

Therapists' Resilience in the Face of Collective Trauma

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BACKGROUND

The October 7th attack led to a sharp increase in posttraumatic stress disorder (PTSD) and psychological distress across the Israeli population (Levi-Belz et al., 2024). It has been suggested that in times of collective trauma, therapists experience a *Shared Traumatic Reality*, where they face double exposure to trauma – both their personal trauma as well as their patients' (Baum, 2010). This double exposure might place them in greater vulnerability, as previous research indicates that greater trauma exposure is associated with a higher risk of developing PTSD (Paz García-Vera et al., 2016).

Aim: Examining whether therapists in the aftermath of October 7th are more vulnerable to the psychological effects of trauma exposure.

METHODS

Participants and Procedure. A secondary analysis was performed on a sample of 415 Israeli adults, including 100 therapists (24.1%) and 315 non-therapists (75.9%). Participants completed an online survey distributed via Qualtrics software through social media and college mailing lists approximately 20 days following the October 7th attack in Israel.

Measures. Trauma exposure was defined as the cumulative exposure to seven terror attack-related traumatic events (0-7). The PCL-5 was used to assess PTSD symptoms, and the HSCL-11 was used to measure emotional distress.



RESULTS

Higher trauma exposure significantly predicted greater PTSD symptoms ($B = 4.39, p < .001$) and greater severity of distress symptoms ($B = 0.13, p < .001$). However, moderation analysis revealed significant interaction effects ($B = -2.95, p < .05$; $B = -0.12, p < .05$), indicating that while trauma exposure strongly predicted symptoms among non-therapists ($B = 4.88, p < .001$, $B = 0.15, p < .001$, respectively), this association was weaker and non-significant among therapists ($B = 1.93, p = .12$, $B = 0.02, p = .57$, respectively).



Figure 1. Main effects of trauma exposure on symptoms.

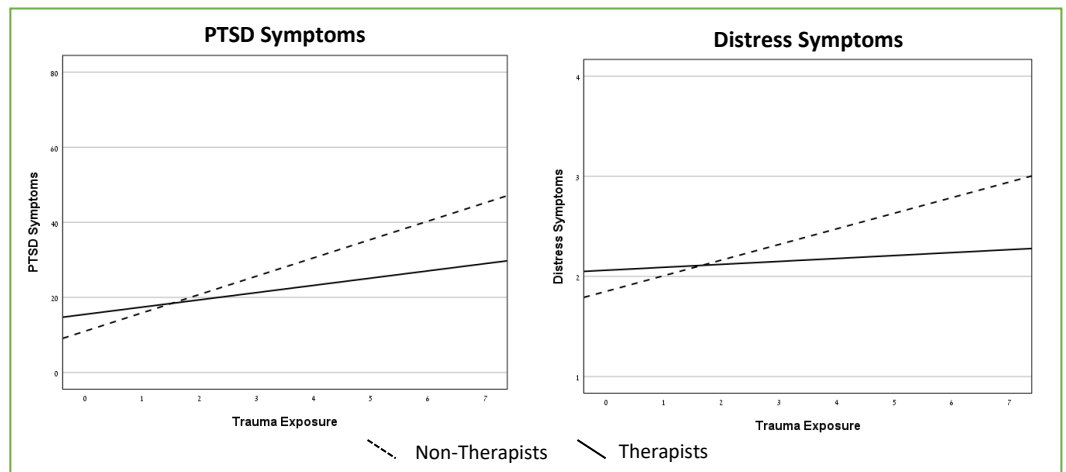


Figure 2. Moderating effects of being a therapists: the association is stronger for non-therapists (dashed line).

CONCLUSIONS

During times of collective trauma, therapists' role in providing psychological care may prove as a resilience factor, buffering the adverse impact of dual exposure to trauma. *Shared Traumatic Reality* can trigger distress but also foster growth through meaning making. These findings can guide mental health policy for preservation of workforce in the public mental healthcare settings, while suggesting that therapists' burnout can be mitigated by taking a meaningful role in the aftermath of mass trauma. Future studies should focus on the mediating effects of potential mechanisms of change such as meaning making and behavioral activation during national traumas, to further delineate the results' empirical and clinical implications (Nuttman-Shwartz, 2015).

References

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