JOURNALISTS AND PTSD:
BELOW THE FOLD

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By

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The undersigned, appointed by the dean of the Graduate School, have examined the thesis entitled

JOURNALISTS AND PTSD:
BELOW THE FOLD

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PTSD IN JOURNALISTS:
BELOW THE FOLD

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ABSTRACT

This study applies the normative theory of the media using both a social

responsibility model and professional model as a lens through which to examine

news organizations' role in exposing employees to vicarious or secondary trauma

and the prevalence of PTSD or other depressive disorders (Study 1). The

researcher subsequently uses a transformative approach to the social and

professional responsibilities of news organizations to mitigate the occurrence of

PTSD among their employees (Study 2). Quantitative survey data (Study 1)

revealed 85% of responding journalists were exposed to at least one traumatic

event in the prior 12 months, while many had multiple exposures. However, the

relationship between frequency of exposure and full-blown PTSD was

insignificant. There was much higher correlation between a journalist's personal

or emotional involvement in the scenes and the prevalence of sub-symptoms of

PTSD. Further data revealed 8.5 percent of journalists received any warning

about the potential for emotional content of the story; 2.8 percent were

encouraged to take time off afterwards and 11.4 percent were encouraged to talk

to someone about it.

Qualitative data (Study 2) revealed the need for training on dealing with

the emotions of the reporter in a crisis situation, training on dealing with

traumatized subjects of stories and greater encouragement and support by

management before, during and after a reporter has covered a traumatic event.

This study discusses the findings in relation to the social responsibility of news

organizations to protect the public's interest by properly training reporters and

photographers and protecting the profession by preventing traumatized

employees from further traumatizing interview subjects and mitigating

emotionally charged or otherwise biased reporting in the field.

Keywords: PTSD; secondary trauma; empathy; journalists; normative

theory of media and society; social responsibility; professional responsibility;

media accountability

CHAPTER ONE

INTRODUCTION

In 2008, over 37,000 people were killed in fatal vehicle accidents on the

nation's highways. (National Highway Traffic Safety Administration) Every year,

approximately 1.3 million women and 835,000 men are physically assaulted by

an intimate partner annually in the United States. (Tjaden and Thoennes, 2000)

In 2000, 1,247 women and 440 men were killed by an intimate partner.

(Rennison 2003) In 2009, 1.3 million violent crimes were committed in the U.S.

(U.S. Dept. of Justice Bureau of Justice Statistics) In 2009, 2,480 people died

and 12,600 were injured in fires that caused $7.2 billion in dollars lost. (U.S. Fire

Administration) In 2010, 85 firefighters lost their lives fighting a fire. (US Fire

Administration)

How do we learn about these man-made as well as natural disasters?

Reporters — whether print, television, radio, digital or photojournalist — witness

and report to the general public the trauma(s) of the day. In this study, the term

reporter(s) includes all types.

What we don't learn about is the story behind the headlines: the impact of

trauma on those who bring us the news. Studies have shown reporters exposed

to the horrific scenes and testimonies of trauma victims can suffer the same

traumatic reactions as the victims themselves. Reporters' suffering can include

anything from mild distraction to full-blown post traumatic stress disorder. This

suffering has been labeled Assignment Stress Injury (ASI) for those in the journalism profession. (Keats and Buchanan, 2009)

The Diagnostic and Statistical Manual of Mental Disorders - IV (2000) defines PTSD as "the reaction to exposure to a severe stressor causing marked horror, helplessness or fear." A patient diagnosed with PTSD is described as one who has "experienced an event outside the range of usual human experience that would be markedly distressing to almost anyone: a serious threat to his or her life or physical integrity; serious threat or harm to his children, spouse, or other close relatives or friends; sudden destruction of his home or community, or seeing another person seriously injured or killed in an accident or by physical violence."

The Dart Center for Journalism and trauma (2007) provides to editors a list of ways employees exhibit trauma, especially those employees who are covering traumatic assignments: disorientation or spacey on the job; difficulty doing simple tasks or problem solving; the 100-meter stare; impulsivity, extreme anger, argumentativeness, violence; constantly distracted; distortion of time; expressions of futility, helplessness, terror, fear for one's life, or shame; and physical or mental exhaustion.

The more common responses to PTSD, according to the DSM-IV include sleeplessness, upsetting dreams, flashbacks or intrusive images or thoughts of the event, avoidance of reminders of the trauma, feeling that bad things are about to happen, being jumpy and easily startled and physical reactions such as

sweating, rapid heartbeat, dizziness or nausea when reminded of a traumatic event.

Studies have shown reporters suffer the same level of PTSD as firefighters, police officers and other emergency responders. (Simpson and Boggs, 1999; Pyevich, 2002; Himmelstein and Faithorn, 2002) War journalists suffer the same level of PTSD as combat troops. (Feinstein, Owen and Blair, 2002, Newman, Simpson and Handschuh, 2003, Ghaffer and Feinstein 2005)

Writing about journalists covering Rwanda, Roger Rosenblatt mused: "Most journalists react in three stages. In the first stage, when they are young, they respond to atrocities with shock and revulsion and perhaps a twinge of guilty excitement that they are seeing something others will never see: life at its dreadful extremes. In the second stage, the atrocities become familiar and repetitive, and journalists begin to sound like Spiro Agnew: If you have seen one loss of dignity and spirit, you've seen them all. Too many journalists get stuck in this stage. They get bogged down in the routine presence of the suffering. Embittered, spiteful and inadequate to their work, they curse out their bosses back home for not according them respect; they hate the people on whom they report. Worst of all, they don't allow themselves to enter the third stage in which everything gets sadder and wiser, worse and strangely better." (The New Republic, June 6, 1994, p. 16)

Michael Ware was a war correspondent for Time who, after 13 months in Afghanistan, found himself in Iraq accompanying a military unit that had cornered six insurgents in a house in Fallujah in November 2004. For an hour he filmed

the battle, most of it in total blackness punctuated by the blinding light of gunfire and the sounds of screaming and bodies dropping.

Ware was also kidnapped by Iraqi insurgents who dragged him into a building in Baghdad and prepared to film his execution with his own camera. Luckily an Iraqi friend of his talked the kidnappers into letting him go. He went on to continue reporting of the conflict in Iraq.

"When you get to the point where you come home from a bombing, realize what's on the soles of your shoes, and can wipe it off without a second thought – it takes its toll. I was on the verge of being irretrievable," Ware said in an interview for the January 2009 issue of Men's Journal. "After seven straight years, you're always hyper-vigilant, always on alert," "You become conditioned to a state of being where everything is a threat and it's hard to turn that off; that becomes your normal."

But it is an incident in 2007 that Ware can't stop reliving and which ultimately led to his taking a leave of absence. An insurgent had been shot in the back of the head during a sweep by a U.S. infantry platoon. When they found him, a teen, alive, they dragged him to a secure area and for the next 20 minutes, watched the man die. "All of us just stood around and watched this guy's life slowly ebb away in painful, heaving sobs for air, rendering him absolutely no assistance or aid. …Even I – with my rudimentary medical training, I don't think his life could have been saved – but even I could've eased his passing. …I was filming and worrying about the best composition of the shot, and I realized that I too was watching just as dispassionately…It made me realize,

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just once more, that this kind of dehumanization is what happens when we send our children to war."

In April 2010, Business Insider wrote that Ware had been on leave since December 2009 working on a book and struggling with PTSD. He reportedly needed more time off, but his request was denied "and now he's not coming back."

Chris Cramer was a television producer for the BBC in London when he was taken hostage with 25 other people at the Iranian embassy in London in 1980. While he lasted only two days before he became sick, feigning a heart attack, Cramer suffered from PTSD. Cramer reports, in an article in Reuters Health, Dec. 17, 2010, "I went through real anguish for a couple of years," he said. "I had flashbacks, I had extraordinary claustrophobia, which I'd never had before. For several years, I did not go to a cinema. I did not go into an elevator. If I ever went into a restaurant, I positioned myself near the door for a fast exit. For many, many months after the incident, I checked under my car every morning before driving it. I was a basket case, I was a mess."

Cramer was the former head of news gathering at the BBC and former president of CNN International. Now he is the global editor of multimedia for Reuters and president of the International News Safety Institute.

John McCusker was a photojournalist covering New Orleans for the New Orleans Times-Picayune. He became a victim as well as a journalist when Hurricane Katrina hit the gulf. He held up well covering the disaster and its

aftermath, even as his own home was flooded. He was even awarded a Pulitzer for his coverage.

But by the anniversary of the hurricane, McCusker, who had struggled to access quality mental healthcare, was at the end of his rope. One night in August 2006, after he had been told his insurance company would not pay for his flooded out home, he took two anti-anxiety pills and the rest of the story is a police report.

McCusker had gotten into his car, led police on a high speed chase, pinned an officer with his car, injuring him and then begged officers to shoot him.

"You think you're tough and jaded," McCusker told Kari Lydersen, a reporter for Working In These Times. "But it doesn't matter, you can be muy macho and this can still bring you to your knees."

Not only do photographers suffer from the things they witness, they, as well as reporters suffer the resentment of the public. "People like to call us paparazzi and blood-sucking vultures, thinking we take joy in these images," he said. But in reality in violent or tragic situations, "That camera is like lifting a Buick to your face."

Mike Walter was a national television reporter for USA Today who witnessed a jet airplane hitting the Pentagon Sept. 11, 2001. Although he had been exposed to trauma in years of reporting of fires, murders and other tragedies, he was unable to compartmentalize or distance himself. He said there was no separation from what was happening to the community and the country.

"It was like a cruise missile with wings, right there, and it slammed into the Pentagon. "The jet slammed into the Pentagon once, but for me, it never stopped crashing."

Walter turned his film producing experience into an award winning documentary, "Breaking News: Breaking Down" which highlights some of the examples of journalists losing their objectivity and control as they suffer psychological effects from the job, compounded in many cases by a culture that discourages any sign of emotion or "weakness."

Psychological stress is stigmatized in the journalism culture and is seen by many as a sign of weakness and a career liability, thus preventing many journalists from seeking treatment. (Ward, 2004; Rees, 2007a; Ricchiardi, 1998)

"Though such coverage can create immense psychological stress, the standard newsroom script calls for stoicism," Ricchiardi states. "Admitting to emotional fall-out collides with the detached, dispassionate demeanor on which the profession prides itself," (American Journalism Review. Page 36)

"Journalism is far behind other professions, such as educational counseling and fire and police departments, in recognizing trauma as a serious issue that must be addressed," writes Stephen Ward in the February 10, 2011 issue of Journalism Ethics. "The myth still exists that journalists shouldn't need trauma programs because journalists are supposed to be "tough as nails." When it comes to trauma, journalism sometimes appears to be one of the last "macho professions."

In "Scathing Memory," Judith Matloff writes, "The tribe of war correspondents is notoriously macho, and to even admit the damage – let alone surrender to it – has always been considered a sign of weakness. We are dispassionate chroniclers, after all, protected by the talisman of the notebook and the camera. The standard practice has been to go fourth with a bottle of scotch, absorb the pain and fear, and never tell your editors." (Page 19)

No studies of PTSD in journalists have addressed the social responsibility theory and professional codes of ethics news organizations embrace. News organizations hold themselves to high standards of professional conduct, protection of the public and acting in the public interest. The Society of Professional Journalists recently (1996) revised its code of ethics. Prior to the revision, the code was based on three guiding principles: to seek truth, to minimize harm and to remain independent. After the two year review of its codes and principles, the SPJ added that journalists and the media "are accountable to their readers, listeners, viewers and each other."

However, traumatized reporters might be injuring the public by further traumatizing their already-traumatized sources by asking insensitive and inane questions and taking intrusive photographs. (DART Center for Journalism and Trauma) The copy itself might be reported through traumatized eyes resulting in copy that may lack context or be framed in such a way that it does not fulfill the public interest. (Tiegreen and Newman, 2008)

"The recognition of PTSD and related conditions enhances not only a reporter's professionalism, but also the degree of humanitarianism brought to

every victim interview," writes Dr. Frank Ochberg, founder of the DART Center for Journalism and Trauma.

Knowledge of these issues and their underlying causes will provide guidance to employers on strategies to prevent and mitigate trauma within their employee populations. Without a sense of how these costs are affecting their reporters and the corporate bottom line, employers are unwittingly, or perhaps consciously, abdicating their social and professional obligations found in journalistic codes of ethics to minimize harm to their constituents, maintain and enhance the profession of journalism and maximize shareholder earnings.

One goal of this study is to contribute to the existing research in the prevalence of trauma in journalists. The aim of the study is to enhance the ability of news organizations to fulfill their social obligation to protect the public, produce content that is in the public interest and fulfill their obligations to the profession of journalism. This study will hopefully add to the quantitative data leading to implementation of trauma training and other strategies for reporters before they go out on an assignment and strategies for helping reporters cope with trauma when they return from the assignment.

CHAPTER TWO

THEORETICAL FRAMEWORK

This study pairs the psychological theories behind PTSD with the

normative theory of the media using both a social responsibility model and

professional model as a lens through which to examine news organizations' role

in exposing employees to vicarious or secondary trauma.

A. THE BIOLOGY OF PTSD

To understand the biology of PTSD, one must look at how information is

received into our brain and how that information is processed and the autonomic

reactions of the body.

According to Gordon Turnbull (2003), the brain is altered by events. "The

brain is not only the "master controller" of stress reactions but is a prime target of

their effects. Manageable stress engenders biological changes that facilitate

greater endurance, clarity strength, determination and immunity. Exposure to

extreme stressors releases exactly the same chemicals, but in increased

amounts, and this damages the brain and inhibits memory functions.

Catastrophic mental experiences change the functioning and structure of

the brain, emphasizing its plastic nature. The memory imprint of a traumatic

experience progressively invades the entire cognitive field by conditioning and

this ongoing sensitization of the brain requires repeated exposures to reminders

of the trauma on an already established neurobiological substrate. This is called

reiterative stress and may explain why depression is such a strong predictor of

chronic PTSD, as it is a mechanism for repeated exposure to the trauma memories by rumination."

Traditional psychology and neuroscience have focused on two structures in the limbic system of the brain. The first structure is the hippocampus, thought to be the center of conscious emotions, learning and short term memory. The hippocampus is thought to be critically involved in explicit or declarative memory, working memory and episodic memory. It is also an important regulator of stress.

Secondly, there is the amygdala, thought to control the more primitive and unconscious flight/flight or fear automatic reactions. These reactions are what have helped the species to survive physically.

Under normal conditions, sensory information is sent to the hippocampus, thought to be the brains manager, constantly evaluating information being sent to it by the billions of neurons, fibers and cells of the body. The hippocampus is thought to go through a process of identifying whether information is familiar (or already learned) or new and alerts the body how to behave based on prior experience, both physiological and emotional memory.

When it perceives danger, the hippocampus sends messages to the amygdala, which activates the hormonal system and varying levels of two stress hormones, adrenaline and cortisol, are released throughout the body until other signals from parts of the brain or body can send a signal back saying the threat is removed.

The prefrontal cortex kicks in to inhibit amygdale flow under normal stress.

Trauma or repeated exposure to the same stressors or a variety of stressors can cause an overload of adrenaline and cortisol that not only can damage the hippocampus, keeping it stuck on a high danger signal, but can trigger other chemical responses that travel around in closed circuits of neuronal pathways within the limbic system. Or they can result in physical symptoms.

With a dysfunctional hippocampus, trauma information gets sent to the amygdala, where it is encoded in shattered and fragmented pieces without context. Because it is in pieces, there is no emotional governor capable of assessing the big picture, or saying, wait, that was then this is now, it's different, it's safe.

These fragments can escape the unconscious realm of the amygdala into the conscious part of the brain, but they are without context or rationality. This is one typical symptom of PTSD, reacting to things in a nonsensical way.

Numerous brain imaging studies have shown significantly smaller hippocampal volume and significantly smaller right amygdala in patients with PTSD. However, so did trauma exposed persons without PTSD, as did studies on depressed patients and chronic hypertension.

Brain imaging studies also show significantly smaller anterior cingulated cortex compared in patients with PTSD.

Other studies, Yehuda (2000), McEwen (2007) suggest family history and genetics play an important role. Yehuda concluded an embryo absorbs the stress hormones inutero. A stressed out mother, or rather more correctly her stress hormones, could result in inhibited development of the hippocampus in the fetus.

McEwen concluded genetic predispositions and early adverse events influence hippocampal volume changes that do not emerge until later in life.

Other studies have shown chronic stress and outpouring of these hormones can lead to subsequent dysfunction in dependent systems, including the immune system (McEwen and Stellar, 1993).

While traditional studies have focused on the biology and neuroscience behind PTSD, Suvak and Barrett (2011) are pressing for a more holistic view of the causes. Their psychological construction approach introduces the idea that distributed networks within the human brain correspond to the basic psychological ingredients of the mind and that it is this combination of ingredients producing PTSD symptom clusters.

Suvak and Barrett say an alternative hypothesis gaining strength is that the amygdale's function is not to induce a fear state, but to assess the relevance of uncertain stimulus and triggers other brain systems to increase the processing of that stimulus to gain more information. "Instead of instantiating a fear state then, the amygdala might help to induce a more general vigilant state associated with decreased voluntary muscle movement, increased skin conductance associated with sympathetic nervous system activity, and increased blood pressure) to allow a creature to acquire more information to reduce uncertainty and render an adaptive response." (page 7)

B. COGNITIVE BEHAVIORAL THEORY

A more contemporary view of PTSD (Embree & Foa, 2003, Foa, Keane, Friedman & Cohen, 2009) employs the theory that trauma is caused by

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behaviorally conditioned fear responses that result in avoidance. Combined with a cognitive theory that the person holds an erroneous perception of the world as a dangerous place and a belief that he or she is incompetent in handling the danger are key components in the development and perpetuation of PTSD.

Experts in this camp believe that confronting the emotional and cognitive aspects of their traumatic memories in a safe environment allows the patient to relearn behaviors, to move from avoidance to confidence in a situation.

Modern treatment modalities under this approach include prolonged exposure (PE), eye movement desensitization and reprocessing (EMDR) and cognitive processing therapy (CPT). Patients summon up the memories of trauma and relive them imaginatively or in actuality by visiting a physical scene where something might have taken place. The cognitive behavioral therapy approach relies on the assumption that facing the memories strips them of power.

Simultaneous with the processing of memory, patients are taught to identify faulty or irrational thinking patterns that have developed and learn to re-pattern distorted emotions such as safety intimacy, esteem and trust. By facing the memories and dealing with fearful thoughts, the process reprograms the patient from using avoidance behavior to deal with the fearful thoughts.

C. MEMORY

Turnbull (2003) and others refer to two types of memory stored in the brain: explicit and implicit. Explicit or declarative memory is stored verbally, giving

the ability to reason and communicate experiences in the form of words. This function is controlled by the hippocampus.

The function of the amygdala is related to implicit memory. Memory is stored in the amygdale as sensations and emotions, giving the ability to recall smells, feelings, images, sounds and tastes.

High levels of adrenaline and cortisols interfere with the storage of explicit memories. Therefore, traumatic memories tend to be stored in implicit form, as emotions and senses. Survivors remember their experiences in fragmented form. Feelings and senses don't seem to connect with current reality but sounds and smells are being remembered. Patients know, on some level, that it is related to the trauma, but they can't identify the source.

Overloading of adrenaline and cortisols also interferes with regular memory functions such as short-term memory and reasoning.

D. THEORIES OF EMPATHY

To understand the nature of post traumatic stress disorder, secondary traumatic stress disorder/reaction and other psychological harm to reporters, we review the literature on the theories of empathy on which PTSD and STSD rest.

Researchers in clinical empathy (psychology, psychiatry, nursing, etc. where secondary trauma is often experienced) have debated on theories of empathy for some time. Hojat (2007) defines empathy as a cognitive-behavioral theory. Others, such as Beck, Rush, Shaw and Emery (1979), define empathy as a process fostering collaborative alliances. Rogers (1957) offers yet another approach: a humanistic theory of empathy which indicates empathy is sensing

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another person's feelings as if one were that other person. A psychodynamic theory of empathy identifies it as experiencing the inner life of another while retaining objectivity (Kohut, 1984). Yet others (Hackney, 1978) argued empathy is an internal condition, a function of one's personality and not a communication skill.

Adler (2002) identifies empathy and sympathy as survival skills, rooted in the human tendency to seek human connections and relationships. Davis (1983) identified cognitive dimensions related to experiencing emotions in response to emotions felt by others: Fantasy — projecting one's self into the feelings and actions of fictional characters portrayed in books and movies, etc. — and perspective taking — the tendency to spontaneously adopt another person's psychological viewpoint. He also identified two emotional dimensions: empathic concern — other-oriented feelings of sympathy and concern for the misfortune of others, and personal distress — self-oriented feelings of personal anxiety and unease in tense interpersonal settings.

Yet another branch of the study of empathy relates to social development, positing that empathy plays an integral role in communication, self-development, social competence and emotional intelligence.

Brain-mapping research indicates the brain fires "mirror neurons," a discovery which helps explain how humans can access and understand the minds of others. Iacoboni (2009) found "Neuroscience investigations have demonstrated physiological mechanisms of mirroring at single-cell and neural-system levels that support the cognitive and social psychology constructs" of

imitation, mimicry and empathy. Mirror neurons, according to Iacoboni, "provide a pre-reflective, automatic mechanism of mirroring what is going on in the brain of other people that seems more compatible with our ability to understand others effortlessly and with our tendency to imitate others automatically" (p. 653).

E. POST TRAUMATIC STRESS DISORDER AND SECONDARY TRAUMATIC STRESS DISORDER

The diagnosis of post traumatic stress disorder has been the subject of volumes of study since the psychological disorder was first recognized by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders-III (1980). Despite volumes of study on the disorder, Figley (1995) was the first to reconceptualize trauma to include individuals, interpersonal relationships or systems through indirect exposure to a traumatic event. He posited the depth of psychological harm depends on the proximity to harm. This indirect exposure, Figley surmised, was a necessary byproduct of those in the helping professions, such as psychologists, psychiatrists, therapists, nurses, police, firefighters and others.

Figley's groundbreaking work in trauma experienced by caregivers resulted in the emergence of the concept of a different but related disorder "compassion fatigue" or secondary traumatic stress disorder.

Salston and Figley (2003) explored prevention and treatment alternatives for those with STSD and introduced the concept of vicarious traumatization as a result of empathic engagement with survivors' trauma experience.

At the heart of Figley's and Salston and Figley's work are the theories of empathy and exposure. Figley's STSD theory seeks to explain why people who are not directly victimized or directly affected by a traumatic event (such as a spouse of a victim) can nevertheless be traumatized. He defined STSD as a syndrome of symptoms nearly identical to PTSD, except that exposure to knowledge about a traumatizing event happening to another is associated with a set of STSD symptoms, while PTSD symptoms are directly connected to the sufferer, the person experiencing primary traumatic stress. He posited that the depth of psychological harm depends on the proximity to harm.

F. PTSD IN JOURNALISTS

While the work of Figley et al. focused on caregiving professionals, the diagnoses of PTSD and STSD have since been extended to include witnesses to another's trauma and journalists. In the first study of journalists' reactions, Freinkel, Koopman and Spiegel (1994) found dissociative symptoms in journalists who witnessed an execution.

In 1992, 18 journalists witnessed the first gas chamber execution that occurred in San Quentin Prison. The researchers hypothesized, based on prior research, that just witnessing the execution would be psychologically traumatic and that the journalists would experience dissociative and anxiety symptoms in the immediate aftermath. They postulated that the journalists would experience these symptoms even though there was no risk of harm to them, the execution was socially sanctioned and one for which they could plan in advance and psychologically prepare themselves.

The researchers used the Stanford Acute Stress Reaction Questionnaire which included dissociative symptoms of psychic numbing, stupor, de-realization, depersonalization, detachment or estrangement from others, amnesia and flashbacks.

The researchers found that 60 percent of the journalists felt estranged or detached from other people and 53 percent felt distant from their own emotions. They also report the most dissociative symptoms were reported by television journalists and women reported more dissociative symptoms than men.

The questionnaire also measured responses to anxiety symptoms of intrusion, avoidance, increased arousal and other symptoms. Fifty-three percent of respondents exhibited avoidance symptoms, 47 percent experienced intrusion symptoms and 53 percent said they felt other emotions to an extreme degree.

The researchers conclude that it is more likely than not that dissociation is an expected response to witnessing unusual or extreme physical trauma or violence, not an extreme or pathological reaction and not necessarily long-lasting.

Simpson & Boggs (1999), in a study of 131 journalists concluded they are similar to public safety workers in their experiences and responses: the greater the years of experiences, the more they suffer behavior symptoms.

A majority of the studied newspaper journalists, 86 percent, had covered one or more violent events at the scene. In the Simpson and Boggs study, 74 percent covered fire, 66 percent car crashes, 56 percent murders, 32 percent air crashes, 29 percent violent assaults and 4 percent earthquakes.

While Simpson and Boggs found no relationship between the length of reporter or photographer experience and the number of life stressors, they did find the longer a person had worked as a reporter or photographer, the more likely he or she was to report symptoms of avoidance and intrusion.

The current research sought to corroborate these findings and build upon the available research.

In a study of 140 war journalists and 107 journalists who had never covered war, Feinstein, Owen and Blair (2002) were the first to study PTSD in journalists, empirically confirming numerous anecdotal stories and articles. They found that the lifetime prevalence of PTSD in war journalists was 28.6%, the same as with combat war veterans, and higher than the prevalence among police officers (7% to13%). In all but one case, PTSD developed after the journalists began working in war zones.

In addition to those findings, the study revealed male and female war journalists had significantly higher weekly alcohol consumption. The rates of major depression among war journalists were 21.4 percent compared to 17.1 percent for the general population. This study also found 14.3 percent of war journalists were involved with substance abuse. War journalists, however were not more likely to receive treatment for these disorders, according to this study.

Feinstein, Owens and Blair noted that although the lifetime prevalence of PTSD in war journalists is equivalent to combat veterans and exceeds that of traumatized police officers, journalists don't receive extensive training that soldiers and police officers to deal with violence.

This study, like theirs, calls for trauma education programs.

In a study of 906 American journalists using six different measures of exposure and incidence of PTSD and cognitive schema, or ways of looking at the world, 96 percent of participants were exposed to at least one work-related event in which someone was hurt or killed. (Pyevich, Newman and Daleiden, 2003) Their conclusion, however, was that despite high rates of traumatic exposure, only 4.3 percent received a work-related PTSD diagnosis and they corroborated other studies showing negative cognitive beliefs significantly differ between those with and without PTSD.

This study also established "that work-related PTSD symptoms are associated with a person's relative perception of personal risk to a variety of adverse events in comparison to his or her peers." (Page 96)

Thirty-six percent of journalists in this study reported their most stressful assignment involved an injured or dead child, 61.8 percent were verbally threatened, 6.1 percent injured and 5.3 percent physically attacked. About 70 percent experienced an intense emotion, mostly horror, disgust or helplessness.

The Pyevich et al study used the Journalist Trauma Exposure Scale, a 14-item list which this current research implements because it seemed to be the only list focused on events normally encountered by the average journalist. Their 14 listed events were categorized into three segments: frequency of exposure, range of exposure and intensity of exposure.

The current study did not attempt to duplicate analysis of these three segments, but used the 14 items in the quantitative portion of the survey, and in

analysis, divided the question into two segments, personal and emotional exposure.

G. OTHER PSYCHOLOGICAL PROBLEMS IN JOURNALISTS

The few studies of PTSD in non-war journalists are supplemented by studies of stress, depression and other mental disorders amongst journalists. McMahan (2001) found that Australian journalists suffering the impact of trauma are predominantly using coping skills that vary with marital status, gender and years of reporting.

The typical journalist in the McMahan study was 27 years old and had been employed as a journalist for about nine years. The three most common traumatic events reported on were murder, rape and auto accidents.

The typical response to being exposed to trauma was to depersonalize the event and not get emotionally involved, distancing, denial and suppression or avoidance of thoughts about it. Other common coping skills listed were: talking about it to others — personally, professionally or through debriefing; valuing the job or one's personal integrity; remaining human; crying; sympathizing; or using alcohol and other drugs.

McMahan found a significant correlation between age and length of time as a journalist and intrusive and avoidance behaviors at the time of the traumatic event and up to three years after the event. However, the same group exhibited less anxiety and insomnia.

Most of the journalists in the McMahan study felt debriefing or an opportunity to talk about their traumatic experiences would have been helpful.

This study is limited in that it did not take into account other factors such as lifestyle and previous traumatic experiences that might account for presented results. The study also used retrospective measures: the General health questionnaire covered a two-week time period and the Impact of Event Survey measures symptoms up to seven days after a trauma. The groups studied were journalists reporting on trauma stories in the last three years, and a control group who had not reported on such stories in the last three years.

Himmelstein and Faithorn (2002) attempted to identify the qualities found in high performing journalists that seem to mediate onset of psychological disorders. They found that successful journalists (who have been witness to or reported on trauma) exhibited the operation of five of the 15 major ego functions helping them cope: sense of purpose of work, sense of self, reality testing and judgment, object relations and autonomous functioning.

The Himmelstein and Faithorn study, conducted through lengthy interviews, discusses the pitfalls of journalists imposing themselves on victims in order to tell a story the journalist feels compelled to tell. These pitfalls, as well as ethical issues, are what the current research project hopes to illustrate. Their warning is echoed in much of the literature of Dr. Frank Ochberg of the Dart Center for journalism and trauma. "A victim of a disaster who has been emotionally traumatized and physically injured may be in a state of shock and will not be in a position to judge what is best for him or her. Likewise, individuals who have learned of the loss of a loved one may be in a state of shock and will be

best left to recover without further mental assaults. Interviewing such people can lead to further mental damage." (p. 545)

Similar to Himmelstein and Faithorn, Marais and Stuart (2005) sought to bring a holistic view of reactions to trauma by studying how the experience of trauma, temperament traits and a sense of coherence predispose (or not) a journalist's experiencing PTSD. In this study of 50 journalists who were members of the South African National Editors' Forum, 32 percent were found to have severe reactions to trauma. Marais and Stuart conclude, as have others, that journalists exposed to a significant number of traumatic events exhibit more PTSD symptoms and emotions than those exposed to fewer traumatic events.

They also conclude pre-trauma traits of neuroticism, aggressive and hostile temperament, a perceived lack of control over resources to respond to challenges and an inability to make sense of stressful events may make those journalists more vulnerable to PTSD. Those who perceive their environment as manageable and predictable will be less vulnerable to development of PTSD.

Dworznik, (2006) in a qualitative study of 26 television reporters and photographers, identified four types of personal narratives employed by journalists to make sense of traumatic events they cover. The first category of narrative expressed by journalists had to do with a sense of purpose which manifested in satisfaction of meeting and fulfilling goals. Examples include journalists' expressions of 'I got the story, quote or picture.' Another way of framing their experience was in personal fulfillment such as learning lessons from their experience or learning to value their own lives more.

Another motive was found in ways journalists justified their actions when they felt bad about going after the story. Such justifications ranged from 'I'm there to do a job' to getting a raise. Some blamed others when things went wrong. Other justifications included the rewards that came such as gaining celebrity status or befriending a victim.

Efficacy and control were significant coping mechanisms for journalists in Dworznik's study. In one sense, journalists controlled the memory or experience by focusing on gathering the news or doing their job instead of focusing on things they couldn't control, like their emotions. In contrast, some of the journalists used their lack of control over how they covered things as a way to shed responsibility for either having to be at an uncomfortable scene or when they were in a chaotic scene. For example, some emphasized the control the newsroom had on covering uncomfortable or trying situations, with one alluding to not having a say in where he was assigned, "Unfortunately, reporters and videographers are not the ones who make the call on the story." (p. 547)

The fourth narrative journalists use to cope with the strain of their assignments is found in how they relate it to their self worth. Dworznik found they constructed narratives to bolster their own self-worth in an attempt to take the focus away from the traumatic scene they were facing. Instead of focusing on a child not breathing and emergency personnel frantically working to save the child, one photographer focused on how he was able to get nice tight shots of the scene. In other self-worth narratives, journalists make a point of they were

human beings too and they treated others like human beings as well or narratives of compassionate acts.

These narratives, according to Dworznik, enable journalists to keep doing the work, however traumatic.

That sense of or lack of control was a feature of Greenberg, Thomas, Murphy and Dandeker (2007) in their study of factors associated with occupational stress and job satisfaction. Their qualitative study compared the stress levels of two groups of war journalists in Iraq: embedded journalists versus unilateral journalists. Embedded journalists worked within coalition military personnel, traveling with them and living with them. Unilateral journalists sometimes operated with troops in the field but more often than not, "free-wheeled" it in order to have broader freedom of access to the field.

Both groups found similar methods of coping with the conditions in Iraq: socializing with colleagues, writing letters home, calling home and drinking alcohol.

Greenberg et al. found that while the dangers present in Iraq were a concern for most of the 54 journalists from the BBC and Reuters news agencies, a lack of managerial or organizational support and experiencing difficulties with doing an effective job in a war zone were commonly stated as being substantially stressful. For both embeds and unilateral journalists, more stress was experienced when there was an imbalance between perceived effort and lack of recognition upon returning home. Upon their return home, 29 percent of embeds said they had received a good welcome home and 23 percent reported receiving

very poor support or recognition from management. And 18 percent commented they were angry about how they were treated or hurt by the lack of recognition.

On the other hand, unilaterals were more likely to express they had less management support and were more concerned about their own safety.

Embeds were frustrated by their ability to control which units they would be embedded with. Unilaterals reported difficult environmental conditions while being subjected to reporting censorships from their management that was compounded by their lack of safety and deaths of colleagues.

Greenberg et al. conclude that organizational factors including an imbalance between perceived effort, skill utilization and rewards/recognition for working in such environments have a greater impact on work related stress than does the assignment itself.

The motivation for news organizations to prevent, mitigate and assist victims of psychological harm lie squarely in the realm of social responsibility theory requiring news organizations to minimize harm as well as minimize costs that translate to reduced earnings for shareholders. Thus we will review the literature on social responsibility theory.

G. SOCIAL RESPONSIBILITY THEORIES, SOCIAL NORMS AND CODES OF ETHICS

This paper advocates for news organizations to look at how their treatment of the reporters who work for them might be endangering the social norms and the profession's codes of ethics.

McQuail (2005) describes the set of expectations by society on how news organizations ought to conduct their business as normative theory. Other than

"Do no harm" media are free to conduct themselves any way they see fit. However, unwritten obligations arising from social, political, economical and public pressures predominantly guide the ethics and conduct of media.

Dr. Ralph Potter formulated a model of reasoning to use for ethical analysis known as the "Potter Box." In this we find reasoning broken down into four areas: defining the situation, identifying the values involved, identifying the principles involved and identifying where loyalties lie. According to Christians, Rotzoll, Fackler, McKee and Woods (2005), the matter of choosing loyalties needs the most scrutiny. They identify five areas of loyalties: duty to our self, duty to clients/subscribers, duty to our organization or firm, duty to professional colleagues and duty to society.

Duty to colleagues, for purposes of this paper, includes the commitment to others in the profession to maintain the standards of good reporting prized by reporters.

The 1947 Commission on Freedom of the Press (The Hutchins Commission) introduced the notion of social responsibility and identified key journalistic standards to maintain to avoid criticism. According to the social responsibility theory, media ownership is a public trust that carries with it obligations to society; news media should be truthful, accurate, fair, objective and relevant, the media should be free but self regulated, codes of ethics and professional conduct should be established and practiced, and if the media are incapable of protecting the public interest, government can step in.

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Siebert, Peterson and Schramm (1956) expanded this notion of social responsibility in "The Four Theories of the Press." The theories, identified as Soviet, libertarian, authoritarian and social responsibility, address the relationship between press and society and what the press ought to be doing.

McQuail summarizes social theories of the media as relating primarily to how a media system is structured and conditions of its operations, the kind of services that might be expected and activities to avoid various kinds of harm if the media are to serve the "public interest."

The media have expressed their desire to the profession and to society through their codes of ethics, and those codes include the principles of taking care of employees and minimizing harm to employees as well as society.

Since 1923, news organizations have rallied around the "Canons of Journalism" promoted by Casper Yost of the St. Louis Globe Democrat and adopted by the American Society of Newspaper Editors. In 1926, the Society of Professional Journalists adopted the Canons and many journalism associations eventually adopted some form of the Canons as their code of ethics.

In investigating ethics codes from news organizations around the globe, Laitila (1995) found six major principles common to nearly all the 31 codes examined: Truthfulness of information; clarity of information; defense of the public's rights; responsibilities in forming public opinion; standards of gathering and presenting information; and respecting the integrity of the sources.

Lambeth (1992) promotes the notion of stewardship of the profession by asking journalists to "manage their resources of communication with due regard

to the rights of others, the rights of the public and the moral health of their own occupation." (p. 32)

Many have found, however, that there is a gap between theory and practice. The problem with these codes of ethics and the perceived social responsibility is the notion of accountability, or having to answer to someone for various written or unwritten obligations on the part of the media.

McQuail outlines two alternative models of accountability: answerability or liability. Media acting within the answerability model focus on, among other things, a moral/social basis versus in the liability model of legalities and reference to quality versus reference to harm. The answerability model emphasizes debate, negotiation and dialogue as the means to bridge differences that arise between media and their critics or those who are affected. The liability model focuses on minimizing potential harm and danger that arise from publication, whether to individuals or society.

Each of these models can be seen as having two stages: internal and external accountability. Internal accountability looks at the chain of control within the confines of the publication. This is exhibited in the amount of freedom of expression and autonomy given by media owners to journalists, writers, editors or producers. External accountability is about the relationships between the media and outside influences such as audiences, clients, advertisers or sponsors, the subjects of the reporting, owners and shareholders, public opinion and interest groups.

Internal responsibility and accountability are jeopardized when those producing the content to the public are not abiding by the stated codes of conduct or the social norms. Social norms, in this case, assume the professionalism of the news gathering process. That would include continuing education of its employees and the social norm of management taking care of employees' health, including mental health, while they gather the news and produce content.

In failing to provide proper training to reporters on how to cope with their own emotions, news organizations are abdicating their roles in advancing the profession, and professionalism, of journalism. Rodgers (2007) broadly summarizes what is meant by the professionalism of journalism as "any discussion of journalists' need for education, knowledge, and requisite experience to do their job well" (p. 81).

Newman, Simpson and Handschuh (2003) studied photojournalists and found that 98 percent of the 874 photojournalists responding to the study reported being at the scene of at least one event in which people were hurt or killed. Yet, only 11 percent of them said they had been warned by employers about emotional effects of the job, while 34 percent had been warned of physical hazards. Only a quarter reported that their employers had offered counseling. Newman concluded that documenting violence over time can have negative effects. "Training about this potential, early recognition and prevention, can help photojournalists continue to work productively and do the important work that they do," she said" (p. 1)

External accountability includes how reporters treat the sources of their stories. The SPJ code highlights the maxim of minimizing harm: "Ethical journalists treat sources, subjects and colleagues as human beings deserving of respect. Among the clauses covering the obligation to minimize harm, the code identifies what journalists should do: Show compassion for those who may be affected adversely by news coverage; use special sensitivity when dealing with children and inexperienced sources or subjects; be sensitive when seeking or using interviews or photographs of those affected by tragedy or grief; recognize that gathering and reporting information may cause harm or discomfort. Pursuit of the news is not a license for arrogance."

One of the most eloquent descriptions of the responsibility to the public is in the National Press Photographers Association's Code of Ethics. Code #8: "Our standards of business dealings, ambitions and relations shall have in them a note of sympathy for our common humanity and shall always require us to take into consideration our highest duties as members of society. In every situation in our business life, in every responsibility that comes before us, our chief thought shall be to fulfill that responsibility and discharge that duty so that when each of us is finished we shall have endeavored to lift the level of human ideals and achievement higher than we found it." (National Press Photographers Association, 1999)

In failing to provide proper training to reporters on how to interview a source who might be traumatized without further traumatizing him or her with inane and insensitive questioning, news organizations might be abdicating one of

their key ethical norms: minimize harm. By failing to provide the training and follow-up support after traumatization, news organizations are failing to hold themselves as accountable as they would if they were writing about and holding accountable any other corporation who had failed to provide proper training or care of its employees as part of its social responsibility.

Dworznik and Grubb (2007) make the case that sending unprepared journalists into stressful situations exposes them to potentially damaging psychological and emotional reactions such as PTSD.

By failing to mitigate the harm to journalists reporting on trauma, media employers are violating the very canons of ethics to which the profession holds itself. They are not only risking their employees' health and productivity and thereby endangering shareholders interests, employers are at risk for causing harm to the public which it serves and failing to operate in the public's interest.

Dr. Frank Ochberg was one of the pioneers in studying the role of traumatic stress and journalism. "Whenever a reporter meets a survivor of traumatic events," he has written, "there is a chance that the journalist will witness – and may even precipitate – posttraumatic stress disorders. Therefore it is important that working journalists (including grizzled veterans) anticipate PTSD, recognize it and report it, while earning the respect of the public and those interviewed. The recognition of PTSD and related conditions enhances not only a reporter's professionalism, but also the reporter's humanitarianism." (DART Center, Effects of Traumatic Stress, Self Study Unit 1: Journalism and Trauma)

Lastly, the very existence of traumatized employees providing copy could endanger the key precept of news organizations existence as serving the public interest. Tiegreen and Newman (2008) reviewed current scholarship and study on how trauma-related news is framed. They conclude there is evidence that both trauma related and non-trauma related news lacks historical, social and cultural context. Without such context, the public perceives events as random whereas context might show that not only were the events not random, but predictable, given historical context, but possibly preventable.

According to Feinstein (2004), "Good journalism requires healthy journalists, not those who might filter the news through their own emotional problems." (p. 76)

This lack of context about traumatic events, which is more than likely reported by a traumatized reporter, injures the public interest. Traumatized reporters have the propensity to produce distorted frames within which they tell the story and the frames highlight the senselessness that the reporter is feeling.

HYPOTHESES (STUDY 1)

Based on the concept of empathy and previous findings, the following hypotheses were proposed for Studies 1.

HQ$_1$: There will be a high correlation between exposure to traumatic events and the prevalence of PTSD, STSD, and other depressive disorders among reporters.

HQ$_2$: The prevalence of PTSD, STSD, and other depressive disorders among journalists covering a traumatic event will increase with the degree of intensity of the stressful event, i.e. more violent or deadly.

RESEARCH QUESTIONS (STUDY2)

To bridge the behavioral issues and the normative theory of social responsibility, the following questions were asked in the qualitative Study 2, which used a triangulated approach to explore each issue using multiple data sets. Using three different data sources increased our potential for external validity.

Because the researcher found greater correlations between PTSD symptoms and personal or emotional involvement, the researcher explored the following question to find out what actions created personal and emotional involvement:

R$_1$: What specific actions did the reporter take or what specifically was witnessed that instigated personal or emotional involvement?

Study 1 indicated a high frequency of reporters who did not have any prior training in trauma coverage. To find out reporters' perceptions of the role employers played in trauma training, the researcher asked the following research question:

R$_2$: What can employers do to help prevent or mitigate the emotional trauma journalists might experience in the fulfillment of their assigned jobs?

To explore the theory of responsibility to society and media, the researcher asked the following:

R₃: Would journalists change their reporting of the same story after time

has passed? Are they satisfied they covered the story accurately, fairly and

within context?

Since the quantitative data revealed employers did not provide counseling

help, the researcher sought to explore what reporters did on their own through

the following question:

R₄: Did the journalist seek treatment for the trauma? Why or why not?

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CHAPTER THREE

RESEARCH DESIGN and METHODOLOGY

A. RESEARCH DESIGN

This research bridges two theoretical foundations — psychological and

behavioral descriptive theories of empathic behavior leading to Post Traumatic

Stress Disorder and Secondary Traumatic Stress disorder in the journalist

population — and the normative theory of media and society. This research

explores the normative models of social and professional responsibility to explain

why news organizations should act to minimize, prevent and treat traumatic

trauma in the workplace.

This study explores the prevalence of and identifies behaviors associated

with PTSD and STSD in the journalists' work environment. Using data collected

by the researcher in an online survey of journalists, this study measures the

relationship between the exposure to traumatic events and the prevalence of

mental health issues as self-reported by the respondents.

Participants

Six professional journalists associations were identified from a web listing

of international journalists associations and my employer as having large

numbers of journalists with a variety of backgrounds to be adequate for this

study. The six professional associations were: the Society of Professional

Journalists, the National Association of Black Journalists, the International

Women in Media Foundation, the American Women in Radio and Television, the

Canadian Association of Journalists, the National Press Photographers Association, Inc. and the Wisconsin Newspaper Association.

In addition Lee Enterprises, the researcher's employer, was selected as a survey group. Of the six professional associations solicited to participate, three agreed: the IWMF, the NPPA and the WNA. With Lee Enterprises, four organizations agreed to either include an item announcing the survey and its purpose accompanied by a link to the online survey.

In total, only 63 journalists responded to the survey. Of these, 37, or 61 percent, of them completed the survey.

Survey Instruments

The researcher combined three separate survey instruments into one and utilized an online survey provider, Survey Monkey as the online host of the study, making it accessible to participants around the globe.

The Survey Monkey instrument consisted of 52 questions comprised of questions from the PTSD Checklist (PCL) – Civilian, the Journalist Trauma Exposure Scale, and the SF-12. The survey instrument also included demographic questions.

1. PTSD Checklist for Civilians (PCL-C)

The PTSD Checklist for civilians (PCL; Weathers, Litz, Herman, Huska and Keane, 1993) is a 17-item scale measuring each of the DSM-IV symptoms of PTSD. It also includes assessment of exposure to trauma. Respondents rate each of the items on a five-point scale (1=not at all to 5=extremely) based on

how much they were bothered by each symptom of PTSD in the past month. The researcher utilized the Civilian version of the three available versions of the PCL.

The reason for conducting the PCL is that while the SF-12 is useful in detecting patients diagnosed with a depressive disorder, its content does not include sleep adequacy, cognitive functioning, sexual functioning, health distress, family functioning, self-esteem, eating, recreation/hobbies, communication, and symptoms/problems indicative of some level of traumatic reaction.

In a study comparing seven self-report measures of PTSD, (Adkins, Weathers, McDevitt-Murphy and Daniels, 2008) the PCL had the highest convergent validity, good discriminant validity and a high diagnostic utility measurement. Like all the instruments measured, the PCL has high internal consistency and test-retest reliability.

The instrument also allowed for multiple traumas and corresponds to DSM-IV Criteria for PTSD.

According to Elhai, Gray, Kashdan and Franklin (2005) the PCL was the second most used self-report trauma assessment instruments utilized by clinicians, with 16% of clinicians using it 1,483 times during the prior year. The PCL was the favored self-report instrument utilized by independent researchers, with 16 percent of researchers in the Elhai et al. study using PCL 10,785 times in the year prior to the study.

2. Journalist Trauma Exposure Scale (JTES):

This research utilizes Pyevich's (2001) JTES, which is a modified version of Newman, Simpson and Handschuh's 23-item self-report measure which

quantifies how much respondents witnessed, experienced or covered specific trauma-related events while completing an assignment within the last 12 months.

Three subscales were derived: the frequency of exposure, the range of exposure and the intensity of exposure. Frequency is calculated by sum of numbers the participant notes in questions 1-14 for each type of incident during the past 12 months. The range of exposure is calculated by summing the different types of trauma using items 1-14. Intensity of exposure is derived by summing the items experienced in questions 15-23 during the last 12 months.

The JTES has acceptable internal consistencies (alphas of .77 and .84). In It is not known how many times the JTES has been utilized by researchers.

3. SF-12 Health Survey

The SF-12 is a subset of the SF-36 which was developed in 1994 by the Rand Corporation for its annual Medical Outcome Studies. In more than 25 studies utilizing the SF-36, the reliability measures for both internal consistency and test-retest have exceeded the minimum standard of 0.70 recommended for group comparisons. The mental component summary reliability is 0.88.

The eight scale profile of the SF-36 consists of physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional and mental health. These eight components are then compressed into component summary measures: physical health and mental health.

Because this research project is mainly interested in mental health, the researcher determined the SF-12, or short form, reduced to six scales of role-

physical, bodily pain, vitality, social functioning, emotional and mental health, was adequate and resulted in a less lengthy survey.

The physical functioning and general health scales were not shown to contribute most to the summary scoring for mental health.

The SF-12 is endorsed by the National Commission on Quality Assurance and according to information on the website, the Medical Outcome Trust's Scientific Advisory Committee has completed a peer review of the SF-12 and has approved its distribution.

Both the SF-36 and SF-12 have been used in studies of mental health, and more than 200 diseases.

Order of questions

With four institutions participating in the research project, four surveys were established. While the survey instrument questions were the same, the order in which they were asked was changed from survey to survey in order to mitigate response bias. For example, one survey might have the 17-item PTSD Checklist questions first, then the 23 JTES questions, then the eight SF-12 questions, then seven demographic questions. The next survey might ask the demographic questions first, then the JTES, then the PTSD Checklist, then the SF-12. The questions within each instrument remained the same as was the order.

This change in order was done to mitigate response bias while still maintaining, for validity, the order within the instrument.

Definitions and concepts (alphabetical)

Post Traumatic Stress Disorder: as defined in the Diagnostic and

Statistical Manual for psychological disorders DSM IV (1994)

Reporters: all news reporters and photojournalists, whether staff or

freelance, on all beats for daily and weekly print, broadcast and web publications.

The researcher gained access to the reporter population through professional

organizations such as the Society of Professional Journalists, the National Press

Photographers Association and others.

Secondary Traumatic Stress Disorder – also known as vicarious trauma

and compassion fatigue: Figley (1995) first identified STSD as separate from yet

related to Post Traumatic Stress Disorder. Victims of STSD suffer nearly identical

symptoms as victims of PTSD. PTSD victims are identified as having a set of

symptoms due to direct physical and emotional harm. STSD victims are identified

as having a set of symptoms due to indirect exposure to the harm, such as

immediate family members of direct victims, those who witness crime, fight fires,

police, care givers and, more recently, journalists who report on traumatic events,

take pictures, interview subjects, and otherwise relive the event through reporting

it (Feinstein, Owen and Blair, 2002). Because of exposure to the harm and

empathic engagement with survivors' trauma, these witnesses, caregivers,

firefighters and journalists can be traumatized as well.

Traumatic event: Coverage of traffic accidents, fires, deaths, violent

crimes or any such event that created some psychological impact in the reporter,

whether minor or major to that reporter. In other words, it could be whatever might have caused distress with the reporter yet appeared to be benign to others.

The prevalence of major depressive disorders such as PTSD and STSD among reporters will be explored via a survey, consisting of health assessment questions, of all reporters responding to the survey.

The aim of the study is two-pronged: to highlight the prevalence of trauma in the journalist workforce and to advocate for the fulfillment of news organizations' social responsibility of maintaining professional standards and complying with ethical codes. News organizations can do this by instituting organizational change designed to prevent or mitigate lingering trauma within the reporter population before it develops into PTSD or STSD.

B. METHODOLOGY

This study follows a mixed-methods approach using quantitative and qualitative data gathering techniques in two stages. The quantitative stage (Study 1) involved multi-stage clustering procedures and the use of the SPSS package to analyze the data. The qualitative stage (Study 2) involved a single case study that augments, illustrates the quantitative analysis, enhances the statistical analysis and fills in some of the gaps in research that anecdotal research attempts to fill.

To bridge behavioral issues and normative theory, this study employed a sequential, transformative, mixed methods approach. According to Creswell (2009), "A mixed methods approach involves philosophical assumptions, the use

of quantitative and qualitative approaches and the mixing of both approaches in a study. Thus, it is more than simply collecting and analyzing both kinds of data; it also involves the use of both approaches in tandem so that the overall strength of a study is greater than either qualitative or quantitative research." (p.5)

A sequential study involves two phases with a theoretical lens overlaying each of the sequential procedures, according to Creswell. "This lens becomes an advocacy perspective that shapes the types of questions asked, informs how data are collected and analyzed and provides a call for action or change." (page 62).

In this project, the researcher begins with a quantitative study testing the theories of empathic behavior and exposure. In addition to testing theory, the researcher collected demographic and health data. The researcher employed the survey research strategy by studying a sample of professional reporters' health and exposure to trauma.

Quantitative research is a way researchers test objective theories by examining relationships among variables.

Alternatively, qualitative research attempts to understand the meanings individuals give to social and human problems and frequently involves emerging questions and building from specific data to general themes. As such, the results of Study 1, the quantitative study in this research project, informed the second, qualitative phase of study implemented through a case study.

According to Yin (2009), "The case study method allows investigators to retain the holistic and meaningful characteristics of real-life events." (Page 4)

STUDY 1: QUANTITATIVE DATA COLLECTION

Study 1 employed a cross-sectional, online, self-administered questionnaire of reporter populations. This involved multi-stage clustering procedures targeting numerous professional reporter associations, such as the Society for Professional Journalists and the National Association of Black Journalists, obtaining email addresses or permission to either post this survey on their websites or for permission to use their email database and surveying a sample within that population.

An invitation to participate was posted on the site and the survey was accessible on those sites through a link. Respondents were directed to an independent location hosting the survey controlled and accessed by the researcher, not the professional organization.

Through the professional associations, the researcher had access to at least 4,000 reporters of whom the researcher hope 10 percent, or 400, would respond to the first phase of the survey. Ultimately, 63 journalists responded but the researcher ended up with 37 valid surveys.

Reasons for the online survey design are to reach as large an audience as possible, save on research costs and be conducted in a short period of time. In addition, respondents to online self-administered surveys have control over the pace of the response and the respondent can do pieces of it, stop, and return to the questionnaire without fear of losing his/her responses or the questionnaire itself.

Online surveys do present some difficulties and disadvantages. Wimmer and Dominick (2006) note the chief disadvantage to an Internet based survey is there is no method for guaranteeing that the person recruited for the survey actually completes the survey. They give an example of an adult asking a colleague or spouse or even a child to complete the survey for them. This lack of control can have a significantly detrimental effect on data reliability and validity. This can be mitigated somewhat by providing consistency devices within the design of the questionnaire and by studying outliers of the collected data.

Internet surveys also present a problem in perceived confidentiality. Respondents might be more hesitant to answer questions that relate to their health, especially on the Internet. There was no identification of respondents. The investigator's e-mail address was provided for survey respondents who wished to discuss any of the material.

The researcher received Institutional Review Board for both stages of this study, which included informed consent to participate. Participants were told their responses were confidential and they were warned the questions could be upsetting. Therefore, the survey was designed to allow them to stop, sign off and continue later.

In addition, Wimmer and Dominick are concerned that the distinctive low cost of administration of Internet surveys sometimes takes precedence over the quality of the data validity and reliability and that having a large response rate does not necessarily guarantee results that are reliable or valid.

These concerns can be mitigated, but not altogether resolved, by providing adequate privacy safeguards and a questionnaire design that ensures measures of internal consistency in the responses. Identities will be protected via identification numbers on the survey instruments in phase I. The researcher obtained informed consent signatures for each survey participant in both studies.

Statistical analysis

The researcher applied the Statistical Package for the Social Sciences (SPSS) to analyze the data. SPSS was developed for business applications but is widely used in analyzing social data.

STUDY 2 QUALITATIVE EXPLORATION OF THEMES

The researcher used telephone interviewing as the primary method for Study 2. At the end of Study 1, respondents were asked if they would participate in a second study. If so they left codes/passwords to identify their quantitative survey responses and were to contact the investigator to demonstrate willingness to continue with another phase. While several respondents left passwords, only one person chose to contact us for a follow-up interview.

The results of Study 1, the telephone interview, and content from the participants published writings were triangulated to develop a broader view of the individual's experiences and to answer emerging questions from Study 1.

Unit of Analysis and Intercoder reliability

The individual was the unit of analysis for coding for the telephone interview, while the published articles was a separate unit of analysis and the responses to Study 1 was a third unit of analysis.

Coding Categories

A total of 249 codes, divided into seven categories, were developed using the subject's own words either in the telephone interview or in published writings at the time of the trauma. The words were categorized in the following ways: Actions, employers, PTSD, Setting and context, Responsibility to society, Seek treatment and Trauma words used.

The categories were drawn from research themes that warranted further investigation or related to the hypothesis or research questions.

Since the analysis of study 1 found a significant correlation between personal involvement and PTSD symptoms, the researcher attempted to identify exactly what personal actions were taken. These words were coded into a category called Actions. Action words used by the case subject included anything that the subject saw, did, or heard, for example, saw, spoke, touched, looked, listened, let and filed.

This research is focused on identifying what role, if any, the employer has to play in either mitigating trauma or making things worse for the reporter. Therefore, the word employer defines a second category to include words the subject used that had to do with her relationship to her employer. For example, basics, training, support, sensitivity, what they did, what we needed, debriefing, help and trust.

The use of particularly traumatic words the case subject used, either in copy that was published or words stated during the telephone interview, were coded into a third category called PTSD/STSD and examined in relationship to

the definition of PTSD under DSM-IV. Examples of these words include dead body, death, despair, guns, horror, murder, numb, overwhelmed, re-experience, sleep and threatened.

Other words the subject used reflecting trauma were coded in a fourth category called trauma words. Examples include apocalypse, crying, drugs, pain, power, quasi-sane, responsibility, suffering, throwing up, war, wrong/right and yelling.

A fifth category is responsibility to society. Words the case subject used that had to do with what employers need to consider to fulfill their role to protect their employees, subjects of interviews, readers or stockholders were coded in responsibility to society. Such words include accuracy, balance, complaints, edit, emotional, journalistic ethics, people's needs, professional development and programs.

One of the issues this research explores is if journalists are seeking treatment for their emotional states. Hence, the sixth category in this research is seek treatment. Words used by the subject such as counseling, EAPs, Emotional well being, peers, therapy, what I needed, were coded into this category.

The seventh category reflects the big picture of what was happening during the trauma being reported, as perceived by the case subject. In this category are placed words such as all hell broke loose, every man for himself, hurricane, lies, setting and context, so many, thousands, time.

The researcher utilized HyperRESEARCH software to organize the written and spoken words of the case subject in Study 2 as well as use the quantitative

data from Study 1. HyperRESEARCH enabled the researcher to code, retrieve,

build theories and conduct analysis of text or data. The software allowed the

researcher to place words or groups of words into categories and determine how

many times they were used. It also allowed the researcher to use the Code Map

to graphically represent relationships between codes. Examples of these graphic

relationships are provided in Appendix B.

CHAPTER FOUR

FINDINGS AND ANALYSIS

A. FINDINGS: STUDY 1

Demographic Data

The number of respondents providing consent to be surveyed was 63, with 37 valid responses. Demographic data were collected from participants regarding age, gender, ethnicity, geographical setting, work position and years of journalism experience (Table 1). Of 36 valid responses, 50 percent indicated they had more than 15 years in the industry (N = 13), with the next largest grouping of 19 percent with three to five years in the industry (N = 7). Ages ranged from 20 to over 65 with 54 percent under the age of 40 and 46 percent over the age of 40. From those who identified their ethnicity, 86 percent were white (N = 32), 5.4 percent were Hispanic (N = 2), 2.7 percent were Asian/Pacific Islander (N = 1), 2.7 percent were Native-born European Heritage (N = 1).

Work related exposure to traumatic events

Participants indicated the number of times within the past year they were assigned to an event in which someone was hurt or killed. Fifteen events were listed and participants were asked to say how many times they had responded to an event of that nature, if at all. The mean number of events participants responded to was 53.9630 (SD= 63.2130) in the past year. Most participants, 81.5 percent, were exposed to at least one work-related event in which someone was hurt or killed within 12 months of taking the survey.

Table 1. Demographic characteristics of journalists

Characteristic	Mean	SD
Age (Years)	38.86	12.94
Years in Media Industry	10.583	5.50
	N	**%**
Gender		
Male	20	54
Female	17	46
Position		
Newspaper/Magazine Reporter	12	32
Editor	10	27
Newspaper/Magazine Photojournalist	4	10.8
Freelance Journalist	2	5.4
Other (where N=1)	11	24.8
Setting		
Rural	5	13.5
Semi-Rural	11	29.8
Urban	20	54
Unknown	1	2.7

Table 2. Exposure to Events Statistics

Traumatic Event Covered	Valid	Mean	SD	Range
Death of child	31	3.03	5.244	25
Mass casualties	30	2.40	9.522	52
Auto accident	31	16	19.918	52
Airplane accident	29	1.59	2.285	12
Fire	29	1.59	2.970	12
War Zone	28	3.71	13.638	52
Someone's life threatening illness	31	2.55	3.150	12
Murder	31	3.48	5.434	25
Someone in family assaulted	29	3.00	5.561	25
Outside family assaults	29	5.07	6.053	26
Sexual Assault	29	5.55	14.284	75
Torture	30	.43	1.006	5
Natural disaster	29	2.28	5.885	30
Other	34	4.94	10.225	52

Figure 1. Most stressful event reported by survey respondents

Most Stressful Events
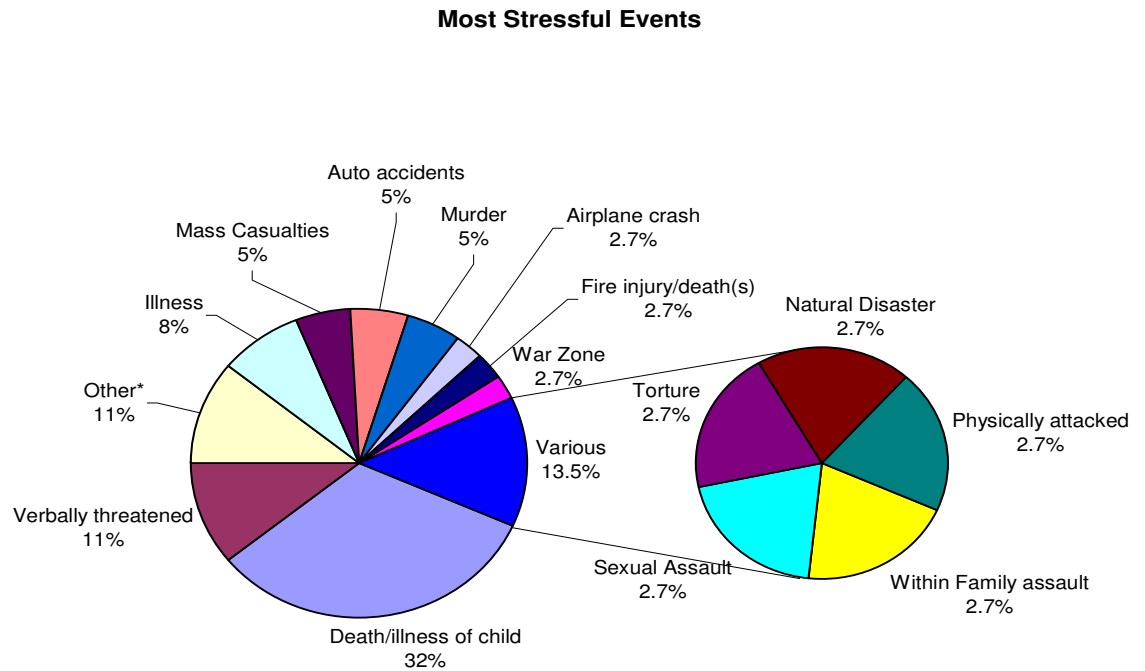
HYPOTHESES

Hypothesis 1 predicted reporters who were more frequently exposed to traumatic events would exhibit a higher level of PTSD. This survey did not prove this hypothesis.

Of survey respondents, 81.5 percent reported being exposed to at least one traumatic event in the prior 12 months (N=27).

Under the Pearson Correlation test, Study 1 revealed the correlation between frequency of exposure to traumatic events and PTSD was insignificant; ($r = .072$, N = 24).

While this sample exhibits a low correlation to all the criteria for full-fledged PTSD, a significant presence of sub-symptoms was found. In this sample, significant correlations exist between intensity of events and level of personal or emotional involvement and sub-syndromal PTSD.

The sub-symptoms correlating with personal or emotional involvement are re-experiencing, hyperarousal and avoidance.

Personal and emotional involvemen*t*

The JTES survey instrument required yes/no responses and gave us two levels of intensity of events: personal involvement and emotional involvement. The researcher perceived that personal involvement related to nine questions of the JTES. These had to do with what a reporter physically did, saw or heard. (See Appendix A)

The researcher perceived emotional involvement to be related to three questions of the JTES. (See Appendix A)These three questions mirror identifying factors of PTSD as defined by DSM IV: intense fear, intense horror or disgust and intense helplessness.

Table 3. Correlations between PTSD, emotional and personal involvement, general health and case study findings

Criteria for PTSD	Quantitative Questions of PCL	Overall correlation	Correlation with Personal involvement	Correlation with Emotional involvement	Health correlation	Qualitative Case Study score
Overall PTSD Checklist to Exposure	All PTSD Checklist Questions	r=0.072 correlation PTSD Checklist to exposure: Mean 27.90 Median: 25.0000 Mode: 18 SD :10.9 Range: 38	r=.341 to Exposure; r=.395 to PTSD Checklist	r=.051 to Exposure; r= .487 to PTSD Checklist	.278 to trauma total: -.172 to PTSD checklist	31 out of 85 points: 36 %
Stressor Event	1					
Re-experiencing	2 through 6	.082	.395.*	.614**		8 out of 25 32%
Avoidance	7-8	.335	.530**	.389*		4 out of 10 40%
Numbing/Distance	9-13	.034	.292	.256		6 out of 25 24%
Hyperarousal	14-17	.055	.055	.472**		13 out of 25: 52%
Re-experience						

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed)

Scoring for the PCL-C can be done by either calculating a cut-off score or developing symptom cluster scores. Keen, Kutter, Niles and Krinsley (2008) and Palmieri, Weathers, Difede and King (2007) used symptom cluster scoring to identify the presence of sub symptoms when overall PTSD was not apparent.

Keen (2008) used a model of three PTSD Criterion: re-experiencing, avoidance/numbing and hyperarousal. Table 4 shows the correlations of these three symptoms to personal and emotional involvement in our study.

Table 4. Pearson Correlations Keen, et al.

	Reexperiencing	Avoidance-Numbing	Hyperarousal	Trauma Total	Personal Involvement	Emotional Involvement
Reexperiencing: Pearson Cor. Sig. (2-tailed) N	1 35	.699** .000 34	.775** .000 34	.082 .691 26	.395* .019 35	.614** .000 35
Avoidance-Numbing Pearson Cor. Sig. (2-tailed) N	.699** .000 34	1 35	.811** .000 34	.046 .824 26	.395* .019 35	.338* .047 35
Hyperarousal Pearson Cor. Sig. (2-tailed) N	.775** .000 34	.811** .000 34	1 35	.120 .559 26	.284 ..098 35	.357* .035 35
Trauma Total Pearson Cor. Sig. (2-tailed) N	.082 691 26	.046 .824 26	.120 .559 26	1 27	.341 .082 27	.051 .802 27
Personal Involvement Pearson Cor. Sig. (2-tailed) N	.395* .019 35	.395* .019 35	.284 .098 35	.341 .082 27	1 37	.404* .015 36
Emotional Involvement Pearson Cor. Sig. (2-tailed) N	.614** .000 35	.338* .047 35	.357* .035 35	.051 .802 27	.404* .015 36	1 36

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Palmieri, Weathers, et al (2007) found that collective evidence suggests a four factor model, consisting of reexperiencing, avoidance, numbing (or dysphoria) and hyperarousal, provides the best representation of the latent structure of the PCL in their sample. Table 5 indicates the result of using the four-factor model in analysis for this study.

Table 5. Pearson Correlations using Palmieri, Weathers et al

	Reexperiencing	Avoidance	Dysphoria	Hyperarousal	Trauma Total	Personal Involvement	Emotional Involvemen
Reexperiencing: Pearson Cor. Sig. (2-tailed) N	1 35	.552** .001 35	.717** .000 33	.699** .000 35	.082 .691 26	.395* .019 35	.614** .000 35
Avoidance: Pearson Cor. Sig. (2-tailed) N	.552** .001 35	1 36	.412* .015 34	.432** .008 36	.335 .088 27	.530** .001 36	.389* .019 36
Dysphoria Pearson Cor. Sig. (2-tailed) N	.717** .000 33	.412* .015 34	1 34	.774** .000 34	.034 .870 25	.292 .094 34	.256 .144 34
Hyperarousal Pearson Cor. Sig. (2-tailed) N	.699** .000 35	.432** .008 36	.774** .000 34	1 36	.055 .784 27	.239 .160 36	.472** .004 36
Trauma Total Pearson Cor. Sig. (2-tailed) N	.082 691 26	.335 .088 27	.034 .870 25	.055 .784 27	1 27	.341 .082 27	.051 .802 27
Personal Involvement Pearson Cor. Sig. (2-tailed) N	.395* .019 35	.530** .001 36	.292 .094 34	.239 .160 36	.341 .082 27	1 37	.404* .015 36
Emotional Involvement Pearson Cor. Sig. (2-tailed) N	.614** .000 35	.389* .019 36	.256 .144 34	.472** .004 36	.051 .802 27	.404* .015 36	1 36

** Correlation is significant at the 0.01 level (2-tailed).
 * Correlation is significant at the 0.05 level (2-tailed).

With respect to age, the correlation with re-experiencing the event was significant: (r = -.365, N = 35, P = .031), implying that older people are less likely to re-experience. Correlations with hyperarousal and avoidance/numbing were not significant.

With respect to being warned about emotional effects, the only significant association with sub-symptoms was with hyperarousal (chi-square = 19.53, df = 9, p = .021).

- With respect to length of time in the media industry, there was a significant association (negative) with reexperiencing (chi-square = 63.418, df = 48, p = .001). That is, those with more time in the industry were less likely to re-experience.

- With respect to length of time in the media industry, there was also a significant association (negative) with avoidance/numbing (chi-square = 89.815, df = 66, p = .027). That is, those with more time in the industry were less likely to experience avoidance/numbing.

STUDY 2 Qualitative stage: Emerging issues from Study 1 guided Study 2

CASE STUDY

Ashley is a 46 year old former reporter for print publications who reported at the scene of Hurricane Katrina in August of 2005. While her personal home was not flooded during Katrina, shortly thereafter Hurricane Rita in September 2005 did cause her home to be flooded. A complete transcript of the telephone interview can be found in Appendix D.

Ashley was sent to New Orleans after Hurricane Katrina to cover, not the aftermath of the Hurricane, but to cover Laura Bush's arrival to the area. Before Bush's arrival, however, Ashley was immersed in the trauma going on outside the site.

A look at the results of her answering the quantitative questions reveal that she exhibits varying degrees of PTSD as reflected in her PTSD checklist responses. She no longer works for a news organization, having gone into teaching and freelance writing for magazine features. Therefore she recorded

having been exposed to no traumatic events in the JTES part of the questionnaire.

In the health questions, Ashley rates her state of general health as poor. She reports accomplishing less than she would like some of the time and emotional state of being causes her to work less carefully and accomplish less than she would like a little of the time.

Ashley feels calm and peaceful only some of the time, has energy some of the time, is downhearted and depressed a little of the time and her emotional state interferes with her social activities a little of the time.

In her responses to the PTSD Checklist in Study 1, Ashley met the first criterion as defined by the DSM-IV for PTSD — being exposed to a stressor event defined as either witnessing someone being hurt or killed or witnessing a particularly gruesome scene. She did not actually see someone die or be physically hurt or killed, but she saw plenty of dead bodies in the waters and plenty of hurt people looking for help.

In Study 1, Ashley presents 3 of the 5 indicators of intrusive recollection items of the PTSD checklist that correlate to the DSM-IV Criterion B for PTSD. She exhibits scores 3 of the items in the Avoidance/numbing items that correlate to Criterion C of the DSM-IV. And the presence of 5 of the 5 items relating to Hyperarousal in the DSM-IV Criterion D indicates she is still suffering the effects of that disaster five years later.

R₁: What specific actions did the reporter take or what specifically was witnessed that instigated personal or emotional involvement?

As data in the quantitative portion of the study indicated personal and emotional involvement correlated more highly to PTSD than actual frequency of exposure, the investigator asked her questions that looked for specific examples of her personal or emotional involvement in these events. These involvements included:

- Helped a woman find her new born baby with whom she had gotten separated

- Saw soldiers wiping away tears

- Saw doctors crying

- Saw military medics throwing up in bedpans

- Talked to soldiers holding big guns guarding evacuees

- Let people use her cell phone to notify loved ones

- Stood up to National Guardsmen so she could get a bottle of water for a 4-year-old boy

- Was verbally attacked, to the point where it almost turned physical, by a television journalist

- Found a woman's purse and undertook efforts to find the owner, located and contacted the owner.

- Spoke with officials, emergency personnel and victims.

- Saw numerous dead bodies in the waters as guides navigated in boats around them, using the dead bodies as navigational landmarks.

- Listened to a multitude of stories to the point where people were standing in line to talk to her, just to have someone to talk to.

An examination of frequencies show 37 actions taken by the respondent as identified in her responses in the telephone interview, Study 1 and her published articles around the time of the trauma.

R₂: What can employers do to help prevent or mitigate the emotional trauma journalists might experience in the fulfillment of their assigned jobs?

Ashley referred to the employer's role 43 times through Study 1, the telephone interview and published articles. The respondent was provided with no training for dealing with the trauma and felt the employer should have provided some.

- It would have been incredibly beneficial if the whole newsroom would have had it, we would have all felt safe. Even after Katrina, we were sent out to cover Rita with nothing. We had no emotional support or even realistic support like food.

- Some trauma training or something like that should be addressed. Management out of touch: I voiced some of my concerns, saying we need a better plan.

- Would a debriefing of sorts have helped you at the time? I was asking for it, not just for me but the younger journalists would have helped. Something sooner, regular, an onsite resource. This was incredibly intense. If I had been in charge, I would have had someone on site.

- One afternoon, about 3 months afterward, they brought in people for us to talk to. Never heard from them again. We had 20 minute sessions. We felt we had been through a war.

- I don't know what could have helped me process that more effectively on an emotional level. Having that as a part college

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preparation or newsroom and regular professional development workshops would be very helpful. There was some crazy shit going on and you can't talk to too many people because it was so far out there. It's too much.

- We had an EAP program. The month after, I thought it would be a good idea to talk to someone. I called the number, gave me a contact. It was the wrong number.

Ashley felt the employer was inept at the job, did not have a grasp of the situation in the field and was insensitive to the emotions of the reporters:

- Tells me there is to be no crying in the news room. Do it on my time. Not to cry in the newsroom.

- What they did was kept bringing Twinkies and putting them on our desk for at least three months. Not every day, just a Katrina Twinkie thing. Twinkies were not what we needed.

- I didn't feel like they cared or understood what it was we were dealing with. Did they read my stories? Did they think I was making this stuff up?

R₃: Would journalists change their reporting of the same story after time has passed? Are they satisfied they covered the story accurately, fairly and within context?

While Ashley maintains she thought her writing was fair and balanced, she admitted it was laden with emotional words.

- I'm absolutely certain that given some time and space and, frankly, energy, that I could have done better.

- I would say it was pretty fair, but not unemotional for the columns. Eighty to 85 percent of it was unemotional. But there were things that happened.

- No. I was not emotional with them (subjects of interviews). I tried to be a resource and give them a voice.

Looking at responsibility to society, these questions were coded for potential concerns in journalistic ethics. These concerns were evident in 36 instances in the interview, study 1 and Ashley's published writings.

Because the journalistic rules between a news story and a column differ, it is hard to judge the impact of her writing as a columnist. For instance, a news story would (or should) have more than one source, and news stories during Katrina ideally would have more context of prior hurricane damages and perspectives about what could have been done to prevent some damage. Perhaps the rest of the reporters on the staff of that publication did provide such stories alongside of Ashley's

But Ashley's writing is laden with much that would not stand up to the standards of fair and balanced reporting and written through one lens only: trauma. Examples of this language include:

- "I don't know what will be done to make it again, but for now, New Orleans isn't anymore."

- "It was like a war zone. I saw doctors crying, I saw military medics throwing up in bedpans."

- "In their eyes, I saw nothing but despair."

- "This is America. How could this happen here?"

- "If I keep washing my hands, can I get it to go away?"

- "I can only imagine the horrors of the last six days of her life."

- "Rules are created to maintain order, but sometimes there is a greater good. At the moment we have passed the days of chaos, but so much could have been avoided had more individuals left their bureaucratic minds behind and, in the moments of total desperation, gone back to their roots as human beings."

It is also hard to judge these writings and Ashley's emotions given the trauma was so wide-spread and continuous. Her writing probably reflected the mood of the community. Is that the role of media?

R$_4$: Did the journalist seek treatment for the trauma? Why or why not? Ashley's interview, Study 1 responses and her published articles reflect 32 instances of the use of traumatic words. The most used was her references to 'normal.' Despite Ashley's exhibiting high levels of PTSD symptomalogy: she did not seek professional help, or more to the point, her attempt to do so was short-lived due to an incorrect phone number provided by the employer. Ashley reports her employer's inadequate attempt to provide counseling support to employees. However, she found her own help through a person she was sent to interview.

- On the Monday after, I went to the ambulance company to interview what they had been doing and talk to this man. I had slept very, very little. He looked like he had been to war. He had been in the superdome. I was there to interview him. He was sitting there and I put out my notebook, tell me your name…tell me about your week. He had fever blisters from sunburn. He looked at me and said, 'why don't you tell me about yours.' I knew how valuable it was to meet that particular person at that moment. It went a really long way in terms of my emotional well being. He stayed in touch with me. I didn't have any official trauma stuff, but he provided me with what I needed.

- My peers and I talked.

- Fortunately there were a lot of wonderful people in the newsroom and they supported me and I did what I could do to support them. I'm the only one who saw dead bodies…I'm also probably the highest strung on a normal basis compared to them. They are very ...slow and unexcitable. We were a good balance.

CHAPTER FIVE

DISCUSSION

A. CASE STUDY AND THE ETHICS OF JOURNALISM

Based on the findings of Study 1, the researcher cannot conclude

frequency of exposure to trauma and PTSD are correlated. However, the

researcher can conclude that personal and emotional involvement could be

precursors to developing sub-symptoms of PTSD. Our case study illustrated

some of the ways that reporters get involved — what they see, do and hear —

have a profound impact on their psyche.

Looking at Study 2 and the published articles of the reporter/columnist, the

researcher found a plethora of ethical considerations.

While trying to maintain a semblance of professionalism in an upside

down world, Ashley's actions to try to help her fellow man may have inadvertently

led her to show symptoms of PTSD or STSD.

Various studies indicate risk factors for PTSD which Ashley meets:

Exposure to higher intensity assignments (Smith, R., 2008); Exposure to

traumatic events in one's personal life (Newman et al., 2003; Pyevich et al.,

2003; Teegen & Grotwinkel, 2001); Witnessing traumatic events happening to

another such as accident or disasters or unexpectedly witnessing a dead body or

body parts (DSM IV-TR 2000); Low perceived social support (Newman et al.,

2003); high perceived organizational stress (Smith, R., 2008) and low perceived

social acknowledgment by supervisors and colleagues. (Wiedmann et al., 2008)

Ashley is also exhibiting signs of compassion fatigue, otherwise known as vicarious trauma or Secondary Traumatic Stress Disorder (STSD). Koerner (1995) noted compassion is more than empathy, it is based on a passionate connection that moves a person beyond feeling and emotions for another's plight, but towards action aimed at relieving that pain.

According to Figley, compassion fatigue can lead to STSD if the symptoms are ignored and will bring about the experience of hyperarousal symptoms, such as sleep disturbances, difficulty concentrating, a high startle response, feelings of agitation or hyper-vigilance.

Much of what a journalist does increases the risk of developing PTSD, just as it is hazardous for police and emergency personnel. Just being assigned to cover something puts journalists in peril of walking into unknown trauma. Journalists witness and report on man-made and natural disasters, witness and report deadly auto, train, or airplane accidents. They witness and report on fires, on war, domestic violence, and violent crimes. They are often on the scene before first responders, fire or police personnel.

As we have seen, Ashley became personally and emotionally involved in the subjects of her articles. Did she step over the line? If we were to try to teach young journalists what to do and what not to do, where would these actions fall? Does her trying to help a little boy find water go beyond what a journalist should do on a scene? What about her letting people use her cell phone to contact loved ones? Does seeking the owner of a purse go beyond professional journalism What about helping a woman find her newborn baby?

It seems that all Ashley attempted to do was treat her subjects with respect and dignity, to show them someone cared.

These are all indeed ethical considerations and point to the discrepancies between professionalism and being responsive to the needs of those we cover. How much worse would the trauma have been for Ashley had she walked away from these attempts to help her fellow man? How would walking away be interpreted by the audience of that publication? The image of the entire profession of journalism would have been drastically different, one of insensitivity.

It appears that for Ashley, the employer's lack of sensitivity, i.e. telling her not to cry and serving up Twinkies, actually added to Ashley's trauma. Bisson, Brayne, Ochberg, & Everly (2007) explored early psychosocial intervention following traumatic events and found that pragmatic psychological support shortly after and event, providing information on coping strategies and access to support from those around them, helped journalists recover from trauma before PTSD set in. Buunk and Verhoeven (1991) studied police officers and found that perceived support by supervisors were valued more than support by colleagues. In a study of war journalists, an imbalance between perceived effort and lack of recognition upon retuning home, censorship or inability to control what to report on were organizational stressors as was a lack of reward or recognition. Stephens and Long (2000) explored content that was most effective in communicating social support higher and concluded social support buffered relationships between trauma and physical or psychological outcomes works only if it is perceived to be

easy to talk about traumatic experiences at work. If the climate does not encourage talking amongst one's peers or supervisors, the symptoms of PTSD are more likely to develop.

Weidmann et al (2007) studied factors preventing or contributing to PTSD after a traumatic event found that the prevalence of PTSD and depression was higher in those who indicated their supervisor or colleagues showed a low degree of acknowledgment. Workplace and friends' social support and family social support were critical to mitigating the onset or severity of PTSD.

Bennet, Williams, Page, Hood, Woollard and Vetter (2005) in a study of ambulance personnel found that in 38 percent of anxiety cases and 31 percent of depression scores were explained by organizational stress. It suggests "the degree of dissociation at the time of the incident was also associated with the frequency of encountering potentially traumatic incidents and organizational stressors and the degree of PTSD symptoms experienced as a result of both." (p.

That journalists tend to expect immediate supervisors to be supportive is evidenced in the results found by Greenberg, Gould, Langston and Brayne (2009) who found that in answering what should be the main role of their immediate line manager in relation to dealing with trauma-related problems, 97 percent indicated they should offer support. 92 percent thought they should monitor and advise as appropriate, 69 percent said they should refer them on to specialist help, 37 percent thought they should be given time off work, 27 percent said they should inform a senior colleague. Only 1 percent said they should be forceful and tell you to get on with it and 1 percent said they should do nothing.

That insensitivity seems to be widespread. Study 1 data revealed only 8.5 percent of journalists received any warning about the potential for emotional trauma; only 2.8 percent were encouraged to take time off afterwards and only 11.4 percent were encouraged to talk to someone about it.

As the code of ethics for the National Press photographers Association's Code of Ethics says, "Our standards of business dealings, ambitions and relations shall have in them a note of sympathy for our common humanity and shall always require us to take into consideration our highest duties as members of society."

Risk managers would definitely use these findings as proof that being less involved and distancing oneself from personal involvement is better for the company. That would be the response of media companies structured under the liability model of accountability.

Conversely, those structured under the answerability model would cringe at the specter off a journalist turning their back on a needy person because they had to get the story/copy/photo in under deadline or because they have been told by risk management to not get involved.

B. PERSONAL AND EMOTIONAL INVOLVEMENT: From reporting to Helping

Ashley's personal participation in helping victims was as automatic as blinking an eye and at the same time a double-edged sword. While actions she took served the role of problem-focused coping, it left her vulnerable to emotional distress.

Figley (1995) in discussing compassion fatigue or STS, asserted that the desire to help survivors of traumatic events, in addition to being exposed to the traumatic material of survivors as well as the presence of somewhat automatic empathy, are root ingredients for the development of STS.

Salston & Figley (2003) say that it is important to develop and utilize effective coping mechanisms and systems of support in order to minimize the effects of exposure to trauma.

One of the factors found to contribute to trauma or to mediate its impact is a sense of coherence. Not only was Ashley faced with trying to make sense of the aftermath of the hurricane, she was sent on a mission to cover a celebrity in the midst of it, forcing a distinct sense of incongruity.

Marais and Stuart (2005) found that a sense of coherence, somehow making sense of the traumatic event, will influence the degree of PTSD experienced. Coherence contains three components, comprehensibility, manageability and meaningfulness. "If journalists perceive their environment as manageable and predictable, they will be less vulnerable to the development of PTSD." (p. 102)

This sense of coherence, which includes manageability, echoes one of the risk factors in the diagnosis of PTSD. To reiterate, The Diagnostic and Statistical Manual of Mental Disorders - IV (2000) defines PTSD as "the reaction to exposure to a severe stressor causing marked horror, helplessness or fear."

Despite Smith's (2007) assertion that problem-focused coping was not a factor in preventing PTSD, other studies have shown that goal-oriented activities

are a buffer to STS and PTSD (Newman, Dworznik and Grub) especially during a period of ambiguity or uncertainty. In uncertainty, here again, the amygdala remains involved in evaluating an object for its goal relevance (Sander, Grafman, and Zalla, 2003). It also contributes to maintaining an overall vigilant state until the goals reconcile. Journalists who keep their goal in mind are able to stay more focused.

However, Rees (2007), in an experiment with student journalists, found that upon seeing wounded and distressed victims, the journalists, who in class said they should remain objective and on no account become emotionally involved with their subjects, "became overly solicitous and lost sight of the task they were charged with." (p. 69)

This is consistent with the ideomotor framework, (Iacoboni, 2009; Prinz, 2005) which assumes that the starting point of actions is not a response to sensory stimulation, but rather the representation of the goal the person intends to achieve.

In a study of children instructed to "Do what I do," (Bekkering et al. 2000) they successfully mimicked the experimenter's movement of a hand from the left side of a table to the right. However, when two big red dots were placed on each side of the table and the experimenter's hand covered one of the big red dots, the children struggled to mimic the action. The presence of the red dot changed the goal of the action. It was no longer to copy the experimenter, but to cover the dot.

A reporter, trying to be objective with a goal of getting a story while surrounded by trauma and victims, is going to suffer from mixed goals.

Katrina certainly was cause for horror, helplessness and fear for Ashley and the nation. Most everyone affected suffered from a sense of impotence, or an ability to affect their environment. Ashley's actions could be seen as an attempt to affect her environment and assert a sense of control in the wake of incongruous events, such as being involved in a disaster at the same time she was assigned to cover Laura Bush's arrival. Incongruity was also rampant within her organization as evidenced by the insensitivity of the supervisor and the Twinkie gifts.

At the same time, her actions left her vulnerable as her motor movements, finding water, helping locate a baby, looking for the owner of a purse, added to the other physical memories of smelling and seeing dead bodies, hearing cries for help, seeing soldiers and doctors weeping and throwing up. However altruistic the intent, or how long an arms' length she could try to distance herself, her personal involvement served to embed the trauma deeper into her cellular memory as well as psyche. Much of PTSD suffering is triggered by mental memory as well as body memories.

C. THE ROLE OF THE EMPLOYER

The findings of this research suggests that a certain degree of employer response is called for. First, a news organization would be wise to develop an ethics policy of how its employees should deal with their traumatized interview subjects, conduct training on how to do that, and encourage their journalists to

carry out that philosophy. Reporters and photographers are ambassadors between the public and the media and a guiding philosophy would be very helpful for employees.

While news organizations' leaders, while sitting behind a desk or in training sessions, might say "first we're human, then we're reporters," that ideal is buried when deadlines and news holes need to be filled. This further adds to the incongruity experienced by reporters. A clear balanced policy, consistently upheld, would eliminate or at least minimize incongruity from the organization.

Ward (2009) argues that due to the costs of trauma in performance and absenteeism, "new organizations have a long-term interest in making sure that journalists are aware of trauma and can access counseling. A trauma program needs to be part of an organization's efforts to promote employee well-being and health in the workplace. Newsrooms have an ethical obligation to establish such programs, since it is they who send journalists into the field."

D. TRAINING

The results of this study and the paucity of other studies determining the effects of training on a workforce is testament to the reality that training about the emotional and ethical impact of trauma is not occurring.

Newman and Shapiro (2006) write, "It is clear, however, that education and training are keys both to give journalists information they need about trauma and to develop a network of knowledgeable professional peers." (page 131)

In a study to determine whether training would have an affect on reporters' awareness of minimizing harm, Yoder and Bleske (1997) showed,

through pre- and post-training in ethics, a significant difference in scores with more students moving towards minimizing harm (n=210; df = 209; p < .001) after training than before training. One student noted, "Early in the semester I chose answers that were insensitive to the grief of others." Another wrote about her early decision to identify victims and use a photograph of them, "What was I thinking?"

While there are few empirical studies showing trauma training can curb the impact of trauma on journalists, trauma training is beginning to catch on. Michigan State University started the Victims and the Media program, founded upon the contributions of Frank Ochberg, and a veteran reporter and associate professor of journalism at MSU, Bill Core. The Dart Center for Journalists and Trauma, also was founded by Ochberg is a part of the University of Columbia with programs at the University of Washington and New York.

At the University of Washington, two weeks of its advanced reporting course focused on journalists' reactions to trauma. At Michigan State, students are introduced to trauma in their entry-level reporting classes, reading articles and viewing videos and discussing how the trauma affects victims and journalists. In the more advanced courses, students, conduct role-playing exercises. At Indiana University, students in a news gathering and ethics course are asked to write a literature review on journalism and trauma to familiarize themselves with the potential emotional effects of gathering news.

Dworznik and Grubb (2007) studied alumni of journalism programs to find out how classroom training, or lack of training, changed how they treated trauma.

Among the questions they sought answers, was if there was a difference in trauma awareness between those who discussed trauma in class and those who had not and they sought to find a difference in trauma awareness between those who have discussed approaching victims in class and those who did not.

The difference between those who had discussed potential emotional stress in their classes and those who had not was insignificant. Similarly, scores for those who had discussed victims in class did not differ significantly from those who had not.

The Dart Center for Journalists and Trauma is an excellent source for journalists to train themselves, but can be used as a resource for employers to provide in a group context so no one feels left out or isolated and feeling alone in trying to deal with trauma.

Training material includes the prevalence of PTSD amongst journalists and attempts to normalize journalists' reactions to trauma, tips for interviewing victims, tips for writing about victims, tips for covering traumatic events in the community, tips for self care, tips for photojournalists and tips for managers of employees exposed to trauma.

The Dart Center outlines best practices in trauma reporting which includes a checklist that could help journalist critique their own trauma reporting. These questions are:

1.   Does my story portray victims of violence with accuracy, insight and sensitivity?

2.   Is my story clear and engaging, with a strong theme or focus?

3.   Does it inform readers about the ways individuals react to and cope with emotional trauma and the process of recovery?

4.   Does it avoid sensationalism, melodrama and portrayal of victims as tragic or pathetic?

5.   Does the story emphasize the victim's experience rather than the perpetrators?

Widespread lack of journalists' preparation in trauma as evidenced in both phases of this research can be contributing to the degree of trauma symptoms the journalists develop. Prior training of both how to prepare ones' self for trauma and handling ones' own emotions is called for. Training in how to approach victims of trauma and how to report stories of trauma are called for instead of hoping that an editor's keen eye will pass the copy along to the wider public without further traumatizing its audience.

In their study on compassion fatigue in mental health professionals, Salston and Figley (2003) emphasized the need for training in coping mechanisms and systems of support in order to mitigate the affects of exposure to traumatic material. They press for increased education, consultation and supervision related to trauma and STS for mental health professionals.

While accounts of distress, loss and suffering are the content of the news industry, few journalists who are in the trauma business receive training. They should get the same type of training as medical personnel, fire fighters, police and even the military get. Training to cope with emotions can start with the list of most stressful events identified in Figure 1.

E. PSYCHOLOGICAL DEBRIEFING

The results of this study support the notion of providing immediate avenues of disengaging from the trauma may help reporters and photojournalists to cope with the requirements of deadlines while not suppressing their emotional reactions. Disengagement can consist of debriefing, counseling or talking with peers or supervisors before the end of the day. Immediate attempts to allow the reporter to disengage might result in copy/photography/broadcasts that are less subsumed by emotional content and more abundant with context and perspective.

Modern day critical incident stress debriefing, also referred to as PD, was introduced by Mitchell (1983). It was originally developed for emergency service workers but has been expanded throughout the mental health community and across a broad range of contexts for primary and secondary victims of trauma.

Critical incident stress management is a highly structured and formal process for helping those involved in critical incidents, whether combat or first responders or as a result of natural disasters and in the workplace. CISM International lists several types of interventions: debriefing, defusing, grief and loss session, crisis management briefing, critical incident adjustment support, and pre-crisis education.

The four goals of CISM are to promote emotional processing through sharing details of an event, to normalize reactions to trauma, to educate

participants about stress reactions and ways of coping adaptively and as a screening mechanism to identify those who might need further referral.

Critical incident stress debriefing (CISD) or Psychological Debriefing (PD), is one aspect of CISM and is a seven stage process which employs active mechanisms of early intervention, social support, ventilation (expressing is cathartic) and education.

While the history of application of PD is extensive in the emergency professions where trauma is dealt with personally as opposed to witnessed as well as occupations such as counseling and mental health professionals where secondary trauma or vicarious traumatization are known to occur, PD is not widely used in the news industry. Regel (2007) found that PD has an important psycho-educational role and facilitates the identification of employees experiencing acute stress reactions.

Greenberg et al (2003) showed an imbalance of perceived effort and lack of recognition upon return home was significant contributors to stress and job satisfaction of journalists. Weidmann, et al., (2007) found the prevalence of PTSD and depression was higher in those who reported their supervisor or colleagues showed a low degree of acknowledgment.

Critics of PD (Wessely and Deahl, 2003; Rose, Bisson, Churchill and Wessely, 2009) argued to the weaknesses of the studies heralding PD as a needed treatment. Some argue that debriefings serve only the mental health community (Gist, Lohr, Kenardy, Bergmann, Meldrum, Redburn, et al., 1997; Raphael et al., 1996).

Devilly, Gist and Cotton (2006) lamented the schism they saw between researchers and practice. "The result has been conflicting bodies of information, one presenting objective, refereed, independent assessments of measured efficacy and the other dominated by a social movement attempting to argue those accumulating data away." (p. 338)

Although many studies have found no evidence that PD has a preventive affect on PTSD symptoms, many are committed to continuing the practice. Working with debriefed and non-debriefed Gulf War body handlers, "Deahl, Gillham, Thomas, Searle and Srinivasan (1994) said, "We remain committed to the principal of debriefing. Our clinical experience suggests that many soldiers valued the opportunity to express feelings of anger and guilt and derived comfort from the realization that these were normal emotional responses to the trauma." (p. 64)

Regel states that calls for the cessation of PD or CISM in emergency services and similar contexts is premature. "It has an important psycho-educational role and facilitates identification of individuals experiencing acute stress reactions…Abandoning CISM and components such as PD sends out a dangerous message that doing nothing for individuals and groups following traumatic events is acceptable, leaving employers neglecting an important duty of care." (p. 415)

PD and other interventions where the witness to horrors relay details of the event are somewhat in the realm and may have its underpinnings in the cognitive

behavioral theory described earlier. However, in PD, no one is trying to re-pattern thoughts or behaviors.

F. LIMITATIONS OF THIS STUDY

In addition to the limitations of an Internet study as previously outlined, among the limitations of this study is the self-reporting nature of the data surrounding mental and physical health status. There was no attempt to verify the self-reported condition of their mental and physical health.

Participation in the study was through announcements in professional journalists' associations. This would lead to only motivated respondents, thus response bias cannot be overlooked. The small sample calls into question whether it is representative and whether any generalizations of the findings can or should be made. A larger scale study would be more revealing and would have a greater potential of being replicated and more informative.

The current study was flawed in that only half of the questions on the SF-12 were asked, an omission the researcher greatly regrets. All of the components of mental health correlations to physical health were not measured.

It is possible the mix of time periods for each survey measure contributes to some confounding variables. The JTES asks for 12 months, the PTSD Checklist asks for experiences within the last month and the SF-12 asks for experiences in the last four weeks.

Given that PTSD is not actually diagnosed unless, at the least, symptoms have been prevalent for at least three months, some of these time periods might

not be long enough and might contribute to the insignificant correlations between frequency of exposure and PTSD as most other studies have found.

In addition, the nature of PTSD is such that one might not suffer from intrusive thoughts or flashbacks for quite some time. For many, PTSD might go undiagnosed for years until a triggering event occurs, sending the person into a tailspin.

Other studies have also pointed to the cumulative affect of repeated exposure to trauma as contributing to PTSD. Therefore, 12 months again might be too limiting to find significant correlations to PTSD.

The method of not tracking or not asking for a personal email for those who, after completing the quantitative portion of the study, were willing to consent to the qualitative portion of the study was not adequate. The omission of contact information, done for purposes of assuring privacy, limited the number of case subjects and therefore limits the ability to generalize any of the information to the journalist population.

G. FUTURE RESEARCH

More case studies triangulated with quantitative data and content of published articles about more than one traumatic incident would be helpful in determining whether a pattern of writing from the trauma perspective is more widespread. Conversely, studying different cases of reporters who covered the same event might yield information as to who might be susceptible to PTSD and how differing reporting styles might affect the public.

An area of research that has been overlooked is the reporting of tragedy on victims who are subjects of the stories. How do they perceive the actions, interviewing, photographing by the press? Maxon (2000) recommends bringing in a panel of victims and ask what a reporter said or did that helped or hurt them. Maxon concluded that trauma training is a worthwhile exercise for journalism students to address trauma victims appropriately. "Responses suggest the need for more professional support for the personal trauma journalists may experience." (p. 86)

The small sample size — which led to violating some assumptions of chi-square (notably expected values in many cells were less than 5), the preceding findings (especially those with p not less than .01) — should be presented as suggestive and worthy of further research. An example of this was seen in some of the correlations between exposure to murder, sexual and other assaults to trauma total. Another example is the correlation between emotional involvement and the PTSD checklist where $r=.487$ with .004 (2-tailed test) where significance was at the .01 level.

Other interesting findings that warrant further research were the negative correlations between length of time in the media industry and the PTSD checklist and the negative correlations of age to the PTSD checklist.

Further research should explore correlations between emotional and personal involvement and the sub-symptoms of PTSD. While reporters might not have a full case of PTSD, walking around with unacknowledged or untreated

symptoms of hyperarousal, avoidance, numbing and re-experiencing is not in best interest of society at large.

(Refers to the Feinstein, Owen and Blair 2002 study.) It is interesting to note the researchers took great care to exclude journalists whose reporting on war was an exception to their regular non-war reporting. In other words, reporters who only covered a conflict or two, but were currently assigned to less hazardous news, were excluded from the study. This exclusion begs the question of how those journalists are currently faring psychologically.

Further use of PD in the journalist population would help develop a body of evidence that is conclusive to the efficacy of PD. And more studies as to the benefits of training journalists before being involved in trauma should be carried out. Of course, this assumes a greater use of training tools such as the Dart Center and programs within journalism schools picking up the torch.

Most researchers in the mental health field, from neuroscience to counselors, press for more study into why some journalists (and others) develop PTSD while many do not. Are personality traits playing a large role in this? What determines resiliency and vulnerability in journalists exposed to traumatic events?

There are literally hundreds of avenues of further research on the physiological impact of trauma on the brain that the medical community is pursuing.

Likewise, more research on the impact of trauma on journalist has many avenues of future research.

It would be useful to study any correlations between physical health and PTSD symptoms in the journalist population. It would be useful to know how much time and money journalists' and news organizations spend on medical bills for physical conditions related to mental illnesses not being treated.

First, a sea-shift could occur just by lifting the stigma that continues to pervade the journalism industry about admitting having problems and seeking help. As with many problems, the first step in solving them is acknowledging a problem and identifying what it is.

Greenberg et al., (2009) attempted to study journalists' attitudes toward PTSD and seeking help. When 50 percent of those studied indicated they felt they would not be trusted by their peers when faced with a stressful situation and 47 percent believe they would be less likely to be given roles/tasks of responsibility, it is clear a major shift in the working environment and perceived support is required. In an interesting conundrum: 87 percent of their respondents said it is acceptable to suffer from trauma-related problems when in a high stress situation or environment, yet 59 percent also said it is unacceptable to suffer from trauma-related problems in the workplace.

H. CONCLUSION

As we combine the social responsibility theory with psychological theories behind PTSD, we find news organizations to be the primary source of ameliorating the emotional and physical affects of their employees' exposure to trauma. It's an occupational hazard and when the news media remembers it has a moral and social duty to protect its employees, and that its lack of protection

harms the public in the form of traumatizing interview subjects and publishing or broadcasting emotionally tainted copy, changes will commence.

News organizations have the same responsibilities to protect workers from emotional harm as they do to protect them from physical harm. News organizations would be the first to point out the failings of a construction firm to provide scaffolding and barriers to protect employees. In the Walmart stampede on Black Friday, 2008 in which an employee was trampled to death, the press pointed out the lack of security in terms of physical barriers, staffing and crowd control training of its employees. It has no less an obligation to prevent its reporters from being trampled emotionally.

APPENDIX A
A. INSTITUTIONAL REVIEW BOARD APPROVED DOCUMENTS

A.Survey instrument combines SF-12, PCL-C and JTES 03-21-2010 Structured Interview Questions Main Application

JOURNALIST SURVEY

Great care will be taken to protect your confidentiality and privacy. You will not be specifically identified in any reports.

INSTRUCTIONS: Part 1
Please indicate how often you have experienced the following events in the course of your job in the last 12 months. In other words, think about the time frame within the past year and estimate the <u>number of times</u> you covered the following events. For example, if you cover a certain type of story on a weekly basis, then your response would be "52" on that item. If a single event fits under multiple categories, you can count that event more than once.

Below please record the number of times you responded to an assignment involving:
1. _____ Injured or dead child
2. _____ Mass casualties
3. _____ Motor vehicle accident
4. _____ Airplane accident
5. _____ People are hurt or killed in a fire
6. _____ A war zone
7. _____ A subject's life threatening illness
8. _____ Murder
9. _____ Physical assault within the family
10._____ Physical assault outside the family
11._____ Sexual assault
12._____ Torture, kidnapping
13._____ People hurt or killed in a natural disaster
14._____ Other types of events in which people are hurt or killed

Next, please answer yes or no to the following questions, still keeping the time frame of <u>the past year</u>.

15. Did you cover any of the events listed above "at the scene?"
    a. Yes ____
    b. No ____
16. Have you responded to several similar assignments listed above within the same week?
    a. Yes ____

b. No ___

17. Were you ever physically attacked while covering an assignment?
   a. Yes ___
   b. No ___

18. Were you ever verbally threatened while covering an assignment?
   a. Yes ___
   b. No ___
   c.

19. Have you received injuries due to covering an assignment?
   a. Yes ___
   b. No ___

20. Did you ever witness someone hurt or killed while covering an assignment?
   a. Yes ___
   b. No ___

21. Have you ever personally announced news of death to relatives/friends of the victim while on assignment?
   a. Yes ___
   b. No ___

22. Did you ever witness a particularly gruesome scene while covering an assignment?
   a. Yes ___
   b. No ___

23. Have you responded to an assignment in which the victim/perpetrator was someone you knew?
   a. Yes ___
   b. No ___

****

24. Of these events listed above, which event was most stressful or upsetting to you? *Please identify the event, and then use this event to answer questions 25-31 and the questions in Part 2.*

   a. dead/injured child
   b. mass casualties
   c. automobile accident
   d. airplane accident
   e. fire
   f. war zone
   g. life-threatening illness
   h. murder
   i. physical assault outside the family
   j. physical assault inside the family
   k. sexual assault
   l. torture, kidnapping

      m. natural disaster
      n. other event where someone was hurt or killed
      o. physically attacked
      p. verbally threatened
      q. receive injuries

25. Upon responding to this identified event, did you feel intense fear?
    Yes ___   No ___
26. Upon responding to this identified event, did you feel intense horror or disgust?
    Yes ___   No ___
27. Upon responding to this identified event, did you experience intense helplessness?
    Yes ___   No ___
28. Did you have the opportunity to report about this event?
    Yes ___   No ___
29. Did anyone warn you about the emotional effect the event might have on you?
    Yes ___ No ___
29. Were you encouraged to talk to someone, either your colleagues or a professional, about your feelings and the event after you covered it?
    Yes ___   No ___
30. If yes, was that helpful? Yes ___ No ___ Don't know ___
31. If no, would it have been better for your well being if you could have talked to

    someone like a colleague or professional about your feelings?
    Yes ___ No ___ Don't know ___

    Part 2

Instructions to participants: Below is a list of problems and complaints people sometimes have in response to stressful life events. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem <u>in the last month</u>. *Please remember to answer the questions based on the work-related experience you listed above as most upsetting.*

No.	How much have you been bothered in the last month by:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing memories, thoughts or images of a stressful experience from an event you covered?					
2.	Repeated, disturbing dreams of a stressful experience from an event you covered?					
3.	Suddenly acting or feeling as if the					

	stressful experience were happening again (as if you were reliving it)?					
4.	Feeling very upset when something reminded you of a stressful experience that you covered?					
5.	Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from an event you covered?					
6.	Avoid thinking about or talking about a stressful event you covered or avoid having feelings related to it?					
7.	Avoid activities or situations because they remind you of an event you covered in the past?					
8.	Trouble remembering important parts of a stressful event you covered?					
9.	Loss of interest in things that you used to enjoy?					
10.	Feeling distant or cut off from other people?					
11.	Feeling emotionally numb or being unable to have loving feelings for those close to you?					
12.	Feeling as if your future will somehow be cut short?					
13.	Trouble falling or staying asleep?					
14.	Feeling irritable or having angry outbursts?					
15.	Having difficulty concentrating?					
16.	Being "super alert" or watchful or on guard?					
17.	Feeling jumpy or easily startled?					

Part 3

This part of the survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all

a   Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

b   Climbing several flights of stairs

---

3. **During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time

a   Accomplished less than you would like

b   Were limited in the kind of work or other activities

---

4. **During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time

a   Accomplished less than you would like

b   Did work or activities less carefully than usual

---

5. **During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

Not at all	A little bit	Moderately	Quite a bit	Extremely

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

   How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b Did you have a lot of energy?	☐	☐	☐	☐	☐
c Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Thank you for completing these questions!

Part 4
Please tell us the following information about yourself.
1. How long have you been in the media industry? (could be a drop down box)
   a. ___ Less than 1 year
   b. ___ 1 year to 3 years
   c. ___ 3 years to 5 years
   d. ___ 5 years to 7 years
   e. ___ 7 years to 10 years
   f. ___ 10 years to 15 years
   g. ___ more than 15 years
2. Age: ____
3. Gender: Female ___   Male ___
4. Ethnicity: (could be a drop down box)
   a. African American
   b. Asian/Pacific Islander
   c. Hispanic/Latino
   d. Native American

e. White
f. Other
5. Job position: (could be a drop down box)
    a. Newspaper/Magazine Reporter
    b. Newspaper/Magazine Photojournalist
    c. Online Reporter/Editor
    d. Online Photojournalist
    e. Freelance reporter
    f. Freelance photojournalist
    g. Television reporter
    h. Television photojournalist/videographer
    i. Radio reporter/broadcaster
    j. Television anchor
    k. Editor
    l. Producer
    m. Combinations of the above ___ and ___ and ___
    n. Other
6. Setting:
    a. Urban
    b. Semi-rural
    c. Rural
7. Earnings: Please fill in annual or hourly: $_____/hour **or** $_____/yr annually (could be a dropdown box with ranges)
8. What country do you call home? (Drop down box)

Finally, if you would be interested in sharing the details of a story you covered, how it affected you emotionally then and now, please create a password for your information. To generate a password, please provide:

    a. The second and third letters of your mother's maiden name ___ ___
    b. The second and third numbers of your SSN ___ ___
    c. The second and third letters of the town where you were born ___ ___

We appreciate the time and energy that you have invested in this project. You have made an important contribution to understanding the role of trauma in your occupation. If you have any questions, you may contact Jo Anne Killeen at jakilleen@aol.com or the University of Missouri Columbia Institutional Review Board at (573) 882-3181.

Thank you for taking the time to answer these questions.

B. These are questions for phase II of the project to produce case studies 09-22-2010 - 87746

Qualitative Questions

1. Describe the event that upset you the most.
2. How long ago was it?
3. What was your reaction while covering the event?
4. Did you have difficulty filing the story/photo/broadcast?
5. Did you feel your employer/editor acknowledged to you that he/she realized you were distressed?
6. Did you feel your employer even recognized you were distressed?
7. Prior to covering this event, had you received any preparation for covering traumatic events?
8. Prior to covering this event, had you received any training on dealing with victims whom you had to interview who might have been traumatized?
9. Prior to covering this event, were you warned it might be upsetting?
10. Do you think any warnings would have been helpful?
11. Do you think any preparation focused on severity of events and controlling emotions during a traumatic circumstance would have been helpful at the time?
12. After looking back over time, are you satisfied with the story/photo/broadcast you produced? Would you change anything?
13. Did you seek professional help after the event?
14. Why or why not?
15. Were you able to talk to your peers or supervisors about the event?
16. Why or why not?
17. If you did not share your distress with peers, why not?
18. Would a debriefing of sorts have helped you at the time?
19. What would you tell new journalists about covering traumatic events?
20. What can employers do to help?

C. This is a letter sent to professional associations to garner their support and asking them to use their resources to recruit participants. 04-01-2010 Recruitment Materials Main Application

Dear

Did you know that just by witnessing and reporting on a traumatic event as a journalist, you can suffer from Post Traumatic Stress Disorder? As sad as that opening statement is, it's not as sad as the fact that many journalists are not getting treated for the emotional distress caused by their job.

My name is Jo Anne Killeen and I am a newspaper journalist in Western Wisconsin. I am in the process of finishing my master's degree by preparing my thesis on Post Traumatic Stress Disorder in journalists.

I am writing because I hope your organization can help me and my thesis committee. Your members are an important segment of the international population of journalists and we would like to make sure we hear from them and include them in the study.

Journalists are the people who bring the stories to the rest of the world. We are witness to unspeakable horrors, some man-made through war, violent crime, fires and train, plane and car accidents. Some of the horrors are natural disasters like tornadoes, hurricanes and earthquakes.

Because of the nature of the work, journalists often witness the horrors they report on. They might witness it first hand or they come upon traumatized victims whom they must interview for a story.

There's a cost for being the eyes and ears of the world, and it is high, but little is known about this cost. Journalists become victims, too.

Studies have shown war journalists suffer from PTSD just as combat soldiers. Other studies show non-combat journalists suffer the same levels of PTSD as police, fire and first responders. But combat soldiers, police, fire and first responders receive training in handling their emotions during and following a crisis and handling the emotions of people who have been traumatized. Journalists lack this preparation.

And we don't talk about the emotional drain it causes. We're trained to suck it up, get the story, get the quote, get the shot, write the copy, get the video and deliver it or get reassigned. We go home and can't sleep or we fight with our children or significant others or we drink or we do drugs or all of the above.

The aim of this study is to add to the body of evidence of the effects of trauma on journalists who cover these events day in and day out.

We are conducting an Internet survey designed to collect data on the exposure journalists have to trauma and to explore what percentage of the journalist population is suffering from symptoms of PTSD that have been ignored or, if the journalist is lucky, perhaps even diagnosed.

We are hoping we can partner with your organization in some fashion. Perhaps your organization would help publicize the survey to your members by notifying them about the survey and how to go about participating. Is it possible we can put an invitation on your website that provides a link to the survey material? Or maybe it's possible to obtain your email list.

We are prepared to protect the confidentiality of all participants in the study. This material is for an academic research project and no data will be marketed anywhere. It must be approved by the Institutional Review Board of the University of Missouri-Columbia School of Journalism to ensure privacy and ethical concerns are addressed appropriately. We would be happy to put you in touch with the thesis chair or the IRB if you have questions.

The results of the study might get published, but all the results will be in the aggregate. We would be happy to share those results with you.

We will contact you soon to discuss opportunities with you. We hope our study can include your members who serve on the front line of the world's news. If you have any questions, please feel free to contact me by email or on my cell phone at 608-385-3902.

Sincerely,

D. Recruiting participant materials 09-18-2010 Structured Interview Questions Amendment - 87746

Journalists needed for exposure to trauma study!

Hello! Did you know that just by witnessing and reporting on a traumatic event as a journalist, you can suffer from Post Traumatic Stress Disorder? The few studies of journalists that have been done show there are psychological costs for being the eyes and ears of the world, bringing the stories and pictures from war, violent crime, fires, accidents, tornadoes, hurricanes, earthquakes to the public. Some studies have shown journalists have the same prevalence of PTSD as police and emergency responders.

A new study is being launched and we need to find out what you have seen. This anonymous, confidential and critical investigation of the psychological effects of covering traumatic events will add to the body of knowledge about the everyday stressors faced by journalists. Please provide your particular insight by participating.
To participate, please follow this link,
https://www.surveymonkey.com/s/ZN3KSBG.
Thank you.

E. This is the script to be used to obtain consent for telephone interviews 10-27-2010 HARRINGTOND Written Consent with Electronic Signature Amendment – 87746
Written Consent with Electronic Signature

Before the telephone interview can occur, the researcher must have on file your consent to be interviewed. Please read this document and indicate whether or not you choose to participate by selecting the appropriate choice at the end of the document and return it to the researcher via email at jakilleen@aol.com.

Title of Study: PTSD in Journalists: Below the Fold
IRB Project #: 1164137
Principal Investigator: Jo Anne Killeen
University of Missouri-Columbia School of Journalism
Faculty advisor: Charles N. Davis

I would like to describe a research study that I, Jo Anne Killeen, a student at the University of Missouri, School of Journalism, am conducting. I must first share with you a description of this project and tell you your rights as a subject. You must send this consent document indicating your consent to proceed back to the

researcher via email. We cannot proceed until the researcher has received this document.

The purpose of this study is to explore the relationship between trauma experienced by journalists in the execution of their jobs and the prevalence of anxiety disorders, PTSD and other mental health issues. This research focuses on two primary theories: the psychological and behavioral descriptive theories of empathic behavior leading to post traumatic stress disorder in the journalist population and the normative theory of social responsibility of the media.

This research is in two parts. There is an online survey which participants voluntarily completed. This second part, a voluntary telephone interview is designed to explore some deeper questions arising from the answers to the online survey that relate to the above mentioned theories.

We are asking you to take part because you are a practicing or former journalist and you have already participated in the first phase of the study by completing the online survey. Furthermore, you provided a password allowing this researcher to link the survey data to this second phase of the study involving a phone interview. These telephone interviews will make up the case study portion of the research.

Do you agree to be in this study?

Do you agree to being interviewed over the phone?

We estimate that approximately three people will enroll in the phone interview portion of the study. If you decide to be in the study, you will be asked to complete an interview about your specific on the job experiences that you found traumatic.

This interview should take about 60 minutes. Because of the nature of your specific experiences, there is a small chance that some of the questions may make you feel uncomfortable. You don't have to answer those questions if you don't want to. In fact you don't have to answer any question that you choose not to answer. We will just skip that question and go on to the next one.

It is possible that remembering stressful events might cause you to have some minor emotional distress as you answer questions. If your discomfort is severe enough to make you stop, you should consult your personal physician or counselor and discuss your reactions or you may call the National Institute of Mental Health's Anxiety Hotline at 1-888-826-9438.

You are agreeing to participate in this study knowing you will receive nothing in exchange for your information. You will, however, be contributing to a topic that

has received little attention by researchers and the results could open up new avenues of research.

This study is being funded by me, the principal researcher.

All the information I receive from you, including your name and any other identifying information, will be strictly confidential and will be kept under lock and key. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study.

I will use a fictitious name to identify you in the written case study and analysis.

Your participation in this survey is completely voluntary. You are free to choose not to participate or to withdraw at any time, for whatever reason.

If you choose to not participate in the telephone survey, your responses to the online survey you have already completed will be collected and counted towards the results that are reported collectively with all the data from online survey participants. There is no individual data set that will be identifiable to you.

If you have questions, concerns or complaints about your rights as a research subject you may contact, anonymously if you wish, the University of Missouri Campus Institutional Review Board, a group of people who review the research studies to protect participants' rights at 573-882-9585 or by email at umcresearchcirb@missouri.edu.

I
If you do not understand the above, please contact the investigator listed below.
Principal Investigator: Jo Anne Killeen 608-385-3902 or email at
        jakilleen@aol.com
Faculty Advisor: Charles N. Davis, University of Missouri-Columbia at 573-882-
        5736 or email at DavisCN@missouri.edu

You may obtain a copy of this consent document by contacting the principal investigator Jo Anne Killeen at 608-385-3902 or by e-mail at jakilleen@aol.com.

You may print this document for your records by selecting the print command on your computer's software.

STATEMENT OF CONSENT/NON-CONSENT: PLEASE CHECK ONE AND RETURN THE COMPLETED CONSENT FORM BACK TO JAKILLEEN@AOL.COM

_____ I have read the above information and agree to participate in the telephone interview.

OR

_____ I have read the above information and decline to participate in the telephone interview.

IF YOU AGREE to the telephone interview, please provide the researcher with the following:

Please provide the password you included on the online survey:
       The second and third letters of your mother's name: ___
       The second and third numbers of your Social Security Number: ___
       The second and third letters of the town where you were born: ___

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Qualitative Survey #1
ID: RE127OR

Hurricane
People's needs
So Many

Time

Time
Power

Thousands
All Hell Broke Loos

People's needs

Found
Listened
Spoke
Threatened

1. Describe the event that upset you the most. (what kind of event, circumstances)
Hurricane and the aftermath, the lack of response, so many people in need, no question. Nobody was doing anything, though I was trying to get the word out.

2. How long ago was it?
Katrina (Monday Aug. 29, 2005). Then Hurricane Rita (Sept. 23, 2005). I was a print journalist.

3. What was your reaction while covering the event? What did you do?
It wasn't a one-time event, it took weeks. It was the cumulative power of those six days will affect me the rest of my life, no questions. The storm happened on Monday, Wednesday all hell broke loose. On Thursday people by the busloads were being dropped off at the arena. Coming straight in with little or nothing to eat for four days. Friday, tens of thousands were brought in and I was covering Laura Bush. A woman ran up to me and grabbed me and said, I can't find my baby. She said I had a baby Monday. They had released her but kept the baby for safety. Went back to hospital Wednesday but it was evacuated. Twelve feet away there was a Red Cross table. I was supposed to go with Laura

☑ Display Codes In Context

Case Source	Code	Frequency	Type	Reference	
Ashley in New Orleans #1.rtf	Hurricane	1	TEXT	130,178	Qualitative Survey
Ashley in New Orleans #1.rtf	So Many	4	TEXT	180,285	Qualitative Survey
Ashley in New Orleans #1.rtf	Time	2	TEXT	312,381	Qualitative Survey
Ashley in New Orleans #1.rtf	Time	2	TEXT	480,618	Qualitative Survey
Ashley in New Orleans #1.rtf	Power	2	TEXT	480,618	Qualitative Survey
Ashley in New Orleans #1.rtf	Thousands	1	TEXT	619,888	Qualitative Survey
Ashley in New Orleans #1.rtf	All Hell Broke Loose	1	TEXT	619,888	Qualitative Survey
Ashley in New Orleans #1.rtf	Found	6	TEXT	890,1418	Qualitative Survey
Ashley in New Orleans #1.rtf	Listened	5	TEXT	890,1418	Qualitative Survey
Ashley in New Orleans #1.rtf	Spoke	4	TEXT	890,1418	Qualitative Survey
Ashley in New Orleans #1.rtf	Power	2	TEXT	1419,1472	Qualitative Survey
Ashley in New Orleans #1.rtf	Voice	2	TEXT	1473,1577	Qualitative Survey
Ashley in New Orleans #1.rtf	Responsibility	2	TEXT	1473,1577	Qualitative Survey
Ashley in New Orleans #1.rtf	Every Man for himself	2	TEXT	1749,1945	Qualitative Survey
Ashley in New Orleans #1.rtf	Guns	3	TEXT	1749,1945	Qualitative Survey
Ashley in New Orleans #1.rtf	Saw	8	TEXT	2082,2429	Qualitative Survey
Ashley in New Orleans #1.rtf	Dead Body	4	TEXT	2082,2429	Qualitative Survey
Ashley in New Orleans #1.rtf	Normalcy	8	TEXT	2082,2429	Qualitative Survey
Ashley in New Orleans #1.rtf	Re-experience	2	TEXT	2082,2429	Qualitative Survey
Ashley in New Orleans #1.rtf	Re-experience	2	TEXT	2431,2830	Qualitative Survey
Ashley in New Orleans #1.rtf	Filed	4	TEXT	2973,3180	Qualitative Survey
Ashley in New Orleans #1.rtf	Made a difference	2	TEXT	3287,3313	Qualitative Survey
Ashley in New Orleans #1.rtf	What they did	8	TEXT	3398,3855	Qualitative Survey

☑ Wrap Text

Case Source	Code	Frequency	Type	Reference	
Ashley in New Orleans	Power	2	TEXT	480,618	Qualitative Survey #1.rtf
Ashley in New Orleans	Power	2	TEXT	1419,1472	Qualitative Survey #1.rtf
Ashley in New Orleans	Voice	2	TEXT	1473,1577	Qualitative Survey #1.rtf
Ashley in New Orleans	Responsibility	2	TEXT	1473,1577	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	2082,2429	Qualitative Survey #1.rtf
Ashley in New Orleans	Tears	3	TEXT	3398,3855	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	3856,4231	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	4836,4963	Qualitative Survey #1.rtf
Ashley in New Orleans	Apocalypse	2	TEXT	4836,4963	Qualitative Survey #1.rtf
Ashley in New Orleans	Voice	2	TEXT	5163,5210	Qualitative Survey #1.rtf
Ashley in New Orleans	Wrong/Right	2	TEXT	5943,6641	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	5943,6641	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	7768,8201	Qualitative Survey #1.rtf
Ashley in New Orleans	Quasi-sane	1	TEXT	9322,9960	Qualitative Survey #1.rtf
Ashley in New Orleans	War	4	TEXT	13214,13278	Qualitative Survey #1.rtf
Ashley in New Orleans	Crying	2	TEXT	13854,14010	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	13854,14010	Qualitative Survey #1.rtf
Ashley in New Orleans	War	4	TEXT	14690,14702	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	16349,16523	Qualitative Survey #1.rtf
Ashley in New Orleans	Normalcy	8	TEXT	5541,5819	Qualitative Survey #1.rtf
Ashley in New Orleans	Wrong/Right	2	TEXT	6324,6509	Qualitative Survey #1.rtf
Ashley in New Orleans	Apocalypse	2	TEXT	671,847	Published Sept 11 2005.rtf
Ashley in New Orleans	Pain	1	TEXT	850,1014	Published Sept 11 2005.rtf
Ashley in New Orleans	Suffering	2	TEXT	850,1014	Published Sept 11 2005.rtf
Ashley in New Orleans	Responsibility	2	TEXT	1071,1138	Published Sept 11 2005.rtf
Ashley in New Orleans	War	4	TEXT	327,370	Published Sept 24 2005.rtf
Ashley in New Orleans	War	4	TEXT	372,468	Published Sept 24 2005.rtf
Ashley in New Orleans	Tears	3	TEXT	1065,1097	Published Sept 24 2005.rtf
Ashley in New Orleans	Crying	2	TEXT	1519,1540	Published Sept 24 2005.rtf
Ashley in New Orleans	Throw Up	1	TEXT	1541,1585	Published Sept 24 2005.rtf
Ashley in New Orleans	Tears	3	TEXT	1843,1953	Published Sept 24 2005.rtf
Ashley in New Orleans	Suffering	2	TEXT	1427,1482	Christmas column.rtf

☑ Wrap Text

Transcript of Telephone Interview: Ashley in New Orleans

1. **Describe the event that upset you the most. (what kind of event, circumstances)**

Hurricane and the aftermath, the lack of response, so many people in need, no question. Nobody was doing anything, though I was trying to get the word out.

2. **How long ago was it?**

Katrina (Monday Aug. 29, 2005). Then Hurricane Rita (Sept. 23, 2005). I was a print journalist.

3. **What was your reaction while covering the event? What did you do?**

It wasn't a one-time event, it took weeks. It was the cumulative power of those six days will affect me the rest of my life, no questions. The storm happened on Monday, Wednesday all hell broke loose. On Thursday people by the busloads were being dropped off at the arena. Coming straight in with little or nothing to eat for four days. Friday, tens of thousands were brought in and I was covering Laura Bush. A woman ran up to me and grabbed me and said, 'I can't find my baby.' She said I had a baby Monday. They had released her but kept the baby for safety. Went back to hospital Wednesday but it was evacuated.

Twelve feet away there was a Red Cross table. I was supposed to go with Laura Bush. I told the woman to go to Red Cross and the woman said she just came from there and was told they couldn't do anything. I went over there and asked the same questions of the same people she had asked and they found the baby in 20 minutes. Until now the power of that experience stays with me. So many people who didn't have a voice and they listened to mine. Overwhelming feeling of responsibility. I could probably tell you about 50 stories, not that drastic, but enough.

On Saturday, went to N.O. city was still flooded. Photographer and I went down airline highway. There was a man holding a shotgun. Thugs in

control. Walk through water to get to boats. Every man for himself. People out there are bad and they've got guns bigger than mine. And they like women! By that time I'm in the boat, photographer is going with or without me. We ride around in the boat the streets of NO for about 4 hours. Pass all these dead bodies. Richard ____. He had developed a navigation system using dead bodies as landmarks. Even now it seems so unbelievably beyond the realm of possibilities. But I was there and I saw it. The first two bodies I looked, the rest I didn't. But I still see it. Rest of the bodies, chief gave me the heads up, I wouldn't look up.

About two years later, one morning, I was driving to work at the newspaper, couple blocks from my house, great neighborhood. Driving around curve, look at the house and I saw a body in front of the house. I drove down the street, jumped out of the car, called 911. Told them there's a woman's body in the yard. Police came: it was a mannequin. I thought it was a dead body, but I wouldn't look at it.

4. **Did you have emotional difficulty filing the story/photo/broadcast?**
The day we drove back from NO got back to the paper about 8:30 p.m. I had an hour and a half to file the story. Realistically that was probably good for me. I couldn't have processed it then. For me it was good because I had to focus. And to know the paper was counting on me. The experience of that woman who couldn't find her baby and I could and I really believed as a journalist I could make a difference. We had a brand new editor, 2 weeks old. She was emotionally fragile to begin with. On Wednesday of that week when the levies broke…we were in the newsroom it came on television. I'd been out in the community. I'm standing there watching it, with about 5 other journalists, the new editor also. They are showing this stuff that a tear started coming down my face. Things were out of control. She immediately called me into the conference room. Tells me there is to be no crying in the news room. Do it on my time. Not to cry in the newsroom. I immediately realized this woman was crazy,

not of sound judgment because it was a very rational thing to be crying about. That night, a picture of someone being rescued, but thousands un-rescued, but the headline said "Safe at last!"

By Thursday, Friday and Saturday I knew I was dealing with someone who had no idea of what was going on. She is now no longer in journalism.

5. **Did you speak directly with victims in the event or rely on police, fire or medical personnel for your report?**

I spoke with everybody. Police, fire, victims, legislators, news people.

6. **How did you approach the victims; what kinds of questions did you ask?**

I talked with hundreds upon hundreds of victims. For a while, one person after another was unloading right in front of me. When you have not been what they were through. Not everyone, one out of five would walk up to you voluntarily and just pour it out. They just needed someone to listen. They didn't have access to phones or anything. I would let them use my phone. I knew it wasn't journalistic ethics, but we were not in normal times. It was like an apocalypse.

7. **How difficult was it to approach the victims and speak with them? Were you calm or did you cry, get angry, become fearful or in any other way get emotional?**

No. I was not emotional with them. I tried to be a resource and give them a voice. Three weeks later another hurricane, Rita, flooded my house. We had more evacuees coming to the same arena and I was there, talking to an old toothless couple sleeping outside the arena because they wouldn't leave their dog. They named their dog Maggie May after a Rod Stewart song. It was so disjointed because they were so old. An official comes out, another man and his little boy. The officials were under so much pressure

to not to tell the truth. This happened to me repeatedly. The four year old boy was crying because he wants something to drink. Official keeps talking acting like it's Disney world. The old couple and the little boy crying, Dad is exhausted. All I can think of is I can't listen to this man lie to me and I told him to stop talking because this little boy needs something to drink. I went to door and all these policemen at the door and wouldn't let us inside. They looked at me, saw tears down my face, I tell him all I want is to get that little boy something to drink, so he let me go inside and I went and got him water and a coke.

Telling this it sounds like I was a crazy woman. But everything was so mixed up, the focus was so wrong. We're supposed to tell the story and not judge but the sanity was so far gone. I had to do what I could do to make things right. There was some point where I decided. The journalists I worked with like me enough. There were things I wouldn't have normally done.

8. **Do you think, while you were interviewing victims, that you mirrored the victim's emotions? Or did you "steel" yourself to ask the questions and obtain the answers or photos, putting your feelings aside?**

Question not asked, seemed repetitive

9. **Prior to covering this event, had you received any preparation for covering traumatic events?**

Zero, zero, nodda, nothing. Covered other storms, but nothing that even near equaled it. Covered deaths of soldiers of local soldiers, covered one murder. My title at that point was senior writer. Bigger, long term, more research based stories.

10. **If you were, in the past or future, verbally or physically threatened or attacked, did/would you know what to do?**

That Friday, once I found the lady's baby and went inside to cover Laura Bush, this television reporter started badgering me because he said I was in his way. I moved for him 5 times. He started yelling at me in my face and like he was going to hit me. I just decided not to back down and held my ground. All these CNN reporters were there. Next day, one said I was right and was proud I stood up to that bully.

The next day in NO in the boat. Boat came up to a group of people who chose not to leave, walking through the water, with guns, man who is driving boat, yelled out to them asking if they wanted to be rescued. I was in the boat and suddenly I'm hearing get down (expletive), get down. That's when I said to myself what the hell am I doing, I'm a mother of two daughters and I'm here with guns and drugs. It was a fairly drastic moment.

11. **Prior to covering this event, had you received any training on dealing with victims whom you had to interview who might have been traumatized?**

No. personally, I've done stuff about community building, dealing with people, recently released sex offenders. Some of that training helped me.

12. **When you prepared your photo/copy/broadcast, how emotional was it for you?**

I was totally numb at that point. I also as I was getting out of a boat. There was a purse. Someone said here's your purse. I said It's not mine, but I'll take it maybe I can find whose it was. That night, I opened the purse. The lady had carefully put everything important for her in the evacuation. It was like I went through her life. After that, everything,

The next week, I found her and got her purse back. That was really helpful to me. Just to have something of completion. I stayed in touch a long time. She called me in December of that year. Her mother had to evacuate her mother in a wheelchair. Dog wasn't allowed to be evacuated. She wanted

me to see if I could find the dog. I wrote this story, the longest I had ever written. I write a weekly column, that was pretty hard reporting. I think I stayed quasi-sane, but I really had to organize myself emotionally. The columns were personal.

Katrina: Aug. 31, Rita, Sept.25, Oct 2, my husband fell, didn't think anything of it but he had a hairline fracture, later that night formed a blood clot in his leg, traveled to his lungs, Oct. 9, daddy needs you. Tell daddy I'm taking a nap. He said he really needs you. I just looked at him and called 911 immediately. In hospital 31 days and ultimately recovered. On the tail of the previous six weeks, it was almost too much. My columns are probably public therapy for me.

13. **Do you think you filed "clean" copy or photos, meaning free of emotionally laden verbiage or images?**

I would say it was pretty fair, but not unemotional for the columns. Eighty to 85 percent of it was unemotional. But there were things that happened. Filed something about forcing the people to wait to eat while waiting for Laura Bush. Hungry people were waiting, people who were waiting who knows how long. And they were waiting for a photo op! I'm not saying it was Laura Bush's fault. People weren't making rational decisions.

14. **Do you think any preparation focused on covering traumatic events and controlling emotions during a traumatic circumstance would have been helpful at the time?**

It would have been incredibly beneficial if the whole newsroom would have had it, We would have all felt safe. Even after Katrina, we were sent out to cover Rita with nothing. We had no emotional support or even realistic support like food. Tending to people's needs. We knew we as journalists and human beings, we had to fend for ourselves. Some trauma training or something like that should be addressed. Management out of touch: I voiced some of my concerns, saying we need a better plan. Newspaper

purchased giant 5-gallon bottles of water. Paying homage to our good. The next spring, I wrote a fellowship application to the International ….I would travel to Thailand on how they were recovering from tsunami and compare to US recovering from Katrina & Rita. I won the fellowship. I was full to the brim with so much agony. The HR dept. Said to me, …are they going to provide your water? On your trip, are they going to provide water. …I'm just checking, I've still got those 5-gallon bottles.

15. **After looking back over time, are you satisfied with the story/photo/broadcast you produced? Would you change anything in the wording or images?**
I'm absolutely certain that given some time and space and, frankly, energy, that I could have done better. But considering it all, I know the reporting I did…I hope and pray my reporting made a difference. And I know I helped find that lady's kid.

16. **Do you remember your editor making changes or asking you for more information or for a rewrite?**
The 3,500 soldiers came home in the middle of all that. I was to cover their arrival at 4 a.m. The end of the story was book-ended. Gave the completion to any reader who was looking for completion of the story…I knew my news editor would chop it off at the end. So I said to hem, this is too long, take these paragraphs from the middle, but leave the ending. The editor chopped off the end. The middle was important but it wasn't critical like the ending was.

17. **Are you aware of any complaints by any of the subjects in the article/photo about how the story was presented?**
No.

18. **Did you seek professional help after the event? Why or why not?**

We had an EAP program. The month after, thought it would be a good idea to talk to someone. I called the number, gave me a contact. It was the wrong number. The medical director for local ambulance services saw more than I did. He is a psychiatrist. On the Monday after, I went to the ambulance company to interview what they had been doing and talk to this man, I had slept very, very little. He looked like he had been to war. He had been in the superdome. I was there to interview him. He was sitting there and I put out my notebook, tell me your name…tell me about your week. He had fever blisters from sunburn. He looked at me and said why don't you tell me about yours. I knew how valuable it was to meet that particular person at that moment. It went a really long way in terms of my emotional well being. He stayed in touch with me. I didn't have any official trauma stuff, but he provided me with what I needed.

19. **Were you able to talk to your peers or supervisors about the event? Why or why not?**

My peers and I talked. Supervisor said she didn't want me crying she said the people in the room followed me, and I don't know if that's true or not. I tried very hard to tell her.

20. **Would a debriefing of sorts have helped you at the time?**

I was asking for it, not just for me but the younger journalists would have helped. Something sooner, regular, an onsite resource. This was incredibly intense. If I had been in charge, I would have had someone on site. Even if someone was onsite maybe once a week for three months and no one came to them. I didn't feel like they cared or understood what it was we were dealing with. Did they read my stories, did they think I was making this stuff up.

One afternoon, about 3 months afterward, they brought in people for us to talk to.

Never heard from them again. We had 20 minute sessions. We felt we had been through a war. And we didn't trust the system to support us at that point. I didn't feel that …It was kind of pointless. Fortunately there were a lot of wonderful people in the newsroom and they supported me and I did what I could do to support them. I'm the only one who saw dead bodies…I'm also probably the highest strung on a normal basis compared to them. They are very ...slow and unexcitable. We were a good balance.

21. **What would you tell new journalists about covering traumatic events?**

Some basic things to be more prepared. You don't know how traumatic it can be. If going to a potentially traumatic event. Have a backpack of food and water. Take those basic steps and find a system that is in place.

I don't know what could have helped me process that more effectively on an emotional level. Having that as a part college preparation or newsroom and regular professional development workshops would be very helpful. There was some crazy shit going on and you can't talk to too many people because it was so far out there. It's too much.

I didn't trust the newspaper management system. During the course of that week, I realized it was up to me to take care of myself.

22. **What can employers do to help during these periods?**

I think there are programs they could put in place counseling support or whatever, but it all boils down to who is in management position. I really don't think this executive editor cared or got it all. That was so frustrating just for the rest of us in the newsroom. I think the person in charge of room needs to have traumatic changes and serious emotional fortitude. That's a critical part of being a good leader. What they did was kept bringing Twinkies and putting them on our desk for at least three months. Not every day, just a Katrina Twinkie thing. Twinkies were not what we needed.

23. What else would you like to add?

The way I found out about you was someone in the newsroom saw this and thought of me. He was editor of a weekly magazine and I wrote a piece for him three days for him after NO. Piece: DEVASTATED. When you read it, you'll see. First person perspective, I felt like that was the best way to convey what was happening. They were helpful to me and I got enormous feedback from readers in terms of what was going on.

I am an irrationally happy positive person and it has served me very well. One of the things I did was do a PTSD series that included the returning soldiers and post Katrina and Rita. That was healthy for me. One of the reasons I thought it was a valid story. I knew PTSD was real and that certainly added to validity of the idea for story. I did a five-day series, five different people, talked about what companies could do. That was a very passive aggressive way of criticizing my employer.

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