

The Wounded Healer in Shared Traumatic Reality After the Seventh of October Attack: “That the Personal World and the Professional World are Shattered”

Journal of Patient Experience
Volume 11: 1-4
© The Author(s) 2024
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/23743735241292989
journals.sagepub.com/home/jpx



Liraz Cohen-Biton, PhD^{1,2} 

Abstract

In Shared Traumatic Reality (STR), therapists and patients face similar threats, leading to increased stress and blurred personal-professional boundaries for healthcare providers. It impacts everyone in the community, as witnessed in the southern region of Israel. The challenge for caregivers aiding displaced individuals was unique—providing therapy while caring for their children. STR poses challenges but also growth opportunities. Experiencing trauma firsthand offers insights, fostering professional and personal development. Despite the difficulties of handling loss and traumatic stories, this reality demands new coping mechanisms for healthcare providers to grow through adversity. Community involvement aids professional empowerment amidst STR, reinforcing therapists' identification with patients. This new reality reveals remarkable resilience among those who endured tragedies, offering lessons in vicarious resilience. The concept of the wounded healer (WH) reflects how personal trauma can enhance therapeutic abilities by profoundly empathizing with patients' pain. Navigating personal hardships is crucial to avoid projecting onto patients during therapy. The WH's identification with patient trauma strengthens the therapeutic bond, leading to better outcomes.

Keywords

“Iron swords”, shared traumatic reality, the wounded healer, resilience, trauma

Introduction

Residents living in the proximity of the Gaza border have faced a prolonged state of emergency due to ongoing conflicts and prolonged rocket attacks.¹ The situation escalated dramatically on October 7, 2023, when a large-scale attack by Hamas on Israel resulted in widespread devastation and loss of innocent lives.^{2,3} The aftermath of the attack led to mass evacuations of residents from communities near the Gaza border, including the city of Sderot. Thousands found themselves displaced, uncertain about the future, and grappling with the trauma of their experiences.⁴ Social workers, psychologists, and professionals in the education field in Gaza periphery were thrust into a new and challenging reality, demanding a fresh approach to coping and providing support.⁵

Drawing from personal experience and professional insights, I delved into the complex emotions and struggles healthcare providers face in times of crisis. Frenkel⁶ described moments of crisis as times when the psychologist, as a person, stands at the forefront, confronting death and human suffering

firsthand. Despite their professional training, healthcare providers are human beings first, navigating the stormy seas of trauma alongside their patients. During the October 7 attack, the streets in my hometown fell silent amidst explosions and gunfire, leaving families holed up in shelters, praying for safety.⁷ In the face of such terror, I found solace in creating a safe space for my children, using therapeutic tools to reassure and calm them amidst chaos.^{7,8} However, the inner turmoil of fear and helplessness remained ever-present, exacerbated by the inability to control the outside situation.

In the days following the attack, the true extent of the disaster became apparent, prompting mass evacuations and

¹ Paul Baerwald School of Social Work and Social Welfare, Hebrew University, Jerusalem, Israel

² Faculty of Social Work, Ashkelon Academic College, Ashkelon, Israel

Corresponding Author:

Liraz Cohen-Biton, Faculty of Social Work, Ashkelon Academic College, Ashkelon, Israel
Email: liraz1785@gmail.com.



overwhelming grief.⁴ As a healthcare provider deeply embedded in the community, I grappled with a dual responsibility: personal concerns for their family's safety and professional obligations to support patients and colleagues.⁵ This dual exposure to trauma created an immense emotional burden, leading to feelings of powerlessness amidst the chaos. Despite the challenges, I recognized the importance of addressing their emotions and balancing personal and professional needs.⁵ By relocating to Tel Aviv, I sought to continue providing support while ensuring their family's well-being.⁴ However, the struggle to navigate conflicting needs persisted, and I found myself torn between attending to patients and caring for my children amidst displacement.⁸

The STR experienced by healthcare providers and their patients underscores the need for a compassionate and empathetic approach to caregiving. Despite the immense challenges of crisis situations, healthcare providers must prioritize their well-being to support others effectively.⁸ Through personal reflection and professional growth, healthcare providers can navigate the complexities of trauma and emerge stronger, offering hope and healing to those in need.⁵

Shared Traumatic Reality

STR occurs when therapists and patients face similar threats, compromising caregivers' ability to assist and leading to heightened stress due to increased professional demands and a sense of unpreparedness.⁹ Studies in this field have found that within these circumstances, caregivers perceive their ability to aid the afflicted as compromised, experiencing heightened work-related stress due to higher demands on their professional time and a sense of unpreparedness for the situation.¹⁰⁻¹² STR encompasses situations where social work, welfare, and mental health professionals live in an environment where a traumatic event has occurred, impacting all involved, including patients and caregivers living within a community.^{7,13} It presents a challenge to caregivers who themselves experience the traumatic event firsthand rather than observing or advising from the sidelines. Alongside the challenges posed by STR, there are positive aspects for caregivers engaging with this issue. One significant positive aspect is that this reality is crucial for their professional and personal growth. Pagurek Eshel¹³ argued that STR enables caregivers to strengthen their sense of mission and reevaluate their therapeutic profession, potentially leading to significant professional growth. STR blurs personal and professional boundaries, affecting social work, welfare, and mental health providers in communities experiencing traumatic incidents.^{7,13} At once, STR united residents of Gaza border communities and social work professionals impacted by a disaster.¹³

During evacuations, caregivers navigated between aiding patients and addressing personal needs, illustrating their work's intimate and challenging nature.⁹ Despite challenges, STR offers opportunities for professional and personal growth. Healthcare providers may reassess their therapeutic roles and develop a renewed sense of mission.¹³ In the

aftermath of national disasters, healthcare providers confront traumatic stories while experiencing their patients' realities. This constant exposure necessitates new coping mechanisms and fosters personal growth, leading to renewed professional insights.⁹ Community involvement empowers caregivers, facilitating resilience despite ongoing stress.¹⁴ Despite exposure to terror events, healthcare providers in Gaza border communities exhibit resilience due to their identification with patients.¹⁵ Empathetic relationships between caregivers and patients cultivate shared resilience, enabling caregivers to cope and grow in the face of STR.¹⁶ STR challenges healthcare providers to cope while fostering resilience and personal growth. Through community involvement and empathetic relationships, caregivers can overcome stress and find empowerment in their therapeutic roles.

This new reality, where I have found myself displaced alongside others—and simultaneously caring for these individuals, often carrying one of my children in my hands, introduced me to the resilience and energy of people who have endured tragedy. Among us at the temporary accommodations were people who had suffered profound losses; some had their homes ravaged by fire, their children brutally slaughtered before their eyes. Amidst these people, I discovered a remarkable inner strength and resilience. They did not come apart or express hostility; they were resolute in continuing to live for the sake of their surviving family members, with the prevailing mantra resonating with the theme that the death of loved ones should not be in vain. Hernández et al¹⁷ coined the concept of *vicarious resilience*, describing resilience experienced vicariously through the emotions or actions of another person. Engstrom et al¹⁸ found that healthcare providers' exposure to their patients overcoming adversity influenced their approaches, feelings, and behaviors, which I perceived as expressions of vicarious resilience. Responses highlighted the caregiver's healing ability, the importance of therapy, renewed hope, reconsideration of personal issues, and acknowledgment of community healing.

From this standpoint emerges the concept of *the wounded healer* (WH) by Jackson.¹⁹ The WH refers to an individual whose personal experience of illness or trauma has had enduring effects that later serve as lessons in providing services to other sufferers or influence their therapeutic efforts. The WH heals others, leveraging challenging experiences to effectively empathize with the patient's pain.

The Wounded Healer

The therapist's identification with patients' suffering fosters profound psychological empowerment, leading to healing paths for both parties. Personal experiences during a recent crisis underscored this connection, as I balanced maternal concerns for my children's safety with my role as a healthcare provider, offering strength to others in real time. Many healthcare providers faced similar challenges, torn between aiding disaster survivors and worrying about remote family members serving in dangerous warzones.²⁰ Despite personal

and professional pressures, we established routines and support systems, creating informal volunteer centers and educational facilities to maintain a sense of normalcy.²⁰

This narrative illustrates the concept of the WH, wherein healthcare providers draw from personal trauma to aid the therapeutic process.¹⁵ However, therapists need to process their trauma independently to avoid projecting it onto patients. Successful coping mechanisms emerge when healthcare providers confront challenges and foster resilience, facilitating effective therapeutic outcomes.^{20,21} The WH's identification with patients strengthens the therapeutic relationship, enhancing therapeutic outcomes.²¹ Overall, processing trauma is crucial for personal and professional growth, enabling healthcare providers to navigate STR effectively in therapeutic settings.²⁰

Summary

“In parallel to the personal realm, so too in the professional field: I was thrown into the sea of life; I had to discover death by myself. Moreover, when I discovered it, I found within me anxiety, confusion, anger – and the beginning of a renewed understanding.”⁶

Growing up in Sderot, Israel, amidst recurring military operations, I grapple with trauma both personally and professionally. The unexpected intensity of the events on October 7, 2023, magnified the immense challenges I faced. Despite this, active involvement in community efforts emerged as a coping strategy, empowering me amidst the complexities of war.

While war poses significant obstacles for healthcare providers and the wider population, it also presents opportunities for personal and professional growth. Through their experiences as WHs, healthcare providers gain profound insights into coping mechanisms and utilize their professional skills to assist others. This process fortifies the providers themselves and enhances their capacity to support patients effectively, showcasing the transformative potential of altruism amidst personal adversity. The narrative underscores the interconnectedness of personal and professional experiences in navigating traumatic events, emphasizing the resilience and adaptability inherent in healthcare providers' roles. Despite the immense strain, the shared sense of purpose and communal support networks provide sources of strength and empowerment. By embracing these challenges and actively engaging in community initiatives, healthcare providers exemplify the capacity for growth and resilience amidst adversity.

This paper highlights the importance of acknowledging and addressing war's multifaceted impacts on individuals and communities while also recognizing the resilience and potential for growth inherent in the human spirit. Through their experiences and actions, healthcare providers play a vital role in supporting and healing themselves and those they serve, demonstrating the enduring power of compassion and solidarity in the face of adversity.

May calm and safety be bestowed on our bodies and souls.

Declaration of Conflicting Interests

The author declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.


Ethics

This paper does not contain any studies with human or animal participants.

Consent Statement

Consent is not Relevant in This Study

ORCID iD

Liraz Cohen-Biton  <https://orcid.org/0000-0001-5750-5585>

References

1. Elran M, Israeli C, Padan C, Altchuler A. Resilience in the Gaza strip in protective edge operation. *Army and Strategy*. 2015; 7(2):5-26.
2. Dostri O. 2023. Hamas's October 2023 attack on Israel: the end of the deterrence strategy in Gaza. *Military Review Online Exclusive, November*, 1–13.
3. Rhodes R. (2023). The 2023 Israel-Hamas war. In *Israel on high alert* (pp. 57–72). Harvest House Publishers.
4. Talmay-Cohen R, Chachashvili-Bolotin S. 2023. *Refugees in their own country (displaced) in Israel following the "Iron Swords" war: Situational picture and initial principles during an emergency*. The Academic College Ono and the Institute for Immigration and Social Integration.
5. Baum N. Trap of conflicting needs: helping professionals in the wake of a shared traumatic reality. *Clin Soc Work J*. 2012;40(1):37-45. doi:10.1007/s10615-011-0347-0
6. Frenkel J. (1980). *The psychologist facing death*. (Niv Midrashia, 14-15 (1980) Pp. 238-248). Da'at: Jewish and Humanities Studies. <https://www.daat.ac.il/daat/kitveyet/niv/frenkel-1.htm>
7. Pardes A. Islands of safety: the therapist's challenges in a shared traumatic reality. *Psychoactualia*. April. 2020:32-8.
8. Boulanger G. Fearful symmetry: shared trauma in New Orleans after hurricane Katrina. *Psychoanal Dialogues*. 2013;23(1):31-44. doi:10.1080/10481885.2013.752700
9. Nuttman-Shwartz O, Dekel R. Training students for a shared traumatic reality. *Soc Work*. 2008;53(3):279-81. doi:10.1093/sw/53.3.279
10. Baum N. Shared traumatic reality in communal disasters: toward a conceptualization. *Psychotherapy: Theory, Research, Practice, Training*. 2010;47(2):249-59. doi:10.1037/a0019784
11. Freedman SA, Tuval Mashiach R. Shared trauma reality in war: mental health therapists' experience. *PLOS ONE*. 2018;13(2): e0191949. doi:10.1371/journal.pone.0191949
12. Pearlman L. A., Saakvitne K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In *Compassion fatigue: Coping with secondary*

- traumatic stress disorder in those who treat the traumatized.* (1st ed., pp. 150–177). Routledge.
13. Pagurek Eshel S. A shared traumatic reality in the shadow of the Corona: unique aspects of the phenomenon and implications for practice. *MEYDAOS - the Journal of Social Workers*. 2020;92:90-6.
 14. Ze'evi-Sela H. A training model for therapists coping with secondary and indirect traumatization: from difficulty to resilience and growth. *Society and Welfare*. 2017;37(3):451-74.
 15. Lavie T, Nuttman-Shwartz O, Deckel R. "Protected space": therapeutic intervention in a shared traumatic reality. *Society and Welfare*. 2015;35(2):261-84.
 16. Nuttman-Shwartz O. Shared resilience in a traumatic reality: a new concept for trauma workers exposed personally and professionally to collective disaster. *Trauma, Violence, & Abuse*. 2015;16(4):466-75. doi:10.1177/1524838014557287
 17. Hernández P, Gangsei D, Engstrom D. Vicarious resilience: a new concept in work with those who survive trauma. *Fam Process*. 2007;46(2):229-41. doi:10.1111/j.1545-5300.2007.00206.x
 18. Engstrom D, Hernandez P, Gangsei D. Vicarious resilience: a qualitative investigation into its description. *Traumatology (Tallahass Fla)*. 2008;14(3):13-21. doi:10.1177/1534765608319323
 19. Jackson SW. Presidential address: the wounded healer. *Bull Hist Med*. 2001;75(1):1-36. doi:10.1353/bhm.2001.0025
 20. Schultz M. The wounded healer: building our capacity for empathic attunement. *Gerontology and Geriatrics*. 2014;41(1):25-33.
 21. Zerubavel N, Wright MO. The dilemma of the wounded healer. *Psychotherapy*. 2012;49(4):482-91. doi:10.1037/a0027824