

Reactions of Oklahoma City bombing survivors to media coverage of the September 11, 2001, attacks

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Abstract

Objective: This study explored the effects of media coverage of a terrorist incident in individuals remote from the location of a major attack who had directly experienced a prior terrorist incident.

Method: Directly-exposed survivors of the 1995 Oklahoma City bombing, initially studied six months after the incident, and indirectly-affected Oklahoma City community residents were assessed two to seven months after the September 11, 2001, attacks. Survivors were assessed for a diagnosis of bombing-related posttraumatic stress disorder (PTSD) at index and follow up, and emotional reactions and September 11 media behavior were assessed in all participants.

Results: Among the three investigated forms of media (television, radio, and newspaper), only television viewing was associated with 9/11-related posttraumatic stress reactions. Exposure to the Oklahoma City bombing was associated with greater arousal in relation to the September 11 attacks, and among survivors, having developed bombing-related PTSD was associated with higher scores on all three September 11 posttraumatic stress response clusters (intrusion, avoidance, and arousal). Although time spent watching television coverage of the September 11 attacks and fear-related discontinuation of media contact were not associated with Oklahoma City bombing exposure, discontinuing September 11 media contact due to fear was associated with avoidance/numbing in the full sample and in the analysis restricted to the bombing survivors.

Conclusion: Surviving a prior terrorist incident and developing PTSD in relation to that incident may predispose individuals to adverse reactions to media coverage of a future terrorist attack.

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1. Introduction

Media coverage brings events such as the September 11 attacks into the homes of millions and can affect individuals indirectly and remotely [1]. Even though contact with media coverage does not constitute trauma exposure for the diagnosis of posttraumatic stress disorder (PTSD) and is specifically excluded as a form of exposure in the diagnostic criteria in the fifth edition of the Diagnostic and Statistical Manual [2], television coverage of the September 11 attacks

raised concern as a potential source of emotional distress in New York City residents [3–6] and across the country [7–9].

Neria and Sullivan [10] have suggested that pre-existing vulnerability (e.g., prior trauma, psychiatric history) is important in the development of posttraumatic responses in relation to media reports of disasters. In a longitudinal study of children exposed first to Hurricane Katrina and then to Hurricane Gustav, Weems and colleagues [11] found that the deleterious consequences of viewing extensive disaster media coverage were greatest for youth with high levels of pre-existing PTSD symptoms and that in youth with increased pre-existing PTSD symptoms, those who viewed more disaster media coverage were more likely to remain symptomatic one month post event. Ahern and colleagues [5] found that viewing television coverage of the attacks was

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related to “probable” PTSD in New York City residents who were directly affected by the attacks and those who had a history of prior trauma. In a national study of the September 11 attacks, Silver and colleagues [9] found that in addition to exposure, participants’ emotional and physical status pre September 11 explained posttraumatic stress symptoms and global distress over time. To date, however, little is known about the effects of media coverage of terrorist events in individuals remote from the location of a major attack who have directly experienced a prior terrorist incident, an issue of growing concern as the threat of terrorism increases.

The current study—fielded two months after the September 11 attacks—took advantage of a seven-year follow-up investigation of Oklahoma City bombing survivors to compare their reactions to media coverage of the September 11 attacks with those of Oklahoma City residents who were not directly exposed to the bomb blast. The study also provided the opportunity to examine differences in reactions to media coverage among survivors who did and did not develop bombing-related PTSD.

2. Methods

2.1. Procedures and participants

The University of Oklahoma Health Sciences Center and Washington University School of Medicine institutional review boards approved this seven-year follow-up study. Potential participants for the follow-up study were contacted by letter and/or telephone. All participants provided written informed consent and were paid \$75 to compensate for their time and effort.

Study participants included two groups distinguished by exposure to the 1995 Oklahoma City bombing, directly-exposed survivors (survivors) and indirectly-affected community participants (community residents). Of 182 survivors first evaluated in the index study [12], which was conducted approximately six months after the bombing, 99 completed both the diagnostic interview and self-report questionnaires for the follow-up investigation approximately seven years after the bombing and two to seven months after the September 11, 2001, attacks [13].

Among bombing survivors assessed at baseline, 83 (45.6%) did not participate in this study of September 11 media behavior and posttraumatic stress reactions, including 69 survivors lost to follow up and 14 who participated in the seven-year follow up but did not complete the September 11-related survey. The 83 survivors who did not participate in the September 11 component of the study were not statistically different from the 99 survivors who took part in the September 11 survey in gender (female gender: 53.0% versus 50.5%; $\chi^2 = 0.11$; $df = 1$, $p = 0.7361$), mean age at baseline (43.2 ± 10.6 years versus 42.6 ± 12.5 years, $t = 0.34$, $df = 180$, $p = 0.7364$), race/ethnicity (proportion of Caucasians: 85.5% versus 91.9%, $\chi^2 = 1.88$; $df = 1$, $p = 0.1707$), or proportion of individuals diagnosed with bombing-related PTSD at baseline (37.5% versus 31.1%, $\chi^2 = 0.73$; $df = 1$, $p = 0.3921$).

Sixty one unexposed Oklahoma City community residents constituted the community comparison group that was recruited and assessed as part of the seven-year follow-up study. These participants resided in the Oklahoma City metropolitan area at the time of the bombing, were not in the immediate vicinity of the blast, did not have friends or relatives killed in the bombing, and were not rescue or recovery workers in the disaster. Recruitment of the community group used two approaches. First, participating survivors were asked to identify a peer from the community who met the community group inclusion criteria. Additional recruitment was through word of mouth and advertisement. The study sample included 99 bombing survivors and 61 unexposed community participants.

2.2. Measures

Participants were administered the Diagnostic Interview Schedule for DSM-IV (DIS-IV) [14] to obtain demographic information and assess full diagnostic criteria for a post-disaster (i.e., at any time after the bombing) diagnosis of bombing-related PTSD. Bombing survivors were assessed at both index and follow up, but the community participants were assessed only in the follow-up study. All participants in the seven-year follow-up study also completed the self-administered Disaster Supplement Questionnaire [15] assessing emotional reactions and media behavior related to the September 11 attacks.

For the diagnosis of bombing-related PTSD, Diagnostic and Statistical Manual-IV-Text Revision [16] PTSD criteria A through F were required in relation to the Oklahoma City bombing. Criterion A required direct exposure to the bombing, which all bombing survivors met. Survivors who reported one or more of five bombing-related criterion B (intrusion) symptoms, three or more of seven criterion C (avoidance and numbing) symptoms, and two or more of five criterion D (hyperarousal) symptoms related to the bombing, and who also reported that the symptoms lasted more than one month (criterion E) and created clinically significant emotional distress or interfered with functioning (criterion F), met bombing-related PTSD criteria. By definition, the community group participants did not have any PTSD-qualifying exposures to the bombing; thus, none met criteria for bombing-related PTSD.

The 99 Oklahoma City bombing survivors were grouped according to their bombing-related PTSD diagnosis status. Survivors who met DSM-IV criteria for bombing-related PTSD at any time after the disaster and were still symptomatic at the seven-year follow up were grouped under the label of “Current PTSD.” Survivors who met bombing-related PTSD criteria at some time after the disaster but had no current PTSD symptoms at the follow up were grouped under the label of “Remitted PTSD.” Finally, survivors who did not develop bombing-related PTSD were grouped under the label of “Never PTSD,” and those who did develop bombing-related PTSD were grouped under the label of “Ever PTSD.”

A modified version of the Impact Event Scale-Revised (IES-R) [17,18] used in studies of the Oklahoma City bombing

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