

WEATHERING THE STORM TOGETHER: THERAPISTS' EXPERIENCES TREATING WAR TRAUMA SURVIVORS WHILE MANAGING THEIR OWN CONCURRENT TRAUMA

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RESEARCH OVERVIEW

Mental health therapists working in war zones face a unique dual exposure: supporting trauma survivors while simultaneously experiencing the same collective trauma themselves. Traditional concepts such as compassion fatigue and secondary trauma do not fully capture this shared traumatic reality. This study explored how therapists navigated professional boundaries, emotional exhaustion, and therapeutic functioning while treating survivors of the October 7th attacks and the ongoing war in Israel

RESEARCH OBJECTIVE

To explore therapists' experiences of working under shared traumatic reality conditions and examine how collective trauma shaped therapeutic boundaries, emotional resilience, and professional functioning.

METHODOLOGY

- Qualitative study using semi-structured interviews (Brinkmann & Kvale, 2018)
- 20 Israeli mental health therapists
- Interviews conducted via Zoom between April–July 2024
- Participants treated populations directly affected by the war, including survivors, displaced families, hostage families, and bereaved families
- Data were analyzed using thematic analysis (Braun & Clarke, 2013)



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REFERENCES: Braun & Clarke, 2013; Brinkmann & Kvale, 2018; Figley, 1995; Nuttman-Shwartz, 2015; Tosone et al., 2012

RESULTS

Theme 1: "We're All in the Same Boat" — Boundary Dissolution

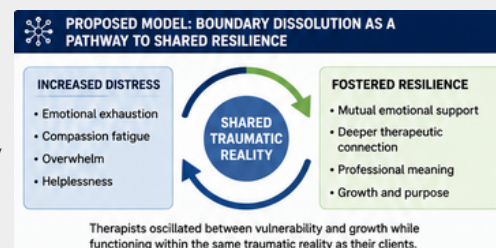
Therapists reported blurred personal and professional boundaries, with shared war exposure disrupting the therapeutic frame and emotional distance.

Theme 2: Collapse of Everyday Concerns

Therapists reported emotional detachment from routine clinical concerns and difficulty empathizing with problems unrelated to the war. Trauma-focused work became central and emotionally prioritized.

Theme 3: Therapy as Shared Emotional Support

Therapy shifted from structured intervention toward mutual emotional support. Some therapists experienced helplessness and emotional overload, while others described deeper therapeutic connection and validation through shared suffering



CLINICAL IMPLICATIONS

- Flexible therapeutic boundaries may be necessary during shared traumatic reality
- Shared trauma can increase both emotional distress and resilience
- Supervision and peer support are essential for therapists working in collective crises

CONCLUSION

Shared traumatic reality challenges traditional therapeutic boundaries while simultaneously fostering resilience, therapeutic connection, and professional meaning.