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Overwhelmed by the news: A longitudinal study of prior trauma, posttraumatic stress disorder trajectories, and news watching during the COVID-19 pandemic

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Abstract

Rationale: It has been recognized that exposure to mass trauma tends to increase the time spent watching television (TV) news. Yet, research on the effects of this tendency on individuals’ well-being yielded inconclusive findings.

Objective: The aim of this longitudinal study is to examine the effects of prior trauma and posttraumatic stress disorder (PTSD) on changes in the amount of TV news watching and its effect on subsequent PTSD. More specifically, we examined the interrelations of prior exposure to war captivity, long-term PTSD trajectories, and amount of change TV news watching with PTSD severity during the COVID-19 pandemic, among aging Israeli combat veterans.

Methods: One-hundred-and-twenty Israeli ex-prisoners of war (ex-POWs) from 1973 Yom Kippur War and 65 matched controls (combat veterans from the same war) were followed up at five points of time: 1991 (T1), 2003 (T2), 2008 (T3), 2015 (T4), and in April–May 2020 (T5), during the outbreak of the COVID-19 pandemic.

Results: Ex-POWs had higher odds of COVID-19 related increase in TV news watching, which, in turn, contributed to PTSD severity at T5. In addition, delayed PTSD trajectory was associated with COVID-19 related increase in TV news watching, which, in turn, contributed to more severe PTSD at T5.

Conclusions: These findings highlight the negative implications of TV news watching during a mass trauma for traumatized individuals. More specifically, they demonstrate its potential pathogenic role in exacerbating prior PTSD among trauma survivors.

1. Introduction

Mass media and particularly television (TV) play a very important role in modern life and become even more important during collective traumas and disasters, such as the current COVID-19 pandemic. During trying times, they can provide essential information and safety instructions, reduce loneliness, enhance a sense of community, and serve as a social resource augmenting morale and bolstering hope (e.g., Liu and Liu 2020). At the same time, however, media coverage of disasters also entails vivid, alarming, and distress-eliciting information regarding casualties, imminent threats, and catastrophic forecasting, which might undermine morale and wellbeing (e.g., Pfefferbaum et al., 2014). These potential positive and negative effects of media coverage on psychological wellbeing are further accentuated by a well-documented tendency to increase TV news watching during mass trauma. There is consistent evidence that when faced with adversity people tend to increase the time spent watching TV news (e.g., Jung et al., 2019; Kennedy et al., 2004; Liu and Liu, 2020). This tendency has been clearly observed in the US following the 9/11 and Oklahoma terrorist attacks (e.g., Bernstein et al., 2007; Pfefferbaum et al., 2014) as well as in Israel during wars and waves of Palestinian terrorism (e.g., Ben Zur et al., 2012; Bodas et al., 2015).

During the current COVID-19 pandemic, as in previous mass traumatic events, TV plays a critical role as it regularly informs viewers on the effects, course, and spread of the virus. Daily news broadcast includes detailed accounts of number of new cases, the waves of infection,
and rates of hospitalization of severe cases. Vivid pictures of isolated patients treated by medical staff dressed in protective gear and interviews with relatives of the recently deceased are screened daily during the long months since the outbreak of the pandemic. Moreover, Liu and Liu (2020) documented a significant increase in TV news watching during the pandemic. Given that media coverage accomplishes important functions during the current pandemic, the question of whether TV news watching increases or reduces distress naturally arises. In the current study, we adopted an individual-difference perspective and attempted to identify who are the individuals who are more prone to watch TV coverage of the COVID-19 pandemic and to be more negatively affected by this watching. Specifically, we focus on the extent to which exposure to prior trauma (war captivity) and long-term trajectories of post-traumatic stress disorder (PTSD) contribute to explain individual differences in TV news watching during the COVID-19 pandemic and in the psychological distress related to this watching.

Some trauma experts argue that repetitive viewing of a disaster on TV amplifies the psychological impact of the traumatic event and then can exacerbate distress, anxiety, and PTSD (McFarlane, 1976). This contention has been supported by studies in the wake of wars and terrorist attacks across the globe (e.g., Ben Zur et al., 2012). Pfefferbaum et al. (2014) concluded their research review stating that there is some evidence supporting the relationship between TV news watching and psychological reactions to mass traumatic events, including PTSD. At the same time, they and others (e.g., Jung et al., 2019) also noted that the evidence is preliminary and insufficient to conclude that indirect trauma exposure via TV news watching causes enduring adverse emotional reactions. In fact, most of the supportive evidence on the association between TV news watching and increased distress and psychological anguish comes from correlational, cross-sectional studies and the few longitudinal studies conducted after 9/11 terrorist attacks yielded mixed results (Bernstein et al., 2007; Propper et al., 2007; Holmes et al., 2007). For example, Bernstein (2007) and Kennedy et al. (2004) reported a significant increase in TV news watching after 9/11, but failed to document a concomitant increased risk for PTSD or other mental health problems. On the other hand, longitudinal studies of Oklahoma City bombing (Paffenbaum et al., 2014) and hurricanes Gustav and Katrina (Weems et al., 2012) reported heightened vicarious post-traumatic stress symptoms in response to TV news watching. On the whole, the pathogenic effects of TV news watching are still debatable and, thus, despite concerns raised by researchers and therapists, vicarious exposure to trauma via TV coverage has been recognized by neither DSM 5 nor ICD11 (APA, 2013; WHO, 2012).

What accounts for the association between watching TV coverage of mass trauma and PTSD? The mechanisms linking TV news watching and PTSD are still unknown and many questions remain unanswered. For example, can exposure to prior traumatic events or the emergence of PTSD in response to these prior traumas incline people to watch TV news and consume more disaster-related information during the current pandemic? Can prior trauma and a history of PTSD make people more vulnerable to the distress-eliciting effects of TV news watching? While media coverage of the COVID-19 pandemic might be both appealing and distress-eliciting for all people, there is one group, in particular, that could be exceptionally affected by TV news watching – individuals who have a history of trauma. In the current study, we focus on former prisoners-of-war (ex-POWs) who have endured severe derivations, brutal torture, and mock executions repeatedly for extended periods of time. Ex-POWs traumatic experiences often leave them with severe and debilitating psychological damage (e.g., Sutker et al., 1990). A considerable body of systematic research has documented both the severe physical and psychiatric damage that captivity causes (e.g., Solomon et al., 2012; 2014; Tennant et al., 1986). Yet, the ordeal of these trauma survivors lived through may not end with repatriation. Studies have shown that prior exposure to trauma increased the risk of subsequent experiences of stressful life events and exposure to more traumatic events, further increasing the survivors’ distress (e.g., Breslau et al., 2008).

Moreover, ex-POWS, even if they seemingly overcame their initial traumatic experience, are likely to maintain a heightened vulnerability and endure reactivation following further exposure to stressors, particularly if there is a resemblance, even symbolically, to the initial trauma (e.g., Christenson et al., 1981; Solomon, 1993). Therefore, ex-POWs, who have experienced traumatic stress, and especially those with PTSD, would be more vulnerable to the adverse psychological effects of the current COVID-19 pandemic than individuals without a history of trauma. Studies suggest that veterans with PTSD tend to demonstrate heightened attentional capture by threatening stimuli (Olatunji et al., 2013). Moreover, a recent study conducted among trauma survivors during the COVID-19 pandemic found that individuals with PTSD reported on greater exposure to pandemic-related media coverage in terms of electronic screen viewing time, as compared to trauma-exposed healthy controls (Rutherford et al., in press). On this basis, we hypothesized that ex-POWS, and especially those with PTSD, would be more prone to watch TV coverage of the pandemic and more negatively affected by TV news watching than controls. TV news watching during the COVID-19 pandemic might facilitate reactivation of traumatic memories and imagery and then contribute to the re-emergence of PTSD symptoms among ex-POWS. In other words, TV news watching would mediate the link between prior trauma of war captivity and severity of PTSD during the pandemic.

Although trauma history is a risk factor for all previously traumatized survivors, some may be more vulnerable than others. The stress resolution perspective contends that it is not merely previous exposure but rather the psychological impact of the previous trauma that affects the outcome of exposure to subsequent trauma (Solomon, 1993). Namely, survivors who had already succumbed to stress and suffered from PTSD are more vulnerable than those who did not suffer from PTSD and, therefore, are at the greatest risk for recurrent PTSD upon additional traumatic exposure (Breslau et al., 2008). When applied to the current COVID-19 pandemic, ex-POWs who suffered from PTSD might be more likely to experience reactivation of the trauma than those who had similar trauma exposure but did not develop PTSD, and then would be more prone to watch TV coverage of the pandemic and more negatively affected by TV news watching. PTSD is recognized as a labile disorder. Clinical observations and systematic prospective research have pointed to its heterogeneous and fluctuating course (Blank, 1993; Bonanno et al., 2012), with both increases and decreases over time. Indeed, several recent long-term studies have identified distinct PTSD trajectories, with a predominant trajectory of resilience alongside chronic, recovered, delayed, and reactivated trajectories (e.g., Magruder et al., 2016). In this study, we capitalized on data from a 29-year longitudinal study comprising of Israeli ex-POWs of the 1973 Yom Kippur war and comparable combat veterans of the same war who were assessed over five waves of measurement, with the initial four waves identifying PTSD trajectories (Solomon et al., 2012). While in both ex-POWs and controls similar trajectories transpired, the two groups differed in proportions of the trajectories with more ex-POWs exhibiting ongoing and severe clinical profiles (i.e., chronic and delayed trajectories) and less mild trajectories (resilient and recovered) than controls. Given that the various trajectories may represent different levels of vulnerability, we hypothesized that individuals with a chronic and delayed PTSD trajectories (as compared to those with resilient or recovered trajectories) would be more prone to watch TV coverage of the current COVID-19 pandemic and more negatively affected by TV news watching. That is, TV news watching would mediate the link between trajectories of PTSD over time and severity of PTSD during the pandemic.

The aim of the current longitudinal study is to examine interrelations of prior exposure to trauma, long-term PTSD trajectories, and current amount of TV news watching and severity of PTSD during the COVID-19 pandemic in two groups of aging Israeli combat veterans: ex-POWs from the 1973 Yom Kippur War and comparable veterans who were not held
in captivity during that war. The study comprises five time points. In 1991 (T1), 2003 (T2), 2008 (T3), and 2015 (T4), we assessed the PTSD trajectories of ex-POWS and controls. During the COVID-19 pandemic, April–May 2020 (T5), we assessed amount of TV news watching and current intensity of PTSD symptoms. The study’s predictions were:

1. Ex-POWs would report a higher increase in TV news watching during the COVID-19 pandemic than controls.
2. Individuals with chronic or delayed PTSD trajectories during T1-T4 would report a higher increase in TV news watching during the COVID-19 pandemic than those with resilient or recovered PTSD trajectories.
3. TV news watching would be associated with higher intensity of PTSD during the pandemic and then mediate the link between war captivity and current PTSD. That is, ex-POWs would watch more TV news during the pandemic than controls, which, in turn, would increase the intensity of current PTSD.
4. TV news watching would be implicated in the link between PTSD trajectories and re-emergence of PTSD during the COVID-19 pandemic. Participants with a chronic or delayed PTSD trajectory of PTSD during T1-T4 would report a higher increase in TV news watching during the COVID-19 pandemic than those with resilient or recovered PTSD trajectories, which, in turn, would increase the intensity of current PTSD.

2. Methods

2.1. Participants and procedure

This study is part of a larger longitudinal research spanning 29 years of two matched groups of Israeli combat veterans. The first group, at the onset of the study, comprised of all of the ex-POWs from the 1973 Yom Kippur War. The second group comprised of similar combat veterans who fought on the same fronts as the POWs and were matched to the ex-POWs in age, military rank, military units, psychometric grading, and military quality category, which were evaluated before enlistment (for detailed information see Solomon et al., 2012). Both groups were followed up at 4 points of time: 1991 (T1), 2003 (T2), 2008 (T3), and 2015 (T4). The fifth assessment of the two groups of Israeli combat veterans was conducted in April–May 2020 (T5).

One-hundred and twenty ex-POWs from the 1973 Yom Kippur War participated in T5, conducted during the COVID-19 outbreak (66 could not be located/refused, 36 had died, and 18 could not participate due to mental deterioration). At T5, 65 controls participated in the study (65 could not be located/refused, 3 had died, and 3 could not participate due to mental deterioration).

Participants’ age, education, working status and living status at T5, according to group, are presented in Table 1. As can be seen, the two groups differed in age and working status. More specifically, ex-POWs were somewhat older than the controls. In addition, more ex-POWs reported not working at T5, unrelated to the COVID-19 pandemic, as compared to the controls. The groups did not differ in level of education and living status. The study was approved by the institutional review board (IRB) of Tel Aviv University and all participants signed a consent form.

2.2. Measures

COVID-19 related changes in TV news watching. Participants were asked to rate the extent to which they have increased TV news watching since the outbreak of COVID-19. Ratings were made on a four-point scale ranging from 1 (not at all) to 4 (very much).

PTSD. PTSD was measured, at T1-T5, with the PTSD-Inventory (Solomon et al., 1993, 2012), a 17-item self-report scale, corresponding to DSM-IV PTSD symptom criteria (APA, 1994), which were the standard at the outset of this study. Participants were asked to indicate whether they experienced the symptom in the past month, on a four-point scale ranging from 1 (not at all) to 4 (very much). An answer of 3 or above was considered a positive endorsement. The intensity of PTSD was calculated as the sum of endorsed symptoms. The classification of PTSD was based on DSM-IV criteria for PTSD. PTSD trajectories were derived from PTSD status (meeting/not meeting DSM criteria) at T1, T2, T3, and T4. PTSD at T5 was examined according to its intensity. Validity of the PTSD Inventory was supported by its significant correlations with the Impact of Event Scale (r = 0.59, r = 0.50; Horowitz et al., 1979) as well as high consistency with diagnoses based on the Structured Clinical Interview (85% Solomon et al., 1993). Reliability of the scale’s score was high at the five waves of measurement (Cronbach’s alpha ranged from .91 to .96).

2.3. Analytic strategy

Per Newman’s (2014) recommendation, the dependent variable was used as an anchor to increase statistical power and reduce biases. Therefore, data in the current study were anchored to include veterans who participated at T5, as well as three out of the previous four measurements (N = 185, 120 ex-POWs, 65 controls). Missing data were identified for the T1 (10.3%), T2 (37.3%), T3 (19.5%) and T4 (5.9%) PTSD measure. Little’s MCAR test showed PTSD data were not missing completely at random, χ²(6) = 35.273, p < .001. Supplementary t-tests showed that the missing values in some of the variables were related to the observed data: specifically, three patterns were revealed: First, veterans with missing data at T2 had lower levels of PTSD at T1 (M = 0.02) compared to veterans with valid data at T2 (M = 2.32), t = 7.7 p < .001. Second, veterans with missing data at T3 have lower levels of PTSD at T2 (M = 2.85) compared to veterans with valid data at T3 (M = 8.04), t = 3.7 p = .003. Third, veterans with missing data at T3 have lower levels of PTSD at T4 (M = 4.24) compared to veterans with valid data at T3 (M = 6.86), t = 2.1 p = .044. Given this evidence, that the missingness was related to the observed data, a conclusion of Missing at Random (MAR) is a reasonable decision. Hence, missing data were handled with Expectation-Maximization (EM) methodology.

Following that, the PTSD dichotomous variable was computed for T1-T4. The participants were then divided into five groups according to their PTSD classification at T1-T4: (1) chronic PTSD – participants who met criteria for PTSD in all four waves (n = 10); (b) delayed PTSD – participants who did not endorse PTSD criteria in the first two waves but did in subsequent waves (n = 65); (c) recovered PTSD – participants who endorsed PTSD criteria in either of the first two waves, but not in the later ones (n = 6); (d) resilient – participants who never endorsed criteria for PTSD (n = 101); and (e) PTSD reactivation – participants who had PTSD at the first wave, recovered, and then had a reactivation of PTSD at later waves (n = 3). Due to small number of participants in some of the trajectory groups, groups were collapsed according to theoretical considerations into three groups: Delayed and reactivation (n = 68), Chronic (n = 10), and resilient/recovered (n = 107).

| Table 1 | Demographic variables according to group (T5). |
|---------|-----------------------------------------------|
|         | Ex-POWs | Controls | p       |
|         | M       | SD      | M       | SD      |        |
| Age     | 69.43   | 4.24    | 68.06   | 3.08    | .028   |
| Education (years) | 14.76   | 3.00    | 14.57   | 4.03    | .796   |
| N       | %       | N       | %       | p       |        |
| Work    |         |         |         |         |        |
| Working | 38      | 31.7    | 39      | 60      | <.001  |
| Not working due the pandemic | 17      | 14.2    | 14      | 21.5    |        |
| Not working | 65      | 54.2    | 12      | 18.5    |        |
| Living  |         |         |         |         |        |
| Alone   | 5       | 4.2     | 8       | 12.7    | .089   |
| With spouses | 114     | 95.8    | 54      | 85.7    |        |
| With children | 0       | 0       | 1       | 1.6     |        |
First, to examine whether ex-POWs and controls differed in amount of TV news watching, we conducted a univariate analysis of variance (ANOVA) for independent groups with war captivity as the factor and COVID-19 related changes in TV news watching as the dependent variable. To examine differences between groups of PTSD trajectories in COVID-19 related changes in TV news watching, a univariate ANOVA for independent groups was conducted with PTSD trajectories (three-group category) as the factor and COVID-19 related changes in TV news watching as the dependent variable.

Third, we examined whether COVID-19 related changes in TV news watching was related to severity of PTSD at T5. A linear regression was conducted to predict the severity of PTSD at T5 as a function of war captivity and PTSD trajectories (inserted at step 1) and COVID-19 related changes in TV news watching (inserted at step 2). In step 1, group (ex-POWs = 1, controls = 0), delayed PTSD (delayed = 1, other trajectories = 0) and chronic PTSD (chronic = 1, other trajectories = 0) were inserted as dummy variables.

Fourth, we examined a series of indirect effects using PROCESS macro computational tool, which relies on simple-multiple regressions. The model presented included simple mediations that rely on two regressions: 1. Predicting the mediator by the independent factor; and 2. Predicting the dependent variable by both the independent variable and the mediator. More specifically, we examined the mediating role of COVID-19 related changes in TV news watching in the associations between war captivity, delayed PTSD, and chronic PTSD, on the one hand, and the severity of PTSD at T5, on the other hand. Age and years of education were controlled for their impact on levels of the of COVID-19 related changes in TV news watching and on severity of PTSD at T5. Bootstrapped 95% Confidence Intervals (CI) were used to test the significance of the indirect effects, as CI that does not include 0 is an indicator of significant mediation effect.

Finally, a sensitivity analysis was conducted, to examine differences between the results of analyses performed with the completed dataset, and that with the missing values. This analysis indicated that all effects were in the same direction and magnitude.

3. Results

Do Ex-POWs Differ from Controls in COVID-19 Related Changes in TV News Watching?

Findings from the univariate ANOVA indicated a significant difference between groups in COVID-19 related changes in TV news watching, F(1, 175) = 4.505, p = .035. Ex-POWs (M = 2.44, SD = 0.95) reported higher COVID-19 related increases in TV news watching than controls (M = 2.13, SD = 0.91).

3.1. Do PTSD trajectories contribute to COVID-19 related changes in TV news watching?

Results from the univariate ANOVA showed that there was a significant difference between PTSD trajectory groups in COVID-19 related changes in TV news watching, F(2, 174) = 9.303, p < .001. Participants in the chronic PTSD trajectory group (M = 3.44, SD = 1.01) reported higher COVID-19 related increases in TV news watching than participants in the delayed PTSD group (M = 2.45, SD = 0.88) or resilient group (M = 2.16, SD = 0.90). Delayed PTSD and resilient groups did not differ in COVID-19 related changes in TV news watching.

Is COVID-19 Related Changes in TV News Watching Associated with the severity of PTSD at T5?

Table 2 presents the results of the linear regression predicting severity of PTSD at T5. The overall model was significant, F(4, 83) = 15.69, p < .001, R^2 = 43.1%, adjusted R^2 = 40.3%. As can be seen, both delayed and chronic PTSD trajectories were significantly associated with elevated levels of PTSD at T5. In addition, war captivity did make a marginally significant contribution to PTSD severity at T5. COVID-19 related increase in TV News watching did not make significant contribution to PTSD at T5.

Do COVID-19 Related Changes in TV News Watching Mediate the Association Between War Captivity and Severity of PTSD at T5?

Results from the PROCESS macro computational tool, model 4 examining indirect effect of war captivity on severity of PTSD at T5 via COVID-related changes in TV news watching revealed that the overall model was significant. The overall model was significant, F(4, 139) = 20.88, p < .001, R^2 = 37.50%. COVID-19 related increase in TV news watching mediated the association between war captivity and severity of PTSD at T5 (unstandardized indirect effect b = 0.06, SE = 0.03, 95% CI [.0073, .1459]; see Fig. 1).

Do COVID-19 Related Changes in TV News Watching Mediate the Association Between Delayed PTSD trajectory and Severity of PTSD at T5?

Findings from PROCESS macro computational tool, model 4 showed that the overall model was significant. The overall model was significant, F(4, 139) = 15.35, p < .001, R^2 = 42.35%. COVID-19 related increase in TV news watching mediated the association between delayed PTSD trajectory and severity of PTSD at T5 (unstandardized indirect effect b = 0.10, SE = 0.06, 95% CI [.0137, .2650]). Veterans who had a delayed PTSD trajectory had higher odds to COVID-19 related increases in TV news watching (as compared to other trajectories), which, in turn, contributed to higher severity of PTSD at T5 (see Fig. 2).

Do COVID-19 Related Changes in TV News Watching Mediate the Association Between Chronic PTSD trajectory and Severity of PTSD at T5?

The PROCESS macro computational tool, model 4, indicated that the overall model was significant F(4, 139) = 6.03 p < .001, R^2 = -22.50%. However, the indirect effect of chronic PTSD and severity of PTSD at T5 via COVID-19 related increase in TV news watching was not significant (unstandardized indirect effect b = 0.00, SE = 0.09, 95% CI [-1.757, .1813]) (see Fig. 3).

4. Discussion

In this study, we set out to assess the interrelationship between prior trauma (war captivity), long-term PTSD trajectories, and current increases in TV news watching and PTSD severity during the COVID-19 pandemic. Capitalizing on data collected prospectively over 29 years, our findings indicated that both prior exposure to severe trauma of war captivity and the ensuing PTSD, particularly PTSD trajectories of longer duration and intensity (chronic and delayed), were associated with more TV news viewing during the COVID-19 pandemic decades after the war. At the same time, increased TV news viewing during the COVID-19 pandemic was related to heightened risk for concurrent PTSD. Moreover, TV news watching during the pandemic mediated the observed associations of prior trauma and delayed PTSD trajectory with current risk for PTSD. Ex-POWs and particularly those with a delayed PTSD trajectory had higher odds for increased TV news watching during the pandemic, which, in turn, contributed to higher severity of PTSD.

Whereas most studies on the association between TV news watching and PTSD relied on a cross-sectional design, our longitudinal design...
Fig. 1. The mediating role of COVID-19 related changes in TV news watching in the association between war captivity and severity of PTSD at T5, controlling for age and education.

Fig. 2. The mediating role of COVID-19 related changes in TV news watching in the association between delayed PTSD and severity of PTSD at T5, controlling for age and education.

Fig. 3. The mediating role of COVID-19 related changes in TV news watching in the association between chronic PTSD and severity of PTSD at T5, controlling for age and education.
allowed us to document the bi-directional nature of this association: PTSD before the current pandemic contributed to increases in TV news watching during pandemic, which, in turn, increased severity of current PTSD. Only a few longitudinal studies assessed this bi-directional association. In a recent longitudinal study, Jung et al. (2019) assessed women nurses who were exposed to a wide range of traumatic events in a civilian setting. Their findings, although obtained in a different culture and setting, are in line with our own. They found that nurses who were exposed to prior traumas were more likely to show an increase in TV news watching over time than those who were not exposed to prior traumas. Importantly, nurses who developed PTSD during a follow-up also reported more TV news watching. In another longitudinal study, Kennedy et al. (2004) found a significant increase in TV news watching following 9/11, but they did not find any changes in PTSD or other psychiatric symptoms. Weems et al. (2012) assessed youth twice in the years preceding hurricanes and then one month after the disaster. They found that pre-disaster stress symptoms interacted with TV news watching in predicting post-disaster symptoms. In other words, the association between TV news watching and intensity post-disaster stress symptoms was stronger in youth with higher preexisting stress symptoms. As a whole, our findings together with those of Weems et al. (2012) and Jung et al. (2019) suggest that prior trauma and particularly ensuing PTSD scar survivors leaving them vulnerable. This vulnerability may in turn lead to increased TV news watching during a mass trauma, which, in turn, might heighten the risk for concurrent PTSD.

Despite that Weems et al. (2012) and Jung et al. (2019) prospectively assessed the role of prior traumas or intensity of previous stress symptoms in explaining individual differences in TV news watching during a mass trauma, they did not systematically examine the role of long-term PTSD trajectories. PTSD is a cyclic disorder with symptoms waxing and waning over time resulting in differential courses of disease. Capitalizing on our 29 years prospective assessments, we delineated four PTSD trajectories: chronic, delayed, recovered and resilient (Solomon et al., 2012). These trajectories differ in their length and intensity reflecting various levels of vulnerability. We found that PTSD trajectories were associated with TV news watching during the COVID-19 pandemic. Specifically, chronic and delayed PTSD trajectories (as compared to resilient and recovered trajectories) were linked to more TV news watching during the pandemic. Several explanations for the association between PTSD and increased TV news watching during mass trauma are offered. First, people diagnosed with PTSD tend to be fearful, anxious, and hypervigilant; they also scan their environment and watch for danger cues. They tend to embrace a monitoring coping style (Miller, 1991) hoping to be prepared for potential subsequent adversities. Second, increased TV news watching during mass trauma may also be linked to less physical activity. Passivity and excessive TV watching have been associated with depression, anxiety, and other mental health problems. (Jung et al., 2019). In fact, people with PTSD tend to show diminished social involvement and they tend to choose TV watching over social activities (Jung et al., 2019; Bickham, 2006). Third, watching media coverage of a mass trauma may also be a form of avoidance and numbing as it might distract people from PTSD from their prior trauma. Paradoxically, this mode of coping does not pacify the troubled traumatized individuals. An Israeli study (Bodas et al., 2015) revealed a complex phenomenon as 70% of viewers who increased their news watching during a military operation admitted that watching the news was distressing. They nevertheless reported that they would continue to watch for fear of losing information. Among people with PTSD, the inability to control excessive TV watching during mass trauma despite the distress that it entails might exacerbate rather than reduce their preexisting PTSD.

TV news watching mediated the effect of long-term PTSD trajectories on severity of PTSD during the pandemic. Specifically, COVID-19 related increase in TV news watching mediated the association between delayed PTSD and current PTSD. Individuals with delayed PTSD were more inclined to increase their TV news watching during the pandemic, which, in turn, contributed to higher severity of PTSD. Individuals with delayed PTSD might watch more TV news to reduce ambiguity and difficulties in understanding the course and meaning of events in times of mass trauma. Trauma survivors suffering from delayed onset of PTSD tend to be bewildered and confused, have a pressing need for information and guidance, and then they may become especially dependent on media-mediated information to restore a sense of order and coherence in their life (Liu and Liu 2020). Commercial TV needs to win the media market, which influences the content and form of its broadcast. To attract more public attention, the news during the pandemic covers sufferings patients, desperate family members and overworked medical staff, which ultimately convey a great amount of anxiety, panic, and even helplessness and despair. Thus, the prolonged and repeated exposure to alarming news further burden and exacerbate preexisting PTSD.

4.1. Strengths and limitations

Although this study has several methodological strengths, including a longitudinal design with multiple assessments of PTSD over many years, it is not without limitations. The sample size, especially that of the control group is modest. Participants’ dropout is another common limitation of longitudinal studies that should be taken into account. Another limitation is the absence of an initial assessment, conducted within the first years following the war. That is, although the long-term PTSD trajectories were based on four assessments, the first was conducted 18 years after the war. The use of self-report questionnaires to identify PTSD and changes in TV news watching, although commonly used, may be considered as another limitation. Finally, the content of the news that were watched were not evaluated.

5. Conclusions

Despite these limitations, the current study provides novel and valuable information about the contribution of prior trauma and long-term PTSD trajectories to TV news watching during a mass trauma. Moreover, its findings highlight the negative implications of TV news watching during a mass trauma for vulnerable people, indicating that excessive watching of trauma-related coverage can lead to the re-emergence of PTSD among those who suffered from long-term PTSD before the trauma.

Authorship statements

All authors: Conceptualization; Methodology; Project administration; Writing, Review & editing.

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