

My Personal and Professional Trauma Resilience Truisms

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This autobiographical essay focuses on my life in Israel as a daughter of a Holocaust survivor and a mother whose children serve or will serve in the army. The 1st part of the article addresses 2 questions—who I am and what I do—and describes my life in Israel on the basis of my personal family history and the threatened Israeli context. The 2nd part of the article offers 3 top truisms about trauma resilience: (a) at the individual level, maintaining self-differentiation and retaining emotional boundaries; (b) at the couple level, making meaning out of the shared traumatic experience; and (c) at the community level, strengthening the sense of belonging to the community. Finally, I highlight theory and research implications regarding trauma resilience: (a) the need to continue identification of unrecognized populations that have experienced traumatic events, (b) the need to adopt an ecological perspective for assessment and intervention, (c) the need to educate students in the field of trauma and provide support for professionals in this field, and (d) the need to initiate collaborations between academics and professionals in the trauma field.

Keywords: resilience, ecological perspective, self-differentiation, belonging to the community, couples

I believe that my personal and professional life is not just a private matter of personal preference, resulting from my own choices, but rather is defined and encouraged by the broader political and social context in which I have grown, developed, and now live. Indeed, there is an ongoing interaction between my personal and professional life; this dynamic has had a direct influence on my research interests of understanding trauma and resilience at the individual, family, and community levels.

As a researcher whose academic background is rooted in social work, I apply the ecological perspective, examining the bidirectional relationship between individuals and their surroundings and environment. In doing so, I am acknowledging the need to pay attention to the wide net cast by traumatic events: to help not only the trauma victims themselves but their family members as well. Over the last 17 years I have also been conducting research that explores the role played by family and community variables in promoting recovery and resilience. My studies have focused on trauma victims who experienced terror, war, road accidents, forced relocation, disability, or family violence. Beyond studying the survivors of these traumas themselves, I have studied families of war veterans with posttraumatic stress disorder (PTSD), trying to understand both the negative and positive effects of PTSD on these family members. My research interests have evolved from examining unidirectional effects—that is to say, the effects of survivors on their families—to focusing on the interplay between members of the family. I have also conducted studies on the effects of working as a therapeutic professional with trauma survivors following acute and continuous security threats; I am interested in trying to understand the unique circumstances in cases where it is

not just professional workers who do their professional jobs but rather their role living and working in the same traumatic reality as do their clients. In this article I share how my personal experiences have impacted my work, as well as focus on three resources that I believe promote resilience.

I have lived my whole life in Israel, except for brief periods when I studied abroad. Luckily, I have never seen or experienced a terror attack myself or been directly affected by any of the wars or military operations that have taken place during my lifetime here. None of my close family or friends have been wounded or killed in national traumatic events. Rather, growing up as the daughter of a Holocaust survivor, working in a domestic violence shelter at the beginning of my career, and living in the unique atmosphere of Israel has profoundly impacted me both personally and professionally.

My father and paternal grandmother spent the Holocaust hiding in Romania, and my paternal grandfather survived the war by working in a forced labor camp. The experiences of my paternal grandparents' and of my father's played a powerful role in my development and helped shape my identity. My father was 7 years old at the end of the war, after which he immigrated to Israel with his parents. He greatly assisted his parents in settling into and navigating their new country. Throughout my life I have always been awed by my father's optimistic, caring, and benevolent outlook on life, as well as his belief in people's fundamental goodness. As I developed professionally I came to understand that my father was resilient in the face of a traumatic experience, mainly due to his mother's support and sacrifice during the war.

I began my professional fieldwork as a social worker in the area of domestic violence and women in the shelter system. This work laid the groundwork for my later interest in the role and experience of women in the face of trauma and also for the need to support and supervise the professional experiences of social workers in the field. Although I was initially working with the perpetrators of domestic violence—typically the husband—I soon became inter-

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ested in the experiences of the wives; how they coped with difficult situations at home, how they cared for their families, and whether they chose to move forward in their lives in light of their husband's functioning. Second, throughout my time working at this domestic violence shelter, I felt unsupported by my supervisors, which led to feelings of vulnerability and feelings of being unable to define my emotions, as well as experiencing my own secondary traumatization. My challenges from this experience remain with me to this day and continue to push my desire to educate students and to research the area of working in a trauma-related environment.

In addition to my family's Holocaust history and my own work experience, I have grown in a country that has chronically been at war. Although I was a toddler during Israel's Six-Day War, I was 8 years old during the Yom Kippur War and recall taking refuge in a bomb shelter. I experienced the trauma of the first Gulf War when I was a student at the Hebrew University in Jerusalem in 1991. At that time, missiles were being fired on central Israel, and we often had to run to sealed rooms with our gas masks and syringes; the possibility that we would be a target for biological-chemical attacks was ever-present. Although I remember this period as one marked by high tension and stress, I also remember it as a time of unity and togetherness, a period that reinforced and strengthened my relationship with my then-boyfriend, who was later to become my husband. For me, this experience demonstrated some of the possible personal beneficial effects of enduring a trauma and came to influence my later research interests when I began working full-time as a researcher.

Starting in September of 2000, Israelis were continuously subjected to many horrendous acts of terror, with suicide bombers blowing people up on buses, in shopping malls, in restaurants, and even at a Passover Seder held in a Netanya hotel. I can remember my grave concern during the early 2000s regarding the well-being and even the very survival of myself and my family. At that time my older daughter was 6, and my second child—a boy—was 3. I feared every outing, worrying about what might happen to me if I were alone or to my children if they were with me. Would I be able to save them in a terrorist attack? Would I be able to save myself? Would my children be forced to grow up without a mother? This profound fear accompanied me all the time, as it did most mothers of young children, and yet I realized that our voices were not being heard.

As a result of these experiences, I conducted one of my first independent research projects—exploring the subjective experience of being a mother in such an extreme period of terror and uncertainty (Dekel, 2004). Leading a focus group of young mothers, I identified five chief areas of concern for the Israeli mother in the wake of unrelenting terror attacks on our country. These areas were protecting one's children physically, shielding them from the knowledge of terror, relaying useful and reinforcing messages, creating pleasure and preserving the joy of life, and dealing with the question of what would happen to one's children in the event of one's own death in a terror attack. Each of these themes also reflected my personal experiences and rose out of my exposure to the trauma of terrorism.

More recently, unfortunately, as a result of escalating hostilities between Israel and the Palestinians in the Gaza Strip during the Operation Pillar of Defense, major parts of Israel, including Tel-Aviv, were attacked with missiles. I found myself hiding with my

family in a secured room in our new apartment, trying to explain these events to my third child, my 7-year-old son. Unsurprisingly, he remained in a state of hyperalertness for weeks.

I have highlighted here several personal and professional experiences that led to my later research interests. I now focus on three factors in my research that I have come to see as promoting resilience at the personal, the couple, and the community levels. These truisms are not exhaustive, nor do they cover all the possibilities of additional important resources or areas of research.

The Individual Level: Maintaining Self-Differentiation

Another professional experience I had was working as a social worker in a mental health clinic with clients suffering from PTSD. Besides working with the veterans, I took care of individual meetings with the female spouses of veterans with PTSD and a group intervention for such women. Their experiences, suffering, lack of recognition, and the strong enmeshment between these wives and their spouses impacted me. In particular I noted how the wives took care of their husband's and family's concrete and emotional needs. This period of time served to awaken my strong passion for helping survivors of traumatic events and their families and also to delve more into the experiences of the wives of these war veterans.

I later began a qualitative study that was based on a focus group among nine wives of war veterans with PTSD (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005) that demonstrated the need to set clear boundaries, between themselves and their husbands. These wives described a constant tension between being drawn into a fusion with their husbands and a struggle to lead independent lives and remain differentiated. These women described situations in which the physical boundaries (within the home and outside of it), the time boundaries (of day and night), and the personal boundaries (minimization of the women's self-expression and unclear distinctions between their experiences and those of their husbands') were blurred. As a result, the wives found themselves experiencing symptoms similar to those of their husbands'. These qualitative findings highlight not only the difficulties of maintaining one's own personal space but also the importance of doing so and encouraged us to further examine this resource in quantitative studies measuring self-differentiation.

Differentiation involves a person's ability to avoid emotional reactivity and to learn to articulate one's emotions in a reflective and helpful manner (Bowen, 1978). Highly differentiated individuals are thought to be more flexible and adaptive under stress because they are more capable of modulating emotional arousal, maintaining clear emotional boundaries with others, and making use of familial support during a stressful event. In contrast, poorly differentiated individuals are described as more emotionally reactive and may find it difficult to remain calm in stressful situations (Bowen, 1976; Kerr & Bowen, 1988). In interpersonal situations, poorly differentiated persons are thought to engage in fusion or emotional cutoff in response to stress or overwhelming anxiety (Nichols & Schwartz, 2000). Empirical findings have supported these claims regarding the ability of highly differentiated individuals to manage stress. Highly differentiated individuals have been found to suffer from lower levels of avoidant and intrusive thoughts (Bartle-Haring & Gregory, 2003), general psychiatric

distress (Tuason & Friedlander, 2000), and depression (Elieson & Rubin, 2001).

In a subsequent study, we examined the contribution of self-differentiation to the marital adjustment in couples in which the husband suffered from PTSD. Participants included wives of former Israeli POWs with PTSD and without PTSD and a control group of women whose husbands fought in the war but who were neither POWs nor suffered from PTSD (Solomon, Dekel, Zerach, & Horesh, 2009). Our assumption was that living with a husband suffering from PTSD would be associated with a wife's lower self-differentiation because of the difficulties that accompany PTSD. Indeed, compared to the other two groups, wives of former POWs with PTSD reported lower self-differentiation.

It could be that wives of ex-POWs with PTSD have difficulty separating themselves from their husbands because of their husbands' neediness. The highly dependent ex-POW clings to his wife, thus pulling her into a "fused" relationship. As wives' fusion increased, they reported more PTSD and psychiatric symptoms and a lower level of marital adjustment. Greater differentiation, on the other hand, predicted lower levels of mental and marital distress. The more balanced the wives' differentiation, the better their marital adjustment.

Next we examined the mutual contribution of the level of differentiation of both the ex-POWs (or veterans) and their wives to PTSD (Solomon et al., 2009). When both partners have a high level of differentiation, each partner responds to the other as a separate entity. Therefore, both partners have the ability to accept the otherness of their partner. Two major situations characterize couples with poor differentiation: (a) a state of fusion, in which the anxiety about being alone leads to diffusion of the boundaries between "I" and "we," or (b) a state of emotional cutoff wherein the diffusion of the boundaries causes one of the partners to feel anxious about losing oneself and consequently leads the person to use physical or emotional avoidance or to create conflicted relations with the partner (Dicks, 1967; Karpel, 1976; Kear, 1978).

The study found interactions between men's and women's differentiation. First, when wives reported high emotional cutoff, a stronger connection was found between men's cutoff and PTSD symptomatology than when wives reported low cutoff. This finding suggests that when the man's cutoff is reinforced by his wife's cutoff, his isolation and avoidance may become even more powerful. Thus, when the entire spousal relationship is dominated by emotional cutoff, emotional distress is more likely to arise. Second, we found that the higher the ex-POW's fusion was, the more strongly his wife's cutoff was positively related to PTSD symptomatology. Thus, it seems that when the boundaries between the woman and her husband's traumatic experiences are not clear enough, she may resort to emotional cutoff in an effort to protect herself from anxiety.

In summary, my research findings support self-differentiation as a resource for coping with stressful and traumatic situations, whether it is a matter of personality, developmental, or coping strategy. In the aftermath of a traumatic event, there are extensive emotional and physical demands placed on all those involved: the patient, family members, and the professional workers. The ability to maintain emotional autonomy and self-differentiation, trying not to be overwhelmed by the situation by keeping one's balance, is a personal resource that contributes to resilience in coping with traumatic events. Recent conceptualizations of the coping process

have suggested the examination of the flexible deployment of different coping strategies in distinct stressful contexts. They refer to intraindividual variability in the deployment of diverse coping strategies and, more important, the capacity to exhibit such variability in a way that fosters adjustment to life changes (Bonanno & Burton, 2013; Cheng, Lau, & Chan, 2014).

The Couple Level: Making Meaning Out of the Shared Experience

The role of finding meaning in promoting adjustment to negative life experiences was first theorized by Victor Frankl (1963), who drew upon his personal experiences as a prisoner in a Nazi concentration camp. Frankl observed that the prisoners who were able to retain a sense of meaning in their experiences were the most likely to survive the horrifying conditions, and he argued that the search for meaning is a primary human motivation that enables individuals to retain hope in the face of adversity. Since then, the need to make sense of the events in one's life has been seen as fundamental to one's ability to adjust to traumatic events (Antonovsky, 1979; Janoff-Bulman, 1992; Taylor, 1983).

Finding meaning in negative life events facilitates an individual's ability to reflect upon and process beliefs regarding security, predictability, and control regarding the world and one's personal world. It can also lead to posttraumatic growth (Tedeschi & Calhoun, 1996), which involves positive psychological changes in perception of self, relationships with others, and worldview that occur after experiencing a traumatic event (Bayer-Topilsky, Itzhaky, Dekel, & Marmor, 2013). Although the idea of finding meaning as an essential part of the recovery process for the direct survivors of traumatic events has been established, I have seen during my personal and professional experience that individuals typically cope within the context of their families and communities. I would also suggest that, for spouses of war veterans with PTSD in particular and for any family member of a person who copes with stressful or traumatic event, the process of finding meaning is crucial in facilitating a better adjustment and increasing resilience. It facilitates the dyadic coping and adjustment to the situation.

Many studies on the subject of family caregivers and the elderly relate primarily to the negative impact of caregiving on the caregivers, such as burden or stress (Ory, Hoffman, Yee, Tennstedt, & Schulz, 1999; Waite, Bebbington, Skelton-Robinson, & Orrell, 2004). In the last decade, however, some authors have introduced the concept of the positive aspects of caregiving. In this realm, emphasis is placed on the importance of considering the daily meaning, for caregivers, of providing care for needy family members (for review see Quinn, Clare, & Woods, 2010). Farran, Keane-Hagerty, Salloway, Kupferer, and Wilken (1991) suggested that the quest for meaning becomes part of daily life and depends on the caregiver's ability to make personal choices, to focus on positive events, and to find meaning in daily experience. Family caregivers can find provisional meaning in their role through everyday activities with their dependent loved one and more global meaning through integrating their philosophical and spiritual beliefs and values (Farran et al., 1991).

In the area of spouses of war veterans with PTSD, most studies, including ours, focus on the negative aspects of the situation, such as mental distress (e.g., Dekel et al., 2005; Frančičković et al.,

2007), marital dissatisfaction (Dekel & Solomon, 2006; Renshaw, Rodrigues, & Jones, 2008), and intense feelings of burden (P. S. Calhoun, Beckham, & Bosworth, 2002; Dekel, 2007) among these spouses. However, recent studies have shown that these spouses can also undergo, in addition to distress and secondary traumatization, a process of finding meaning, which results in positive changes and development.

In both our study (Dekel et al., 2005) and an Australian study (McCormack, Hagger, & Joseph, 2011), the women talked about finding a new sense of gratitude and appreciation for their husbands and children. In addition, they recognized that their situations had resulted in some positive personal changes. For instance, some of the women learned from their experiences to be less judgmental and more open to other people and experiences or to become more loving. The women also discussed an increase in personal strength; for instance, they discovered skills they didn't know they had, such as the ability to cope with adversity. A common history with their spouses was often able to serve as the foundation for the women's current marital relationships, nourishing them and allowing them to give positive meaning to burdensome aspects of their marriages. These changes are consistent with the concept of posttraumatic growth (Tedeschi & Calhoun, 1996), which entails positive psychological changes in perception of self, relationships with others, and worldview that occur after experiencing a traumatic event.

This finding suggests that meaning could have developed through several mechanisms. One possibility is that the challenges of living with—and raising a family with—a traumatized husband might have brought the wife closer to him and added a new level of meaning to her life. Furthermore, the wives' apparent success in both samples, meeting the challenges presented by these difficult marriages for so many years, might have enhanced their sense of competence. An additional possibility is that watching their husbands struggle with their symptoms may have increased the wives' appreciation and love for them, strengthened their own determination to cope with the difficulties created by their husbands' PTSD, and given meaning to their efforts. Indeed, in a study among wives of former combat veterans and prisoners of war (Dekel, 2007), one of the prominent findings was the positive association between the husband's level of posttraumatic symptoms and the wife's higher level of acknowledging new skills and discovering personal strengths. It seems that the feeling of being "in it together," coping together with the trauma, resulted in not only a sharing of the pain but also the potential benefits that trauma may bring (Weiss, 2004).

It is important to note that deriving meaning from a trauma does not eliminate the persistent suffering it causes. Nevertheless, in the constant struggle with their husbands' difficulties, the women in our study recognized that the pain they had endured had also made them stronger. The challenges they faced enabled them to discover new personal strengths and to learn about new possibilities in their lives (L. G. Calhoun & Tedeschi, 2006; Janoff-Bulman, 2006).

Many studies have already demonstrated that the positive aspects of caregiving are not at the opposite end of a continuum from burden. Rather these aspects reflect a separate dimension of the caregiving experience (Carbonneau, Caron, & Desrosiers, 2010). I would suggest that the positive aspects in the dynamic of caregiving are a source of resilience and that the potential relationship

between caregivers' support and the well-being of both spouses should be further conceptualized.

The Community Level: Sense of Belonging to the Community

A sense of belonging refers to a person's feeling part of a collective group (Newbrough & Chavis, 1986), whether it is a neighborhood, community, nation, or any other group or place. It is characterized by mutual concern, connection, community loyalty, and trust that one's personal needs will be fulfilled by means of a commitment to the group as a whole (Chavis, Hogge, McMillan, & Wandersman, 1986). It also includes the wish to remain in the community and to encourage others to join it (Itzhaky, 1995).

The idea of having an emotional attachment to the place you live and to the land in which you have been raised as a resource that facilitates coping has great personal meaning for me, an Israeli who grew up and lives in Israel. The emotional attachment to place is perhaps even deeper for me because many of my father's family members were killed in the Holocaust, and I felt from a young age that Israel was the only real homeland for the Jewish people. This feeling was reinforced when I lived abroad for a year as part of my professional training. While abroad, I found myself missing not just my family and close friends but also the unique atmosphere that characterizes the Sabbath and the holy days in Israel. I felt that the surroundings abroad were "not mine," and I wanted to go back to the place that felt like home. Although I do feel critical of certain aspects of my country and its activities in various domains, the fact that I feel this is my home and that I belong to this place strengthens me and enables me to cope during stressful periods.

Several of my studies over the last years support and contribute to the idea that the sense of belonging—to a community, a college, or a country—facilitates coping and promotes resilience in times of relocation and extensive terror. In one of the earlier studies we examined the contribution of one's sense of belonging to Israel to one's level of perceived distress and compared Israeli and American medical students studying at the same university in Israel during a period of terror (Kovatz, Kutz, Rubin, Dekel, & Shenkman, 2006). As expected, we found clear differences between the two groups of students, with American students reporting a higher level of anxiety and fear and a greater change in their daily activities, and a lower sense of belonging to the country, than the Israelis reported. In addition, a sense of belonging moderated the association between students' origin and the distress they reported. Among Israeli students, a higher sense of belonging was associated with lower levels of somatic and depressive symptoms, whereas these correlations did not attain significance among the American students.

This study supported the idea that a sense of belonging in general (Masten, 2001), and to a country in particular, is associated with greater resilience. Although the Israeli group of students was by no means homogeneous, certain national and cultural variables were shared by most of them. All were local residents with families and support systems. All spoke the local language, Hebrew, and were familiar with local customs, and most had served in the army. All had grown up in an environment in which they were faced with continuous security threats, and so they were familiar with the inherent tensions. The Americans, of course, did

not share the Israelis' experiences or background and were not used to living in a society regularly exposed to terror. In addition, at the time of the study most of the American students were living in Israel without their nuclear families and felt less of a sense of belonging to and involvement with the society.

Two additional studies conducted among Israeli citizens (Dekel & Nuttman-Shwartz, 2009) and students (Nuttman-Shwartz & Dekel, 2009) who lived in the south of Israel and were exposed to continuous terror attacks also showed the importance and the contribution of a sense of belonging. In the first study (Nuttman-Shwartz & Dekel, 2009), we examined the contribution of a sense of belonging to a college to stress responses of 500 students in a conflict zone. A higher sense of belonging to the college was associated with lower levels of distress, suggesting that the existence of the college community contributed to the students' ability to cope. This finding is consistent with the results of previous studies that found that school bond and peer support served as protective resources buffering pathological responses (Henrich & Shahar, 2008; Masten, 2001).

In the second study (Dekel & Nuttman-Shwartz, 2009), we found that a sense of belonging was a moderator between the type of residence one inhabited (developmental town vs. kibbutzim) and distress. Among the kibbutzim—closed cohesive communities—the association between a sense of belonging and PTSD was negative, that is, the feeling of being together helped individuals to cope. Among the residents of the more urban setting this association did not attain significance.

The forced relocation from the Gaza Strip in 2005 provided an opportunity to examine and differentiate between multiple losses of belongings: the loss of physical land, the loss of interpersonal connections, and the loss of communities (Dekel & Tuval-Mashiach, 2012). Although Israel has faced political crises on a regular basis throughout its statehood, I was personally intrigued by the impact of this political decision on the family unit and overall community. A sample of 269 relocated residents from Gush Katif completed open-ended questions regarding their ability to cope following the relocation, as well as questionnaires regarding their sense of belonging to the country, their sense of alienation from government institutions, posttraumatic symptoms, and well-being.

Three themes emerged in the open stage of the study as the primary losses experienced by participants: loss of physical place and landscape, loss of a sense of belonging to Israeli society, and loss of trust in and alienation from the country's institutions. The participants' descriptions emphasized the symbolic attachment they had felt toward a specific place, a concept that is sometimes defined as place attachment (Billig, 2006; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008). This place of attachment is a source of protection and satisfaction because people require a satisfactory environment in which to live. The quantitative stage revealed a complementary picture, with lower place commitment and higher alienation from the country each contributing directly to both higher level of posttraumatic symptoms and a reduced sense of well-being.

In order to preserve and strengthen any possible sense of belonging for these individuals, one must first recognize the multiple losses they suffered. This process is even more complicated when taking place in a context that does not recognize the people's earlier losses of home and community, as was the case in our

particular study and following Hurricane Katrina (Cordasco et al., 2007).

In sum, communities promote resilience: They reduce isolation, normalize suffering, help people cope, and advance healing. A community can mobilize resources and plan for future actions—against terrorism, against acts of war—which may alleviate people's fears (Maguen, Papa, & Litz, 2008). People who experience a strong sense of community gain multiple benefits. They are more likely to be well adjusted and to have goals that reach beyond their own limited aspirations, and they enjoy greater levels of social support and social connectedness (Fisher, Sonn, & Bishop, 2002). A strong sense of community acts as a buffer against outside threats and facilitates resilience.

The centrality of community can be seen in one more aspect of communal events. Preliminary studies on the effects on professionals who work in the trauma field have yielded the terms *secondary traumatization*, or *compassion fatigue* (Figley, 1995), to describe the emotional and cognitive effects on workers who listen and bear witness to their clients' horrifying experiences. In addition, the phenomenon of *shared traumatic situations*—situations in which mental health practitioners and social workers experience traumatic stress both in their personal life and during their professional time—should be further explored. Additional factors may include support of both supervisor and staff (Lavi, Nuttman-Shwartz, & Dekel, 2015), as well as disengagement, which refers to the capacity of therapists to distance themselves from the misery of their clients between sessions, which may diminish or prevent compassion stress (Figley, 2002). Moreover, meanings derived from professional identity and given to situations may decrease or accelerate the development of compassion fatigue or compassion satisfaction (Geoffrion, Morselli, & Guay, 2016).

One example of a shared traumatic situation is that which typifies the southern region of Israel, where rocket fire continues to threaten communities. Feeling that their own lives and the lives of their families are threatened, social workers find themselves in a situation in which the boundaries between the personal and the professional are blurred (Dekel & Nuttman-Shwartz, 2014), and they face a dilemma regarding who to take care of first: their families or their clients. Positive benefits of working in a shared trauma were also found, such as enhanced teamwork skills (Dekel, Nuttman-Shwartz, & Lavi, 2016). Findings support the concept of "compassion satisfaction" for mental health professionals who work with trauma; rather than feel fatigued by the work, clinicians may be nourished and sustained by the ability to be of help to others (Bride & Figley, 2009; Figley, 1995).

Theory and Research Implications

In this article I have attempted to identify several unique truisms that, on the basis of my personal and professional experiences, I believe make a major contribution to resilience and coping with traumatic events. I also share my ideas regarding what is further needed in order to develop a resilience-integrated perspective, while taking into account both the population in need and the workers in the field.

Continue to Identify Unrecognized Populations That Have Experienced Traumatic Events

Recognizing traumatic events and their effects on those who have been exposed to them and recognizing the factors that promote coping and resilience are developing areas in the field of trauma. Survivors of traumatic events are encouraged not to become victims but rather to cope with, fight, and resist their symptoms. However, there is still more work to be done. There are many populations that have either experienced or are currently experiencing traumatic events, and their voices are not acknowledged or heard. One trauma-affected population that I've encountered in my work in recent years is female war veterans with military-related disabilities. Women have already been serving in the military for many years, and in Israel their service has been compulsory since the establishment of the country. Moreover, the number of women in the military and in combat-related jobs is increasing in Israel and in the United States (e.g., [Lehavot, Dermartirosian, Simpson, Sadler, & Washington, 2013](#)). Because their number is relatively small in comparison to the number of men with military-related disabilities, their voices are often not heard, and the government and authorities do not recognize their unique needs.

Being a woman with a disability in general, or one related to military service in particular, is associated with challenges and shame. Some women do not talk about their disability at all, nor do they reveal the source of this disability ([Dekel, 2011](#)). Further studies examining the specific needs of women with disabilities are needed. In addition, there is a growing need to identify and recognize additional family members—such as parents—of the direct survivors of trauma and assist them in being heard and helped.

Need to Adopt an Ecological Perspective for Assessment and Intervention

The consequences of traumatic events are not limited to the victim; they often affect significant others in the victim's environment as well. For this reason, it is important to adopt an ecological perspective and see the trauma victim in his surroundings ([Hepworth, Rooney, Dewberry Rooney, Strom-Gottfried, & Larsen, 2010](#)). Several authors have highlighted the importance of this perspective ([Harvey, 2007](#); [Maercker & Horn, 2013](#)), although the main perspective continues to be an individualistic, psychiatric-oriented one.

When it comes to men suffering from PTSD, it is clear that therapeutic interventions should also be directed toward helping these men's wives, who serve as their husbands' primary caregivers. As such, their symptoms are an expected reaction, not a pathological one, given their experience of psychological losses regarding their partners. These reactions are even more intensified in relation to the perhaps unspoken but powerful national moral obligation in Israel to maintain the marriage. Moreover, studies have indicated that the heavy burden carried by these women often makes it difficult for them to seek treatment or, if they do, to stay in treatment ([P. S. Calhoun et al., 2002](#); [Dekel, 2007](#)). Therefore, any assistance offered to men with PTSD must be accompanied by support for and empowerment of their wives and children. I see

such assistance as, primarily, a moral obligation to these families and also as a way to help the direct victims of the trauma.

Therapeutic interventions should focus on a strength-oriented systems perspective to empower couples to seek, recognize, and emphasize their resources ([Cowger, 1994](#)). Toward this end, the couple can learn stress-reduction techniques, meet with other couples who face similar situations, and develop their own unique strategies for helping one another ([Boss & Couden, 2002](#)). Recently at Bar-Ilan University we launched the Cognitive Behavioral Conjoint Therapy Clinic ([Monson, & Fredman, 2012](#)) to aid the local Israeli community.

Forming Collaborations Between Academics and Professionals in the Trauma Field

I would like to stress the importance of collaboration between professionals in the academic world and practitioners in the field, with a particular emphasis on social workers. This type of collaboration can help clarify, conceptualize, and promote the well-being and resilience of populations exposed to traumatic events and the social workers who attend to them. During the course of my career, I have been involved in several collaborative projects that have resulted in conceptualizing unique topics in the area of trauma.

For example, in 2009 several Israel National Institute rehabilitation workers and I collaborated on a study that explored the challenges of taking care of and providing services for young children who had lost both parents to terror attacks. At the time, which came after an intensive period of terror in Israel, there were as yet no legal or procedural instructions in place. This collaboration yielded important practical results. First, it increased the awareness and sensitivity of everyone involved in taking care of these youngsters. Second, it led to procedural changes that created a change in the individuals who ultimately stepped in to raise these children. Finally, it empowered the social workers, enabling them to consolidate their knowledge, become experts in this area, receive proper recognition for their work, and influence the professional community in Israel by publishing articles in a professional journal that presented and analyzed the data procured by the rehabilitation workers ([Ofir et al., 2009](#)).

Conclusion

When I began working as a social worker over 20 years ago, my focus was on the individual client. My views have evolved, because I now see each person within an interactive ecological system, impacted by factors such as the person's family, romantic relationship, workplace, and community. I have continued to focus on the interplay of research, theory, and practice. My work continues to evolve. Going forward, I intend to focus more on the unique processes and interactions of psychological illness and physical health. I continue to query how traumatic events impact on the family and the marital dyad and what can be done to promote a resilient and positive outcome. I remain open to my research's evolving from events in my own life or from developing as a result of events within Israeli society. As I continue my research, so too will I continue to work at integrating and balancing my professional and personal life.

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