



Ido Beck

# 'A pornography of horrors'

Israelis are developing symptoms of PTSD due to intense, addicted viewing of brutal images disseminated via social media and text messages

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I wake up in a fright from a nightmare in which terrorists parachute into my garden, and I have nowhere to run and nowhere to hide. I get out of bed, my mouth dry, and grope my way to the kitchen. I am greeted by my 10-year-old son, who has also woken up and says: "Mom, I had the worst dream in the world." I look at him in despair and wonder why we left Israel and went all the way to New Jersey, if in the end he shares my nightmares – when he says: "I dreamed that I was late returning a book to the school library."

For weeks now, my heart and my mind have been in Israel, though my body and my brain are in North America. Since getting up on that Saturday morning, October 7 – when it was already afternoon in Israel and I realized that I wasn't there when reality fell apart – I've been glued to the phone 24/7. I get breaking news from Israeli websites and IDF Home Front air-raid siren alerts flashing on my phone, and I continuously refresh the feed on X, read commentators' texts, and watch civil organizations' and politicians' video clips.

The first days I didn't sleep at all. I lay in bed in my room, surrounded by New Jersey's lovely nature, and imagined them arriving in white Toyota pickups. I used a double lock on a door that's never locked. I locked the car doors before starting to drive, but that didn't stop the panicked thought of terrorists spraying cars and their occupants with bullets. I stopped walking the dog after dark. A while ago, when I was in Central Park, I noticed chemical toilets that had been placed along one of the main streets ahead of the New York marathon on November 5. All I could see in my mind's eye was terrorists opening fire at the long row of mobile toilets. How could it be that I was walking through the middle of Manhattan with anxiety that's more prevalent among people living in communities near the Gaza Strip, who experienced the attacks in a far more palpable way?

I revisited the symptoms of post-traumatic stress disorder that I studied while doing my undergraduate degree in psychology: frightening easily, feeling constantly on guard and on edge, experiencing difficulties concentrating, having trouble falling or staying asleep, and having feelings of anger or aggressiveness. I checked off each one. The horrific blow inflicted on people in Israel has reached all the way to America, and with tremendous force. Apparently when terror is broadcast instantly, unfiltered and extensively in video clips via social media and WhatsApp groups – the shock isn't diminished.

Thanks to social and conventional media, we have never been exposed so directly and in such graphic detail to atrocities of this sort. But even exposure to less sensational content heightens the probability of being traumatized or of suffering from what's called secondary PTSD, and consequently of having to grapple with psychological damage for years.

For example, scientists at the University of California, Irvine, examined the impact on Americans of the news broadcasts after the September 11 attacks. Their 2013 study found that people who were nowhere near the horrific attacks but watched the news intensely and for long periods – four to eight hours a day – were at higher risk of developing PTSD symptoms. About 12 percent of the over 1,000 participants developed what were categorized as extremely high levels of stress, which manifested not only in mental but in physiological ways. The phenomena were still evident among the participants with secondary PTSD when they were tested three years later.

A study conducted following the terrorist attack during the Boston Marathon

10 years ago, which killed three people, found that people who were exposed to intense media coverage of the event displayed PTSD symptoms even two years later. In other research, done at Boston University in the wake of a 2018 shooting incident during which a 19-year-old murdered 17 people in at the Marjorie Stoneman Douglas school in Parkland, Florida, the researchers found that the risk of suffering from (secondary) PTSD increased when viewers were exposed to several types of media. That is, the probability of developing that condition after seeing social media and press reports, and reading cell-phone messages about the incident, was higher than in cases where people only saw televised coverage.

These phenomena are quite familiar in Israel.

"Since the start of the war, we in ERAN [emotional first-aid hotline] have already responded to more than 50,000 calls," relates Shiri Daniels, the organization's director and head of the Faculty of Educational Counseling at the College of Management. Most of the calls have been coming in from people who were not directly affected by the Hamas attacks. "That represents a rise of hundreds of percent compared to routine times. During the first few days, we took 3,500 calls a day, and we're still getting 1,500 calls every day. People who get in touch with us are reporting trauma symptoms that they're experiencing from watching video clips.

"One mother talked about her daughter, who stopped eating after watching videos," Dr. Daniels continues. "A student reported that she fell apart after seeing a clip. One man said he ignored the experts' recommendations, and hasn't slept well since watching video footage."

"People don't eat, don't sleep, are filled with shame and guilt, aren't able to speak and are deteriorating in terms of functioning," notes Dr. Nirit Gordon, a clinical psychologist specializing in trauma treatment, referring to symptoms her colleagues are seeing in their clinics.

Daniels, of ERAN: 'People devour the videos, and there's nothing active they can do about what they see, so they pass the hot potato on. I see people who watched something horrific and tell their friends – it's infectious. Viewing clips is a terror event in itself.'

"No one in the country is sleeping," adds therapist Galit Feldman, who works with individuals, couples and families. "Patients tell me, 'I'm not sleeping,' or 'I fall asleep and wake up with a nightmare.' It's collective, and there is no doubt that it is directly and closely linked to the massive viewing of these videos."

Footage of the horrors is bludgeoning our psyche. Why does it draw us to it so magnetically and persistently?

"We have a natural inclination to touch pain," Feldman explains. "Like an injury on our body, we instinctively put our hand there. It was unrealistic to expect that people would not view these clips at all. We are drawn to pain because we harbor a hidden desire to heal it, to fill it with something that's lacking. Instead, we often reenact a problematic situation that we were involved in by scratching the wound... and thus experiencing the horror of the past again" – which can be helpful in moving past the trauma in a real-life situation, but that does not happen

in the case of people watching footage of upsetting events.

In Daniels' view, "the ability to moderate viewing of the videos is elusive. On one hand, the need for knowledge is cardinal and has a calming effect. But the current situation is out of control. Instead of us controlling the information, it is controlling us and raising the level of fear. We have an illusion of being in control, as though watching the video footage will help us in the face of the helplessness we are experiencing. But reality shows that not only does this fail when it comes to feeling in control – it is actually a highly destabilizing and disintegrative experience.

"We always say that being active helps us to cope," Daniels continues. "The problem is that in wartime people lose some of the 'anchors' they have, both psychological ones and others that help them lead their lives during normal times, so we may become preoccupied with ostensibly searching for information, but in reality become addicted to a pornography of horrors. People devour these videos, and there is nothing active they can do about what they are seeing, so they pass the hot potato on, as it were. I see people who watched something horrific and then have to tell their friends – it's infectious. Viewing these clips is a terror event in itself."

"Trauma actually involves breaking down the way we define our regular reality, especially the ability to predict and forecast [it]," Gordon, the clinical psychologist, observes. "According to our regular way of thinking, we know how the world works. But what defined October 7 is a lack of knowledge and lack of control. We are prepared to pay a steep price to restore that control – even if it's illusory – to our own hands.

"Our body has mechanisms for coping with trauma: to flee, to fight, to freeze, to surrender," she continues. "Evolution has built us to survive. In the real world we can hide, escape. But when video clips leap out at us from the phone and we aren't ready for it, we can't look away. We are being held in absolute bondage to materials that assail us and lose the ability to respond. We are in a vulnerable place, and we have no way to defend ourselves. Like a deer caught in the headlights of a truck."

"The consequences are ruinous," Daniels notes, "and they are long term. The more empathetic people are, the more compassion they have, the more serious the wound can be. Secondary trauma is created when you feel as if the trauma is happening to you, that it's something you are experiencing. It is very difficult to differentiate between the events themselves and your inner experience."

There is another reaction to viewing the brutal wartime images: guilt. "Everyone feels guilty," Feldman says. "Watching the videos is experienced as a type of price that we feel we need to pay, as

compensation for the injustice: Why was I spared while others were not? Sometimes the guilt is accompanied by a desire to identify with the suffering of the victims, to the point of neglecting other aspects of one's life and focusing solely on the disaster."

"We are coping with survivor guilt, which looms very large among all of us these days," Gordon agrees. "We want to take away from other people the atrocity that befell them, and we have no way to do that. The feeling is: 'These terrible things happened, and I wasn't there for them.'"

In order to survive psychologically, she explains, "we use a defense mechanism called 'splitting.' To reduce anxiety, we make a distinction between the person to whom the disaster occurred, and ourselves. When the world is confusing, and I feel unable to orient myself, the natural tendency is to reduce matters to a dichotomy: good and bad, black and white, them and me. The greatest terror is that what happens to them will also happen to me. When I watch a video, in a certain sense I am creating a separation, clinging to the idea that 'it won't happen to me.'"

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Exposure to violent wartime images has implications beyond our own psyche. For one thing, it affects relationships with our partners and also our parenting. "Children observe our expressions when we watch the clips," Feldman says. "If we convey only the shock but do not mediate it with messages of hope, it may have a negative effect on the process, whereby children usually derive confidence and resilience from watching us." In essence, when children witness their parents coping, staying hopeful and handling challenges, they learn to imitate those behaviors. On the other hand, if they see their parents crying or devastated, say, after watching media reports, they will be forced to struggle to overcome such situations by themselves.

When it comes to ties between couples, Feldman continues, "we see phenomena involving an emotional absence in the relationship – the person is there physically but not mentally. If we are drawn to seeing the videos, it comes at the expense of the people around us. In cases of obsessive viewing, the habit becomes central, and the partner and family relationships become peripheral. That is extreme, but it is happening."

Indeed, a new, as-yet unpublished Israeli study of the current war in Gaza found that prolonged exposure to images or content related to the events of the war is the most significant predictor of a decline in sexual functioning. Dr. Ateret Gewirtz-Meydan, from the University of Haifa's School of Social Work, together with Prof. Aryeh Lazar, from the Department of Behavioral Sciences and Psychology of Ariel University, ex-

amined the connection between sexual desire and activity, and traumatic symptoms (hyper-vigilance, a feeling of constantly being "at the ready," flashbacks, feelings of a disconnect from reality, anxiety, etc.), among 800 subjects, men and women.

"Observing the events of the war via various media – news, social media, WhatsApp and Telegram – was the strongest predictor of a decline in the frequency of sexual activity, [the degree of] sexual desire and sexual functioning," Gewirtz-Meydan says. In fact, she adds, "The effect was more acute even when compared to a situation where people had direct exposure to the events."

The reason for the negative impact of exposure to the media, she adds, "is that the brain often does not distinguish between what we see on the screen and what is happening in actuality. As such, the exposure to the traumatic events on the screen can be experienced as no less intense, and in this case even more so. Because instead of taking in only my personal experience, my brain is flooded with the experiences of many other people."

Therapist Feldman: 'Exposure to violent content over time leads to diminished sensitivity. We develop passivity, normalization sets in, and an entire society accustoms its brain to new levels of sadism and violence at an extreme level.'

Feldman: "I'm afraid that after the war there will be a wave of violence, from bellicosity and aggressiveness to domestic violence. The brain learns and the brain imitates, and this becomes embedded in us unconsciously. Exposure to violent content over time leads to diminished sensitivity. We develop passivity, things become normalized, and an entire society essentially accustoms its brain to sadism and violence at a new and extreme level. This can lead to social pathology – we will become less sensitive to needs, to distress, we will be less empathetic. What is the slap in the face your husband gave you compared to what they went through there [i.e., on October 7]?"

In Gordon's view, "The world is undergoing a process of radicalization. It's related to the array of visual images the social networks are producing at the moment, in an environment of surging violence. Where will this uncensored dissemination take us, as human beings?"

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Israeli authorities, aware of the potentially harsh psychological consequences, has so far refrained from distributing the 45-minute film of the October 7 massacre that was compiled by the IDF Spokesperson's Unit. Officials are screening the movie, with supervision and on a limited basis, for journalists and decision-makers in various countries, in order to show what actually happened and to mobilize international support for Israel.

Mental health practitioners have urged the government not to make the full film available to the Israeli public at large. A few weeks ago, Prof. Eyal Fruchter, chairman of the National PTSD Council, wrote Health Ministry Director General Moshe Bar Siman Tov, warning him that "watching the film is liable to harm the viewer, and if [the movie] is leaked or seen by a wide audience, it will be harmful to the viewers."

Daniels: "It's important to screen the

film abroad, especially in cases where people are denying what happened. But here in Israel it has no added value. There is no need to persuade the persuaded, who experience every day, minute by minute, the consequences of the atrocities. I don't know of a single person who hasn't been affected by the events or doesn't relate to them emotionally. To do this [show the movie] to ourselves is to compound the suffering with more suffering, which could substantively affect our ability to function and our ability to help others who are in need of help."

"If only these videos weren't available on the web," Gordon says. "If only we didn't have to deal with this dilemma."

Where, then, will help come from? Who is supposed to grasp the consequences of being exposed to the horror videos being disseminated so widely, and decide what can be shown and what needs to be shelved? Is it the government's responsibility? The tech or social media companies? Or perhaps, as things seem to be now, each of us is supposed to know where to draw the line?

"For years, practical responsibility rested with the individual," says Prof. Yafit Lev-Aretz, an expert on tech ethics at the School of Business at City University of New York. "Under current American legislation, the social networks are not obligated to actively search for information that should be removed. [President] Biden referred to the subject in a Wall Street Journal op-ed in which he wrote that the immunity granted the social networks is a crime. There is desire among Republicans as well to end that immunity, and a consensus that responsibility should be in their [the companies'] hands."

Still, Lev-Aretz notes, "There is a great deal of hypocrisy in such statements, because for seven years, at least, efforts have been made to pass reforms [relating to social media companies, in the United States], but they've been unsuccessful. The main reason is that no one knows where to draw the line: Where does personal responsibility begin and where does corporate responsibility end? Do we really want the decision about what should or should not be voiced in public to be made by organizations whose aim is to maximize profits? And above all, how do we preserve freedom of expression, a constitutional principle?"

"At the technical level, the social media can monitor content," Lev-Aretz notes. "For example, on the subject of pedophilia, there is very strong cooperation between the tech companies and social networks when it comes to screening content. If a suspicion of pedophilia arises there is an immediate report to the authorities and everyone falls into line. So it's not impossible.

"Lately," she adds, "we are seeing a change of course. The understanding is trickling down that the product itself is highly addictive, and it's starting to be treated as a public health problem, like cigarettes, opioids, junk food, etc. For years the emphasis was on personal responsibility, but now we're seeing a shift in public opinion, which is beginning to be expressed in legislation and regulations."

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No one showed up on the morning of October 7, no one rescued the inhabitants of the communities near Gaza or the people at the party, which turned into a shooting gallery. After that day, it seems, no one seems to want to spare us a flood of atrocities – they are being transmitted via instant messaging groups and social media. Bearing witness on behalf of the survivors of the atrocities, those who are no longer with us and the captives who must be brought back – must be effected while negotiating the thin line between acknowledging the events and mental collapse from excessive exposure. And on that thin line we are enjoined to tread gently, at this time.



Clinical psychologist Nirit Gordon. "To reduce anxiety, we make a distinction between the person to whom the disaster occurred, and ourselves." Elyahu Hershkovitz