



# About Feelings

NATAL, Issue no. 10, Iyar 5768, May 2008

Colonel (Res.) **Dr. Itamar Barnea**,  
**Special Interview:** The journey of a former pilot  
and POW who became a psychologist

**Dr. Rony Berger:** "Sderot populates my soul"

**Dr. Udi Lebel:** "It takes public courage to admit  
that trauma is the lot of an entire society"

**Udit Sheffer and Hadassah Ashdot**  
facilitate a support group for women married  
to traumatized men

**Saar Uziely:** Reaching out to released  
combat soldiers

# From the Chairperson and Founder

J u d i t h   Y o v e l   R e c a n a t i



Judith Yovel Recanati

This edition of the NATAL magazine "About Feelings" is being published as NATAL is marking its 10 year anniversary and Israel is celebrating its 60th anniversary. In the magazine, you will find articles presenting personal experiences along with a collective perspective on Israeli society. The interview with Dr. Itamar Barnea is especially moving as he was a fighter pilot in the Yom Kippur War, who was downed and taken captive by the Syrians on the last day of fighting. He has served as NATAL's chief psychologist since the organization was established and with rare candor, Dr. Barnea speaks about his personal trauma and its impact on him as a therapist.

NATAL was founded in 1998, to express a social statement and take action, on behalf of Israeli society and within it. We wanted to legitimize emotions that had long been concealed and repressed, because we believed it was no longer possible to abet denial and the lack of recognition for the pain, bereavement and loss of so many people. We were confident that Israel's national resilience would only benefit from our work.

When NATAL began, we thought it would primarily serve victims of the past but reality gave us a rude awakening. With the beginning of the Second Intifada followed by the Second Lebanon War, NATAL became an active center that receives requests from victims of terrorism and war, as well as their friends and family, on a daily basis. They have been joined by residents of Sderot and now, to our dismay, residents of Ashkelon, communities surrounding the Gaza Strip and the western Negev for whom Qassam rockets are part of their daily life. In the reality of our uncertain lives, we are called upon to be prepared at all times. Indeed, hardly a day passes without injuries, including many who suffer from anxiety. On occasion, the activities of NATAL's volunteers and professional staff are visible but our work is mostly done without publicity, in clinics, community centers, schools, kindergartens, day care centers and factories around the country. In addition, NATAL's Hot Line, receives innumerable inquiries, especially when the security situation is tense.

## N A T A L ' s   T i m e   L i n e



The Hot Line is established. Clinical work begins. NATAL's first professional conference. The Social Rehabilitation Club begins operating.

As a result of the Intifada, the Community Outreach Unit is established to formalize and expand NATAL's psycho-educational work. The Clinical Unit creates a network of therapists

NATAL is a founding partner of the Israel Trauma Coalition (ITC). NATAL changes its name to, Israel Trauma Center for Victims of Terror and War. About Feelings 2 focuses on clarifying

In response to terrorist attacks, NATAL expands its clinical, outreach and Hot Line activities. The Professional Steering Committee and Research Department are

Establishment of the PR Department and launching of a national radio & television campaign, led by the late Ehud Manor. Event in HaYarkon Park with Shlomo Artzi. About Feelings 5

1998

1999

2000

2001

2002

2003

Yossi Hadar, psychiatrist, psychotherapist, playwright, poet, author, teacher and researcher, conceived and initiated the idea of establishing a therapeutic center for victims of national trauma. Yossi passed away suddenly in July 1998 and didn't live to see NATAL come into being. His colleague, Judith Yovel Recanati, decided to continue fulfilling his vision.

Russian-speaking volunteers join the Hot Line. National Trauma awareness event, with singer Esther Ofarim.

around the country. About Feelings 1 is launched and focuses on the personal stories of victims of national trauma. Event at Eretz Israel Museum, Life in the Shadow of Events, with singer Gali Atari. NATAL's web site: [www.natal.org.il](http://www.natal.org.il) is launched.

the professional meaning of national trauma. Integrated use of psycho-dynamic, cognitive and behavioral therapeutic techniques begins. Second conference for therapy professionals on "What is National Trauma?"

opened. CD Our Hope Endures is produced. About Feelings 3 presents practical techniques for treating trauma victims. About Feelings 4 focuses on the significance of Post-Trauma by describing symptoms.

focuses on presenting the activities of NATAL's staff. Group therapy techniques are integrated into the Clinical Unit's work and a group for women living with men suffering from PTSD is started. Integration of "safe touch" techniques in the Clinical Unit.

On the cover: NATAL's Tree, a Mosaic created by Lauri Recanati, located in the entrance of NATAL's center



For further information and to donate: [www.natal.org.il](http://www.natal.org.il); [info@natal.org.il](mailto:info@natal.org.il)



The services provided by NATAL, at its center in Tel Aviv and around the country, are critically important. We work with children, discharged soldiers, professionals working in vulnerable communities and adults suffering from symptoms of Post Traumatic Stress Disorder (PTSD). We have always been careful to maintain a non-political stance and to be inclusive, providing a response to any Israeli in need. NATAL treats not only those directly traumatized by terrorism and war, but also those indirectly affected, as we recognize their pain, suffering and need for assistance. In the last decade, tens of the thousands of Israelis have been treated by NATAL, on the telephone, through individual and family therapy or by the Community Outreach Unit that provides psychological first-aid in the field, sometimes under fire (in the literal sense of the word). In ten years of activity, NATAL has increased the public and professional awareness of the term "national trauma" caused by cumulative exposure to incidents of the terrorism and war. There have

always been victims of PTSD but for many years society did not relate to them properly and paid even less attention to the ramifications of the lack of treatment and support. One of NATAL's important functions was and is to work for a change in the attitude towards these people. One measure of our success is that every report from the field now makes routine mention to the number of casualties suffering from anxiety. Since NATAL was founded, we have prayed for the day that we will be able to close our doors, either because the State would provide these services itself or, even more hopefully, the day would come when there are no more victims of national trauma in Israel.

Memorial Day Eve, in the sixtieth year of the State of Israel, is a very sad occasion for us all. Many newly bereaved families have joined the ranks of grief and will mourn their loved ones forever. We cry with them and pray with them that quieter years will come. We are committed to continue standing by their side and by the side of everyone who needs us. ■

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Professional conference on trauma opens to the general public. About Feelings 6 focuses on "A Multi-disciplinary Look at the Concept of National Trauma."

Psychological assistance for people evacuated from the Gaza Strip and Gush Katif. Professional conference on the disengagement. Event at Performing Arts Center with Ahinoam Nini and

Immediately after the outbreak of The Second Lebanon War, information about NATAL is broadcast in various media outlets; the Hot Line's activity is intensified and NATAL's staff aids

NATAL moves to its new home on Ibn Gvirol Street. The Community Outreach Staff begins operating the Mobile Psychological Care Unit in Sderot. Research is conducted

**NATAL marks its 10th anniversary: a decade in which we operated untiringly for the benefit of trauma victims in Israel. We will**

**2004**

**2005**

**2006**

**2007**

**2008**

Mayumana. The Released Soldiers Project begins, inviting recently released soldiers to group therapy. The movie Hidden Wounds is produced. Released Soldiers campaign is launched. About Feelings 7 focuses on the traumas of soldiers who served in the Intifada. The documentation project of the Clinical Unit is launched.

thousands in shelters. The Released Soldiers Project is expanded to include soldiers who fought in The Second Lebanon War. Cooperation between the Hot Line and Israeli academic institutions, to provide information and assistance to students who fought in The Second Lebanon War. About Feelings 8 focuses on the growth potential of people suffering from national trauma The Hotline's Home Visitation project is launched.

on the impact of the Qassam threat on residents of Sderot. The Documentation Center is launched. The Inter-disciplinary Center for Trauma Studies opens & offers a year-long program on trauma-focused psychotherapy, in conjunction with Tel Aviv University.

**continue to be there for them in the coming years, with constant hope for peaceful days.**



# The Journey towards Growth, Healing and Strength

Dr. Itamar Barnea, NATAL's chief psychologist, agreed to reveal his personal story and cast light on the nature and meaning of traumatic experience, explaining how it influences personality and shapes perceptions, as well as how the interaction between the healing elements and the injured elements of both therapist and patient facilitate growth and reconnection. Prof. Avi Bleich met with Dr. Barnea and the following article documents a fascinating encounter between two therapists who treat trauma victims.

Prof. Avi Bleich



Prof. Avi Bleich

**I**tamar, we have known each other for approximately twenty years since our paths first crossed in Israel Defense Forces' mental health system. Both of us treat victims of trauma but you have personally experienced severe trauma while I have been spared that experience. I would like to take advantage of your willingness to reveal your personal story and attempt to cast light on the nature and meaning of a severe traumatic experience, ways for coping with it and how it can influence personality, as well as its impact on your perceptions and therapeutic practices. Furthermore, can psychological treatment of a trauma victim also be a source of healing and growth for the therapist?

**Itamar, what can you tell us about your family background and childhood?**

"My parents arrived in Israel, from Romania and Poland, before the Holocaust. My mother's parents perished in the Holocaust, while she and her brothers (who went to the United States) were saved. I have an older brother and sister. I remember my childhood and youth in Pardes Hannah positively. I was connected to the land and agriculture and studied in an agricultural high school. I was surrounded by many friends

and was very active in sports, even playing on the national junior volleyball team.

"Looking back, I can distinguish two sides of my personality that already existed in my youth. On one hand, I was an outgoing young man, socially active, competitive and very achievement-oriented (in sports, for example). On the other hand, I also remember a quiet, withdrawn side, curious and standing on the side, listening and observing events."

**How was this expressed in the army, in your role as a fighter pilot and later when you were wounded?**

"In the army, the traits of determination, ambition and focusing on a goal were dominant. These served me well as a pilot and a fighter pilot; they were a good fit for the spirit of my squadron: courageous, competitive, taking chances and defying limitations and boundaries.

"During the Yom Kippur War, this feeling of power took a serious blow. In addition to the operations, difficult battles and not insignificant achievements, there was a growing sense of loss as more and more comrades fell in battle. The mounting pressures influenced different people in different ways. I dealt with my feelings well

Prof. Avi Bleich is the Director of the Lev-Hasharon Medical Center for Mental Health and Chairperson of NATAL's Professional Steering Committee





Dr. Itamar Barnea

Photographer: Ziv Koren

and completed all of my missions. Then, close to the end of the war, when I thought that I had made it through safely, I was injured. “Even the way I was taken captive was a painful expression of the desire to win at all costs. I pursued a MIG, in illogical circumstances, to the edge of Damascus where I was shot down. I remember the feeling of the fall itself and the transition from a feeling of power and strong drive, to the quiet, passive floating with a parachute, drifting, without power, down into the injurious, cruel world of Syrian captivity. The fall was a major blow to my competitive, winning image and largely returned me to the position of the child watching the world from the side, while developing a consciousness of my vulnerability,

at first physically and later emotionally and psychologically... As I later learned, this stance allowed me to survive.

**You experienced a severe, on-going trauma, can you tell us more about it and explain the experience of existential threat that is sometimes described as a near-death experience?**

“As we were parachuting down, Syrian soldiers fired at us from below. Furthermore, MIGs continued to fire on us from above (an unusual act that violated the usual conventions of combat between pilots). I remember the moment when there was a palpable threat of death, when Syrian soldiers shot me from a distance of five feet, with every intention of killing me. I felt the bullets hit, my perforated body fall and

## Dr. Itamar Barnea

was born in Israel, in 1950. He is married for the second time, the father of five and lives in the Tel Aviv area. He was a fighter pilot in the Israel Air Force (Squadron 201). Shortly before the end of the Yom Kippur War (October 21, 1973), his plane was shot down over Syria. His navigator, Gil Haran of blessed memory, was killed. Barnea was seriously injured and held captive in Syria until June 1, 1974. Upon his return, he met his firstborn daughter, two-month old Lilach, who had been born while he was a prisoner-of-war. Even during his on-going therapy and rehabilitation, he returned to flying helicopters and continued to fly until the First Lebanon War. He studied psychology and wrote his masters thesis on the long-term impact of captivity on pilots. He completed his doctorate in the United States and continued studying Jungian therapy in Switzerland. Barnea headed the Psychology Division of the Israeli Air Force and the IDF casualties division. Today, Dr. Barnea is the Chief Psychologist at NATAL and works both as a therapist and a teacher.

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sprawl out on the ground. I experienced my soul leaving my body and looking at it from above, like in a movie. I now understand that experience as the soul's genetic response when all hope is lost. This dissociative experience is impressed in the trauma victim and has dual functions. On one hand, it serves the person confronting the experience of losing his human existence while, on the other hand, it extracts a continuing price when both the body and the

**“The fall was a major blow to my winning image and returned me to the position of the child watching the world from the side, while developing a consciousness of my vulnerability ... As I later learned, this stance allowed me to survive”**

soul remain in a restless state and are on-guard for any possible threat, disrupting the person's emotional connection and natural continuity.”

**Let's go back to the traumatic experiences.**

“Next, I remember being loaded unto a pickup truck, with the body of Gil, of blessed memory, laying on me. The feeling of his weight, together with the recognition that he was, apparently, no longer alive, was part of my physical experience for years. I remember myself in the hospital, on the operating table, under the bright lights, while they were still interrogating me. Then came the welcome loss of consciousness. Later, I found myself recovering from an operation, with my entire body shattered, laying on a wooden bench in a cellar. This lasted for weeks during which the difficult visits from the interrogators continued. I am amazed that I managed to hold out. From there, I was transferred to solitary confinement in a prison. Towards the end of my imprisonment, I was transferred to a group cell with approximately twenty other captive officers.”

**Looking back retrospectively, with the benefit of the tools you acquired later, how do you relate to the processes that you experienced?**

“When I review the downing of my plane and

falling into captivity, I can see how I moved from a sense of power and masculine strength to a position of passive observation. Being an observer also gave me my own space where I could let my imagination wander endlessly and ease the suffering. It also gave me, in my opinion, a type of strength and allowed me a decent, man-to-man relationship with the guards. That is when I learned that I am endowed with the ability for good interpersonal relationships based on trust. This contributed to my ability to survive in captivity and play a positive, influential role among the other Israeli captives.”

**I would assume that as much as the change you described served your ability to survive and cope, it might have come at the expense of other aspects of your personality and that you felt a lack when you could not express them.**

“I agree that the move to a passive stance of observation and listening, as much as it served me well at the time, did weaken the strong, active masculine side that was lacking. The desire to rehabilitate that side of my personality was expressed through repeated dreams about the air battle in which I was downed. In the dreams, my subconscious staged more positive scenarios in which I won a decisive victory. Even years later, when I began studying and developing my identity as a therapist, I was initially more involved in short-term, active treatments. This was almost certainly an expression of my need to express the active, goal-oriented side of my self. Later, I was gradually able to forgo this and reached my current place.”

**As experienced therapists, both of us are well-aware of the issue, which arises occasionally, of the relevance of the therapist's personal experience or, in the patient's language, “How can you understand if you haven't experienced it?” As someone who “has been there,” I would like you to relate to the contribution your past makes to treatment of trauma victims and to you as a therapist.**

“One of the therapeutic concepts I work with is “the wounded healer” who, as a therapist, coming from the place of his own injury and ongoing effort to heal himself, attempts to meet the patient in the place where he is wounded. At the beginning of the therapeutic process, the therapist holds the healthy, healing parts for the patient and makes it possible for the patient to bring his hurting, injured parts and be assisted



by the therapist in rebuilding his own healthy, healing components. Gradually, an encounter between the healing and the injured parts of each is created. The encounter between myself and the patient, on all of these levels, is a joint journey that makes it possible for a process of growth and recreation to reoccur.”

**I would imagine that your therapeutic perspective is intertwined with and nourished by the traumatic injury you experienced and that one of your emphases in on life long work.**

“For me, one of the important things is the recognition that coping with trauma and its psychological/physical imprint lasts a lifetime. Sometimes I feel good and emotionally connected. Then life flows as if nothing had happened but sometimes an emotional experience can rouse the demons from their lairs, blow-up in my face and return the feelings of pain, emotional disconnection or destructive anger that demand renewed efforts to deal with an additional round of internal work, another connection to meaning and internal healing. When I work with a patient, I have the inner knowledge that the entirety of his feelings and experiences exist within me even if I do not experience them exactly as he does. I do not have the feeling that I am protected against anything that he is dealing with, even if I have not experienced it. I often say that life is like a wheel: sometimes you’re at the top but sometimes you’re at the bottom, even when working with a patient. This is a source of the genuine respect I have for what the patient is experiencing.”

**An important tool when working with trauma victims is the attempt to find significance in what happened to them and meaning in life after the crisis that has the potential to serve as a lever for growth.**

“I definitely recognize the need to try looking inward to previously unknown places within the person in order to derive meaning, added value, improved self-knowledge, understanding of human limitations and to identify, strengthen and build the inner places that are beneficial, in the midst of the emotional chaos. We can uncover internal places that might never have been discovered if it were not for the trauma. Therapeutic work has the power of meaning for me. Despite this, I should note that the meaning can also be internal; sometimes it can be a very small, specific internal understanding

or action that is hidden from sight.”

**At NATAL, we deal with traumas that are violent in nature, and national in context. Based on your experience and self-observation, can you make a connection between your personal trauma and national trauma?**

“In my family heritage, this connection can be found in my grandparents who went to their deaths in the Holocaust with a feeling of relief and satisfaction because they had been able to save their children in time.

“In my trauma, the personal and the national are entwined and undergo parallel processes. Throughout our history as a people and a society, we have experienced on-going, repetitive trauma including external threats, loss and pain as well as internal destruction. Yet, growth, development and creativity occur from within these experiences, catalyzed by very strong powers of self-healing and vitality. This combination of opposites is also found within each one of us individually and so the processes occurring in individuals and a society living with on-going trauma are parallel.

“I am in favor placing the emphasis on looking reflectively at ourselves and within ourselves in order to reinforce our best strengths. I believe that as long as we know how to preserve our divine image as a people living in its land and nourished by its deepest roots, constantly use re-directive powers on our destructive side (which is also a result of our inability to contain on-going trauma) reinforce our mutuality and better traits, believe in ourselves and continue to develop here, there is a good chance that this process will continue and lead to growth and development in all areas of life, while still acknowledging the pain, loss and occasional helplessness that are part of our existential experience.” ■

**“One of the therapeutic concepts I work with is “the wounded healer” who, as a therapist, coming from the place of his own injury and ongoing effort to heal himself, attempts to meet the patient in the place where he is wounded”**

# There's nothing new in Sderot



Dr. Rony Berger

## *The Mobile Psychological Care Unit*

*The Mobile Unit is based on a model developed by NATAL to provide an immediate, effective response to residents of Sderot who suffer from Post-Traumatic Stress Disorder (PTSD) as a result of the security situation in the area. The Mobile Unit is staffed by professionals from the Community Outreach Unit who travel to the homes of residents who are in need of assistance and provide professional therapy for several weeks. The patients are identified by a representative of the Community Outreach staff who lives in nearby Miflasim and works out of the municipal welfare department.*

*The advantage of therapy in a home environment, in addition to the intimacy and security that it affords the patient, is that the professional can form an impression of the family dynamic and atmosphere at home and then treat the family systemically. During 2007, the staff of the Mobile Unit treated more than 860 residents, many of them children and teens, including some speakers of Amharic or Russian.*

The Mobile Unit, a model developed specifically for treating families suffering from anxiety in Sderot, has been functioning for eighteen months now. Despite concerns that residents of the city would not be receptive to this service, the natural suspicion of some local institutions providing therapeutic services and the opposition of conservative professionals, the Mobile Unit quickly proved its potential and became tremendously popular. Dr. Rony Berger, who developed the model for NATAL, presents a chapter from his diary.

**D r . R o n y B e r g e r**

**M**ore than eighteen months ago, I reached the realization that Sderot had, for many years, been taken captive by the Israeli-Palestinian conflict and I decided to do something to support the city's residents in a permanent, on-going manner. The shortage of professional personnel in the city, the fear of venturing out for psychological therapy in public institutions (some are unprotected), discomfort because of the stigma and the desire to treat family units as a whole combined to give birth to the idea of the Mobile Unit: experienced professionals who specialize in trauma, visit families suffering from anxiety at least once a week, in coordination with the Welfare Department, and treat them according to a special therapeutic model, developed specifically for this purpose. Despite concerns that residents of the city would not be receptive to this service, the natural suspicion of some local institutions providing psychological services and the opposition of conservative professionals, who thought the Mobile Unit broke through boundaries that characterize the therapeutic process, the Unit quickly became a tremendous success. This is evident from the number of inquiries received and the fact that most of them are now self-referrals. When the Mobile Unit was first established, it was staffed by five professionals; now there are nine. Nearly 900 people have been treated to date, 75% are children and adolescents. It is no less important

to note that the success of the project is measured not only by its popularity with residents of Sderot but also by clinical research that examined its effectiveness. From therapists' reports and initial findings from the research, we can cautiously state that the Mobile Unit's treatment model has achieved results that even surpass the expectations I had when I formulated the idea.

### **Sderot lives in my soul**

Eighteen months ago, when I decided to become personally involved in the fate of Sderot and its residents on a long-term basis, I did not imagine the extent to which the Qassam-struck southern city would become part of my personal and professional identity.

At first, when the residents of the city whom I met on my frequent visits asked me where I live, I did not understand why they responded with wonder and disbelief when I replied that I live in Tel Aviv. Now, many months later, the meaning of their reaction is clear to me. They understood then what I have only recently come to see or understand, that Sderot populates my soul despite the geographic distance between its residents and myself.

What is so surprising? Every morning when I wake up, among the first thoughts that enter my mind are, "What was last night like for residents of Sderot? How is their morning?" Even before I have my morning coffee, I check the media for news from the city.





Frequently, people from Sderot call me or I receive updates from professionals. More than once I have witnessed real-time rocket falls, not only during my many visits to the city but also when frightened mothers call in hysteria, with the “Color Red” warning signal echoing in the background, to ask how they can calm their children.

### What’s new in Sderot?

At social and professional gatherings I’m often asked: “What’s new in Sderot, how are the residents dealing with the situation?” Sometimes it seems that this is a way for them to share their feeling of identification with their brethren’s suffering, sometimes it seems that they are trying to encourage us but in other cases I sense that the questions are nothing more than lip service, an attempt to cover guilt feelings. I’ve also met journalists who shamelessly ask me to provide them with a “sexy, unique” story on “What’s new in Sderot,” but not about the level of daily suffering since, they claim, “Everyone is already tired of that!”

To all of the questioners I would like to say: Ladies and gentlemen, there is nothing new in Sderot. Since the 1950s, new immigrants from Morocco and, later, from the former Soviet Union, who came to Israel with relatively few material resources, have built and are building a very special society with an atmosphere of warmth, familial feelings, faith and creativity (especially, musical). They have coped and are continuing to cope with existential conditions that are not simple: social and economic distress, problems of unemployment that are characteristic of the periphery, assimilation difficulties and trying to find a common denominator in a complex, multicultural environment, all without any significant assistance from the governments of Israel, past or present.

Seven years of Qassam missiles are endangering the enterprise that residents of Sderot have created and have the potential to undermine the city’s emotional resilience. This is evident in the worryingly high number of residents who suffer from Post-Traumatic Stress Disorder (28.4% according to the Berger and Gelkopf survey), the economic decline and the departure of stronger population sectors (approximately 20%). It may be that “what is new in Sderot” is the growing awareness among many people in Israeli society that we must be responsible for each other and support populations in the periphery that are located far from the social, cultural and geographic consensus, which are faced by a truly existential threats, that they do not share. Sderot’s battle for survival is, therefore, the existential and ethical battle of Israeli society as a whole. ■



## *The day I didn't drive down to Sderot*

Rina Lerner

For eight months now, as part of NATAL's Nayedet (Mobile Unit), I have been driving down to Sderot once a week, to provide emotional support to families, children and adults, who suffer from the relentless Qassam attacks on the city.. Like other members of the Unit, I enter their homes, sit with them in their living rooms and kitchens, and if there is a Tseva Adom (Color Red Alarm), I walk with them into their personal safe space, whether it is safe or not. A very peculiar variety of possibilities is calculated in determining the spot for the safe space. It can be according to the direction of the bombing, or a mamad (a safe room) other times the bathroom, bedroom, under the stairs or out in the hall way. With solemn faces people describe the maps of their homes and the strategic choices they make, as if their home is some kind of complicated landscape one must be familiar with in order to survive a war. But then it is. Usually as an art therapist I prepare a bag full of various high quality art materials to work with the children, and drive down to the spot where I meet three other staff members for the ride. The drive down is an important part of the work. It is time for preparation, consultation, discussion, getting focused and lots of humor. Humor helps with the anxiety. It helps us deal with the transition, from our daily, relatively safe lives, to a defined zone of danger. To a city in which one is acutely aware of the consequences of simple choices; to go to the supermarket now or later, to stay home or visit a friend, to let the children go to school or not, which route is best to take to the bus stop, which room best to sleep in. My ten year old daughter asked me a few days ago, "mother if something happens to you in Sderot who is responsible?" I am still wondering if there is a satisfying answer to this question. One could say that those who fire the rockets are responsible, perhaps that is obvious. Is the government responsible? The organization I work for? Nobody in NATAL ever forced me to participate in this project. So here I am facing my own responsibilities, facing my own choices, as a mother, as a therapist, as a human being.

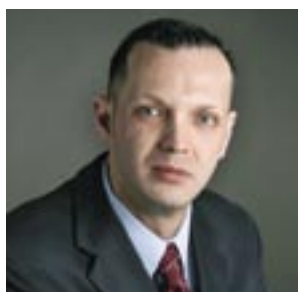
The last two weeks the bombardment has been intense. Exposed to various levels of closeness and loudness to the rockets, very common experiences for those who live in the city, I have felt fear more deeply as a pain in the stomach which sharpens the dilemma between my responsibility as a mother to my child, and my commitment to the people I work with. This issue was brought up in a staff meeting for discussion. There were no solutions, only choices. I have the liberty to choose. Not every one has that possibility. On that day I stayed home and took a long bike ride by the beach in Tel-Aviv, a different country. The wind, the sea, and the physical activity eased the pain. I couldn't help but wonder how the children in Sderot learn to ride bikes. Often my mind wandered to my colleagues, hoping they are safe, imagining them after long hours of work, seated at a table, in a moshav nearby, with hot soup and herbal tea, Yehudit probably prepared for them. Next week I intend to be back, with the same dilemmas.

**NATAL's Community Outreach Team**

# Israeli Management of Emotions

With the public courage to admit this and the psychological resilience to withstand it, discourse that imbues Israeli-ness with national, communal and social meaning could return. In order to reach this end, as much as possible must be done to provide residents with both physical and psychological protection and to stop denying its difficulties.

Dr. Udi Lebel



Dr. Udi Lebel

**I**t is 4:00 p.m. The “Color Red” warning is sounded again. Countdown Galit and Dana, two students, argue over whether they should count nine seconds or fifteen. At first it seems that Galit was correct.

A slight tremor is felt near the coffee stand, less than ten seconds after the warning. We walk from the concrete protective wall towards the classroom, holding disposable cups of coffee in our hands. It is the beginning of the semester. Dana hesitates before asking about the semester’s assignments – she knows that I do not like questions of that sort, but it seems that every step causes her to give up on the idea. Again, a deafening tremor. Now we are on the lawn. Yes, she was also correct. Another Qassam missile fell after fifteen seconds, but this time the Color Red warning system did not detect it. The distance to the protective wall is equal to the distance to the classroom building. What should we do? In the past, we would have chosen to stay in place. What can we do? The classrooms are protected but no one has sent an armored car to transport people from place to place on the Sderot campus but after a student was killed by a Qassam missile, it is not really possible to be apathetic. Return to the wall? The class will wait and I already have a reputation for being someone who does not always arrive on time for class. Continue towards the classroom? If the system did not detect one incoming missile, there is no reason to assume that it will detect the next one. We continued onward. The class was not easy. The timing is somewhat problematic for studying the models for processing loss in a seminar dealing with bereavement and the perpetuation of memory in Israeli society. Furthermore after class, residents of Sderot will be demonstrating at the entrance to the city. There are rumors that the Minister of Defense will attend for a few minutes and that someone has decided that he has had enough of cooperating with the ceremonial procedures that dictate praising the community for its resilience, restraint, maturity and proud posture while standing behind a wall of security agents and proving to the public that it has never been more steadfast. In the evening, a minibus will arrive and several schoolchildren from local kibbutzim will provide the background for a current events program. Again, someone claims that the time has come to interrupt by

shouting, “Stop being decoration” and not allow the low-rating program to continue without making their desperate, frightened and frustrated voice heard. How can I expect students to concentrate in class when their day has not yet begun?

## Coping Abilities and Lack of Fear

In the beginning, it was different. We were asked to lock our personal traumas away behind closed doors. The “New Jew” was experienced in national resilience, lacked personal fear and knew how to cope. Regarding human reactions, like those expressed by the refugees from Kishinev whose families had been butchered before their eyes, Ben-Gurion wrote, “We are neither a people nor ordinary persons, but merely a flock, a flock of sheep to the slaughter, a submissive, lowly camp of strange creatures who, of all peoples and nations, know only to the cry, to beg and arouse pity.” Yet in the same breathe he added, “If only the next generation would know nothing of its fathers’ weakness and timidity.” Haim Hazaz noted that he “opposes Jewish history” because of what it lacks: “No action, no heroes, just a collection of wounded, hunted, whining and wailing wretches, begging for mercy” and continued, “I would forbid teaching our children Jewish history. Why teach them about their ancestors’ shame?” Personal trauma was something to sweep under the carpet and exclude from public discourse. Even the Holocaust was not quickly included in Israel’s memorial agenda. When relatives of the victims asked to perpetuate their memory, Ben-Gurion made it clear to them that he wanted to remove trauma for the public discourse when he replied, “That masses of exiled Jews walked to the death trains... silently, stupidly... is a decisive, embarrassing and painful statement of the disintegration of spiritual-ethical strength. What is their place amongst us?” When he finally did agree, because of pressures from survivors, the “heroism” of a very small minority was emphasized and became the public image rather than the real Holocaust, suffered by the majority. At the same time, a wretched account was tallied with the masses, of whom Abba Kovner wrote, “We still have an open account... between ourselves and those of our people who were slaughtered... a people that walked like a flock, like sheep... how did it happen

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that they died this way? Who? The best Jews. They are not human?"

This created the general principle. The new Jew relates to his country as a safe haven, where Jewish history ends and Israeli history begins. "Be an Israeli when you go out and survivor of the camps in your home, and perhaps not even in your home. Why burden you loved ones with this distress? Keep the distress deep in your heart," wrote one Holocaust survivor whose family was left behind, far behind, as part of Jewish history.

### All on Duty

However, a nation cannot be built without bereavement and no society can face existential danger without trauma. What can be done? It seems that the rules have remained in place. Even those who experience Israeli trauma were asked to manage their emotions strictly. For example, bereaved parents were officially asked to avoid public displays of emotion and to understand that even while processing their grief, they have a role to play. They were reminded of Berl Katznelson's statement that the new Jew belongs to a generation "that knows neither tears nor prayers nor beseeching as did its fathers although it is as stubborn and unbending as they were. Its tears will not flow." Behavioral guides were produced, including examples taken from other bereaved families. One father wrote, "Overcoming pity, conscious control of emotions, coming to terms with loss... discipline and faith in the ideal" are the desired values. A bereaved mother made it clear, "This is not the time to lament and eulogize... we know not whose turn will come tomorrow... the tears are silent in their hiding places."

Thus, bereaved parents, soldiers who returned from battle with wounded souls and the families of captured or missing soldiers became one large group that was to keep its feelings, fears and pain outside of the public discourse. Not quality but rather quantity precipitated the change in that discourse. Without the hundreds of soldiers suffering from combat reaction and bereaved families of the Yom Kippur War, it is doubtful if anyone in the establishment would have decided to begin allocating resources to support those who find it difficult to repress their emotions and accept the nation's command to maintain the national image, which is anti-trauma by definition because Jewish trauma is part of the past.

Galit went to the demonstration. She held a sign that her grandmother could have raised in Morocco in 1948 after the slaughter of Jews began: "Our lives are not ownerless." Dana didn't go. She also didn't go to the evening program. Displaying emotions, especially in front of a television camera, is not for her but she did choose to write her seminar paper on "The Return and Waning of Jewish Honor – Israel 1948-2008"

### Trauma is the Lot of the Entire Society

Indeed, years have passed and the willingness of individuals to express their personal distress is no longer marked as a national deviation. Many explanations have been given for this. The transition from a national community to individual groups, the creation of media that pry into the private and intimate, global public discourse that focuses more on the victim than on the hero and many other

explanations relate to the fact that psychological distress is being raised and brought to the surface. Today, those who have experienced trauma will find, in one way or another, a shoulder to lean on. The State does not hurry to embrace them in public; center stage remains reserved for the resilient who comply with the staging instructions. Ben-Gurion, the founding father, made clear that the goal of the "New Jew" is to die honorably while actively defending his life and honor. Translated into current terms, this means that the modest embrace is given to those in uniform. Like civilian bereavement, civilian trauma, which is the lot of many, remains unacknowledged. It is not "honorable" enough because it did not happen during active combat, which gives it significance, but rather during everyday life, in a Sderot chicken processing plant or the cow sheds of Nir Am. Furthermore, if we inject the fact that trauma is the lot of an entire society, and not only of the few it dispatches to the front lines, into public discourse, how will the entire Israeli project appear? From the outset, it has been justified as being something that leaves Jewish, emotional scars as part of history.

It is not coincidental that NATAL grew up "from below." Since NATAL reaches out to civilians who defy the rules of discourse and dare to express emotional distress that is not the result of a burglary in the neighborhood, family violence or a personal event, but rather was forced upon them merely because they are Israeli citizens. Israel-ness and trauma? How does this relate to the original intention? From this perspective, NATAL is a burden. The thought that there is an organization whose very existence is evidence of the limitations of the safe haven, that serves as a safe haven within the national haven and, perhaps, from it, might cause civilians to check the statistics and discover that Israel is the most dangerous for Jews to live.

Nonetheless, NATAL is not a burden. To equip the actor with the ability to comply with the director's instructions, it is necessary to invest, to embrace and to treat. This might even be beneficial. Yes, civilians being treated for trauma might be evidence of how traumatic and fragile it is to be an Israeli but perhaps that is exactly the point from which a different meaning for our existence here might grow; it might be understood as valuable even though it is this way (difficult, dramatic, explosive) and not because it is otherwise. With the public courage to admit this and the psychological resilience to withstand it, discourse that imbues Israeli-ness with national, communal and social meaning could return, not because of a desire to flee from external trauma but rather out of a desire to maintain it, despite everything. In order to reach this end, as much as possible must be done to provide residents with both physical and psychological protection and to stop denying its difficulties. As part of this process, NATAL is a cultural agent that works to provides therapy for individuals, to stop the denial and expand the civilian toolbox, which is an essential element of society's steadfastness. ■



## Be my Mother, my Sister

Udit Sheffer (an art therapist and couples and families therapist), and Hadassah Ashdot, (psychologist and group facilitator) members of NATAL's clinical staff, lead a support group for women married to men suffering from Post Traumatic Stress Disorder.

Varda Horwitz

It was in the winter. He woke up with his body shaking. His face was red and his voice sounded like he was choking. The children were home and I didn't know what to do," says Adina\* whose husband suffers from Post-Traumatic Stress Disorder (PTSD). "We went to the beach and I told him, 'Here you can scream.' He screamed. I stepped aside, where he wouldn't see, and screamed, too: 'God, why is this happening to me?' Each of us screamed in a different direction. It was cold and wet. Eventually, he calmed down." This hair-raising tale is a snapshot of a moment in the life of a woman married to a man with PTSD, a member of the support group that has met at NATAL's Center every other Sunday afternoon for five years. The eleven women sitting here know each other well. Despite their disparate ages, educations, places of residence and socio-economic status, they share the unbearable pain of dealing with a husband who lives in the shadow of war, terrorism or another form of trauma related to the Arab-Israeli conflict. As Talia explains, "The terrorist attack did not just happen in the shopping mall. It eventually reached my home." The group is led by Udit Sheffer, an art therapist and couples/families therapist, and psychologist Hadassah Ashdot, experienced members of NATAL's clinical staff. They work under the supervision of Dr. Itamar Barnea, NATAL's chief psychologist and Saar Uziely, Manager of the Clinical Staff. Art is a tool that the women use to express what they feel, in addition to and beyond the pained words that fill the air. As they work on drawings or collages, emotions are mixed with paper, scissors and glue. When someone says, "I had a tough week," they know she isn't referring to a child's cold or a passing argument at work or home. It is something much more difficult.

Adina shows me the gloomy, dark collage of photographs she made the previous week. This week, her work is calmer, reflecting a changed mood. Miriam tells me, "You've come on a relatively good week, without too many tears." The others agree, a week does not pass without her crying.

After a traumatic event, routine returns. In their lives, it was not a welcome routine. In most cases, the deterioration was gradual. At first, there was difficulty functioning in the immediate, family circle; later, among friends. Some men stopped working. This was followed by sleepless nights and uncomfortable days. Hints of distress became full-blown symptoms. Even if his body escaped the incident unharmed, his soul was shattered. Batya described how the love of her life and become withdrawn and distant, as if an iron curtain was drawn between them. From there, the path to apathy alternating with angry outbursts and blaming his wife, was short.

Some of the men have been hospitalized; some take pills which can only regulate the situation but not cure it. Their wives pay a heavy price. They are secondary victims of war and terrorism – healthy, functioning women whose world has been turned upside down. In addition to being wives, they must become, without appropriate professional skills, therapists. They say it is like having another child. In addition to the pity they feel, the feel guilty, sure that they have done something wrong to bring this on themselves, as Batya explained: "He accused and I took responsibility and believed him. I searched my soul, what had I done wrong? I didn't understand. Then I found the NATAL group on the internet and everything became clear. He already suffered from combat reaction when we married but I did not what that was and could not attribute it to post-trauma. Now, I understand a lot

more and that helps me cope.”

Gila tells that several weeks after a terrorist attack, her tall, strong husband went to the hospital and she saw him “broken and crying, his whole body shaking. He was unable to speak. The memories were accompanied headaches. Only then did I understand. Its like a ball, you toss it. I did not know about the abyss to which he had fallen. My man was now a child.” Adina nods and adds, “A troublesome child.” For years, they have been trying to rekindle the spark in their lives. For years, they have invested time and energy protecting him, protecting the children. All of their needs and desires became insignificant. They contain their husband’s nightmares and live in midst of an on-going storm, without an anchor to grasp. No one understands or can help them continue without falling apart.

NATAL helps them fills this void with both individual therapy and the support group. Here, they are the center of attention. “I didn’t deal with my frustrations and difficulties. Since he became ill, we haven’t gone out. He rarely leaves the house. The workshop is a chance for me to meet friends. I wouldn’t miss it,” Adina testifies. The moderators explain that the group is not therapeutic but it does give the women time for themselves, to share, believe in their own strengths and empower their feminine strengths.”

It has been six years since Gila’s world was split in two. Her husband witnessed a terrorist attack in a shopping mall. “Before then, he was my best friend. Now, I live on the sidelines of life. There is no one to help me, no partner. I can’t lean on him. I can’t be truly happy when my son starts for first grade or my daughter joins the army. There is a massive sadness, even at times that are supposed to be happy.”

In Adina’s home, the dark cloud began to gather a few years the Yom Kippur War. “He was 22. It erupted years later. I approached several agencies including the Ministry of Defense but no one could guide me or tell me how to deal with this. It’s a living death. As the children matured, it was very difficult. They experienced their father’s injury.” She has been in the group for four years. “NATAL opened the first door for me. Here there is guidance and we learn from each other. Now I know that I am not alone.” In addition to the distress there is the dilemma of secrecy. “I did everything alone, to protect his honor. I tried to protect him from people, from the children. People don’t understand. They think if he looks normal, everything is alright.” Henia interrupts, “My family thinks he is lazy. They do not understand and say, ‘But he looked fine on Friday.’” Batya joins in, “When I try to tell my good friends, they compare it to themselves, to an argument they had with their partner but it is not the same.”

They learn from their mistakes. Adina explains that for years she acted like everything was fine, especially in front of the children. “I wore a mask of serenity and did not allow the children to express anger or say anything out of order. The secret was kept. Every



Masks of the Soul: Created by members of the Social Recovery Group

overdraft in the bank or purchase of an apartment made him anxious. The children grew up post-traumatic because of his injury. They were angry and did not understand. The most important thing is to take care of the children and yourself. If not, it boomerangs and you are left alone. It is important to tell.”

If that were not enough, in many cases their economic situation deteriorated after they had to stop working in order to care for their husband and family. One family had not choice but to close their business and had no money to buy food.

Most of the women are still married to their husband, want to continue caring for him and some still enjoy an intimate relationship but others in the process of divorce. Every choice is supported by their strength. For three hours, once every two weeks, they allow themselves to let go, to reveal their weaknesses. Here they are supported and do not need to transmit strength. Adina explains, “We appear strong but we are leaves floating in the wind.” Gila leans on her shoulder and looks sad. “There are days I don’t have the strength to get out of bed, cook, clean and smile at the children. They think we are the ‘big boss’ but we, too, can collapse.” After the meeting they go home, either in painful resignation or newly strengthened, perhaps with a new horizon and hope that the coming days will be better.

\*Not her real name. The names of all participants in the group are pseudonyms. ■

# Released Soldiers Project

S a a r U z i e l y , Director of the Clinical Unit



The Released Soldiers Project is geared for released combat soldiers who served in the territories during the intifada and/or The Second Lebanon War.

The history of Israel's wars teaches us that the consequences of battle are not only physical but also psychological. According to statistics, ten percent of combat soldiers in any given war will develop psychological trauma symptoms. A range of variables relating to the cohesiveness of the unit, familial and social support, etc. can also cause psychological trauma symptoms or, alternately, protect against them.

The symptoms exhibited in people suffering from combat stress are varied and impact individuals functioning on several levels. On the emotional level, they can develop symptoms of apathy, restlessness, moodiness, outbursts and more. Cognitive symptoms include difficulties with concentration or memory and, sometimes, confusion. In the behavioral area, symptoms are irritability, passivity and detachment from the surroundings and society. Symptoms originating in a

battle or series of operational events do not necessarily appear immediately, they can be delayed.

The initiative for establishing the Released Soldiers Project is due to the fact that many released combat soldiers who fought in the two intifadas and in The Second Lebanon War (this is true of any war) and related operations (barriers, breaking-in to houses, etc.) carry traumatic residues within them that can, in certain circumstances, burst out. The project invites released soldiers, including those who have not developed symptoms, to process their experiences of war, by discussing them in a group, in order to express themselves and hear what others have to say.

It is important to emphasize that not all soldiers develop trauma symptoms as a result of their experiences.

This project, offering soldiers psychological help through NATAL's Hot Line, Clinic and group therapy, operates in cooperation with and is funded by the Association for the Welfare of Israel's Soldiers and by the American Friends of the IDF.

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# The Multidisciplinary Center for Trauma Studies

Applications now being accepted for the 2008-09 academic year:



## Program on Trauma-focused Psychotherapy

Emergencies and tragic situations subject Israelis to severe psychological injuries that can cause significant damage to the individual, family, group and community and lead to the collapse of support systems and community services. Israeli health professionals must be prepared to deal with cases of psychological crisis and trauma in times of emergency, including; terrorist attacks, hostile activities, war and daily events such as traffic accidents, physical and sexual abuse, etc.

NATAL, in cooperation with Tel Aviv University School of Public Health, will be offering, for the second year, a Program on Trauma-focused Psychotherapy, taught by leading experts in the field. The program is based on extensive knowledge and experience accumulated in Israel and internationally. It presents a unique concept for dealing with situations of trauma and tragedy, with emphasis on understanding the psychological processes experienced by the victim and those around him, and on providing participants with a variety of effective tools for individual, group and system-wide intervention.

## Purposes of the Program

Acquisition of broad, in-depth knowledge of theories and models for intervention in situations of stress and trauma.

Obtaining skills for treating victims of trauma and members of their families.

Provision of tools to identify at-risk groups and communities.

## Target Population and Admission Requirements

- Professionals in the fields of therapy, counseling, nursing and rehabilitation.
- Individuals with Bachelors degrees, at least, in psychology, social work, psychiatry, behavioral sciences, art therapy, occupational therapy, educational counseling, medicine or nursing.
- In special cases, at the discretion of the admissions committee, candidates without a complete degree but with a background in behavioral sciences or therapeutic professions, plus practical experience, and for whom the program is relevant to their work, will be accepted.

## Structure of the Program

**Duration:** one year (two semesters). **Class hours:** Wednesday from 2:00 p.m. to 7:30 p.m.

**Beginning date:** October 2008. **Location of classes:** NATAL House, 10 Ibn Gvirol St. Tel Aviv (main site) and Tel Aviv University, School of Public Health.

Academic Director: **Prof. Avi Blich**  
Professional Coordinator: **Bina Levin**

For additional information and to apply

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