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PTSD and Implications within Terrorism

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Traumatic experiences can have monumental effects on our well-being, relationships, work-life, as well as overall health. Exposure to life-threatening situations and violence can alter the way we think, act, and experience day-to-day life. Unfortunately, experiences of heightened distress and fear can stay with us; that is to say, in a state of prolonged fear afterwards. The studies of *Filkukova et al. (2016)* and *Glad et al. (2016)* show us just how severe this state of shock and fear can be, with survivors reporting sudden, emotional, and frequent reminders of the Utøya Island, Norway terrorist attack in 2011. To try and understand how these people felt during and after the attack can be arduous, yet we can look at the data and extract salient information regarding prolonged fear, and how these people are re-living the attack in their day-to-day lives. Furthermore, we can take this crucial information and connect it to the criteria for post-traumatic stress disorder, or PTSD, in order to develop a conceptual and broader understanding of the disorder as a whole, and its implications in day-to-day life.

It is imperative to begin with defining some terms that can help us understand the studies better, as well as the complex research therein. Firstly, *Filkukova et al. (2016)* presents “peritraumatic experience”, which highlights the development and cultivation of PTSD and its symptoms. A peritraumatic experience is the emotional and physiological affliction, fear, or distress that one is engulfed with either during or after a traumatic experience. This can include fear, anger, disgust, sadness, and helplessness (Filkukova 2016). An individual who experiences this can also be burdened with acute panic reactions and disassociation. Consequently,

peritraumatic experiences are ample indicators of PTSD, or the development of PTSD (Filukova 2016). Secondly, the term “extended fear” is used. This term should be taken into high consideration, as it is closely associated with “peritraumatic experience”. Simply put, extended fear is the fear of nonthreatening stimuli. Filukova and colleagues defines extended fear in an interesting way, reasoning:

The term extended fear refers to both (a) extension of fear in width across various stimuli (not only the perpetrator but also rescuers were perceived as threatening) and (b) extension of fear in time (participants were scared also immediately after the traumatic situation; e.g., in a hospital or at survivors’ gathering place). However, it should be noted that the so-called nondangerous stimuli were objectively nondangerous, but subjectively could have been perceived as ambiguous, as at a given time survivors could not know for sure that more terrorists were not involved and that more attacks would not follow. (p. 3)

Intriguingly, fear can be an expedient evolutionary tool that can aid humans in avoiding threatening stimuli, as well as recognizing conditions that may be life-threatening. However, as *Filukova et al. (2016)* proposes, when in excess or prolonged, its effects can be virulent. It is also worth noting that ambiguous stimuli were deemed threatening to survivors. This can be explained by the heightened state of emotion, and prolonged feeling of angst and fear.

Extended fear and peritraumatic experiences seem to be coupled in a way. When following an event deemed life-threatening, people with peritraumatic experiences tend to exhibit signs of disassociation, mistrust, provocation, and a peculiar, heightened state of arousal. In *Filukova et al. (2016)*, we see that following the attack, many people had distrust of the police, medical workers, as well as others they deemed ambiguous. This can be explained by the extended fear phenomena, which feeds into the suspicion and enhanced state of alarm. To

explicate further, these two concepts are related to “generalized fear”, which we discussed in class. Generalized fear is the phenomena where fear of one stimuli is transferred to another stimuli. If I were bitten by a pit bull and then deemed all pit bulls as ferocious, I would be generalizing my fear. The survivors of the Utøya Island did this, as well –displaying signs of mistrust and suspicion to those that posed no threat...

This occurrence proves that these three concepts are closely connected, as well as intricately feed off of one another.

What were the results of the study, and what did they conclude? Interestingly, the results of the study mainly focus on the term of extended fear. 54% of participants exhibited extended fear in response to non-threatening stimuli, which took place during and after the attack. Fascinatingly, as the terrorist was disguised as a policeman, a margin of survivors developed fear towards other authorities who *actually* did not pose a threat post-attack. This was done through stimulus generalization, or fear generalization. Furthermore, these survivors, (post attack), displayed considerably higher symptoms of depression, PTSD, and anxiety. This study gives us excellent insight into the mechanics of fear generalization, as well as extended fear and its effects.

The results of *Glad et al. (2016)* were similar in nature to *Filkukova et al. (2016)* but posed some interesting data separately. Survivors’ posttraumatic reactions of the same terrorist attack were assessed and measured using the University of California PTSD reaction index. What they found was that auditory reminders were the most distressing and were encountered the most following the attack. Furthermore, this evidence leads to the conclusion that reminders of trauma, as well as auditory reminders, aid in the development and conservation of PTSD symptoms. Additionally, upwards of 25% of survivors stated they still deal with trauma

reminders in their day-to-day life. The results of this study connect to Filkukova and colleagues in some interesting ways.

The mechanisms of extended fear/generalization of fear as well as auditory reminders all operate at within the realm of PTSD symptoms. PTSD is an expansive disorder that looks different for everybody, but it seems that extended fear, fear generalization, and auditory reminders are indicative of moderate to severe PTSD and peritraumatic experiences. Although these symptoms and reminders vary from person to person, clinicians and psychologists can take these and develop therapies catered toward those who have trouble distinguishing between stimuli they find threatening or not.

That being said, it is essential to touch on the criteria for post-traumatic stress disorder (PTSD) in order to better understand the participants and their behavior in these two studies. The DSM-5 provides sufficient criteria in order to diagnose PTSD. The criteria ranges from A to H, with each level having its respective benchmarks and conditions that need to be met in order to be diagnosed. For example, criterion A requires one of these conditions: exposure to actual or threatened death, serious injury, or sexual violence, direct exposure to the trauma, witnessing the trauma happen to others, learning about the trauma close to others, and indirect exposure to unpleasant details of the trauma. Criterion B deals with intrusion symptoms (if the event is consistently being re-experienced), criterion C is avoidance of trauma-related stimuli, criterion D is negative thoughts or feelings following the event, criterion E is trauma-related arousal that begins or worsens following the event, and so on. Thus, we can now connect some criteria from the DSM-5 to some of the survivors' behavior in the two respective studies.

In regard to the survivors in the studies, I would reason that they experienced criterion B the most often, or at least in abundance. Let's consider once more that criterion B involves

intrusion symptoms, which can be experienced in nightmares, dissociative flashbacks, emotional distress, and physiological reactivity. The survivors of the Utøya Island attack experienced this in the form of peritraumatic experiences, as well as an extended, heightened state of fear. *Glad et al. (2016)* puts this poignantly, saying “Although 2.5 years had passed since the terror attack on Utøya Island, more than one quarter of the survivors reported that they were still struggling with distressing trauma reminders in their daily life” (Glad 2016). *Filkukova et al. (2016)* also displays some interesting data, saying that 54.1% of participants evaluated new stimuli (such as care workers, policemen, hospital workers, etc.) as threatening shortly following the attack. It would be safe to say that the symptoms of PTSD, (or an acute stress disorder), manifest almost instantly in these participants –shortly after the attack, and in the years following.

Filkukova et al. (2016) and *Glad et al. (2016)* gives us great insight into the behavior and mental state of survivors following the Utøya Island attack in 2011. We are given an understanding of extended fear, generalized fear, as well as post-traumatic stress disorder and its effects. This new data can give us better insight into the way people live following a terrorist attack or traumatic event, as well as PTSD’s insinuations in day to day life.

Work Cited

- Filkuková, P., Hafstad, G. S., & Jensen, T. K. (2016). Who can I trust? Extended fear during and after the Utøya terrorist attack. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(4), 512–519. <https://doi.org/10.1037/tra0000141>
- Glad, K. A., Hafstad, G. S., Jensen, T. K., & Dyb, G. (2017). A longitudinal study of psychological distress and exposure to trauma reminders after terrorism. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(Suppl 1), 145–152. <https://doi.org/10.1037/tra0000224>