

THE ASSASSINATION OF YITZHAK RABIN: RESONANCE OF A NATIONAL TRAGEDY IN PSYCHOTHERAPY

ELI SOMER

*School of Social Work
University of Haifa, Israel*

MEIR SAADON

*Israel Institute for Treatment and Prevention
of Stress, Haifa, Israel*

This single-site study looked at reactions of Israeli patients in psychotherapy to the assassination of Prime Minister Yitzhak Rabin. Data were collected during the first psychotherapy session following the fatal shooting of the Prime Minister. Thirty-one vignettes were provided for investigation by eight clinicians. The patients' reactions were subjected to qualitative data analysis that yielded high intercoder agreement with regard to 20 codes clustered in four content categories: (1) object of reference; (2) perceived threat; (3) personal association; (4) affect. No apparent relationships between DSM diagnoses and any response patterns were identified, indicating that our subjects might have responded with grief reactions that transcended diagnostic nosologies. Our findings indicate, however, that subjects with a history of paternal child abuse were significantly more likely to respond in a unique way: they often identified with members of the surviving family or with the assassin rather than with the slain leader, explored anxieties about the looming dangers emanating from the Israeli

extreme right, and displayed feelings of revenge, disgust, or satisfaction with this figurative patricide. These findings are discussed from a psychodynamic perspective.

The patriarchal image that a national leader often symbolizes and the unexpectedness of the rare drama in the case of the death of a head of state are reckoned to evoke intense emotions in the hearts of the citizens. Several articles on psychological aspects of the demise of national leaders have been published. Prominent among them are papers on public reactions. Schwartz (1991) analyzed the public mourning rites in reaction to the assassination of Presidents Lincoln, Garfield, McKinley, and Kennedy, and found a contrast between what people actually felt towards and believed about the slain leader while he was still alive and how they felt and acted in response to his murder. Schwartz agreed with Kertzer's claim (1988) that ritual builds cohesion and solidarity in a divided people, and argued that when despite national divisions the public does share a fundamental agreement on such absolute tenants as the value of democracy and the integrity and power of the state, mourning rituals can produce solidarity without consensus.

Following the death of World War II era President Roosevelt of the United States, Orlansky (1947) published an impressive analysis of private observations and newspaper reports of individual reactions to the President's death. He attributed the "mass anxiety" he thought he found to the identification of citizen with leader and the fear of death in each individual. Relating to the same event, Wolff (1947) analyzed 32 written reactions of undergraduate sociology students, and found a relationship between writers' attitudes towards the President and their designations of him.

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Correspondence regarding this article should be addressed to Eli Somer, Ph.D., Israel Institute for Treatment and Prevention of Stress, 3 Maayan Street, Haifa 34484, Israel.

Several studies on public reactions to the assassination of President Kennedy were published. Banta (1964) reported a generalized emotional activation characterized by nervousness, crying, and anger. Sheatsley and Feldman (1964) found a tendency to personify the event, and thought that it evoked feelings and grief patterns similar to those felt at the death of a close friend or relative. Rather than concern for political consequences of the event, the authors found that immediate reactions were most often of sympathy for Mrs. Kennedy and the children, feelings of sorrow and loss of a capable leader, anger at the assassin and personal shame that such a thing could happen. Wrightsman and Noble (1965) reported a temporary disillusionment with human nature among subjects who agreed with Kennedy's policies. In an attempt to test Durkheim's ideas, Briller (1977) looked at suicide rates in the United States for the week in November in which Kennedy died. In contrast to the figures for that week during the previous 17 years he found that no suicides occurred during November 22-30, 1963, and argued that people focused their attention on the crisis outside themselves and possibly viewed the crisis as a source of meaning in their lives that helped reduce the tendency to commit suicide. Similar counter-intuitive findings were presented by Somer, Keinan, and Carmil (1996), who demonstrated that anxiety disorder patients did not respond with more distress than controls did following the first Iraqi missile attack on Israel during Operation Desert Storm in 1991. The Gulf War, as it was also termed, generated some clinical literature on the impact of that common societal stressor on the psychotherapeutic process. Schneider (1993) described how the forced intimacy between group patients and their therapists in the sheltered sealed rooms fostered relationships that were a mixture of parental and sibling transferences and countertransferences. Spero (1992) offered his reflections regarding the containing function of the therapist and the therapeutic framework in the face of the potential disaster that the Iraqi missiles posed for the population in Israel.

The emotional arousal and the high degree of consequentiality associated with the political assassinations was recognized by memory scholars, who termed such memorable emotional milestones "flashbulb memories" (Brown & Kulik, 1977). These memories have a common informational structure, consisting of combinations of six

'canonical' categories: location, ongoing event, informant, own affective reaction, other's affect, and aftermath. Most of the 121 subjects studied by Pillemer (1984) reported flashbulb memories of the assassination attempt on President Reagan. The stronger the reported emotional reaction, the greater the consistency of narrative and the better the visual memories were. Another attempt to investigate the impact of a political murder, the assassination of the Swedish Prime Minister Olaf Palme, yielded little support for the idea that flashbulb memories persist accurately over time (Christianson, 1989).

The effects of a leader's death upon patients in psychotherapy were first presented by Fairbairn (1936). In a paper he first read before the British Psycho-Analytical Society, one month after the death of King George, Fairbairn felt it was particularly informative to study the reactions of patients under analysis to the same significant external event. Nevertheless, he made no attempts to formulate the influence of such an intense external event on the analytical course. Instead he documented three cases which he selected for illustration because of the extreme nature of their reaction to the king's death. Fairbairn presented numerous dreams which he thought demonstrated how the king's death represented a consummation of the patients' oral-sadistic designs against their fathers, whose incorporation became responsible for this sense of a destructive force within.

Fairbairn's line of investigation was probably influenced by Freudian theories suggesting that people's responses to a civil authority are rooted in experiences with parents and that at least for a portion of the population, the head of state is the unconscious symbolic surrogate of childhood authority figures (Freud, 1913, 1921, 1939). This theoretical formulation was a common theme in several clinical reports of psychiatric patients' reactions to the extraordinary stimulus of the deaths of heads of state in office. For example, a number of analysands were reported to have reacted to President F.D. Roosevelt's death in a way that implied that they had symbolically equated the President with their own fathers (de Grazia, 1945; Sterba, 1946).

The impact of the assassination of President John F. Kennedy in 1963 on psychotherapy patients was anecdotally documented by Banta (1964). He reported that clinical hours following the assassination were filled with references to these events and that they were viewed within a

frame of reference of feelings about close relatives. Katz (1965) informally polled eight psychoanalysts for both analyses and personal dreams. Although only scanty data were made available (Katz believed that viewing the events on television substituted for dreaming) the author stated that people with "deep homosexual problems" reported the most disturbing dreams allegedly portraying impulses to kill off the hated father and paranoid fears of being killed themselves. Kirschner (1965) shared his observations on psychotherapy sessions held with eight "good" neurotic female patients who had lost one or both parents and who had still been dealing with unresolved hostility and ambivalence toward the deceased parent(s). Kirschner posited that his patients' reactions were not pathological in view of the fact that similar outpourings of different emotions were reported throughout the normal population. Thus an understanding of patient reactions to the tragedy was suggested to facilitate further knowledge of normal psychodynamics at a time of mass emotion. The author noted, however, that in discussing their reactions to the President's death most of these women were able to bring to light and work through repressed ambivalence toward their own deceased parents. Kirschner claimed that the strong expressions of grief shown by these patients might have been related to the fact that only the idealized side of the coin of ambivalence was represented. Most of Kirschner's patients were reportedly struck by the marked contrast in their grieving for Kennedy compared with the lack of this affect in relation to their own parents.

The most recent article on the impact of the assassination of a leader on psychiatric patients was published after the demise of Prime Minister Indira Gandhi in 1984. Varma, Chandiramani, Rao, Behave, and Kahur (1989) administered a semistructured interview to 14 in-patients and to 14 controls. They found that compared with controls, psychiatric in-patients responded with an unrealistic appraisal of the situation, inadequate mental representation, and variable emotional responsiveness that led to inadequate working through which manifested in the form of worsening of psychiatric symptoms and unusual behavior patterns.

On the night of Saturday November 4th, 1995, while leaving a peace rally in Tel Aviv, Israel, Prime Minister Yitzhak Rabin was assassinated with three handgun bullets fired at point blank

range by a 27-year-old Jewish orthodox law student, an activist in the Israeli extreme right-wing fringe. The murder took place amid bitter differences of opinion within the Israeli public regarding the sacrifices Rabin's Labor government were willing to make in order to achieve peace. At the November 4th rally Rabin said: "For 27 years I was a military man, I fought all the time, and there was no chance for peace. I believe that there is now a chance for peace and we must take advantage of it." He was gunned down only minutes later. The country was stunned. The shocking reality that the unprecedented assassination of an Israeli leader was carried out by a fellow Jew threw the nation into deep grief and turmoil. Thousands of mourners, many of them youth, gathered for days in Israel's town squares, weeping and lighting white candles. Between Sunday and the start of the state funeral on Monday, about one million Israelis (almost 20% of the country's entire population) passed the slain leader's coffin in front of the Israeli parliament. Rabin was the nation's first native-born Prime Minister and at the center of its history for more than 50 years. Dubbed "Mr. Security," Rabin was one politician many Israelis trusted enough to take the risks involved along the path toward peace.

The purpose of the present study was to investigate how the theme of this shocking event manifested itself in psychotherapy in Israel during the first treatment session following the fatal shooting of the Premier. We had set out to employ qualitative analysis methods, so we could not have known in advance what content themes the therapy would yield verbatim. Nevertheless, we were interested to explore the patients' associations and expressed affect. We also wondered if patients who had had troubled relationships with their fathers would respond in unique ways to this national figurative patricide.

Method

Subjects

The 14 members of the Israel Institute for Treatment and Prevention of Stress (IITPS) held a staff meeting 48 hours after Rabin's murder. On that occasion we asked our colleagues to record all the references that had been and would be made by the patients during their first treatment sessions with regard to the assassination of the Prime Minister.

IITPS is a private out-patient clinic serving about 200 patients per week and is located in an

upper middle class neighborhood of Haifa. Except for the first author, who provided 13 case studies, the other seven psychotherapists who responded to the appeal presented 1-4 vignettes each. In total, 31 vignettes were collected. Twenty-two were related to female patients and 9 described the reactions of male patients. The ages of these patients ranged between 15 and 60, 65 percent of the subjects were aged between 21 and 40. These patients were in treatment for periods spanning from 1 month to 4 years. The distribution of primary clinical diagnoses among the cases according to the criteria of the Diagnostic and Statistical Manual (American Psychiatric Association [APA], 1994) were as follows: Personality Disorder—13, Dissociative Disorder—5, V-Codes—5, Anxiety Disorder—3, Affective Disorder—2, Adjustment Disorder—2, Unspecified Mental Disorder—1.

The Vignettes

Most of the 31 vignettes were one page long, provided vital anamnestic data of the patient, and described the patients' unsolicited verbalizations concerning the dramatic news. The accuracy of the material gathered was guaranteed by the immediacy of production of the written case studies. Most of the material was taken from the therapists' notes written shortly after the session. My own (E.S.) 13 vignettes were based on notes taken during the psychotherapy sessions under study.

Instrumentation

The verbal data base that we collected lent itself to qualitative analysis. The first step that we took involved the focusing of the "raw" data that appeared in the therapists' reports. We were interested to find out who were the objects our patients had been preoccupied with when commenting on the Premier's assassination; what aspect, if any, of the tragic event was threatening to them; what kind of personal associations were activated by this powerful event; and what sort of affect characterized their verbalizations.

We read the "raw" data several times with the purpose of identifying the different distinct variants for each category, or research question. We followed a procedure described by Miles and Huberman (1984) and revised our sub-categories by conducting a repeated double coding. That is, we coded the entire data set separately and discussed our disagreements. These differences

resulted in the amendment of some codes, the expansion of others, or the elimination of codes that did not "work."

Results

The entire body of data was given to a third psychologist for analysis. This professional was an IITPS staff member who had not submitted vignettes of her own for this study. Table 1 describes the proportion of patients who responded with each code and the levels of intercoder agreement.

For all but three codes the likelihood of agreement between judges was up in the 99.9 percent range. Most of the patients talked about Rabin himself. Forty-two percent showed no verbal sign of any perceived threat, but an equal proportion felt that Rabin's murder may compromise their own personal sense of safety. Interestingly, only 13 percent of the sampled patients proceeded with a direct association concerning the death of a loved one.

The majority of the subjects associated with therapeutically significant material unrelated to the issue of death and often raised in treatment for the first time. Affective responses varied in scope, but 35 percent of the patients in this sample had at least one response that indicated a dissociative process in action. Six percent of the subjects ($n = 2$) were pleased with the assassination.

Initial examination of the analyzed data did not reveal any apparent relationships between DSM diagnoses and specific configurations of coded verbalizations. The small number of subjects relative to the number of variables in this study precluded the application of statistical procedures normally used for the identification of such relationships. The following is illustrative of a pattern that included codes frequently used in our sample.

E (Subject 6) was a 15-year-old girl who was first seen six months prior to the assassination of the Prime Minister. She was experiencing test anxiety and academic performance problems. E was a bright and sensitive adolescent who had been exploring in therapy her jealousy of her 3-year-old sister and feelings towards her mother, who was often perceived to yield to the younger sister's manipulations. E had an older sister, seen as successful, who lived outside the family's home. The patient equalled her own sense of self-worth with her scholastic achievements, and tried vigorously to impress both her teachers and her classmates. This youngster, whose subjective

TABLE 1. Frequencies, Relative Frequencies and Significance Levels of Intercoder Agreement on Patient Reactions to Rabin's Assassination

Category	Code	N ^a	% of Responses	% of Patients ^a	p*
A. Object of reference	1. Rabin	17	46	55	.0001
	2. Assassin	5	13.5	16	.0001
	3. Orphans and family	5	13.5	16	.0002
	4. Personal/national fate	10	27	32	.0001
B. Perceived threat	1. Rise of the extreme right	4	12	13	.0001
	2. Destabilization of the peace process and of national security	2	6	6	.1269
	3. Destabilization of a personal sense of safety	13	41	42	.0001
	4. No sense of threat	13	41	42	.0001
C. Personal association	1. Death of a significant other	4	10	13	.0035
	2. Other painful memories	16	39	52	.0001
	3. Relationship with a significant other	21	51	68	.0001
D. Affect	1. Anxiety	13	23	42	.0001
	2. Sadness	8	14	26	.0001
	3. Anger	7	13	23	.0009
	4. Guilt	6	11	19	.0001
	5. Helplessness	5	9	16	.0011
	6. Revenge	3	5	10	.0002
	7. Satisfaction	2	4	6	.0645
	8. Dissociation	11	20	35	.0001
	9. Disgust	1	2	3	.0323

^a Some patients responded with more than one code per category. Total N and percentages may thus exceed 31 and 100 respectively.

* Fisher's Exact Test.

sense of security was shaken following the birth of her youngest sister, frequently expressed apprehension with regard to any expected change in her life. A sample of E's verbalizations on the first session after Rabin's murder follows:

Daddy woke me up and told me Rabin was dead. I was in shock. I couldn't believe I would never see his face on television again . . . Something was awfully wrong with this country, I felt Israel had changed. I was totally finished when his granddaughter spoke in the funeral . . . all my friends in class admitted they wept . . . I'm afraid this can happen again. I'm concerned for the fate of all of us in this country . . . I'm afraid this murder means the Likud Party may win the next elections and there will be another war. I am scared. Someone from my family might get killed . . . We lost a leader who listened to the people . . . I can appreciate such a person, I myself miss the experience of being listened to at home. I feel alone . . . I'm not sure how I am going to cope with the transition from secondary to high school . . . I condemn the murder and I am angry that more support was not lent to his peace initiative.

Since we could not establish definite relationships between DSM diagnoses and patterns of response to Rabin's death, we decided to further investigate those codes that were the least frequently found in the patients' reported verbatims,

and then, inductively, attempt to identify common variables among these subjects. Based on the findings presented in Table 1, we decided to look at the data that represented the following uncommon content codes:

- A. Object of reference:
 - 2—Assassin (13%)
 - 3—Orphans and family (13%)
- B. Perceived threat:
 - 1—Rise of extreme right (12%)
 - 2—Destabilization of peace process and national security (6%)
- C. Personal association:
 - 1—Death of a significant other (10%)
- D. Affect:
 - 6—Revenge (5%)
 - 7—Satisfaction (4%)
 - 9—Disgust (2%)

Object of Reference: Assassin

Subjects 1, 10, 12, 24, and 25 focused on the assassin. They were specifically diagnosed as suffering from Avoidant Personality Disorder and

Parent-Child Relational Problem, Dysthymic Disorder, Borderline Personality Disorder, Dysthymic Disorder and Child or Adolescent Antisocial Behavior respectively. While the DSM diagnoses, again, did not provide a clear pattern, we found that data concerning the history and psychodynamics of these patients was fairly consistent: all five patients had perceived themselves to be current victims or survivors of psychological, physical, or sexual paternal abuse.

A (Subject 10) was a 60-year-old divorced female attorney who had suffered from a life-long depression. She was re-diagnosed two months after the data for this study were collected as suffering from a dissociative disorder. She always had explicit memories of paternal incest. A said:

... I wonder what the assassin felt when he shot Rabin? What motivated him emotionally to do it? ... I wonder what it would feel like to defend the killer in court ... (weeps) ... I feel I could have stabbed my father ... Something within me is sad that Rabin died ...

Object of Reference: Orphans and Family

Five subjects were coded under this heading: Subject 3 (Academic Problem), 4 (Posttraumatic Stress Disorder—Chronic), 11 (Unspecified Mental Disorder), 15 (Avoidant Personality Disorder), and 28 (Borderline Personality Disorder). Again, the DSM classification did not seem to provide a readily observable pattern. The clinical data, however, did shed some light on a possible common denominator. All five patients were processing emotions of anxiety, sadness, and anger relating to early experiences of parental abandonment.

For example, subject 11, L, was a 50-year-old woman who was never married. She was a recovered Dissociative Disorder Not Otherwise Specified patient, who was terminating five years of intensive psychotherapy. Her parents were described as aloof and emotionally unresponsive. She grew up in a small remote desert town and the only person who had showed interest in L was an older neighborhood boy who frequently molested her. She never felt she could tell her parents how miserable she had been. L said:

... I was deeply moved by Leah Rabin's interview on CNN, she showed such admirable composure ... She is a brave woman ... I admired the way she communicated what she felt ... She inspires me to try to improve myself in this area ...

Perceived Threat: Rise of the Extreme Right

The patients who were preoccupied with this threat were subjects 2 (Dissociative Identity Dis-

order), 9 (Dissociative Identity Disorder), 12 (Borderline Personality Disorder) and 27 (Dissociative Disorder Not Otherwise Specified). The dissociative disorder patients were female incest survivors and the other subject was a male survivor of physical child abuse. This theme seemed to have been relevant mostly to patients with a dissociative disorder and only to patients with a known history of child abuse. For example, N (subject 2) was a 48-year-old divorced woman, a teacher by vocation; she had endured sadistic, semi-religious ritualized forms of abuse by both parents. She had violent parental introject personality alters who had been holding on to a delusion of complete separateness. N had been four years in therapy when the assassination occurred. N's host personality was quoted as saying:

... Rabin was not protected well ... nobody is safe anymore ... I saw on television all sorts of people who think like the killer and are pleased that Rabin died ... Here we go again ... The name of God is used to justify the infliction of harm on a fellow human being ... They will disintegrate this country ... I can't believe they are saying God is on their side ... it's so scary ... how could God allow a good man to be killed? or maybe Rabin was bad after all and had to be punished like myself ... ?

Perceived Threat: Destabilization of the Peace Process and of National Security

Subjects 16 (Y) and 30 (B) were diagnosed as suffering from Panic Disorder with Agoraphobia-mild and Personality Disorder Not Otherwise Specified, respectively. Only these two were concerned with the potential military and political ramifications of the Prime-Minister's assassination. They were both men. Y was 35 years old, a high-ranking infantry officer, and B was a 33-year-old rationalistic, emotionally remote and excessively rigid man who had never had a meaningful romantic relationship. Despite their different diagnoses, the two men had similar stereotypic male patterns of emotional expressivity. They were both harboring intense affect of sadness (B) and fear (Y). They both had experienced difficulties in admitting and owning their feelings. They both tended to utilize rationalization and intellectualization defenses when faced with stressful situations. For example, Y was the ambitious son of a poor peasant who had been developing a brilliant military career, much to the pride of his family and the other villagers. Six months prior to the data collection Y was about to be promoted again before he was referred by the Medical Corps for therapy. He had experienced

a series of panic attacks which were followed by increasing avoidance of public speaking and highway driving due to an apprehensive expectation of another attack. Y was quoted to say:

... the next day my chauffeur drove me off to a meeting in Jerusalem ... on the way I felt the tension building up in my chest and I had to ask him to pull over so I could calm myself down ... I am concerned that there is not enough discipline amongst our people ... This people is so divided that I am afraid this might affect our soldiers' motivation to do their jobs ... We need to tighten up discipline and enhance our training so that the Arabs don't get the wrong ideas into their heads ...

Personal Association: Death of a Significant Other

Four patients processed feelings associated with personal grief: Subject 5 (Narcissistic Personality Disorder), 9 (Dissociated Disorder Not Otherwise Specified), 26 (Phase of Life Problem) and 30 (Personality Disorder Not Otherwise Specified). All four either mentioned these personal losses in therapy for the first time or were able to weep for their lost objects for the first time during the investigated session.

Affect: Revenge, Satisfaction, Disgust

An example of this uncommon affective reaction was provided by Subject 1. He was a 20-year-old male student, who had been living with his parents and who had been arrested recently for vandalizing his parents' home. He said:

... I don't feel I am a part of this people. In fact Rabin's assassination made me happy. The more this people is united in its sorrow, the happier I become ...

The other two subjects who expressed aggressive feelings of revenge were number 10 (C), who was also described earlier as having identified herself with the murderer, and number 17 (Partner Relational Problem).

As the qualitative analysis progressed we felt that the patients who responded with the less usual comments seemed to have had common background variables. We felt that they had a disproportionately high representation of adult survivors of child physical or sexual abuse. To homogenize the unusual response pattern we excluded from our subsequent analysis the reactions of subjects who associated Rabin's death with the unprocessed loss of a loved one and those of the two men who responded with an intellectualized analysis of possible future political repercussions. The distribution of infrequent responses shown in Ta-

ble 2 represents an object of reference that was either the assassin or Rabin's family, concern about the rise of the extreme religious right, and a feeling of revenge or satisfaction.

The likelihood of the relationship between the existence of infrequent reactions among our subjects and a past history of child abuse was calculated with Fischer's Exact Test and was found to be significant ($p < .005$).

Discussion

This article presents the qualitative analysis of 31 vignettes supplied by psychotherapists concerning the reactions of their patients to the assassination of Prime Minister Yitzhak Rabin. The

TABLE 2. Number of Infrequent Reactions to the Assassination of Rabin and a History of Child Abuse

Subject	Number of Infrequent Responses	Known History of Child Abuse	
		Physical	Sexual
1	3	+	-
2	3	+	+
3	1	-	-
4	1	+	+
5	0	-	-
6	0	-	-
7	0	-	-
8	0	-	+
9	0	-	+
10	2	-	+
11	1	-	+
12	2	+	-
13	0	-	-
14	0	-	-
15	1	-	-
16	0	-	-
17	1	+	-
18	0	-	-
19	0	-	+
20	0	-	-
21	0	-	-
22	0	-	-
23	1	+	-
24	1	-	-
25	0	-	-
26	1	-	+
27	1	-	-
28	0	-	-
29	0	-	-
30	0	-	-
31	0	-	-

national crisis that ensued clearly affected almost every inhabitant of Israel. One can safely assume that in many respects, the reactions of persons in out-patient psychotherapy to the shocking event were not always categorically different from those of the general public, but rather reflected individual differences that may represent the distribution within the general population. The intense objective emergency Israel was once more thrown into triggered a widespread outpouring of affective expression among the general population, which "normalized" the psychological reactions of many of our patients.

Before we offer any further explanations for our findings, let us review some of the apparent limitations of the presented data. Only eight of the 14 therapists in IITPS (57%) responded to the researchers' appeal for clinical data. The 31 cases presented for investigation represent about 6 percent of the total concurrent case-load in our research site. The reporting therapists were affected by a bias to report conspicuous reactions. The investigated data also probably did not include the more subtle, disguised, and subconscious process reactions. The data did not include vignettes of patients who totally avoided dealing with the external crisis, and obviously lacked any contributions from the six therapists who declined our appeal for clinical material. Kleber and Brom (1992) suggested that a frequent shortcoming of studies on traumatic stress is a high non-response rate, often ranging from 30 to 80 percent. Researchers in this field seem to agree that refusal to participate can be related to denial and avoidance of the experience and its meaning. Indeed, Weisaeth (1989) showed that those who initially resisted undergoing psychological examination had significantly more serious posttraumatic disturbances at the follow-up examination. As in qualitative research, we suggest that our findings be regarded as representing the studied sample only. Any comparisons we made between diagnostic categories should, therefore be interpreted with utmost caution. However, while there might be a higher representation of people more adversely affected by the assassination among those who did not respond, our clinical sample does not seem to have responded very differently from non-clinical samples studied under similar circumstances (e.g., Banta, 1964). The most frequently found categories in our content analysis revealed that most of our subjects were preoccupied with the tragic demise of their leader. Al-

though many did not perceive any threat in the situation, many others expressed concerns with regard to national and personal safety, verbalized a sense of anxiety, sadness, anger, guilt, helplessness, or dissociation, and associated the crisis with thoughts about their relationship with a significant other and with painful personal memories. These reactions are also similar to public reactions reported by Associated Press on the World Wide Web (Nando.Net, 1995), and in line with reported public reactions to the death of Presidents Roosevelt (Orlansky, 1947) and Kennedy (Sheatsley & Feldman, 1964; Wrightsman & Noble, 1965). Our results are therefore congruent with data gathered elsewhere in the general population under similar conditions. Furthermore, the literature on mourning teaches us that typical reactions can include depression, anger, anxiety, and helplessness (Siggins, 1966). The death of a national leader might elicit a sense of bereavement that among other things could be a reaction to the newly perceived loss and inability to guarantee the protection and safety of the self and of loved ones. The murder of Israel's peace-maker triggered reactions in our clinical sample that cut across DSM diagnostic categories. Freud (1917) had already pointed out that grief is not a pathological condition but rather a normal reaction to an overwhelming loss. Our data support the notion that an overwhelming external stressor may elicit reactions that constitute a specific "adjustment" or "posttraumatic" reaction that can transcend pre-existing psychiatric conditions. A closer look at the infrequent responses identified in our study revealed that rather than talking about the slain Premier, some subjects were preoccupied with the bereaved family or with the assassin. Members of this sub-group tended to be threatened by the possible rise of the extreme right in Israel and expressed such feelings as wishes for revenge, disgust, or satisfaction. A subsequent exploration of the background of these subjects revealed a significant likelihood for a history of child abuse.

In families where paternal child abuse occurs, the mother is too weak to protect the child and frequently abdicates her role as protector and benefactor in the family, and often is herself the father's victim. In such an emotional maternal void, it is difficult for the child to experience the mother as a desired libidinal object. It is the omnipotently present father who becomes under these circumstances, the object of attachment

and internalization (Somer & Somer, in press). Fairbairn (1943) suggested that an early relationship with a bad object creates a process of identification with the abusive parent. The deprived child who needs the father despite his abusiveness, cannot adequately resolve the Oedipal conflict, so in an effort to control him he/she is often seen as resolving the problem by internalizing the bad object. We believe that some of the subjects who as children had been subjected to paternal abuse were left with unresolved hostility and hatred that might have led to difficulties in adequate mourning over the loss of the "national patriarch." Rather than expressing sadness over the fate of Rabin, many of the adult survivors of paternal child abuse in our study identified themselves either with surviving relatives, probably responding from their injured orphaned selves, or with the perpetrator, giving expression to their unresolved differentiation from their abusive parent. Many in this group of survivors felt threatened by the newly discovered and unexpected danger of potential perpetrators among the family of Jews in Israel, and expressed dread about the rise of the extreme right. We felt that the specificity of this perceived threat to our child-abused patients reflected reactivated fears of the omnious dangers that could unexpectedly threaten them within the deceitful safety of their own families.

Our results seem also to be in agreement with de Grazia (1945) and Sterba (1946), who reported that their analysands had reacted to President Roosevelt's death in a way that implied that they symbolically equated the President with their own fathers. The findings presented in this article also highlight the value of therapeutic exploration of patients' feelings about powerful events in the news, even if they do not seem initially to be related to the main themes in therapy.

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