



Follow-up of victims of one terrorist attack in Israel: ASD, PTSD and the perceived threat of Iraqi missile attacks

Ilan Kutz^a, Rachel Dekel^{b,*}

^a *Meir General Hospital, Kefar-Saba, Israel*

^b *School of Social Work, Bar Ilan University, 52900 Ramat-Gan, Israel*

Received 3 May 2005; received in revised form 5 December 2005; accepted 9 January 2006

Available online 9 March 2006

Abstract

The first aim of the study was to examine the relationships between acute stress reactions and post-traumatic reactions following exposure to a terrorist attack. The second was to examine whether exposure to a terrorist attack increases the perceived threat and fear of renewed Iraqi missile attacks. Data were collected at two points in time: during the first month after the exposure to a terrorist attack ($N = 54$), and four months later ($N = 44$). Twenty-four percent of the exposed group had acute stress disorder (ASD), and a similar percentage had PTSD. Among participants who had ASD, the chances of developing PTSD were three times greater than among those who had never experienced ASD. Among participants who had been exposed to a terrorist attack and developed PTSD, the perceived threat of an Iraqi missile attack was greater than among those who had been exposed to a terrorist attack but did not develop PTSD, or among the participants in the control group. The discussion deals with the findings in light of the current controversy regarding ASD and the current situation in Israel.

© 2006 Elsevier Ltd. All rights reserved.

Keywords: Terror; ASD; PTSD; Follow-up; Perceived threat

* Corresponding author. Tel.: +972 3 5317819; fax: +972 3 5347228.
E-mail address: dekell@mail.biu.ac.il (R. Dekel).

1. Acute reactions, post-traumatic reactions and their relationship

Although the diagnosis of acute stress disorder (ASD) is relatively new (APA, 1994), comprehensive research has been conducted on its characteristics and the contribution of ASD toward predicting post-traumatic reactions (Bryant, 2003). Recent findings reveal the following rates of ASD among survivors of various traumatic events: 9% among a sample of Manhattan citizens in the first month after the September 11th attack (Galea et al., 2002), 13–25% among motor vehicle casualties (Harvey & Bryant, 1999; Holeva & Tarrier, 2001), 19% among violent attack casualties (Brewin, Andrews, Rose, & Kirk, 1999) and 33% among witnesses of drive-by shootings (Classen, Koopman, Hales, & Spiegel, 1998).

Findings on the relationship between ASD and post-traumatic stress disorder (PTSD) reveal considerable variability in the contribution of acute reactions toward predicting PTSD in subsequent months (for a comprehensive review, see McNally, Bryant, & Ehlers, 2003). The rates of people with ASD who develop PTSD range from 30% among typhoon victims (Stabb, Grieger, Fullerton, & Ursano, 1996) to 87% among burn victims (Difede et al., 2002). In most of the prospective studies (8 out of 13), over 70% of the casualties with ASD developed PTSD (Elklit & Brink, 2004; McNally et al., 2003).

Examining the rates of ASD among people with PTSD in these prospective studies revealed varying levels of predictability. The rates of ASD among people with PTSD ranged from less than 10% among motor vehicle casualties (Schnyder & Moergeli, 2003) to 78% among burn victims. In eight out of 13 prospective studies, the rate of PTSD casualties who had ASD was around or below 50% (Elklit & Brink, 2004; McNally et al., 2003). These findings suggest that while ASD cannot accurately predict PTSD in all of the cases, it raises the probability of identifying those who are at a higher risk for this chronic syndrome.

Another major issue relates to the unique contribution of immediate dissociative symptoms toward predicting PTSD. According to the DSM-IV the diagnosis of ASD requires the presence of at least three dissociative symptoms. This emphasis is consistent with the belief that dissociation mirrors pathological cognitive avoidance, which impedes mental processing and trauma recovery (Spiegel, Koopman, Cardena, & Classen, 1996). Along this line, several studies have found that dissociative symptoms in acute reactions were the strongest predictors of PTSD (Classen et al., 1998; Stabb et al., 1996). By contrast, other studies have found that avoidance (Zoellner, Jaycox, Watlington, & Foa, 2003) hyper-arousal symptoms (Ginzburg et al., 2003) or general distress levels (Koren, Arnon, & Klein, 2001) are the best predictors of PTSD. Therefore, the unique contribution of dissociative symptoms to PTSD is still under debate.

2. The relationship between exposure to a terrorist attack, stress reactions and additional perceived threats

The consequences of exposure to a traumatic event are not limited to emotional reactions. One of the sequelae often observed among victims of various traumatic events is the challenge to and even shattering of their basic cognitive perceptions of the world and themselves (Janoff-Bulman, 1989). They no longer view the world as a safe place, nor do they consider themselves invulnerable

Download English Version:

<https://daneshyari.com/en/article/893217>

Download Persian Version:

<https://daneshyari.com/article/893217>

[Daneshyari.com](https://daneshyari.com)