

## Special Thematic Section on "Multiple Perspectives in Conflict Settings: From Diversity to Pluralism"

# Working Together, Living Together: Jewish and Palestinian Citizens of Israel Crossing Imagined Group Boundaries

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### Abstract

This paper explores the permeability of imagined boundaries between Jewish and Palestinian citizens of Israel who work together as medics in Israel. The medics' shared work environment, based on medical ethics and inclusiveness across staff and patient populations, was effective in providing a safe, equal and satisfactory professional work setting. This contrasted with the external non-working environment where structural asymmetry placed the minority group in a position of perceived inequality and non-recognition. A sense of threat related to the Jewish Israeli narratives, highlighted by the war in Gaza in 2014, led to intergroup tensions that seeped into the work environment. This took the form of a justification of the state to deal with the conflict, juxtaposed with the Palestinian Israelis conflicted loyalties between their Israeli citizenship and their Palestinian heritage. The role of contact research is discussed to argue how intergroup tensions can be played out across different social and political contexts. The theoretical concept of themata, defined as a foundation for developing social representations around dialogical constructed boundaries, was integral to map and explore group positioning through a qualitative methodology. This approach was found to be useful in exploring an environment in a natural setting, set within a context of structural asymmetry and ongoing conflict. These findings contribute to existing research on interpretations of contact theory, intergroup boundaries and possibilities of reconciliation.

**Keywords:** intractable conflict, contact hypothesis, social representations, themata, Israeli-Palestinian conflict, reconciliation

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The crossing of group boundaries hardened by conflict and segregation to a place of cooperation and mutual recognition, has long been an overriding research subject within intergroup relations (Hewstone & Greenland, 2000). The pioneering work of Sherif (1967) that explored conditions which can act as precursors to producing either a context of conflict or cooperation and the groundwork laid down by Allport (1954) and Clarke (1953) to initiate social and structural change in overcoming racial segregation in the US, have laid the foundation of the significance of intergroup contact within the realms of social psychology. In this paper I report on a study that illus-

trates how two groups, deemed to be held within asymmetric and protracted conflict, cross their imagined boundaries to work together as professionals where equality and recognition of the Other remain institutionally and personally paramount. First, I present a brief background to the geo-political status of Arab Israelis, often self-identifying as Palestinian citizens of Israel and henceforth labelled as such. Palestinian citizens of Israel refer to those who remained in the state of Israel post 1948 from Muslim, Christian and Druze backgrounds and their descendants who hold Israeli citizenship. Jewish Israelis refer to Jewish citizens of Israel, though they may also hold an alternative national identity. Second, I review the literature of relevant contact research to contextualise the study, demonstrating that importing an optimal prejudice reduction approach to a place where intergroup relationships remain embedded in protracted conflict, opens a discussion as to its efficacy. Third, I discuss how the theory of social representations (SRT) and in particular, the concept of themata as a positional tool, is useful for exploring intergroup contact when researching the sociocultural context to protracted conflict. Through a qualitative methodology I report on the results of the study where depth interviews with medics in Northern Israel discuss their social representations of the Other through their experiences of their working environment. Finally, I discuss how these findings both complement and add to the existing contact literature.

## The Geo-Political Context

The relationship between Jewish and Palestinian Israelis has been problematic since the birth of the State of Israel in 1948. Neither wanted as neighbours, nor accepted as equal citizens (Rouhana, 2007), the few remaining indigenous Palestinians within the new state found themselves grappling with their positioning of becoming Israeli citizens, yet divorced from their own national heritage. The majority (80%) of Palestinians were displaced during intergroup hostilities during 1948 in surrounding countries and/or in occupied territories within present day Israel (Pappé, 2011). Those remaining, the Palestinian Israelis, often referred to as Arab Israelis, now form 20.7% of the Israeli population, standing at 1.7m (Israel Central Bureau of Statistics, 2011), made up of mostly Muslim (Sunni) Arabs but also include minorities from Christian, Bedouin and Druze communities. The Jewish population doubled from 806,000 to 1.6m, four years after the birth of Israel (1948-1952) and the present population now stands at 8.6m. A military draft in the IDF (Israeli Defence Forces) is compulsory for all Jewish Israelis from the age of 18, although Palestinian Israelis, whether Muslim or Christian are exempt. Those from the Druze community often take up the draft and about 10% of the Bedouin community also serve in the IDF. The stigmatisation of being the minority and unwanted outgroup has been well documented (Rouhana, 2007). Israel has defined itself in terms of Jewish ethnicity where all Jews worldwide can freely immigrate, with its own language of Hebrew, institutions, official holidays and cultural symbols (Smoocha, 1997), resulting in the Palestinian Israelis becoming a bicultural minority where structural segregation and cultural divisions form the basis of their social reality (Yaftel, 2000).

The ongoing Palestinian-Israeli conflict between Israel and Palestinians on disputed land in the West Bank, Gaza and East Jerusalem, described as intractable (Bar-Tal, 2011, 2014), shadows this relationship between Jewish and Palestinian Israelis, particularly during times of armed and violent conflict. For example, the three wars in Gaza in 2008/9, 2012, and 2014 resulted in the deaths of approximately 3,500 Palestinians and 91 Israelis ([www.btselem.org](http://www.btselem.org)) led to already hardened intergroup boundaries becoming harder still. A sense of threat is heightened for the Jewish Israelis during these times, with memories of suicide bombs and terrorist attacks, as well as haunting memories of the reality of the Holocaust remaining in the collective consciousness. At the same time for some Palestinian Israelis, a strong sense of alienation from Israeli ethno-nationalist policies was found to lead to mass demonstrations against the violence to the killing of Palestinians (Kanaaneh & Nusair, 2010).

## Planned Contact and Encounter Groups in Israel

Planned intergroup contact research programmes in Israel have been followed for over thirty years, as extensive prejudiced attitudes towards the Palestinian Israeli minority reflected the dominance of ultra-right-wing parties (Rabinowitz, 2001). A national coexistence movement followed to initiate intergroup encounter programmes to help counter these effects. Suleiman (2004) directed such groups over an extended period of time between Jewish and Palestinian Israeli students at Haifa University, a city in Northern Israel, where intergroup co-existence was judged to be more prominent than in other cities. He reflected that sessions tended to reflect a microcosm of life outside the group, where salient intergroup processes dominated where a 'basic contradiction exists between the structure of the encounter group and its potentiality to advance intergroup contents and processes' (Suleiman, 2004, p. 325). The tendency for Palestinian-Israeli participants to focus on political elements while Jewish Israeli students preferred to discuss neutral and non-political issues has been a common theme (Katz & Kahanov, 1990; Maoz, 2011). The asymmetry of power, judged to be prevalent during intergroup encounters has often been ignored (Rouhana & Korper, 1997), resulting in Jewish Israeli students holding on to a more powerful position and allowing discrimination towards the Palestinian Israeli group members to surface. Saguy (2018) argues that after extensive research into encounter group evaluation, interviews with Palestinians often demonstrated disappointment and frustration with a lack of positive change emanating from the Jewish Israeli members. Moreover, whereas the Jewish Israeli majority group highlighted commonality within the group, the minority preferred to discuss group differences and political issues, with the unintended consequence of stabilising the status quo, rather than any attempt at quashing it.

### Critique of Four Models

Maoz (2011) critiqued four models of designing and moderating encounter groups, to examine criteria around the success of some degree of reconciliation and understanding across the groups. First, the coexistence model, based on the spirit of the contact hypothesis (Allport, 1954) sought to promote a sense of shared understanding within the group, to increase tolerance and reducing stereotypical representations of the Other. However, by ignoring the collective and institutionalised base of discrimination and concentrating more on changing group members representations of the Other, a perpetuation of the asymmetric reality tended to define the model (Bekerman, 2007; Maoz, 2001). Second, the joint projects model was designed to cross intergroup boundaries to work together on a particular project, where a sense of a superordinate goals might unite the group in the spirit of Sherif (1967). Examples of joint projects are numerous and include joint Jewish–Arab theatre projects, choirs, orchestras, joint scientific and environmental projects and soccer teams (Maoz, 2011), emphasising intergroup commonalities that served as a base from which to develop relationships and transcend separate group identities (Aronson & Patnoe, 1997). Often perceived as being the most popular model, due to the visible processes of working as one entity on shared interests that reflected co-operation (Maoz, 2011), a sense of interdependence was portrayed. However, by ignoring the significance of separate national identities as well as the understanding of claims as versed by the Palestinian Israelis of their discrimination status, this model, like the co-existence model, reflected the preservation of the status of quo. The motivation to address such an anomaly led to the third model, that of the confrontational model (or Group Identity Model), primarily designed to modify the constructions of group identities by encouraging awareness of the majority / minority positioning regarding the dominant and oppressive power relationships (Halabi & Sonnenschein, 2004). The challenge, however, was the difficulty in approaching such key sensitive topics often resulting in verbal violence and degradation of the Other (Maoz, Bar-On, & Yikya, 2007), leading to disappointment at not being able to voice and discuss the intergroup relationship in any meaningful depth. The fourth model, the narrative model was developed to combine elements of the co-

existence and confrontational models in order to open constructive channels of communication through the storytelling of personal and collective narratives surrounding the personal experiences of group members (Bar-On, 2006, 2008). Based on assumptions that a route to reconciliation can be reached through the working through of unresolved pain and anger, the members are given this opportunity through the telling of and sharing of narratives (Bar-On & Kassem, 2004; Maoz, 2004). In so doing, the opportunity arises to create a sense of empathy for the Other to create intergroup trust and compassion in building a more complex, yet realistic image of the intergroup relationship (Maoz & Bar-On, 2002). An example of this model is illustrated by Hammack (2011) demonstrating how a group of young Jewish Israeli and Palestinians (from the West Bank and Gaza) spent some weeks together at a summer camps in the US as part of an encounter group contact exercise. Group members were encouraged to reflect on their own and the Other's sense of identity, juxtaposed with those of young Americans who acted as third-party mediators during group exercises, social events and assisting in the writing of individual diaries. The camp was felt to be a success in softening group boundaries as new identity structures took hold. However, after their return to their homeland, a shift began to appear as their newly found identities, based on changing social representations of the Other, began to fade as the original context of an entrenched and structural conflict began to take precedence. Loyalty to the original group became a strong factor (Hammack, Pilecki, & Merrilees, 2014) as the supporting third-party group promoting consensus had left the context. However, the longer-term effects of the teenagers' positioning are yet to be explored. The passage of latent effects (Marková, 2000) whereby the contact experience may give rise to a shift in thinking about the Other at some point in the future, whether positive or negative. This is a research avenue yet to be explored.

The idea that encounter groups, rather than effecting social change, can inadvertently reflect a microcosm of a social reality steeped in asymmetry, has been taken up, notably by Dixon et al. (2012), Durrheim and Dixon (2018), Saguy et al. (2009) and Saguy and Chernyak-Hai (2012). Durrheim and Dixon (2018) argue that the original premise taken by Allport (1954) was one of ending of segregation in the US, rather than the lessening of individual majority group prejudice against minority groups. Durrheim and Dixon (2005) further argue that the 'old' segregation of South African apartheid had been a political and legislative move to produce segregated spaces, yet the 'new' segregation attempted to preserve the social hierarchy produced by the 'old'. Contact research could thus be described as a utopian exercise, as it invites researchers to search for the ideal world of contact that hardly relates to the messiness of the real world, where any intergroup contact can be described as absent, superficial, conflictual and unequal (Dixon, Durrheim, & Tredoux (2005). The study described in this paper explores the real-life world of contact in a conflicted society, where structural segregation through asymmetric power relations remains intact. Central to the study was the exploration of how the individuals representing groups might experience each other in a naturally occurring contact situation, compared to one outside of it. An inductive qualitative methodology was required that would reflect these experiences in terms of a shared sense of social knowledge that would define their particular positioning. The approach offered by social representation theory (SRT) allows this exploration of research.

## Exploring Contexts of Contact Through Social Representations

Moscovici (2011) suggested the role of prejudice within social psychology lay not entirely in terms of categories and facts as suggested by Allport (1954) where the cognitive processes of prejudiced and thus, intolerant people were deemed to be generally different from the cognitive processes of tolerant people. Central to any majority-minority relationship examination, is the particular social context where 'the study of prejudice will never be worthwhile without taking into account its life space' (Moscovici, 2011, p. 452). This complex interdependence

between the minority and majority can be investigated and discussed through SRT (Moscovici, 1961/2008). SRT can be described as a collection of theoretical and conceptual ideas, stemming from the basic premise that interaction between the Self and Other towards a social object, is key to understanding the phenomenon under investigation. Representations of any social object are not simply reproduced in the mind of an individual, but embedded within a social construction of knowledge systems within the public sphere (Moscovici 2000). To explore a given and perceived social reality we need to surmise how social knowledge has developed and understood by those within a particular context (Elcheroth, Doise, & Reicher, 2011). Social representations are entrenched within any given culture as clusters of socially shared epistemological ideas and meanings co-constructed, communicated and understood by its members, both for the purpose of reflection and as a base from which to think and act. Dialogue, both interpersonal and through mediated outputs, become carriers of social representations for both individuals and the wider community (Marková, 2016). The complexity of any perceived social reality can thus be explored to take into account the interdependency of intergroup relationships by tapping into the social representations that dominate any given context.

### **Themata as a Foundational Layer to Present Positioning**

Groups in conflict tend to hold on to their collective past to position and justify their own present reality of the Other towards an unknown but imagined future (Nicholson, 2016, 2017). This positioning can remain cemented to a foundational layer that serves to create social representations around core anchoring points through which later representations are understood and developed. Moscovici and Vignaux (2000), theorised this foundational layer as kernels of social knowledge, identified as themata, where actions and thinking are mediated through language as ideas and representations. Themata are created and constructed within a community from which subsequent knowledge and experience remain linked from the long and near past into present day social representations feeding into collective identities that stand as markers for the imagined future (Nicholson & Howarth, 2018). Central to the concept of themata is the significance of antinomies that reflect binary tensions across relationships based on the Self and Other. For example, social representations of intergroup conflict may include themata of justice/injustice and power/powerlessness where tensions across these pairings can be explored and discussed. Themata refers to a plurality of pairings, and thema to one pair in isolation from others. Themata can be described as conceptual coat hangers that give rise to socially generated ways of understanding phenomenon (Moscovici, 1993) that reflect core epistemological foundations (Moscovici & Vignaux, 2000) and act as anchoring points, where nascent representations emerge and keep re-emerging within a particular prevailing social and political context, (Marková, 2000). From these anchoring points a number of intergroup positions will form part of underlying culturally shared assumptions that can be voiced within present dialogue. This theoretical approach is useful when exploring populations embedded within an asymmetric protracted conflict to provide a framework that acknowledges differences of perceptions across the Self–Other dyad. Rather than measure attitudes as an indicator of prejudice of one group towards another (Sammot, 2015) the study took the interdependency across the groups to explore the co-construction of realities. By adopting SRT as a theoretical framework to report on contact in natural settings, where a joint working context provides a setting of intergroup superordinate goals, we can discuss how contact both reflects the status quo and how this may effect social change within an asymmetrical context.

### **Professional Intergroup Contact**

Although Jewish and Palestinian Israelis mostly attend segregated schools, tertiary education allows access for members of both groups to study together. Medicine is one subject that provides a bridge to a successful profes-



sional life for Palestinian Israelis, particularly as they can begin their medical studies students at a younger age than Jewish Israelis, who need to carry out national military service and so delaying their studies. A career in health opens doors for professional development, set within an ethos of ethics where sanctity of human life becomes more prominent than intergroup differences. However, differences across the groups entering the health professional sector is marked with just 1.90% of the Palestinian Israelis versus 3.39% of the Jewish population ( $p < .001$ ) and the higher the educational and professional demands, the more underrepresented the Palestinian Israeli population (Popper-Giveon, Liberman, & Keshet, 2014). This study sought to explore how Jewish and Palestinian Israeli medics related to each other across the work / home contexts, that of their professional working lives and their more personal lives outside the workplace.

## Method

An inductive qualitative methodology was followed to explore the complexity of the contact situation. In-depth one to one interviews provide a medium to explore the phenomenon of interest within its cultural context, as to how people make sense of their social worlds and experiences. The opportunity to listen to the participants' beliefs and private doubts allows the interviewer to explore ambivalences and resistances towards different group positions (Kleinman, Stenross, & McMahon, 1994). The research was exploratory in nature with no preconceived assumptions as to the content of any answers allowing the opportunity to 'find out directly what is going on and how we can account for it ... to explore what is, not what should be, could, or ought to be' (Glaser, 2010, p. 6). This inductive approach reflected that the research data was derived from qualitative interviews that neither attempted to explain the causative nature of their content, nor reach a conclusion based on the data alone.

## Participants

Twenty semi-structured interviews were conducted with medics in northern Israel in the autumn of 2014 to explore perceptions of their relationships with members of their own and the other group. The sample was made up as follows: 9 x Israeli Jewish doctors and one senior nurse and 8 x Palestinian Israeli doctors, one senior nurse and one midwife. All doctors were employed as surgeons. There was a good age range and gender mix for both groups, with those aged in their 40's and above, holding senior, consultant positions. The Jewish Israeli sample mostly represented a secular lifestyle with just one describing themselves as orthodox. The Palestinian Israeli sample was made up of eight Muslim and two Christian participants, although none describing themselves as being overtly religious. The political orientation of the Jewish Israelis was a good mix of right and left wing, or 'hawks' and 'doves' which is often used to categorise political orientation in Israel. There was no comparable positioning for the Palestinian Israelis although this does not assume that no such orientation exists. The sample was not intended to be representative of all Jewish and Palestinian Israeli medics who work in Israel, but their perspectives represented a plethora of perspectives within the medical profession that were deemed to constitute a robust contribution to the literature. All interviews were held in English by the UK author, who has no connection to either a Jewish Israeli nor Palestinian heritage. However, my positioning cannot be solely one of objectivity, but a subject in a partnership reflecting basic elements of interviewing as suggested by Gaskell (2000) where language as a medium of exchange cannot be neutral but within it contains a particular world view. Recruiting was carried out using a corpus construction (Bauer & Aarts, 2000) with contact made the previous year with local organisations. From this starting point, those contacted and willing to be part of my research would often pass on contacts to form a snowball effect. A semi-structured approach was taken in the designing the discussion guide,

(Gaskell, 2000) that gave the opportunity for participants to answer a set of particular questions across the sample, as well as allowing the exploration of individual narratives (Jovchelovitch & Bauer, 2000; Wengraf, 2001). The aim was to explore as widely as possible, not only social thinking as to how each related to the other group across the work and home context, but also as to why they had arrived at these narratives, probing further as to any facet or future aspiration that was deemed to be useful, (Malinowski, 1989). Strict confidentiality was assured to all those who took part.

## Analysis and Interpretation of Data

Transcripts of the interviews were subject to an initial category formation of emerging codes and themes (Fereday & Muir-Cochrane, 2006) using the qualitative software system, NVivo. The utility of such a method lay in the opportunity to build knowledge through the coding of categories when handling large amounts of data. This linking of data to possible themes and back to support the data was useful for developing a comprehensive data set. The identification of relevant themata was a process that needed careful consideration. NVivo was central to the placing of categories taken from the transcriptions following the method suggested by Attride-Stirling (2001) of using layers of thematic constructs, first as base themes gathered from NVivo nodes and second from these, naming organising themes that captured the essence of the base themes. The final thematic layer, that of global themes, in this case, stood to encapsulate the organising themes of each group towards their own and the other group in the form of antinomies. This interpretation of themata was not an instant process as reflection was needed to keep reverting back to the lower sets of themes to clarify the choice of each thema. The final interpretation of choice of themata was considered to echo the participants' narratives. By incorporating themata through this methodological approach, we can explore how two groups perceived both themselves and each other across their dialogical relationship in the context of their professional working lives and their lives outside it.

## Results

The contrast between an integrated community within their place of work (hospitals and clinics) and a more segregated one in the external environment was found to be indicative of lived parallel realities. The four identified themata, as illustrated in Figure 1 below, represent both intergroup co-existence and its tensions, as deduced and interpreted from the participants' narratives.



Figure 1. Themata observed across the contexts of work and community.

Each thema pair is denoted as epitomising the intergroup relationship across the professional and external contexts. Not only is this discussed in terms of relating to these two contexts, but they also allude to an interdependency across each pair, where individual variations can be mapped. For example, the Palestinian Israeli thema of recognition-unrecognition, symbolised the professional context of being recognised as both a respected medic and an individual and yet in the external environment, a sense of state and personal unrecognition of their Palestinian Israeli status related to a Palestinian heritage tended to take precedence. However, some individuals also discussed how some Jewish Israelis did indeed recognise their status and personhood outside the professional context, which in turn was related to the Jewish Israeli themata of inclusivity – exclusivity where inclusivity symbolised co-existence and its antinomy related to a preference for a more exclusive Jewish context external to the professional environment.

Both Jewish and Palestinian Israeli medics discussed their professional relationships warmly, where equality across all staff, regardless of ethnic or religious background was prevalent. A sense of purpose to deliver the best possible care to all patients as a team was prominent in all narratives:

*Our relationship is very good because we are doctors and we are mature. Our main activity is to help people so we work together and do the best for patients. I think we are equal, and it's very very good.*  
(Female doctor, 30's, Palestinian Israeli)

*My colleagues, I think they are people exactly like me ... The head of the Dept is an Arab [Palestinian Israeli] and is amazing. He's smart and clever and good and I never for a second think he treats me differently because I'm Jewish, or any of that.* (Male doctor, 30's, Jewish Israeli)

The context of a distinct place of intergroup professional equality leading to a positive working environment and relationships with colleagues, through organising themes of an ethos of medical ethics combined with a world class Israeli health administration that promoted equality was demonstrated. Each thema will be explored in more detail with quotes to exemplify a particular positioning and how that might relate to the Other in building a commentary to answer the research questions.

### Thema of Equality and Inequality (Palestinian Israeli)

The hint of an external environment contrasting to this producing a 'bubble' effect reflects the interdependency of the thema of equality-inequality, as exemplified here:

*The hospital is kind of a bubble. It's very distinct from what's going outside. Everyone is equal. You don't look at Arab, Muslim or Christian Arab or Jewish. It's not something you look at.* (Female, 30's, Jewish Israeli)

However, for the Palestinian Israelis, a discussion concerning inequality through prevailing Israeli structural and political hegemony was also evident. The following narrative demonstrates how this sense of inequality was played out:

*I rent a house and after five months I decided I will leave it because all of my neighbours are Jews and they never contact me. And I'm a doctor and a physician and have children. They ignore me. They just look at me ... I am very frustrated because I cannot find a place to live here. If I want to live in the village I came from, there is no place, I cannot live there. I cannot buy land to build my house. If I was a Jew, or if I was Russian Jew I could buy land and build a house with the support of the government next to my village. But I can't. All the people who studied with me, the Jewish doctors, all of them now they have the*



*houses, they build their own ...the problem is not from between me and the other doctors, my friends. It's from the laws that are discriminating. I have very good relationships with all the people I treat. All the people. All of the religions. All of the colours. And I am happy when I'm working here. We can live and work with each other as humans without problems.'* (Male doctor, 40's, Palestinian Israeli)

This long quote illustrates the complexity of this interdependency between the participant and the state machinery in terms of perceived inequality due to residential segregation, where he faced stigma from Jewish neighbours and yet denied access to alternative accommodation to fulfil his needs. The recognition bestowed on the minority group as equal professionals, both by their majority group peers and the state institutions, did not transfer to the external environment where the social reality echoed that of a highly segregated society.

### **Thema of Recognition – Unrecognition (Palestinian Israeli)**

As a member of a minority group, the Palestinian Israelis were aware of their status as both equal and unequal citizens, dependent on the context, as described in the last section. Within the working context they discussed how they were personally recognised for their medical skills and hard work, yet away from this context, social representations around unrecognition could easily rise to the surface. The following quote demonstrates the sense of competing victimhood played out in this interdependency through themes of belonging. The narrative below, describes the experience of another Palestinian Israeli medic who visited the village where his family had lived pre-1948. The village had since been demolished, yet the remains of a church still stood, where Christian families would visit to commemorate special events:

*I remember one day that me and another doctor saw two of our female colleagues, standing in the church, wondering about this place ... from time to time they know about us, and from time to time some people mention that we are from the village and some of them ask 'What is your story? Do you still have a desire to go back and rebuild your village?' Some try you know, some don't say anything. The most painful thing for me, is that you start telling a narrative and within a second, they turn over to their story, about being a victim and having to defend, and saying 'We were expelled from Europe and we were killed and all our properties were taken.' And your story is not that striking, not that prominent any more. It's ignored. And this is something that happens from time to time. And it makes you feel upset.* (Male doctor, 40's, Palestinian Israeli)

Organising themes of competing victimhood, belonging and identity is played out with the perceived Jewish Israeli's sense of victimhood overriding that of the of the Palestinian Israeli one, even though a measure of sympathy towards them was apparent. Yet the acknowledgement of the Palestinian positioning by Jewish Israelis was perceived as both an acceptance of Palestinian Israeli recognition and at the same time, a denial of it through competing victimhood. Rather than recognise the Palestinian Israeli positioning, there was a move towards it, before the Jewish Israeli hegemonic narrative took centre stage as the asymmetry was played out.

Another Palestinian Israeli doctor recalled his budding friendship as a young man with a Jewish Israeli medical student as he searched for common themes in order to cross intergroup boundaries by bypassing victimhood towards one where he might be recognised as an individual rather than as a member of a predefined stereotyped category:

*It's defensive if we both talk of being a victim. I tried to tell a Jewish colleague at medical school, that if you want to approach me as an Arab, this is not correct. I prefer for us to talk as human beings. And as human beings we can open the horizons ... And because I used this argument in order to build rather*

*than destroy, it was interesting for him. And once I could approach him and try to open this closed door to tell him that if you see me as an Arab, don't react in the way that I might only have the dreams of Syrian tanks coming into Tel Aviv. And he was convinced I was genuine. And I was not manipulating him ... Now my friend from Tel Aviv, we continued with our relationship after we graduated. (Male doctor, 40's, Palestinian Israeli).*

By talking about his memories of this developing friendship, the doctor recalled how he felt recognised by his Jewish Israeli colleague throughout his career, both within his working role and socially as both had found a way past the impasse of a structural asymmetry through frank discussions and growing trust in the Other to overcome competing victimhood.

Another Palestinian Israeli doctor, who talked of bitterness and disappointed by years of failed negotiations to recover lost ancestral lands from Israeli administrators, remained hopeful that the future would bring change, where mutual recognition would dominate intergroup relationships. A faint sign of recognition was felt when the President of Israel (Reuven Rivlin) attended the ceremony of the 57<sup>th</sup> anniversary of the Kafr Kasseem massacre, shortly before the interview, publicly apologising for the deaths of 49 Palestinian Israelis (nineteen men, six women, and twenty-three children (aged 7yrs to 18yrs) killed at a time of increased tension in the Sinai in 1956. The doctor talked of social representations arising from the thema of recognition-unrecognition through this gesture:

*The peace process needs a lot of goodwill. A lot of effort. And the right resources. You know I was touched by the President when he participated in the 57<sup>th</sup> Memorial of the massacre. He apologised and I was very touched. Even though it's coming from the right-wing map, he is a man of the word. He is not a politician. He is a man of vision that puts the human values first. So we need such people. I can live with this political opinion when he can live with my political ones and accept my narrative. My narrative should also be recognised. (Male doctor, 50's, Palestinian Israeli)*

The thema of recognition-unrecognition illustrates the complexity of the Palestinian Israeli relationship with the majority group at a personal and individual level, formally recognised professionally under the auspices of an Israeli westernised medical system, and yet out of that context, other structural processes come into play. The examples above reflect the social representations that the medics have related to the Other within a personal life space in an attempt to find and cross these imagined intergroup boundaries.

### **Thema of Threat-Security (Jewish Israeli)**

Jewish and Palestinian Israeli doctors also discussed the positive intergroup work environment, as a place of safety and security. However, a sense of threat was never far from the surface, particularly as the interviews were conducted a few weeks after the Gaza war of 2014 (Operation Protective Edge) resulting in 2,300 Gazan deaths as well as 66 Israeli IDF soldiers and six civilians. Organising themes from the Jewish Israeli position centred on the defence of Israel against an enemy whose perceived intention was to destroy the state of Israel. Participants talked of the tensions in their working environment that were felt during the six weeks of hostilities and the attempts by the management of one hospital to put them aside, where equality across patients and staff was highlighted:

*In the hospital we had an order from the management that we can't engage in any political discussion in the hospital .. but you could feel tension. But still we worked the same way and we treated the Arab patients the same. We didn't speak about the war. (Female medic 30's, Jewish Israeli)*

Representations of unease about the quickly changing nature of their relationships with the Other was a common theme as one context flipped from security to threat and then back again:

*I have two Arab friends on Facebook that put up a prophet picture, it was like a black square that was like a symbol that they identify with the Gaza people, with the victims there and I was quite surprised because I thought that they are more like pro-Israeli. I didn't feel very comfortable to see this, like something wasn't real in our friendship, face to face and maybe, when we are not together, behind my back they are saying something else. But when I came back to work I talked to them normally as usual and it was like nothing happened and we are good friends now. (Female doctor, 30's, Jewish Israeli)*

On the surface, the realities and tensions produced by military intervention appeared to have been quietly put aside once it was over. However, a Jewish Israeli medic showed the changing complexity of her positioning throughout the war. Her narrative centred on her reaction to the experiences of her son, an IDF soldier serving in Gaza. Her role as a mother affected her subjective perceptions which contrasted with her constructs of threat that juxtaposed with the relationships with her Palestinian Israeli colleagues and friends:

*If you were here during the war you would get probably quite different views and opinions and even I would talk to you differently. Even me and my Arab colleagues over the war it was very hard to communicate, because of my kid, you know, because he is in the army and he was fighting, I needed to reach out to my Arab colleagues and write a message telling them I wanted to continue to be in contact. (Female doctor, 40's, Jewish Israeli)*

The complexity of her relationship with her Palestinian Israeli colleagues across themes of professional friendship and equality were temporarily suspended, as loyalty to the majority took precedence with the background and justifications for the war was further explained, rooting out the wrongdoing of the enemy and the absolute need to defend. However, her personal experience as a mother gave voice to another dialogue where the politics and the personal became entwined in confusion away from the meta narrative, searching for a compromise in the future, leaving her with a sense of imbued responsibility for the contradictions of war and her son's predicament. The last quote from the medic returns to the topic of land that further characterises the conflict as one of intractability where one group has *de facto* made a decision based on their narrative that excludes the Other:

*... in my view it's about land conflict. After all when you go to the bottom of things you are still divided on the land, so for me to be very pro-Palestinian is really going against my people and I don't know what exactly I am ... but I know I can tell J and my other Palestinian Israeli friends, that if it comes to my house or my home or your home, then I'm defending mine, you know. It's a very simple thing, a reality that is complicated and simple. (Female doctor, 40's, Jewish Israeli)*

The state of confusion of her personal positioning of being disloyal or loyal to the state is highlighted where polyphasic representations scatter the landscape that mirrors her 'complicated and simple' interpretation of reality.

### **Thema of Inclusivity-Exclusivity (Jewish Israeli)**

The thema of inclusivity-exclusivity further reflected the Jewish Israeli medics positioning as suggested in the last section, where any intergroup divisions and foundations of the participants' social representations towards the Other demonstrates intergroup divisions where the majority group narrative remains embedded in the roots of Zionism. And yet within the professional setting this is bypassed to the satisfaction of both groups:

*It's very nice, it's very pleasant. It shows that two groups can coexist because the nurses, there are a lot of Arabs and there is lot of respect between us and we work as a team. There is never a feeling of 'oh he's an Arab I don't want to work with him'. Never. They are colleagues first of all. (Female doctor, 30's, Jewish Israeli)*

Representations of professional contact through mutual respect and friendly interactions when working collegiately, was ever present during the interviews reflecting an inclusive life space at the place of work. However, when the external environment was discussed, a bipolarity emerged with a minority of Jewish Israeli medics describing a preferred exclusive social reality:

*The one thing I never ever talk about, and I would never ever want to talk about with any of them [Palestinian Israelis] is politics ... if I don't know what they think or what they think about me, or what they want to do with me and my people, then I'm perfectly okay with it. I came here because I was Zionist and I felt that the place for the Jewish people to live is in Israel, and I still believe that ... and don't forget that Israel was founded because of what had been going on in Europe at the time ... I want us just to be able to work together and get on, and help each other but I think it's very important for the Jewish race to keep ourselves separate. (Female senior nurse, 40's, Jewish Israeli)*

The preferred segregation of a home life space accentuating themes of Jewish exclusivity compared to professional inclusivity, echoes organising themes of identification with ideological themes, based on a need for independence and sovereignty away from a painful history.

An older doctor who had spent time crossing intergroup boundaries during her former years through discussions with Palestinian Israelis at medical school, reported how difficult it was to take an alternative view where inclusivity of the Other was seen as speaking against the state, and so her voice was politically unheard:

*Something that adds to the complexity that the Israel identity is not entirely based on being Jewish. A lot of it is built around the army and around heroism and wars. Many people say that when difficult social and economic situations arise inside Israel, then the thing that holds us together is our identities. And we stick to the army and the wars as something that defines us. I think the occupation is the root of all of that and if we don't solve the occupation, nothing can change. It's a disease. Like a cancer. (Female doctor, 40's, Israeli Jewish)*

And she was not alone in her positioning as other Jewish Israeli medics discussed how they had moved from an exclusive Jewish stance towards a life space that included inclusivity in both contexts of work and home:

*My husband and I right at the beginning wanted the kids to start off learning with each other. So we learned that Arabs had their own way ... and we found that there is a very strong education here without including the other and I didn't really want my kids to follow that. I'm very unusual, most people wouldn't acknowledge this and it's difficult to get everything out into the open. (Female doctor, 30's, Israeli Jewish)*

Themes related to the national education representing different ethnic histories became the focal point for this doctor whose life space centred on a preferred co-sharing rather than forms of exclusivity. The two pairs of the-mata present us with a snapshot of interdependent social representations about the other, derived from their experiences both inside the professional work setting and outside of it within a local community.

## Discussion

The findings are discussed in terms of contact research, the relevance of the social and political as represented in everyday life scenarios and the significance of using theoretical concepts such as themata to add to the conversation of researching intergroup segregation in the context of protracted and asymmetrical conflict.

Using the narratives of participants' explanations and descriptions of their relationships with the Other, the study demonstrates a multiplicity of social representations set within foundational kernels discussed as themata to explore meaning to two particular contexts, that of the professional work and external environment. Within the professional sphere, a code of medical ethics in Israel through the Israeli Medical Association (IMA) is based on the Hippocrates Oath, where the preservation of life remains central to the working environment. The oath is reflected in the study as participants described their relationship with the Other as reflecting an equal, inclusive and secure community for all, whether towards professional colleagues or patients. The comparison with the life world outside this community couldn't be more stark. The recognition given to the Palestinian Israelis in their place of work was replaced with a discriminated status as a minority group, demonstrating structural inequality and unrecognition of their equal citizenry status by the state and some members of the majority group. At the same time, the majority group grappled with their own life spaces and the extent to which they perceived their co-citizens as having the same inclusive national status as themselves. Whilst the security of working in a secure and safe institution allayed any fears of Palestinian Israeli positioning, it wasn't completely dispelled, as military intervention against Palestinians in Gaza was found to bring these tensions to the surface, temporarily spilling into their life spaces.

By exploring social representations through identified themata, insight has been gained that reflects perceived positioning in relation to the Other. This takes into account their perceptions of the past, the power relationships that differ across contexts and their hopes for the future. Themata of inclusivity-exclusivity and security-threat reflected the Jewish Israelis' related positioning whilst recognition-unrecognition and equality-inequality denoted the Palestinian Israelis' one that suggested deep fissures dialogically developed over time. These kernels of social knowledge appear to remain culturally and politically embedded within their societies. The interdependency of each thema proposes an interdependency across antinomies rather than a polarised entity, suggesting that the dividing boundary between the internal work environment and the external living one, is not clear cut. Meaningful intergroup relationships were found in this study, with some participants from the majority group aware of the structural imbalance between them, suggesting their time together had changed their perceptions of the Other. This was particularly noticeable within the thema of recognition-unrecognition related to that of inclusivity-exclusivity. Although some Jewish Israeli participants positioned themselves as preferring complete structural segregation in an exclusive Jewish life space, there were others that talked of inclusivity and recognising the status of the minority, both culturally and politically. Their experience of contact had brought alternative social representations to the fore, suggesting that structural segregation could be challenged and resisted towards a more just and equal society. For example, integrated education from kindergarten to university was discussed, not only as an imagined future but already supported as a social reality. Research shown in the field of Israeli education (Bekerman, Habib, & Shhadi, 2011) demonstrated the flourishing of close friendships that reflected the emphasis on equality, mutuality and cooperative independence where the 'unsaid of Israeli society could be openly stated in a sphere of trust' (ibid. p. 402).

Conversely, some Palestinian Israeli medics discussed how recognition was conferred on them, not only by their work colleagues, but the State in opening professional career paths as an avenue to strive for structural equality.



Popper-Giveon, Liberman, & Keshet (2014) explored how Palestinian Israeli physicians integrated into the Israeli healthcare system suggesting that although Palestinian Israeli patients preferred their doctors from the same cultural positioning the doctors “describe themselves as individuals who seek to integrate, assimilate, contribute to, and derive benefits from Israeli society” (ibid., p. 654). At the same time, they recognised their role in providing culturally competent care to Palestinian Israeli patients, and so their positioning was judged to act as a bridge between the two communities. The medical establishment was perceived as a neutral and apolitical space where humanitarian medical ethics remained paramount. However, for Palestinian Israelis who work as medics within an Arab medical sector, a different experience becomes evident. The structural inequalities remain embedded, not only through allocation of resources, but also due to the socio-cultural and political differences across the two communities. Kanaaneh (2008) for example, argues that in these places, Jewish Israeli administrative officials do not speak in a language that reflects Palestinian Israeli cultural understanding, claiming that ‘we are speaking in two different voices and neither is hearing the Other’ (ibid., p. 174). The asymmetry is highlighted as unrecognition of their context and life spaces are inhabited where ‘they do not hear anything we say except when it is conceived of as a proof of the threat we pose (p. 174).

### Optimal Contact in the Real World

The findings clearly demonstrate that when medics from both groups are employed in state hospitals or clinics on an equal basis, group boundaries are crossed as identification with the Other through their professional partnership based on symmetry, equality, recognition, security and inclusivity. This reflects Allport’s (1954) optimal contact where equality lies central to establishing positive relationships. However, Durrheim and Dixon (2018) have argued that basing contact research on a form of a utopian exercise to find ideal worlds of contact, bears little relevance to the real complex world. This is clearly shown in this study, as once outside the working environment, there is a shift to a more asymmetric positioning based on lived experiences demonstrating how structural inequality creeps into the picture. Saguy (2018) further argues that ignoring power asymmetries in any form of planned contact experience in Israel, can backfire if the power imbalance is not addressed; by accepting that asymmetry and power relations are perceived as illegitimate in the context of contact research, original intergroup identities can be respected, leading to discussions of how intergroup reconciliation might be addressed.

Planned encounter groups based on the different models discussed earlier (Maoz, 2011) were shown to produce certain effects where the stubbornness of structural segregation remained prominent for the most part intact, unless there was the opportunity to understand the Other through a dialogical opportunity. The co-existence model would be appropriate for those medics who were willing to co-exist under certain conditions, but not others where continued segregation was the preferred option, for example exemplified by the thema of exclusivity – inclusivity. The joint projects model can also be discussed as appropriate in this context, where both groups come together to work on a joint endeavor as professionals and yet their personal lives remain steeped in segregation, as base intergroup differences remain. The thema of recognition-unrecognition exemplifies the Palestinian Israelis wish to be recognised as a people with a history to the land, which was felt to be continually thwarted, whilst the Jewish Israeli thema of security-threat exemplified the difficulty of living with painful memories from the short and long past. Themes from the confrontational model was illustrated by the Palestinian Israeli medic who continually confronted his colleague at medical school to be understood as an individual rather than a group stereotype led to a long-lasting friendship of mutual recognition and understanding. And finally, the narrative model was one that reflected the motivation to move beyond the status quo to listen to the Other and actively pursue understanding of the Other, was illustrated by the two Jewish Israeli medics, who challenged the status quo to educate their

children at integrated schools from a young age to foster future structural change. They both took an alternative position about the causes of such structural asymmetry and how that might be challenged in the future.

By researching natural micro environments of lived realities, a plethora of social representations can be explored that explore the deep-seated anchoring points, or themata, that act as frames to organise and construct social knowledge relevant to a particular context. The importance of context as suggested by Flybjerg (2011) is crucial as to how group boundaries might be crossed across different domains, whether the political, the institutional or the socio-cultural. The dialogical interdependency between the Self and Other remains at the forefront of exploratory research such as this. Any form of contact, whether within a planned setting or a natural one, can benefit by exploring these anchoring frames as a bedrock to acknowledging the challenges of structural asymmetry in any particular chosen political field. Further research, using this approach to explore different contexts of contact within segregated societies is needed before programmes of reconciliation and intergroup understanding are further suggested.

## Reflexivity

The author needs to acknowledge the limitations of these findings. First, these findings are taken from a small subset of a group that is considered to be part of a highly educated sample, the findings of which may not easily transferred easily to represent other groups. Second, my positioning as a researcher is one that represents a non-Israeli stance, which may have impacted the narratives that the participants were willing to discuss, possibly one that they would like to be heard by the international community. This both limits and yet extends possibilities, particularly the significance of framing asymmetric intergroup conflict through specific themata and so acting as a base for future research. Third, as a qualitative study there are no statistics to back up any claims from tools of measurement. However, all participants were free to tell their stories in any way they wished, with no set formulaic questions. The challenge of the researcher is to represent their narratives to a form whereby the participants voices direct the findings. Through extensive thematic analysis, this becomes achievable. By identifying social representations that refer to their intergroup relationships in different socio-cultural contexts, the plotting of underlying themata can offer a glimpse of the social reality in which these contexts are played out. It is from this base that social knowledge processes can be understood, where social identities are formed and sustained or become transformed through ongoing dialogical relationships over time.

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