

Mental Health Practitioners' Experiences During the Shared Trauma of the Forced Relocation from Gush Katif

Rachel Dekel

Published online: 14 January 2010
© Springer Science+Business Media, LLC 2010

Abstract The study examined the experiences of 48 Israeli mental health practitioners who helped the residents of Gush Katif during the forced relocation. The practitioners spent between 1 week and a year-and-a-half assisting these residents. Shortly after the relocation, they participated in one of four debriefing groups, which aimed to process and summarize their work. Phenomenological analysis revealed three main themes: (1) Who are our clients: the government or the residents? (2) Blurring boundaries between professional and personal self; and (3) Returning home. The study highlighted the challenges associated with intervening in shared trauma, especially in realities of political conflict.

Keywords Shared trauma · Shared traumatic reality · Mental health practitioners · Forced relocation

Introduction

Research has shown that during the course of their work, mental health practitioners are exposed to clients' impressions of and reactions to trauma, and that these experiences might indirectly cause distress (Figley 1995; McCann and Pearlman 1990; Palm et al. 2004). These phenomenon has been termed "compassion fatigue" (Figley 1995), "secondary traumatic stress" (Figley 1995), and "vicarious traumatization" (McCann and Pearlman 1990). According to Figley (1995), these effects include a variety of post-traumatic manifestations such as headaches, breathing difficulties, intrusive imagery, heightened sense

of vulnerability, difficulty trusting others, and emotional numbing. According to McCann and Pearlman (1990), practitioners begin to view the world through the lenses of the trauma over time. Thus, their beliefs about the world, safety, and their own vulnerability change, and they are liable to react to events with suspiciousness, anger, or fear.

In recent years, however, the professional literature began to acknowledge that the indirect exposure through therapy sessions, is not the only way, that therapist are being influenced by traumatic events. It became evident that mental health professionals are not only clinicians who help survivors cope with the trauma they encountered, but they themselves are threatened and influenced by the same traumatizing circumstances (Seeley 2003). Professionals increasingly find themselves sharing the same traumatic realities that are affecting their patients. This recognition introduced an additional concept into the professional literature: shared traumatic reality (Kretsch et al. 1997) or shared trauma (Tosone et al. 2003).

The concept, is usually used while referring to unique situations when the clinicians not only help survivors of human induced trauma but are also personally threatened, and in some cases even being hurt by the same traumatizing circumstances. This is especially characteristic of large scale events such as terrorist attacks, war, and natural disasters. In most of these events, these professionals suffer both from primary and secondary trauma, as they are both members of a traumatized community as well as mental health professionals of traumatized individuals in this community (Ostodic 1999).

In the current study, we examined the experience of shared trauma among Israeli mental health practitioners who assisted with the forced relocation of Jewish residents from the Gush Katif settlements in the Gaza area in August 2005, following the enactment of the Disengagement Plan

R. Dekel (✉)
The Louis and Gabi Weisfeld, School of Social Work,
Bar Ilan University, Ramat Gan 52900, Israel
e-mail: dekell@mail.biu.ac.il

Law by the Israeli government. The first part of the Introduction will review existing literature on social workers' experiences in other circumstances of shared trauma, and the second part will describe the unique characteristics of the forced relocation as a shared trauma.

Workers' Experiences in Shared Trauma

Findings indicate that under these circumstances, therapists feel impaired in their ability to help, heightened work-related stress as a result of greater demands on their professional time, and a sense that they are professionally unprepared for the situation (Eidelson et al. 2003; Kretsch et al. 1997). In addition, work under these circumstances does not conform to the conventional paradigm of the therapist as the "other" (Bion 1961), in which the therapist is not part of the situation, does not experience the danger, and can therefore exercise rational judgment. Thus, findings indicate that in situations of shared trauma, therapists perceive their functioning as more complicated. Rather than remaining detached, their behavior is characterized by self-disclosure, and they serve as a "coping model" for their clients (Batten and Orsillo 2002; Kretsch et al. 1997; Saakvitne 2002) and a true intimacy is created (Tosone 2006).

Two main unique sources of distress have been recognized. The first is the loss of boundaries between the personal and professional selves, and the need to navigate between these identities (Somer et al. 2004). Tosone (2006) mentioned that she was astonished at the extent to which the events of 9/11 became an equaling experience. The shared experience made it difficult to maintain any stance of emotional distance.

The second is in cases when the workers' personal and professional roles come into conflict- especially in extreme cases that require the provision of professional assistance that contradicts their personal beliefs and values. For example, workers reported that a conflict of loyalties was a source of dilemma and internal conflict (Shamai 1998); the confusion as to whether they were social agents of the government while ideologically opposed to government policies or community agents working against the government. Additional example was described by Campbell and Mcrcystal (2005) who discussed the difficulties encountered by social workers in Ireland who represented different religious identities in comparison to the population they served. Similarly, Ramon et al. (2006) related to the difficulties experienced by colleagues from a different cultural background in times of political violence.

The current study examined the experiences of Israeli mental health practitioners who assisted with the forced relocation of residents from the Gush Katif settlements in 2005. This was a shared traumatic situation, as will be explained below.

The Forced Relocation from Gush Katif

Relocation means transferring a population from a familiar to an unfamiliar environment- a process that entails a wide range of changes, including place of residence, workplace and social life, which have impact on the mental and physical health of the individual (Ryff and Essex 1992). Research findings indicate that when relocation is imposed rather than chosen, it is usually perceived as a negative traumatic experience (Stokols et al. 1983), which generates loss of confidence in one's abilities, insecurity about the future, frustration, sadness, loss of ideals, breakdown of support systems and social networks, family tension, and decline in self-esteem (Brown and Perkins 1992; Dasberg and Sheffler 1987; Toubiana et al. 1988).

The forced relocation situation examined in the current study began when the Israeli government adopted a plan to withdraw unilaterally from the Gaza Strip and Northern Samaria. According to this plan, 8,000 residents had to leave their homes and relocate to other areas of the country. The plan was imposed on people who had lived in the region with the support of the government for up to three decades, and who had endured a constant existential threat. Thus, the plan had an impact on the personal and community levels, as well as sparking public, political and national controversy. The protest against this plan began even before the Israeli Parliament had given final approval for its implementation. The official protest activities were restrained and non-violent, and included large-scale rallies, a human chain (of 130,000 protesters), mass prayer services and demonstrations. Concomitantly, a number of extreme groups actively protested the plan in more turbulent ways, such as roadblocks and calls for insubordination, as well as for disobedience of soldiers who were sent to implement the relocation.

On August 15th 2005, operation "comrades in arms" was launched, as teams of soldiers and police began handing out relocation orders to the residents of Gush Katif. The forced relocation of residents in this area began on August 17th, and continued until August 22nd, when the last Gush Katif settlement was evacuated. Despite the early resistance and serious concerns, the evacuation was performed without violence, with the exception of a few isolated incidents. For example, residents expressed their protest by tearing their shirts above the chest (a Jewish symbol of mourning), refusing to leave willingly, resisting passively, crying for mercy, and holding parting prayers in the synagogues.

The current study examined the experiences of the mental health practitioners who were in the settlements before and during the evacuation. The role of these workers was to help the residents cope with the relocation processes. This was performed in various ways, such as

forming groups of residents from different communities to help negotiate and overcome disagreements while facing the authorities. Others helped families who had experienced traumatic losses while living in Gush Katif, to cope with the upcoming losses. Others tried to help parents explain to their children and cope with their reactions. During the actual evacuation, they were there to be with the residents, to accompany them while leaving their settlements, and to suggest immediate interventions for anyone in need. These therapists shared the same realities as their clients. They too, had experienced life in the same complete society that was forced to relocate and were involved in the accompanying debate. Most had similar religious and cultural backgrounds to the residents. Moreover, they were personally acquainted with them, and some even had family members in the relocated settlements.

Method

Participants

Forty-eight professionals aged 35 and over participated in this study (36 females and 12 males). The majority were social workers, there were three counselors in specialized areas (e.g., in education), two psychiatrists, three psychologists and one music therapist. All participants had been recruited to assist the social services in the area due for relocation. Under the supervision of the social services director, they had been assigned to different settlements in an attempt to help the residents deal with the forced relocation. The time spent helping the residents in the settlements varied from 1 week (during the evacuation itself) to a year-and-a-half (throughout the entire relocation process). With the exception of two participants, all practitioners had a religious background and lived in settlements similar in nature and religiosity to those of the people they had to help relocate.

Procedure

Each of the participants attended one of four debriefing groups, which were intended to summarize their activities during the forced relocation process. The group sessions were held 3 weeks after the relocation, and were led by professionals trained in facilitating such groups. Participants were asked to talk about their experiences while assisting the residents. They were asked to focus on one or two specific stories or images of events that stood out in their memory. Care was taken to allow each member to express his or her emotions freely. Group members spoke in turn, in the form of brief monologues that were

interrupted occasionally by other members. Once everyone had spoken, the group leader allowed time for a more open exchange of ideas, to allow the group members to raise issues which had not been addressed in the monologues. Four research assistants tape recorded and later transcribed the group sessions. All 48 participants volunteered to attend the sharing groups, and gave their consent for analysis of the data. To protect the participants' anonymity, their names and any identifying characteristics were changed throughout the report.

Data Analysis

The author and a research assistant performed thematic content analysis separately. First, they performed separate cross-group analysis by detecting and coding themes across groups and identifying major themes that repeatedly arose (Strauss 1987). Subsequently, they compared their individual analyses, discussed differences and sought agreement. The comparison covered both the thematic content and the interpretation of its meaning. Content analysis was conducted in the following stages:

1. Open coding (Strauss and Corbin 1998). The researchers first read the transcript of each group line by line, writing memos along the text, to discover and identify initial categories that emerged from the data (e.g., "workers' distress reactions;" "workers' conflicts").
2. Axial coding (Strauss and Corbin 1998). In a second reading of the transcripts, the researchers gradually discovered relationships among core categories and subcategories related by context and content (e.g., "worker's reactions associated with own family background;" "prayers empowered not only the residents, but also the workers").
3. Integration. Finally, the themes or main categories (Strauss 1987) were conceptualized and placed in context, in terms of the meaning of being a worker in a shared traumatic reality.

Reflexivity

The author, who was the principal researcher, as well as the research assistant, were Israelis residing in Israel before and during the relocation. As such, they were aware of the events and had been exposed to media coverage of the process from the entire range of political perspectives and ideologies. The researchers and participants had different beliefs and backgrounds. To maintain an appropriate degree of equanimity and to avoid undue bias in the research, attention was focused mainly on the participants' experiences and stories, rather than on their beliefs.

Findings

Three main themes emerged from the transcripts: (1) Whom are we serving? Who are our clients: the government or the residents? (2) The blurring boundaries between professional and personal self; and (3) Returning home and the struggle to move on.

Whom are We Serving? Who are Our Clients:
The Government or the Residents?

The core conflict expressed by the workers was role-related, between being a professional person and a private individual with political ideologies opposed to the relocation. These workers were recruited by the welfare services as professionals, who represented the state and acted on its behalf. In contrast, most of the residents opposed the relocation, and the workers were present to help them through the process. The complexity and sensitive nature of the situation caused the workers to question whom they were serving—the government or the residents? For some workers, these conflicts remained unresolved throughout their work in the relocation process. They had difficulty deciding whether to align themselves with the relocating families, or whether to assist the army and the police in removing the residents. This conflict of loyalties was a source of distress. The difficulty they encountered in the attempt to decide generated a sense of confusion, ambiguity and inconsistency in their roles. The following two quotes portray this experience. Ruth said: “Regarding my experience... I had constant difficulty in deciding whether I was an observer, part of the struggle, or a professional in the field. I can’t remember what I decided in the end.”

Yitzchak:

Wasn’t I helping the residents who were relocating at that time? If a policeman brings me a 10-year-old boy and tells me to deal with him, should I tell him he has to leave or should I sympathize with him? Throughout the whole process, I tried to keep a distance from the police and the army, and stayed close to the residents and the families. I was always torn between them.

The attitudes expressed by the workers were neither dichotomous nor mutually exclusive. Rather, they represented several combinations of perspectives and alignments. They were very aware of the complexity of the task and its implications. These attitudes could be portrayed on two dimensions: the attitudes to the residents and the attitudes to the army and its soldiers.

When examining the attitudes to the residents, some of the workers expressed strong identification with them.

They stood “with and for” the residents, and did not necessarily cooperate with the army. For example Naima:

When I went in and said that you [the army] asked me to do something about the screams, [I asked you to] let them scream. That is exactly the point, people need to scream and express their protest and vent all the difficult and terrible emotions, grieve and cry; the children and everyone need to cry out—loudly and bitterly; Just as I do. As it is, I am standing on the sidelines to see that no-one is at risk. But they wanted normal behavior—to silence the cries. There is a kind of conflict in that role, we were given a kind of dual role but it didn’t really suit my point of view...

Whom were we helping?...the people?...the army?. It made me feel sick.

At the other end of the attitude-to- residents continuum were workers who saw the residents who refused to relocate as the aggressors, as they were acting in opposition to the government decision, and resisting the army forces. In spite of this, the following worker still experienced a sense of inner conflict as described by Merav:

When I saw the boys and the policeman, I realized that this was collective therapy, with the aggressor and the victim. Benny [one of the leaders] was sitting there singing and crying. My heart went out to him—but *he* was the aggressor here... Every time I addressed him [Benny], his tone was very cordial, and I told myself that he was doing that so I wouldn’t be tempted to get angry! Despite his sweet nature, he is the aggressor, so don’t get confused.

Merav was perplexed: She perceived the residents as the aggressors, because they were ordered to leave and refused, but it was difficult for her to remain impartial; sufficiently resilient to preserve her attitudes. She felt torn and confused. It is important to note that this voice represented the minority among the participants. At one end of the attitude-to-army continuum were workers who could not bring themselves to cooperate with the army and its forced relocation mission, viewing it as an evil force. Deborah for example:

With the entry of thousands of soldiers, there was one figure who stood out; one commander with a big skullcap, a beard and a smile. If I had been given a weapon and been told to shoot only one person to give vent to all my rage...[turns to the research assistant and says “write this down, in capital letters”] I would have shot him... Actually, when I think about it, I wouldn’t have shot him... I would have strangled him slowly and viciously... to kill

him...[raises her voice] If I was capable of killing someone, I would have killed him. [she begins to cry]...

The above quote illustrates the workers' portrayal of the army—which is supposed to protect Israeli citizens—as a terrorist organization, whose mission is to harm them. Deborah was expressing her personal feelings of rage and aggression towards the army, which were in total conflict with her required formal role of public worker, who was supposed to be collaborating with the army. Such conflict was extremely frustrating and Deborah ended up feeling so helpless and angry, that she started crying.

In contrast to the above workers, others were aware of the difficulties encountered by the soldiers. They understood the complexity of the soldiers' mission, and while attempting to help the residents, they tried to help the soldiers also. Hanna:

A female soldier started crying. I wanted to go over and hug her, and really had to restrain myself. It was important for me to perform my duty and not to be on their side... but they [the soldiers] were so good. They were so amazing, they carried out the relocation in exactly the right way...I saw that a soldier next to me had started crying. I cried too, and suddenly he embraced me so tightly and we both embraced each other and just cried for a few minutes.

A convergence point for these two dimensions was represented by workers who solved the conflict by aligning themselves with the residents, while cooperating with the army. The army utilized the mental health practitioners' role to assist the residents in the relocation process. They were successful in being a mediating factor that enabled dialogue between the two sides.

Pnina: "In difficult cases, he went outside and waited for us to go in. There was cooperation—not in the sense that we worked for him; we were with the residents. When we asked him to leave the family, he left..."

As can be seen, this worker solved the conflict successfully and managed to achieve cooperation. She found a way to cooperate with the army, while remaining with the residents. It is important to note that she was still emphasizing that within the conflict of whom she was serving, she was with the residents.

To summarize this theme, the conflict of whom the workers were serving was a major concern. The workers' attitudes ranged from total empathy with the residents to viewing them as the aggressors, and from caring for the soldiers to seeing them as evil. Each of these solutions was still accompanied by distress, due to the complexity of the event and the demand to provide professional assistance that contradicts their personal beliefs and values.

The Blurring Boundaries Between the Professional and the Personal Self

The additional shared aspects of the events made their roles more difficult. Most of the workers were acquainted with families who faced relocation. Moreover, several had close family members who had been forced to relocate, and some had family members in the army and in the police force, who participated in the relocation operation. In addition, many of the workers resided in settlements beyond the Green Line (territories captured by Israel during the 1967 6 Day War), which means that they could feasibly face relocation in the future.

Ronit:

So I went into people's houses to make sure that everyone had left or to see if anyone needed help. Then I saw two people sitting on the grass. They looked like people I should approach, so I went up to them. It took me a few seconds to recognize them as my parents. It didn't take me long to understand that they were so detached, so weak. Their faces were the same as always, but the way they were holding themselves was different. My father came out and said to the officer, "I've lost everything." At that moment I fell apart and wept [crying as she speaks]...

Ronit described a very powerful emotional experience. She had to evacuate her parents. Furthermore, she saw her parents, who were supposed to be strong and protective of her, as weak and completely broken. Another worker described a similar extreme experience. She saw her adult son, who had come to support the residents.

I'll start with my son, who spent a month in Gush Katif, moving from place to place. When I went to the Gush in the last few days, I managed to pop over to visit him. He had invented an imaginary family for himself. The soldiers were marching in groups of three, and he walked opposite them and said: "Have you a blanket for my 4-year-old sister? She doesn't have one any more." "Have you a bed to give my little sister? She no longer has one, and has nowhere to sleep." That was how he was walking between the soldiers. It was...he became immersed in this make-believe family. He does not have a 4-year-old sister [laughs]. It was very very hard for me. It was a very difficult sight to see.

This worker also described the experience of seeing one of her family members as part of a task within her professional role, a feeling of utter confusion and turmoil of emotions. Moreover, she saw him in an extreme situation, behaving in an incomprehensible manner, which raised her level of concern.

Another sub-group of workers who experienced special difficulties were second generation Holocaust survivors. As

a part of their protest, the residents used Holocaust symbols such as a patch with a yellow star. This group of workers felt it was legitimate to compare the relocation to the Holocaust. Adi:

When we went in there I felt like...I couldn't do it. Our world of associations is so tied up with the Holocaust, and I can't ignore that. It's part of me, like all of us...I felt as if the Nazi soldiers were on their way. The feeling that people saw me as part of the evacuation forces was hard for me.

Aviva:

I am also a second generation Holocaust survivor. My mother also said, it's like...she allowed me to say that it looks just like the Holocaust expulsion. And the soldiers, with their black uniforms... seeing that was just atrocious. It looked like a real Holocaust.

Whereas these workers' job was to assist the residents in undergoing the relocation as safely as possible, they experienced themselves as taking on the role of villainous aggressors—equated with the Nazis. This experience was particularly horrific for these workers due to their personal history of the Holocaust. The conflict between the personal and professional domain was excessive.

The quotes in this section portray the blurring of boundaries between the personal and professional selves. The shared reality made formulating and performing the professional role extremely difficult.

Returning Home and the Struggle to Move on

The workers reported various reactions and struggles once the relocation was completed and they had returned home to their daily routine. Some described an initial distress that passed relatively quickly. Ilana:

Somehow, the experience there was so intense that it took me a few days to settle down. Then I moved on...I didn't continue to be involved with it on an emotional level at all, but now I am beginning to go back to those experiences a little.

Some workers found it difficult to return to their daily lives, and continued their involvement in the lives of the residents in different ways. They reported being still emotionally involved with the process, and feeling unlike themselves since their return. For example Leah: "When I got home, the first thing I did was to get rid of the orange streamers [a symbol of the anti-relocation protest]. I buried the Gush Katif bloc the minute I left." And she continues: I'm still inside it. A number of times, I have gone back to the evacuated settlements in my dreams; I dream that I have to try and map out the settlement each time from

scratch—who is where, who lives where. Or Abraham: "I often feel that I am in the middle of a crazy movie that doesn't end. Each time a different, complex picture arises."

These quotes represent attempts to leave the difficult experiences behind them, to bury them and to draw a line between the past and the present. However, these attempts were unsuccessful and images of their experiences invaded their dreams, night and day.

A substantial number of participants mentioned continuing their relationship with the relocated families, and followed their progress after their temporary placement in hotels. This involvement is primarily described as a continued professional obligation to the residents. The workers expressed special concern for sub-groups of the settler population, e.g., the teenagers.

Another motive for this continued relationship might be the need or desire to be with the people who were involved in the shared experience of relocation. Evidently, they felt a sense of togetherness, unity and support among those people, which were lacking in their relationships with family members and professional colleagues who were not present during the relocation. This is illustrated in the following quotes of Adi and Keren:

One of the difficult things for me today is the attitude of my colleagues at work. Most of them know I was in the settlements. A lot of them have left-wing political views, and were in favor of the forced relocation. From a professional point of view, I thought it would be discussed in a different kind of way. It's very difficult and very painful. I feel like I have been relocated myself, and the topic is completely ignored. It's really a shock after a shock.

Keren:

But since then [the relocation], I have felt that I am also [like the residents] sitting *Shiva* [the Jewish custom of mourning during the first week of bereavement]. Everyone at work is non-religious. I feel that they don't understand what I went through. My colleagues don't care what I went through ...

Both workers felt a strong sense of distance from their colleagues who had different political backgrounds. They felt that the workers did not want to discuss the relocation and actively ignored it. This sense of removal caused both workers to feel like one of the relocated residents and to strongly identify with them.

It is important to note that alongside the feelings of distress and despite the difficult circumstances and long hours, on looking back, the workers also described their efforts to assist and support the residents. These activities included listening to the residents, hugging them, intervening on their behalf and consoling them directly and indirectly.

Sarah:

We were saying to each other that what we were doing was very basic social work—like when we were students. Nothing sophisticated or complex, but lots of holding. That was what was needed.

In addition, they described feelings of professional satisfaction. They felt that their role was meaningful and helpful to the residents, despite the personal and professional difficulties they experienced while performing their duties. As Liat said: “It helped just to sit with them. They just wanted us to listen, to hear them. I think it was really important for them to have someone familiar.”

Discussion

The present study examined the responses of mental health practitioners who assisted in the shared traumatic reality of the forced relocation of the residents from Gush Katif. The workers’ first conflict was deciding who their clients were. This conflict was described earlier by Shamai (1998), relating to workers in times of political uncertainty, when the relocation option was being discussed. Here, this conflict was for real. On the one hand, the workers were required to assist the families in the relocation process. On the other, they were expected to cooperate with the military and police forces to relocate the people who rejected this process. This conflict yielded psychological distress among the workers, difficulties in performing their roles and various strategies to cope with the complexity. Some workers identified themselves with the residents as part of the relocated group, and several actually opposed the relocation forces. In contrast, there were workers who viewed the residents as aggressors and had difficulty in helping them. Regarding attitudes to the army, some practitioners changed their perception of the Israel Defense Forces as a defending force, with whom they were cooperating, to a coercive, aggressive force, while others tried to help the soldiers and empathized with their difficulties. Most practitioners reported vacillating between the two distinct poles on each of the axes. Only some managed to achieve a satisfactory equilibrium between these two dimensions, which served both the army and the residents.

The second theme which emerged was the blurring of boundaries between the personal and the professional selves. Practitioners found themselves having to forcibly relocate their parents and their adult offspring. Practitioners whose parents experienced the Holocaust equated the situation with the Nazi evacuations. They had difficulty in differentiating between their parents’ stories and memories, and their real-life experiences. It is difficult to imagine the need to relocate one’s own family as part of one’s

professional obligations. These workers reported extensive difficulties and great distress in the process of carrying out their job. These examples, while extreme, are similar to those of other workers, who describe their difficulties in performing their jobs before they know that their families are safe following terror (Somer et al. 2004; Saakvitne 2002), war (Loewenberg 1992) or natural disasters (Jordan 2007; Plummer et al. 2008) when they personally know and are exposed to the same uncertainties as their clients (Shamai 1998).

The third theme described the workers’ own emotional and psychological experiences following their intervention in the relocation. Workers described difficulties in returning to their routine. They described feelings of confusion, sadness, crying, sleeping problems, nightmares, intrusive thoughts, a sense of loss, and a break in the narrative of their lives. These feelings are similar to the experiences of students (Baum 2004; Tosone et al. 2003) and workers following mass traumatic events such as 9/11 (Eidelson et al. 2003) and terror in Israel (Itzhaki and Dekel 2005; Somer et al. 2004) and supports existing literature concerning secondary traumatization of welfare workers due to their exposure to work with trauma victims.

However, despite the complexity of the intervention and this distress, the workers also described their efforts to support and assist the residents during the relocation, and felt a general sense of satisfaction with their professional effectiveness and the meaningfulness of their presence. These experiences are in line with workers describing an increase of positive feelings and growth (Arnold et al. 2005; Eidelson et al. 2003; Lev-Wiesel et al. 2008), feelings of closeness and intimacy to their clients (Batten and Orsillo 2002; Seeley 2003; Tosone 2006) and increased commitment to their clients and their professional role (Mathewson 2004; Seeley 2003).

Another issue raised by the workers in this study focused on a sense of alienation and lack of understanding and recognition on the part of their colleagues. These feelings are well-known in descriptions of direct trauma victims, who report that anyone who has not experienced what they went through cannot understand their feelings (Herman 1992). It is possible that the workers’ strong identification with the people they sought to help distanced them from their colleagues and brought them closer to the direct trauma victims. Their colleagues did not understand their responses to the experience or their feelings about it. The workers’ sense of alienation prevented them from discussing the distress of the relocated residents, whose voices were, consequently, silenced.

It is also possible that in contrast to 9/11, when the devastation awakened unity and solidarity among Americans (Seeley 2003), the relocation of residents from Gush Katif created conflicts and rifts among various groups in

Israeli society. The marginalization of the residents by the majority of Israeli society might have prevented the workers from attaining widespread recognition, support and consensus for their efforts (Shamai 1998, 2003). This was in contrast to the support Israeli social workers felt during the times of intensive terror which helped them to be committed to their work and to experience feeling of professional growth (Shamai and Ron 2009).

These findings emphasize the importance of organizational support throughout the intervention process (Boscarino et al. 2004). Lack of organizational support was reported by Campbell and McCrystal (2005) who found that about a third of social workers in Northern Ireland were dissatisfied with the support provided by their agencies. Moreover, more than a half did not report their concerns and difficulties in working in troubles-related incidents whilst carrying out their duties to their agencies. In this context, the administrative parties, as well as the workers themselves, need to be aware of role definitions, which include role requirements; specific tasks, as well as those that are outside the role's boundaries. It would be beneficial to determine these parameters through cooperative negotiation with the authorities and the workers, utilizing the professional experience and knowledge of all parties involved (Shamai 2003).

Several practical implications for helping workers cope with situations of shared trauma can be derived from the findings. First, there is a need to strengthen the preparedness of workers. In most cases, the basic curriculum for undergraduate students of social work and psychology includes only a theoretical course on the nature and effects of trauma (Cunningham 2003). However, continuous and advanced education and training for social workers should be provided, so that they know not only how to help traumatized clients but also how to recognize and cope with the possible effects of their work. In addition, because vulnerability can be reactivated in traumatic circumstances, supervisors should make every effort to identify the situational vulnerability of social workers according to the specific shared reality.

Before concluding, it is important to mention several limitations of this study. There were several unique aspects to the shared reality examined. The evacuation of residents from their homes in the settlements was based on a government decision. The government decision caused a strong public and political debate, to the point of creating a rift in general public opinion. In addition, the described intervention was performed during a crisis period. As such, it was focused, acute and short-term. Caution should be exercised before generalization to other events. In addition, workers have been involved in helping the residents for different lengths of time, which may have impacted their reactions during the actual relocation, as well as

afterwards. In addition, because the groups were held a short time after the relocation, future longitudinal or follow-up studies may shed light on the long-term implications of the experience. Furthermore, the present study focused on the experiences of the workers and did not examine experiences of the residents they were assisting. It would be important to examine the way in which the residents perceive the help of the mental health practitioners and to identify techniques and strategies that they felt helped their coping with the relocation. Despite these limitations, this study contributes to the knowledge about the experiences of workers in times of shared trauma and highlights the need to take into account the unique characteristics of these situations and to increase the preparedness of students as well as field workers.

The effects of shared trauma on workers have mainly been explored in the context of manmade events, i.e., ongoing traumatic situations such as wars and terror. Moreover, some studies have assessed the effects of these situations on workers without relating specifically to the unique aspect of their having been exposed to the same traumatic events as their clients (Adams et al. 2006, 2008; Boscarino et al. 2004). Hence, it would be worthwhile to explore this phenomena in future studies, taking into account the implications of shared trauma for the client and the therapist. Moreover, it would be worthwhile to examine additional types of events such as natural disasters. In that way, researchers will be able to address similarities and differences in the ways mental health professionals react to and cope with different types of traumatic events. Furthermore, exploring the long-term effects of working in a situation of shared trauma can also provide a crucial insight into this topic.

Acknowledgment The author thanks Gina Sackler for help in data analysis.

References

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 103–108.
- Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The compassion fatigue scale: Its use with social workers following urban disaster. *Research on Social Work Practice*, 18, 238–250.
- Arnold, D., Calhoun, L. G., Tedeschi, R., & MacCann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, 45(2), 239–263.
- Batten, V., & Orsillo, M. (2002). Therapist reactions in the context of collective trauma. *Behavioural Therapist*, 25, 36–40.
- Baum, N. (2004). Social work students cope with terror. *Clinical Social Work Journal*, 32, 395–413.
- Bion, W. (1961). *Experiences in groups and other papers*. London: Tavistock.

- Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health, 6*, 57–66.
- Brown, B. B., & Perkins, D. D. (1992). Disruption in place attachment. In I. Altman & S. M. Low (Eds.), *Place attachment* (pp. 279–304). New York: Plenum Press.
- Campbell, J., & McCrystal, P. (2005). Mental health social work and troubles in Northern Ireland: A study of practitioner experiences. *Journal of Social Work, 5*, 173–190.
- Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work, 48*, 451–459.
- Dasberg, H., & Sheffler, G. (1987). The disbandment of a community: A psychiatric action research project. *Journal of Applied Behavioral Science, 23*, 89–101.
- Eidelson, R. J., D'Alessio, G. R., & Eidelson, J. I. (2003). The impact of September 11 on psychologists. *Professional Psychology: Research and Practice, 34*, 144–150.
- Figley, C. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). New York: Brunner/Mazel.
- Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.
- Itzhaky, H., & Dekel, R. (2005). Helping victims of terrorism: What makes social work effective? *Social Work, 50*, 335–344.
- Jordan, K. (2007). A case study: Factors to consider when doing 1:1 crisis counseling with local first responders with dual trauma after Hurricane Katrina. *Brief Treatment and Crisis Intervention, 7*, 91–101.
- Kretsch, R., Benyakar, M., Baruch, E., & Roth, M. (1997). A shared reality of therapists and survivors in a national crisis as illustrated by the Gulf War. *Psychotherapy, 34*, 28–33.
- Lev-Wiesel, R., Goldblatt, H., Eisikovits, Z., & Admi, H. (2008). Growth in the shadow of war: The case of social workers and nurses working in a shared war reality. *British Journal of Social Work, 39*, 1154–1174.
- Loewenberg, F. M. (1992). Notes on ethical dilemmas in wartime: Experiences of Israeli social workers during Operation Desert Shield. *International Social Work, 35*, 429–439.
- Mathewson, J. (2004). The psychological impact of terrorist attacks: Lessons learned for future threats. In M. W. Ritz, R. G. Hensley Jr., & J. C. Whitmire (Eds.), *The homeland security papers: Stemming the tide of terror* (pp. 191–217). Maxwell AFB, AL: USAF Counterproliferation Center.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*, 131–149.
- Ostodic, E. (1999). Some pitfalls for effective caregiving in a war region. *Women & Therapy, 22*, 161–165.
- Palm, K. M., Polusny, M. A., & Follette, V. M. (2004). Vicarious traumatization: Potential hazards and interventions for disaster and trauma workers. *Prehospital and Disasters Medicine, 19*, 73–78.
- Plummer, C. A., Lemieux, C. M., Richardson, R., Dey, S., Taylor, P., Spence, S., et al. (2008). Volunteerism among social work students during hurricanes Katrina and Rita: A report from the disaster area. *Journal of Social Service Research, 34*, 55–71.
- Ramon, S., Campbell, J., Lindsay, J., McCrystal, P., & Baidoun, N. (2006). The impact of political conflict on social work: Experiences from Northern Ireland, Israel and Palestine. *British Journal of Social Work, 36*, 435–450.
- Ryff, C. D., & Essex, M. J. (1992). The interpretation of life experience and well being: The sample case of relocation. *Psychology and Aging, 7*, 507–517.
- Saakvitne, K. (2002). Shared trauma: The therapist's increased vulnerability. *Psychoanalytic Dialogues, 12*, 443–450.
- Seeley, K. (2003). The psychotherapy of trauma and the trauma of psychotherapy: Talking to therapist about 9–11. Retrieved August 12, 2009, from http://www.coi.columbia.edu/pdf/seeley_pot.pdf.
- Shamai, M. (1998). Therapists in distress: Team-supervision of social workers and family therapists who work and live under political uncertainty. *Family Process, 37*, 245–259.
- Shamai, M. (2003). Using social constructionist thinking in training social workers living and working under threat of political violence. *Social Work, 48*, 545–555.
- Shamai, M., & Ron, P. (2009). Helping direct and indirect victims of national terror: Experiences of Israeli social workers. *Qualitative Health Research, 19*, 42–54.
- Somer, E., Buchbinder, E., Peled-Avram, M., & Ben-Yizhach, Y. (2004). The stress and coping of Israeli emergency room social workers following terrorist attacks. *Qualitative Health Research, 14*, 1077–1093.
- Stokols, D., Shumaker, S. A., & Martinez, J. (1983). Residential mobility and personal well-being. *Journal of Environmental Psychology, 3*, 5–19.
- Strauss, A. (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- Tosone, C. (2006). Therapeutic intimacy: A post-9/11 perspective. *Smith College Studies in Social Work, 76*, 89–98.
- Tosone, C., Bialkin, L., Campbell, M., Charters, M., Gieri, K., Gross, S., et al. (2003). Shared trauma: Group reflections on the September 11th disaster. *Psychoanalytic Social Work, 10*, 57–77.
- Toubiana, Y., Milgram, N., & Falach, H. (1988). The stress and coping of uprooted settlers: Conclusions and recommendations based on the Yamit experience. *Megamot, 31*, 65–82.

Author Biography

Rachel Dekel is an Associate professor at the Louis and Gabi Weisfeld School of Social Work at Bar-Ilan University in Israel. She is particularly interested in the study of individuals who have experienced secondary exposure to traumatic events. Her research has examined spouses of former veterans and prisoners of war, children of fathers with PTSD and therapists who have treated victims of terrorism. In addition, Dr. Dekel is interested in exploring the consequences of direct exposure to traumatic events.

Copyright of Clinical Social Work Journal is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.