



## Season 6, Episode 10

### Unpacking Trauma

#### **Maayan Hoffman:**

Hello and welcome to Hadassah on Call New Frontiers in Medicine. I'm your host, Maayan Hoffman. The concentric circles of trauma in Israel mean that October 7th is still impacting each and every one of us. Nearly two years later, we are still living in the drama, trauma, and suffering of that day. We all know someone who. A friend, a neighbor, a colleague, and while life moves forward, the emotional scars remain. As a journalist, I have dedicated much of my time to telling the stories of the people impacted October 7th, the survivors, the families of those lost, the hostages who came home, and those who are still waiting. But just as important as telling these stories is understanding the long-term impact of trauma.

What can be done to help people heal? Today we're speaking to Dr. Shiri Ben-David, chief psychologist at Hadassah, and an expert in trauma medicine and mental health. To unpack the reality of what Israel is facing. Is Israel truly a nation and trauma? How do we recognize trauma, both in ourselves and in others? What are the best ways to treat, manage, and even prevent long-term effects?

We'll also explore how technology is shaping trauma care, whether Israel has enough mental health resources to meet the current demand, and how trauma affects not only emotional wellbeing, but also relationships, cognitive function, and physical health.

Whether you've personally experienced a trauma, know someone who has or simply want to understand the challenges that our country is facing. This is a conversation you won't wanna miss, so let's go ahead and get started. Welcome Dr. Shiri Ben-David.

#### **Dr. Shiri Ben-David:**

Thank you. Thank you for having me.

**Maayan Hoffman:**

Of course. Now, you know, it has been so long since this war has been dragging on, and I continue to hear this phrase that Israel is a nation in trauma.

What does that mean? And are we?

**Dr. Shiri Ben-David:**

So, yes, of course we've been through a major trauma, but I think we want to emphasize what it means because there are very different terms. When we use the word trauma, what do we mean? So trauma is an event that threatens somebody's life or body. And it can happen to the specific person or to his loved ones.

So yes, everybody in Israel have been threatened, but they have been threatened in many different ways, and we want to emphasize it. And, and a dramatic event is something that is life threatening. People are going through many different, difficult times in their lives, and we want to distinguish between difficult times and trauma.

**Maayan Hoffman:**

So is trauma in the clinical sense then when or somebody experienced the effect of trauma, is that the effect of going through a life-threatening event?

**Dr. Shiri Ben-David:**

Exactly. So when we're undergoing a traumatic event, something that is life-threatening to ourselves or to our loved ones, then we can deal with very different effects and impacts. And these are the psychological effects of going through a traumatic event. And this is what we're discussing when we're saying people in trauma, we actually mean. What are the psychological consequences and effects of going through traumatic events? And these are very wide and very diverse.

**Maayan Hoffman:**

So fascinating because I think as lay people, you know, we sometimes use the word, you know, I'm traumatized, I experience trauma. But really as you're explaining, you're actually experiencing symptoms or effects of trauma, um, in your day-to-day life. If you've gone through God forbid, one of these experiences.

Now, when someone does experience a trauma, how do they change? Are there any physiological changes that happen in the brain and are there any emotional changes that we can expect to see?

**Dr. Shiri Ben-David:**

So, we're expecting, basically. Everything because, uh, going through a traumatic event is a very subjective, uh, meaning for every person. And the way people experience a traumatic event highly affects the way that the traumatic event affects them. So, we see from non-effects at all to positive effects like post-traumatic growth, like people feeling resilient, people becoming strong, changing their priorities in life, changing their values.

**Dr. Shiri Ben-David:**

Two very hard symptoms that can begin with distress and end with post-traumatic stress disorder, depression malfunctioning. So we see a wide area of effects.

**Maayan Hoffman:**

Now, are there any early signs? So if somebody goes through a traumatic experience, are there things that we can catch before it develops into more of these deeper symptoms?

Or God forbid, post-traumatic stress disorder.

**Dr. Shiri Ben-David:**

Actually, the timeline is fascinating because at the very beginning, I mean like 48, 72 hours after the traumatic event has happened, people experience very strong symptoms and these are normal. They are not signs that something is going wrong, so people that after the event, like short time after the event, suffer nightmares. They feel irritable. They have flashbacks, they have anger bursts, all these kinds of symptoms. They cannot sleep. These are all normal reactions to a traumatic event. It is the way that the brain processes such abnormal events that have occurred. Only if these symptoms last for a few weeks and, and, and more than that, then we are concerned.

**Maayan Hoffman:**

Do you feel though that um, like earlier intervention could stop those symptoms from being prolonged? In other words, if somebody experiences a trauma comes out, has nightmares and you address it, will that help ensure that they don't later on, develop more symptoms?

**Dr. Shiri Ben-David:**

So, uh, research, uh, is debatable regarding this question. Some research shows that early interventions are crucial to prevent, uh, later deterioration and some show that it doesn't matter at all, and that most people will rehabilitate on their own. But we do know that early intervention is very important for the person's sense of being treated of, of having a meaning to the traumatic event of dealing with these kinds of very recent after the event. So, our approach is early intervention. Either for that or for that reason.

**Maayan Hoffman:**

Now, if somebody is experiencing the effects of trauma, how do we manage to treat them? I mean, we here in this country, when you talked about that everybody in some capacity has been impacted by this war that has been going on for so long.

So given the situation, how do we have enough therapists, psychologists, psychiatrists, teams in general to work with these patients?

**Dr. Shiri Ben-David:**

We don't, we don't. The reality is that we don't it even before October 7th, mental health services in the public service were lacking. And I don't think any nation has the, the resources to deal with such a wide, uh, range of, of traumatic events and, and patients.

**Dr. Shiri Ben-David:**

Uh, but since October 7th, we've been putting a lot of effort.

To increase our resources, to gather new psychology, psychiatry, social workers to our public services, and to train those that are already inside the system in treating acute trauma, which is very different than every other aspect of our work on our daily routine.

**Maayan Hoffman:**

Are there new methods or, um, you know, we mentioned training specific methods that people need to be trained on in order to help these kinds of patients.

**Dr. Shiri Ben-David:**

Yes, of course. We are very much concerned that the trauma treatment will be evidence-based and will be related to the specific events and experiences that the person has, uh, has been going through.

Uh, so we're putting much effort in training in evidence-based techniques like, uh, CPT prolonged exposure, uh, EMDR. CPP, many different methods that are aimed at addressing acute trauma at the very early stages.

**Maayan Hoffman:**

Now you just gave us a lot of alphabet soup here. So maybe just take a step back for a minute and just tell us what is C-B-T-C-P-P?

**Dr. Shiri Ben-David:**

I will. There are different techniques that they all address the way that the person experiences the trauma, because we know that are certain things that are happening when the person experiences a traumatic event. And they are all incorporated in the concept of how the event is processed in the person's, um, concentration system and memory system.

And the way the event is processed and encoded in our brain affects the way we experience it later on. So, for example, one of the things that affects, um, the risk of people to develop emotional distress after traumatic event is how helpless. They felt when the event has happened, did they feel they have control over the event?

Did they feel that they can do something to protect or to survive? Um, so we know that, um, practitioners like, um, people who provide help or are in a role in the event, they suffer less. From PTSD later on because they had something they could do. And also, people who doesn't have a, a specific role, but they find themselves in a way that they can protect themselves or survive or help others.

**Dr. Shiri Ben-David:**

They are less at risk to develop PTSD. So one of the things that we're doing in therapy is to provide a sense of meaning and control retrospectively. Looking at the way the event

happened and thinking about how powerful and in control you were, even though at the same moment you felt helpless.

So many techniques are gathered around putting meaning and control over the situation a. Other techniques are focused on exposure because we know that one of the thing that that put people in risk to develop emotional distress is that they avoid the situation, the place where it happened, talking about the event, reminders of the event, so exposing them to these triggers in a very controlled and, and comfortable and safe manner.

Also helps to, to treat these symptoms. So each and every of these techniques are focusing on a different aspect of why we understand that emotional distress is occurring after trauma.

**Maayan Hoffman:**

Sure. And I think when you're talking then about October 7th, you're talking about a soldier versus somebody maybe who got forbid was in their house on October 7th. A soldier would have more in control and feel they could make more of a difference. So maybe they become less traumatized. Than somebody, uh, a civilian who was a hostage, God forbid, or went through the same thing. Um, you know, we started this out by talking about the war, but obviously people experience trauma in all different, uh, experience traumatic events and all different, uh, aspects of, of their lives.

Whether you live in Israel and don't live in Israel, what are the most common causes of, um, becoming traumatized, of experiencing the effects of trauma?

**Dr. Shiri Ben-David:**

Um, so there are many, uh, risk factors. Uh, one for example is whether the trauma was, was intentional or non-intentional. We know the trauma that are caused intentionally by human beings.

Uh, they put people at higher risk to develop, uh, PTSD then for example, natural causes. Like, like a storm, like a tsunami. So October 7th, as you can understand, is highly intentional and, and brutal. Um, also whether the person feels that he has the resources. To deal with the traumatic event. So if he has been going through traumatic events before, did he feel that he was resilient and had the strength to deal with them, or did he feel that he was powerless?

**Dr. Shiri Ben-David:**

That would also affect his risk, being a female compared to a male? Put you at higher risk to develop PTSD. Being at a young age compared to older age, put you at higher risk. So there are certain characteristics, whether it be the person itself, his surroundings, or the traumatic

**Dr. Shiri Ben-David:**

event itself. Having social support is a major protective factor against developing PTSD. So many factors are on this balance.

**Maayan Hoffman:**

If you like this episode, you'll love our previous episode with two of Hadassah Cancer specialists. They discuss the future potential of AI in medicine. They talk about two medical breakthroughs at Hadassah that are changing the face of cancer detection and treatment in Israel and beyond.

**Dr. Rony Shreberk Hassidim:**

Good, but it's not good enough. That's where the Vectra WB 360 comes in. Um, so it's like the most advanced system. It, it includes 92 cameras that takes a picture like in less than a minute of all the body. And I think what is the most unique is the special software that includes also ai, artificial intelligence. Which assists the dermatologist to map all the skin lesions on and kind of create even a map of all the lesions. And also with the follow-up visit, it has automatic comparison that helps to detect even the slightest changes.

**Maayan Hoffman:**

We explored the Vectra WB 360, a cutting-edge digital mole mapping system newly installed at Hadassah and the only one of its kind in the Middle East. Then we take a look at Hadassah's new vertical proton therapy system developed in partnership with Israeli startup PQR.

**Maayan Hoffman:**

And now back to our discussion with Dr. Shiri, Ben-David.

So just thinking about that for a moment, you know, with, for example, childhood sexual abuse versus, I guess adult sexual abuse, you'd be more likely to develop P-T-S-D if you experienced that as a child.

**Dr. Shiri Ben-David:**

Statistically, yes. Yes. But dependent on very many, many factors.

**Maayan Hoffman:**

And, and just going back to your definition of a traumatic event, you mentioned that it had to be life threatening, but I'm assuming abuse is considered a traumatic event, but is that really life threatening? So how does that ...

**Dr. Shiri Ben-David:**

So the psychiatric definition is being under threat of death or physical injury or sexual abuse.

**Maayan Hoffman:**

Mm. Okay. So sexual abuse falls into that category.

**Dr. Shiri Ben-David:**

Yes.

**Maayan Hoffman:**

So that's very interesting. Now, what about the long-term effects on your cognitive behavior? Um, I was just recently reading some research about how they're actually starting to find that people who are experiencing the traumatic effects are also, there's actually changes in the brain.

Are, can you talk a little bit about that and is that true?

**Dr. Shiri Ben-David:**

There are changes in the brain, uh, but there are changes in the brain in every move that we're waking with, that we are making, like after we have this talk, my, my brain and your brain will, will never look the same as it was before we started.

**Maayan Hoffman:**

Well, I'll certainly be smarter after this talk. So I'm very grateful for that.

**Dr. Shiri Ben-David:**

Thank you. Um, so speaking about changes in the brain is, is a very broad, uh, definition and yes, changes are occurring, but it is very much dependent on the person, on the event, on what is happening afterwards.

People who suffer emotional disturbances after an event definitely have a correlation in their brain, the emotional feeling that we have. They have significant change in the brain.

**Maayan Hoffman:**

Well, because someone had mentioned to me about post-traumatic stress disorder versus post-traumatic stress disease and that maybe we would, I mean, it's not the, we don't use disease, but that in other words, that maybe it is more of something that is actually impacting you beyond mental health, is that realistic?

**Dr. Shiri Ben-David:**

I'm, I'm not sure. PTSD, Post-Traumatic Stress Disorder does incorporate cognitive changes. It's, it's part of the disorder. It's difficulties in concentrating in your psychomotor speed. You are slower in the ability to make decisions, so we do see cognitive changes. That are incorporated in their concept of PTSD.

**Maayan Hoffman:**

And just also jumping back to this idea of, you said most people will recover, what percentage, in other words, is there a percentage of the population that we expect to have a more severe effect versus not?

**Dr. Shiri Ben-David:**

An important thing to know is that most of the population is resilient to traumatic events. Most of the people will not suffer PTSD at all. And when I'm saying most, I'm talking about in a general sense about. 80%, 80% of the population will not suffer PTSD.

**Maayan Hoffman:**

Wow. So, but 20% that means will.

**Dr. Shiri Ben-David:**

Yes. And these 20%, uh, they are dependent on the type of traumatic event. For example, car accidents, we're talking more, more about like 5% sexual abuse, more like 40%. So dependent on the specific event as we discussed earlier. Now we know that good treatment is helpful for 70 to 80% of the people who do suffer PTSD. This is why it is so important to intervene and for the rest, they will suffer chronic PTSD, or they will suffer, they will have an improvement but will still suffer some symptoms.

**Maayan Hoffman:**

Going through a traumatic experience and having symptoms, whether PTSD or anxiety depression, does that impact relationships you see that carry out in people's relationships?

**Dr. Shiri Ben-David:**

Of course, relationships are the closest to be damaged by PTSD and also by other emotional difficulties. Because PTSD also incorporates difficulties in emotion regulation.

Anger bursts, difficulty in sleeping flashbacks. These all affect the way a person behaves and interacts with the world, and of course it affects marital relationships. We see a higher percentage of divorce after mass traumatic event it affects parenting of these people because they're less patient, they're less understanding.

As we said, they find it difficult to concentrate, to regulate their emotions. So many of our interventions are familiar interventions in order to get the family together, even if a person suffers.

**Maayan Hoffman:**

With PTSD and the stock specifically continue, you know, in that, in that route. Are there things that caregivers or parents or, or children even could recognize symptoms of this and be able to tell someone you need to get help because maybe they don't know.

**Dr. Shiri Ben-David:**

Yeah, of course. If, uh, if they see this person finds it difficult to sleep, if he's more angry, more irritated, avoids doing activities that he did before, talks very much about the event in a way that it is not organized or avoids talking about the event at all. These are all signs to provide therapy. And also we see that when the family is educated regarding PTSD symptoms, they are more accepting of the person because they understand that what they see is not that they get a different person, but they have their loved one with PTSD symptoms.



**Maayan Hoffman:**

What has been the most challenging aspects of practicing trauma care since October 7th? For you personally and here at Hadassah?

**Dr. Shiri Ben-David:**

Hmm. I think. Me personally and what I see from my colleagues as well are two major challenges that we didn't see much before October 7th. One is that the trauma is still going on, so as the war proceeds, we cannot talk about the dramatic event that has ended. And having the traumatic event ended is a major characteristic of treating post-trauma, because telling the person you are safe now, the trauma is no longer happening, is a major core of being in a safe place again and starting to restore a sense of, of self and meaningful and when the trauma is still going on, even though terrorists are not in Israel anymore and people don't need to sit in the shelter holding the door.

But many things are still going on, hostages are still kept in Gaza, the soldiers are still fighting, no, all over the borders. Uh, so it is very difficult to distinguish what event is still going on and what has ended. And this is a challenge we keep dealing with.

I think the second challenge is that we're all going through this event, so what usually helps us as professionals is that we didn't go through the event that the patient has gone through, so we can put like a barrier between us and him that would help us to be in an empathic understanding presence with this person's suffering. When everything is also a reminder of our own trauma, it is very difficult to put this boundary in. I remember talking to a soldier that was just injured in Gaza and going through his traumatic event, which is part of the treatment. And then while I hear his story, I understand that he has just came from the very specific neighborhood in Gaza where my husband is fighting at the very same moment in his reserved duty.

So being able to distinguish between my own anxiety and fears and imaginations and this person's traumatic story and still being with him, it's nearly impossible.

**Maayan Hoffman:**

Yeah. So heavy. I can't even, I can't even imagine. I mean, tell me, um, are there other stories? I know you can't share details about patients obviously, but, um, can you share a story or two of, uh. Like this one that you've experienced from people, um, since October 7th?

**Dr. Shiri Ben-David:**

There are so many. One patient that can symbolize what, what we're all going through, uh, is a young person escaping from the Nova Music Festival, uh, that was not injured. Uh, and he managed to escape, but two of his friends were brutally murdered over there.

And this person's guilt of being a survivor while he just made the decision to run right when they ran left. And this feeling of "why do my life mean more than my friends, "what do I do with this gift and punishment that I got with being alive" "how do I manage to go on with my life knowing that it was just a small and, you know, random decision that made me alive and

them dead”? This is something that long after he didn't avoid anything anymore and he could sleep at night and he didn't have flashbacks. All the symptoms, the PDD symptoms were already gone. We still dealt with the survivor's guilt. It was so strong for him.

**Maayan Hoffman:**

Wow. And I mean, I guess in every community, every kibbutz you're experiencing the same thing. Believable. So what can individuals and communities then do to help build resilience to be able to, I mean, no one could have expected October 7th, but to be able to come out of these kind of events stronger, as you mentioned, there's, I think you called it PTS growth, is that, what did you call it? Post traumatic growth.

**Dr. Shiri Ben-David:**

Post traumatic growth, yes. And versus post-traumatic stress disorder.

**Maayan Hoffman:**

I mean, that obviously is the way that we wanna all. Please God be so, how do you help to prepare yourself for something that you can't really know is gonna happen?

**Dr. Shiri Ben-David:**

I don't think you can. Unfortunately, but as we said, social support is a major protective factor, uh, for people going through traumatic events and building social support is something that we're working on all the time, whether it be in the small family or the community.

And we could see right after October 7th that communities that evacuated together were much stronger than, for example, cities that were spread all over Israel because the community is a very strong protective factor. So if we can do something to prevent, or afterwards to help, is that we put a lot of resources on the community, we strengthen the important presence of the community. Rather than have outside professionals within, we strengthen the parents of a family. We give them strengths and the resources to deal with their children. Instead of taking the children to, to an outsourcing, this is something that is very protective.

**Maayan Hoffman:**

Have you checked out our website lately? We recently launched Hadassah 18 American Zionist women. You should know this year's list features a diverse group of visionaries who

**Maayan Hoffman:**

are doing critical work to educate about and advocate for Zionism in the US and around the world.

You'll read about a Muslim women's rights activist, an Emmy Award-winning actress, and an Ethiopian Jew (IDF paratrooper turned New York politician)—and that's just three of the inspiring women on this year's list. As a proud Zionist organization—and the largest Jewish women's organization in the United States—we couldn't think of a more fitting way to celebrate more than 100 years of fostering and promoting Zionist ideals. Check out this year's #Hadassah18 on our website at <https://www.hadassah.org/18women>.

**Maayan Hoffman:**

And now back to our discussion with Dr. Shiri, Ben-David.

Now while we're talking about protecting all of ourselves, you know, all of our communities, talk about protecting yourself. Because you mentioned this story with your husbands. You're going through it. You're treating so many people on a day-to-day basis. How do you ensure that you yourself remain resilient and able to continue?

**Dr. Shiri Ben-David:**

Um, we, we are thinking about that a lot. We, we don't want to leave that behind. We're looking at people from our team that seem to be having more difficulties and we're trying to put more emphasis on them. We have supervision groups. Um, we have people who support us because we know that secondary traumatization is something that we are really concerned about. And also regarding other health professionals, physicians, nurses, health practitioners, all over, uh, the hospital. We're also putting a lot of effort in giving them support either individually or in group therapy because we know we need them to be strong enough for our patients.

**Maayan Hoffman:**

Sure. No, that makes sense. Um, how is trauma care different here, if at all, then other places in Israel? I mean, we're in Jerusalem and I think it's interesting what you're describing. We're not one of the hospitals down south here in Jerusalem, but we certainly at Hadassah saw more than our share of patients from these areas. But we weren't working under the same fire potentially, you know, as, as some of that yet some. We have to be creative and, and, and deal with these situations. So how do we do it here?

**Dr. Shiri Ben-David:**

Well, I think being, um, a Jerusalem hospital made us, unfortunately, uh, experts in treating trauma. So I've been working at Hadassah for 21 years.

Um, we've seen here terror attacks. Many of them, uh, we are used through the, and the times of terror attacks around Jerusalem. We are very much used to people with drama just

**Dr. Shiri Ben-David:**

stepping at our door, whether they have been injured and hospitalized in the acute wards, um, or they just step in with anxiety symptoms. Um, so our staff was very well trained. We did need extra training, but I think it came on the ground of people who know how to deal with trauma.

**Maayan Hoffman:**

Have you also exported that, so to speak, you know, gone and trained others after you've been trained here at Hadassah?

**Dr. Shiri Ben-David:**

We did that, but many others did that too. So I think all health professionals in Israel have been gone to major training throughout this year.

**Maayan Hoffman:**

So, you know, Shiri, we're sitting here in, um, in Israel, but obviously most of our viewers are sitting in the United States where they have also experienced in some sense a traumatic event, the rise in antisemitism or as you mentioned, the third-party kind of watching the trauma unfolds here. What kind of impact is expected there? And do they also need some kind of treatment?

**Dr. Shiri Ben-David:**

I believe many do. Um, also not, not so much by witnessing on tv, which is also can be very painful and tragic, but I wouldn't define it as a trauma. But many of our viewers in the United States have close relatives in Israel that have been gone through threatening events, and this is certainly a trauma.

Being a victim of antisemitism, of direct antisemitism can be life-threatening and that can also be considered as a trauma. And of course, these people need to watch out for symptoms that may be concerning. Definitely.

**Maayan Hoffman:**

Yeah. So, you know, we're gonna run out of time, but I wanna ask you, Dr. Ben-David, is there anything else that you feel that our viewers and our listeners should know or should be thinking about so many months into this war in, in a field that I think, you know, the physical ramifications people focus on very readily. *They lost a leg. They lost a hand. They were starved in Gaza.* You know, these stories come out, but the mental is just not talked about enough. What do people need to know?

**Dr. Shiri Ben-David:**

Well, I think my most important message is that most people are resilient. And that we need to put much effort into giving people a sense of being strong and capable of dealing with everything that is going on alongside looking for symptoms that may concern us.

**Dr. Shiri Ben-David:**

But what we see from research is written in other fields is that most people are resilient. We just had findings from research that is not published, published yet. So it is first time that I'm talking about it. Um, uh, from, uh, my student Maria Azoulay with the collaboration of my colleague, uh, Dr. Inbal Reuveni, uh, that we're following, um, young women, uh, that has been, uh, gone through traumatic events in their childhood and we're following them through their first pregnancy and after the birth of their first child.

We see that childhood trauma does not predict symptoms of depression and PTSD after birth. Only in the mediation of learned helplessness. So, women who following their childhood trauma experienced learned helplessness, meaning that they felt they were helpless back

then, at the trauma, and then they developed a sense that they have discovered they are helpless, no matter what, and they cannot put control over their lives, those women will suffer symptoms of depression and PTSD after having their first child. And this is a very important message that having control over the situation, this is the protective factor that we're aiming ...

**Maayan Hoffman:**

To build that resilience... Wonderful. Well, Dr. Shiri, thank you so much for sharing your insights today.

**Dr. Shiri Ben-David:**

Thank you for inviting me.

**Maayan Hoffman:**

Hadassah On Call. New Frontiers in Medicine is a production of Hadassah, the Women's Zionist Organization of America, Hadassah enhance. The health of people around the world through medical education, care, and research innovations at Hadassah Medical Organization. For more information on the latest advances in medicine, please head on over to [hadassa.org/news](https://hadassa.org/news).

Extra notes and a transcript of today's episode can be found at [hadassah.org/hadassahoncall](https://hadassah.org/hadassahoncall). When you're there, you can also sign up to receive an email and be the first to know when new episodes of the show are released. Subscribe to our show on Apple Podcast, Google Play, or your favorite podcast app.

If you haven't already, please leave us a review on the Apple Podcast store. It only takes a minute, and when you do, it helps others. Discover Hadassah on Call. This show is produced by the team at the Hadassah offices in both New York and Israel. I'm your host Mayan Hoffman, and thanks again for joining us today.

We'll see you next month!