre-existing or congenital disorders.

There needs therefore to be another explanation. A possible explanation is that the Yom Kippur War triggered profound changes in the Israeli public's view of the military experience of soldiers and its representations in the public sphere. A salient example is the paucity of stories of personal heroic acts in the media in the immediate aftermath of the war relative to their actual vast number, without which the war would have been lost. This also stands in contrast to numerous narratives of personal heroism of soldiers in previous wars, who became symbols of national bravery that predominated Israel's collective memory.<sup>66</sup> In 1973, the rhetoric of war changed, and national myths of heroism gave way to a new narrative that emphasized the individual toll of war, which grew out of a wave of spontaneous protest movements that were spearheaded by IDF reservists and

spread to the general public. The reservists protested against longstanding national myths that masked the errors and miscalculations responsible for Israel's unpreparedness for the war, and sought to bring to light the pain of the ordinary soldiers who suffered because of the ineptitude and arrogance of the military and political leadership.<sup>67</sup> The alarmingly high death toll (2,569 dead soldiers in addition to 7,251 wounded and 294 POWs) was attributed to a failure of leadership, while soldiers' personal sacrifices and heroism were identified as *individual* initiatives and sufferings that saved the country from annihilation.

Thus, the rhetoric of the soldiers' experience changed from heroism to suffering, and shifted the national discourse of war from a focus on the individual's duty of self-sacrifice for the national cause, to a call for reciprocity between the state and the soldiers it sends into battle. The new direction of this discourse reflects a general change towards individualism and is deeply rooted in the effects of the 1973 War. One of the results of this process is that it enabled the Israeli public and the IDF to finally accept the existence of combat trauma reactions.

Consequently, while the 1973 War reinforced the narrative of Israel's need to resolutely and continuously defend itself, it also triggered a new narrative, according to which the war had been unnecessary, or at least its scope could have been reduced, and the harm to soldiers minimized, had Israel's military and political leaders conducted themselves more responsibly. The threads of this narrative, combined with the new awareness of the price paid by combatants, highlighted the tension between individual and collective trauma, a tension that had previously been suppressed by national mythology. Furthermore, many of the parents of the Yom Kippur War veterans were themselves veterans of 1948. Seeing the suffering reflected in the eyes of their children as they returned from a war that had come to be publicly considered a blunder, many members of the 1948 generation questioned the old myths, which now began to seem hollow. This was the emotional foundation of the paradigmatic shift in attitudes concerning CSR.

The 1973 shift toward recognition of individual suffering is intertwined with the changing public attitudes toward Holocaust memory, the beginning of which can be traced to the Eichmann Trial in the early 1960s. Exposed for the first time to personal accounts of survivors' suffering recounted in their testimonies, the Israeli public was confronted with a new view on the impossibility of resistance, which finally ended the accusations that Jews in the Holocaust walked to their deaths like sheep to the slaughter.<sup>68</sup> A new interpretation of heroism, the daily endurance of survival by defenseless individuals in inconceivable circumstances, gradually

penetrated Israeli public consciousness as a legitimate narrative, displacing the former belief that the active resistance and heroism of the Ghetto fighters was the only narrative worthy of commendation.<sup>69</sup>

## CONCLUDING DISCUSSION

A hundred years passed between the initial discoveries made by Freud, Breuer, and Janet regarding psychological trauma and its acceptance as a legitimate medical syndrome. Only a handful of clinicians studied war trauma until it was finally recognized in 1980 (DSM-III), but the evidence they gathered was overwhelming. For years prior to that, military authorities, psychiatric professionals, and therapists remained indifferent to this mounting evidence. Today psychiatrists and clinicians regard this delay as a “historical professional error”.<sup>70</sup> This egregiously delayed acceptance of PTSD was due not to a lack of knowledge or even to the absence of scientific study of the subject. Instead, it was the result of a broad failure on the part of psychologists and policymakers to recognize that psychological trauma is not rooted in personality disorder but is, rather, an injury induced by external forces, particularly by violent acts perpetrated by human beings.

Judith Lewis Herman argues that recognition of war trauma,<sup>71</sup> in most cases, requires an individual to take a moral stance regarding the events in question. Yet, she says, a great temptation exists to ignore evil, not to see it, not to hear it, not to talk about it. Denial of PTSD stemmed also from ideological and economic factors and the competing perceptions and ego-conflicts between and within relevant professions. Physicians found it hard to abandon old paradigms, insurance companies and states’ authorities feared the ensuing claims should the syndrome be recognized, military leaders saw it as a threat to the myth of the fearless warrior.<sup>72</sup> All of this placed the issue of psychological trauma at the center of intense and ideologically charged disputes, preventing the assimilation of scientific findings on the topic and leading to a kind of “episodic amnesia”,<sup>73</sup> “forgetting” of existing knowledge and a consequent need to rediscover it, again and again. While, for example, US Army Chief of Psychiatry Thomas W. Salmon had formulated a set of principles for the treatment of traumatized soldiers during WWI, these had been abandoned by WWII, and the military entered this war without any personnel trained to deal with trauma. The same phenomenon happened in Israel between the War of Independence and the following wars until 1973.

The eventual recognition of trauma as a wound of the soul by the psychiatric community and later by states' authorities and the public was a result of medical, cultural, and social processes. Such developments always influence the construction of social issues, and war trauma is no different. Cultural and social changes have deeply influenced the recognition of PTSD as viable wound of the soul<sup>74</sup>; some scholars claim that these processes slowed down the long due recognition, while others claim that social, cultural, and political pressures were behind what they see as medicalization of a social issue. In Israel, the process of mitigating the impact of the collective existential threat to a point that allows awareness also of the individual suffering, is itself a cultural process, and one of its consequences is the enabling of trauma recognition.

Awareness of the bloodless wounds sustained by combatants (and by civilians) has gone from denial to recognition to partial denial.<sup>75</sup> The partial regression in accepting trauma is seeping through the cracks of doubts still lingering in many people's minds. The voices of denial may accept by now the actual existence of PTSD but go back to doubting its prevalence, still attempting to portray it as an overblown societal invention.<sup>76</sup> In the US there were those who, like anthropologist Allan Young, contend that the DSM definition for PTSD was formulated to respond to the needs of Vietnam veterans, and that it applies as well to war criminals who, having perpetrated atrocities against a civilian population, brought their trauma upon themselves.<sup>77</sup> Others place the blame for atrocities on the war itself or on those responsible for sending the soldiers. Prominent advocates of this approach include Chaim Shatan and Robert Jay Lifton, distinguished psychiatrists known both for their vehement opposition to the Vietnam War and for spearheading the effort to ensure recognition of the post-traumatic syndrome to which so many veterans of that war succumbed, even helping to formulate its definition in the DSM-III. According to Shatan and Lifton, soldiers who had committed atrocities were themselves victims, forced into this behavior by military and political leaders and, to a certain degree, the American public, which allowed this irrational war to happen. Lifton claimed that conditions in the Vietnam War were "atrocious producing situations".<sup>78</sup>

These scholarly debates and the socio-cultural processes in the Western world are relevant to trauma discourse in Israel, which was influenced by these and similar processes. At the same time, one must remember that the intricate relationship between society and war trauma is influenced by historical contingencies and cultural and social forces,<sup>79</sup> which are local just as they are universal. Thus, while Western societies share many common



patterns for referring to and coping with war trauma, each society has its own specific ways of understanding it. In Israel, only during the first Intifada (beginning in 1987) did the moral issues of mental injury come to the fore. They have been growing side by side with the debate over the presence of the IDF in the West Bank, Lebanon (until 2000), and the Gaza Strip.<sup>80</sup> In the period between 1948 and 1973, however, there was hardly any real debate over recognition of war trauma, which was completely denied, and when it did take place, it was centered over issues of patriotism and heroism.

In the period between the 1948 War of Independence and the 1980s, a profound change in the representation of the Holocaust and of war trauma occurred. These were decades marked with a new emphasis on individual testimonies and personal representations by survivors and their offspring.<sup>81</sup> The intersection of public attitudes toward Holocaust memories and public attitudes toward war trauma is based in Israel on a profound collective conviction that the Jewish state will always be targeted by its enemies, and that national might is the only effective means with which to protect all Jews, both as individuals and as a group, from anti-Semitism and recurring genocide. Most people in most nations believe that one cannot be protected unless one has a nation to protect him/her.<sup>82</sup> In Israel, in view of the Jewish Holocaust and the enduring state of anti-Semitism, this conviction is based on collective experience. However, the way it has developed over time also reflects the quality of the present memory of the Holocaust as what LaCapra calls *melancholy and acting out*<sup>83</sup>; a state of mind that prevents a process of healing.

The article focused on the connection between the process of change, from denial to acknowledgment, of war trauma and the importance of personal suffering as part of the collective memory of the Holocaust in the first twenty-five years of Israel's history. In some respects, the Eichmann Trial and the Yom Kippur War had a similar effect on public consciousness. Although capturing Eichmann and prosecuting him in Israel symbolized national strength, while the Yom Kippur War represented failed leadership, both events brought to the fore of public awareness the suffering that ordinary people experienced as members of the nation and on its behalf. The Eichmann Trial was very instrumental in the first cracks in the "conspiracy of silence" between society and Holocaust survivors, and the 1973 Yom Kippur War was very influential in changing society and soldiers' attitudes towards war trauma. The Eichmann trial had helped Israelis to abandon the pattern of overriding the personal painful stories by the national narrative and memory, and to begin a new phase of listening and honoring the individual stories of Holocaust survivors. A parallel, complementary

process took place concerning CSR and war trauma in soldiers. The Yom Kippur War bolstered rejection of obsolete beliefs in the negation between war trauma and patriotism and heroism, and began a long process toward recognition of war trauma as injury.

The article's focus on the ties between these parallel processes does not mean that the recognition of war trauma and the legitimization of personal stories in the Holocaust discourse were not influenced by other socio-cultural processes in Israel and in the Western world. It would be a mistake to interpret this link only as a passage from collectivism to individualism. The article has shown that the power of the understanding that recognition of personal suffering is not opposed to collective determination to protect the nation, but rather a formation of solidarity of all voices, individual and collective alike; strengthening society's solidification and resilience.

Whether the two processes influenced one another or were parallel to each other for other reasons is impossible to prove or refute. There may be other factors that explain the parallels between the processes, exogenous to those dealt with here (beyond the scope of this article), yet the article has shown that personal narratives are necessary for society to recognize the toll of war as it applies to both the collective and to the individual.

## NOTES

1. Hanna Yablonka, "Contradicting Identities, Complementing Identities," in *Bonds of Silence*, ed. Yoel Rappel (Tel-Aviv, 1990), 301–17; "Strange Brothers: Holocaust Survivors in the State of Israel 1948–1952" (Jerusalem and Beer-Sheva, 1994) [both in Hebrew]; Gulie Ne'emán Arad, "Israel and the Shoah: A Tale of Multifarious Taboos," *New German Critique* 1 Oct. (2003): 5–26. See Jackie Feldman, "Between Yad Vashem and Mt. Herzl: Changing Inscriptions of Sacrifice on Jerusalem's 'Mountain of Memory,'" *Anthropological Quarterly* 80.4 (2007): 1147–74.

2. Dan Bar-On et al., "Multigenerational Perspectives on Coping with the Holocaust Experience: An Attachment Perspective for Understanding the Developmental Sequelae of Trauma Across Generations," *International Journal of Behavioral Development* 22.2 (1998): 315–38; Yael Danieli, "Psychotherapist's Participation in the Conspiracy of Silence about the Holocaust," *Psychoanalytic Psychology* 1.1 (1984): 23–32. Haim Dasberg, "Israeli Society vis-à-vis Organized Trauma, or the Therapist vis-à-vis the Survivor," *Sichot* 1.2 (1987): 98–103 [Hebrew]; Zahava Solomon, "From Denial to Recognition: Attitudes toward Holocaust Survivors from World War II to the Present," *Journal of Traumatic Stress* 8.2 (1995): 215–28; Carol A. Kidron,

“Towards Ethnography of Silence: The Lived Presence of the Past in the Everyday Life of Holocaust Trauma Survivors and Their Descendants in Israel,” *Current Anthropology* 50.1 (2009): 5–27.

3. Nurit Gertz, *Holocaust Survivors, Aliens and Others in Israeli Cinema and Literature* (Tel-Aviv, 2004) [Hebrew]; Yael S. Feldman, “Whose Story Is It, Anyway? Ideology and Psychology in the Representation of the Shoah in Israeli Literature,” in *Probing the Limits of Representation: Nazism and the ‘Final Solution’*, ed. Saul Friedländer (Cambridge, 1992), 223–39; Avner Holzman, “Trends in the Israeli Holocaust Fiction in the 1980s,” *Modern Hebrew Literature* 8.9 (1992): 23–8; Oren Meyers and Eyal Zandberg, “The Sound-track of Memory: Ashes and Dust and the Commemoration of the Holocaust in Israeli Popular Culture,” *Media, Culture & Society* 24.3 (2002): 389–408.

4. Dan Bar-On, L. Bar, and A. Rom, “The Social Function of the Non-Reporting of Combat Stress Reaction during the 1948 War,” (n.d.), unpublished manuscript given to the author by Dan Bar-On; Avi Bleich, “Military Psychiatry in Israel: a 50-Year Perspective,” *Harefuah* 138.9 (2000): 728–33; Michael Feige, “The Yom Kippur War in Israeli Memory: Rupture with the Past Versus Continuity,” in *National Trauma: The Yom Kippur War: A Retrospective of Thirty Years and Another War*, ed. Moshe Shemesh and Zeev Drori (Sde Boker, 2008), 351–66; Ami Levy, Eliezer Witztum, Micshel Granek, and Moshe Kotler, “Combat Reactions in Israel’s Wars, 1948–1973, Part 1: General Background and History, Methodology and a Review of the Literature of the Period,” *Sichot* 4.1(1989): 60–70; Levy, Witztum, Granek, and Kotler, “Combat Reactions in Israel’s Wars, 1948–1973, Part 4: The Six-Day War, 1967,” *Sichot* 4.3 (1990): 217–21; *Harefuah* 32.2 (1990): 49–53 [all in Hebrew]; Irit Keynan, *Psychological War Trauma and Society: Like a Hidden Wound* (London and New York, 2015). CSR is the first step of war trauma, which usually occurs during battles and makes it impossible for the soldier to continue fighting. About 15% of the cases develop into PTSD, usually a chronic situation.

5. Robert Jay Lifton, *Home from the War: Learning from Vietnam Veterans: with a New Preface by the Author on the War in Iraq* (New York, [1973]2005); Zahava Solomon, *Combat Stress Reaction, the Enduring Toll of War* (New York, 1993); Robert E. Meagher, *Killing from the Inside Out: Moral Injury and Just War* (Eugene, OR, 2014); Anthony Babington, *Shell Shock, a History of the Changing Attitudes to War Neurosis* (London, 1997).

6. Meagher, *ibid.*

7. Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton, NJ, 1995); “The Self-Traumatized Perpetrator as a ‘Transient Mental Illness,’” *L’Evolution Psychiatrique* 67.4 (2002): 630–50; Jose Brunner, “Trauma and Justice: The Moral Grammar of Trauma Discourse from Wilhelmine Germany to Post-Apartheid South Africa,” *Trauma and Memory: Reading, Healing, and Making Law* (2007): 97–118. Young’s arguments and view are highly contested. Keynan, *Psychological War Trauma*, chapter 12; Lifton.

8. In 1980, PTSD was incorporated in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and thereafter recognized in Western countries. This was, in part, due to the work and pressure of volunteer organizations of Vietnam veterans and leading psychiatrists such as Robert Lifton and Chaim Shatan, who were working with soul-wounded veterans. On the long process of war trauma recognition, beginning with "Nostalgia" during the civil war in the US and Shell Shock in WWI, see Jose Brunner, "Psychiatry, Psychoanalysis and Politics during the First World War," *Journal of the History of the Behavioral Sciences* 27 (1991): 353–65.

9. Bar-On, Bar, Rom, Levy, *Social Function of the Non-Reporting of Combat Stress*; Solomon, *Combat Stress Reaction*; Bleich, "Military Psychiatry in Israel 2000"; Keynan, *Psychological War*.

10. Yael Zerubavel, *Recovered Roots: Collective Memory and the Making of Israeli National Tradition* (Chicago, 1995); Maoz Azaryahu, *State Cults, Celebrating Independence and Commemorating the Fallen in Israel 1948–1956* (Beer-Sheva, 1995) [Hebrew]; "It is Not a Fairy Tale—Israel at 50," *Political Geography* 18 (1999): 131–47; Idith Zertal, *Israel's Holocaust and the Politics of Nationhood* (Cambridge, 2005); Uri Ben-Eliezer, *The Making of Israeli Militarism* (Bloomington, IN, 1998).

11. Dan Bar-On, *The Others Within Us: Constructing Jewish-Israeli Identity* (Cambridge, 2008).

12. Daniel Bar-Tal, *Living with the Conflict, Socio-Psychological Analysis of the Jewish Society in Israel* (Jerusalem, 2007); Tamir Magal, Daniel Bar-Tal, and Eran Halperin, "Why Is It So Hard to Drive People to Support a Peace Process? A Test Case of the Jewish-Israeli Society 2009–2015," *Politika* 25 (2016): 43–98 [both in Hebrew]; Yechiel Klar, Noa Schori-Eyal, and Yonat Klar. "The 'Never Again' State of Israel: The Emergence of the Holocaust as a Core Feature of Israeli Identity and Its Four Incongruent Voices," *Journal of Social Issues* 69.1 (2013): 125–43.

13. Bar-On, Bar, and Rom.

14. Levy et al., 1989.

15. Bar-On, Bar, and Rom.

16. Kai T. Erikson, *Everything in its Path: Destruction of Community in the Buffalo Creek Flood* (New York, 1976): 153–4.

17. Vamik D. Volkan, "Transgenerational Transmissions and Chosen Traumas: An Aspect of Large-Group Identity," *Group Analysis* 34.1 (2001): 79–97.

18. Irit Keynan, *The Hunger Has Not Abated: The Surviving Remnants of the Holocaust and the Israeli Pre-State Emissaries, 1945–1948* (Tel-Aviv, 1996) [Hebrew].

19. *Ibid.*

20. Volkan, 2001; Julia Chaitin and Shoshana Steinberg, "I Can Almost Remember It Now: Between Personal and Collective Memories of Massive Social Trauma," *Journal of Adult Development* 21.1 (2014): 30–42.

21. Dominique LaCapra, *Writing History, Writing Trauma* (Baltimore, MD, 2014).

22. Frank Ochberg and Jonathan Shay, "Change Now", a Letter to John M. Oldham, president of APA, April 2012. Para. 7 <http://www.posttraumaticstressinjury.org/letters-endorsing-the-change-from-ptsd-to-ptsil/>

23. Irit Keynan and Jakob N. Keynan, "War Trauma, Politics of Recognition and Purple Heart: PTSD or PTSI?" *Social Sciences* 5.4 (2016): 57.

24. Mitch Elliott, Kenneth Bishop, and Paul Stokes, "Societal PTSD? Historic Shock in Northern Ireland," *Psychotherapy and Politics International* 2.1 (2004): 1–16; Arthur G. Neal, *National Trauma and Collective Memory: Major Events in the American Century* (New York, 1998); Arthur G. Neal, *National Trauma and Collective Memory: Major Events in the American Century* (New York, 1998). John Bodnar, "Review of Arthur G. Neal, 'National Trauma and Collective Memory: Major Events in the American Century,'" *H-Pol, H-Net Reviews* (1998), accessed December 2010, <http://www.h-net.org/reviews/showrev.php?id=2260>.

25. Erikson, 1976.

26. Vamik D. Volkan, "Living Status and Political Decision-Making," *Mind and Human Interaction* 2.2 (1990): 46–50.

27. Ne'eman Arad, 2003.

28. Feldman, 2007.

29. Keynan, 1996.

30. Volkan 1990.

31. Fishel Shneerson, "The Wondrous Image of the Remnant," *Hahinuch* (1949) [Hebrew].

32. *Ibid.*

33. Koppel S. Pinson, "Jewish Life in Liberated Germany," *Jewish Social Studies* 9 (1947).

34. Keynan, 1996.

35. Shneerson, 1949; Leo Schwartz, *The Redeemers* (New York, 1953); Zamerion Zemach, *Press of the Remnant as an Expression of its Problems* (Tel-Aviv, 1970); Meir Dvorchak, "The Pathology of the Holocaust Period and the Pathological Remains in Holocaust Survivors," *Dapim Refui'im* A.15 (5716) [Hebrew]; In contrast to other authors cited in this note, Dr. Dvorchak emphasizes the survivors' adjustment difficulties despite their spiritual strength and vitality. Thanks to his daughter Ms. Zvia Balshan for making available copies of her father's articles, providing another avenue from which to understand the issues.

36. See report by the JDC representative Harry Witeles, who visited 51 DPCs in the American and British Zones between 6 January and 8 April 1946. His 147-page report includes an additional 85 pages of detailed statistical data, Leo Schwartz Archive, File 52, Microfilm No. 8. See also UNRRA representative Leo Srole, "Why the DP can't wait," *Commentary* 3.1 (1947).

37. Pre-state Jewish community in Eretz Israel.

38. Keynan, 1996.

39. Shneerson's study has methodological difficulties, and shows the challenges created by the Yishuv's narrow view of the survivors. See Keynan, 1996, chapter 1.

40. Keynan 1996; Abraham Sagi-Schwartz, et al., "Attachment and traumatic Stress in Female Holocaust Child Survivors and Their Daughters," *American Journal of Psychiatry* 160.6 (2003): 1086–92.
41. Anita Shapira, "The Holocaust: Private Memories, Public Memory," *Jewish Social Studies* 4.2 (1998): 40–58; Dalia Ofer, "The Past That Does Not Pass: Israelis and Holocaust Memory," *Israel Studies* 14.1 (2009): 1–35.
42. LaCapra, 2014.
43. Dasberg, "Israeli Society vis-à-vis Organized Trauma."
44. Meagher, 2014; Erin P. Finley, *Fields of Combat: Understanding PTSD among Veterans of Iraq and Afghanistan* (Ithaca, NY, 2011).
45. Keynan and Keynan, 2016.
46. Emanuel Sivan, *The 1948 Generation: Myth, Portrait and Memory* (Tel-Aviv, 1991) [Hebrew].
47. Quoted in Sivan, 21.
48. German veteran of WWI Erich Maria Remarque's famous novel describes the German soldiers' extreme physical and mental stress, and the detachment from civilian life felt by many upon returning home from the front. The novel was first published in November and December 1928 in a German newspaper and later as a book, which sold 2.5 million copies in 22 languages in its first 18 months in print. This and its sequel, *The Road Back* (1930), were banned and burned in Nazi Germany.
49. Levy et al., 1989.
50. José Brunner, "Identifications, Suspicions, and the History of Traumatic Disorders," *Harvard Review of Psychiatry* 10.3 (2002): 179–84; Keynan, 2015.
51. Levy et al., 1990.
52. Benjamin Wolman, "Some Problems of Psychic Hygiene and Military Psychiatry," *Harefuah* 35.5–6 (1948): 39–41; A. Kulmus, "On War Neurosis," *Harefuah* 36.3–4 (1949): 43–4; L. Heilperin, "Neuropsychiatric Observations in the Jerusalem War," *Harefuah* 36.1 (1949): 11–3 [all in Hebrew].
53. Babington, 1997; Robert Dale, "'No Longer Normal': Traumatized Red Army Veterans in Post-war Leningrad," in *Traumatic Memories of the Second World War and After*, ed. Peter Leese and Jason Crouthamel (Basel, 2016), 119–41.
54. Wolman, 1948, 40.
55. *Ibid.*, 40.
56. Heilperin, 1949.
57. Kulmus, 1949.
58. Dan Bar-On, *Fear and Hope* (Tel-Aviv, 1994) [Hebrew].
59. Levy et al., *Harefuah* 1990.
60. *Ibid.*
61. Keren Friedman-Peleg and Yoram Bilu, "From PTSD to 'National Trauma': the Case of the Israel Trauma Center for Victims of Terror and War," *Transcultural Psychiatry* 48.4 (2011): 416–36.
62. Prof. Ephraim Urbach, whose son was killed in combat, shortly after the war related the bereaved families were being "isolated in their sorrow and grief,

as the entire land rang with the joy of victory". Quoted in Ilana Shamir, ed., *Commemoration and Its Meaning: Issues in the Commemoration of Fallen IDF Soldiers* (Tel-Aviv, 1976), 14 [Hebrew].

63. Bleich, 2000; Levy et al., 1990.
64. Babington, 1997.
65. Judith Herman, *Trauma and Recovery* (New York, 1997).
66. Eliezer Witztum and Ruth Malkinson, "Bereavement and Memorialization: The Two Faces of the National Myth," in *Loss and Bereavement in Jewish Society in Israel*, ed. Witztum and Malkinson (Tel-Aviv, 1993), 231–58 [Hebrew].
67. Feige, "The Yom Kippur War in Israeli Memory," 251–66.
68. Hanna Yablonka, *The State of Israel vs. Adolf Eichmann* (New York, 2004).
69. Shapira, 1998.
70. Levy et al., 1990.
71. Herman, 1997.
72. Jose Brunner, "Psychiatry, Psychoanalysis and Politics during the First World War," *Journal of the History of the Behavioral Sciences* 27 (1991): 353–65; Brunner, 2002; Brunner, 2007.
73. Herman, 1997.
74. Jeffrey Alexander, Ron Eyerman, Bernhard Giesen, Neil J. Smelser, and Piotr Sztompka, *Cultural Trauma and Collective Identity* (Berkeley, 2004).
75. Keynan, 2015.
76. See Patrick J. Bracken, "Hidden Agendas: Deconstructing Post-Traumatic Stress Disorder," in *Rethinking the Trauma of War*, ed. Patrick J. Bracken and Celia Petty (New York, 1998), 38–59.
77. Young, "The Self-Traumatized Perpetrator as a 'Transient Mental Illness.'"
78. Lifton, 2005; Lifton and Shatan both quoted by Young, 2002, 634, 641.
79. Alexander et al., 2004. Alexander refers also to collective trauma, claiming that it is socially constructed.
80. See Reuven Gal, "Psychological and Moral Aspects of the IDF Soldiers' Experience with the Intifada," in *The Seventh War: the Effects of the Intifada on Israeli Society* (Tel-Aviv, 1990), 135–48; Nissim Avissar, "Psychology, Social Responsibility and Political Involvement: the First Intifada and Israeli Psychologists" (PhD diss., Bar-Ilan University, 2007); Jose Brunner, "The Never-Ending Story: Trauma and Ideology in the Shadow of the Al-Aqsa Intifada," *Theory and Criticism* 28 (2006): 231–39 [all in Hebrew]; On Lebanon see a discussion of Walts with Bashir in Raya Morag, "Perpetrator Trauma and Current Israeli Documentary Cinema," *Camera Obscura: Feminism, Culture, and Media Studies* 27.2 80 (2012): 93–133.
81. Ofer, 2009.
82. Michael Ignatieff, *Blood and Belonging: Journeys into the New Nationalism* (London, 2010).
83. LaCapra, "Revisiting the Historians' Debate: Mourning and Genocide," *History and Memory* 9.2 (1997): 80–112.

IRIT KEYNAN is Senior Lecturer at Marine Learning Alliance College. Her recent publications include: "Citizenhood: Rethinking Multicultural Citizenship," *Cosmopolitan Civil Societies* 9.3 (2017); "War Trauma, Politics of Recognition and Purple Heart: PTSD or PTSI?" co-authored with Jakob N. Keynan, *Social Sciences* 57 (2016); "Collective Trauma and National Behavior in Times of Threat—The Israeli Public and the 2014 War in Gaza," *Cultural and Religious Studies* 4.5 (2016); *Psychological War Trauma and Society - Like a Hidden Wound* (London and New-York, 2015); and *Identity, Narrative and Multiculturalism in Arab Education in Israel*, co-edited with Khalid Arar (Haifa, 2015) [Hebrew].