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‘COVID-19 Belongs to Everyone . . . in This War—We Are Alone’: Israeli Therapists’ Perceptions of the Pandemic and 2023 War

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ABSTRACT

The COVID-19 pandemic had widespread socio-psychological consequences. About 3 years later, on 7 October 2023, a horrific invasion by the Hamas terrorist organisation took place in Israel, leading to a war in Gaza. These two massive emergency events can be classified as disasters, with far-reaching implications. During both periods, mental health professionals faced shared trauma, thus experiencing the trauma both personally and through the experiences of their patients. In this study, we focus on therapists’ experiences, thoughts, and feelings during these emergency events that have befallen Israel. An open-ended questionnaire was completed by 201 therapists. A thematic analysis was performed, revealing two main categories: differentiation between the events, relating to the essence of each threat as unique; and a continuum, relating to the events by drawing a linear line from the first to the second, integrating their implications into a coherent interpretation. The findings contribute to the increasing awareness of the complexity of therapists’ experiences in such difficult situations, highlighting the need to pay attention to professionals’ perceptions and feelings during such intense times, while also demonstrating the importance of understanding the differences between disasters and their consequences.

1 | Introduction

December 2019 marked the beginning of a massive worldwide crisis, the COVID-19 pandemic, an extraordinary event that affected a vast population worldwide. The pandemic severely affected the daily lives and routines of billions of people, causing illness and death in large numbers. As of July 2024, more than 700 million confirmed cases have been reported, and approximately 7 million people have died (WHO 2024). In Israel, 12,822

people died of COVID-19 during the same period (Israel Ministry of Health 2024).

The socio-psychological consequences of the COVID-19 pandemic were widespread, with characteristics of the pandemic (e.g., quarantines and social distancing) negatively affecting the behavioural and mental health of many, generating major psychological challenges such as post-traumatic stress disorder, anxiety, depression and loneliness (Chi et al. 2020; Palgi et al. 2020).

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About 3 years later, on 7 October 2023, while people were still struggling to come out of the pandemic crisis, a horrific massacre conducted by the Hamas terrorist organisation took place in Israel. Thousands of terrorists broke through Israel's southern border, and simultaneously rockets were fired into the entire country. More than 1200 Israelis were slaughtered. Houses were destroyed and burned with their owners inside. Approximately 240 babies, children, women, and men were kidnapped to Gaza. Following this attack, Israel declared the Swords of Iron war against the Hamas organisation. Although Israeli society is used to coping with crisis situations, including war and security threats, this terror attack was on a completely different, larger scale than any previous event and created a dramatic crisis in Israeli society (Hasson-Ohayon and Horesh 2024).

These two massive emergency events—the COVID-19 pandemic and the war—can be classified as disasters, with far-reaching implications on a national level. Disasters are large-scale events that are often unexpected and cause death, trauma, and destruction of property (Neria et al. 2008). These events have some shared characteristics. First, disasters threaten harm or death to a large group of people, regardless of the actual extent of lives lost. Second, they affect social processes, causing disruption of services and social networks and communal loss of resources. Third, they involve secondary consequences, namely identifiable mental and physical health outcomes among those affected (Leppold et al. 2022). Studies frequently categorise disasters into three types: natural; human-made non-intentional; and human-made intentional, such as mass violence and terrorism (Pietrzak et al. 2012).

The COVID-19 pandemic, a natural disaster, and the war, a human-made intentional act, have similar characteristics such as being life-threatening events, the loss of loved ones, the unpredictability of the threat, the intensity of the experience, ambiguity about protective measures, and considerable disruption to routine daily life (Shelef et al. 2022). Moreover, both events can be included within the typology of shared traumatic events (Nuttman-Shwartz and Shaul 2021), and the notion that their effect is cumulative is consistent with studies which have found an increase in mental distress after sequential exposure to potentially traumatic events (Ashby et al. 2022). Specifically, when facing COVID-19-related stressors, Lahav (2020) found that individuals who had previously been exposed to traumatic events had elevated levels of anxiety, depression, and peritraumatic stress symptoms. Nuttman-Shwartz and Spector-Mersel (2024) broadened this perspective by describing three types of cumulative trauma pathways: negative cumulative effects, which increase stress; positive cumulative effects, which are demonstrated in resilience; and no connection at all between continuous security threats and the pandemic in terms of cumulative trauma-related effects.

In this study, we chose to focus on the experiences, thoughts, and feelings of mental health therapists, a specific population that was exposed to these two recent disasters in both direct and indirect ways. Studies conducted during the pandemic found that it raised major challenges and emotional burdens for both patients and therapists. As therapists experienced fear and sensed the threat from the virus, they were worried about their own family

members and, at the same time, providing support and comfort to their patients, both in more regular and certain creative ways, such as online therapy (Nuttman-Shwartz and Shaul 2021).

It is logical to assume that the 7 October attack had similar implications for therapists. The events of 7 October and the subsequent war once again required mental health professionals to work in a shared traumatic reality. The concept of shared traumatic reality refers to the collective trauma shared by both therapeutic professionals and their patients, who are exposed to the same disaster and to the same threats involved in the situation (Tosone 2020). Thus, therapists faced the traumatic reality both directly as individuals living in Israel and indirectly through their patients' experiences of the traumatic events. It is worth mentioning that these therapists may have experienced both primary and secondary trauma, as well as personal growth and even shared resilience (Nuttman-Shwartz 2023).

In general, studies conducted in the aftermath of terrorist attacks and wars have focused on psychiatric disorders (Neria et al. 2008). In the current study, we were interested in learning about therapists' broader perceptions of the sequence of disasters. Moreover, most studies have been carried out sometime after the traumatic event, relying on retrospective data, whereas this study examined the therapists' perceptions of these two disasters, one retrospectively (the pandemic) but the other (the war) a very short time following the massive terror attack, while the war was actually occurring. Finally, whereas previous studies have focused on continuous traumatic situations which characterise Israeli society (Nuttman-Shwartz and Shoval-Zuckerman 2016), this study sought to emphasise the uniqueness of the acute situation following the horrific massacre.

We aimed to shed light on mental health professionals' perceptions and understanding of these two disasters, focusing on the differences and similarities between the 2020 pandemic period and the 2023 war period. While both were periods of collective trauma shared by therapists and clients, their origins were different and therefore may have impacted differently on both therapists and clients.

2 | Methods

2.1 | Participants

Two hundred one therapists participated in this study; 49.3% were social workers, 14.4% were art therapists, 12.4% were psychologists, 11.4% were psychotherapists, 10.4% were psychoanalysts and 2% were psychiatrists. Most were women ($n = 175$, 87%) married or in a couple relationship (82.6%) and had children (83%). Participants were 24–80 years old, with professional experience of 5–54 years ($M = 19.39$, $SD = 11.05$). Nineteen therapists reported that they were directly exposed to the events of 7 October; 4 were injured in those events, and 53 reported that one or more of their relatives were injured, murdered or kidnapped on that date or during the following days. In the early days following the events, 48 participants worked at their usual workplaces, 33 volunteered in emergency interventions and 99 worked simultaneously in their regular workplaces and volunteered.

Four therapists reported that they did not work at all during this period.

2.2 | Procedure

After approval for the study was granted by the School of Social Work Review Board (n. 102303), Institutional Review Board, we posted an invitation on social media groups and forums for therapists requesting their participation and included an electronic link to the questionnaire. We also asked them to further distribute the link to colleagues. Anonymity and confidentiality were promised.

2.3 | Measures

The questionnaire consisted of several sociodemographic items and five open-ended questions, one of which is the basis of the present article. That question read as follows: Looking at the emergency events that have befallen us in recent years, do you think there is a difference or similarity in terms of the therapeutic process between the COVID-19 pandemic period and the current war period? And if so, how would you characterise it?

2.4 | Data Analysis

A thematic analysis of the responses to the open-ended question was conducted manually by the authors (two psychologists and a psychoanalyst), using a 'bottom up' approach while linking identified themes to the data (Braun and Clarke 2006). In the first stage, we performed open coding on the text, coding each theme related to the subject under investigation. After this, codes were collated into potential themes, and the researchers reviewed the themes, which were well-defined and named, leading to the formation of a comprehensive framework for all the themes that led to the definition of the core categories.

3 | Results

The thematic analysis revealed two main categories: The first category focuses on differentiation between the events, relating to the essence of each threat as unique. The second category reflects the idea of a continuum, thus relating to the events by drawing a linear line from the first to the second, integrating their implications into a coherent interpretation. These categories include themes and sub-themes, as will be shown below, with several quotes provided for each as examples.

3.1 | Category 1: A Story of Two Tales—A Split Between Two Threats

This category contains the therapists' descriptions of the type of threat characteristic of each of the disasters and their perceptions concerning the immediate reactions to its occurrence. Their answers reflect a split between the COVID-19 period and the war period, with a tendency to treat them as dichotomous. This category includes four themes: *Natural occurrence* vs. *human-made*;

Loneliness and detachment vs. *communality and unitedness*; *Local* vs. *global*; and *Overwhelming emotional reactions*.

3.1.1 | Theme 1: Natural Occurrence vs. Human-Made Threat

Referring to the origin of the disaster, the therapists saw COVID-19, referred to by Israelis as Corona, as a force of nature or a natural disaster and an uncontrollable phenomenon, whereas the war originated from a human threat that indicated cruelty and evil initiated by people, making it harder to grasp and conceive. As one of the participants said: 'The main difference is between force majeure, a global pandemic, and a feeling of pure evil and cruelty'. Another response was: 'Corona is not evil people who physically and psychologically threaten to destroy us'.

Some participants expanded their answers, and explained: 'Corona was a virus, a disease. It happened in the world. It's from nature. This catastrophe is the pure evil of a devil that came out of the earth and needs to be destroyed'. Another therapist wrote: 'Corona was caused by a virus and not by the hands of humans. In the events of the current war, there is a satanic evil of humans that brings together evil and intolerable atrocities'.

3.1.2 | Theme 2: Loneliness and Detachment vs. Communality and Unitedness

Another dichotomy was found in the therapists' tendency to perceive coping during the COVID-19 virus as private, isolated and to some degree even alienated, experienced mainly as loneliness and separation, whereas the war was described as an experience of unity, connectedness, and collectivity. In their own words: 'During the COVID-19 period, people were disconnected, distant. Now it seems that we are more connected to each other'. 'In the pandemic, there was a lot of physical isolation and now there is a community feeling'.

Another therapist explained: 'The war came as a shock, but the emphasis was on unity and connection, and in the COVID-19 period there was distance and disconnection'. Another respondent summed up the difference: 'In the COVID-19 period, there was no enemy to unite against and it was ... a very lonely and broken experience, compared to the feelings of closeness right now'.

3.1.3 | Theme 3: Local vs. Global

Some therapists referred to the COVID-19 pandemic as being a global threat, an event that affected many people around the globe, in contrast to the war, which is a local event, taking place in Israel, that began with an attack targeted specifically at harming Jews. They emphasised: 'There [in the COVID-19 period] the whole world experienced it. Here it has to do with us being Jews'. 'Now this is an event that only affected Jews, the pandemic belongs to everyone'. One therapist even emphasised: 'There is nothing to compare ... we are now in [the middle of] a national disaster'.

3.1.4 | Theme 4: Overwhelming Emotional Reactions

Not only the characteristics of the disastrous events, but also the emotional reactions to them, seemed to be perceived as distinct. Some therapists described these reactions as contrasting, whereas others related to certain reactions as being exclusively unique to the war. These focused especially on the extent of unbearable cruelty, evil, and brutality revealed during the massacre on 7 October and to the extremely high level of horror, which damaged the ability to feel protected and aroused previous traumas. As one of the therapists summed up: 'I think that the physical threat of the Hamas is greater and different than the unknown threat of a pandemic. The fear for relatives, the mourning for the fallen and the murdered, and the fear that something like this could happen to you as well. Since the war started, there has been a loss of trust and security in the place we are in'.

3.1.4.1 | Unintentional Harm vs. Direct Unimaginable Extent of Cruelty and Evil. Participants focused on the evilness and cruelty that characterised the 7 October attacks. As one of the therapists emphasised: 'The encounter with evil, human cruelty is not comparable to COVID-19'. Another therapist shared: 'The difference is in the level of horrible cruelty we were exposed to, which is unimaginable and incomprehensible, which was not the case during the COVID-19 period'. And another said: 'There is a difference between the COVID-19 period and this period, which is characterized in the absolute evil whose presence is of high intensity'.

3.1.4.2 | Fear vs. Existential Horror. This dreadful disaster led to an extremely salient feeling of horror that the therapists described. One of them stated: 'The current war and the events of recent years are different and above all what characterizes them is fear and a threat to personal, family, environmental and community life'. Another one emphasised: 'The levels of fear, stress, shock are completely different. The threat is completely real, and it is not anxiety but a realistic fear. In the Corona period, people who were mostly at home may have experienced anxiety, but [they] were de facto protected. This is not the case here'.

3.1.4.3 | An Ability to Protect Oneself From Illness vs. Absence of Protection and a Sense of Insecurity. Therapists emphasised feelings of lack of protection while describing the war. They described feeling unsafe in their own homes, alongside feelings of being invaded. As one therapist said: 'Although the COVID-19 period inevitably contained fear about the future, there were no severe feelings of existential fear [as there are during the war] arising not only from the alarms, but also from the realization that terrorists infiltrated people's safest place and massacred them'.

Another therapist explained: 'During the COVID-19 period, there was a virus that you could try to defend yourself against. In today's situation, the enemy has penetrated the home—the fortress of man, without any protection and completely by surprise'. One of the participants summed it up briefly: 'In the Corona period, home was the safest place. Here it is not'.

3.1.4.4 | Resurgence of Collective National Traumas. The collective trauma experienced during the war seems to have aroused previous traumas of the kinds that have befallen the

Jewish people throughout history. As one participant described: 'There are significant differences in terms of the collective trauma, and the way the current situation touches on previous collective traumas (mainly the Holocaust)'. Another participant said: 'Traumatic associations of the Holocaust, pogroms and wars are much more present'. One participant explained: 'The encounter with human evil as it occurred now activates inter-generational traumas, collective historical traumas. The partial support of the world now, unlike what happened throughout COVID-19, when the whole world was in the same boat, increases distress and the feeling that the pain is not validated or understood by others'.

3.2 | Category 2: A Bridge Over Troubled Water—A Sense of Continuity and Integration Between Two Threats

Alongside the responses stressing the divergence between the two disastrous crisis events, which viewed COVID-19 and the war as two completely different and even opposite disasters, there were responses that described these two events as being on a continuum, historical in sequence and in a way based on each other. These responses referred to the complexity of the events and the interface between them, highlighting the similarities in the way the two events affected therapists and patients. This category includes two themes—Continuity and learning, and Universal emotional reaction to disasters.

3.2.1 | Theme 1: Continuity and Learning

This theme focuses on the relationship between the two periods. The therapists emphasised the connection between these two disasters, with the first actually affecting the second. The responses related to the fact that the worldwide crisis of COVID-19 preceded the war and seemed to prepare people to cope with an event of such magnitude on several levels and in several contexts. One of the therapists shared: 'In a certain way, the COVID-19 period prepared us as a family unit for such a long stay at home'. Another therapist explained: 'At my workplace, part of the experience we gained in the COVID-19 pandemic helps me as a manager and therapist to adjust a little more efficiently and better now'.

Unlike these answers that focused on the positive aspects of preparing for a large-scale crisis, some participants referred to the negative effect of experience gained during the COVID-19 pandemic: 'I believe there is something more frightening in encountering the disruption of routine following the traumatic experience with the coronavirus'. Another said: 'We arrive at the current event after dealing with the coronavirus. Possibly with less strengths'.

3.2.2 | Theme 2: Universal Emotional Reactions

This theme presents a set of characteristic feelings which the therapists found to be similar in the COVID-19 period and the war period. They mention the sense of *uncertainty* that was raised by the pandemic and echoed in the war, leading to and caused by *disruption of routine* and everyday activities. As one of the therapists

described: 'I think that the only similarity between the two periods is that our routine was interrupted, and we were forced to deal with uncertainty and create a different routine'. Another therapist also mentioned this similarity: 'There is a similarity in the feeling of uncertainty that we all have'.

In their responses, the therapists also referred to the sense of *losing control* over what is happening, leading to feelings of *helplessness* and heightened *anxieties*. 'There is a similarity in the helplessness ... and the feelings of anxiety and fear'. Another therapist summed up: 'There are feelings of helplessness, lack of control, anxiety and fear'.

In addition, responses to fears that were aroused by the two events lead to the preference to *stay home to stay safe*: '[Both disasters included] fear of the unknown, people gathered in their homes ... the feeling that all of a sudden, the world has changed. Closed in at home. Fear of being outside'. 'People withdraw into their homes, prefer not to meet with other people'. During both periods, there were concerns regarding the *economic situation*, as people did not go to work, many shops and restaurants stayed closed, and thus people were afraid to lose their income. As one of the participants mentioned: 'I feel that this period is similar in a certain way to Corona in all kinds of ways, including the economic damage'. Another therapist stated: 'In the COVID-19 period, there was anxiety for livelihood, and it seems that we got used to it'.

There were feelings that some respondents asserted were present in both events, while others described these feelings as related exclusively to the war. Therapists referred to *breach of trust*, to describe abandonment by the authorities and the government. Some saw such a breach as present in both disasters, whereas others referred to breach of trust, including lack of trust in the security forces, as occurring exclusively during the war. As one of the therapists shared: 'Since the war started, there has been a loss of trust and a loss of security'. Another therapist added: 'There is now a significant crisis of trust with the government. A feeling that civil society is acting in place of the government's failures'.

In reference to *existential anxiety*, or a sense of existential threat, some saw this as common to both disasters, noting that both periods were full of 'fear and existential anxiety,' while others considered existential anxiety as a feeling that did not exist during the pandemic: 'In the current period, the feeling of uncertainty and existential fear is much stronger. There are people who benefited from the Corona period, from the quarantine, etc.' Some viewed both periods as times of enormous human loss, while others referred only to the loss and mourning of those who died in the 7 October attack and the subsequent war and said in this context: '[There is] a huge difference. The sense of urgency, grief and loss is much more acute now'.

4 | Discussion

The aftermath of disasters involves physical, psychological and emotional implications (Leppold et al. 2022). Therefore, mental health professionals, being uniquely equipped to conceive and interpret the challenging hardships, are expected to support the people affected by disasters. In collective crises like the pandemic

and the war, mental health professionals have performed a double role—assisting others while also contending with the situation themselves. This study aimed to describe their perceptions of these disasters.

Two main categories were identified in the current study. The first focused on the seeming differentiation and even divergence between the events, relating to the essence of each threat as unique, and the second engaged with the idea of a continuum, thus relating to the events by drawing a historical line from the first to the second, integrating their implications in a coherent interpretation.

One of the elements that defines an event as traumatic is being incompatible with the existing assumptions of the individual about the world and themselves, which leads to a feeling that the individual cannot make sense of the event (Janoff-Bulman 1992). Looking at the current findings concerning the reactions to the COVID-19 pandemic and the war, we can see that both periods exposed mental health professionals to collective traumas, new and unfamiliar, with far-reaching implications on a national as well as personal level. These collective and shared traumas led to experiences of fundamental assumptions being shattered, which could evoke the dichotomous positions we found in the ways mental health professionals perceived and understood the COVID-19 period vs. the war.

The dichotomous split was reflected in the therapists' perceptions of the event characteristics, and in their descriptions of the overwhelming emotional reactions. The first split referred to the nature of the disasters and is in line with the literature that distinguishes between natural disasters and human-made disasters (Pietrzak et al. 2012). The pandemic was referred to as a natural disaster, one that relates to a non-human harmful agent, a virus that spreads through replication and mutation, while the war was referred to as a human-made disaster, initiated and carried out by men.

Another split mentioned by the therapists in the current study refers to locality vs. globality. The COVID-19 pandemic seriously affected almost the entire world, while the war has affected mainly the Israeli population. This leads to a sense of uniqueness but in parallel to a sense of being left alone in this difficult situation. A somewhat contrasting view was also expressed by participants regarding the experiences of loneliness and detachment that characterised the pandemic vs. the communality and unitedness that characterise the war.

The literature shows that disasters affect the whole community, which ordinarily provides the secure base for each person's adaptive responses to stress, trauma, and loss (Dailey et al. 2023). Depending on the degree to which a disaster disrupts the social fabric and weakens bonds between people, communities may respond with mobilisation and increased solidarity or with demoralisation, disorganisation and disintegration (Kirmayer et al. 2010). In many cases, the net result of a disaster is a dramatic increase in social solidarity among the affected population during the emergency and immediate post-emergency periods. The sharing of a common threat and common suffering tends to produce a breakdown of pre-existing social distinctions,

provide an outpouring of love, generosity, and altruism (Kaniasty 2020), as well as help people to cope by reducing isolation, normalising suffering, and promoting healing disclosure (Dekel and Nuttman-Shwartz 2009).

This explanation is consistent with our study's findings. We found that the period of the attack and subsequent war, in which people were confronted with mass deaths and with their inability to do much about it, as well as with severe damage to the social fabric in Israel, was characterised by collectiveness and unity, in contrast to the loneliness felt during the COVID-19 period and the recommended social distancing. The finding is consistent with those of an earlier study that similarly showed a higher sense of belonging among young adults under continuous threat of terror attacks (Nuttman-Shwartz and Dekel 2009).

The final theme of this category contains evidence of overwhelming emotional reactions to the two disasters. Most of the overwhelming emotional reactions were mainly associated with the war. This may be because memories of emotional reactions have faded since the COVID-19 period, or because such reactions have been overridden by the feelings related to 7 October and the subsequent war, or because of the differences between those disasters, as mentioned above.

The literature shows that extreme events such as wars confront people with the painful realisation that individual lives are extremely fragile and vulnerable, exposing them to the darker sides of human nature (Park 2013). Studies show that collective trauma is devastating for individuals and groups; it constitutes a cataclysmic event that affects not only the direct victims but society as a whole (Hirschberger 2018). It transforms the way survivors perceive the world and understand the relationship between their group and other groups (Vollhardt 2012). The current war exposed Israelis, as individuals and as a society, to an unimaginable extent of cruelty and evil which affected them strongly. Allen (2007) proposed a spectrum of trauma, which contains, among other categories, impersonal trauma, like natural disasters, and interpersonal trauma, which includes assaults. According to Allen (2007), the distinction between impersonal and interpersonal trauma parallels the distinction between natural and moral evils. Natural evil is accidental and has no inherent significance, while moral evil is absolute wrongdoing that leaves no room for account or expiation (Neiman 2002). The current war exposed Israelis to enormous evil and cruelty, which was reflected in the answers of the therapists, which emphasised these vicious acts of terrorism and distinguished them from the unintentional harm caused by the pandemic.

Another sub-theme that emerged from the therapists' answers dealt with feelings of lack of protection and insecurity. In contrast to the natural disaster caused by the virus, in which people relied on their ability to protect themselves by staying at home, keeping distance and getting vaccinated, the 7 October attack found the victims in their own homes. As revealed in the therapists' answers, the terror of the violation of physical and emotional boundaries raised the levels of horror and led to the resurgence of previous traumas.

When events can be attributed to specific individuals or groups, as in this war, fear and anger may be directed towards them

(Kirmayer et al. 2010). Additionally, a study on the implications of the 11 September 2001, terrorist attack in New York found that feeling unprepared was linked both to unexpected changes in the psychologists' own perceptions of what constitutes an irrational fear and to increases in their own personal fearfulness (Eidelson et al. 2003).

Moreover, collective trauma undermines a fundamental sense of security, with long-standing effects among second and third generations of survivors. At the personal level, these individuals display significantly higher rates of psychological distress (Yehuda et al. 2002); at the social level, the second and third generations experience a crisis of identity and a predisposition to react with heightened vigilance to new threats, such that the pain of past generations is conflated with threats facing the current one (Canetti et al. 2018).

Alongside those mental health professionals who referred to the two disasters as divergent, we also found another point of view regarding the continuity between the events, with one experience of threat affecting the other in sequence. It seems that the collective memory of natural disasters and the collective memory of traumas intentionally caused by humans have much in common, as they serve as guides for future generations on how to identify threats and how to respond effectively (Hirschberger 2018). A previous study concerning the meaning of exposure to repeated traumatic events examined the significance of cumulative trauma for older adults living in a war zone during the COVID-19 pandemic (Nuttman-Shwartz and Spector-Mersel 2024) and also showed that the experience that individuals gained in the pandemic period helped them to adjust a little more effectively to the war period.

Additionally, the therapists in our study also described similar feelings that arose during the COVID-19 pandemic period and the war, in line with findings reported in previous studies about feelings that are prominent during disasters and traumatic events, such as uncertainty (Nuttman-Shwartz and Spector-Mersel 2024), lack of control (e.g., Shahnawaz et al. 2022), lack of routine (Carr et al. 2020), helplessness and anxiety, financial damage (Mimoun et al. 2020) and damage to trust (Zhu et al. 2020).

4.1 | Limitations, Implications and Suggestions for Further Research

This qualitative study focused on the experience, thoughts, and feelings of mental health therapists in Israel, a specific population that was exposed to two recent disasters—the 2020 pandemic and the 2023 war—in both direct and indirect ways. Certain limitations of the study should be noted. First, this study was conducted in the immediate period after the traumatic event of 7 October 2023, and while the war was still occurring. It is possible that with time, the therapists' answers will be different. Moreover, the therapists were asked to draw comparisons between an ongoing event and one that had already ended. It may be necessary to repeat the questionnaire after the war ends to understand whether the distance from the war affects the comparison and whether therapists describe other experiences when both events are viewed retrospectively.

This study has both theoretical and practical implications. On the theoretical level, it focuses on therapists, who are a significant population in the realm of trauma and as such have to receive adequate research attention, especially in the context of shared traumatic reality. The study contributes to the increasing awareness of the complexity of therapists' experiences in such difficult, extreme situations. On the practical level, our research highlights the need for attention to professionals' perceptions and feelings during such intense times. The role of therapists in traumatic events can place a heavy burden on their shoulders, especially during a shared traumatic reality. The insights gained from this study demonstrate the importance of understanding the differences between disasters and the consequences of different kinds of disasters in thoughts, behaviours, and well-being among both therapists and clients. These understandings can provide assistance to professionals in disaster situations and highlight the need to invest efforts in training them to work in various traumatic situations and with various populations exposed to these events (Nuttman-Shwartz and Shaul 2021).

Ethics Statement

The study was conducted in compliance with ethical standards and received approval from the Bar-Ilan University School of Social Work Review Board.

Consent

Participants provided their consent to participate in the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data sets generated during the current study are available from the corresponding author on reasonable request.

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