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Politics of Trauma: Party Affiliation Moderates the Relationship between Media Exposure to Collective Trauma and Mental Health Consequences

THESIS

submitted in partial satisfaction of the requirements
for the degree of

MASTER OF ARTS

in Social Ecology

by

Cristian Guillermo Rodriguez

Thesis Committee:

Professor Peter Henry Ditto, Chair

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2018

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Abstract of the Thesis

Politics of Trauma: Party Affiliation Moderates the Relationship between Media Exposure to Collective Trauma and Mental Health Consequences

By

Cristian Guillermo Rodriguez

Master of Arts in Social Ecology

University of California, Irvine

Professor Peter Henry Ditto, chair

Media exposure to collective traumatic events has a significant impact on mental health, even on those who are not directly exposed to the tragedy. Despite the relevance these events have on political processes and narratives, scarce research has addressed the question of how the effects of media exposure may differ depending on an individual's political orientation and party affiliation. Previous research in social and political psychology suggests contradictory predictions of who should be most affected by news coverage of a collective tragedy, so I explored this question using existing high-quality datasets collected in the context of a wider research project on collective trauma. I conducted a set of secondary analyses on a large nationally representative sample (n = 4,657), surveyed in the aftermath of two collective traumatic events: the 2013 Boston Marathon Bombings and the 2014 Ebola Outbreak. In the Boston Bombing survey, regression analyses revealed that the effect of media exposure to the tragedy on acute stress was moderated by party affiliation: both Republican and Democrats had lower sensitivity to media exposure than subjects not affiliated with either party. In the Ebola survey, these findings were replicated in two mental health outcomes. Hierarchical regression analyses revealed that party affiliation, but not

ideology, drove the protective effect for Republicans and Democrats. This suggest that political self-categorization, as a form of social identity, may buffer from uncertainty in collective tragedies.

Introduction

Collective traumatic events, such as terrorist attacks, global health emergencies or natural disasters, have massive societal impacts. Although not necessarily political in their causes, these types of events are political in the sense that they affect a population as a whole, the framing and official responses must be handled by government actors and they usually generate a new political scenario, where policies, agreements and alliances need to be renegotiated (Boin, 't Hart, & McConnell, 2009; Lindholm, 2016). In parallel, collective trauma impacts, not just directly involved victims, but also the wider population by means of indirect exposure via media coverage, which plays an imperative role (Silver & Garfin, 2016; van der Meer & Verhoeven, 2013). Researchers focused on collective trauma exposure through the media have emphasized the breadth and depth of its negative psychological consequences (Ahern et al., 2002; Otto et al., 2007; Pfefferbaum et al., 2014; Silver et al., 2013).

The intersection between political aspects of collective traumatic events and their mental health consequences has received little attention. I address this gap in the literature by exploring the association between party affiliation, exposure to trauma-related media and negative mental health outcomes. Are there differences in the way Republicans and Democrats – and those not identified with either party – are affected by news coverage of terrorist attacks or health crises? In my study, I will explore political aspects of this association between media exposure and

psychological responses using high quality datasets from large nationally representative surveys collected in the immediate aftermath of the Boston Marathon Bombings (BMB; April and May 2013) and during the Ebola crisis (December 2014 and January 2015), providing a valuable opportunity to assess possible political differences in the impact of media on mental health.

Media Exposure to Collective Trauma

Several studies have demonstrated that indirect exposure to traumatic events through news broadcasts is strongly associated with negative mental health outcomes (Ahern et al., 2002; DiGrande et al., 2010; Otto et al., 2007; Pfefferbaum et al., 2003). Previous research has shown that being exposed for 4 hours or more to media coverage of the World Trade Center attacks resulted in a 51% increase in the likelihood of having high acute stress in the weeks following September 11th (Silver et al., 2013). Research after the BMB showed that exposure to six or more daily hours of media content related to the terrorist attack was more strongly associated to high acute stress than direct exposure to the bombings (Holman, Garfin, & Silver, 2014).

Political Differences in Sensitivity to Traumatic Media Exposure

Why would there be political differences in the stress responses in relation to media exposure? According to a substantive research tradition, political worldviews are a set of psychological dispositions, such as values, attitudes and beliefs that are closely related to

personality traits and other individual differences (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950; Caprara, Schwartz, Capanna, Vecchione, & Barbaranelli, 2006; Duckitt & Sibley, 2010; Eysenck, 1956; Jost, Federico, & Napier, 2009; Rokeach, 1973). Thus, it could be argued that political differences could moderate the impact of media exposure of traumatic events on mental health. Yet, previous research offers support for several different hypotheses regarding which political group may show the greater sensitivity

Conservatives should be more affected

Among the characteristics that may be associated with psychological responses to collective trauma, studies have shown that conservatives are less tolerant of uncertainty (Carney, Jost, Gosling, & Potter, 2008; Jost et al., 2007), more sensitive to existential threats (Jost, Glaser, Kruglanski, & Sulloway, 2003a, 2003b) and present higher need for closure and structure (Chirumbolo, 2002; Chirumbolo, Areni, & Sensales, 2004; Meader, 2014). Hibbing and colleagues argue that the basic difference between conservatives and liberals is negativity bias, meaning that they have stronger psychological and physiological reactions to negative stimuli (Hibbing, Smith, & Alford, 2014). Maladaptive traits, such as Compulsiveness and Disagreeableness, that have been related to poor coping with traumatic situations (Bryant & Guthrie, 2005; Littleton, Axsom, & Grills-Taquechel, 2011), have been linked to higher right-wing and authoritarian attitudes (Van Hiel, Mervielde, & De Fruyt, 2004). These findings would

suggest that conservatives will be more affected by news about traumatic events, such as a terrorist attack or a public health emergency.

Since conservatives and people with traditional values tend to be vigilant about groups or entities that could threaten their world, media-based information about collective traumatic events should activate their fight-or-flight responses in a more acute way than liberals or individuals that do not identify with either side. Most of these findings, however, have been found in laboratory settings, using artificial stimuli. To my knowledge, only one study has addressed this question in real-life contexts. Bonanno and Jost (2006) found that both political conservatism and authoritarianism were significantly related to PTSD and depressive symptoms, as well as lower levels of psychological adjustment as reported by friends and relatives, 7 months after 9/11.

Liberals should be more affected

Research on differences associated with ideological attitudes may also provide theoretical support for the opposite hypothesis. Personality psychologists have found a robust association between liberalism and higher levels of Neuroticism (Caprara et al., 2006; Carney et al., 2008; McCann, 2014; Schlenker, Chambers, & Le, 2012; Van Hiel et al., 2004). In general, subjects higher in Neuroticism are more prone to anxiety and emotional instability (Kotov, Gamez, Schmidt, & Watson, 2010; Lahey, 2009). There is evidence linking Neuroticism to psychological

sequelae after traumatic events (Breslau, Davis, Andreski, & Peterson, 1991; Cox, MacPherson, Enns, & McWilliams, 2004; however, for a criticism of this association, see Engelhard, van den Hout, & Kindt, 2003; Engelhard, van den Hout, & Lommen, 2009). In contrast, there are some other aspects of conservatism that could have a protective function against threatening events. For instance, Schlenker and colleagues argued that constructs associated with conservatism – such as greater optimism, higher levels of agency and self-efficacy – are related to better patterns of psychological adjustment (Schlenker et al., 2012). Accordingly, it could be argued that liberals will report higher degrees of anxiety and concerns about trauma in comparison to conservatives. The specific emotional sensitivity of liberals, their compassionate concerns and benevolent-universalistic motivations (Caprara et al., 2006) would trigger stronger negative emotional responses to trauma-related media broadcasts. To my knowledge, no study has provided direct evidence for this hypothesis. However, there is evidence that liberals' reports of subjective well-being are more sensitive to societal trends that involve negative consequences for the members of society, such as the increase of inequality (Alessina, Di Tella, & Macculloch, 2004; Napier & Jost, 2008) or unemployment (Tella, Macculloch, & Oswald, 2001), while conservatives tend to remain less affected by these changes. It could be argued that a similar effect should emerge in cases of collective trauma, meaning that Democrats would show less adaptive responses to media coverage of traumatic events.

Non-affiliated subjects should be more affected

It can be argued that psychological consequences of media exposure to traumatic events should be more prevalent in individuals that do not hold mainstream ideological views, nor identify themselves with any major political party. There are two lines of reasoning that could support this hypothesis.

Party affiliation as ideological protection. To be affiliated with a specific political party could be interpreted as having some level of affinity with its ideological worldview. Trauma researchers have argued that ideologies provide a meaning framework for threatening events (Park, Mills, & Edmondson, 2012). According to cognitive worldview perspectives on trauma (Park, Riley, & Snyder, 2012), traumatic events violate meaning structures, questioning basic beliefs about the self and the world. One possible coping mechanism is reappraisal of the events, based on structured ideologies or worldviews. A clear case of this is the role that religiosity plays in coping with collective traumatic events (Prati & Pietrantoni, 2009). Studies in the context of chronic political violence, have shown that children and adolescents in the Gaza Strip with higher ideological and religious commitment levels were less likely to show symptoms of depression, anxiety and insecurity (Khamis, 2012; Punamäki, 1996). When conceived as worldviews, ideologies can provide a more or less clear narrative template in collective traumatic situations, contributing to the meaning-making coping processes. Therefore, the lack of political identification may be associated with higher degrees of negative mental health consequences after trauma.

Party affiliation as social identity. By identifying themselves as Democrat or Republican, participants may be more likely to feel themselves as group members. This could be an effect of self-categorization alone, regardless of ideological beliefs. Political labels may have a psychological effect on their own. Beyond the ascription of a particular set of beliefs, identification with a political group seems to serve an identity function. For example, there is evidence that ideological and party self-classification alone have an effect in the way subjects judge novel policy issues, irrespective of the specific ideological content (Cohen, 2003; Malka & Lelkes, 2010).

The social identity approach to health and well-being (Haslam, Jetten, Postmes, & Haslam, 2009) argues that individuals that self-categorize into more social groups, are less likely to have negative physical and mental health outcomes, as well as cope better in stressful situations, such as brain injury (Jones et al., 2012) or heart surgery (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005). Moreover, identifying oneself as prototypical group member had a protective function against group discrimination (Latrofa, Vaes, Pastore, & Cadinu, 2009). In the context of political violence, Muldoon and colleagues found that Northern Irish children exposure to violence significantly interacted with personal commitment with the ideological cause when predicting general health and self-esteem (Muldoon & Lowe, 2012; Muldoon & Wilson, 2001).

In sum, the research literature does not offer a clear prediction on how individuals from different political groups should differ in their responses to media-based exposure to collective trauma. Threat sensitivity, negativity bias and intolerance to uncertainty could be associated with higher distress for conservatives, while higher neuroticism and compassionate concerns could lead to higher levels of stress in liberals. Alternatively, party affiliation per se could be a protective factor, either by providing meaningful interpretations of traumatic circumstances, or by enhancing the sense of belonging to a wider group. Moreover, to validly test these competing hypotheses it is ideal to study individuals in real-world scenarios of traumatic events, rather than in laboratory settings with artificial threats. The research proposed here provides that opportunity.

The Present Study

Given this the lack of empirical evidence in this area, I explored the possible relationships between media exposure to traumatic events and psychological consequences. The present study addresses the question: does party affiliation moderate the relationship between media exposure and psychological responses to collective trauma? Literature on psychological differences across political groups is usually based on experimental studies on small-to-medium size convenience samples. For instance, in Jost et al's pioneering meta-analysis of 88 studies on ideological asymmetries, roughly 60% of the participants were college students and the mean

sample was 256 subjects (Jost et al., 2003a). My approach contributes to this body of research using large, high-quality nationally representative datasets in the aftermath of real-life collective traumatic events.

In the first survey, I used a national representative sample to analyze whether the relationship between exposure to media coverage of the BMB and acute stress is moderated by partisanship. In the second survey, I tested whether any association between party affiliation and sensitivity to media exposure in collective trauma could be explained by ideology. For that end, I conducted a set of analyses on data from the same respondents during the Ebola crisis, collected two years after the first survey. Additionally, I had access to a wider range of outcomes, such as clinical measures of negative mental health as well as attitudes and Ebola-related preventive behaviors.

To get a better idea of whether and how political differences can be associated with psychological responses to media coverage of collective trauma, I also included in the analyses covariates such as prior mental health diagnoses (Schuster et al., 2001), exposure to collective trauma (Garfin, Holman, & Silver, 2015), and demographics (age, gender, ethnicity, education and income)

First Survey: Boston Marathon Bombing and Acute Stress

In this first study, I wanted to test whether differences in party affiliation could be associated with differential sensitivity to media exposure covering the BMB.

Participants and Data Collection

As a part of a larger research project (Garfin et al., 2015; Holman et al., 2014), on April 29, 2013 (two weeks after the BMB), a Web-based national-wide survey was released, oversampling subjects from Boston, New York. This sampling strategy was intended to have a sample large enough to examine long-term effects of exposure to 9/11 and the BMB in independent analyses. Surveys were available for 6,098 respondents, who were drawn from the GfK KnowledgePanel, a probability-based Web-enabled panel recruited via traditional survey methods to complete Web-based surveys in exchange for compensation or free Internet (as an incentive for participation). GfK reminded participants to respond by email, and later telephone calls. By May 7, 2013 (four weeks after the attacks), data from 4,822 completed surveys was collected (Boston: *n*=846, New York City: *n*=941, national sample: *n*=2,888), resulting in a 79.08% response rate. One hundred and forty-seven subjects were dropped due to highly improbable response speed. GfK controlled for the statistical representativeness of the samples (see Holman et al., 2014 for detailed demographic comparisons).

Population weights. Weights were calculated, among other factors, to reflect unequal selection probabilities for each member of the panel to fit the most recent governmental statistics in the following dimensions: age (18–29, 30– 44, 45–59, 60+), gender, race-ethnicity (Hispanic, non- Hispanic White, non-Hispanic Black, non-Hispanic other, non-Hispanic multiracial), education (less than high school, some college, bachelor's degree or higher), annual income ($0–$24,999, $25,000–$49,999, $50,000– $74,999, $75,000+), and Internet access (yes, no). When

sample sizes permitted, variables were crossed (e.g., age and gender) so that joint distributions could be used to adjust weights. As needed, categories of weighting variables were collapsed to increase samples of available respondents and avoid the creation of extreme weights.

Measures

Acute stress symptoms. Acute stress was measured using the Stanford Acute Stress Reaction Questionnaire (Cardeña, Koopman, Classen, Waelde, & Spiegel, 2000). Respondents used a six-point scale from 0 (not experienced) to 5 (very often experienced) to describe how often they had experienced 30 items since the bombings (e.g., "I try to avoid thoughts about the Boston Marathon bombings and their aftermath", or "I feel hypervigilant or 'on edge'"). See Appendix for details of the scale. A summed symptom score was created (weighted Cronbach's α = .96). Scores range from 30 to 180.

Media exposure to the Boston Marathon bombing. Exposure to media content related to the BMB was measured by asking participants how many hours per day (from 0 to 11+) they spent engaged with BMB-related content from each of four media sources: television, radio, print and online media). A total media exposure score was computed as the continuous number of hours of daily use summed across types of media.

Religiosity. I generated a dummy-coded variable based on question "What is your religion?", coded 1 for participants that expressed identification with any religion and 0 for those who indicated none.

Mental health history. History of mental illness was assessed using items modified from the Centers for Disease Control's National Center for Health Statistics Annual National Health Interview Survey (NHIS). Respondents were asked "Has a medical doctor ever diagnosed you as suffering from any of the following ailments?" with prompts for depression and anxiety disorders (not including PTSD). Comparisons between NHIS and KnowledgePanel estimates indicated an average difference of less than 1.5% for several health outcomes, supporting the validity of these data. Over two-thirds of the sample had provided this information before the BMB (n = 3,351, 71.7%). To retain sample representativeness, missing values for anxiety and depression were imputed using Sequential Hot Deck Imputation (Andridge & Little, 2010). This method identifies the best predictors of the disorders and appropriate donors using respondent survey data. Missing data are then replaced with values from donors.

Demographics. GfK participants' profiles included demographic data, such as area of residence (Boston, New York, National), age, an 18-level household income item, highest educational level attained, gender and ethnicity.

Party affiliation. As part of the pre-BMB panel registration, respondents had to declare their political affiliation using a 7-point scale (1 "Strong Republican" to 7 – "Strong Democrat"). The middle point of the scale (4) was labeled as "Undecided / Independent/ Other". Thus, participants were categorized in three groups: Republicans, Unaffiliated and Democrats.

Second Survey: Ebola Outbreak and psychological consequences

Participants and Data Collection

On December 30, 2014, six weeks after Dr. Martin Salia's death of Ebola in Nebraska Medical Center and when prevalence of Ebola was still high in West Africa (World Health Organization, 2016), another web-based survey was released to the same participants that completed the first survey. By the end of the collection period, on February 12, 2015, from a total of 4,675 participants, 3,447 surveys were completed (response rate 73.73%).

Measures

In the second survey, more variables were included that could be related to negative outcomes regarding a traumatic event. Specifically, I retrieved data related to a wider range of mental health and attitudinal outcomes. Other measures unrelated to this research question were not considered.

Worries about Ebola. Two self-report items measured participants' concerns about Ebola virus ("How often in the past week have you had fears about the possibility of Ebola affecting your community?"; "I worry that Ebola will personally affect me or someone in my family in the future."; weighted Cronbach's α = .86).

Functional Impairment *(cf. Ware & Sherbourn, 1992).* A brief version of the clinical measure of general functional impairment assessed whether participants had experienced a disruption in their work activities or social life (e.g., "During the past 7 days, how much of the

time has your emotional health Interfered with your social activities (like visiting with friends, relatives, etc.)?"; 1=None of the time – 5= All of the time). Individual scores were averaged to obtain a functional impairment mean (weighted Cronbach's α = .87).

Global Distress *(DeRogatis, 2001).* To determine levels of psychological discomfort, the survey included the Brief Symptom Inventory-18 (BSI). This inventory comprises three subscales: depression, anxiety, and somatization (see Appendix for details). The complete scale showed high reliability (weighted Cronbach's α = .93).

Media Exposure. Since the Ebola outbreak was an ongoing traumatic event, it was not possible to ask participants for a precise number of hours of media exposure. Therefore, participants were asked to estimate, in average, how many hours per day had they spent watching, listening or reading media covering the Ebola crisis ("Less than 1 hour", "Between 1 and 3 hours", "More than 3 hours").

Prior Mental Health. History of mental disorders was computed based on values of the first survey and GfK's panel account of physical and mental health diagnoses between the two measurements.

Demographics. All demographic measures used in the first survey were updated: age, education, income, ethnicity, except for religiosity that was not available for this survey.

Party affiliation and political ideology. As in the BMB survey, it was possible to have access to the participants updated GfK profiles on party affiliation. Additionally, in this version of the survey, it was possible to collect a 7-level item regarding political ideology ("In general, do you think of yourself as…"; 1 – Extremely Liberal, 7 – Extremely Conservative).

Results

Descriptive Measures

Boston Marathon Bombing survey. Descriptive statistics of the first survey are presented in Table 1 for the whole sample, and broken by political affiliation. Most of the sample identified with either the Republican (n = 1516, 40.08%) or Democratic party (n = 2135, 56.46%), whereas participants selecting the option "Independent / Undecided / Other" were a relatively small group (n = 131, 3.46%). Acute Stress scores were higher for unaffiliated participants (M = 45.33, SD = 28.41), followed by Democrats (M = 44.42, SD = 21.05) and Republicans (M = 41.21, SD = 18.38), although no significant differences were found between the reported stress levels of unaffiliated participants and Republicans (b = -4.11, t(3799) = -1.15, p = .250), nor those of between Democrats and unaffiliated participants (b = -.90, t(3799) = -.25, p = .801). Nevertheless, Democrats reported significantly more acute stress symptoms than Republicans (b = 3.20, t(3799) = 3.59, p < .001). In terms of hours per day of exposure to BMB related news, Democrats reported higher levels (M = 4.92, SD = 5.64) than Republicans (M =

Table 1. Descriptive measures, adjusted by population weights (BMB Survey 1).

		Total		Republicans		Unaffiliated		Democrats	
	Range	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Acute Stress	30 - 180	43.42	20.14	41.21	18.38	45.33	28.41	44.42	21.05
Media Exposure	0 - 44	4.72	5.45	4.39	5.06	3.49	4.15	4.92	5.64
Age	18 - 93	47.18	16.71	48.40	16.87	49.42	14.73	47.60	16.83
		%	n	%	n	%	n	%	n
Sample Sizes		100.00%	3782	40.08%	1516	3.46%	131	56.46%	2135
Religion (Yes)		77.26%	3611	85.07%	1289	65.36%	86	75.01%	1,602
Gender (Female)		52.77%	2467	48.21%	731	47.99%	63	55.42%	1183
Ethnicity (White, non-hispanic)		69.00%	3226	85.01%	1288	64.49%	84	58.76%	1255
Prior Mental Health									
None		81.65%	3817	84.15%	1,329	91.12%	106	80.46%	1,679
Depression or Anxiety		14.24%	666	11.74%	185	5.25%	6	13.89%	290
Depression and Anxiety		4.11%	192	4.11%	65	3.63%	4	5.65%	118
Sample type									
National		61.78%	2888	66.31%	1,047	65.93%	76	57.85%	1,207
Boston		18.10%	846	16.14%	255	14.54%	17	19.35%	404
New York		20.13%	941	17.55%	277	19.53%	23	22.80%	476
Education									
Less than High School		8.25%	386	5.82%	92	17.54%	20	8.48%	177
High school		31.84%	1488	33.49%	529	51.85%	60	28.93%	604
Some college		29.29%	1369	30.90%	488	16.37%	19	28.84%	602
Bachelor's degree or higher		30.62%	1432	29.79%	470	14.24%	17	33.75%	704
Income (Median category)		$60,000 to $74,999		$60,000 to $74,999		$50,000 to $59,999		$50,000 to $59,999	

Note: frequencies adjusted by weights are rounded to the next integer. Media exposure is measure in hours per day in four, non-exclusive different media (TV, Radio, Print, Online). Consequently, scores range from 0 to 44.

4.39, *SD* = 5.06) and unaffiliated respondents (*M* = 3.49, *SD* = 4.15). Democrats' media exposure was significant higher than Republicans' (*b* = -.53, *t*(3799) = -2.22, *p* = .026) and for unaffiliated (*b* = -1.42, *t*(3799) = -3.04, *p* = .002). Most of the covariates and demographics showed no significant differences across the three political groups. Small significant differences were found in relation to religion and education: unaffiliated participants were less likely to identify themselves as religious and to have attended or graduated from college.

Table 2. Descriptive measures, adjusted by population weights (Ebola Survey)

		Total		Republicans		Unaffiliated		Democrats	
	Range	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Ebola Worries	1 - 5	1.53	.71	1.50	.67	1.69	.63	1.53	.70
Functional Impairment	1 - 5	1.43	.74	1.33	.65	1.70	1.02	1.49	.77
Global Distress	0 - 4	.34	.50	.28	.45	.52	.74	.37	.51
Age	18 - 94	47.33	16.93	47.63	17.34	45.67	15.95	47.25	16.77
Ideology	1 - 7	4.13	1.48	5.04	1.81	4.26	1.25	3.4	1.3
		%	n	%	n	%	n	%	n
Sample Sizes		100%	3390	41.98%	1423	5.40%	183	52.62%	1784
Media Exposure									
Less than 1 hour		73.96%	2517	78.64%	1118	73.88%	98	70.64%	1,264
Between 1 and 3 hours		21.99%	748	18.63%	265	21.77%	29	24.39%	437
More than 3 hours		4.05%	138	2.74%	39	4.36%	6	4.97%	89
Gender (Female)		51.35%	1741	48.11%	685	49.44%	91	54.14%	966
Ethnicity (White, non-hispanic)		68.13%	2310	83.52%	1189	62.46%	114	56.43%	1,007
Prior Mental Health									
None		80.84%	2740	84.44%	1202	81.67%	150	77.88%	1,389
Depression or Anxiety		11.65%	395	10.18%	145	13.47%	25	12.63%	225
Depression and Anxiety		7.51%	255	5.38%	77	4.86%	9	9.49%	169
Sample type									
National		91.56%	3104	92.86%	1321	93.61%	171	90.31%	1,611
Boston		1.93%	65	1.75%	25	1.26%	2	2.14%	38
New York		6.51%	221	5.39%	77	5.13%	9	7.55%	135
Education									
Less than High School		7.54%	225	6.00%	85	12.57%	23	8.25%	147
High school		33.60%	970	30.11%	428	46.82%	86	35.02%	624
Some college		31.44%	933	36.28%	516	13.63%	25	29.40%	524
Bachelor's degree or higher		27.42%	829	27.61%	393	26.98%	49	27.32%	487
Income (Median category)		$50, 000 to $74,000		$50, 000 to $74,000		$25,000 to $49,999		$50, 000 to $74,000	

Note: frequencies adjusted by weights are rounded to the next integer.

Ebola Survey. Similar to the BMB survey, updated political identifications showed that participants identify themselves overwhelmingly either as Republicans (n = 1423, 41.98%) or Democrats (n = 1784, 52.62%). Respondents that selected the option "Independent / Undecided / Other Party" were a small portion (n = 131, 3.46%; see Table 2).

Worries about Ebola. Unaffiliated participants reported more concrete worries about Ebola (M = 1.69, SD = .63) than did Democrats (M = 1.53, SD = .70) and Republicans (M = 1.50, SD = .67). The difference was significant for both Republicans (b = -.19, robust SE = .05, t(3371)

= -3.41, p=.001) and for Democrats (b = -.15, robust SE = .05, t(3371) = -2.82, p =.005); however, there was no significant difference between the two parties (b = -.03, robust SE = .02, t(3371) = -1.38, p = .167).

Functional Impairment. Unaffiliated respondents showed higher scores in functional impairment (M = 1.70, SD = 1.02) followed by Democrats (M = 1.49, SD =.77) and Republicans (M = 1.33, SD = 0.65). Some differences across groups were significant: unaffiliated were more functionally impaired than Republicans (b =.37, robust SE = .05, t(3368) = 2.57, p =.010), but not than Democrats (b =.21, robust SE = .14, t(3368) = 1.45, p=.147). Democrats, in turn, were significantly more affected than Republicans (b =.16, robust SE .04, t(3368) = 4.04, p < .001).

Global Distress. A similar pattern was revealed in terms of BSI scores, with higher scores for unaffiliated respondents (M = .52, SD = .74) than for Democrats (M = .37, SD = .51) and for Republicans (M = .28, SD = .45). Similarly, differences were significant: subjects not identified with either party were more distressed than Republicans (b = -.23, robust SE = .04, t(3372) = -5.82, p < .001) and Democrats (b = -.14, robust SE = .04, t(3372) = -3.72, p < .001), who also presented significantly higher BSI scores than Republicans (b = -.08, robust SE = .01, t(3372) = -4.83, p <.001).

***Media Exposure*.** Proportionately, there were fewer Republicans reporting watching more than 3 hours of media related to the Ebola crises, and similarly with the category of watching between 1 and 3 hours. Notwithstanding, a two-way frequency analyses showed that these differences across the three groups were not significant (χ^2 (4) = 4.56, p = .335).

***Political Ideology*.** As expected, Republicans scored higher in conservatism (M = 5.04, SD = 1.81) than Democrats (M = 3.4, SD = 1.30). Unaffiliated participants scored slightly higher

than the midscale point (M = 4.26, SD = 1.25). All differences between the three groups were significant: Republicans were more conservative than unaffiliated (b = -.77, robust SE = .20, t(3315) = -3.77, p < .001) and Democrats (b = -1.64, robust SE = .06, t(3315) = -23.74, p < .001), which in turn were more liberal than unaffiliated respondents (b = -.86, robust SE = .20, t(3315) = -4.18, p < .001).

Statistical Analyses

To analyze whether and how party affiliation may be related to the relationship between media exposure to a collective traumatic event and its psychological consequences the same analytical strategy was utilized across all the outcome variables in this study. Hierarchical regression analyses were conducted to examine the influence of media exposure and party affiliation on the outcome (Model 1), whether the interaction of these two variables is significant (Model 2) and whether this relationship is not explained by covariates and demographic differences across the three political groups (Model 3).

Boston Marathon Bombing Survey. In the BMB survey Model 1 shows that media exposure to the bombings is a significant predictor of acute stress (b = 1.67, robust SE = .133, t(3763) = 12.61, p <.001), whereas there is no significant association between party affiliation and acute stress (see Table 3). Greater media exposure scores predict greater acute stress. Then, Model 2 included the Media x Party interaction term and yielded a main effect of media

exposure (b = 3.56, robust SE = .709, t(3761) = 5.03, p <.001) but not of party affiliation (Republicans: b = .629 , robust SE = 3.331, t(3761) =.19, p = .850; Democrats: b = 3.110, robust SE = 3.350, t(3761) = .93, p = .353). However, the interaction between party affiliation and media exposure was significant. The relationship between acute stress and media exposure varied in function of the party. Specifically, Model 2 predicted lower acute stress scores for participants identified as Republicans (b = -1.89, robust SE = .73, t(3761) = -2.58, p =.010) and as Democrats (b = -1.94, robust SE = .73, t(3761) = -2.66, p = .008). There was no significant difference between the simple effects across parties (b = -.04, robust SE = .26, t(3761) = -.17, p =.865). This suggests that the association between media exposure and AS is more pronounced for unaffiliated respondents than for Democrats or Republicans. Introducing the interaction term increases significantly the amount of variance explained by the model (ΔR^2 = .005, F(2, 3761) = 12.05, p<.001). Finally, I entered covariates (area, religiosity, prior mental health) and demographics (education, income, gender, ethnicity, age). Results from Model 3 show that the association with media exposure is still significant (b = 3.49, robust SE = .72, t(3750) = 4.80,

Table 3. Acute Stress scores regarding BMB predicted by Political Affiliation and Exposure to BMB-related media, Covariates and Demographics (Study 1)

	Model 1					Model 2					Model 3				
	b	SE	p	[95% CI]		b	SE	P	[95% CI]		b	SE	p	[95% CI]	
Political Affiliation															
Republican	-6.010	3.415	.079	-12.706	.686	.629	3.331	.850	-5.901	7.160	1.547	3.327	.642	-4.977	8.070
Democrat	-3.758	3.429	.273	-10.481	2.965	3.110	3.350	.353	-3.457	9.678	2.869	3.341	.391	-3.681	9.419
Media Exposure	1.672	.133	<.001	1.412	1.932	3.562	.709	<.001	2.173	4.951	3.498	.728	<.001	2.070	4.926
Political Affiliation x Media Exposure															
Republican						-1.899	.737	.010	-3.344	-.454	-1.845	.754	.014	-3.323	-.367
Democrat						-1.945	.730	.008	-3.376	-.513	-1.918	.745	.010	-3.379	-.457
Area Sample															
New York											2.096	1.440	.146	-.727	4.918
Boston											.910	1.161	.433	-1.366	3.187
Education															
High school											-3.857	2.391	.107	-8.544	.830
Some college											-4.742	2.324	.041	-9.298	-.186
Bachelor's degree or higher											-3.751	2.401	.118	-8.459	.957
Religion (No = 0 / Yes = 1)											1.718	1.025	.094	-.292	3.728
Prior Mental Health											3.969	.881	<.001	2.242	5.696
Income											-.983	.206	<.001	-1.386	-.579
Gender (Male = 1 / Female = 2)											2.901	.824	<.001	1.286	4.515
Ethnicity (Non-White =0 / White = 1)											2.377	1.059	.025	-4.455	-.300
Age											-.031	.023	.177	-.075	.014
Constant	39.958	3.374	<.001	33.343	46.572	33.360	3.234	<.001	27.019	39.702	38.760	4.135	.025	-4.455	-.300
Model R^2	.199					.204					.244				
Δ R^2	.199					.005					.040				
F change	57.100					12.05					17.99				
p	<.001					<.001					<.001				

Notes: Unstandardized regression coefficients adjusted by population weights. SE = Robust Standard Errors. For Political Affiliation, reference category is Unaffiliated ("Independent / Undecided / Other"); for Area Sample, reference category is general population of the US; for Education, reference category is "Less than High School"

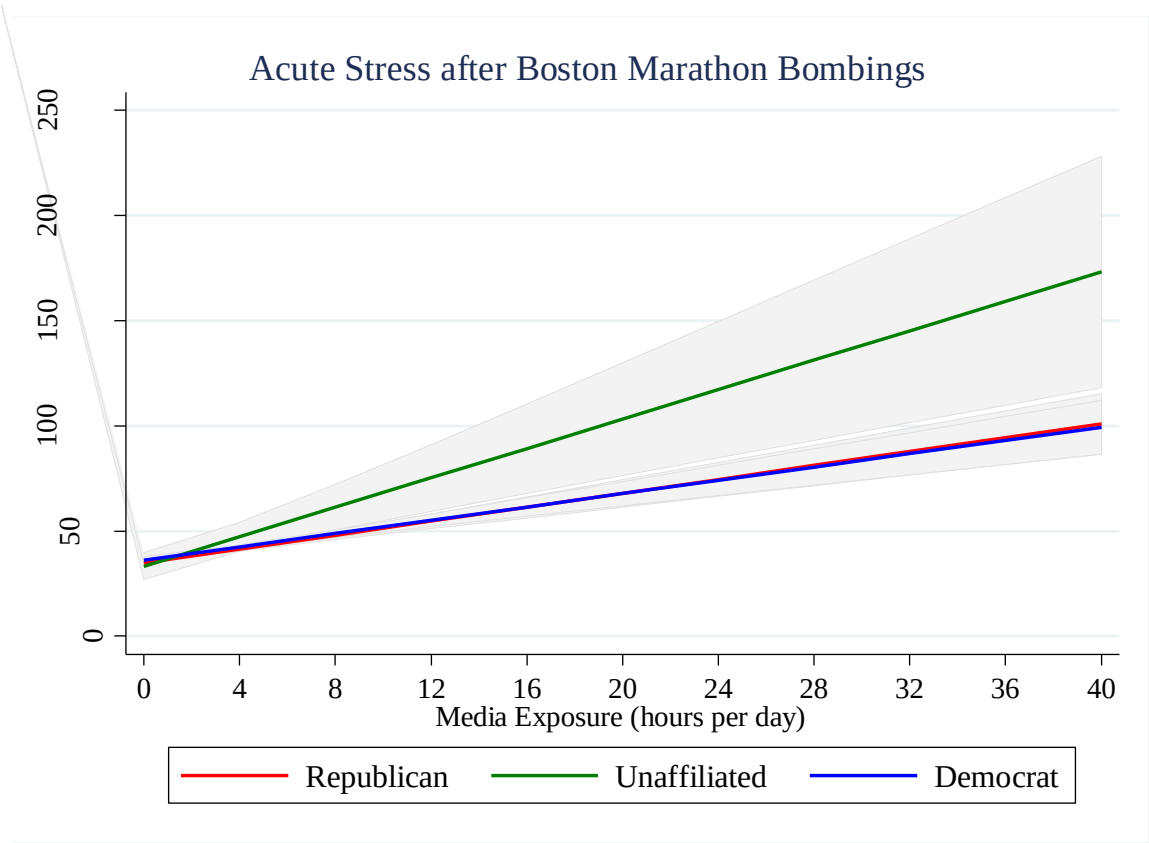

Figure 1. Interaction plot of predicted margins of acute stress on media exposure, broken by party affiliation

p<.001) though acute stress is not significantly different for unaffiliated respondents in comparison to Republicans (b = 1.54, robust SE = 3.32, t(3750) = .46, p = .642) or Democrats (b = 2.86, robust SE = 3.34, t(3750) = .86, p = .391). Even after controlling for covariates and demographics, Figure 1 shows that there is a significant interaction between media exposure and party affiliation, revealing that the slope between acute stress and BMB-related media consumption is higher for unaffiliated than for Republicans (b = -1.84, robust SE = .75, t(3750) = -2.45, p =.014) as well as for Democrats (b = -1.91, robust SE = .74, t(3750) = -2.57, p = .010). Changes in variance explained by each model showed that covariates and demographics predict

roughly 4% of unique variance ($\Delta R^2 = .04$, $F(11, 3750)$, $p<.001$), whereas party affiliation, media exposure and the interaction between these two variables account for approximately 20% of the variance in acute stress.

Ebola Survey. Similar to the BMB survey, a series of hierarchical regression analyses were conducted to test whether the main effect of media exposure and interaction effects with party affiliation replicated in worries about contracting Ebola, functional impairment and global distress (BSI), controlling for covariates and demographics.

Worries about Ebola. Model 1 shows that exposure to media coverage of Ebola is a significant predictor of worries about the disease, driven by the group of participants who reported watching 3 or more hours of Ebola-related media per day, who were more worried in comparison to those who reported less than 1 hour ($b = .59$, robust $SE = .13$, $t(3334) = 4.52$, $p <.001$) but not to those who watched 1 and 3 hours per day ($b = .21$, robust $SE = .14$, $t(3334) = 1.55$, $p = .120$). Party affiliation showed no main effect: unaffiliated participants had similar levels of worry about Ebola as Republicans ($b = .629$, robust $SE = 3.331$, $t(3761) =.19$, $p = .850$) and Democrats ($b = 3.110$, robust $SE = 3.350$, $t(3761) = .93$, $p = .353$). In Model 2 the party affiliation by media exposure interaction was introduced and yielded two main effects and the interaction effect as significant. For respondents not affiliated with either party the model predicted higher scores of Ebola worries than for Republican ($b = 1.07$, robust $SE = .36$, $t(3330) = 2.94$, $p = .003$) and for Democrats ($b = 1.36$, robust $SE = .31$, $t(3330) = 4.27$, $p < .001$). No significant difference was across the two major parties ($b = .29$, robust $SE = .27$, $t(3330) = 1.07$, $p = .283$). Participants who reported watching less than 1 hour per day had significantly lower scores of worries about contracting the Ebola virus than those watching between 1 and 3 ($b =$

.41, robust *SE* = .08, *t*(3330) = 4.71, *p* <.001) and those watching more than 3 hours per day (*b* = .74, robust *SE* = .23, *t*(3330) = 3.23, *p* = .001). Regarding the present research question, the interaction between party affiliation and media exposure was significant. The relationship between Ebola worries and media exposure varied in function of the party affiliation: in the group of participants who watched more than 3 hours per day, Model 2 predicted lower worries for participants identified as Republicans (*b* = -.95, robust *SE* = .38, *t*(3330) = -2.49, *p* =.013) and as Democrats (*b* = -1.28, robust *SE* = .34, *t*(3330) = -3.75, *p* < .001) than for unaffiliated respondents. There was no significant difference between the simple effects across parties (*b* = -.32, robust *SE* = .27, *t*(3330) = -1.18, *p* =.237). The introduction of the interaction term increases significantly the amount of variance explained by the model (ΔR^2 = .01, *F*(6, 3330) = 3.29, *p* = 003). In Model 3, including covariates and demographics, reported worries about contracting Ebola were significantly associated with higher Ebola-related media exposure: subjects watching more than 3 hours per day were significantly more worried than those reporting watching less than 1 hour (*b* = 1.73, robust *SE* = .30, *t*(3322) = 5.72, *p* <.001) and between 1 and 3 hours per day (*b* = 1.40, robust *SE* = .52, *t*(3322) = -2.66, *p* = .008). Interaction with party affiliation was significant, driven by the most exposed to media coverage of the health crisis. Republicans watching more than 3 hours had significantly less worry than unaffiliated participants (*b* = -1.06, robust *SE* = .37, *t*(3322) = -2.83, *p* = .005); Democrats also showed significantly lower worries than unaffiliated participants, given the same amount of media exposure (*b* = -1.46, robust *SE* = .34, *t*(3322) = -4.28, *p* < .001). No effect was found for respondents watching less than 3 hours per day (see Table 4 for complete models). Adding covariates and demographics significantly improved the model fit in roughly 4% (ΔR^2 = .04, *F*(7, 3323) = 7.46, *p* < .001). Fitted regression lines in Figure 2A reveal

Table 4. Linear and Poisson Regression Coefficents for all outcomes, adjusted by population weights and controlling for covariates and demographics (Ebola Survey).

	Ebola Worries				Functional Impairment				Global Distress			
	b	SE	95% CI		b	SE	95% CI		b	SE	95% CI	
Political Affiliation												
Republican	-.045	.120	-.280	.189	-.253†	.143	-.534	.027	-.140	.086	-.308	.029
Democrat	-.084	.121	-.322	.153	-.220	.148	-.510	.069	-.124	.088	-.295	.048
Media Exposure												
Between 1 and 3 hours	.330	.454	-.561	1.221	-.143	.393	-.914	.628	.114	.304	-.482	.709
More than 3 hours	1.716***	.306	1.116	2.315	1.331***	.231	.877	1.784	.618	.483	-.330	1.566
Party x Media												
Republican / Between 1 and 3 hours	.072**	.463	-.836	.981	.299	.401	-.486	1.085	.001	.308	-.603	.605
Republican / More than 3 hours	-1.039	.378	-1.781	-.297	-1.089***	.258	-1.596	-.583	-.065	.500	-1.046	.917
Democrat / Between 1 and 3 hours	-.057	.461	-.961	.847	.316	.400	-.468	1.099	.029	.309	-.576	.635
Democrat / More than 3 hours	-1.433***	.343	-2.106	-.760	-.712***	.313	-1.327	-.098	-.395	.497	-1.369	.579
Age	.001	.001	-.001	.003	.001	.001	-.001	.003	-.002**	.001	-.003	-.001
Gender (Male = 1 / Female = 2)	.024	.038	-.051	.100	-.054	.038	-.129	.021	-.011	.025	-.060	.039
Ethnicity (Non-White =0 / White = 1)	-.247***	.052	-.349	-.145	-.094*	.047	-.186	-.002	-.103***	.032	-.167	-.040
Prior Mental Health	.089*	.038	.014	.164	.438***	.043	.354	.522	.287***	.031	.225	.348
Income	-.018†	.010	-.038	.002	-.038***	.010	-.057	-.019	-.026***	.006	-.038	-.014
Area Sample												
New York	.020	.054	-.086	.127	.050	.051	-.051	.151	.054	.039	-.022	.130
Boston	-.044	.045	-.131	.043	.000	.042	-.082	.082	-.012	.027	-.064	.040
Education												
High school	-.092	.103	-.293	.109	-.147	.118	-.378	.084	.002	.061	-.117	.121
Some college	-.136	.101	-.334	.061	-.210†	.117	-.439	.019	-.038	.058	-.151	.076
Bachelor's degree or higher	-.219**	.100	-.416	-.023	-.140	.119	-.374	.094	-.029	.057	-.141	.083
Constant	1.757	.171	1.422	2.091	1.876	.183	1.517	2.235	.633	.108	.420	.845

Notes: Unstandardized regression coefficients adjusted by population weights. SE = Robust Standard Errors. Reference categories: for Political Affiliation"Unaffiliated" ("Independent / Undecided / Other"); Media Exposure "Less than 1 hour"; Area Sample, National Sample ; Education "Less than High School"

that excessive worries about Ebola virus yielded the same pattern of results found in the BMB survey.

Functional Impairment. The first regression model yielded a significant association between media exposure and functional impairment, also driven by participants who reported watching 3 or more hours per day, who were more impaired in comparison to those who reported less than 1 hour (b = .21 , robust SE = .05, t(3331) = 3.93, p <.001) and to those who watched 1 and 3 hours per day (b = .65, robust SE = .17, t(3334) = 3.67, p <.001). Consistent with previous research on political orientation and well-being, party affiliation showed a main effect on functional impairment: Republicans had lower levels of functional impairment in comparison to unaffiliated participants (b = .335, robust SE =.15, t(3331) =2.23, p = .026) and to Democrats (b =.14, robust SE =.03, t(3331) = 3.80, p < .001). Introducing the party by media interaction in Model 2 yielded the same two main effects. In average, Republican score lower in functional impairment than Democrats (b =.11, robust SE = .03, t(3327) = 2.95, p = .003) and unaffiliated (b =.34, robust SE = .16, t(3327) = 2.14, p = .033), whereas these two groups did not differ (b =.23, robust SE = .16, t(3327) = 1.45, p = .147). In terms of the effect of media exposure on functional impairment, less exposed participants (less than 1 hour per day) did not significantly differ from those watching between 1 and 3 (b = -.02, robust SE = .43, t(3327) = -0.05, p =.957), but both groups had significantly lower scores than those watching more than 3 hours per day (Less than 1 hour: b = -1.2, robust SE = .24, t(3327) = -5.24, p <.001; Between 1 and 3 hours: b = -1.3, robust SE = .44, t(3327) = -2.95, p = .003). Like worries about Ebola, the interaction between party affiliation and media exposure was significant. The relationship between functional impairment and media exposure had different strength in function of the party affiliation. Among participants most exposed to Ebola-related media (+3 hours per day), Model 2

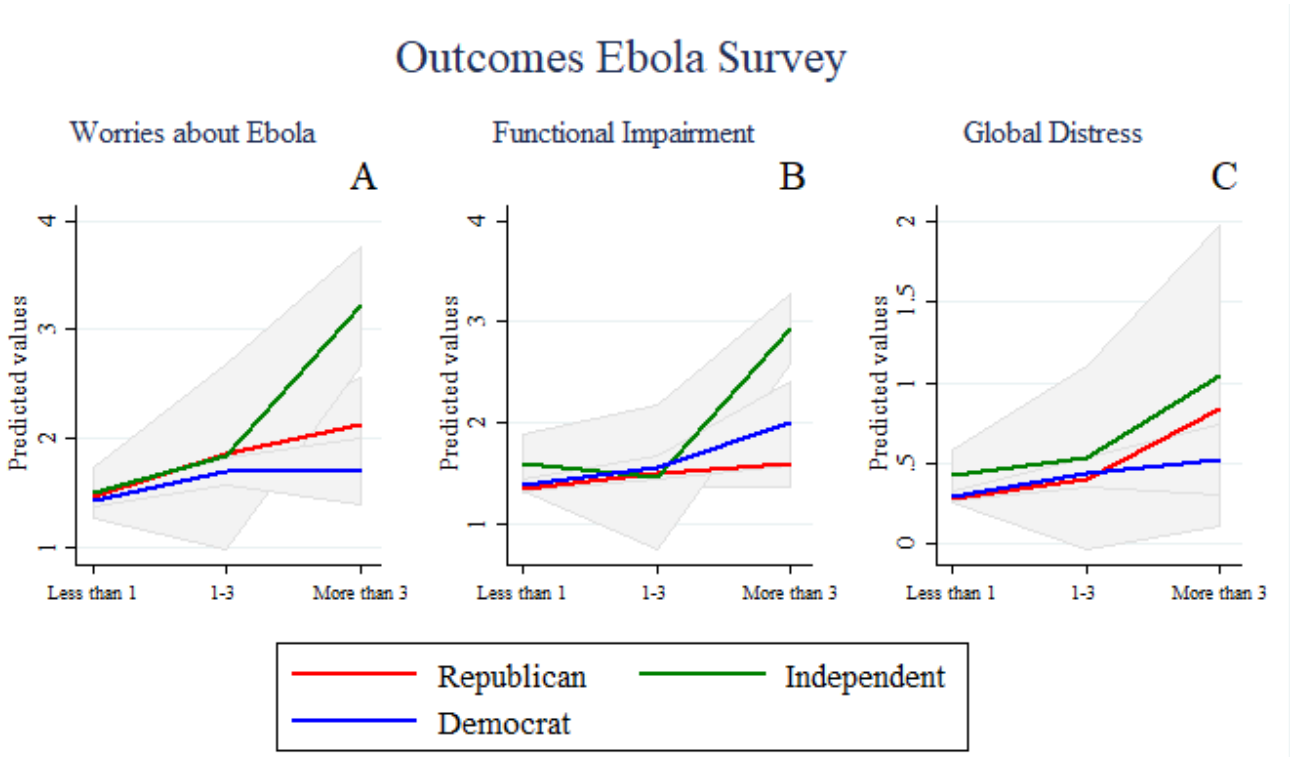

Figure 2. Second survey outcomes predicted scores by exposure to media related to the Ebola Outbreak

predicted lower worries for participants identified as Republicans (b = -.96, robust SE = .27, t(3327) = -3.50, p <.001), but not significantly lower than Democrats (b = -.51, robust SE = .35, t(3327) = -1.46, p = .144) than for unaffiliated respondents. There was no significant difference between the simple effects across parties (b =.44, robust SE = .28, t(3327) = -1.53, p =.126). The introduction of the interaction term increases slightly, but significantly the amount of variance explained by the model (ΔR^2 = .01, F(6, 3330) = 3.29, p = .003). After controlling for demographics and covariates, scores of functional impairment measures showed a main effect of media exposure only for respondents who reported watching Ebola-related media more than 3 hours per day, in comparison to those watching less than 1 hour (b = 1.38, robust SE = .23, t(3319) = 6.01, p < .001) and to participants watching between 1 and 3 hours (b = 1.52, robust SE = .41, t(3319) = 3.63, p < .001). Similarly to the first survey, party affiliation interacted

significantly with media exposure in the groups more exposed to Ebola-related media: as can be seen in Figure 2B, Republicans that watched more than 3 hours per day were significantly less impaired than unaffiliated individuals (b = -1.15, robust SE = .25, t(3319) = -4.51, p < .001), and Democrats showed a similar pattern (b = -.77, robust SE = .31, t(3319) = -2.45, p = .014). For respondents watching less than 3 hours there was no the effect of party affiliation (see Table 4 for complete Model).

***Global Distress*.** When BSI scores were regressed on party affiliation and media exposure, the results paralleled the patterns functional impairment in Model 1: Republican show less global distress than respondents not identified with either party unaffiliated (b = .21, robust SE = .10, t(3332) = 2.02, p = .043) and Democrats (b = .08, robust SE = .02, t(3332) = 3.24, p = .001). Similarly, higher levels of media exposure were associated with higher scores of psychological distress. Participants who reported watching less than 1 hour were significantly less distressed than those who watched between 1 and 3 (b = -.16, robust SE = .04, t(3332) = -4.15, p < .001) and over 3 hours per day (b = -.42, robust SE = .09, t(3332) = -4.31, p < .001). The difference between these two last groups was also significant: highly exposed individuals scored significantly higher in the BSI (b = .25, robust SE = 10, t(3332) = 2.43, p = .015). In Model 2, there is still a main effect of party affiliation on global distress driven by Republicans, who scored lower than participants not identified with either party (b = -.20, robust SE = .10, t(3328) = -2.04, p = .041) and Democrats (b = -.07, robust SE = .02, t(3328) = -3.06, p = .002). However, the main effect of media exposure loses significance: there are no significant differences in BSI scores subjects who watched less than 1 hour of Ebola-related media in comparison to those who watched between 1 and 3 (b =.16, robust SE = .33, t(3328) = 0.50, p = .620) and who reported watching more than 3 hours per day (b =.64, robust SE = .51, t(3328) =

1.25, p = .212). Likewise, there is no interaction effect between media exposure and party affiliation (all ps >.55). In Model 3, there was also no significant main effect of exposure to Ebola news on BSI scores (all ps >.340), neither interaction effects of media exposure and party affiliation (all ps >.420; see Table 4 for coefficients). Although Figure 2C show divergent patterns, regression coefficients are not significant for any group comparison.

Ideology as covariate. To further analyze the role of party affiliation in relation to media exposure and negative mental health outcomes, hierarchical regressions were conducted on the Ebola survey data, this time including ideology along with party affiliation. Liberals showed significantly more functional impairment than Conservatives (b = -.14, robust SE = .057, t(3300) = -2.52, p = .012) and Moderates (b = -.14, robust SE = .056, t(3300) = -2.58, p = .010). This difference between Liberals and the other groups was still significant after introducing media exposure and party affiliation (Models 1 – 3). However, as can be seen in Table 5, the interaction between ideology and media exposure had no significant effect, whereas the interaction between party affiliation and media exposure revealed roughly the same pattern as in previous analyses (Model 4). Introducing demographics into the model did not alter the results (Model 5). A similar pattern of results was found when the model predicted for worries about Ebola: ideology was not a significant predictor of excessive worries about Ebola neither alone in the model, after introducing media exposure or party affiliation, nor the interaction of ideology and media exposure. In contrast, the interaction of party affiliation and media exposure was again significant: not being affiliated to either major party predicted higher Ebola worries for those participants that were exposed longer than 3 hours per day to news about the viral outbreak, both in comparison to Democrats (b = -2.25, robust SE = .263, t(3250) = -8.54, p < .001) and Republicans (b = -1.85, robust SE = .324, t(3250) = -5.72, p < .001). In the outcomes that

Table 5. Hierarchical Regression Models on Worries about Ebola and Functional Impairment predicted by Media Exposure, Party Affiliation, Ideology and Demographics

	Worries about Ebola										Functional Impairment									
	Model 1		Model 2		Model 3		Model 4		Model 5		Model 1		Model 2		Model 3		Model 4		Model 5	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Media Exposure																				
Between 1 and 3 hours	.352***	.055	.353***	.055	.318***	.086	-.207	.200	-.304	.205	.215 ***	.054	.210 ***	.053	.214 *	.092	-.495 *	.236	-.626 *	.250
More than 3 hours	.600***	.135	.602***	.135	.422*	.198	2.370***	.174	2.383	.175	.692 ***	.189	.676 ***	.185	.558 **	.182	1.565 ***	.212	1.688 ***	.203
Ideology																				
Conservative	-.058*	.044	-.057	.053	-.081	.052	-.068	.053	-.048	.051	-.003	.042	.056	.050	.052	.045	.033	.044	.048	.042
Liberal	-.056	.050	-.052	.053	-.074	.056	-.081	.056	-.055	.055	.158 **	.054	.136 *	.056	.130 *	.060	.149 *	.060	.134 *	.056
Political Affiliation																				
Republican			-.093	.153	-.098	.154	-.182	.176	-.113	.167			-.337	.180	-.338	.181	-.436 *	.211	-.332	.184
Democrat			-.098	.154	-.100	.155	-.155	.180	-.155	.171			-.216	.186	-.216	.187	-.369	.220	-.320	.197
Ideology x Media																				
Conservative / Between 1 and 3 hours					.076	.131	.011	.175	.029	.165					.007	.127	.035	.168	.038	.150
Conservative / More than 3 hours					.251	.305	.233	.290	.166	.291					.104	.349	.453	.448	.205	.312
Liberal / Between 1 and 3 hours					.040	.137	.030	.142	.026	.138					-.023	.135	-.082	.135	-.088	.127
Liberal / More than 3 hours					.342	.340	.483	.329	.506	.323					.320	.558	.302	.561	.200	.497
Party x Media																				
Republican / Between 1 and 3 hours							.616*	.241	.688**	.243							.666 **	.270	.765 **	.281
Republican / More than 3 hours							-1.815***	.322	-1.852***	.324							-1.613***	.431	-1.611***	.329
Democrat / Between 1 and 3 hours							.528*	.219	.563*	.222							.794 **	.257	.838 **	.266
Democrat / More than 3 hours							-2.111***	.260	-2.253***	.264							-.931 **	.300	-1.118***	.293
Age									.001	.001									.000	.001
Gender (Male = 1 / Female = 2)									.044	.038									-.044	.037
Ethnicity (Non-White =0 / White = 1)									-.235***	.050									-.070	.045
Prior Mental Health									.071	.037									.423 ***	.041
Income									-.019	.010									-.039 ***	.010
Area Sample																				
New York									-.040	.045									.056	.052
Boston									.043	.055									-.010	.042
Education																				
High school									-.116	.100									-.186	.116
Some college									-.152	.100									-.247 *	.115
Bachelor's degree or higher									-.241	.099									-.194	.116
Constant	1.458	.034	1.549	.150	1.567	.152	1.630	.174	1.861	.211	1.308	.030	1.556	.180	1.560	.181	1.685	.212	1.952	.214

Notes: Unstandardized regression coefficients adjusted by population weights. SE = Robust Standard Errors. Reference categories: for Political Affiliation "Unaffiliated" ("Independent / Undecided / Other"); Ideology "Moderate"; Media Exposure "Less than 1 hour"; Area Sample, National Sample ; Education "Less than High School". * p<.05 ** p<.01 *** p<.001

showed main effects of media exposure and the interaction with party affiliation, those were still significant after including ideology as a covariate, replicating the results of Study 1. Subjects who identify themselves as ideologically moderate have the same degree of sensitivity to media exposure about Ebola as Liberals or Conservatives. But participants self-declared as unaffiliated with either major party, show a higher response to news about Ebola, expressed in terms of reporting more impairment and more worries about Ebola. This suggests that there is no significant contribution of ideology to explain the variation in the outcomes, whereas party affiliation moderates the association between media covering the Ebola crisis and negative psychological consequences.

Discussion

My research interest was to find out whether there are differences in the way people from diverse political backgrounds is impacted by media coverage of traumatic events. This question was address by analyzing data from a nationally representative probability sample, collected in the immediate aftermath of the real-life traumatic events, such as the BMB and the Ebola crisis. At first, my analyses confirmed that individuals after a collective traumatic event are greatly impacted by exposure to media: greater exposure to media covering a collective traumatic event predicts higher levels of negative mental health outcomes. However, as expected, this association is present to different degrees across political groups. In three of the four outcomes, Models 2

and 3 reveal a significant interaction effect between party affiliation and media exposure. The association between media exposure and psychological consequences, in comparison to both Republicans and Democrats, had a significantly steeper slope for respondents who did not identify with either party. This moderation effect could not be explained by covariates, such as religiosity, prior mental health diagnoses, gender, ethnicity, age, education or income. In all the analyses, the effects are driven by participants who do not affiliate with either major political party, bolstering the hypothesis that party affiliation provides coping advantages dealing with media covering collective trauma.

At the same time, these findings provide contradictory evidence regarding asymmetrical hypotheses of political psychology (Jost et al., 2003b). As discussed in the introduction, an important number theoretical accounts and empirical research suggests that conservatives and liberals should have different ways to approach threatening or negative events, such as terrorist attacks. Notwithstanding, the analyses yielded parallel results for both major American parties. Main effects of party affiliation were only found in the measures of functional impairment and global distress, revealing that Republicans in general have better mental health. This finding is consistent with previous research on conservatism and adjustment (Schlenker et al., 2012), as well as with studies showing that conservatives tend to have higher levels of self-enhancement than other political groups (Wojcik, Hovasapian, Graham, Motyl, & Ditto, 2015), casting a shadow of doubt on the actual internal validity of the measures. At the same time, however,

mentally healthier Republicans contradicts data from one of the few studies that have measured ideology and mental health in relation to a traumatic event, which reported higher levels of depression and anxiety in conservatives (Bonanno & Jost, 2006).

Nevertheless, the main effect of party affiliation faded after introducing the interaction term, demographic and covariates. So, if it is the case that Republicans have better baseline mental health than other political groups, this does not imply that they have particularly better coping mechanisms than Democrats. Interestingly, the interactions of party affiliation and media exposure yielded equivalent levels for Republicans and Democrats in all outcomes.

Party or Ideology?

Analyses from the data of the Ebola survey revealed that there was no effect of ideology in any of the outcomes, suggesting that the protective effect of party affiliation may not be associated with ideology, conceived as a meaning-making worldview that offers an interpretative frame in threatening situations (Park, Mills, et al., 2012). In contrast, the fact that party affiliation alone, regardless of the ideological orientation, can explain differences in the influence of the media is consistent with previous literature in social identity theory and well-being (Haslam et al., 2009, 2005). The mere willingness to identify oneself as Democrat or Republican would suffice to benefit from the protective effect of party affiliation, regardless of ideological contents. Considering that the literature provided support for three different sets of hypotheses, this study

contributes to the field by presenting evidence for party affiliation moderating the association between media exposure to traumatic events and negative mental health outcomes. In other words, a participant reporting herself as "extremely conservative" but not affiliated with either party would have worse psychological responses if exposed to a high amount of trauma-related media than an extremely conservative Republican, all other variables held equal. These findings are consistent both with self-categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987) and social identity theory models of health and well-being (Cruwys, South, Greenaway, & Haslam, 2015; Haslam, Jetten, O'Brien, & Jacobs, 2004; Haslam et al., 2009; Jones et al., 2012). Previous research has shown that social identities as ethnic (Shelton et al., 2005), national (Muldoon, Schmid, & Downes, 2009) or environmental identities (Clayton, Koehn, & Grover, 2013) provide coping benefits in situations of stress. Particularly, Haslam and colleagues found that social identification with their families and their jobs decreased depressive mood and reported stress in patients recovering from heart surgery, and bar working staff and Bomb Disposal Team members, respectively (Haslam et al., 2005). In a set of longitudinal studies, Iyer and colleagues found that group memberships in general were associated with better adjustments in life transitioning events (Iyer, Jetten, Tsivrikos, Postmes, & Haslam, 2009). Since collective traumatic events are highly stressful, threatening and life-changing situations, these results bolster the role that social identity, and especially party affiliation may have on psychological consequences in the aftermath of trauma.

However, not all measures in the data replicated the same pattern. In the Ebola survey, media exposure did not predict global distress, nor did the interaction with party affiliation. Models predicting functional impairment, though, did show these associations. The difference between the results of these two mental health outcomes may be due to the nature of the measurements involved. BSI and functional impairment do not necessarily overlap, since their measures are directed toward different objectives. BSI assesses general psychological distress, while the functional impairment items focus on whether normal activities (work, social life) have been disrupted (Meijer, de Vries, & van Bruggen, 2011). Research shows that functional impairment is a common cluster of symptoms after exposure to traumatic events that cannot be reduced to only depressive or anxiety symptoms, both included in the global distress measure (Bonanno et al., 2007; Momartin, Silove, Manicavasagar, & Steel, 2004). In fact, functional impairment is a necessary condition for the PTSD diagnostic (Criterion G), while depression or anxiety symptoms are not necessary (included among other symptoms in Criterion D, cf. American Psychiatric Association, 2013). This could explain why the patterns of results obtained in the Ebola were not fully similar for global distress and functional impairment.

The negative psychological effects of media covering collective traumatic events, such as terrorist attacks, health crises or natural disasters has been well documented (Collimore, McCabe, Carleton, & Asmundson, 2008; Holman et al., 2014; Otto et al., 2007; Silver et al., 2013; Silver & Garfin, 2016). However, to my knowledge, scholars have not addressed whether and how party identification and ideology may moderate the effect of media in traumatic situations. In this respect, our study contributes to the field by providing evidence that there are political differences in how individuals react to trauma-related media.

Limitations

The present research has a series of limitations that restrict the conclusions that could be drawn from the results. First, both sets of analyses were conducted with the same sample in two different time moments. Although it is a randomly selected and nationally representative sample, and all analyses were adjusted by population weights, it cannot be totally discarded that the findings may be caused by the specific subjects included. This is far from trivial, since the cell size of unaffiliated participants was disproportionately small, which may inflate standard errors.

Secondly, I used data from studies that were not intentionally designed to investigate the variables I explored here. Since the surveys I analyzed were conceived to study media exposure and negative mental health outcomes after traumatic events, the measures of party affiliation and ideology were less than ideal. Participants that here called "unaffiliated" could be extreme Green Party supporters, radical anarchists, reflective Independents, or people that just do not care about politics. Also, further distinctions should be made among those who identify with the two major parties. For instance, Hooghe and colleagues argue for a conceptual and empirical difference between party membership and party identification (Hooghe & Kern, 2015). However, the present measures confound both concepts in a way that it is impossible to tease apart both categories. Regarding media exposure, further research is needed on the type and ideology of media covering trauma. Perhaps differences among groups could be explained because they are

having access to different media outlets, that foster distinct appraisal of the traumatic events. It can be argued that a substantial part of the sense of belonging to a broader group may be fostered by consuming predominantly media that champion the same ideas we believe in. Perhaps the effect of traumatic images is dampened when there is an ideological consonance with the source that is presenting that material. To explore these questions and further clarify the role of party affiliation, it would be necessary to design and apply instruments that could measure the independent variables more precisely (e.g., quantity, type of media and media outlets) and with better psychometric properties (e.g., multiple items for political ideology and party identification).

Thirdly, these findings, if found to be robust, they are not necessarily extendible to populations from other countries with multi-party political systems or diverse cultural appraisals of traumatic events. Particularities of American politics may suggest that these findings are a product of historical and social circumstances, rather than a basic, universal psychological process. Finally, there are issues because of the very nature of the traumatic situations. Collective traumas are historically situated and reactions may be associated with cohort or period effects, that could not replicate in other historical moments.

Fourth, the correlational nature of these studies cannot justify any causal claims about the possible mechanisms that are involved in coping with media coverage of collective traumatic

events. The associations established in these analyses cannot be taken as evidence of a causal effect of party affiliation as a protective buffer from threatening images from the media. An adequate assessment of issues of causality requires laboratory controlled experimentation and longitudinal studies including measurement before and immediately after a traumatic event.

Future Research

The present study open a path that should be followed in future studies. As for now, replication efforts in different samples and different populations are required to consolidate the moderator role of party affiliation. Besides, an open question after this study is to detect the mechanisms that could explain why unaffiliated participants have greater sensitivity to media coverage of trauma than subjects affiliated with major political party. Since these findings suggest that the effect is due to processes of self-categorization, rather than ideological meaning-making of traumatic situations, several explanatory mechanisms can be proposed. In the study discussed above, Haslam and colleagues found a mediating effect of *social support* that explains the variance in perceived stress (Haslam et al., 2005). However, it cannot be assumed that unaffiliated participants have necessarily less social support or thinner social networks only from the fact that they not identify with a major political party. Similarly, mere party affiliation may not be identical with social support: respondents identified with either party are not necessarily active members of political or social associations. Moreover, *political trust* could mediate this

association: if unaffiliated participants have lower levels of political trust, therefore they could be more distressed and worried about collective traumatic events (Hooghe & Kern, 2015). Finally, from a socioecological perspective (Oishi & Graham, 2010), the protective effect of party affiliation may be moderated by ideological fit (Chopik & Motyl, 2016; Motyl, Iyer, Oishi, Trawalter, & Nosek, 2014). Individuals who do not feel ideologically comfortable in their communities may perceive themselves as unprotected as unaffiliated respondents.

Conclusion

Collective traumatic events have a large societal impact, especially when broadcasted by media. Although they affect populations as a whole, the findings here discussed suggest that not everyone has the same psychological responses. Partisans and subjects not identified with a major political group have different degrees of sensitivity to trauma-related media. Political identities may serve as cultural shelters in the context of collectively threatening events. This difference cannot be explained by recourse to ideological differences, as previous literature would seem to suggest, but to social identity. The idea of human beings as 'political animals' may not be necessarily referring to ideology or hierarchy, but to the simple fact that we come together and feel at home within those groups we consider as our own.

Interestingly, in context of the decline of party identification and distrust in the political system (Hooghe & Kern, 2015; Twenge, Honeycutt, Prislin, & Sherman, 2016), these results

suggest that political partisanship can be psychologically beneficial. Politics can be the most toxic human activity and, at the same time, a powerful source of meaning and communal life. "Where the danger is, also grows the saving power" (Hölderlin). These paradoxical aspects of our life-in-common show us where our next research should be aiming to, if we want to make of psychology something more than an anecdote.

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Appendix: Measures

Boston Marathon Bombing Survey (April – May 2013)

Stanford Acute Stress Reaction Questionnaire (adapted from Cardeña et al., 2000)

(0=Not experienced, 1=Very rarely experienced, 2=Rarely experienced, 3=Sometimes experienced, 4=Often experienced, 5=Very often experienced)

1. I have difficulty falling or staying asleep
2. I feel restless
3. I feel a sense of timelessness
4. I am slow to respond
5. I try to avoid feelings about the Boston Marathon bombings and their aftermath
6. I have repeated distressing dreams of the Boston Marathon bombings and their aftermath
7. I feel extremely upset if if exposed to events that remind me of an aspect of the Boston Marathon bombings and their aftermath.
8. I will jump in surprise at the least thing
9. The Boston Marathon bombing and their aftermath are making it difficult for me to perform work or other things I need to do
10. I do not have the usual sense of who I am
11. I try to avoid activities that remind me of the Boston Marathon bombings and their aftermath
12. I feel hypervigilant or "on edge"
13. I experience myself as though I am a stranger
14. I try to avoid conversations about the Boston Marathon bombings and their aftermath
15. I have a bodily reaction when exposed to reminders of the Boston Marathon bombings and their aftermath
16. I have problems remembering important details about the Boston Marathon bombings and their aftermath
17. I try to avoid thoughts about the Boston Marathon bombings and their aftermath
18. Things I see look different to me from how I know they really look
19. I have repeated and unwanted memories of the Boston Marathon bombings and their aftermath
20. I feel distant from my own emotions
21. I feel irritable or have outbursts of anger
22. I avoid contact with people who remind me of the Boston Marathon bombings and their aftermath
23. I suddenly act or feel as if the Boston marathon bombings and their aftermath are happening again
24. My mind goes blank
25. I have amnesia for large periods of the Boston Marathon bombings and their aftermath
26. The Boston Marathon bombings and their aftermath cause problems in my relationships with other people
27. I have difficulty concentrating
28. I feel estranged or detached from other people

29. I have vivid sense that the Boston marathon bombings and their aftermath are happening all over again
30. I try to stay away from placed that remind me of the Boston Marathon bombings and their aftermath

Media Exposure

How many hours per day, on average, did you spend watching and/or listening to media coverage about the bombings and their aftermath?

(1=None, 2=Less than one hour, 3=One hour, 4=Two hours, 5=Three hours, 6=Four hours, 7=Five hours, 8=Six hours, 9=Seven hours, 10=Eight hours, 11=Nine hours, 12=Ten hours, 13=Eleven or more hours)

1. TV
2. Radio
3. News sites online (CNN, Yahoo, NYTimes.com, etc)
4. Pictures on social media (Facebook, Twitter, etc)
5. Videos on social media (YouTube, Vimeo, etc)
6. News or text updates on social media (Twitter, Reddit, etc)
7. Print media (Newspapers, magazine, etc)

Party Affiliation

1=Strong Republican, 2= Not Strong Republican, 3=Leaning Republican, 4=Undecided/Independent/Other, 5=Leaning Democrat, 6=Not Strong Democrat, 7=Strong Democrat

Ebola Survey (December 2014 – January 2015)

Worries about Ebola

(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=All of the time)

1. How often in the past week have you had fears about the possibility of Ebola affecting your community?
2. I worry that Ebola will personally affect me or someone in my family in the future.

Functional Impairment (Ware & Sherbourn, 1992)

During the past 7 days, how much of the time has your physical health...

(1=None of the time, 2=A little of the time, 3=Some of the time, 4=Most of the time, 5=All of the time)

1. Interfered with your social activities (like visiting with friends, relatives, etc.)?
2. Made it difficult for you to perform your work or other regular daily activities (e.g. it took extra effort)?

During the past 7 days, how much of the time has your emotional health...

3. Interfered with your social activities (like visiting with friends, relatives, etc.)?

4. Made it difficult for you to perform your work or other regular daily activities (e.g. it took extra effort)?

Global Distress – Brief Symptoms Inventory (DeRogatis, 2001)

Check the box that best describes how much that problem has distressed or bothered you during the past 7 days, including today.

(0=Not at all, 1=A little bit, 2=Moderately, 3=Quite a bit, 4=Extremely)

1. Faintness or dizziness
2. Feeling no interest in things
3. Nervousness or shakiness inside
4. Pains in heart or chest
5. Feeling lonely
6. Feeling tense or keyed up
7. Nausea or upset stomach
8. Feeling blue
9. Suddenly scared for no reason
10. Trouble getting your breath
11. Feelings of worthlessness
12. Spells of terror or panic
13. Numbness or tingling in parts of your body
14. Feeling hopeless about the future
15. Feeling so restless you couldn't sit still
16. Feeling weak in parts of your body
17. Thoughts of ending your life
18. Feeling fearful

Media Exposure

How many hours per day in average did you spend watching or listening to media covering the Ebola crisis?

(1=Less than 1, 2=Between 1 and 3 hours, 3= More than 3 hours)

Party Affiliation

1=Strong Republican, 2= Not Strong Republican, 3=Leaning Republican, 4=Undecided/Independent/Other, 5=Leaning Democrat, 6=Not Strong Democrat, 7=Strong Democrat

Political Ideology

In general, do you think of yourself as…

1= Extremely Liberal, 2=Liberal, 3=Slightly Liberal, 4=Moderate, middle of the road, 5=Slightly Conservative, 6=Conservative, 7=Extremely Conservative