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Research in a Shared Traumatic Reality: Researchers in a Disaster Context

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Abstract

Shared traumatic reality (STR) is a situation in which helping professionals and clients are exposed to the same traumatic, life-threatening circumstances in the course of the therapeutic relationship. Based on the findings of studies conducted in a shared traumatic reality, the present article will examine the complex and unique aspects of conducting research in these contexts, and raise questions about the ability of researchers to conduct studies in STR situations. Practical recommendations for dealing with these situations will be offered.

Keywords: action research, research on shared traumatic reality, shared trauma, shared traumatic reality, shared traumatic stress, therapy, trauma

"Shared trauma" is a situation in which helping professionals live and work in the same community as the people they serve, and are exposed to the same traumatic and threatening circumstances as their clients. This situation has become increasingly prevalent, and typifies

large-scale events such as terror attacks, wars, and natural disasters, i.e., events that have increased in number and magnitude over the last decade (Tosone, 2013). In most of these instances, trauma workers have experienced both primary and secondary trauma, both as members of the traumatized community and as mental health professionals serving that community (Baum, 2010; Saakvitne, 2002; Tosone et al., 2003).

This experience has been referred to in the professional literature as shared traumatic reality (STR; Nuttman-Shwartz & Dekel, 2008), shared trauma (Saakvitne, 2002), shared tragedy (Eidelson, D'Alessio, & Eidelson, 2003), and shared traumatic stress (SdTS). The term has been increasingly used to reflect the distinct impact of trauma that is simultaneously personal and professional (Tosone, 2012).

To date, a few studies have focused on situations of war and terror attacks, in which trauma workers live in the same reality and are exposed to the same threat as their clients (e.g. Baum, 2013). Most of the existing studies are qualitative, and the findings have revealed that STR affects therapists on a personal level as well as on a professional level (e.g. Baum, 2011)

STR situations raise challenges in the acute phase of therapy and in ongoing therapy. These challenges include questions relating to professional commitments versus loyalty to the family, as well as the question of whether to change the therapeutic setting (place and space). Moreover, in STR situations, therapists experience role expansion where the world of work penetrates their personal space, and their ability to work is affected by intense worry about their families (Saakvitne, 2002; Seeley, 2003).

In addition, STR affects the reciprocal nature of therapy, upsetting the equilibrium and blurring the boundaries between the personal and professional worlds. As a result, therapists

need to maneuver between both worlds and manage the conflicts and commitments which ensue in that process (Baum, 2012; Nuttman-Shwartz & Stephens, 2012). Findings have shown that these responses are accompanied by a low level of secondary traumatization among workers (Tosone, McTighe, & Bauwens, 2014).

In some cases, however, Post traumatic growth (PTG) and vicarious resilience coexist with symptoms of distress following these experiences (Bauwens & Tosone, 2010; Dekel & Baum, 2010). Several attempts have been made to capture the specific experiences of mental health professionals who are exposed to man-made as well as natural disasters, and who exhibit contradictory responses. For example, Lemieux, Plummer, Richardson, Simon, and Al (2010) found manifestations of vulnerability such as increased substance abuse, PTSD, and depression. Moreover, Baum (2013) found that social workers reported experiencing lapses of empathy and distress following exposure to the Gaza War. In contrast, Bauwens and Tosone (2010) and Baum (2013) also found that professional PTG was associated with increased compassion, connectedness with clients, and immersion in the professional role.

Although the literature review shows an increase in the number of studies that have dealt with STR, as far as we know, no attention has been given to the complexity of being a researcher in situations where they are simultaneously exposed to the same traumatic events as the participants in research. In light of the dearth of research on STR, the study aimed to explore the nature of the relationships and dynamics that develop between researchers and participants in research in STR.

QUALITATIVE RESEARCH AND TRAUMA

The ways of establishing a relationship between researchers and participants in different types of qualitative research are similar to those of establishing a therapeutic relationship (e.g., establishing trust, showing empathy, active listening, being non-judgmental, emotional communication; Bourdeau, 2000). In light of the nature and quality of the content derived from the interviews, researchers who are not therapists might find it difficult to absorb and cope with the participants' traumatic stories, especially in light of the fact that the researchers do not receive formal, ongoing supervision. In particular, they lack the kind of supervision that will allow them to understand the dynamics of the situation, to analyze countertransference, and to deal with situations of detachment or identification and as a predictor of growth (Joseph & Linley, 2007).

Those processes become more acute in research on traumatic situations such as domestic violence, sexual abuse, and even victims of war and terror (e.g., Cunningham, 2003). In those studies, the therapists and other professionals can develop reactions to past traumas and, even more frequently, they can develop secondary traumatic stress (STS), Vicarious traumatization (VT), and compassion fatigue (CF; Figley, 1995).

In traumatic situations, researchers need to be aware of their own experiences. It is assumed that the ability of researchers to enter and leave situations during the course of the study despite their reactions to the process derives from their personal awareness and research skills and capacities. In this connection, a unique process occurred in focus groups. The focus group space may not only exacerbate fears and anxiety, but also mitigate the role of the researcher as the sole group facilitator. The group may also help the participants and the researcher express, elaborate, and interpret their emotions and behaviors. As such, it may have provided a therapeutic means to normalize the therapists' reactions (Kitzinger, 1995).

In light of the complexity of the client-therapist relationship in “regular” traumatic situations, the research questions examined in the present article are: In STR situations, what characterizes the relationship between researchers and the subjects of research? And are the dynamics of the relationship between the researchers and participants similar to or different from the dynamics of the relationship between therapists and clients, as indicated above?

METHOD

The Context of the Research

The research took place in the southwestern region of Israel, which has been the target of continuous missile attacks in the context of the protracted Israeli-Palestinian conflict. The study examined the experiences of being a professional in ongoing STR situations. Three focus groups consisting of 30 therapists from different social services in the areas exposed to continuous missile attacks were conducted by two researchers. One researcher works in the area that has been exposed to these traumatic experiences, and the other researcher works outside of the area. The meetings were recorded, documented, and analyzed by these two scholars. In the present article we will analyze the findings, which reflect the way the participants in the focus groups responded to the researchers while the data were being collected in the meetings and when the data were being presented prior to publication. We will also analyze the researchers' documentation of the group sessions.

Data Analysis

Content analysis was conducted as follows. First, the recordings of the sessions were transcribed. Each researcher read the transcripts of the three groups. After identifying the

participants' voices, they examined the main units of meaning in each of the individual narratives of the participants in the groups (Patton, 1990; Unrau & Coleman, 1997). For the purposes of the current article, I will only describe the themes and issues relating to the similarities and differences between the researchers and therapists in STR situations.

FINDINGS

"Us and Them"

The main dilemma related to the question of whether the researcher is "one of us" or an "outsider". The term "outsider" is intended to distinguish between people who have experienced Qassam rocket attacks and those who have not. At the very beginning of the session, the director of the Center introduced the research team and said:

"O' is 'one of our own'. She's from here, from the community college. We don't have to tell her what's happening. She knows...Prof. 'R' is an expert on trauma from the School of Social Work at a University. She's an 'outsider'."

I had been complimented, but I was also scared. On the one hand, I "passed the test" and was accepted as belonging to the area. However, I felt that the group was trying to drive a wedge between me and the other researcher."

The manner in which the findings were presented aroused thoughts and feelings among the researchers and participants which had not been addressed in the group or by the research staff at the time. For example, our initial feelings and thoughts were that this opening might affect the way the focus groups are conducted in terms of issues such as exposure, and in terms of the possibility of talking about personal concerns, feelings, and fears, as well as in terms of

issues such as professional status and the dimension of relationships. The question of the researcher's status in relation to the participants is relevant to research in general and to research in a shared traumatic reality in particular. Later we realized that the distinction between “us” and “them” was a meaningful issue for the participants, which relates to their professional status as well as to their self-esteem, their self-image, and their strengths.

Blurring and Merging between the Stories of the Participants and Researchers

While the participants describe their daily work life, S talks about the path she walks on all the time to get from her kibbutz to the social service where she works:

"... There's a siren. I'm walking, and I try to find a sheltered place ... I see the garbage cans, the bench, the environmental sculpture, and I ask myself: Where can I take cover?"

"While S is talking about how she tried to find a place where she could take cover, I find myself walking on the same path. S is describing exactly what happened to me... I'll continue her description... I hear her description – but honestly I don't hear it. I see myself and everything around me – the garbage cans, the bench, and the sculpture... and then I hear the boom".

On an objective level, two parallel stories were being told simultaneously: S's story, and the researcher's story (my story). During those moments, the stories in the researcher's mind (and maybe in the participants' minds) got mixed up and confused with each other. Several questions arose during and after those moments: Is it possible to stay in the role of researcher or therapist? Is this desirable? From time to time I was totally immersed in my story and flooded with my own emotions, and I don't pay attention to the group or to the participants' stories. From time to time I detached myself from my own staff in order to allow myself to be open to the group.

I was aware that as a researcher involved in STR I am not supposed to examine myself. Rather, I am supposed to be examining others in STR circumstances.

Ways of Coping: Detachment, Dissociation, Disregard for Narcissistic

Reactions

In a conversation with my “outsider” colleague on the way home, I admitted that it was difficult for me to listen.

Sometimes I found myself repeating the story, and sometimes I asked for an explanation from the other researcher. For example: "What happened in the group? What did she say about the sirens on the kibbutz?" Let me tell you," I said to the other researcher, "I wasn't really listening to what they said in the group... I was absorbed in myself."

Sometimes I was choked up with tears, because I identified with the story and felt like the participant was describing me. I and the second researcher devoted time to ventilation. The content was difficult for both of the researchers, especially for me, who was the one living in the shared reality. Sometimes I was aware that I was regressing, detaching, and sinking into my world. The “outsider” researcher needed to provide containment and support. Unconsciously I tried to create an entire picture; to fill in or interpret the stories and the group dynamics as a member of the group and the community.

My involvement in the community may have caused me to merge my personal story with the participants' stories and identify with them. This may have been due to my fear of being detached, rejected, or creating differences. In contrast to the stories of the participants on the one hand and the unconscious desire to stick to my personal story on the other, I felt a sense of distance and fear of closeness. This was expressed in the attempt to remain supposedly

"objective", which was accompanied by an unconscious desire to become immersed in my personal story and may have reflected a latent wish to reexamine my story. As mentioned, all of this happened unintentionally and without my being aware of what was going on while the events were taking place. As a result, it was difficult for me to learn.

Reversible, Multiple, or Singular Perspective? Whose Interpretation is Right and Valid – the Researcher's or the Participant's?

Consensus among judges is important in any qualitative study. However, the following question arises: Is consensus possible, or does the judges' involvement in the shared reality prevent them from reaching a consensus about the quality of the analysis or limit their ability to do so? Another challenge is reaching an agreement which is viewed as significant and meaningful. Or perhaps a reversible perspective is the best option? (Bion, 1961).

At this stage, I returned to my story, but now I compared it with the stories of the participants. In contrast to the previous style, which was characterized by associative, unconscious self-absorption, the possibility of choosing between different interpretations and/or accepting several interpretations of the same event can broaden and enhance understanding of the phenomenon.

Although D argued that she could sit at home and ignore the sirens, sink into the chair and not listen... I'm telling you that's impossible... You hear the red alert in every movement of the loudspeaker... wherever the wind blows.. "I can't believe she said...

We listened carefully to what the participants were expressing in the narratives. Based on our systematic work, scientific experience, and personal relationships, we devoted many hours of emotional processing while we conducted the content analysis because we needed to analyze the

stories again and again as well as to understand our own stories and even work them through. The tendency was to map the repertoire of responses to the shared reality on a continuum from denial to distress, and even to post-trauma; from resilience and coping to vulnerability.

Regression, or Progressive Relationships?

As required, we returned to the participants, presented our findings, and discussed the findings with them. At that phase, the STR also posed specific problems. For example, in the session where we presented the findings to the participants, we encountered reactions such as: *"You were there, and you remember? Wasn't it traumatic for you?"* We also encountered the opposite situation. For example, when I sought clarifications about a certain response to a missile attack, I was asked: *"Why are you making such a big deal? There are sirens all the time - one after another. You become resilient, don't you?"*

I had a feeling that the group forced me to feel confused between the role of researcher and participant. This reminded me of the feeling I had in the process of collecting data in the focus group, and I realized that the participants themselves often felt it was important to make me into a participant without letting me be a researcher. Sometimes this served my own needs as a person who has been exposed to the same reality – but I wasn't always conscious of it. I often ask myself, is this really the case? Does it need to be addressed in the final report? If so, how should it be addressed? Owing to the researcher's involvement, can the findings to be presented in a way that the participants approve of? Are there degrees of freedom? What is my responsibility as a researcher?

Potential for Working Through the Situation, and for Personal and Professional Growth

The researcher's involvement in the content and testimonies of the participants in a shared traumatic reality is not always under control and not always conscious. This raised questions and dilemmas in the course of writing the final report. For example: To what extent is this a regular research report? Is it a report in which the researchers essentially process feelings about the reality they are involved in? To what extent does the report actually reflect the voice of the participants or make their voice heard? To what extent are the researchers attempting to influence policies or policy change through the report? To what extent are the researchers unconsciously attempting to “treat” themselves through the report?

My colleagues and I were aware that writing the report serves a function of containment and is even therapeutic, as it enables the researchers to work through the traumatic events. Moreover, in our case the report was written in English together with the “outsider” researcher. Writing the report opened an additional level of dialogue which allowed for reflection on the processes in the group. This provided a basis for talking about and conceptualizing the characteristics of shared reality and its implications in the process of writing the report. My testimonies, experiences, and interpretations also enabled the “outsider” researcher to obtain additional information in order to understand the phenomenon of shared reality. In both cases – i.e., in the process of reviewing the focus group sessions as well as in the process of writing the final report – I was careful not to tell my story to the group about how their presence in the room affected me and the other researcher. However, the encounter and the process of writing illuminated my blind spots and made me aware of my inability to see all of the voices in the picture.

DISCUSSION

Conducting research in STR situations raises extensive challenges that researchers need to be aware of before and during the process of conducting the research. The findings revealed six main themes: "us and them" processes; blurred boundaries; merging the worlds of the researcher and participant; reactivation and flooding while listening to the participants' stories; ethical questions and questions of loyalty (i.e., considering one's own needs versus the needs of the participants); difficulty being an empathic and active listener. As indicated in the literature review, the similarities in the issues that concern therapists and researchers may derive from the similarity between the therapist-client relationship and the researcher-participant relationship in qualitative research in general and qualitative research in a STR in particular. Moreover, the findings indicate that as in therapeutic settings, researchers often have difficulty seeing beyond themselves in STR situations. This limits their sense of freedom in cases where they are both directly and indirectly exposed to the same traumatic situations as the participants. In addition, the findings indicate that as expected in these situations, the researchers' responses were characterized by restricting their involvement in the research, as well as by stress reactions that are consistent with post-traumatic symptoms (e.g., intrusion on the one hand, and avoidance of contact on the other hand). This raises a question about the researcher's ability to conduct studies in a shared reality.

The other issue relates to the researcher's ability to listen and show empathy for the situation of the participants. As revealed in the findings of this study as well as in the findings of studies dealing with therapeutic situations, several aspects make it difficult for researchers to remain attentive to the participants in STR situations: the unconscious tendency to mix the participants' personal and stories and the public story; and difficulty showing empathy for the participants' traumatic narratives in general and narratives that differ from the researcher's

personal story in particular. This inevitable comparison also serves as a source that enables researchers to personally cope with the traumatic reality before they have processed it. As a result, it is difficult for them to function as researchers, and it is even more difficult for the participants to view the researchers as people who listen to them and understand what they are going through. These experiences are parallel to situations of therapeutic interventions in STR situations, and have been documented in the literature (e.g., Baum, 2013). The above findings shed light on the difficulties that researchers face in maintaining objectivity, as well as on their automatic tendency to prefer personal interpretations. They even indicate that researchers might be at risk for experiencing ST, CF, VT, and SdTS as a result of reactivating their own responses and traumatic memories aroused by the therapeutic situations (Figley & Stamm, 1996; Tosone, 2012).

Besides the negative consequences, the findings shed light on several positive aspects. There is evidence that the researchers' familiarity with the situation contributes to openness, and that it saves the participants from having to provide specific explanations about what happened. As one of the researchers participating in the present study indicated: "After all, I was there..." This duality raises the question about whether it is an advantage or a disadvantage for the researcher to be part of the same community as the participants. Here, too, the literature is inconsistent. Volkan (1997) has argued that the process of "us and them" leads to distancing and increases objectivity. However, the literature on shared traumatic reality also indicates that familiarity and involvement can increase the researcher's accessibility to the participants. Several studies on therapy in shared trauma situations have also highlighted the advantages of therapists' familiarity with the clients' situation. It has been argued that being familiar with the participants' situation not only makes assistance more accessible but also makes it easier for researchers to

obtain the information they need for their study (Dekel & Nuttman-Shwartz, 2014). However, in contrast to therapy in STR situations, questions arise in the context of conducting research. For example, there are questions relating to the encounter between the researcher and the participants, as well as questions relating to multiple research genres (Geertz, 1993), questions about the necessity of examining the topic and collecting information, and questions about the method of analyzing texts.

No less important are the ethical issues raised by research in STR situations. Are the data presented and analyzed in a way that helps participants who are in a traumatic situation? Is the research an additional source of growth and resilience? As a party playing an active role in action research in a shared traumatic reality, can the researcher help the participants change themselves or work towards changing the situation? When researchers are exposed the same reality and perhaps even show stress responses to the threat without necessarily being aware of their reactions, can their research become a tool for helping the participants? Or does the research become a tool that serves the researchers' own needs in these complex situations, and do they use it to process their own distress?

As shown in the literature review, in these contexts it is possible to rely on the findings of studies on STR in therapeutic relationships, which have yielded similar results (e.g., Bauwens & Tosone, 2010). These similarities might be helpful in following the therapeutic ethical principles (Wise, Hersh, & Gibson, 2012) and might be helpful in reaching a new conceptualization that is necessary to understand the phenomenon of conducting research in STR situations. In addition, it sheds light on ways of coping, the potential for mutual growth, and the possibility of strengthening resilience (Nuttman-Shwartz, 2014). It is important to bear in mind that in contrast to therapists, researchers are not always required to engage in self-examination and their work is

not always accompanied by supervision. This raises questions relating to self-care, and highlights the need for supervision aimed at help researchers cope with emotional flooding as well as with reactivation of trauma and development of pathological symptoms (Linley & Joseph, 2007).

Moreover, the findings illuminate the difficulty that researchers have remaining in the position of objective observer, listener, and investigator. In contrast to therapeutic settings, it is not acceptable for the researcher to focus on self-exposure and work with the participants on processes of transference and countertransference. In contrast to therapeutic settings, there is usually no room to work on these processes in the context of research. Rather, the aim of research is to identify and characterize these processes. In a STR, it is doubtful whether the researchers can remain objective observers when the participants either try to include them or exclude them from the group. As indicated in the findings of this study, the vulnerability of researchers in these circumstances can impair their functioning in that role, even if the damage is only partial or temporary. In the present study, the presence of two researchers (one "outsider" and one from the community) enabled them to be accessible on the one hand and remain objective on the other. The findings emphasize the importance of conducting research together with an outside investigator.

Additionally, the literature on trauma underscores the important role of giving testimonies and talking about the traumatic situation, as well as the role of community resources as resilience factors (Ungar, 2013). It can thus be argued that the existence of this kind of research can contribute to the growth and resilience of the participants, particularly when the researcher belongs to the community under investigation. Thus, the focus groups have advantages that go beyond the research itself. From the researcher's perspective, besides being exposed to a repertoire of coping strategies, writing the report in itself provides a space for

containment which facilitates coping and enables researchers to deal with the blind spots that characterized their functioning in the active encounter with the participants (Tosone, Nuttman-Shwartz, & Stephens, 2012).

In addition, the "outsider" researcher role simultaneously serves as a supportive semi-therapeutic figure and as an objective observer. Nonetheless, it is important to consider that engaging in research might be a way of investing in work. In this connection, Baum (2012) found that therapists would rather work than stay with their families in a shared traumatic reality. It is also possible that the research is an unconscious arena for researchers to reconstruct their personal trauma and as well as an arena for work, as the findings of this study indicated. In this study, the "outsider" researcher's presence diminished the impact of the personal aspect on conducting the sessions with the participants as well as on analysis and interpretation of the findings.

Another issue relates to the setting of the research. Notably, the present study took place during a calm period. However, in traumatic situations where the researcher and participants are both exposed to danger, the possibility of creating a space for the researchers and the researchers' ability to overcome physical difficulties are called into question. For example, a study conducted during Hurricane Katrina revealed that the researchers were concerned with their own survival, and this was documented as part of the research activity (Marks, 2008). However, the question arises: How should we approach this kind of research, which is conducted in a shared traumatic reality where the researcher is dealing with same threat as the participants? As mentioned, the present study, which was conducted in an area exposed to an ongoing threat, but it took place during a calm period and allowed for a "safe space" to conduct research, even if it was only temporary.

Before concluding, some limitations of the study should be mentioned. The research was based on one study that was conducted in a shared traumatic reality. Most of the documentation was conducted by the involved researcher, and this may have affected the generalizability of the findings as well as the possibility of identifying additional components that characterized the issues relating to research in a situation of STR.

Notwithstanding the above limitation, primarily, the findings of the study show that research in STR situations leads to what Geertz referred to as blurring of genres in qualitative research, and highlight the need for flexibility in examining complex social issues and life situations. The challenges are similar to those that characterize therapeutic relationships in STR. Although the current methodological literature supports the idea that participants are part of the research and can even play a role as researchers (e.g. van Rooyen & Gray, 2005), STR situations are unique. Bearing this in mind, the following are several practical recommendations for researchers in these situations: (1) They need to be aware of the complexity of STR, and to understand that the threat they experienced together with their participants during the period of the study might have limited their functioning as researchers. (2) They need to have high self-awareness and self-knowledge, including awareness of anxiety reactions, and they need to know how to alleviate these reactions. (3) They need to be able to listen to individuals with severe stress reactions in these situations. (4) They need to be flexible about work styles and situations, and to shift rapidly from routine situations to acute emergency situations and vice versa; and (5) they need to create supportive professional and personal spheres.

Finally, because this was a pioneer study in the field, future studies should examine different types of STR and use different types of research methodologies.

Author Notes

Orit Nuttman-Shwartz, PhD, MSW, is a group analyst and an associate professor. She is the founder and first head of the School of Social Work at Sapir College in Israel. Her research focuses on personal and social trauma, group work, and therapy, as well as on life transitions and occupational crises and on social work education, including International Social Work. Working near the Israeli border, she has also been engaging in research dealing with the effects of ongoing exposure to threats on individuals, communities, and organizations and with the impact of a shared trauma environment on students, supervisors, and social workers. She was involved in several IASSW and EU granted projects to develop curricula on social work in the context of political conflict; on social work international social work, and a transnational academic curriculum for child and youth welfare. Her articles have appeared in professional journals and presented numerous papers at international conferences. She served as guest editor of several international journals and is a board member of *Clinical Journal of Social Work* and in *Journal of Loss and Trauma*. In December 2010 Nuttman-Shwartz was named as the Chairperson of the Israel National Social Work Council and on November 2014 she was awarded Yosef Katan Prize for Social worker in the Academia by the Israeli federation of social work.

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