



# Prime and prejudice: The effect of priming context and prejudicial attitudes on post-traumatic stress disorder symptoms following immigrant violence

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## ABSTRACT

The recent arrival of immigrants into many western countries has become common. Clashes between immigrants and local residents may produce acts of violence. In two studies we assessed post-traumatic stress disorder (PTSD) symptoms in local residents exposed to immigrant violence, while addressing possible effects of priming context and prejudicial attitudes. In Study 1, context was either reminiscent/non-reminiscent of experiencing African immigrant violence (researcher with same/different ethnic origin to that of perpetrators). In Study 2, context was manipulated as a negative ("illegal-migrant") or neutral ("working-immigrant") framing for African immigrants. We also examined if effects of context on trauma symptoms are moderated by prejudicial attitudes towards African immigrants. As expected, higher PTSD symptom levels were evident in the presence of traumatic (Study 1) and negative (Study 2) context, yet only in residents with high prejudicial attitudes. Results suggest that both contexts and prejudice play a role in assessment of PTSD stemming from cultural conflicts. Theoretical implications of the data in terms of PTSD memory theories, are discussed including the notion of a PTSD context theory. Practical implications pertaining to the potential compatibility of researchers and therapists with trauma victims are also addressed.

## 1. Introduction

According to the UN (UNHCR, Mid-Year Trends, 2014<sup>1</sup>), immigrants from the Middle East and Africa have been crossing into many western countries in increasingly large numbers. These immigrants may reside in closed, ghetto type neighborhoods, maintaining their previous identity, language and religion (Alba and Foner, 2015). Striving to maintain segregated cultural/religious institutions may induce conflicts between newcomers and native neighborhood residents (Dancygier, 2010). Whereas most research has hitherto focused on the aftermath of immigrant suffering (e.g., Kira et al., 2014), post-traumatic stress disorder (PTSD) symptoms may be common among local residents exposed to such conflicts, especially when manifested as neighborhood violence (Goldmann et al., 2011). The recent case of the 2016 New Year's Eve sexual assaults in Cologne, Germany, where immigrants sexually attacked native residents may be an example of such violence eruption. As elaborated below, an additional and possibly independent factor is a prejudiced tendency of native neighborhood residents' towards new immigrants (Pehrson et al., 2009). Two studies addressed

PTSD and prejudicial attitudes among local Israeli neighborhood residents, who were exposed to violence perpetrated by African immigrants.

### 1.1. Outline

Sixty thousand African immigrants have arrived in Israel since 2007. Most of them have suffered in making their way from their home countries until arriving in Israel (e.g., Yacobi, 2010). African immigrants in Israel typically tend to live in segregated areas, within specific south Tel-Aviv neighborhoods, such as Hatikva, Neveh-Shanan, Kiryat Shalom, and Shapira. These neighborhoods are small and crowded, with approximately 40,000 native Israelis.<sup>2</sup> For instance, the Hatikva neighborhood is less than 3 square kilometers, with approximately 10,000 native Israelis<sup>1</sup> and 10,000 African immigrants<sup>2</sup>. According to a Knesset (Israeli Parliament) report<sup>2</sup>(August 10th, 2014), these African immigrants came to Israel to work, thus more than 70% are males, who predominantly work in focal low-paid blue-collar jobs, such as movers, gardeners or in building. They typically do not speak Hebrew

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<sup>1</sup> UNHCR, Mid-Year Trends 2014. United Nations High Commission for Refugees. Geneva, Switzerland. Retrieved: [www.unhcr.org/54aa91d89.html](http://www.unhcr.org/54aa91d89.html).

<sup>2</sup> <http://www.mynet.co.il/articles/0,7340,L-4825527,00.html>.

and do not mix with Israelis. Because of their illegal status they don't receive citizenship, but rather tend to live within their own tight communities and culture. They are not enrolled in higher education nor do they serve in the army. Thus, their level of integration with Israelis at their age is typically very little. Due to their illegal immigration, the native residents refer to them as illegal migrants.

According to the above Israeli parliament report,<sup>3</sup> the involvement of African immigrants in crime between the years 2009–2013 was quite high, with over 7500 crimes; 30% of these crimes related to property, typically including armed burglary and mugging (knives, shockers, pepper gas, or physical violence), 25% involving bodily assault/attempted murder/murder and 5% sexual crimes. In addition to these reported crimes, it is estimated that a large majority of the perpetuated crimes go unreported and there is less cooperation from within the African immigrant community with police enforcement. A previous parliament report<sup>4</sup> has noted (Interior and Environmental Israeli Knesset Panel, 7.11.12), that the rate of violent crimes perpetrated by African immigrants doubles each year. Following, we assessed PTSD symptoms in Israeli residents exposed to violent crimes perpetrated by African immigrants. At its peak, the proportion of crimes perpetrated by African immigrants has reached 40% of all the crime perpetrated in Tel-Aviv,<sup>5</sup> despite them being less than 8% of Tel-Aviv's population.

## 1.2. PTSD, context and prejudice

As reviewed below, PTSD symptoms can be activated both by the presence of contexts reminiscent of the trauma and by prejudicial attitudes. The first aim of these studies was to address how self-reported PTSD symptoms are affected by the presence of trauma contexts during assessment. In Study 1, we examined if PTSD symptom levels differ when native residents assaulted by immigrants are assessed by a researcher from a similar ethnic origin to that of the perpetrator versus a researcher of their own ethnic origin. In Study 2, we enquired if PTSD symptoms differ as a function of the perpetrators contextual framing. The second aim of both studies was to assess if effects of context on PTSD symptoms are moderated by prejudicial attitudes towards immigrants.

## 1.3. Rationale: activation of PTSD by memory and context

One central rationale for context affecting PTSD symptom levels is that three major psychological theories view memory to be at the root of PTSD, and as shown below, memory may be robustly affected by context. The first theory, the emotional processing account (e.g., Rothbaum and Davis, 2003), suggests that a single associative network represents trauma memory in the form of propositions, which are logical connections between concepts. As typical of network models, when a concept is activated, the whole network may be activated. Accordingly, if a woman raped by a tall and bald man, encounters subsequently someone similar who is both tall and bald, the entire PTSD fear network may be activated, and consequently, PTSD symptoms reactivated.

Although the second (dual processing theory, e.g., Brewin and Holmes, 2003) and third theories (cognitive model, Ehlers and Clark, 2000) differ, they both claim that two types of memory are involved in trauma. Namely, PTSD arises when the conceptual/episodic memory for the trauma is not sufficiently processed, and traumatic memory predominantly remains of a perceptual/sensory nature. These latter accounts claim that only perceptual/sensory memory can activate trauma.

According to Ehlers and her colleagues (Ehring and Ehlers, 2011),

perceptual priming is the type of memory at the root of PTSD. Perceptual priming is a form of implicit memory, which is defined as facilitated processing due to prior exposure (Schacter, 1992). The term 'perceptual' refers to the type of information being remembered (e.g., color, form, odor and shape), as opposed to conceptual information, which relates to the semantic meaning (Roediger and McDermott, 1993). Individuals with PTSD (Michael et al., 2005; Kleim et al., 2012), or after trauma (e.g., Ehring and Ehlers, 2011), demonstrate greater perceptual priming of trauma-related stimuli than people without trauma. Critically, this elevated perceptual priming performance has been shown in turn to predict future PTSD severity (e.g., Michael et al., 2005; Ehring and Ehlers, 2011). In effect, perceptual priming may activate flashbacks, in turn, activating all symptoms. This cognitive model account addresses priming both as a memory task, whereby PTSD participants demonstrate better perceptual priming for trauma stimuli and as an activation mechanism whereby implicit memory for such stimuli activates trauma symptoms (e.g., Kleim et al., 2012).

While these theories differ with regard to which type of memory is involved; an entire semantic network being activated or mainly perceptual/sensory memory, they conceptualize PTSD in terms of the memory processes involved in remembering the trauma. Accordingly, PTSD symptom levels should be affected by the same factors that impact this memory, such as the "context-effect," which refers to enhanced memory performance when study-test conditions overlap (e.g., Tulving and Thomson, 1973). Memory performance is enhanced by reinstating a variety of study contexts during memory tests, such as a single perceptual element, an entire environment or one's mood (e.g., Smith and Vela, 2001). Thus trauma memory should be robustly activated when context present during the original trauma experience appears again during assessment.

## 1.4. Context and PTSD symptom levels

The role of context has been acknowledged in PTSD etiology (Rothbaum and Davis, 2003), PTSD treatment (Solomon et al., 2005) and PTSD inoculation (Meichenbaum, 2007). However, to the best of our knowledge, effects of context reinstatement on self-reported PTSD symptom levels have not been empirically investigated. In addition, extensive clinical evidence (Ehlers et al., 2004) supports the contention that PTSD symptoms may be activated by the mere presence of context. Two striking clinical examples are: 1. A man attacked by people belonging to a specific ethnic group, who developed a "strong fear of being attacked again by people of the same ethnic group" (Ehlers et al., 2004, p. 409). 2. A rape victim sitting in a restaurant, who suddenly felt uncomfortable, realizing later that this might have been triggered by the presence of a man nearby who bore "physical resemblance to the rapist" (Ehlers et al., 2004, p. 405). These examples suggest that reinstating contextual stimuli that are physically similar to those experienced during the trauma may trigger the original event in memory and activate the trauma symptoms.

Note that context reinstatement differs from this notion, in that performance on an implicit memory task is not required. Rather the mere presence of traumatic stimuli during symptom assessment may be sufficient to affect PTSD symptom levels without engaging in perceptual priming. Based on the above theoretical, clinical and experimental findings, we predict increased reported PTSD symptom levels when assessed in the presence versus absence of context reminiscent of the trauma. To further ascertain that the predicted results were being driven by context memory effects and not by other factors, we also included the measurement of resilience (Campbell-Sills and Stein, 2007), a trait that has no relationship with one's memory of a specific encounter. Only a consistent result pattern, whereby the context solely affects the memory related variables but not resilience, would support the context-effect theory.

<sup>3</sup> <https://www.knesset.gov.il/mmm/data/pdf/m03432.pdf>.

<sup>4</sup> <http://www.knesset.gov.il/protocols/data/rtf/pnim/2012-06-11.rtf>.

<sup>5</sup> <http://www.globes.co.il/news/article.aspx?did=1000745344>.

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